

Ashcraft, Delbert Ray 1942 - 1942

DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS		STATE OF OHIO DEPARTMENT OF HEALTH	
1 PLACE OF DEATH County <u>Butler</u>		Registration District No. <u>130</u>	
Township		File No. <u>10010</u>	
or Village		Primary Registration District No. <u>853</u>	
or City of <u>Hamilton, Ohio</u>		Registered No. <u>173</u>	
Length of residence in city or town where death occurred		No. <u>Mercy Hospital</u> St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>Delbert Rae Ashcraft</u>		Did Deceased Serve in U. S. Navy or Army	
(a) Residence No. <u>520 Miami</u> St. _____ Ward _____ (Usual place of abode)		(If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4. COLOR <u>White</u>	21. DATE OF DEATH (month, day, and year) <u>March 14, 1942</u>	
5. SINGLE, MARRIED, Write the word Widowed or Divorced		22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 10</u> 19 <u>42</u> to <u>Mar 14</u> 19 <u>42</u>	
6. DATE OF BIRTH (month, day, and year) <u>February 20, 1908</u>		I last saw <u>him</u> alive on <u>Mar 14</u> 19 <u>42</u> ; death is said to have occurred on the date stated above at <u>2 P.M.</u>	
7. AGE (years) Months Days <u>33</u> or LESS than 1 day <u>or</u> min.		The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>influenza</u> <u>Mar 10</u>	
9. Industry or business in which work was done, as auto mill, saw mill, bank, etc.		<u>39 B</u> <u>18</u>	
10. Date deceased last worked at this occupation (month and year)		CONTRIBUTORY CAUSES of importance not related to principal cause:	
11. Total time (years) spent in this occupation		Name of operation _____ Date of _____	
12. BIRTHPLACE (city or town) <u>Hamilton</u> (State or country) <u>Ohio</u>		What test confirmed diagnosis? <u>chest</u> Was there an autopsy? _____	
13. NAME <u>Delbert Ashcraft</u>		23. If death was due to external causes (violence) fill in also the fol- lowing: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____	
14. BIRTHPLACE (city or town) <u>Winchester</u> (State or country)		Where did injury occur? _____	
15. MAIDEN NAME <u>Hagitt Wallins</u>		Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) <u>Hamilton</u> (State or country)		Manner of injury _____	
17. INFORMANT <u>Clarence Ashcraft</u> The Signature of _____ and (Address) <u>520 Miami St</u>		Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Winchester, Ohio</u> Date <u>March 15, 1942</u>		24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
19. FUNERAL FIRM <u>Dawson</u>		(Signed) <u>H. J. Hunter</u> M. D.	
19a. BURIED BY <u>Dr. P. Blom</u> Lic. No. <u>3066</u>		Date <u>Mar 14 1942</u> Address <u>Hamilton Ohio</u>	
19b. EMBALMER <u>Dr. P. Blom</u> Lic. No. <u>41172</u>			
20. FILED <u>3/16, 1942</u> <u>March 14</u> Registrar			

Important - See instructions on back of certificate.