

Ashcraft, Lucian 1877 - 1944



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. 11162
Registrar's No. 41

Registration District No. 445 Primary Registration District No. 2100

2. PLACE OF DEATH: Essex
(a) County Essex
(b) City or town Essex
(c) Name of hospital or institution:
(If outside city or town limits, write RURAL)
(If not in hospital or institution write street number or location)
(d) Length of stay: in hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Essex County Essex
(b) City or town Essex
(c) Name of hospital or institution:
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Lucian Ashcraft
3(b) If veteran, ✓ 3(c) Social Security No. _____
Name was _____ No. _____

4. Sex M Color or race W Special widow, married, divorced W
6(b) Name of husband or wife Delina P. Ashcraft
6(c) Age of husband or wife in years _____
7. Birth date of deceased June 4th 1877
(Month) (Day) (Year)
8. AGE: 66 Years 6 Months 6 Days If less than one day hr. _____ min. _____

9. Birthplace Essex County
10. Usual occupation _____
11. Industry or business Farmer
12. Name Amos Ashcraft
13. Birthplace Essex County
14. Maiden name _____
15. Birthplace _____

16(a) Informant's name Shelby Ashcraft
(b) Address Essex, Ky
17. BURIAL, CREMATION, OR REMOVAL
Place Essex County Date 5/10/44
18(a) Signature of funeral director W. E. Lewis
(b) Address Essex, Ky
19(a) 51044 (Date received by local registrar) (Registrar's signature)

20. DATE OF DEATH May 8 - 1944
21. I hereby certify that I attended the deceased from 57 1944 that I last saw him alive on 57 1944 and that death occurred on the date stated above at 9:00 AM hr. _____ min. _____
Immediate cause of death asphyxia DURATION 6 hrs
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations 834
Of autopsy _____

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)
While at work? _____ (a) Means of injury _____
23. Signature R. B. ... (M. D. or other)
Address Essex, Ky Date signed 5/10-44

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very few words. Physicians should state CAUSE OF DEATH in plain terms. AUSE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very few words.