

Ashcraft, Albert 1922 - 1922

Form V. S. 1-12m-4-12-12

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26449
File No. _____
Registered No. 250
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County Clark
Vol. No. Dad Registration District No. 365
Inc. Town _____ Primary Registration District No. 4732
City _____ (No. _____ St. _____ Ward _____)

3 FULL NAME Albert Ashcraft

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
4 SEX <u>male</u>	5 COLOR OR RACE <u>white</u>	6 Single Married Widowed or Divorced <u>Infant</u> (Write the word)	16 DATE OF DEATH <u>Dec 18, 1922</u> (Month) (Day) (Year)	
7 DATE OF BIRTH <u>Dec 18, 1922</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 18, 1922</u> , to <u>Dec 18, 1922</u> that I last saw him alive on <u>Dec 18, 1922</u> and that death occurred on the date stated above at <u>8 P.M.</u>	
8 AGE ____ yrs. ____ mos. ____ da. IF LESS than 1 day ____ hrs. or ____ min?			The CAUSE OF DEATH* was as follows: <u>Premature Birth</u> (Duration) ____ yrs. ____ mos. ____ da. Contributory Cause <u>undetermined</u> (Secondary) (Duration) ____ yrs. ____ mos. ____ da.	
9 OCCUPATION (a) Trade, profession or particular kind of work. <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			(Signed) <u>J. H. Pennington, M. D.</u> <u>Dec 19, 1922</u> (Address) <u>Dad, Ky</u> *State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
10 BIRTHPLACE (State or country) <u>Kentucky</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death ____ yrs. ____ mos. ____ da. in the State ____ yrs. ____ mos. ____ da. Where was disease contracted, if not at place of death? Former or usual residence _____	
PARENTS	10 NAME OF FATHER <u>Harlan Ashcraft</u>		19 PLACE OF BURIAL OR REMOVAL <u>Walters Grave yard</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>		DATE OF BURIAL <u>Dec 19, 1922</u>	
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Brown</u>		20 UNDERTAKER <u>Hans Woodruff</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>		ADDRESS <u>Dad, Ky</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Harlan Ashcraft</u> (Address) <u>Dad, Ky</u>				
15 Filed <u>Dec 19, 1922</u> <u>Mrs. J. L. Browner</u> Registrar				

11-2104

N. B.—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. Do not state statement of OCCUPATION is very important. See instructions on back of certificate.