

Stabler, Gracie Ashcraft 1892 - 1916

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
<p>1 PLACE OF DEATH County <u>Madison</u> Vol. <u>Pot. Bearwalk</u> Registration District No. <u>6823</u> Inc. Town Primary Registration District No. <u>13</u> City (No. St., Ward)</p>			<p>File No. <u>178573</u> Registered No. <u>178573</u> [If death occurred in a hospital or institution, give its NAME (instead of street and number.)]</p>	
<p>2 FULL NAME <u>Gracie S. Stabler</u></p>				
<p>3 SEX <u>Female</u> 4 COLOR OR RACE <u>White</u> 5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widowed</u></p>			<p>16 DATE OF DEATH <u>March 13, 1916</u> (Month) (Day) (Year)</p>	
<p>6 DATE OF BIRTH <u>Dec 1, 1892</u> (Month) (Day) (Year)</p>			<p>17 HEREBY CERTIFY, That I attended deceased from <u>Feb 14, 1916</u>, to <u>March 13, 1916</u>, that I last saw her alive on <u>March 13, 1916</u>, and that death occurred on the date stated above at <u>7:15 p.m.</u> The CAUSE OF DEATH* was as follows: <u>Phthisis</u></p>	
<p>7 AGE <u>23</u> yrs. <u>3</u> mos. <u>12</u> ds. IF LESS than 1 day... hrs. or... min.?</p>			<p>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death... yrs... mos... ds. State... yrs... mos... ds. Where was disease contracted, if not at place of death? Former or usual residence</p>	
<p>8 OCCUPATION (a) Trade, profession, or particular kind of work... <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer)</p>			<p>Contributory (SECONDARY) (Duration) ... yrs... mos... ds. (Signed) <u>Alton Baker</u>, M. D. <u>Mar. 13, 1916</u> (Address) <u>Dryden, Ky.</u></p>	
<p>9 BIRTHPLACE (State or country) <u>Kentucky</u></p>			<p>*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL</p>	
<p>10 NAME OF FATHER <u>Marion Ashcraft</u></p>			<p>19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191...</p>	
<p>11 BIRTHPLACE OF FATHER (State or country) <u>Missouri</u></p>			<p>20 UNDERTAKER ADDRESS</p>	
<p>12 MAIDEN NAME OF MOTHER <u>Sarah Young</u></p>				
<p>13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u></p>				
<p>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Gracie Ashcraft</u> (Address) <u>Dryden, Ky.</u></p>				
<p>15 Filed <u>March 14, 1916</u> <u>B. M. Jones</u> REGISTRAR</p>				

U. S. GOVERNMENT PRINTING OFFICE: 1914. FORM NO. 1000-2-29-11. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.