

Ashcraft, James Preston 1936 - 1936

Form V. S. 1-A
1. PLACE OF DEATH
 County Clark
 Vol. Ford
 Inc. Town _____
 City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

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

File No. 12991
 Registered No. 141

Registration District No. 365
 Primary Registration District No. 1732

2. FULL NAME James Preston Ashcraft
 (a) Residence, No. Ford, Ky. St. _____ 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			21. DATE OF DEATH <u>May 25th</u> , 19 <u>36</u>	
6. If married, widowed, or divorced HUSBAND or (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>May 21st</u> , 19 <u>36</u> to <u>May 25th</u> , 19 <u>36</u> I last saw him alive on <u>May 24th</u> , 19 <u>36</u> . death is said to have occurred on the date stated above, at <u>11:55 AM</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Congenital</u> <u>157</u>	
7. AGE Years _____ Months _____ Days <u>4</u> If LESS than 1 day _____ hrs. or _____ min.					Date of onset	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____ <u>None</u>						
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____						
10. Date deceased last worked at this occupation (month and year) _____					Contributory causes of importance not related to principal cause:	
11. Total time (years) spent in this occupation _____						
12. BIRTHPLACE <u>Clark Co. Ky.</u>						
13. NAME <u>Harlan Ashcraft</u>						
14. BIRTHPLACE <u>Estill Co. Ky.</u>						
15. MAIDEN NAME <u>Elizabeth Horn</u>						
16. BIRTHPLACE <u>Ford, Ky.</u>						
17. INFORMANT <u>James D. Ashcraft</u> (Address) <u>Ford, Ky.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Warner Cemetery</u> <u>May 26th</u> , 19 <u>36</u>						
19. UNDERTAKER <u>Scobee & Bartlett</u> (Address) <u>WINCHESTER, KY.</u>						
20. FILED <u>5-25</u> , 19 <u>36</u> <u>THA</u> Registrar						
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____						
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. D. Pennington</u> , M. D. (Address) <u>Ford Ky.</u>						

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED. AGE SHOULD BE STATED EXACTLY. PHYSICIAN 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.