

2026

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

1. PLACE OF DEATH Navajo State File No. 316  
 County Navajo State Arizona Registered No. 1  
 District or Township \_\_\_\_\_ or Village Snowflake \_\_\_\_\_ or  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME Gerald Jordan Flake  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 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. (Write the word) \_\_\_\_\_

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day and year) Mar. 12th 1925

7. AGE Years Months Days IF LESS than 1 day hrs. or min. 1 16

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (city or town) Snowflake (State or country) Ariz

10. NAME OF FATHER Samuel Lorenzo Rogers

11. BIRTHPLACE OF FATHER Snowflake (city or town) (State or country) Arizona

12. MAIDEN NAME OF MOTHER Annabel Flake

13. BIRTHPLACE OF MOTHER Snowflake (city or town) (State or country) Arizona

14. Informant Samuel Lorenzo Rogers (Address) Snowflake Ariz

15. Filed Apr 28, 1925 J. H. Frost Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year) Apr 27 1925

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH was as follows: Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Did an operation precede death? \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) J. H. Frost M. D. 19\_\_\_\_ (Address) \_\_\_\_\_

\* 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 Cemetery DATE OF BURIAL Apr 28 - 1925

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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. See instructions on back of certificate.