

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. **0151**
REGISTRAR'S NO. **29**

24 OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER 021

THIS CHILD 7 0 558

FATHER OF CHILD 21 0

MOTHER OF CHILD 20 0

INFORMANT 44

MEDICAL INFORMATION 38 800

PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 396

CERTIFICATION 5

FUNERAL DIRECTOR AND REGISTRAR 17 2

1. PLACE OF FETAL DEATH A. COUNTY GILA		2. USUAL RESIDENCE OF MOTHER (WHERE DOES OTHER 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 SAN CARLOS <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
C. FULL NAME OF HOSPITAL OR INSTITUTION GILA GENERAL HOSPITAL		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) GEN. DEL. SAN CARLOS	
3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) PETER		B. (MIDDLE) *****	
C. (LAST) NOSIE		6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) MAY 29 58	
4. SEX MALE		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"/>		6B. HOUR 10:35 P M	
7. FATHER'S NAME A. (FIRST) MCCARTHY		B. (MIDDLE) **	
C. (LAST) NOSIE		D. COLOR OR RACE INDIAN	
E. AGE (AT TIME OF THIS BIRTH) 21		10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) SAN CARLOS, ARIZONA	
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARIZONA		12A. USUAL OCCUPATION MINER	
12B. KIND OF BUSINESS OR INDUSTRY MINING		13. MOTHER'S MAIDEN NAME A. (FIRST) LORENA	
B. (MIDDLE) **		C. (LAST) JAMES	
D. COLOR OR RACE INDIAN		E. AGE (AT TIME OF THIS BIRTH) 20	
15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARIZONA		17A. USUAL OCCUPATION HOUSEWIFE	
17B. KIND OF BUSINESS OR INDUSTRY TRY		18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? NONE	
19. INFORMANT'S SIGNATURE <i>McCarthy Nosie</i>		B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 4	
20A. LENGTH OF PREGNANCY 38 WEEKS		C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? 4	
20B. WEIGHT AT BIRTH 8 LBS. - OZ.		21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. <i>none</i>	
21B. STATE ANY OPERATION FOR DELIVERY <i>none</i>		22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input type="checkbox"/> DATE _____ NO <input checked="" type="checkbox"/>	
23. WHEN DID FETAL DEATH OCCUR? 95 days BEFORE LABOR		DURING LABOR <input type="checkbox"/> UNCERTAIN <input type="checkbox"/>	
I. DIRECT CAUSE OF FETAL DEATH..... <i>w/ unknown</i>			
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)			
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 N.S., MIDWIFE, OR OTHER) <i>Walter M D Bruin MD.</i>	
25B. ATTENDANT'S ADDRESS <i>Globe Ariz</i>		25C. DATE SIGNED 5-31-58	
IF NOT ATTENDED BY PHYSICIAN		26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE	
27A. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		27B. DATE 5-31-58	
27C. NAME OF CEMETERY OR CREMATORY Farm Station		27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) SAN CARLOS, ARIZONA	
28A. DATE REC'D BY LOCAL REGISTRAR 5-31-58		28B. REGISTRAR'S SIGNATURE <i>Gene Harold...</i>	
28C. REGISTRAR'S SIGNATURE <i>Gene Harold...</i>		29. FUNERAL DIRECTOR ADDRESS <i>Gene Harold...</i>	