ZONA STATE DEPARTMENT OF HEALTH
SION OF VITAL STATISTICS

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. 0463

REGISTRAR'S NO. 75

E OF FETAL DEATH AND RESIDENCE MOTHER

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

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: ARIZONA B. COUNTY: APACHE
C. CITY OR TOWN: St. Johns — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): P.O. Box 164
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

IS CHILD

3. CHILD'S NAME (TYPE OR PRINT): A. (FIRST) Charles B. (MIDDLE) Berry C. (LAST) Plumb
4. SEX: Male
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): 12 14 1962
6B. HOUR: 12:14 AM

FATHER OF CHILD

7. FATHER'S NAME: A. (FIRST) Delbert B. (MIDDLE) R. C. (LAST) Plumb
8. COLOR OR RACE: W
9. AGE (AT TIME OF THIS BIRTH): 64
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?): St. Johns
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona Cochise County
12A. USUAL OCCUPATION: Carpenter
12B. KIND OF BUSINESS OR INDUSTRY: Carpenter

MOTHER OF CHILD

13. MOTHER'S MAIDEN NAME: A. (FIRST) Sibyl B. (MIDDLE) NMI C. (LAST) McCray
14. COLOR OR RACE: W
15. AGE (AT TIME OF THIS BIRTH): 40
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
17A. USUAL OCCUPATION: Housewife
17B. KIND OF BUSINESS OR INDUSTRY: Housewife

FORMANT

19. INFORMANT'S SIGNATURE: Delbert R. Plumb ADDRESS: St. Johns, Ariz.
18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS)
A. HOW MANY CHILDREN ARE NOW LIVING? 2
B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? 0
C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? 1

MEDICAL ORMATION

20A. LENGTH OF PREGNANCY: 40 WEEKS
20B. WEIGHT AT BIRTH: 6 LBS. 11 OZS.
21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR: Abdominal tumor, Ventral Hernia
21B. STATE ANY OPERATION FOR DELIVERY: 0
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☒ DATE ✓ NO ☐
23. WHEN DID FETAL DEATH OCCUR? ☒ BEFORE LABOR ☐ DURING LABOR ☐ UNCERTAIN

OBABLE AUSE OF FETAL DEATH TEM 24)

I. DIRECT CAUSE OF FETAL DEATH ..... (A) Strangulation by umbilical cord
UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B) Isoimmunization, Abdominal tumor, Ventral Hernia
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)

IFICATION

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): [illegible] M.D.
25B. DATE SIGNED: 12-14-62
25C. ATTENDANT'S ADDRESS: St. Johns, Ariz.
IF NOT ATTENDED BY PHYSICIAN
26. SIGNATURE OF CORONER OR MEDICAL EXAMINER, TITLE

UNERAL RECTOR AND GISTRAR

27A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
27B. DATE: 12-14-62
27C. NAME OF CEMETERY OR CREMATORY: Whitewood cemetery
27D. LOCATION (CITY, TOWN OR COUNTY), (STATE): St. Johns, Ariz.
28A. DATE REC'D BY LOCAL REGISTRAR: 12-14-62
28B. REGISTRAR'S SIGNATURE: Mrs Margaret Beatty
29. FUNERAL DIRECTOR: Dan B. Nitz ADDRESS: Springerville, Ariz.

VS 130 10-1-52