

CERTIFICATE OF FETAL DEATH  
(STILLBIRTH)

STATE FILE NO.

394

REGISTRAR'S NO. 12

AGE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER 04 04 19 DEATH AND USUAL RESIDENCE OF MOTHER 02 01	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 Globe <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				C. CITY OR TOWN Miami <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS									
	C. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1016 Prospect Ave.									
THIS CHILD 3 854	3. CHILD'S NAME (TYPE OR PRINT) A. (FIRST) Baby B. (MIDDLE) Boy C. (LAST) Mireles			4. SEX Male		5A. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input checked="" type="checkbox"/>		5B. IF TWIN OR TRIPLET (THIS FETUS DELIVERED) 1st <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6A. DATE OF FETAL DELIVERY (MONTH) (DAY) (YEAR) Aug 24 1954		6B. HOUR 1:05 A: M		
	FATHER OF CHILD 24 P	7. FATHER'S NAME A. (FIRST) Paul B. (MIDDLE) C. (LAST) Mireles				8. COLOR OR RACE White		9. AGE (AT TIME OF THIS BIRTH) 24 Yrs						
10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) 1016 Prospect, Miami				11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		12A. USUAL OCCUPATION Laborer		12B. KIND OF BUSINESS OR INDUSTRY Copper Mine						
MOTHER OF CHILD 19 1	13. MOTHER'S MAIDEN NAME A. (FIRST) Joanne B. (MIDDLE) C. (LAST) Smith				14. COLOR OR RACE White		15. AGE (AT TIME OF THIS BIRTH) 19 Yrs.							
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky		17A. USUAL OCCUPATION Housewife		17B. KIND OF BUSINESS OR INDUSTRY Try Own Home		18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? None B. HOW MANY CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? None C. HOW MANY OTHER CHILDREN WERE BORN DEAD AFTER 20 WEEKS PREGNANCY? None							
INFORMANT 00 24 100	19. INFORMANT'S SIGNATURE Paul Mireles				ADDRESS Miami, Ariz				None		None		None	
	20A. LENGTH OF PREGNANCY 24 WEEKS		20B. WEIGHT AT BIRTH 1 LBS. - 028.		21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. Prematurity				21B. STATE ANY OPERATION FOR DELIVERY None					
PROBABLE CAUSE OF FETAL DEATH (ITEM 24) 3 395	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE 8/25/54 NO <input type="checkbox"/>												23. WHEN DID FETAL DEATH OCCUR? <input type="checkbox"/> BEFORE LABOR <input type="checkbox"/> DURING LABOR <input checked="" type="checkbox"/> UNCERTAIN	
	I. DIRECT CAUSE OF FETAL DEATH..... (A) Prematurity													
II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)														
CERTIFICATION 5	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) Mireles & Brothers				25B. DATE SIGNED 11/15/54					
	25C. ATTENDANT'S ADDRESS 1100 E. Ocean				IF NOT ATTENDED BY PHYSICIAN		26. SIGNATURE OF CORONER OR MEDICAL EXAMINER				TITLE			
FUNERAL DIRECTOR AND REGISTRAR 7 2	27A. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		27B. DATE Aug. 27, 1954		27C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) Miami, Arizona.							
	28A. DATE REC'D BY LOCAL REGISTRAR 11-22-54		28B. REGISTRAR'S SIGNATURE James Mireles				29. FUNERAL DIRECTOR				ADDRESS			