

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

REGISTRAR'S NO.

0446 1

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER	1. PLACE OF FETAL DEATH A. COUNTY <u>Pima</u>				2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE <u>Ariz.</u> B. COUNTY <u>Pima</u>			
	B. CITY OR TOWN <u>Payson</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				C. CITY OR TOWN <u>Payson</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	C. FULL NAME OF HOSPITAL OR INSTITUTION <u>Payson Hosp.</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Gen. Del.</u>			
THIS CHILD	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) <u>Martha</u> B. (MIDDLE) <u>Prudence</u> C. (LAST) <u>Picht</u>				4. SEX <u>F</u>			
	5A. THIS BIRTH <u>Single</u>		5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		5A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) <u>12-2-58</u>		5B. HOUR <u>7 A</u>	
FATHER OF CHILD	7. FATHER'S NAME A. (FIRST) <u>Cecil</u> B. (MIDDLE) <u>Marion</u> C. (LAST) <u>Picht</u>			8. COLOR OR RACE <u>Wh.</u>		9. AGE (AT TIME OF THIS BIRTH) <u>42</u>		
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) <u>Ariz.</u>		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Iowa</u>		12. USUAL OCCUPATION <u>Logger</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Sawmill</u>	
MOTHER OF CHILD	13. MOTHER'S MAIDEN NAME A. (FIRST) <u>Ruby</u> B. (MIDDLE) <u>Virginia</u> C. (LAST) <u>Pancey</u>			14. COLOR OR RACE <u>Wh.</u>		15. AGE (AT TIME OF THIS BIRTH) <u>36</u>		
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Iowa</u>		17A. USUAL OCCUPATION <u>Housewife</u>		17B. KIND OF BUSINESS OR INDUSTRY <u>TRY</u>		18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? <u>Three</u> B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? <u>0</u> C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? <u>0</u>	
INFORMANTS	19. INFORMANT'S SIGNATURE <u>Ruby Picht</u>				ADDRESS			
	20A. LENGTH OF PREGNANCY <u>42 weeks</u>		20B. WEIGHT AT BIRTH <u>7 lbs. 8 oz.</u>		21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. <u>Post-maturity</u>		21B. STATE ANY OPERATION FOR DELIVERY <u>None</u>	
MEDICAL INFORMATION	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE <u>8-8-58</u> NO <input type="checkbox"/>				23. WHEN DID FETAL DEATH OCCUR? <input type="checkbox"/> BEFORE LABOR <input type="checkbox"/> DURING LABOR <input checked="" type="checkbox"/> UNCERTAIN			
	I. DIRECT CAUSE OF FETAL DEATH				(A) <u>prolapsed cord</u>			
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)	UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST)				DUE TO (B) <u>hemorrhage</u>			
					DUE TO (C) <u>Sac</u>			
	II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)							
CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THIS DELIVERY AND THE FETUS WAS BORN DEAD ON THE DATE STATED ABOVE.				25A. ATTENDANT'S SIGNATURE <u>William B. Gilbert, M.D.</u>		25B. DATE SIGNED <u>12-3-58</u>	
	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				27B. DATE <u>12-2</u>		27C. NAME OF CEMETERY OR CREMATORY <u>Payson</u>	
FUNERAL DIRECTOR AND REGISTRAR	28A. DATE REC'D BY LOCAL REGISTRAR <u>12-3</u>		28B. REGISTRAR'S SIGNATURE <u>E. Hathaway</u>		27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Payson - Arizona</u>			
	29A. FUNERAL DIRECTOR <u>None</u>				29B. ADDRESS			