9366

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 .....

1. PLACE OF DEATH
County Navajo State Arizona Registered No. .....
Township ..... or Village ..... or
City Lakeside No. ..... St. ..... 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. 4 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Harrison Frost How long in state when death occured? 56 yrs. ..... mos. ..... ds.
(a) Residence: No. Snowflake Ariz. St., ... Ward. ..... (If nonresident 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) Widowed
5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edith Smith Frost.
6. DATE OF BIRTH (month, day, and year) April 25 1870
7. AGE Years 68 Months 3 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. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Contracting
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) Bountiful (state or country) Utah

FATHER
13. NAME Allen Frost
14. BIRTHPLACE (city or town) London (State or country) England

MOTHER
15. MAIDEN NAME Annie Harrison Frost
16. BIRTHPLACE (city or town) London (State or country) England

17. INFORMANT Albert Frost (Address) R-9-Box 764 Phoenix Ariz
18. BURIAL, CREMATION, OR REMOVAL Place Snowflake Ariz Date 8/10, 1938
19. UNDERTAKER (Address) .....
20. Filed Aug. 14, 1938 Loretta E. Hansen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 8, 1938
22. I HEREBY CERTIFY That I attended deceased from Apr. 20, 1938 to Aug. 8, 1938
I last saw him alive on Aug. 8, 1938; death is said to have occurred on the date stated above, at 2:15 P m

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

	Date of Onset
Acute Congestive	Apr. 1938
Heart Failure	1938

Other contributory causes of importance:
Car accident with basal fracture

Name of operation — Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide, or homicide~~? Aug 14 1938 Date of injury ....., 1937
Where did injury occur? Mesa Ariz. (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fractured [illegible]
Nature of injury and [illegible]
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. N. Kenwood, M. D.
(Address) Snowflake

5M 2-8-33 MS-47971

Back of Certificate to be used for any additional Information