

Ashcraft, Margaret 1920 - 1920

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
<p>FORM V - 1-9-00M 2-29-12 Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH</p>			
1 PLACE OF DEATH		26730	
County <u>Clark</u>		File No.	
Vot. Pot. <u>Ford</u>		Registered No. <u>288</u>	
Ino. Town.		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
City <u>Ford</u>		St. Ward)	
2 FULL NAME <u>Margaret Ashcraft</u>			
3 SEX <u>Female</u>		16 DATE OF DEATH <u>Nov. 15th, 1920.</u>	
4 COLOR OR RACE <u>White</u>		(Month) (Day) (Year)	
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>		17 I HEREBY CERTIFY, That I attended deceased	
6 DATE OF BIRTH <u>Nov. 12th, 1920.</u>		from <u>Nov. 12th, 1920</u> to <u>Nov. 15th, 1920</u> ;	
(Month) (Day) (Year)		that I last saw <u>her</u> alive on <u>Nov. 15th, 1920.</u>	
7 AGE <u>3</u> yrs. mos. ds.		and that death occurred on the date stated above	
IF LESS than 1 day ... hrs. or ... min.?		at <u>8</u> m. The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u>		<u>Hepatic Jaundice</u>	
(b) General nature of industry, business or establishment in which employed (or employer) (Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) <u>Kentucky</u>		Contributory (SECONDARY)	
PARENTS	10 NAME OF FATHER <u>Harlan Ashcraft</u> (Duration) yrs. mos. ds.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	(Signed) <u>J. J. Cunningham, M. D.</u>	
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Horn</u>	<u>Nov. 16, 1920</u> (Address) <u>Ford, Ky.</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)	
(Informant) <u>Harlan Ashcraft</u>		At place of death yrs. mos. ds. State yrs. mos. ds.	
(Address) <u>Ford, Ky.</u>		Where was disease contracted, if not at place of death?	
15 Filed <u>Nov. 16, 1920</u> <u>Clay Shirley</u> REGISTRAR		Former or usual residence	
		19 PLACE OF BURIAL OR REMOVAL <u>Ford, Cemetery</u>	
		DATE OF BURIAL <u>Nov. 16th 20.</u>	
		20 UNDERTAKER <u>John W. Ashcraft</u>	
		ADDRESS <u>Ford, Ky.</u>	

M. D.—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.