

Registration District No. **1085** Primary Registration District No. ~~1085~~ **7482**

1. PLACE OF DEATH:  
(a) County **Meyersburg**  
(b) City or town **Clinton, Ky**  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
(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 **Ky.** (b) County **Muhlenberg**  
(c) City or town **Clinton, Ky**  
(If outside city or town limits, write RURAL)  
(d) Street No. \_\_\_\_\_  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME **Kenneth C. Ashby**

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_  
4. Sex **M** 5. Color or race **W** 6(a) Single, widowed, married, divorced **Married**  
5(b) Name of husband or wife **Martha Davis**  
5(c) Age of husband or wife \_\_\_\_\_ Years  
7. Birth date of deceased **Sept 11 1904**  
(Day) (Year)  
8. AGE: **37** Years **2** Mos **12** Days  
If less than one day hr. min.

MEDICAL CERTIFICATION  
20. DATE OF DEATH **11-23 1941**  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above at **11 P.M.**

Immediate cause of death **shot through chest with 32-cal. Pistol**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace **General Latham, Ky**  
10. Usual occupation **General Laborer**  
11. Industry or business \_\_\_\_\_  
FATHER { 12. Name **Jessie Mack Ashby**  
13. Birthplace \_\_\_\_\_  
MOTHER { 14. Maiden name **Sarah Elizabeth Choate**  
15. Birthplace \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16(a) Informant's own signature **Lennie Bryan**  
(b) Address **Central City, Ky**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **Homicide**  
(b) Date of occurrence \_\_\_\_\_

17. BURIAL, CREMATION, OR REMOVAL  
Place **Loa Hill** Date **11-25 1941**  
18(a) Signature of funeral director **Fred Leland Stone**

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? **front of grocery store**  
(Specify type of place)  
While at work? **Y** (d) Means of injury \_\_\_\_\_

(b) Address **Central City, Ky**  
19(a) **November 24, 1941** (Date received by local registrar) (b) **A. D. Woodford** (Registrar's signature)

23. Signature **Lennie Bryan**  
Address **Central City** Date signed **11-24-41**

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated EXACTLY. PHICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5982  
7-28-48