

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County *Muhlenberg*
Vol. No. *Will Side* Registration District No. *1136*
Ino. Town..... Primary Registration District No.
City..... (No. St., Ward)

File No. **23306**
Registered No. *23*

(If death occurred in a hospital or institution give its name instead of street and number.)

2 FULL NAME *James H. Ashley*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*
(Write the word)

6 DATE OF BIRTH *1874*
(Month) (Day) (Year)

7 AGE *78* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work *Coal Miner*
(b) General nature of business or establishment in which employed (or employer) *Unemployed*

9 BIRTHPLACE (State or country) *Tennessee*

10 NAME OF FATHER *Wm. Ashley*

11 BIRTHPLACE OF FATHER (State or country) *North Carolina*

12 MAIDEN NAME OF MOTHER *Unknown*

13 BIRTHPLACE OF MOTHER (State or country) *North Carolina*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Sam Bradley*
(Address) *Paducah, Ky*

15 Filed *Sept 6 1912* *W.H. Francklin* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 5 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Sept 1*, 1912, to *Sept 4*, 1912, that I last saw him alive on *Sept 4*, 1912 and that death occurred on the date stated above at *10 P.M.* The CAUSE OF DEATH* was as follows:

Essie Hangren

(Duration) yrs. mos. ds.
Contributory (SECONDARY)
(Signed) *E.R. Yont*, M. D.
(Address) *Paducah, Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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

19 PLACE OF BURIAL OR REMOVAL *Coal Yard* DATE OF BURIAL *9/6 1912*

UNDERTAKER *Oren L. Cook* ADDRESS *Brewville, Ky*

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--Every item of information should be carefully supplied. All checks should be made EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly interpreted. See instructions on back of certificate.