

1378

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County: Navajo State: Arizona
District or Township: Snowflake or Village: Snowflake
City: No. (If death occurred in a hospital or institution, give its NAME instead of street and number). Ward

2. FULL NAME: Erastus Frost
(a) Residence, No. (Usual place of abode) St. Ward
Length of residence in city or town where death occurred: 34 yrs. 3 mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3. SEX: Male
4. COLOR or RACE: White
5. SINGLE, MARRIED, WIDOWED or DIVORCED: Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada Flake Frost
6. DATE OF BIRTH (month, day and year): Apr 24 - 1903
7. AGE: 34 yrs, 3 mos, 13 days
8. OCCUPATION OF DECEASED: Lineman
(a) Trade, profession, or particular kind of work: Lineman
(b) General nature of industry, business or establishment in which employed (or employer):
(c) Name of employer: A. Fredrickson
9. BIRTHPLACE (city or town) (State or country): Snowflake, Arizona
10. NAME OF FATHER: Allen Frost
11. BIRTHPLACE OF FATHER: London, England
12. MAIDEN NAME OF MOTHER: Amelia Cross
13. BIRTHPLACE OF MOTHER: Salt Lake City, Utah

14. Informant: Ada Flake Frost (Address) Snowflake, Ariz.
15. Filed: Aug 8, 1927 J.H. Frost Registrar.

MEDICAL CERTIFICATE OF DEATH
16. DATE OF DEATH (month, day, and year): Aug 6, 1927
17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1927 to Aug 6, 1927, that I last saw him alive on Aug 6, 1927, and that death occurred, on the date stated above, at 10 A.M. The CAUSE OF DEATH* was as follows: Accidental - Electric Shock, five wires
CONTRIBUTORY (Secondary)
18. When was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. H. Hayward, M.D. Aug 8, 1927 (Address) Snowflake
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
19. PLACE OF BURIAL, CREMATION OR REMOVAL: Snowflake, Ariz DATE OF BURIAL: Aug 7 - 1927
20. UNDERTAKER: ADDRESS

MARGIN RESERVED FOR BINDING. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED. THIS IS A PERMANENT RECORD. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE UNDERSTOOD BY ALL. AGE SHOULD BE STATED EXACTLY. OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.