

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> 191 <u>0</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 1910</u> to <u>July 17</u> 191 <u>0</u> . that I last saw h. <u>alive on July 17</u> 191 <u>0</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. (b) General nature of industry, business or establishment in which employed (or employer). <u>Carpenter</u> <u>Balance</u>			Contracted (Secondary) <u>Kidney</u> <u>Chastate, Ga.</u> (Duration) <u>3</u> yrs. <u>11</u> mo. <u>14</u> da.	
BIRTHPLACE (State or country) <u>Nashville Tenn</u>			(Signed) <u>W. K. Ketzner</u> M. D. <u>July 19</u> 191 <u>0</u> . (Address) <u>St. Matheus</u>	
PARENTS			*In the OMBIGNE CAUSING DEATH or in death from VIOLENT CAUSE, state (1) Means or agent, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
NAME OF FATHER <u>Don't Know</u>			LENGTH OF RESIDENCE (For hospitals, institutions, transient, or floater residences). As place of death <u>yr.</u> <u>mo.</u> <u>da.</u> State <u>yr.</u> <u>mo.</u> <u>da.</u>	
BIRTHPLACE OF FATHER (State or country) <u>Don't Know</u>			Where was disease contracted, if not at place of death? Former or usual residence	
MARRIAGE NAME OF MOTHER <u>Don't Know</u>			DATE OF BURIAL <u>July 19</u> 191 <u>0</u>	
BIRTHPLACE OF MOTHER (State or country) <u>Don't Know</u>			ADDRESS <u>St. Matheus</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Calvin Turbeville</u> (Address) <u>St. Matheus</u>			DATE OF BURIAL <u>July 19</u> 191 <u>0</u>	
FILED <u>July 19</u> 191 <u>0</u> <u>A. P. Strickland</u>			ADDRESS <u>St. Matheus</u>	

1084-11-10-1111