

Ashcraft, Herbert F 1875 - 1923

FORM V - 1-1000 2-29-12

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

14219

1 PLACE OF DEATH
County *Mach*
Vol. Pot. *Lewis 74* Registration District No. *2*
Ino. Town..... Primary Registration District No. *2562*
City..... (No..... St., Ward)
2 FULL NAME..... *Herbert F. Ashcraft*

File No.....
Registered No. *140*
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>male</i>	4 COLOR OR RACE <i>white</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>single</i>	16 DATE OF DEATH <i>Jan 17 1923</i> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <i>Louisiana, May, 191</i> , that I last saw h..... alive on....., 191..... and that death occurred on the date stated above at..... m. The CAUSE OF DEATH was as follows: <i>drowned in the river at Valley View</i>
6 DATE OF BIRTH <i>Feb 22, 1876</i> (Month) (Day) (Year)	7 AGE <i>46 yrs. 10 mos. 26 ds.</i>	IF LESS than 1 day... hrs. or... min.?	18 (Duration)..... yrs..... mos..... ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>railroader</i> (b) General nature of industry business or establishment in which employed (or employer)			Contributory (SECONDARY) (Duration)..... yrs..... mos..... ds. (Signed) <i>C. H. T. Murray, Coroner</i> <i>May 6, 1923</i> (Address) <i>Richmond</i>	
9 BIRTHPLACE (State or country) <i>74</i>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.	
10 NAME OF FATHER <i>J. B. Ashcraft</i>			15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.	
11 BIRTHPLACE OF FATHER (State or country) <i>74</i>			Where was disease contracted, if not at place of death?.....	
12 MAIDEN NAME OF MOTHER <i>Mary C. Kelly</i>			Former or usual residence.....	
13 BIRTHPLACE OF MOTHER (State or country) <i>74</i>			19 PLACE OF BURIAL OR REMOVAL <i>Richmond</i>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)..... <i>J. A. Ashcraft</i> (Address)..... <i>Lexington 74</i>			DATE OF BURIAL <i>May 7, 1923</i>	
15 Filed <i>June 9, 1923</i> <i>Mo. Henry King</i> REGISTRAR <i>12/6/1923</i>			20 UNDERTAKER <i>Muncy Bros Richmond 74</i>	

11-3194

WRITE PLAINLY, WITH UNFADING INK. THIS IS A RETURNED MAIL. PHYSICIANS 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. SIGNATURE OF OCCUPATION IS VERY IMPORTANT.