

The Winchester Sun - March 24, 1937

DEATH COMES TO BUFORD ASHCRAFT

World War Veteran Dies Of
Pneumonia At Clark
County Hospital.

Buford Ashcraft, 45, of Ford, died shortly after midnight Wednesday morning at the Clark county hospital of pneumonia and complications.

His wife, Mrs. Carrie Ashcraft, also is seriously ill at the hospital.

Mr. Ashcraft was a veteran of the World war and a member of the American Legion.

Besides his wife, two sons and eight daughters, including Mrs. Lena May Schooler, all of Ford, survive.

Funeral services will be held at one p. m. Thursday at the Holiness church, Ford, by the Rev. J. P. Lamb. Burial will be in the Warner cemetery.

Ashcraft, Buford 1891 - 1937

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **6934**
 Registered No. **70**

1. PLACE OF DEATH
 County **Clark**
 Registration District No. **385**
 Primary Registration District No. **9190**

2. FULL NAME **Buford Ashcraft**
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 (No. **Clark County Hospital** Ward)

(a) Residence, No. **Ford, Ky.** St. _____ Ward _____
 (Usual place of abode) (If nonresident, 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				MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed or Divorced (write the word) Married		21. DATE OF DEATH March 23rd, 1937	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937 to March 23, 1937 I last saw him alive on March 23, 1937 death is said to have occurred on the date stated above, at 12 M. The principal cause of death and related causes of importance in order of onset were as follows: Lobar Pneumonia	
6. DATE OF BIRTH September 23rd, 1891				Date of onset	
7. AGE Years 45 Months 6 Days 0 If LESS than 1 day.....hrs. or.....min.					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer				Contributory causes of importance not related to principal cause: Outstanding Tuberculosis	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE Estill Co. Ky.					
13. NAME Elias Ashcraft					
14. BIRTHPLACE Estill Co. Ky.					
15. MAIDEN NAME Susan Jane Horn					
16. BIRTHPLACE Estill Co. Ky.					
17. INFORMANT Mrs. Hattie Ashcraft (Address) Ford, Ky.					
18. BURIAL, CREMATION, OR REMOVAL Place Wagner Cemetery Mch. 25th 1937					
19. UNDERTAKER W. S. ... (Address) ...					
20. FILED 3-25 1937					
24. Was disease or injury in any way related to occupation of deceased? _____ (Signed) John H. Snowden, Jr. M. D. (Address) Winchester, Ky.					

MARGIN RESERVED FOR BINDING

Every item of information should be stated EXACTLY. PHYSICIAN 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.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE should be carefully ascertained. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. J. A. Snowden, Jr.