

Ashcraft, John R 1935 - 1935

Form V. S. 1-A-50m-6-17-31

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

File No. 3426  
Registered No. 30

1. PLACE OF DEATH  
County Clark  
Vot. Pat. Ford Registration District No. 365  
Ino. Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME John 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>Feb. 12th, 1935</u>	
6. If married, widowed, or divorced HUSBAND or (or) WIFE of _____				22. I HEREBY CERTIFY That I attended deceased from <u>Feb 10, 1935</u> to <u>Feb 12, 1935</u> . I last saw him live on <u>Feb 12, 1935</u> at <u>09:20</u> a.m. to have occurred on the date stated above, at _____ mi. The principal cause of death and related causes of importance in order of onset were as follows: <u>Signature Bish</u>	
7. DATE OF BIRTH <u>Feb 12th, 1935</u>				Date of onset _____	
8. AGE Years _____ Months _____ Days _____ If LESS than 1 day, <u>0</u> hrs. or _____ min.				Contributory causes of importance not related to principal cause: <u>precluded by injury at time of Bish</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ <u>None</u>				Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				What test confirmed diagnosis? _____ Was there an autopsy? _____	
10. Date deceased last worked at (this occupation (month and year) _____				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
11. Total time (years) spent in this occupation _____				Manner of injury _____	
12. BIRTHPLACE <u>Clark Co. Ky.</u>				Nature of injury _____	
13. NAME <u>Clarence Ashcraft</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
14. BIRTHPLACE <u>Estill Co. Ky.</u>				(Signed) <u>J. D. Pennington, M. D.</u>	
15. MAIDEN NAME <u>Minnervia Johnson</u>				(Address) <u>Ford, Ky.</u>	
16. BIRTHPLACE <u>Laurel Co. Ky.</u>					
17. INFORMANT <u>Clarence Ashcraft</u> (Address) <u>Ford, Ky.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Warner Cemetery</u> Date <u>Feb. 13th, 1935</u>					
19. UNDERTAKER <u>Scobee &amp; Bartlett</u> (Address) <u>Winchester, Ky.</u>					
20. FILED <u>Feb. 13, 1935</u> <u>Mrs. S. S. ...</u> Registrar					

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. See instructions on back of certificate.