

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

395

REGISTRAR'S NO. 11

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 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. 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 type="checkbox"/> 2ND <input checked="" 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	7. FATHER'S NAME A. (FIRST) Paul B. (MIDDLE) C. (LAST) Mireles		B. 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	
MOTHER OF CHILD	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	
INFORMANT	19. INFORMANT'S SIGNATURE Paul Mireles Miami Ariz		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	
	20A. LENGTH OF PREGNANCY 24 WEEKS		20B. WEIGHT AT BIRTH 1 LBS. 0 OZS.		21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Pre-eclampsia	
MEDICAL INFORMATION	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE 8/15/54 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		21B. STATE ANY OPERATION FOR DELIVERY none	
	I. DIRECT CAUSE OF FETAL DEATH..... (A) Pre-eclampsia					
PROBABLE CAUSE OF FETAL DEATH (ITEM 24)	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)	
	II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS OF FETUS OR MOTHER CONTRIBUTING TO FETAL DEATH, BUT NOT RELATED TO DIRECT CAUSE OF FETAL DEATH)					
CERTIFICATION	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) William E. P... ..		25B. DATE SIGNED 11/15/54	
	25C. ATTENDANT'S ADDRESS Globe, 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 8/27/54		27C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	
	28A. DATE REC'D BY LOCAL REGISTRAR 11-22-54		28B. REGISTRAR'S SIGNATURE Jane M... ..		27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) Miami, Arizona.	
		29. FUNERAL DIRECTOR		ADDRESS		