

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

AGE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER THIS CHILD

24 04
19
02 01
2
0
28

1. PLACE OF FETAL DEATH
A. COUNTY *Yuma*
B. CITY OR TOWN *Yuma*
C. FULL NAME OF HOSPITAL OR INSTITUTION *St. Michael Hospital*

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE *Arizona*
B. COUNTY *Yuma*
C. CITY OR TOWN *Yuma*
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) *631 A. Broad Street*

3. CHILD'S NAME (TYPE OR PRINT)
Infant William Eugene Moore

4. SEX *Female*
5A. THIS BIRTH *1st*
5B. IF TWIN OR TRIPLET (GIVE FETUS DELIVERED)
5C. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) *July 8 1958*
5D. HOUR *4:15 PM*

FATHER OF CHILD

6. FATHER'S NAME
A. (FIRST) *Freeman B. Moore*
B. (MIDDLE) *Jr.*
C. (LAST) *Moore*
7. COLOR OR RACE *White*
8. AGE (AT TIME OF THIS BIRTH) *30 yrs.*

10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) *Globe Arizona*
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) *Mesa Arizona*
12A. USUAL OCCUPATION *Pharmacist*
12B. KIND OF BUSINESS OR INDUSTRY *aircraft*

MOTHER OF CHILD

13. MOTHER'S MAIDEN NAME
A. (FIRST) *Bettie Joe*
B. (MIDDLE) *Horlacher*
C. (LAST) *Horlacher*
14. COLOR OR RACE *White*
15. AGE (AT TIME OF THIS BIRTH) *19 yrs.*

16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) *Globe Arizona*
17. USUAL OCCUPATION *housewife*
18. KIND OF BUSINESS OR INDUSTRY *housewife*

19. INFORMANT'S SIGNATURE *Freeman B. Moore*
20A. LENGTH OF PREGNANCY *35* WEEKS
20B. WEIGHT AT BIRTH *6* LBS. - *0* OZ.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR *None*
21B. STATE ANY OPERATION FOR DELIVERY *none*

22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES NO
DATE *June 158*
23. WHEN DID FETAL DEATH OCCUR?
 BEFORE LABOR DURING LABOR UNCERTAIN

PROBABLE CAUSE OF FETAL DEATH (ITEM 24)

I. DIRECT CAUSE OF FETAL DEATH (A) *Asphyxia, intra uterine*
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) *True Knot in Umbilical Cord*
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

1. 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 H.B., WIFE, OR OTHER) *Melvin E. Bishop MD*
25B. DATE SIGNED *7-11-58*
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER
TITLE

FUNERAL DIRECTORY AND REGISTRAR

27A. BURIAL, CREMATION, REMOVAL (SPECIFY) *Burial*
27B. DATE *7/10/58*
27C. NAME OF CEMETERY OR CREMATORY *Final Cemetery*
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) *Central Heights Arizona*
28A. DATE REC'D BY LOCAL REGISTRAR *7-11-58*
28B. REGISTRAR'S SIGNATURE *Drew H. Walker*
29. FUNERAL DIRECTOR ADDRESS *Bluffs, Walker*