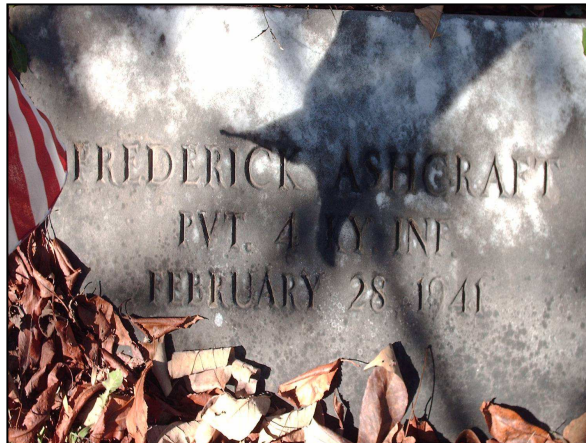


Ashcraft, Frederick 1880 - 1941



Form V. S. 1-A  
 DEPARTMENT OF COMMERCE  
 Bureau of the Census

COMMONWEALTH OF KENTUCKY  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

State File No. **4343**  
 Registrar's No. **28**

Registration District No. **500** Primary Registration District No. **5183**

1. PLACE OF DEATH:  
 (a) County **FAYETTE**  
 (b) City or town **LEXINGTON, KENTUCKY (RURAL)**  
 (c) Name of hospital or institution **VETERANS' ADMINISTRATION FACILITY**  
 (d) Length of stay: In hospital or community **16 days**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **KENTUCKY** (b) County **FAYETTE**  
 (c) City or town **LEXINGTON**  
 (d) Street No. **429 S. Upper Street**

3(a) FULL NAME **ASHCRAFT, Frederick** C-2,360,028  
 3(b) If veteran,  No  Yes  
 Name was **Spanish American** No **None**  
 3(c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6(a) Single, widowed, married, divorced **Married**

6(b) Name of ~~husband's~~ wife **Lelia Lyle**  
 6(c) Age of ~~husband's~~ wife if alive **58** Years

7. Birth date of deceased **August 30 1880**  
 (Month) (Day) (Year)

8. AGE: Years **60** Months **5** Days **29** If less than one day, min. **hr.**

9. Birthplace **Kentucky**

10. Usual occupation **Sign Painter**

11. Industry or business **Paint Shop**

FATHER { 12. Name **James Ashcraft**  
 13. Birthplace **Kentucky**

MOTHER { 14. Maiden name **Mary Kelly**  
 15. Birthplace **Kentucky**

16(a) Informant's own signature **Hospital Records**  
 (b) Address **Veterans' Administration, Lexington, Ky.**

17. BURIAL, CREMATION, OR REMOVAL **Removal**  
 Place **Irvine, Kentucky** Date **Mch 1 1941**

18(a) Signature of funeral director **Kerr Brothers**  
 by **partner**  
 (b) Address **Lexington Kentucky**

19(a) **3-10-41** (Date received by local registrar)  
 (b) **D. A. Furlong** (Registrar's signature)

20. DATE OF DEATH **February 28 1941**

21. I hereby certify that I attended the deceased from **Feb. 12, 1941** to **February 28, 1941**, that I last saw him alive on **February 28, 1941**, and that death occurred on the date stated above at **4:45 P. M.**

Immediate cause of death **Poisoning, chronic, alcohol, Ethyl** DURATION **2 yrs.**

Due to **72nd-97**

Other conditions **Psychosis, Korsakow**  
 (Include pregnancy within 3 months of death)  
**Arteriosclerosis, cerebral**

Major findings:  
 Of operations **No operation**  
 Of autopsy **No autopsy**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? In or about home, on farm, in industrial place in public place? \_\_\_\_\_ (Specify type of place)  
 (d) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **L. E. Trent**  
**L. E. TRENT, M.D., Chief Medical Officer**  
 Address **Vet. Admin., Lex., Ky.** Date signed **3-1-41**

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDS RESERVED FOR BINDING

CP-5111  
 2-10-41