

CERTIFICATE OF FETAL DEATH  
(STILLBIRTH)

STATE FILE NO.

0190

REGISTRAR'S NO. 8

AGE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER 04/71 0402	1. PLACE OF FETAL DEATH A. COUNTY <b>Gila</b>		2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
	B. CITY OR TOWN <b>Miami</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Miami</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	C. FULL NAME OF HOSPITAL OR INSTITUTION <b>Miami-Inspiration Hospital</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>K-28 Live Oak Canyon</b>	
THIS CHILD 0	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <b>Baby</b> B. (MIDDLE) <b>Girl</b> C. (LAST) <b>Melonzon</b>			
	4. SEX <b>Fem.</b>	5A. THIS BIRTH <b>SINGLE</b> <input type="checkbox"/> <b>TWIN</b> <input type="checkbox"/> <b>TRIPLET</b> <input type="checkbox"/>	5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) <b>June 23, 1958</b> 6B. HOUR <b>9:45 P.M.</b>
FATHER OF CHILD 41	7. FATHER'S NAME A. (FIRST) <b>Clifton</b> B. (MIDDLE) C. (LAST) <b>Melonzon</b>		8. COLOR OR RACE <b>Cuban</b>	9. AGE (AT TIME OF THIS BIRTH) <b>41 Yrs.</b>
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <b>K-28 Live Oak Canyon</b>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas</b>	12A. USUAL OCCUPATION <b>Laborer</b>
MOTHER OF CHILD 33	13. MOTHER'S MAIDEN NAME A. (FIRST) <b>Ethel</b> B. (MIDDLE) C. (LAST) <b>Lartigue</b>		14. COLOR OR RACE <b>Cuban</b>	15. AGE (AT TIME OF THIS BIRTH) <b>33 Yrs.</b>
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas</b>	17A. USUAL OCCUPATION <b>Housewife</b>	17B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. NOW MANY CHILDREN ARE NOW LIVING? <b>5</b> B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <b>2</b> C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? <b>2</b>
INFORMANT 77	19. INFORMANT'S SIGNATURE <i>Clifton Melonzon Miami Fla</i>		ADDRESS	
MEDICAL INFORMATION 36	20A. LENGTH OF PREGNANCY IN WEEKS <b>Full Term</b>	20B. WEIGHT AT BIRTH <b>4 1/2 LBS.</b>	21A. STATE ANY COMPLICATIONS OF PREGNANCY OR LABOR <b>Twin Pregnancy</b>	21B. STATE ANY OPERATION FOR DELIVERY <b>None</b>
	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE <b>5/5/1958</b> 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		
PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 380	I. DIRECT CAUSE OF FETAL DEATH <b>(A) Monstrosity - Cephalic</b> <b>(B) Blighted Twin</b>			
	II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH) <b>None</b>			
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) <i>Daniel Johnson, M.D.</i>	25B. DATE OF ISSUE <b>6/25/58</b>
			25. ATTENDANT'S ADDRESS (IF NOT ATTENDED BY MIDWIFE OR NURSE) <i>M.D. Clinic Miami, Arizona</i>	26. SIGNATURE OF CORONER OR MEDICAL EXAMINER <i>[Signature]</i>
FUNERAL DIRECTOR AND REGISTRAR 19	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	27B. DATE <b>6/26/1958</b>	27C. NAME OF CEMETERY OR CREMATORY <b>Final Cemetery</b>	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <b>Miami, Arizona.</b>
	28A. DATE REC'D BY LOCAL REGISTRAR <b>July 2 1958</b>	28B. REGISTRAR'S SIGNATURE <i>Allen S. Rayford</i>		29. FUNERAL DIRECTOR'S ADDRESS <i>[Signature]</i>