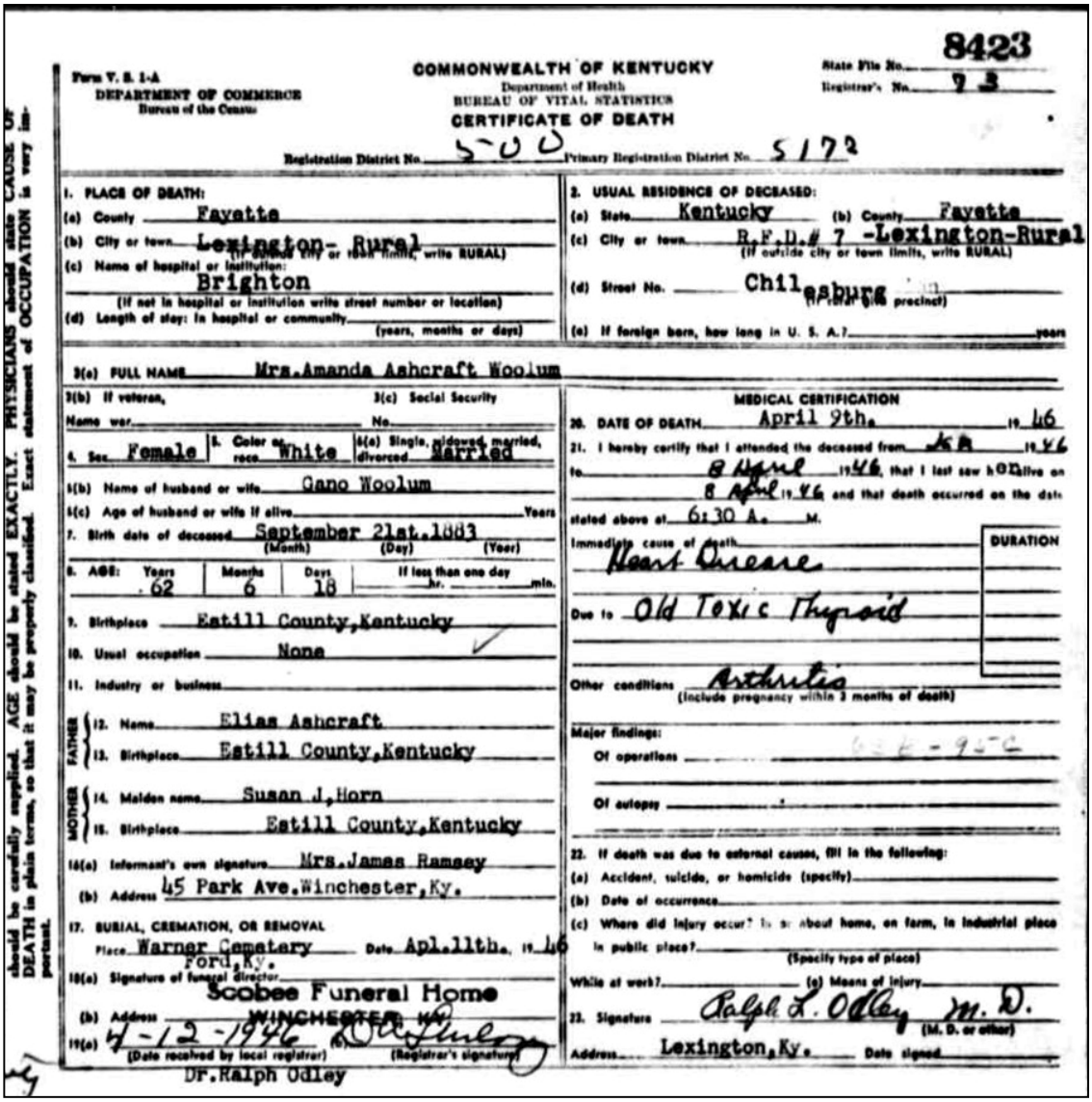

8423

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 8423
Registrar's No. 93
Registration District No. 500 Primary Registration District No. 5172

1. PLACE OF DEATH:
(a) County Fayette
(b) City or town Lexington- Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Brighton (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Fayette
(c) City or town R.F.D.# 7 -Lexington-Rural (If outside city or town limits, write RURAL)
(d) Street No. Chilesburg (If in city give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Mrs. Amanda Ashcraft Woolum
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex Female | 5. Color or race White | 6(a) Single, widowed, married, divorced Married
5(b) Name of husband or wife Cano Woolum
5(c) Age of husband or wife if alive Years
7. Birth date of deceased September 21st. 1883 (Month) (Day) (Year)
8. AGE: Years .62 | Months 6 | Days 18 | If less than one day hr. min.
9. Birthplace Estill County, Kentucky
10. Usual occupation None
11. Industry or business
FATHER 12. Name Elias Ashcraft
13. Birthplace Estill County, Kentucky
MOTHER 14. Maiden name Susan J. Horn
15. Birthplace Estill County, Kentucky
16(a) Informant's own signature Mrs. James Ramsey
(b) Address 45 Park Ave. Winchester, Ky.
17. BURIAL, CREMATION, OR REMOVAL
Place Warner Cemetary Ford, Ky. Date Apl. 11th. 1946
18(a) Signature of funeral director Scobee Funeral Home
(b) Address WINCHESTER KY
19(a) 4-12-1946 (Date received by local registrar) (Registrar's signature)
DR. Ralph Odley

MEDICAL CERTIFICATION
20. DATE OF DEATH April 9th. 1946
21. I hereby certify that I attended the deceased from 4-8 1946 to 8 April 1946 that I last saw him alive on 8 April 1946 and that death occurred on the date stated above at 6:30 A. M.

Immediate cause of death	DURATION
Heart Disease	
Due to Old Toxic Thyroid	
Other conditions Arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place or in public place? (Specify type of place)
While at work? (d) Means of injury
23. Signature Ralph L. Odley M. D. (M. D. or other)
Address Lexington, Ky. Date signed

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.