ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 0327

REGISTRAR'S NO. 13

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER (15 / 5 / 0318)

1. PLACE OF FETAL DEATH
A. COUNTY: Yuma
B. CITY OR TOWN: Yuma — [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): Parkview Hospital

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Arizona B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2109 Madison Avenue
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

THIS CHILD (3 / 85)

3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST): ERNEST B. (MIDDLE): LORONA C. (LAST): AVILEZ

4. SEX: Male
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): 8 17 59
6B. HOUR: 12:05 A M

FATHER OF CHILD (30 / 1)

7. FATHER'S NAME A. (FIRST): DAVID B. (MIDDLE): O C. (LAST): AVILEZ
8. COLOR OR RACE: Cauc
9. AGE (AT TIME OF THIS BIRTH): 30
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Arizona
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
12A. USUAL OCCUPATION: Public Service Emp.
12B. KIND OF BUSINESS OR INDUSTRY: Ariz. Public Service

MOTHER OF CHILD (31 / 0)

13. MOTHER'S MAIDEN NAME A. (FIRST): CONNIE B. (MIDDLE): O C. (LAST): LORONA
14. COLOR OR RACE: Cauc
15. AGE (AT TIME OF THIS BIRTH): 31
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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? 5
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 (51)

19. INFORMANT'S SIGNATURE: X David O. Avilez ADDRESS: Yuma, Arizona

MEDICAL INFORMATION (76 / 302)

20A. LENGTH OF PREGNANCY: 26 WEEKS
20B. WEIGHT AT BIRTH: 3 LBS. 2 OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Normal
21B. STATE ANY OPERATION FOR DELIVERY: Normal
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES [X] DATE 8-12-59 NO [ ]
23. WHEN DID FETAL DEATH OCCUR? [X] BEFORE LABOR [ ] DURING LABOR [ ] UNCERTAIN

PROBABLE CAUSE OF FETAL DEATH (ITEM 24) (00 / 25 / 1 / 362)

I. DIRECT CAUSE OF FETAL DEATH (A) Anoxia
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) Abruptio placenta
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 (1117 / 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): Robert O. Andrews M.D.
25B. DATE SIGNED: 8-20-59
25C. ATTENDANT'S ADDRESS: 601 - 5th Ave. Yuma.
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE

FUNERAL DIRECTOR AND REGISTRAR (93 / 2)

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 8-22-59
27C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Yuma, Arizona
28A. DATE REC'D BY LOCAL REGISTRAR: 8-22-1959
28B. REGISTRAR'S SIGNATURE: Marie Nelson
29. FUNERAL DIRECTOR: O. L. Johnson ADDRESS: Box 310, Yuma Ariz

VS 120 10-1-58