

Walden, Sarah Minnie Ashcraft 1888 - 1913

FORM V - 1-9008 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Martin File No. 27631
 Vol. Pot. #7 OCT. Registration District No. 740 Registered No. 517
 Inc. Town Red House Primary Registration District No. 6817
 City Red House (No. _____) St. _____ Ward _____
 FULL NAME Sarah Minnie Walden

If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	3 SINGLE MARRIED, WIDOWED OR DIVORCED <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Oct 6</u> , 191 <u>3</u> (Month) (Day) (Year)	
6 DATE OF BIRTH (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 24</u> , 191 <u>3</u> , to <u>Oct 6</u> , 191 <u>3</u> , that I last saw him alive on <u>Oct 6</u> , 191 <u>3</u> , and that death occurred on the date stated above at <u>10 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Typhoid fever</u> <u>Relaps form 5 med's return.</u> (Duration) yrs. mos. ds.	
7 AGE <u>24</u> yrs. mos. ds.			Contributory (Secondary) (Signed) <u>J. H. Bosley</u> , M. D. <u>Oct 7</u> , 191 <u>3</u> (Address) <u>Richmond Ky.</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Home wif</u> (b) General nature of industry business or establishment in which employed (or employer)			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL	
9 BIRTHPLACE (State or country) <u>Estes Co</u>			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence	
10 NAME OF FATHER <u>Amos Ashcraft</u>			19 PLACE OF BURIAL OR REMOVAL <u>Richmond</u> DATE OF BURIAL <u>1913</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Not known</u>			20 UNDERTAKER <u>Cashin & Lacey</u> ADDRESS <u>Richmond Ky.</u>	
12 MAIDEN NAME OF MOTHER <u>Not known</u>				
13 BIRTHPLACE OF MOTHER (State or country) <u>Not known</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E. Walden</u> (Address) <u>Red House</u>				
15 Filed <u>10/7/1913</u> <u>J. S. Schaffhausen</u> REGISTRAR				

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W. B.—Every item of information should be carefully supplied. Areas without a check mark should be filled. Exact statement of OCCUPATION is very important. See instructions on back of certificate.