

CERTIFICATE OF FETAL DEATH
(STILLBIRTH)

STATE FILE NO.

0377 ✓

REGISTRAR'S NO.

134

AGE OF FETAL DEATH AND USUAL RESIDENCE OF MOTHER	1. PLACE OF FETAL DEATH A. COUNTY Maricopa			2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE Arizona			B. COUNTY Maricopa					
	B. CITY OR TOWN Phoenix			C. CITY OR TOWN Phoenix			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 6810 S. Central Ave.					
	C. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 6810 S. Central Ave.								
THIS CHILD	3. CHILD'S NAME (TYPE OR PRINT)			A. (FIRST) Thomas			B. (MIDDLE) Brian			C. (LAST) MORSE		
	4. SEX M	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 November 3, 1956			6B. HOUR 1:03 A.M.			
FATHER OF CHILD	7. FATHER'S NAME A. (FIRST) Fred			B. (MIDDLE) B.			C. (LAST) Morse			8. COLOR OR RACE White		9. AGE (AT TIME OF THIS BIRTH) 23
	10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) 6810 S. Central Ave. Phoenix, Ariz.			11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Phoenix, Ariz.			12A. USUAL OCCUPATION Clerk			12B. KIND OF BUSINESS OR INDUSTRY Santa Fe Railroad		
MOTHER OF CHILD	13. MOTHER'S MAIDEN NAME A. (FIRST) Betty			B. (MIDDLE) L.			C. (LAST) Houser			14. COLOR OR RACE White		15. AGE (AT TIME OF THIS BIRTH) 23
	16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma		17A. USUAL OCCUPATION Housewife		17B. KIND OF BUSINESS OR INDUSTRY TRY		18. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (DO NOT INCLUDE THIS FETUS) A. HOW MANY CHILDREN ARE NOW LIVING? 1			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 Fred B. Morse, 6810 S. Central Ave., Phoenix			ADDRESS								
	20A. LENGTH OF PREGNANCY 30 WEEKS		20B. WEIGHT AT BIRTH 2 LBS. 4 OZS.		21A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR. No			21B. STATE ANY OPERATION FOR DELIVERY No				
MEDICAL INFORMATION	22. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input checked="" type="checkbox"/> DATE 10/1/56 NO <input type="checkbox"/>			23. WHEN DID FETAL DEATH OCCUR? BEFORE LABOR <input checked="" type="checkbox"/> DURING LABOR <input type="checkbox"/> UNCERTAIN <input type="checkbox"/>								
	I. DIRECT CAUSE OF FETAL DEATH..... (A) Unknown											
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) Unknown			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 W. R. Barber M.D.			25B. DATE SIGNED 11/3/56			25C. ATTENDANT'S ADDRESS 15 E. Myrtle St.		
				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 Nov. 9, 1956		27C. NAME OF CEMETERY OR CREMATORY Greenwood		27D. LOCATION (CITY, TOWN OR COUNTY) (STATE) Phoenix, Arizona					
	28A. DATE REC'D BY LOCAL REGISTRAR 11/9/56		28B. REGISTRAR'S SIGNATURE Bessie Johnston			28C. FUNERAL DIRECTOR W. R. Barber			ADDRESS 330 N. 2d Ave Phx			