RIZONA STATE DEPARTMENT OF HEALTH
IVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 0205

REGISTRAR'S NO. 9

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER

1. PLACE OF FETAL DEATH
A. COUNTY: Cochise
B. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
C. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas Hospital

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Ariz. B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 824 2nd St (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

THIS CHILD

3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST): Baby Girl B. (MIDDLE): C. (LAST): Chavez

4. SEX: Female
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): 7 13 60
6B. HOUR: 7:35 A.M.

FATHER OF CHILD

7. FATHER'S NAME A. (FIRST): Cecil B. (MIDDLE): C. (LAST): Chavez
8. COLOR OR RACE: White
9. AGE (AT TIME OF THIS BIRTH): 40
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Douglas, Ariz.
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ariz.
12A. USUAL OCCUPATION: Custodian
12B. KIND OF BUSINESS OR INDUSTRY: Civil Service

MOTHER OF CHILD

13. MOTHER'S MAIDEN NAME A. (FIRST): Salome B. (MIDDLE): C. (LAST): Duarte
14. COLOR OR RACE: White
15. AGE (AT TIME OF THIS BIRTH): 42
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
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? 1
C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? 1

INFORMANT

19. INFORMANT'S SIGNATURE ADDRESS: Mr. Cecil Chavez Douglas, Ariz.

MEDICAL INFORMATION

20A. LENGTH OF PREGNANCY: 39 WEEKS
20B. WEIGHT AT BIRTH: 7 LBS. 2 OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Toxemia of Pregnancy - Mild Diabetes
21B. STATE ANY OPERATION FOR DELIVERY: None
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☒ DATE July 5 NO ☐
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) Intrauterine death, cause undetermined
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) Toxemia of pregnancy, moderate
DUE TO (C) Diabetes mellitus
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 (SPECIFY IF M.D., MIDWIFE, OR OTHER): Carl W Allen
25B. DATE SIGNED: July 15-1960
25C. ATTENDANT'S ADDRESS: Douglas, Arizona
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE

FUNERAL DIRECTOR AND REGISTRAR

27A. BURIAL, CREMATION, REMOVAL (SPECIFY):
27B. DATE: 7-14-60
27C. NAME OF CEMETERY OR CREMATORY: Calvary
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Douglas Ariz
28A. DATE RECD. BY LOCAL REGISTRAR: 7/15/60
28B. REGISTRAR'S SIGNATURE: E W Adamson
29. FUNERAL DIRECTOR: Gordon Brown
ADDRESS: Douglas

VS 130 10-1-58