

Where fillers in given in cases of Death, the Death Certificate. Every item of information should be correctly reported. 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.

1 PLACE OF DEATH

McLennan

County

TEXAS STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

918 James St.

Reg. No.

Registered No.

18961

18961

324

17405

City

Waco

(No.)

St.

918

James St.

2 FULL NAME

Elisah C. Pressnall

RESIDENCE

No.

918

James St.

Length of residence in city or town where death occurred

3

mos.

ds.

(If nonresident give city or town and State)

How long in U. S., if of foreign birth?

3

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

6 DATE OF BIRTH

Oct.

9

884

(Month)

(Day)

(Year)

7 AGE

If less than 2 years state if breast fed

If less than 1 day

71

Yrs.

mos.

ds.

Yes

No

hrs.

mins.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Retired Merchant

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

9 BIRTHPLACE

(State or country)

Alabama

10 NAME OF FATHER

Calop Pressnall

11 BIRTHPLACE OF FATHER

(State or country)

Alabama

12 MAIDEN NAME OF MOTHER

Mary McAden

13 BIRTHPLACE OF MOTHER

(State or country)

Alabama

14 THE ABOVE IS TRUE

(Informant)

M. O. Pressnall

(Address)

Waco, Texas

MAY 31 1926

T. E. TABB,

Registrar.

MEDICAL PARTICULARS

15 DATE OF DEATH

May

19

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Feb. 1926, to May 19, 1926

that I last saw him alive on

May 18, 1926

and that death occurred on the date stated above, at

The CAUSE OF DEATH* was as follows:

Carcinoma of pancreas

(duration)

Yrs.

mos.

ds.

Contributory

(Secondary)

(duration)

Yrs.

mos.

ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death?

No

Date of

Was there an autopsy?

No

What test confirmed diagnosis?

Ulcer

(Signed)

W. C. B. M. D.

5-26-1926

(Address)

Waco, Tex.

*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 OR REMOVAL

Waco

DATE OF BURIAL

May 20

1926

20 UNDERTAKER

F. M. COMPTON & SON

ADDRESS

WACO