

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

Dr. J. E. Cooper

Do not use this space.

32059

1. PLACE OF DEATH

County Plumiscot Registration District No. 5872
Township Nergeria Primary Registration District No. LS5
City Holland (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME William F. Tuberville

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Missie Tuberville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland Mo

13. NAME Alex Tuberville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland Mo

15. MAIDEN NAME Betty Sampson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland Mo

17. INFORMANT Missie Tuberville
(ADDRESS) Holland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sampson DATE 9-3-1931

19. UNDERTAKER Granger Undertaker
(ADDRESS) St. Louis Mo

20. FILED 107 (1931) Max P. Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-15-1931 to 9-2-1931
I first saw him alive on 8-20-1931. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy
82A 82W
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. E. Cooper, M. D.
(Address) Cooper, Mo.

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.

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

