

The Winchester Sun - March 4, 1935

MRS. ASHCRAFT PASSES TO REST

**Ford Woman Dies at Clark County
Hospital; Services Tuesday.**

Mrs. Minnie Ashcraft, 25 wife of G. C. Ashcraft, of Ford, died at two o'clock Monday morning at the Clark County Hospital.

Besides her husband, she is survived by her son, James Delaney Ashcraft; her parents, Mr. and Mrs. R. H. Johnson, London, and several brothers and sisters.

The body was removed to London Monday afternoon where funeral and burial services will be conducted Tuesday.

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THIS IS A PERMANENT RECORD. Every item of information 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.

Form V. S. 1-A-50m-6-17-31

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

1. PLACE OF DEATH
 County Clark
 City Winchester
 (No. Clark Co. Hospital, Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Minerva Ashcraft
 (a) Residence, No. Winchester, Ky. R. F. Dept 2 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 Female	4. COLOR OR RACE White	6. Single, Married, Widowed or Divorced (write the word) Married		21. DATE OF DEATH <u>March 4th</u> , 19 <u>35</u>	
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 8</u> , 19 <u>35</u> to <u>Mar 3</u> , 19 <u>35</u> I last saw h. alive on <u>Mar 3</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>2</u> <u>PM</u> . The principal cause of death and related causes of importance in order of onset were as follows: <u>Influenza, mixed Feb 8-35</u>	
6. DATE OF BIRTH <u>Dont Know</u>				Date of onset _____	
7. AGE Years _____ Months _____ Days _____ About 25		If LESS than 1 day..... hrs. or min.		Contributory causes of importance not related to principal cause: <u>Chorea Labor at 6 months of pregnancy</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper					
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE <u>Laurel Co. Ky.</u>					
13. NAME <u>R. H. Johnson</u>					
14. BIRTHPLACE <u>Laurel Co. Ky.</u>					
15. MAIDEN NAME <u>Nancy Kirby</u>					
16. BIRTHPLACE <u>Laurel Co. Ky.</u>					
17. INFORMANT <u>C. G. Ashcraft</u> (Address) <u>Ford, Ky.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Johnson Cemetery</u> Date <u>Mar. 5th, 1935</u> <u>Laurel Co. Ky.</u>					
19. UNDERTAKER <u>Samuel C. Bartlett</u> (Address) <u>WINCHESTER, KY.</u>					
20. FILED <u>March 5</u> , 19 <u>35</u> _____ Registrar, _____					

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? _____ If so, specify _____
 (Signed) J. D. Cunningham, M. D.
 (Address) Ford, Ky.

DR. J. A. Snowden, Jr. Phillip Stricker, Jr.