

STATE OF COLORADO

STATE OF COLORADO
Bureau of Vital Statistics
Certificate of Death

1 PLACE OF DEATH
County Weld File No. 75
Town Johnstown Registration District No. 238 Registered No. 181
or City 5th W. West. No. 81 Ward 2
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Wm W Jimmie Frost
(a) Residence. No. 5th W. Johnstown Ward 2
(Usual place of abode) (If nonresident give city or town and State)
(b) Length of residence in city or town where death occurred yrs. mos. dt. How long in U. S., if of foreign birth? yrs. mos. dt.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male COLOR OR RACE White & Single, Married, Widowed, or Divorced (write the word) Married
4a If married, widowed or divorced HUSBAND of Ed Frost (or) WIFE of
5 DATE OF BIRTH (month, day, and year) Dec 8 - 1887
7 AGE Years Months Days IF LESS than 1 day. hrs. or min. 41 7 10
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Prof.
(b) General nature of industry business, or establishment in which employed (or employer)
(c) Name of employer
9 BIRTHPLACE (city or town) China (State or country)
10 NAME OF FATHER John Barker
11 BIRTHPLACE OF FATHER (City or town) Unknown (State or country)
12 MAIDEN NAME OF MOTHER Sarah Harris
13 BIRTHPLACE OF MOTHER (City or town) Springfield (State or country)

MEDICAL CERTIFICATE OF DEATH

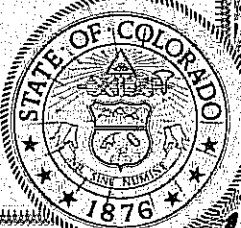
14 DATE OF DEATH (month, day and year) July 18 1929
17 I HEREBY CERTIFY, That I attended deceased from Dr. Attending 13... that I last saw him alive on 13 13... that death occurred, on the date stated above, at 5 9 a.m.
The CAUSE OF DEATH* was as follows: Acute Myocarditis with
Edematis (duration) yrs. mos. ds.
CONTRIBUTORY (Secondary) Pericarditis (duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of...
Was there an autopsy? No.
What test confirmed diagnosis? (Signed) Ed. J. Garret M. D. (Address) Corona
*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. (Use reverse side for additional space.)

14 Informant Rachel Frost (Address) Johnstown
15 Filed 7/24 1929 H.A. Lehinger Registrar. Ed. J. Garret M. D. (Address) near Johnstown
19 PLACE OF BURIAL, CREMATION, OR DISPOSAL Elmer, Colo. DATE OF BURIAL OR CREMATION 7/19 1929
20 UNDERTAKER R.D. Rice ADDRESS Elmer, Colo.

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED SEP 22 1998 Carol J. Garret
CAROL J. GARRETT, PH.D.
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.



STATE OF ARIZONA
Certified Copy of Vital Record

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 672
Registrar's No. 377E

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (c) Location Prescott Gen. Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 13 days, In Community 14 years, In Arizona 15 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott
(If outside city limits also write RURAL)

(d) Street No. 823 Railroad Street; (e) Citizen of foreign country (Yes or No) No

3. (a) FULL NAME Edward Frost (b) If Veteran name war. No (c) Social Security No. none

4. Sex Male 5. Race White Indian Negro Oriental
6. (a) Single, married, widowed or divorced Widowed

6. (b) Name of husband or wife Winson Ann Frost 6. (c) Age of husband or wife, if alive, deceased yrs.

7. Birthdate of deceased Mar. 25 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 8 Days 28 hrs. min.
If less than one day

9. Birthplace Bransen Mo.
(City, town or county) (State or Country)

10. Usual Occupation Laborer

11. Industry or Business Ranching

12. Name Frost
13. Birthplace Mo.
(City, town or county) (State or Country)

14. Maiden Name Roaker
15. Birthplace Mo.
(City, town or county) (State or Country)

16. (a) Informant's own signature Beulah E. Johnson
(b) Address Prescott, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Rolling Hills (c) Date 12/19 46

18. (a) Embalmer's Signature Thomas Flynn
(b) Funeral Director Lester Ruffner
(c) Address Prescott, Arizona

19. (a) Jan 12, 1946
(Date received Local Registrar)
(b) [Signature]
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 23, 1945
TIME (Hour and minute) 5 am

21. I hereby certify that I attended the deceased from Dec. 20 AM
1945 to Dec. 23 1945
that I last saw him alive on Dec. 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral edema

Due to
Due to
Other conditions god burn at heart
(Include pregnancy within three months of death)

Major findings:
Of operations
Of autopsy

DURATION 13 days
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: (over)

(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? (a) Means of injury

23. Signature [Signature] M. D.
Address Prescott, Arizona Date signed 1-11-1946

40M-100% Reg-8-10-44

DATE ISSUED SEP 22 1990

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Renée Gaudino
RENEE GAUDINO
Assistant State Registrar

1921361

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.



FOR SENIORS
THE U.S. SOCIAL SECURITY
FEDERAL GOVERNMENT

U. S. SOCIAL SECURITY ACT
APPLICATION FOR ACCOUNT NUMBER

527 09 7445

PRINT NAME

Ed.

(none)

FROST

(MIDDLE NAME)

(LAST NAME)

1. *S.W. do. Williams*
(STREET AND NUMBER)

2. *Williams*
(MIDDLE NAME)

3. *Prescott*
(MOTHER'S LAST NAME)

4. *W. H. A. Master*
(BUSINESS NAME OF EMPLOYER)

5. *Prescott*
(BUSINESS ADDRESS)

6. *W. H. A. Master*
(BUSINESS ADDRESS OF PRESENT EMPLOYER)

7. *Feb 25 1888*
(DATE OF BIRTH)

8. *Blanton*
(PLACE OF BIRTH)

9. *Williams*
(MOTHER'S FULL MAIDEN NAME)

11. SEX: MALE FEMALE
(CHECK (X) WHICH)

12. COLOR: WHITE NEGRO OTHER
(CHECK (X) WHICH)

13. IF REGISTERED WITH THE U. S. EMPLOYMENT SERVICE, GIVE NUMBER OF REGISTRATION CARD LIKE THIS, STATE

031B-1233

14. IF YOU HAVE PREVIOUSLY FILLED OUT A CARD LIKE THIS, STATE

No

15. *7-9-37*
(DATE SIGNED)

Ed. Frost
(EMPLOYEE'S SIGNATURE, AS USUALLY WRITTEN)

(DATE)