

Ashcraft, Elmer Francis 1922 - 1929

DEPARTMENT OF HEALTH		DIVISION OF VITAL STATISTICS	
CERTIFICATE OF DEATH			
1 PLACE OF DEATH County <u>Butler</u>		Registration District No. <u>130</u>	File No. <u>39153</u>
Township _____		Primary Registration District No. <u>8052</u>	Registered No. <u>469</u>
or Village _____		No. <u>Mercy Hospital</u>	St. _____ Ward _____
or City of <u>Hamilton</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME <u>Elmer Francis Ashcraft.</u>		Did Deceased Serve in U. S. Navy or Army _____	
(a) Residence. No. <u>1875 Parrish Ave</u>		St. <u>5</u>	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			
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____			
6 DATE OF BIRTH (month, day, and year) <u>Apr 12, 1922</u>			
7 AGE	Years <u>7</u>	Months <u>2</u>	Days <u>3</u>
	If LESS than 1 day _____ hrs. or _____ min.		
8 OCCUPATION OF DECEASED <u>None</u>			
(a) Trade, profession, or particular kind of work _____			
(b) General nature of industry, business, or establishment in which employed (or employer) _____			
(c) Name of employer _____			
9 BIRTHPLACE (city or town) _____			
(State or country) <u>Ky</u>			
10 NAME OF FATHER <u>Amos Ashcraft</u>			
11 BIRTHPLACE OF FATHER (city or town) _____			
(State or country) <u>Ky</u>			
12 MAIDEN NAME OF MOTHER <u>Nellie Warner</u>			
13 BIRTHPLACE OF MOTHER (city or town) _____			
(State or country) <u>Ky</u>			
14 Informant <u>Amos Ashcraft</u>		19 PLACE of Burial, Cremation, or Removal <u>Ford Ky.</u>	
(Address) <u>Hamilton O.</u>		DATE OF BURIAL <u>June 17, 1929</u>	
15 Filed <u>6-17</u> , 19 <u>29</u> <u>Marie H. Solberg</u> REGISTRAR		20 UNDERTAKER <u>W. F. Calice & Sons</u>	
		ADDRESS <u>Hamilton, O.</u>	
		20a WAS THE BODY EMBALMED? <u>Yes</u>	
		EMBALMER'S LICENSE NO. <u>3800.A.</u>	
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH (month, day and year) <u>June 15, 1929</u>			
17 I HEREBY CERTIFY, That I attended deceased from <u>June 8</u> , 19 <u>29</u> to <u>June 15</u> , 19 <u>29</u>			
that I last saw him _____ alive on _____, 19 <u>29</u>			
and that death occurred, on the date stated above, at <u>12.45 AM</u>			
The CAUSE OF DEATH* was as follows: <u>meningitis (influenza)</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY <u>influenza</u>			
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.			
18 Where was disease contracted <u>1875 Parrish</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>clinical</u>			
(Signed) <u>J. E. [Signature]</u> M. D.			
June 17, 1929 (Address) <u>Hamilton, O.</u>			
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)			