

Ashcraft, Susan Jane Horn 1864 - 1926

Form V. S. 1-59m-8-25-23

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

1 PLACE OF DEATH
County Clats
Vol. Pct. Fund
Inc. Town
City

Registration District No. 365
Primary Registration District No. 4732

File No. 19625
Registered No. 202
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ms. Susan Jane Ashcraft

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed or Divorced Married
(Write the word)

6 DATE OF BIRTH Jan 7 - 1864
(Month) (Day) (Year)

7 AGE 62 yrs. 7 mos. 5 ds. IF LESS than 1 day ... hrs. or ... min?

8 OCCUPATION
(a) Trade, profession or particular kind of work Horn Key-Castine shaping
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Estell Co. Ky

PARENTS

10 NAME OF FATHER Wood Horn
11 BIRTHPLACE OF FATHER (State or country) Estell Co. Ky
12 MAIDEN NAME OF MOTHER Mary Sparks
13 BIRTHPLACE OF MOTHER (State or country) Estell Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Timothy Ashcraft
(Address) Fund, Ky

15 FILED 8-14 1926 M. J. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 12th 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from Aug 5, 1926, to Aug 5, 1926, that I last saw him alive on Aug 5, 1926, and that death occurred on the date stated above at 3:30 p.m.
The CAUSE OF DEATH* was as follows:
Heart Failure
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) Dr. F. Pennington M. D.
Aug 14, 1926 (Address) Fund, Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

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

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Waters, Grant 8-13-1926
20 UNDER Casby, Scobee & ... ADDRESS Winchester, Ky

11-8184