

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

0071

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 type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Miami</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	C. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hospital</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1608 Pine St.</u>		
THIS CHILD	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <u>Martin</u> B. (MIDDLE) <u>Medina</u> C. (LAST)				
	4. SEX <u>Male</u>	5A. THIS BIRTH <u>SINGLE</u> <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>2/7/56</u>	6B. HOUR <u>7:40 AM</u>
FATHER OF CHILD	7. FATHER'S NAME A. (FIRST) <u>Unknown</u> B. (MIDDLE) <u>Unknown</u> C. (LAST) <u>Unknown</u>			8. COLOR OR RACE <u>Unknown</u>	9. AGE (AT TIME OF THIS BIRTH) <u>Unknown</u>
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <u>Unknown</u>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Unknown</u>	12A. USUAL OCCUPATION <u>Unknown</u>	12B. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>
MOTHER OF CHILD	13. MOTHER'S MAIDEN NAME A. (FIRST) <u>Nicky</u> B. (MIDDLE) <u>Medina</u> C. (LAST)			14. COLOR OR RACE <u>Mexican</u>	15. AGE (AT TIME OF THIS BIRTH) <u>26 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>1</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>Josea Logino</u>		ADDRESS <u>Miami, Arizona</u>		
MEDICAL INFORMATION	20A. LENGTH OF PREGNANCY <u>24</u> WEEKS	20B. WEIGHT AT BIRTH <u>4</u> LBS. <u>—</u> OZS.	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. <u>Premature delivery</u>		21B. STATE ANY OPERATION FOR DELIVERY <u>None</u>
	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE <u>Dec. 20 1955</u> <input type="checkbox"/>		23. WHEN DID FETAL DEATH OCCUR? <input type="checkbox"/> BEFORE LABOR <input checked="" type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN		
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)	I. DIRECT CAUSE OF FETAL DEATH (A) <u>Premature</u>				
	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) _____		
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 <u>Dr. James E. Jones</u>		25B. DATE SIGNED <u>2/11/56</u>	
		25C. ATTENDANT'S ADDRESS <u>Box 101, Mesa, Ariz</u>		IF NOT ATTENDED BY PHYSICIAN <input type="checkbox"/>	26. SIGNATURE OF CORONER OR MEDICAL EXAMINER <u>Dr. James E. Jones</u> TITLE _____
FUNERAL DIRECTOR AND REGISTRAR	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	27B. DATE <u>Feb. 8, 1956</u>	27C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Miami, Arizona</u>	
	28A. DATE REC'D BY LOCAL REGISTRAR <u>4-12-56</u>	28B. REGISTRAR'S SIGNATURE <u>Gene W. ...</u>		28C. FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS _____	