STATE OF COLORADO
Bureau of Vital Statistics
Certificate of Death

Place of Death:
County:
Town:
City:
Registration District No. 139
Re: St. Rafael Hospital
(If death occurred in a hospital or institution, give its name instead of street and number)

Full Name: Mary Jacques Presnell
Residence:
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs.

Personal and Statistical Particulars
Sex:
Race:
Color:
Age:
Marital Status:

Date of Birth (Month, Day, and Year):
Dec. 3 1888

Date of Death (Month, Day, and Year):
July 5, 1926

Medical Certificate of Death
Date of Death (Month, Day, and Year):
July 5, 1926

Cause of Death:
Fractured Skull and Broken Neck

Contributory Cause:
Probably Auto Accident

Contributory Cause (Secondary):

Where was disease contracted:

Did an operation precede death? Y.e.s. Date of July 5 24

Was there an incision? N.o.

What test caused the death?

Birthplace (City or Town):
Texas

State or Country:

Birthplace of Father (City or Town):

State or Country:

Birthplace of Mother (City or Town):

State or Country:

Married Name of Mother:

Informant:

Address:

Place of Burial:
Cremation, Colo. Removal

Date of Burial:
July 8, 1926

Undertaker:
Campbell-Lewis Mortuary, Inc.

File:
July 8, 1926

Register:
Mary M. Eads

State Industrial School Press