

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO. **3 196**
REGISTRAR'S NO. **3**

PLACE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER
04 04
05 AND 98
0402

THIS CHILD
4
654

FATHER OF CHILD
3/1

MOTHER OF CHILD
2/1

INFORMANT
30

MEDICAL INFORMATION
40

PROBABLE CAUSE OF FETAL DEATH (ITEM 24)
10 99
2
360

CERTIFICATION
3

FUNERAL DIRECTOR AND REGISTRAR
19
2

1. PLACE OF FETAL DEATH A. COUNTY Pinal		2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE Arizona B. COUNTY Pinal	
B. CITY OR TOWN Miami <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Clayton <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
C. FULL NAME OF HOSPITAL OR INSTITUTION Inspiration Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 460 joint housing project	
3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) Infant Steven Rolando B. (MIDDLE) Martinez C. (LAST)			
4. SEX male	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) June 12-1954
7. FATHER'S NAME A. (FIRST) Robert Delao B. (MIDDLE) Martinez C. (LAST)		8. COLOR OR RACE Mex	9. AGE (AT TIME OF THIS BIRTH) 31
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) Clayton Arizona	11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Mexico	12A. USUAL OCCUPATION Copper mining	12B. KIND OF BUSINESS OR INDUSTRY mining - labore
13. MOTHER'S MAIDEN NAME A. (FIRST) Blorisa Salgado B. (MIDDLE) Bonzales C. (LAST)		14. COLOR OR RACE Mex	15. AGE (AT TIME OF THIS BIRTH) 24
16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California	17. USUAL OCCUPATION housewife	18. KIND OF BUSINESS OR INDUSTRY housewife	19. 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
19. INFORMANT'S SIGNATURE Robert Delao Martinez		ADDRESS	
20A. LENGTH OF PREGNANCY 40 WEEKS	20B. WEIGHT AT BIRTH lbs. - ozs.	21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. Proapsed Cord	21B. STATE ANY OPERATION FOR DELIVERY None
22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> no record		23. WHEN DID FETAL DEATH OCCUR? <input type="checkbox"/> BEFORE LABOR <input checked="" type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN	
I. DIRECT CAUSE OF FETAL DEATH..... (A) Proapsed 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) Precipitous Labor	
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)			
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) W. J. ... MD	25B. DATE SIGNED 14 Jan 54
25C. ATTENDANT'S ADDRESS Box 1857, Miami, Ariz		26. SIGNATURE OF CORONER OR MEDICAL EXAMINER TITLE	
27A. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	27B. DATE June 13-1954	27C. NAME OF CEMETERY OR CREMATORY Globe Cemetery	27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) Globe Arizona
28A. DATE REC'D BY LOCAL REGISTRAR June 17 1954	28B. REGISTRAR'S SIGNATURE Alfonso D. Clayton	29. FUNERAL DIRECTOR ADDRESS James Walker, Globe Arizona	