

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

27842

PLACE OF DEATH
County *Madison*
Vot. Pot. *25*
Ino. Town *Chattanooga*
City *S B Sherrill*
FULL NAME *S B Sherrill*

Registration District No. *7135*
Primary Registration District No.

File No.
Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male*
4 COLOR OR RACE *White*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Widowed*
6 DATE OF BIRTH *Aug 26, 1832*
7 AGE *89* yrs. *2* mos. *24* ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work. *Farmer*
(b) General nature of industry business or establishment in which employed (or employer)

16 DATE OF DEATH *Dec 29, 1921*
17 I HEREBY CERTIFY, That I attended deceased from *Dec 16, 1921*, to *Dec 29, 1921*, that I last saw him alive on *Dec 21, 1921*, and that death occurred on the date stated above at *7* m. The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
(Duration).... yrs.... mos.... ds.

9 BIRTHPLACE (State or country) *Ky*
10 NAME OF FATHER *John Sherrill*
11 BIRTHPLACE OF FATHER (State or country) *Ky*
12 MAIDEN NAME OF MOTHER *Pomblin*
13 BIRTHPLACE OF MOTHER (State or country) *Ky*

Contributory..... (SECONDARY)..... (Duration).... yrs.... mos.... ds.
(Signed) *C. P. Wanner*, M. D.
Chattanooga, Tenn. (Address) *Chattanooga, Tenn.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *S. M. Sherrill*
(Address) *Chattanooga, Tenn.*

*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. State.... yrs.... mos.... ds.
Where was disease contracted, if not at place of death?

15 Filed *1921*
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *Sherrill*
DATE OF BURIAL *12-23*
20 UNDERTAKER *J. R. Thoma*
ADDRESS *Chattanooga, Tenn.*

U. S. - Every item of information 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. See instructions on back of certificate.