

CERTIFICATE OF FETAL DEATH  
(STILLBIRTH)

STATE FILE NO. 467

REGISTRAR'S NO. 19.

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>GLOBE</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	C. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hosp.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>266 N. Pine</u>			
THIS CHILD	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <u>Vera</u> B. (MIDDLE) <u>Anne</u> C. (LAST) <u>Markham</u>					
	4. SEX <u>F</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>12-26-55</u>	6B. HOUR <u>4:55 A.M.</u>	
FATHER OF CHILD	7. FATHER'S NAME A. (FIRST) <u>WILLIAM</u> B. (MIDDLE) <u>LEE</u> C. (LAST) <u>MARKHAM</u>			8. COLOR OR RACE <u>white</u>	9. AGE (AT TIME OF THIS BIRTH) <u>30</u>	
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <u>ARIZONA</u>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ohio</u>	12A. USUAL OCCUPATION <u>TRUCK DRIVER</u>	12B. KIND OF BUSINESS OR INDUSTRY	
MOTHER OF CHILD	13. MOTHER'S MAIDEN NAME A. (FIRST) <u>PATRICIA</u> B. (MIDDLE) <u>ANN</u> C. (LAST) <u>BURNS</u>			14. COLOR OR RACE <u>white</u>	15. AGE (AT TIME OF THIS BIRTH) <u>18</u>	
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>West Virginia</u>	17A. USUAL OCCUPATION <u>housewife</u>	17B. KIND OF BUSINESS OR INDUSTRY <u>TRY</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>1</u> C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 30 WEEKS PREGNANCY? <u>1</u>		
INFORMANT	19. INFORMANT'S SIGNATURE <u>Albert J. Harris M.D.</u> ADDRESS _____					
	20A. LENGTH OF PREGNANCY <u>20</u> WEEKS	20B. WEIGHT AT BIRTH <u>1</u> LBS. <u>2</u> OZS.	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. <u>Leukorrhea, Prematurity</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>Oct. 1955</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>Premature labor</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) <u>-</u>			
			DUE TO (C) <u>-</u>			
NOTIFICATION	II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH) <u>Rh negative mother, Rh positive father.</u>					
	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>Albert J. Harris, M.D.</u>		25B. DATE SIGNED <u>Dec. 26, 1955</u>	
FUNERAL DIRECTOR AND REGISTRAR	25C. ATTENDANT'S ADDRESS <u>Globe, Arizona</u>		IF NOT ATTENDED BY PHYSICIAN <input type="checkbox"/>	26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE _____		
	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>B</u>	27B. DATE _____	27C. NAME OF CEMETERY OR CREMATORY <u>Globe Cem. Globe, Ariz</u>	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Globe, Ariz</u>		
28A. DATE REC'D BY LOCAL REGISTRAR <u>4-9-56</u>		28B. REGISTRAR'S SIGNATURE <u>Drew Weaver</u>		29. FUNERAL DIRECTOR _____ ADDRESS _____		