

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

0115

REGISTRAR'S NO.

281

AGE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER 04 19 0201	1. PLACE OF FETAL DEATH A. COUNTY <i>Sila</i>		2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE <i>Arizona</i> B. COUNTY <i>Sila</i>			
	B. CITY OR TOWN <i>Globe</i> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Globe</i> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	C. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sila General Hospital</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>463 Lucile ave</i>			
THIS CHILD 4 458	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <i>Jo Ann</i> B. (MIDDLE) <i>Antoinette</i> C. (LAST)		4. SEX <i>fe</i>		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"/>
	7. FATHER'S NAME A. (FIRST) <i>Dave F.</i> B. (MIDDLE) <i>Antoinette</i> C. (LAST)		6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) <i>April 25 1958</i>		6B. HOUR <i>6:20p</i>	
FATHER OF CHILD 23 0	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <i>Globe Arizona</i>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Globe Arizona</i>		12A. USUAL OCCUPATION <i>Auto repair</i>	
	12B. KIND OF BUSINESS OR INDUSTRY <i>Auto repair</i>		13. MOTHER'S MAIDEN NAME A. (FIRST) <i>Dora C.</i> B. (MIDDLE) <i>Robles</i> C. (LAST)		14. COLOR OR RACE <i>White</i>	
MOTHER OF CHILD 24 0	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Globe Arizona</i>		17A. USUAL OCCUPATION <i>Housewife</i>		17B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
	17C. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? <i>—</i>		B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <i>—</i>	
INFORMANT 06	19. INFORMANT'S SIGNATURE <i>Dave F. Antoinette</i>		19A. ADDRESS <i>Globe Arizona</i>		19B. ADDRESS <i>Globe Arizona</i>	
	20A. LENGTH OF PREGNANCY <i>30</i> WEEKS		20B. WEIGHT AT BIRTH LBS. <i>—</i> OZS. <i>—</i>		21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Hypertension</i>	
MEDICAL INFORMATION 30 X-	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> 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		21B. STATE ANY OPERATION FOR DELIVERY <i>—</i>	
	1. DIRECT CAUSE OF FETAL DEATH (A) <i>Stillborn</i>		DUE TO (B) <i>?</i>		DUE TO (C) <i>—</i>	
PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 10 396	11. 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>Albion J. Boser, M.D.</i>		25B. DATE SIGNED <i>4-28-58</i>	
CERTIFICATION 5	25C. ATTENDANT'S ADDRESS <i>Globe</i>		IF NOT ATTENDED BY PHYSICIAN		26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE	
	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		27B. DATE <i>4/26/58</i>		27C. NAME OF CEMETERY OR CREMATOR <i>Globe Cemetery</i>	
FUNERAL DIRECTOR AND REGISTRAR 17 2	28A. DATE REC'D BY LOCAL REGISTRAR <i>4-28-58</i>		28B. REGISTRAR'S SIGNATURE <i>Dora Mueller</i>		28C. FUNERAL DIRECTOR <i>Joseph W. Walker</i> ADDRESS <i>Globe Arizona</i>	
	28D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <i>Globe, Arizona</i>		28E. SIGNATURE OF REGISTRAR <i>Dora Mueller</i> ADDRESS <i>Globe Arizona #323</i>			