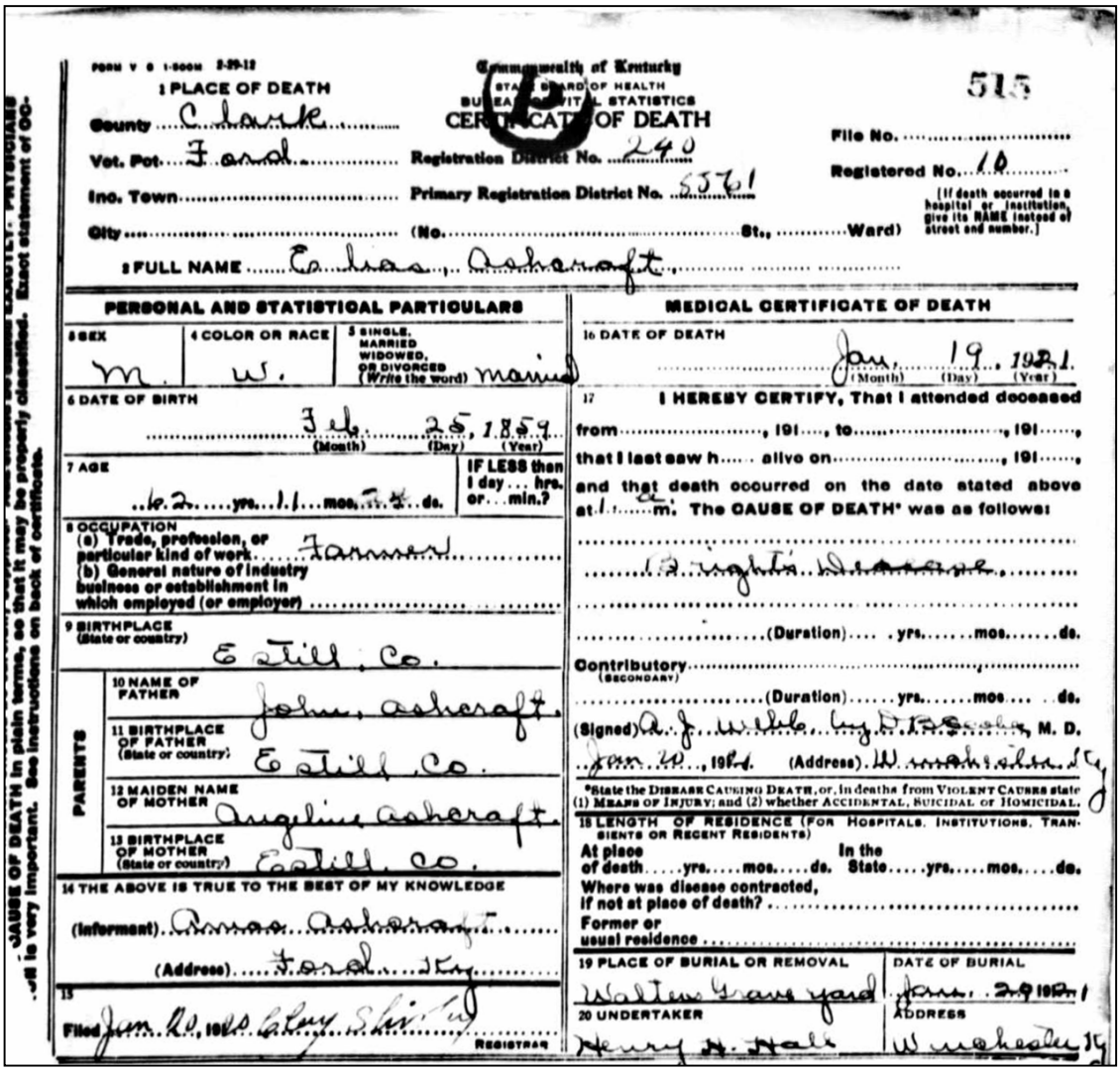

FORM V S 1-500M 2-29-12

1 PLACE OF DEATH

County Clark

Vet. Pct. Ford

Inc. Town

City (No. St., Ward)

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

515

File No.

Registration District No. 240

Primary Registration District No. 5561

Registered No. 10

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Elias Preston Ashcraft

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Feb. 25, 1859 (Month) (Day) (Year)

7 AGE: 62 yrs. 11 mos. 5 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): E Till. Co.

PARENTS

10 NAME OF FATHER: John. Ashcraft.

11 BIRTHPLACE OF FATHER (State or country): E Till. Co.

12 MAIDEN NAME OF MOTHER: Angline Ashcraft.

13 BIRTHPLACE OF MOTHER (State or country): E Till. Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amos Ashcraft

(Address) Ford Ky

15 Filed Jan. 20, 1921 Chas. Shirley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 19, 1921 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..., 191..., to ..., 191..., that I last saw h... alive on ..., 191..., and that death occurred on the date stated above at 1 p m. The CAUSE OF DEATH* was as follows:

(a) Bright's Disease

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) A. J. Wells, by D. H. Graham, M. D.

Jan. 20, 1921 (Address) W. Winchester Ky

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

18 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: Walters Grave yard

DATE OF BURIAL: Jan. 20 1921

20 UNDERTAKER: Henry M. Hale

ADDRESS: Winchester Ky

- 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.