ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 0320

REGISTRAR'S NO. 138

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER 17 29 313

1. PLACE OF FETAL DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
C. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Joseph's Hospital

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1009 C- W. Tonto
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

THIS CHILD 5 0 958

3. CHILD'S NAME (TYPE OR PRINT)
A. (FIRST): Steve
B. (MIDDLE):
C. (LAST): Clark

4. SEX: M
5A. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED): 1ST [ ] 2ND [ ] 3RD [ ]
6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR): 9- 5 1958
6B. HOUR: 2:45p M

FATHER OF CHILD 35 1

7. FATHER'S NAME
A. (FIRST): Alex
B. (MIDDLE):
C. (LAST): Clark
8. COLOR OR RACE: Negro
9. AGE (AT TIME OF THIS BIRTH): 35
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): 1009 C West Tonto
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Okla.
12A. USUAL OCCUPATION: Saw Helper
12B. KIND OF BUSINESS OR INDUSTRY: Western Cotton Prod.

MOTHER OF CHILD 31 1

13. MOTHER'S MAIDEN NAME
A. (FIRST): Anna
B. (MIDDLE): Louies
C. (LAST): Richardson
14. COLOR OR RACE: Negro
15. AGE (AT TIME OF THIS BIRTH): 31
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Okla.
17A. USUAL OCCUPATION: Housewife
17B. KIND OF BUSINESS OR INDUSTRY: Home
18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS)
A. HOW MANY CHILDREN ARE NOW LIVING? 8
B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY OTHER CHILDREN WERE BORN DEAD (AFTER 20 WEEKS PREGNANCY)? 0

INFORMANT 80

19. INFORMANT'S SIGNATURE: Alex Clark
ADDRESS: 1009 C- West Tonto

MEDICAL INFORMATION 60 616

20A. LENGTH OF PREGNANCY: 40 WEEKS
20B. WEIGHT AT BIRTH: 6 LBS. 10 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 [X] DATE _____ NO [ ]
23. WHEN DID FETAL DEATH OCCUR? [ ] BEFORE LABOR [X] DURING LABOR [ ] UNCERTAIN

PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 00 77 2 303

I. DIRECT CAUSE OF FETAL DEATH ..... (A) Intrauterine Fetal Death.
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) — DUE TO (B) Chronic Hypertension Maternal
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 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 M.D., MIDWIFE, OR OTHER): Chas. R. Brickly M.D.
25B. DATE SIGNED: 9/5/58
25C. ATTENDANT'S ADDRESS: 3[illegible] W. Thomas Rd. Phoenix
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE

FUNERAL DIRECTOR AND REGISTRAR 15 2

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 9-8-58
27C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Pk.
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Phoenix Maricopa Ariz.
28A. DATE REC'D BY LOCAL REGISTRAR: 9/8/58
28B. REGISTRAR'S SIGNATURE: Beulah Johnson
29. FUNERAL DIRECTOR: J. P. Wilkes 353 R
ADDRESS: 1641 E. Jefferson

VS 130 10-58