

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. **0113**

REGISTRAR'S NO. **20**

PLACE OF FETAL DEATH A. COUNTY Gila B. CITY OR TOWN Globe C. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital	1. PLACE OF FETAL DEATH		2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE Arizona B. COUNTY Gila	
	B. CITY OR TOWN Globe <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Claypool <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	C. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 11 Railroad Ave.	
THIS CHILD 2 456	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) Baby B. (MIDDLE) Gilly C. (LAST) Mitchell		4. SEX Fem.	
	5A. THIS BIRTH <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET	5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) <input type="checkbox"/> 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD	6A. DATE OF FETAL DELIVERY 4/ 6/ 56	6B. HOUR 11:38 P.M.
FATHER OF CHILD 21 1	7. FATHER'S NAME A. (FIRST) Bobby B. (MIDDLE) Eugene C. (LAST) Mitchell			8. COLOR OR RACE White
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) Claypool, Arizona		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Louisiana	12A. USUAL OCCUPATION Laborer
MOTHER OF CHILD 21 1	13. MOTHER'S MAIDEN NAME A. (FIRST) Bobbie B. (MIDDLE) Jean C. (LAST) Gollins			14. COLOR OR RACE White
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Louisiana	17A. USUAL OCCUPATION Housewife	17B. KIND OF BUSINESS OR INDUSTRY Try Own Home	18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? 3 B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? None C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? None
INFORMANT'S 31 39 505	19. INFORMANT'S SIGNATURE <i>Bobby E Mitchell, Claypool, Ariz.</i>		ADDRESS	
	20A. LENGTH OF PREGNANCY 39 WEEKS	20B. WEIGHT AT BIRTH 5 LBS. 5 OZS.	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Intrauterine death of fetus	
	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE Jan. 1956 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	
PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 1 360	I. DIRECT CAUSE OF FETAL DEATH..... (A) Intrauterine Rupture			
	UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST)		DUE TO (B) Strangulation DUE TO (C) umbilical cord wrapped about neck 4 times	
CERTIFICATION 5	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 <i>William E. Pashop M.D.</i>	25B. DATE SIGNED 4-10-56
	25C. ATTENDANT'S ADDRESS <i>Globe, Arizona</i>		IF NOT ATTENDED BY PHYSICIAN <input type="checkbox"/>	26. SIGNATURE OF CORONER OR MEDICAL EXAMINER <i>J. J. Miller</i>
FUNERAL DIRECTOR AND REGISTRAR 17 2	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	27B. DATE April 7, 1956	27C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) Miami, Arizona.
	28A. DATE REC'D BY LOCAL REGISTRAR 4-18-56	28B. REGISTRAR'S SIGNATURE <i>Jane Wauselee</i>	29. FUNERAL DIRECTOR <i>J. J. Miller</i>	