

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

162

REGISTRAR'S NO.

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER	1. PLACE OF FETAL DEATH A. COUNTY Gila			2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE Arizona B. COUNTY Gila		
	B. CITY OR TOWN San Carlos <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			C. CITY OR TOWN San Carlos <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
	C. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Indian Hospital			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation		
THIS CHILD	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) (Baby) B. (MIDDLE) C. (LAST) Martin					
	4. SEX female	5A. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) May 29 1954	6B. HOUR 10:40 A. M	
FATHER OF CHILD	7. FATHER'S NAME A. (FIRST) Lee B. (MIDDLE) C. (LAST) Martin			8. COLOR OR RACE Indian	9. AGE (AT TIME OF THIS BIRTH) 27	
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) San Carlos		11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	12A. USUAL OCCUPATION laborer	12B. KIND OF BUSINESS OR INDUSTRY ---	
MOTHER OF CHILD	13. MOTHER'S MAIDEN NAME A. (FIRST) Katie B. (MIDDLE) C. (LAST) Slick			14. COLOR OR RACE Indian	15. AGE (AT TIME OF THIS BIRTH) 36	
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	17A. USUAL OCCUPATION housewife	17B. KIND OF BUSINESS OR INDUSTRY own 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 From the records of San Carlos Hospital					
MEDICAL INFORMATION	20A. LENGTH OF PREGNANCY 28 WEEKS	20B. WEIGHT AT BIRTH 3 LBS. 0 OZS.	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. Toxemia		21B. STATE ANY OPERATION FOR DELIVERY none	
	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE 5-18-54 NO <input type="checkbox"/>		23. WHEN DID FETAL DEATH OCCUR? <input checked="" type="checkbox"/> BEFORE LABOR <input type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN			
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)	I. DIRECT CAUSE OF FETAL DEATH..... (A) Toxemia of pregnancy.					
	UNDERLYING CAUSE (FETAL OR MATERNAL CONDITION, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST) DUE TO (B): DUE TO (C):					
CERTIFICATION	II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)					
	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) <i>[Signature]</i>		25B. DATE SIGNED June 2, 1954	
FUNERAL DIRECTOR AND REGISTRAR	25C. ATTENDANT'S ADDRESS San Carlos, Arizona		IF NOT ATTENDED BY PHYSICIAN	26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE		
	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	27B. DATE May 29, 1954	27C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) San Carlos, Arizona.		
28A. DATE REC'D BY LOCAL REGISTRAR June 3, 1954		28B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		29. FUNERAL DIRECTOR ADDRESS (Buried by relatives).		