

Ashcraft, Hazel 1914 - 1914

FORM V - 1-1904

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

1 PLACE OF DEATH
County Clark
Vol. Book Registration District No. 240
Inc. Town..... Primary Registration District No. 5561
City..... (No..... St.,..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

File No. 25117
Registered No. 928

2 FULL NAME Hazel Ashcraft

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, OR DIVORCED (Write the word)	16 DATE OF DEATH <u>Sept 20, 1914</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Aug 28, 1914</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 18, 1914</u> , to <u>Sept 20, 1914</u> , that I last saw her alive on <u>Sept 20, 1914</u> , and that death occurred on the date stated above at <u>10</u> a.m. The CAUSE OF DEATH* was as follows: <u>Croupous pneumonia</u>	
7 AGE <u>23</u> yrs. <u>0</u> mos. <u>0</u> ds. IF LESS than 1 day... hrs. or... min.?			(Duration) <u>4</u> yrs. <u>0</u> mos. <u>0</u> ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work..... <u>none</u> (b) General nature of industry business or establishment in which employed (or employer).....			Contributory..... (Duration)..... yrs. mos. ds.	
9 BIRTHPLACE (State or country) <u>Ky</u>			(Signed) <u>J. D. Gammage, M. D.</u> <u>Sept 20, 1914</u> (Address) <u>F. B. ...</u>	
10 NAME OF FATHER <u>John W. Ashcraft</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>			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.....	
12 MAIDEN NAME OF MOTHER <u>Bertha Powell</u>			19 PLACE OF BURIAL OR REMOVAL <u>Walter Grant Ford</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>			DATE OF BURIAL <u>Sept 21, 1914</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. W. Ashcraft</u> (Address) <u>F. B. ...</u>			20 UNDERTAKER <u>H. H. Hall</u>	
15 Filed <u>Sept 21, 1914</u> <u>Clay Shirley</u> REGISTRAR			ADDRESS <u>Winchester Ky</u>	

11-3104

should 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.