

PLACE OF DEATH

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

County *Muhlenberg*Vol. No. *W. C. Howe 91*Registration District No. *871*File No. *118*

Inc. Town.....

Primary Registration District No. *7121*Registered No. *118*

City..... (No.....)

St..... Ward.....

(If not entered in a hospital or institution, give its name instead of street and number.)

FULL NAME *Ersie Sherrod*

PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*
(Write the word)

DATE OF BIRTH *1* (Month) (Day) (Year)

AGE *2* yrs. *11* mos. *3* ds. IF LESS than 1 day... hrs. or... min.?

OCCUPATION (a) Trade, profession, or particular kind of work. *at home*
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) *Muhlenberg County, Ky*

PARENTS
10 NAME OF FATHER *Samuel H. Sherrod*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co. Ky*

12 MAIDEN NAME OF MOTHER *Jessie Scott*

13 BIRTHPLACE OF MOTHER (State or country) *Christian Co. Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *L. B. Cantton*
(Address) *Bancroft, Ky*

15 Filed *July 2, 1914* *V. H. Grandin* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 2, 1914*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *June 27*, 1914, to *July 2*, 1914, that I last saw him or alive on *July 2*, 1914,

and that death occurred on the date stated above at *7:30 a.m.* THE CAUSE OF DEATH* was as follows:

Spinal meningitis complicated with staphylococcal trouble in the system

(Duration) ... yrs... mos. *4* ds.

Contributory (SECONDARY) (Duration) ... yrs... mos. ... ds.

(Signed) *F. E. Grace*, M. D.
July 2, 1914. (Address) *Nelsonville, Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VOLUNTARY 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 *Pace Burial Ground* DATE OF BURIAL *July 2, 1914*

20 UNDERTAKER *McDonald & Dutton* Address *Greenville, Ky*