ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

REGISTRAR'S NO. 1 0151

22 02 PLACE OF FETAL DEATH AND RESIDENCE OF MOTHER 98 0303

1. PLACE OF FETAL DEATH
A. COUNTY: Cochise
B. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
C. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas Hospital

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Ariz. B. COUNTY: Cochise
C. CITY OR TOWN: Elfrida — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 96

THIS CHILD 1 0 557

3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST): Scott B. (MIDDLE): Alan C. (LAST): Saulters

4. SEX: male
5A. THIS BIRTH: SINGLE [ ] TWIN [ ] TRIPLET [ ]
5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED): 1ST [ ] 2ND [ ] 3RD [ ]
6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR): 5 15 57
6B. HOUR: 7:4 M

FATHER OF CHILD 25 1

7. FATHER'S NAME A. (FIRST): Jack B. (MIDDLE): C. (LAST): Saulters
8. COLOR OR RACE: white
9. AGE (AT TIME OF THIS BIRTH): 25
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Elfrida, Ariz.
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
12A. USUAL OCCUPATION: Mechanic
12B. KIND OF BUSINESS OR INDUSTRY: Cotton Gin

MOTHER OF CHILD 21 1

13. MOTHER'S MAIDEN NAME A. (FIRST): Bobbie B. (MIDDLE): Jo C. (LAST): Roberson
14. COLOR OR RACE: white
15. AGE (AT TIME OF THIS BIRTH): 21
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
17A. USUAL OCCUPATION: Housewife
17B. KIND OF BUSINESS OR INDUSTRY: None
18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS)
A. HOW MANY CHILDREN ARE NOW LIVING? 2
B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? 0

INFORMANT 26

19. INFORMANT'S SIGNATURE: Jack Saulters ADDRESS: Elfrida Ariz

MEDICAL INFORMATION 28 300

20A. LENGTH OF PREGNANCY: 7 MONTHS
20B. WEIGHT AT BIRTH: 3 LBS. — OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Placenta Previa Marginalis
21B. STATE ANY OPERATION FOR DELIVERY: None
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES [X] DATE 3-30-57 NO [ ]
23. WHEN DID FETAL DEATH OCCUR? [X] BEFORE LABOR [ ] DURING LABOR [ ] UNCERTAIN

PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 10 21 1 361

I. DIRECT CAUSE OF FETAL DEATH (A) Placenta Previa Marginalis
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) some moderate bleeding
DUE TO (C) requiring Blood transfusion
II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)

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 (SPECIFY IF M.D., MIDWIFE, OR OTHER): [signature] M.D.
25B. DATE SIGNED: 5-16-57
25C. ATTENDANT'S ADDRESS: Douglas Ariz
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER / TITLE

FUNERAL DIRECTOR AND REGISTRAR 10 2

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 5-16-57
27C. NAME OF CEMETERY OR CREMATORY: Calvary
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Douglas, Ariz.
28A. DATE REC'D BY LOCAL REGISTRAR: May 17 57
28B. REGISTRAR'S SIGNATURE: Ee Adamson
29. FUNERAL DIRECTOR: Paulsen Frosser ADDRESS: Douglas Ariz

VS 130 10-1-52