

**CERTIFICATE OF FETAL DEATH**  
(STILLBIRTH)

STATE FILE NO.

**0465**

REGISTRAR'S NO.

AGE 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>Miami</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			C. CITY OR TOWN <u>Claypool</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>Miami-Inspiration Hospital</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>460 Gov't Project</u>		
THIS CHILD'S SEX	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <u>Baby</u> B. (MIDDLE) <u>Girl</u> C. (LAST) <u>Martinez</u>					
	4. SEX <u>Female</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 <u>Jan. 8, 1957</u>	6B. HOUR <u>1:30 P.M.</u>	
FATHER OF CHILD	7. FATHER'S NAME A. (FIRST) <u>Robert</u> B. (MIDDLE) <u>D.</u> C. (LAST) <u>Martinez</u>			8. COLOR OR RACE <u>White</u>		9. AGE (AT TIME OF THIS BIRTH)
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE) <u>460 Gov't Project</u>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New Mexico</u>	12A. USUAL OCCUPATION <u>Laborer</u>		12B. KIND OF BUSINESS OR INDUSTRY <u>Copper Mine</u>
MOTHER OF CHILD	13. MOTHER'S MAIDEN NAME A. (FIRST) <u>Gloria</u> B. (MIDDLE) <u>G.</u> C. (LAST) <u>Gonzales</u>			14. COLOR OR RACE <u>White</u>		15. AGE (AT TIME OF THIS BIRTH)
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>California</u>	17A. USUAL OCCUPATION <u>Housewife</u>	17B. KIND OF BUSINESS OR INDUSTRY TRY <u>Own Home</u>	18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? <u>?</u>		C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? <u>?</u>
INFORMANT	19. INFORMANT'S SIGNATURE <u>Mr. Robert Martinez</u>			ADDRESS <u>Claypool, Ariz</u>		
MEDICAL INFORMATION	20A. LENGTH OF PREGNANCY WEEKS <u>2</u>	20B. WEIGHT AT BIRTH LBS. <u>1</u> OZS.	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR.		21B. STATE ANY OPERATION FOR DELIVERY	
	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input type="checkbox"/> DATE <u>6-18-57</u> NO <input type="checkbox"/>		23. WHEN DID FETAL DEATH OCCUR? <input type="checkbox"/> BEFORE LABOR <input type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN			
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)	I. DIRECT CAUSE OF FETAL DEATH..... (A) <u>Stillborn</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)						
CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS DELIVERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.		25A. ATTENDANT'S SIGNATURE <u>[Signature]</u>		25B. DATE SIGNED <u>1-23-59</u>	
			26. ATTENDANT'S ADDRESS	IF NOT ATTENDED BY PHYSICIAN	26. SIGNATURE OF CORONER OR MEDICAL EXAMINER <u>[Signature]</u> TITLE	
FUNERAL DIRECTOR AND REGISTRAR	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		27B. DATE <u>Jan. 9, 1957</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>1/28/59</u>	28B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		29. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS		