

Ashcraft, Clayton B 1936 - 1936

Form V. S. 1-4

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 32123
Registered No. 282

1. PLACE OF DEATH
County Clark
Vet. Post Ford
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 365
Primary Registration District No. 32

2. FULL NAME Clayton B. Ashcraft
(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 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) Single		21. DATE OF DEATH Dec. 1st. , 19 36	
6. DATE OF BIRTH Feb. 13th, 1936				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 30</u> , 19 <u>36</u> to <u>Nov 28</u> , 19 <u>36</u> . I last saw him alive on <u>Nov 28</u> , 19 <u>36</u> . Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. 9 18				<p style="text-align: center;"><i>Information of the Coroner</i></p> <p style="text-align: center;">12/1/36</p>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. None					
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				Contributory causes of importance not related to principal cause:	
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE Clark Co. Ky.					
13. NAME Clarence Ashcraft					
14. BIRTHPLACE Estill Co. Ky.					
15. MAIDEN NAME Hazel B. Hollins					
16. BIRTHPLACE Clark Co. Ky.					
17. INFORMANT Clarence Ashcraft (Address) Ford, Ky.					
18. BURIAL, CREMATION, OR REMOVAL Place Warners Cemetery , Dec. 2nd. , 19 <u>36</u>					
19. UNDERTAKER Scobee & Bartlett (Address) WINCHESTER, KY.					
20. FILED <u>12</u> , <u>2</u> , 19 <u>36</u> Registrar. <i>[Signature]</i> (Address) <i>[Signature]</i> , M. D. Ford, Ky.					

Should be carefully examined. AGE 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.