

Wiley Cameron Turbeville Death

Certificate

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.

Texas State Board of Health
STANDARD CERTIFICATE OF DEATH
Registered No. 17 22689

PLACE OF DEATH
County Texas
City St. Matheus
(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of Street and number.)

FULL NAME Wiley Cameron Turbeville

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL PARTICULARS	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWER OR DIVORCED <u>Married</u> (If file the word).	DATE OF DEATH <u>July 18</u> 19 <u>10</u> (Day) (Year)	
DATE OF BIRTH <u>June 27</u> 18 <u>37</u> (Month) (Day) (Year)			I HEREBY CERTIFY that I attended deceased from <u>June 19</u> 19 <u>10</u> to <u>July 17</u> 19 <u>10</u> and that I last saw him <u>alive on July 17</u> 19 <u>10</u> and that death occurred on the date stated above at <u>4:30</u> p.m.	
Age <u>73</u> yrs. <u>21</u> mo. <u>14</u> da.			The CAUSE OF DEATH* was as follows: <u>Exhaustion and Paralysis (General)</u> (Duration) <u>3</u> yrs. <u>11</u> mo. <u>14</u> da.	
OCCUPATION (a) Trade, profession, or particular kind of work. <u>Carpenter</u> (b) General nature of industry, business or establishment in which employed (or employer). <u>Galena</u>			Contracted (Secondary) <u>Kidney</u> at <u>St. Matheus</u> (Duration) <u>3</u> yrs. <u>11</u> mo. <u>14</u> da. (Signed) <u>W. H. Ketzner</u> M. D. <u>July 19</u> 19 <u>10</u> . (Address) <u>St. Matheus</u>	
BIRTHPLACE (State or country) <u>Nashville Tenn</u>			*In the OMBIGNE CAUSING DEATH or, in death from VIOLENT CAUSE, state (1) MEANS or MANNER, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PARENTS			LENGTH OF RESIDENCE (For hospitals, institutions, transient, or floater residences). As place of death <u>yr.</u> <u>mo.</u> <u>da.</u> In the <u>St.</u> <u>Matheus</u> <u>Tenn.</u> State <u>Tenn.</u> <u>da.</u> <u>yr.</u> <u>mo.</u> <u>da.</u> Where was disease contracted, if not at place of death? Former or usual residence <u>St. Matheus</u>	
NAME OF FATHER <u>Don't Know</u>			PLACE OF BURIAL OR INTERMENT <u>St. Matheus</u> (Address) <u>St. Matheus</u> (City) <u>Tenn.</u> (State) <u>1910</u> (Year)	
BIRTHPLACE OF FATHER (State or country) <u>Don't Know</u>			DATE OF BURIAL <u>July 19</u> 19 <u>10</u>	
MARRIAGE NAME OF MOTHER <u>Don't Know</u>			ADDRESS <u>St. Matheus</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Don't Know</u>				
I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Calvin Turbeville</u> (Address) <u>St. Matheus</u>				
Filed <u>July 19</u> 19 <u>10</u> <u>W. H. Ketzner</u> Registrar				

USE RED PEN OR INK—DO NOT WRITE IN THESE SPACES