

Ashcraft, Earl C 1926 - 1930

Hamilton Daily News - January 6, 1930

EARL C. ASHCRAFT

Earl C. Ashcraft, beloved son of Amos and Mary Ashcraft, died at the home of his parents, 1875 Parrish avenue, Monday at 2:15 a. m. after a short illness of pneumonia. He was three years and six months old at the time of his death.

Besides his parents he leaves two brothers, Arvel and James Ashcraft, three sisters, Thelma, Ruby and Dorothy May Ashcraft, all of Hamilton.

The remains will be send to Ford, Ky., by the Dawson Funeral Home, Tuesday morning for burial. Friends may call at the residence after 7 p. m. today.

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.

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Butler Registration District No. 130 File No. 390
Township _____ Primary Registration District No. 8052 Registered No. 11
or Village _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Hamilton

2 FULL NAME Earl C. Ashcraft Did Deceased Serve in _____
U. S. Navy or Army _____
(a) Residence. No. 1875 Parrish ave 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 <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 Single, Married, Widowed or Divorced (write the word) _____			16 DATE OF DEATH (month, day and year) <u>1-6-30</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 31, 1929</u> , to <u>Jan 6, 1930</u> that I last saw him alive on <u>Jan 6, 1930</u> and that death occurred, on the date stated above, at <u>2:15 a. m.</u> The CAUSE OF DEATH* was as follows: <u>Totax Pneumonia</u>
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____	6 DATE OF BIRTH (month, day, and year) <u>April 13-</u>	7 AGE Years <u>3</u> Months <u>8</u> Days <u>24</u> If LESS than 1 day.....hrs. or.....min.	8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>XXXX</u> (b) General nature of Industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		CONTRIBUTORY (SECONDARY) <u>Exposure</u> (duration) _____ yrs. _____ mos. <u>7</u> ds.	
9 BIRTHPLACE (city or town) <u>Hamilton</u> (State or country) <u>OH</u>	10 NAME OF FATHER <u>Amos F. Ashcraft</u>	11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____	12 MAIDEN NAME OF MOTHER <u>Melis Warner</u>	13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____	18 Where was disease contracted? <u>in</u> if not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>glucopel</u> (Signed) <u>J. H. Wright</u> M. D. (Address) <u>Hamilton Ohio</u>	
14 Informant <u>Amos Ashcraft</u> (Address) <u>1875 Parrish ave</u>	15 Filed <u>1-6, 1930</u> <u>Marie F. Soling</u> REGISTRAR		19 PLACE of Burial, Cremation, or Removal <u>Ford Ky.</u> 20 UNDERTAKER <u>Dawson Funeral Home Hamilton</u> 20a WAS THE BODY EMBALMED? <u>yes</u> DATE OF BURIAL <u>1-7-1930</u> ADDRESS <u>Hamilton</u> EMBALMER'S LICENSE NO. <u>1816 A</u>			

ac Jackson