

CERTIFICATE OF FETAL DEATH  
(STILLBIRTH)

STATE FILE NO.

0303

REGISTRAR'S NO. 24

04 04  
AGE OF FETAL  
DEATH  
AND  
USUAL RESIDENCE  
OF MOTHER  
0201

THIS CHILD  
0  
957

FATHER  
OF  
CHILD  
43  
0

MOTHER  
OF  
CHILD  
99  
0

INFORMANT  
70

MEDICAL  
INFORMATION  
22  
V13

PROBABLE  
CAUSE OF  
FETAL  
DEATH  
(ITEM 24)  
3  
395

CERTIFICATION  
5

FUNERAL  
DIRECTOR  
AND  
REGISTRAR  
17  
2

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>Globe</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
C. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Gila General Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>#8 Buena Vista street</u>	
3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <u>INFANT (Boy)</u> B. (MIDDLE) <u>RANDALL</u> C. (LAST) <u>RANDALL</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"/>	5A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) <u>Sept 12 1957</u>
7. FATHER'S NAME A. (FIRST) <u>THEODORE</u> B. (MIDDLE) <u>-</u> C. (LAST) <u>TOPROCK</u>		6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) <u>Sept 12 1957</u>	6B. HOUR <u>2:45 P.M.</u>
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE) <u>Globe, ARIZONA</u>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>SAN CARLOS, ARIZONA</u>	12A. USUAL OCCUPATION <u>LABORER</u>
13. MOTHER'S MAIDEN NAME A. (FIRST) <u>EDITH</u> B. (MIDDLE) <u>-</u> C. (LAST) <u>NEUBIGTS</u>		12B. COLOR OR RACE <u>INDIAN</u>	8. AGE (AT TIME OF THIS BIRTH) <u>43 YRS</u>
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>SAN CARLOS, ARIZONA</u>		17A. USUAL OCCUPATION <u>HOUSEWIFE</u>	17B. KIND OF BUSINESS OR INDUSTRY <u>TRUCKS &amp; WIFE</u>
19. INFORMANT'S SIGNATURE <u>Thos I Prock</u>		14. COLOR OR RACE <u>INDIAN</u>	15. AGE (AT TIME OF THIS BIRTH) <u>0</u>
20A. LENGTH OF PREGNANCY <u>22 WEEKS</u>	20B. WEIGHT AT BIRTH <u>13 1/2 lbs.</u>	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. <u>none</u>	21B. STATE ANY OPERATION FOR DELIVERY <u>none</u>
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		23. WHEN DID FETAL DEATH OCCUR? <u>August '57</u> <input type="checkbox"/> BEFORE LABOR <input type="checkbox"/> DURING LABOR <input checked="" type="checkbox"/> UNCERTAIN	
I. DIRECT CAUSE OF FETAL DEATH..... (A) <u>Pre-maturity</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) _____			
II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH) <u>Marked anemia of Mother</u>			
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. Robert Prock</u>	25B. DATE SIGNED <u>9/13/57</u>
		25C. ATTENDANT'S ADDRESS <u>Globe, Arizona</u>	26. SIGNATURE OF CORONER OR MEDICAL EXAMINER <u>_____</u> TITLE _____
27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>REMOVAL</u>	27B. DATE <u>9/13/57</u>	27C. NAME OF CEMETERY OR CREMATORY <u>PERIODOT CEMETERY</u>	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>PERIODOT ARIZONA</u>
28A. DATE REC'D BY LOCAL REGISTRAR <u>9-13-57</u>	28B. REGISTRAR'S SIGNATURE <u>Dr. Robert Prock</u>		28C. FUNERAL DIRECTOR <u>Joe Wallace</u> ADDRESS <u>616 1/2 Mortuary</u>
			Globe, Arizona.