

Ashcraft, Effie 1902 - 1931

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.

DIVISION OF VITAL STATISTICS	
CERTIFICATE OF DEATH	
<b>1 PLACE OF DEATH</b> County <u>Hamilton</u> Township _____ or Village _____ or City of <u>Cincinnati</u>	Registration District No. <u>494</u> File No. <u>3009</u> Primary Registration District No. _____ Registered <u>461</u> No. <u>Branch Hosp. &amp; U.S. St.</u> Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)
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.	
<b>2 FULL NAME</b> <u>Effie Ashcraft</u> Did Deceased Serve in U. S. Navy or Army _____ (a) Residence. No. <u>Branch Hosp. &amp; U.S. St.</u> Ward _____ (Usual place of abode) (If nonresident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS	
<b>3. SEX</b> <u>Female</u> <b>4. COLOR OR RACE</b> <u>White</u> <b>5. Single, Married, Widowed, or Divorced (write the word)</b> <u>Single</u>	<b>21. DATE OF DEATH (month, day, and year)</b> <u>Jan 19, 1931</u> <b>22. I HEREBY CERTIFY, That I attended deceased from</b> _____ 19____ to _____ 19____ I last saw him alive on _____ 19____ death is said to have occurred on the date stated above at _____ m. <b>The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:</b> <u>Gun shot wound in back</u> _____ _____ <b>CONTRIBUTORY CAUSES of importance not related to principal cause:</b> <u>Homicide</u>
<b>6. DATE OF BIRTH (month, day, and year)</b> <u>Aug 25, 1902</u> <b>7. AGE</b> Years <u>28</u> Months <u>4</u> Days <u>25</u> If LESS than 1 day, _____ hrs. or _____ min.	<b>8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.</b> <u>None</u> <b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> <u>None</u> <b>10. Date deceased last worked at this occupation (month and year)</b> _____ <b>11. Total time (years) spent in this occupation</b> _____
<b>12. BIRTHPLACE (city or town) (State or country)</b> <u>Evans Ky</u> <b>13. NAME</b> <u>J. Ashcraft</u> <b>14. BIRTHPLACE (city or town) (State or country)</b> <u>Evans Ky</u> <b>15. MAIDEN NAME</b> <u>Loretta Jones</u> <b>16. BIRTHPLACE (city or town) (State or country)</b> <u>Evans Ky</u>	<b>Name of operation</b> _____ Date of _____ <b>What test confirmed diagnosis</b> <u>Histology</u> Was there an autopsy? <u>No</u> <b>23. If death was due to external causes (violence) fill in also the following:</b> Accidents, suicide, or homicide <u>Yes</u> Date of injury <u>Jan 19, 1931</u> Where did injury occur? <u>Branch Hosp. &amp; U.S. St.</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place _____ <b>Manner of injury</b> <u>Homicide</u> <b>Nature of injury</b> <u>Gun shot wound in back</u>
<b>17. INFORMANT (Address)</b> <u>J. Ashcraft</u> <b>18. BURIAL, CREMATION, OR REMOVAL</b> Place <u>Hamilton</u> Date <u>Jan 21, 1931</u> <b>19. UNDERTAKER (Address)</b> <u>Phillip J. Ashcraft</u> <b>19a. Was body embalmed</b> _____ Embalmer's No. _____ <b>20. FILED</b> <u>JAN 21 1931</u> Registrar. <u>W. W. Ashcraft</u>	<b>24. Was disease or injury in any way related to occupation of deceased?</b> If so, specify _____ (Signed) <u>M. Scott Keenan</u> M. D. Date _____ 193____ Address _____ _____ _____