

Ashcraft, Margaret Plowman 1891 - 1936

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24029
 File No. _____
 Registered No. _____

1. PLACE OF DEATH
 County Leslie
 Vet. Post. Reighton Post Registration District No. _____
 Inc. Town _____ Primary Registration District No. _____

City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Margaret Plowman Ashcraft
 (a) Residence, No. _____ 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	6. DATE OF BIRTH <u>6/25/1891</u>	21. DATE OF DEATH <u>Sept 12/1936</u>	22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____
7. AGE <u>45</u> yrs. <u>2</u> mos. <u>18</u> ds.			8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC. <u>Home Mkt</u>	I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Homicide 174</u>	
9. OCCUPATION Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____		Contributor causes of importance not related to principal cause _____ <u>Dr Lewis Undertaker</u>
12. BIRTHPLACE <u>Lee County Ky</u>			13. NAME <u>William Plowman</u>		
14. BIRTHPLACE <u>Ky</u>			15. MAIDEN NAME <u>Amazada Angel</u>		Name of operation _____ Date of _____
16. BIRTHPLACE <u>Ky</u>			17. INFORMANT <u>Armed Ashcraft</u> Address <u>Wynne - Jay</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____
18. BURIAL, CREMATION, OR REMOVAL Place <u>Masonoma</u> Date <u>9/13/36</u>			19. UNDERTAKER <u>Dr Lewis</u> Address <u>Wynne</u>		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.
20. FILED <u>Sept 13 1936</u>			24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____		Manner of injury _____ Nature of injury _____
			(Signed) _____, M. D.		
			(Address) _____		

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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 instruction on back of certificate.