

Ashcraft, Martha J Webb 1851 - 1938

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

Dr B. 16549  
23

PLACE OF DEATH  
 County Estill  
 Vol. West Irvine Registration District No. 5-0 12  
 Ine. Town \_\_\_\_\_ Primary Registration District No. 445  
 City West Irvine (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Martha J. Ashcraft (If nonresident, give city or town and State)  
 (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. New long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>widowed</u>		21. DATE OF DEATH <u>7/13/38</u> , 19 <u>38</u>	
5a. If married, widowed, or divorced HUSBAND or (or) WIFE <u>Elia Ashcraft</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>1/1</u> 19 <u>38</u> to <u>7/13/38</u> , 19 <u>38</u> I last saw her alive on <u>7/11/38</u> death is said to have occurred on the date stated above, at <u>3 A</u> m. The principal cause of death and related causes of importance in order of onset were as follows:	
6. DATE OF BIRTH 7. AGE Years Months Days If LESS than 1 day..... hrs. or..... min. <u>87</u> ✓ - - -				apoplexy, cerebral <span style="float: right;">Date of onset <u>1/1/38</u></span>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>House wife</u>				Contributory causes of importance not related to principal cause:	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>House wife</u>					
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE <u>Lee Co. Ky.</u>					
13. NAME <u>Jess. Webb</u>					
14. BIRTHPLACE <u>Jackson Co. Ky.</u>					
15. MAIDEN NAME <u>Rubels</u>					
16. BIRTHPLACE <u>not known</u>					
17. INFORMANT <u>B. J. Stone</u> (Address) <u>West Irvine Ky.</u>					
18. (BURIAL, CREMATION, OR REMOVAL) Place <u>Churchester</u> Date <u>July 14</u> , 19 <u>38</u>					
19. UNDERTAKER <u>Tom E. Smith</u> (Address) <u>Irvine Kentucky</u>					
20. FILED <u>July 14, 1938</u> <u>E. B. Russell</u> Registrar					
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>C</u> Was there an autopsy? <u>NO</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.					
Manner of injury _____ Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so specify _____ (Signed) <u>B. J. Stone</u> Irvine, Ky. (Address) _____					

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS should state EXACTLY 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.