

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

222

REGISTRAR'S NO.

AGE OF FETAL DEATH 15 AND 25 USUAL RESIDENCE OF MOTHER 0402	1. PLACE OF FETAL DEATH A. COUNTY <u>Gila</u>			2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE <u>Ariz.</u> B. COUNTY <u>Gila</u>		
	B. CITY OR TOWN <u>Miami</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			C. CITY OR TOWN <u>Miami</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
THIS CHILD 3 655	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <u>Jose</u> B. (MIDDLE) C. (LAST) <u>Montolla</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>601-A. Inspiration Ave.</u>		
	4. SEX <u>Male</u>	5A. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) <u>6/4/55</u>	6B. HOUR <u>3:15 P.M.</u>	
FATHER OF CHILD 30 1	7. FATHER'S NAME A. (FIRST) <u>Fidel</u> B. (MIDDLE) <u>S.</u> C. (LAST) <u>Montolla</u>			8. COLOR OR RACE <u>Mex.</u>	9. AGE (AT TIME OF THIS BIRTH) <u>30 Yrs.</u>	
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <u>601 A. Inspiration Ave.</u>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas.</u>	12A. USUAL OCCUPATION <u>Laborer</u>	12B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mine</u>	
MOTHER OF CHILD 30 1	13. MOTHER'S MAIDEN NAME A. (FIRST) <u>Elvira</u> B. (MIDDLE) C. (LAST) <u>De Anda</u>			14. COLOR OR RACE <u>Mex</u>	15. AGE (AT TIME OF THIS BIRTH) <u>30 Yrs.</u>	
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>	17A. USUAL OCCUPATION <u>Housewife</u>	17B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? <u>3</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 30 24 209	19. INFORMANT'S SIGNATURE <u>Fidel S Montolla Miami, Ariz</u>			ADDRESS		
	20A. LENGTH OF PREGNANCY <u>29</u> WEEKS	20B. WEIGHT AT BIRTH <u>9</u> LBS. <u>0</u> OZS.	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. <u>Prolapse of cord</u>	21B. STATE ANY OPERATION FOR DELIVERY <u>None</u>		
PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 11 2 360	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DATE <u>March 1955</u>			23. WHEN DID FETAL DEATH OCCUR? <input type="checkbox"/> BEFORE LABOR <input checked="" type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN		
	I. DIRECT CAUSE OF FETAL DEATH..... (A) <u>Intra-uterine asphyxia</u>			DUE TO (B) <u>Prolapse of cord -</u>		
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST)			DUE TO (C) <u>Premature rupture of membranes</u>			
II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH) <u>Hemorrhagic tendency -</u>						
CERTIFICATION 5	I HEREBY CERTIFY THAT I ATTENDED THIS DELIVERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.		25A. ATTENDANT'S SIGNATURE <u>J. J. Jones MD</u>		25B. DATE SIGNED <u>6/7/55</u>	
	25C. ATTENDANT'S ADDRESS <u>Miami</u>		IF NOT ATTENDED BY PHYSICIAN <input type="checkbox"/>	26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE		
FUNERAL DIRECTOR AND REGISTRAR 14 2	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	27B. DATE <u>6/7/55</u>	27C. NAME OF CEMETERY OR CREMATORY <u>Final Cemetery</u>	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Miami, Arizona</u>		
	28A. DATE REC'D BY LOCAL REGISTRAR <u>July 13 1955</u>	28B. REGISTRAR'S SIGNATURE <u>Nelson W. Bryant</u>		29. FUNERAL DIRECTOR ADDRESS <u>1114 N. ...</u>		