

Form V. S. 1-A-75m-3-30-33

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

14912
File No. _____
Registered No. _____

1. PLACE OF DEATH
County Lee
Vot. Pot. Sansfield Registration, District No. 6130
Inc. Town _____ Primary Registration District No. _____
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Wilburn Ashcraft
(a) Residence, No. Old Sandcamp St. Ward 187th
(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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>			21. DATE OF DEATH <u>5/11</u> , 19 <u>34</u>	
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>5/11</u> , 19 <u>34</u> to <u>5/11</u> , 19 <u>34</u> I last saw him alive on <u>5/11</u> , 19 <u>34</u> death is said to have occurred on the date stated above, at <u>3:00</u> p. m. The principal cause of death and related causes of importance in order of onset were as follows: <u>gun shot wound left chest</u>	
6. DATE OF BIRTH <u>Oct 8 1880</u>					Date of onset	
7. AGE Years <u>53</u> Months <u>7</u> Days <u>3</u>		If LESS than 1 day hrs. or min.				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>servant</u>						
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>Lee County</u>					Name of operation _____ Date of _____	
13. NAME <u>Amos Ashcraft</u>					What test confirmed diagnosis? <u>2</u> Was there an autopsy? _____	
14. BIRTHPLACE <u>Lee County</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>2</u> Date of injury <u>5/11 1934</u> Where did injury occur? <u>at home</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
15. MAIDEN NAME <u>Louise Ashcraft</u>					Manner of injury <u>gun shot wound</u>	
16. BIRTHPLACE <u>Lee</u>					Nature of injury <u>1 1 1</u>	
17. INFORMANT <u>Amos Ashcraft</u> (Address) <u>Old Sandcamp St.</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Funeral Home</u> Date <u>May 12 1934</u>					(Signed) <u>Paul Brandt</u> , M. D. (Address) <u>Leeville, Ky.</u>	
19. UNDERTAKER <u>B. P. Wilson</u> (Address) <u>Leeville, Ky.</u>						
20. FILED <u>May 12 1934</u> <u>Ma. W. Bradley</u> Registrar						

No. 5. WRITE PLAINLY. WITH CARE. 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.