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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 607

1. PLACE OF DEATH

County Yavapai State ARIZONA Registered No. 379-J

Township Veterans' Administration Facility, or Village or

City Whipple No. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 10 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Joe FROST C-None How long in State when death occurred? 50 yrs. ? mos. ? ds.

(a) Residence: No. Snowflake, Arizona. St., Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Brother of J.H.Frost, Snowflake, Arizona

6. DATE OF BIRTH (month, day, and year) September 19,1884

7. AGE Years 52 Months 2 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - - - -

10. Date deceased last worked at this occupation (month and year) - - - -

11. Total time (years) spent in this occupation - -

12. BIRTHPLACE (city or town) (state or country) Kanab, Utah.

FATHER

13. NAME Allen Frost (Deceased)

14. BIRTHPLACE (city or town) (State or country) Unknown England

MOTHER

15. MAIDEN NAME Emily Lewis (Deceased)

16. BIRTHPLACE (city or town) (State or country) Unknown Utah

17. INFORMANT (Address) Joe Frost at time of admission to this Facility, Nov. 23, 1936.

18 BURIAL, CREMATION, OR REMOVAL Being shipped to Place Snowflake, Arizona. Date Dec. 7, 1936.

19. UNDERTAKER (Address) Lester Ruffner License #8-A, Prescott Ariz

20. Filed Dec. 7, 1936 Jno. P. McNally Registrar

FJH/mmsd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) December 3, 1936.

22. I HEREBY CERTIFY, That I attended deceased from November 23, 1936 to December 3, 1936

I last saw him alive on December 3, 1936 death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Gastric ulcer	1936
Inanition	"

Other contributory causes of importance:

Pneumonia, hypostatic	1936

Name of operation - - - Date of - - -

What test confirmed diagnosis? Clinical & Laboratory & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury --, 19

Where did injury occur? -- (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place. --

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify --

(Signed) W. E. Chambers, M. D.

(Address) W. E. CHAMBERS, M.D., Manager, Veterans' Administration Facility, Whipple, Arizona.

Back of Certificate to be used for any additional information.

10M—3-21-33 MS-50301—FORM 3