

Ashcraft, Mary Elizabeth 1925 - 1925

Form V. S. 1-12m-4-12-19

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

1 PLACE OF DEATH
County Clark
Vol. Pat. Pood Registration District No. 365-
Inc. Town..... Primary Registration District No. 4732
City..... (No. St. Ward)

File No. 16135
Registered No. 750
(If death occurred in hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Elizabeth Ashcraft

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed or Divorced (Write the word) <u>Infant</u>	16 DATE OF DEATH <u>July 26, 1925</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>July 25, 1925</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY that I attended deceased from <u>July 25, 1925</u> to <u>July 26, 1925</u> , that I last saw her alive on <u>July 26, 1925</u> , and that death occurred on the date stated above at <u>20</u> m.	
7 AGE yrs. mos. <u>1</u> ds. IF LESS than 1 day hrs. or min?			The CAUSE OF DEATH* was as follows: <u>Organic Heart disease</u> <u>(Open Pericardium Valve)</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer).....			(Duration) yrs. mos. <u>1</u> ds. Contributory <u>Undetermined</u> (Secondary) (Duration) yrs. mos. d.	
9 BIRTHPLACE (State or country) <u>Kentucky</u>			(Signed) <u>J. S. Permington</u> , M. D. <u>July 27, 1925</u> (Address) <u>Pood, Ky.</u>	
PARENTS	10 NAME OF FATHER <u>Harlan Ashcraft</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	*State the Disease Causing Death, or, in deaths from Violent Cause state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Horn</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death..... yrs. mos. ds. In the State..... yrs. mos. ds. Where was disease contracted, If not at place of death?..... Former or usual residence	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Harlan Ashcraft</u> (Address) <u>Pood, Ky.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Home Grave 4th July 27, 1925</u>
15 Filed <u>July 27, 1925</u> Registrar <u>Mrs. S. S. Browne</u>			20 UNDERTAKER <u>James Ashcraft Pood, Ky.</u>	

11-3164

N. B.—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. Fact statement of OCCUPATION is very important. See instructions on back of certificate.