MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16330

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township — Primary Registration District No. 3007 — Registered No. 119
City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Chas. Wesley Tetwiler.
(a) Residence. No. 725 Kinzer St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. ~~SINGLE, MARRIED~~, WIDOWED OR ~~DIVORCED~~ (*write* the word): Wid—

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth May Tetwiler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 13, 1859.

7. AGE: 68 YEARS — MONTHS: 7 — DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Contractor.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ironton Mo.

PARENTS
10. NAME OF FATHER: M. B. Tetwiler.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known Penn.
12. MAIDEN NAME OF MOTHER: Kate Cake.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Woodbury Penn.

14. INFORMANT (Address): Mrs. F. G. Bond. Poplar Bluff.

15. FILED 6/6 1928 Dr B J Cline REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-20 1928.

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 — 1928, to May 20, 1928 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
My real dtis
93 (B)
137
(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Prostatitis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Alfred A Cone, M. D
5/25, 1928 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: City — DATE OF BURIAL: 5-21 1928

20. UNDERTAKER: Frank Und. Co. — ADDRESS: Poplar Bluff

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD