

FORM V. D. 1-200 H. 10-10-10

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Madison
Vot. Prec. Red House
Inc. Town
City (No. St. Ward)

Reg. (Reg. dist. # 740) File No. 4472
Dist. 6817 Registered No. 28
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

*FULL NAME Angeline Ashcraft

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widowed</u>	10 DATE OF DEATH <u>Feb. 1, 1911</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Nov. 13, 1911</u> , to <u>Feb. 1, 1911</u> , that I last saw her alive on <u>Jan. 17, 1911</u> , and that death occurred, on the date stated above, at <u>12 m.</u> The CAUSE OF DEATH* was as follows: <u>Carcinoma of colon</u> (Duration) <u>1</u> yrs. <u>9</u> mos. <u>15</u> ds.
6 DATE OF BIRTH <u>April 14, 1837</u> (Month) (Day) (Year)	7 AGE <u>73</u> yrs. <u>9</u> mos. <u>15</u> ds.	5 OCCUPATION (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)	11 CONTRIBUTORY (SPOONFEED) (Duration) <u>1</u> yrs. <u>9</u> mos. <u>15</u> ds.	
8 BIRTHPLACE (State or country) <u>Ky.</u>	10 NAME OF FATHER <u>Amos Ashcraft</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>	12 MAIDEN NAME OF MOTHER <u>Rebecca Barber</u>	(Signed) <u>J. H. Jeffers</u> M. D. <u>Feb. 1, 1911</u> (Address) <u>Food, Ky.</u>
9 BIRTHPLACE (State or country) <u>Ky.</u>	12 MAIDEN NAME OF MOTHER <u>Rebecca Barber</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. H. Ashcraft</u> (Address) <u>Food, 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 (18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death <u>1</u> yrs. <u>9</u> mos. <u>15</u> ds. in the State <u>1</u> yrs. <u>9</u> mos. <u>15</u> ds. Where was disease contracted, if not at place of death? Former or usual residence
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. H. Ashcraft</u> (Address) <u>Food, Ky.</u>	15 PLACE OF BURIAL OR REMOVAL <u>Brookston</u>	16 DATE OF BURIAL <u>Feb. 2, 1911</u>	17 UNDERTAKER <u>Chas. Barber</u>	18 ADDRESS <u>Food, Ky.</u>

11-9184

REGISTRAR

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.