

Ashcraft, Virginia 1927 - 1927

Form V. S. 1-50m-10-23-25

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

1 PLACE OF DEATH  
County Clark Registration District No. 000 File No. 1505  
Vot. Pot. Pond Primary Registration District No. 4732 Registered No. 13  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Virginia Catherine Ashcraft  
(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. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

6a If married, widowed, or divorced HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH Jan 27 1927  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) Pond  
(State or country)

**PARENTS**

10 NAME OF FATHER Harlan Ashcraft  
11 BIRTHPLACE OF FATHER (city or town) Pond  
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Horn  
13 BIRTHPLACE OF MOTHER (city or town) Pond  
(State or country)

14 (Informant) Harlan Ashcraft  
(Address) Pond

15 Filed 1-29 1927 Registrar Wm. H. H. H. H.

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Jan 28 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1927 to Jan 28 1927 that I last saw her alive on Jan 28 1927 and that death occurred on the date stated above at 11 P. M. The CAUSE OF DEATH was as follows:  
Congenital Heart Disease

Contributory undisclosed (Secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_  
Did an operation precede death? No Date of \_\_\_\_\_  
Was there an autopsy? No  
What test confirmed diagnosis? Symptoms  
(Signed) J. H. Perkinson, M. D.  
1/31 1927 (Address) Pond

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Werner Cross road DATE OF BURIAL 1-29 1927  
20 UNDERTAKER Werner Cross road ADDRESS Werner Cross road

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.