

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

1 PLACE OF DEATH
Middlesboro

County Middlesboro

Vol. Book T-11 1/2 Registration District No. 872

In. Town..... Primary Registration District No. 71259

City..... (No. St., Ward)

2 FULL NAME Juan Sheffield

File No. 16493

Registered No. 23

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

3 DATE OF BIRTH 8 yrs 8 Day 1914 (Month) (Day) (Year)

4 AGE 2 yrs. 7 mos. 10 ds. IF LESS than 1 day... hrs. or... min.?

5 OCCUPATION (a) Trade, profession, or particular kind of work... None (b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country) Middlesboro Ky

10 NAME OF FATHER John Sheffield

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Maud Sheffield

13 BIRTHPLACE OF MOTHER (State or country) Middlesboro Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles W. Prier (Address) Rowden, Ky

15 Date of Death Jan 19, 1914 (Signature) John Prier

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 18, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 25, 1914, to Jan 13, 1914, that I last saw him alive on Jan 13, 1914, and that death occurred on the date stated above at 8 a.m. The CAUSE OF DEATH was as follows:

Industrial Indigestion
..... (Duration).... yrs..... mos. 27 ds.

Contributory (SECONDARY)..... (Duration).... yrs..... mos. ds. (Signed) N. J. Prier, M. D.

January 18, 1914 (Address) Rowden, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (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 Rowden Ky DATE OF BURIAL 6/19 1914

20 UNDERTAKER L. H. Stewart ADDRESS Rowden, Kentucky

WRITE PLAINLY. WITH NECESSARY INFORMATION BE CAREFULLY AND ACCURATELY FURNISHED. ALL INFORMATION SHOULD BE GIVEN IN FULL. INSTRUCTIONS ON BACK OF CERTIFICATE.