ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 0053

REGISTRAR'S NO. 3

PUNCHED VERIFIED

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER

1. PLACE OF FETAL DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN: Mesa — [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): Mesa General HOSPITAL

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 521 N. Alma School
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

THIS CHILD

3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST): Irene B. (MIDDLE): Sarah C. (LAST): Gardner
4. SEX: Fem
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): 2-19-62
6B. HOUR: 1:00 A. M

FATHER OF CHILD

7. FATHER'S NAME A. (FIRST): James B. (MIDDLE): E. C. (LAST): Gardner
8. COLOR OR RACE: White
9. AGE (AT TIME OF THIS BIRTH): 39
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Mesa, Arizona
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
12A. USUAL OCCUPATION: Owner-Mang.
12B. KIND OF BUSINESS OR INDUSTRY: Lumber Yard Supply

MOTHER OF CHILD

13. MOTHER'S MAIDEN NAME A. (FIRST): Ellen B. (MIDDLE): C. (LAST): Henry
14. COLOR OR RACE: White
15. AGE (AT TIME OF THIS BIRTH): 38
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
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? 7
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

19. INFORMANT'S SIGNATURE ADDRESS: James E. Gardner (fat) Mesa, Arizona

MEDICAL INFORMATION 35 608

20A. LENGTH OF PREGNANCY: 35 WEEKS
20B. WEIGHT AT BIRTH: about 6 LBS. 8 OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: NONE
21B. STATE ANY OPERATION FOR DELIVERY: none
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES [X] DATE 1961 NO [ ]
23. WHEN DID FETAL DEATH OCCUR? [X] BEFORE LABOR [ ] DURING LABOR [ ] UNCERTAIN

PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 06 99 366

I. DIRECT CAUSE OF FETAL DEATH (A): None determined -
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B): Possible - Placenta Pathology.
DUE TO (C): Placenta appeared Jaundiced & deteriorated
II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)

CERTIFICATION 0007

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): [signature] DO
25B. DATE SIGNED: 2-20-62
25C. ATTENDANT'S ADDRESS: Mesa, Arizona
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE

FUNERAL DIRECTOR AND REGISTRAR

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 2-21-62
27C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
27D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Mesa, Arizona
28A. DATE REC'D BY LOCAL REGISTRAR: 2-20-62
28B. REGISTRAR'S SIGNATURE: R. N. Daylett Dep
29. FUNERAL DIRECTOR: Harrison Mecham MELDRUM MORTUARY & CHAPEL ADDRESS: Mesa, Arizona

VS 130 10-1-52