

Brandenburg, Ina Ashcraft 1886 - 1921



Form V. S. 1-12m-4-19-19

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

1 PLACE OF DEATH  
County Clay

Vol. Pct. \_\_\_\_\_ Registration District No. 240

Inc. Town \_\_\_\_\_ Primary Registration District No. 2120

City Winchester (No. Gomer St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Mrs Ina Brandenburg

File No. 14344  
Registered No. 240  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single Married <input checked="" type="checkbox"/> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>July 3</u> , 1921 (Month) (Day) (Year)	17 I HEREBY CERTIFY, that I attended deceased from <u>July 3</u> , 1921, to <u>July 3</u> , 1921, that I last saw him alive on <u>July 3</u> , 1921, and that death occurred on the date stated above at <u>52</u> m.
6 DATE OF BIRTH <u>July 5</u> , 1886 (Month) (Day) (Year)			The CAUSE OF DEATH* was as follows: <u>Acute nephritis, with childbirth.</u>	
7 AGE <u>34</u> yrs. <u>11</u> mos. <u>28</u> ds.			Contributor: <u>Heart disease (angina)</u> (Duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Housekeeper</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			(Signed) <u>H. C. Bayard</u> , M. D. <u>July 3</u> , 1921 (Address) <u>Winchester, Ky.</u>	
9 BIRTHPLACE (State or country) <u>Estill Co. Ky.</u>			*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
10 NAME OF FATHER <u>Elias Ashcraft</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ in the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____	
11 BIRTHPLACE OF FATHER (State or country) <u>Estill Co. Ky.</u>			If not at place of death? _____	
12 MAIDEN NAME OF MOTHER <u>Martha With</u>			Former or usual residence _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>Estill Co. Ky.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Winchester</u> DATE OF BURIAL <u>July 4</u> , 1921	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>L. D. Brandenburg</u> (Address) <u>Winchester Ky.</u>			20 UNDERTAKER <u>Henry H. Wall</u> ADDRESS <u>Winchester, Ky.</u>	
15 Filed <u>July 4</u> , 1921, <u>Clay Shelby</u> Registrar <u>Wm. H. B. Clarke, Jr.</u>				

11-3184

state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT NATURE OF DISEASE, if known, very important. See instructions on back of certificate.