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.

MAR 25 1931

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

Do not use this space.

1901

File No.

Registered No. 91

54
5
4

1. PLACE OF DEATH

County LAFAYETTE — Registration District No. 460

Township DAVIS — Primary Registration District No. 4274

City HIGGINSVILLE (No. ..... St. ..... Ward)

2. FULL NAME ALBERT B TURMAN

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MALE	WHITE	WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) EMMA TURMAN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1848.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	7	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cigar maker

(b) General nature of industry, business, or establishment in which employed (or employer) 78

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Milwaukee
(STATE OR COUNTRY) Wisconsin 2

PARENTS

10. NAME OF FATHER Benj. Turman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Milwaukee
(STATE OR COUNTRY) Wis.

12. MAIDEN NAME OF MOTHER Mary Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Milwaukee
(STATE OR COUNTRY) Wis.

14. INFORMANT Miss Mary Sharp
(Address) Higginsville Mo

15. FILED 1/27/31 Bessie P Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Sctp 1926, 19..., to Jan. 25, 1931, 19..., that I last saw him alive on Jan 25, 1931, 19..., and that death occurred, on the date stated above, at 4:30 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis associated with chronic nephritis

131
77
113

over four years (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hypostatic pneumonia

..... (duration) ..... yrs. ..... mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) W. F. Koppenbrink, M. D.

1-26-1931 (Address) Higginsville, Mo.

*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	DATE OF BURIAL
Higginsville Cemetry	Jan 27 1931.
20. UNDERTAKER Hoefer & Memershagen	ADDRESS Higginsville Mo