

Ashcraft, William 1923 - 1923

Form V. S. 1-15m-4-19-19

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

29929

1 PLACE OF DEATH
County Clark
Vol. No. Book
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 275
(If death occurred in hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Ashcraft

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>Dec 21</u> , 192 <u>3</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 18</u> , 192 <u>3</u> , to <u>Dec 21</u> , 192 <u>3</u> , that I last saw him live on <u>Dec 20</u> , 192 <u>3</u> , and that death occurred on the date stated above at <u>1 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Jaundice</u> <u>(Infantile)</u> (Duration) <u>3</u> yrs. <u>3</u> mos. <u>3</u> ds. Contributory <u>Premature Birth</u> (Secondary) (Duration) <u>3</u> yrs. <u>3</u> mos. <u>3</u> ds. (Signed) <u>J. H. Cunningham</u> , M. D. <u>Dec 22</u> , 192 <u>3</u> (Address) <u>Clark 15</u>
6 DATE OF BIRTH <u>Dec 18</u> , 192 <u>3</u> (Month) (Day) (Year)	7 AGE <u>3</u> yrs. <u>3</u> mos. <u>3</u> ds. IF LESS than 1 day _____ hrs. or _____ min?	8 OCCUPATION (a) Trade, profession or particular kind of work <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ In the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
9 BIRTHPLACE (State or country) <u>Kentucky</u>	10 NAME OF FATHER <u>Harlan Ashcraft</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	19 PLACE OF BURIAL OR REMOVAL <u>Walters Grave yard</u>	DATE OF BURIAL <u>Dec 22</u> , 192 <u>3</u>
12 MAIDEN NAME OF MOTHER <u>Elizabeth How</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Rayford Ashcraft</u> (Address) <u>Clark 15</u>	20 UNDERTAKER <u>James Ashcraft</u>	ADDRESS <u>Clark 15</u>
15 Filed <u>Dec 22</u> 192 <u>3</u> <u>3 Mrs. J. H. Brown</u> Registrar				

11-5184

cc
2/19
12/9/25

state CAUSE OF DEATH in plain language, so that it may be properly classified. See instructions on back of certificate.