ZONA STATE DEPARTMENT OF HEALTH
SION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 0499

REGISTRAR'S NO. 17

E OF FETAL DEATH AND L RESIDENCE MOTHER 65 51 328

1. PLACE OF FETAL DEATH
A. COUNTY: Yuma
B. CITY OR TOWN: Yuma — ☒ 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 — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2525 2nd. Ave. Kehls Trailer Park
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

IS CHILD 1 0 159

3. CHILD'S NAME (TYPE OR PRINT)
A. (FIRST): Charles
B. (MIDDLE): Earl
C. (LAST): Elam

4. SEX: M.
5A. THIS BIRTH: SINGLE ☒ TWIN ☐ TRIPLET ☐
5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED): 1ST ☐ 2ND ☐ 3RD ☐
6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR): December 6, 1959
6B. HOUR: 3:00 A.M

FATHER OF CHILD 27 1

7. FATHER'S NAME
A. (FIRST): Earnest F.
B. (MIDDLE):
C. (LAST): Elam
8. COLOR OR RACE: Cauc.
9. AGE (AT TIME OF THIS BIRTH): 27
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): 2525 2nd. Ave. Yuma, Ariz.
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
12A. USUAL OCCUPATION: Operators of Engineers
12B. KIND OF BUSINESS OR INDUSTRY: Construction

MOTHER OF CHILD 23 1

13. MOTHER'S MAIDEN NAME
A. (FIRST): Joann
B. (MIDDLE): B.
C. (LAST): Jordan
14. COLOR OR RACE: Cauc.
15. AGE (AT TIME OF THIS BIRTH): 23
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
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? 3
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

FORMANT 20

19. INFORMANT'S SIGNATURE: X Earnest F. Elam — ADDRESS: 2525 2nd Ave.

MEDICAL ORMATION 32 605

20A. LENGTH OF PREGNANCY: 32 WEEKS
20B. WEIGHT AT BIRTH: 6 LBS. 5 OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: RH factor
21B. STATE ANY OPERATION FOR DELIVERY: None
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☒ DATE 11-30-59 NO ☐
23. WHEN DID FETAL DEATH OCCUR? ☒ BEFORE LABOR ☐ DURING LABOR ☐ UNCERTAIN

ROBABLE AUSE OF FETAL DEATH TEM 24) 10 31 392

I. DIRECT CAUSE OF FETAL DEATH (A) Erythroblastosis Fetalis
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) RH - blood type
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)

2549 TIFICATION 1 6

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): Paul J. Nissen, M.D
25B. DATE SIGNED: 12-7-59
25C. ATTENDANT'S ADDRESS: Yuma, Ariz.
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE

UNERAL IRECTOR AND EGISTRAR 13 2

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 12-8-59
27C. NAME OF CEMETERY OR CREMATORY: Yuma Memorial Park
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Yuma Yuma Arizona
28A. DATE REC'D BY LOCAL REGISTRAR: 12-8-1959
28B. REGISTRAR'S SIGNATURE: Marie Nelson
29. FUNERAL DIRECTOR: O. Johnson — ADDRESS: Box 310 Yuma Ariz

VS 130 10-1-52