

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

37

REGISTRAR'S NO. 14.

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER	1. PLACE OF FETAL DEATH A. COUNTY <u>Gila</u>			2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE <u>ARIZONA</u> B. COUNTY <u>GILA</u>		
	B. CITY OR TOWN <u>GLOBE</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			C. CITY OR TOWN <u>SAN CARLOS</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
	C. FULL NAME OF HOSPITAL OR INSTITUTION <u>GILA GENERAL HOSPITAL</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>SAN CARLOS INDIAN RESERVATION</u>		
THIS CHILD	3. CHILD'S NAME (TYPE OR PRINT) <u>INFANT HERBERT - NOSIE</u>					
	4. SEX <u>MALE</u>	5A. THIS BIRTH <u>SINGLE</u> <input checked="" type="checkbox"/> <u>TWIN</u> <input type="checkbox"/> <u>TRIPLET</u> <input type="checkbox"/>	5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) <u>1ST</u> <input type="checkbox"/> <u>2ND</u> <input type="checkbox"/> <u>3RD</u> <input type="checkbox"/>	6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) <u>FEB 28 1955</u>	6B. HOUR <u>2:40p.</u> M	
FATHER OF CHILD	7. FATHER'S NAME A. (FIRST) <u>MCCARTHY</u> B. (MIDDLE) <u>NOSIE</u> C. (LAST)			8. COLOR OR RACE <u>INDIAN</u>	9. AGE (AT TIME OF THIS BIRTH) <u>18</u>	
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <u>SAN CARLOS ARIZONA</u>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>SAN CARLOS ARIZONA</u>	12A. USUAL OCCUPATION <u>LABORER</u>	12B. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>	
MOTHER OF CHILD	13. MOTHER'S MAIDEN NAME A. (FIRST) <u>LORENE</u> B. (MIDDLE) <u>MAXCINE</u> C. (LAST) <u>JAMES</u>			14. COLOR OR RACE <u>INDIAN</u>	15. AGE (AT TIME OF THIS BIRTH) <u>18</u>	
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>SAN CARLOS ARIZONA</u>	17A. USUAL OCCUPATION <u>HOUSEWIFE</u>	17B. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? <u>0</u> B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <u>0</u> C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? <u>0</u>		
INFORMANT	19. INFORMANT'S SIGNATURE <u>Harper</u> <u>McCarthy</u> <u>Nosie</u> <u>San Carlos</u>			ADDRESS		
	20A. LENGTH OF PREGNANCY <u>29</u> WEEKS	20B. WEIGHT AT BIRTH <u>3</u> LBS. <u>14</u> OZS.	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. <u>Labo. at 7 mo. - Stillborn</u>	21B. STATE ANY OPERATION FOR DELIVERY <u>none</u>		
MEDICAL INFORMATION	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE <u>3-1-55</u> NO <input type="checkbox"/>		23. WHEN DID FETAL DEATH OCCUR? <input checked="" type="checkbox"/> BEFORE LABOR <input type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN			
	I. DIRECT CAUSE OF FETAL DEATH..... (A) <u>macerated foetus - Cause unknown.</u>					
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)	UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST)			DUE TO (B)		
	DUE TO (C)			DUE TO (D)		
CERTIFICATION	II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)					
	I HEREBY CERTIFY THAT I ATTENDED THIS DELIVERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.	25A. ATTENDANT'S SIGNATURE (SPECIFY IF M.D., MIDWIFE, OR OTHER) <u>T.C. Harper, M.D.</u>			25B. DATE SIGNED <u>3-2-55</u>	
FUNERAL DIRECTOR AND REGISTRAR	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>MAR. 2 1955</u>		27B. DATE	27C. NAME OF CEMETERY OR CREMATORY <u>Peridot Cemetery</u>	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Peridot Arizona</u>	
	28A. DATE REC'D BY LOCAL REGISTRAR <u>3-7-55</u>	28B. REGISTRAR'S SIGNATURE <u>Doree Wauson</u>		28C. FUNERAL DIRECTOR <u>James Mackey</u>	ADDRESS <u>Globe Arizona</u>	