

Ashcraft, Earl 1919 - 1919

FORM 5 1-10-12 2-29-12

Commonwealth of Kentucky  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33332  
File No. 189  
Registered No. 740  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH  
County Madison  
Vot. Prec. Red House Registration District No. 740  
Ino. Town #7061 Primary Registration District No. 6817  
City #7061 (No.          St.,          Ward)

2 FULL NAME Carl Ashcraft

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>Dec 12, 1919</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>        </u> (Month) <u>1</u> (Day) <u>1</u> (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 5</u> , 1919, to <u>Dec 10</u> , 1919, that I last saw him alive on <u>        </u> , 1919, and that death occurred on the date stated above at <u>7 P. m.</u> The CAUSE OF DEATH* was as follows: <u>Hepatic Jaundice</u> (Duration) <u>        </u> yrs. <u>        </u> mos. <u>        </u> ds.	
7 AGE <u>3 weeks</u> yrs. <u>        </u> mos. <u>        </u> ds. IF LESS than 1 day... hrs. or min.?			Contributory (SECONDARY) <u>        </u> (Duration) <u>        </u> yrs. <u>        </u> mos. <u>        </u> ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) <u>Infant</u>			(Signed) <u>J. T. Pennington, M. D.</u> <u>Dec 15, 1919</u> (address) <u>        </u>	
9 BIRTHPLACE (State or country) <u>Madison Co. Ky</u>			*State the DISEASE CAUSING DEATH, if BIRTHAL, and (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
10 NAME OF FATHER <u>H. T. Ashcraft</u>			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death <u>        </u> yrs. <u>        </u> mos. <u>        </u> ds. In the State <u>        </u> yrs. <u>        </u> mos. <u>        </u> ds. Where was disease contracted, if not at place of death? <u>        </u> Former or usual residence <u>        </u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Ortill Co. Ky</u>			19 PLACE OF BURIAL OR REMOVAL <u>Walter's home yd.</u>	
12 MAIDEN NAME OF MOTHER <u>Elizabeth Kern</u>			DATE OF BURIAL <u>Dec 13, 1919</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Jennings Co. Ky</u>			20 UNDERTAKER <u>Henry H. Hall</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Clara Ashcraft</u> (Address) <u>Frank, Ky</u>			ADDRESS <u>Winkler St.</u>	
15 Filed <u>12-13, 1919</u> <u>J. J. Grogan</u> REGISTRAR				

11-3184

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.