

Ashcraft, Squire E 1875 - 1842



527504

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security
No. 276-01-60586

1 PLACE OF DEATH
County Butler Registration District No. 130 File No. _____
Township _____ Primary Registration District No. 2136 Registered No. 506
or Village New Miami No. 278 Aspen St. _____ Ward _____
or City of _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)
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.
2 FULL NAME Squire E. Ashcraft Did Deceased Serve in U. S. Navy or Army _____
(a) Residence, No. 278 Aspen St., _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR of RACE <u>White</u>	5. SINGLE, MARRIED, Widowed or Divorced <u>Married</u>	21. DATE OF DEATH (month, day, and year) <u>Dec. 1, 1942</u>	
5a. If Married, Widowed, or Divorced Husband of (or) Wife of <u>Josie Newton</u>			22. I HEREBY CERTIFY, that I attended deceased from <u>Aug 4</u> , 19 <u>42</u> to <u>Sept 7</u> , 19 <u>42</u> last saw <u>alive</u> on <u>Sept 21</u> , 19 <u>42</u> death is said to have occurred on the date stated above at <u>8:05 A.M.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Feb. 23, 1875</u>			The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Arteriosclerosis of Liver</u> Date of onset _____	
7. AGE (years) Months Days <u>63</u> <u>10</u> <u>9</u>			CONTRIBUTORY CAUSES of importance not related to principal cause: <u>124 B</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plant Guard</u>			Name of operation _____ Date of _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Union Printing Mill</u>			What test confirmed diagnosis? _____ Was there an autopsy? _____	
10. Date deceased last worked at this occupation (month and year) <u>August 1942</u>			23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
11. Total time (years) spent in this occupation <u>11 2/3</u>			Manner of injury _____ Nature of injury _____	
12. BIRTHPLACE (city or town) (State or country) <u>Madison, Mo.</u>			24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify _____	
13. NAME <u>Francis M. Ashcraft</u>			(Signed) <u>W. M. Mark</u> M. D. Address <u>Aspen, Mo., S</u>	
14. BIRTHPLACE (city or town) (State or country) <u>Missouri</u>				
15. MAIDEN NAME <u>Josie Newton</u>			17. The Signature of Informant and (Address) <u>Nelson T. Ashcraft</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Missouri</u>			18. BURIAL, CREMATION, OR REMOVAL Place <u>Aspen, Mo.</u> Date <u>Sept 4, 1942</u>	
17. The Signature of Informant and (Address) <u>Nelson T. Ashcraft</u>			19a. BURIED BY <u>Daniel Ashcraft</u> No. <u>1833</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Aspen, Mo.</u> Date <u>Sept 4, 1942</u>			19b. EMBALMER <u>Marie H. Labay</u> No. <u>23730</u>	
19a. BURIED BY <u>Daniel Ashcraft</u> No. <u>1833</u>			20. FILED <u>9/14</u> , 19 <u>42</u>	
19b. EMBALMER <u>Marie H. Labay</u> No. <u>23730</u>			Registrar <u>Paul J. Labay</u> 19 <u>42</u>	

Important. See instructions on back of certificate.