

Ashcraft, Elias 1835 - 1917



FORM V. D. 1-2000 H. 10-10-10

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Artich Co

2 FULL NAME Elias Ashcraft

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

6 DATE OF BIRTH Nov 26 1835
(Month) (Day) (Year)

7 AGE 82 yrs. 1 mos. 2 ds. 8 IF LESS than 1 day... hrs. or min.?

9 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE (State or country) Missouri

10 NAME OF FATHER Amos Ashcraft

11 BIRTHPLACE OF FATHER (State or country) do not know

12 MAIDEN NAME OF MOTHER Rebecca Barker

13 BIRTHPLACE OF MOTHER (State or country) do not know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Elias Ashcraft
(Address) Arvill Ky

15 Filed Nov 24 1917 Maudie Eeche REGISTRAR

16 REGISTERED NO. 32643

17 DATE OF DEATH Dec 23 1917
(Month) (Day) (Year)

18 I HEREBY CERTIFY, That I attended deceased from Dec 23 1917 to Dec 23 1917, that I last saw him alive on Dec 1 1917, and that death occurred, on the date stated above, at 11 AM.

The CAUSE OF DEATH* was as follows:
Chronic nephritis

Contributory Heart disease

(Signed) C. J. Mason M. D.
Dec 24 1917 (Address) Arvill Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

(16) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Arvill Ky DATE OF BURIAL 1917

20 UNDERTAKER Wm. W. Burson ADDRESS Arvill Ky

11-8184