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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 339
Registrar's No. 33

1. Place of Death: (a) County Pima (b) City or Town Ajo (If outside city limits also write RURAL) (c) Location Cornelia Hotel (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community ? Unk. ; In Arizona ? Unk. (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz ; (b) County Pima ; (c) City or Town Ajo (If outside city limits also write RURAL)
(d) Street No. None ; (e) If foreign born, in U. S. A. ... yrs.

3. (a) FULL NAME Leo Frost (b) If veteran name war ... (c) Social Security No. ... (If NONE write the word)

4. Sex Male | 5. Color or Race white | 6. (a) Single, married, widowed or divorced Divorced

6. (b) Name of husband or wife None | 6. (c) Age of husband or wife, if alive ... yrs.

7. Birthdate of deceased About 1899 (Month) (Day) (Year)

8. AGE: Years About 43 | Months | Days | If less than one day hrs. ... min. ...

9. Birthplace Reported Joseph City, Ariz (City, town or county) (State or Country)

10. Usual Occupation Civil Engineer

11. Industry or Business Civilian Employee - U.S. Army

Father
12. Name Not Known
13. Birthplace Not Known (City, town or county) (State or Country)

Mother
14. Maiden Name Not Known
15. Birthplace Not Known (City, town or county) (State or Country)

16. (a) Informant's own signature H. T. Lyons
(b) Address mortuary Ajo Ariz.

17. (a) Burial, Cremation or Removal Removal
(b) Place Holbrook, Ariz (c) Date 8/3 1942

18. (a) Embalmer's Signature H. T. Lyons 217A
(b) Funeral Director H. T. Lyons 21A
(c) Address Ajo Ariz

19. (a) Aug - 2 - 1942 (Date received local Registrar)
(b) Lois L. Whiteley (Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 8-1, 1942;
TIME (Hour and minute) 4:00 A. M.

21. I hereby certify that I attended the deceased from Not until at death, 19 ... to ... 19 ...;
that I last saw him alive on (Never seen him alive) 19 ...;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease

Due to ...

Due to ...

Other conditions ... (Include pregnancy within 3 months of death)

Major findings:
Of operations ...

Of autopsy ...

DURATION
acute
attack

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ... (Specify type of place)
While at work? ... (e) Means of injury ...

23. Signature C. H. Kolmeschke M. D.
Address Ajo Ariz Date signed 8-1-42