1322

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS

AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

THE CERTIFICATE OF DEATH is to be filed ... the Territory.
Local Registrar and by him transmitted ... district to another, or to a
The Local Registrar ...

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

State Index No. 309

County Registered No.

Local Registrar's No.

PLACE OF DEATH

County Navajo

District

Town Or City Snowflake

No. Main St.

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Annie Frost Campbell

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

Color or Race: ~~White~~ X Indian, Black, Chinese, Mexican

SINGLE, ~~MARRIED~~ X, WIDOWED or DIVORCED

DATE OF BIRTH: November - 19 - 1868 (Month) (Day) (Year)

AGE: 51 yrs. 5 mos. 22 days. If less than 1 day ___ hrs., or ___ min.

OCCUPATION
(a) Trade, profession or particular kind of work: house work
(b) General nature of industry, business, or establishment in which employed or (employer): Manager

BIRTHPLACE (State or country): Utah

PARENTS

NAME OF FATHER: Allen Frost

BIRTHPLACE OF FATHER (State or Country): England

MAIDEN NAME OF MOTHER: Annie Harris Frost

BIRTHPLACE OF MOTHER (State or Country): England

The Above Is True to the Best of My Knowledge

(Informant) Frank Campbell

(Address) Snowflake, Ariz.

PLACE OF BURIAL OR REMOVAL: Snowflake, Ariz.

DATE OF BURIAL OR REMOVAL: May 12 1919

UNDERTAKER

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: May (Month) 11 (Day) 1919 (Year)

I hereby certify, that I attended deceased from ___ 191__ to ___ 191__; that I last saw h___ alive on ___ 191__, and that death occurred on the date stated above at ___ M. The DISEASE or INJURY causing Death was as follows:

No Sweater

(Duration) ___ yrs. ___ mos. ___ days.

Was disease contracted in Arizona?

If not, where?

CONTRIBUTORY

(Duration) ___ yrs. ___ mos. ___ days.

(Signed)

___ 191__ (Address)

*In death from **Violent Causes** state (1) **Means of Injury**, and (2) whether **Accidental, Suicidal, or Homicidal.**

LENGTH OF RESIDENCE

At place of death __ yrs. __ mos. __ ds. In Arizona __ yrs. __ mos. __ ds.

Former or Usual Residence

Filed July 8 1919 Mrs. Nell Freeman
Local Registrar

Filed Aug 1 1919 [signature]
County Registrar