

PLAIN WITH UNPAID INK—THIS IS A PERMANENT RECORD

When making an entry in the Bureau of Vital Statistics, every item of information should be carefully checked. If there is any doubt as to the accuracy of the information, it should be stated. If the cause of death is plain, it should be stated. If the cause of death is not plain, it should be stated. If the cause of death is not plain, it should be stated.

1 PLACE OF DEATH		TEXAS STATE DEPARTMENT OF HEALTH		BUREAU OF VITAL STATISTICS		STANDARD CERTIFICATE OF DEATH		12928241		D																	
Country <i>Mexico</i>		(No. <i>5</i>)		City <i>Waco Tex</i>		(No. <i>5</i>)		Bapt <i>Santam</i>		Ward																	
2 FULL NAME <i>M. Liefke Presnall</i>				RESIDENCE, No. <i>1625</i> St. <i>Bo 7th</i> St																							
Length of residence in city or town where death occurred				yrs				mo				da. How long in U. S., if of foreign birth?				yrs				mo				da.			
PERSONAL AND STATISTICAL PARTICULARS												MEDICAL PARTICULARS															
3 SEX <i>Female</i>				4 COLOR OR RACE <i>White</i>				5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>				6 DATE OF DEATH <i>March 31, 1928</i> (Month) (Day) (Year)															
7 DATE OF BIRTH <i>Feb 10, 1862</i> (Month) (Day) (Year)				8 AGE <i>66</i> yrs <i>1</i> mo. <i>21</i> da. If less than 2 years state if breast fed: If less than 1 day Yes No hrs min.				9 I HEREBY CERTIFY, That I attended deceased from <i>3-25, 1928</i> , to <i>3-31, 1928</i> , that I last saw her alive on <i>3-31, 1928</i> , and that death occurred on the date stated above, at <i>4:30</i> P.M. The CAUSE OF DEATH* was as follows: <i>Sliver</i> (duration) yrs mo da. <i>5</i>																			
10 OCCUPATION (a) Trade, profession or particular kind of work <i>Housewife</i> (b) General nature of industry, business or establishment in which employed (or employer)				11 BIRTHPLACE (State or country) <i>Tex.</i>				Contributory (Secondary) <i>Hysterectomy</i> (duration) yrs mo da. <i>6</i>																			
12 NAME OF FATHER <i>E. A. Fitzer</i>				13 BIRTHPLACE OF FATHER (State or country) <i>Miss</i>				14 MAIDEN NAME OF MOTHER <i>Sarah Martin</i>																			
15 BIRTHPLACE OF MOTHER (State or country) <i>New York</i>				16 THE ABOVE IS TRUE (Informant) <i>M. J. Presnall</i> (Address) <i>Waco Tex.</i>				17 Where was disease contracted? If not at place of death? Did an operation precede death? <i>Yes</i> Date of <i>3-26-28</i> Was there an autopsy? <i>No</i> What test confirmed diagnosis? <i>Plumeral</i> (Signed) <i>W. S. White</i> , M. D. <i>3-31, 1928</i> (Address) <i>611 Avenue</i> *State the disease Causing Death, or in deaths from Violent Causes, state (1) Manner and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal.																			
18 PLACE OF BURIAL OR REMOVAL <i>Chula Springs</i>				DATE OF BURIAL <i>Apr. 1, 1928</i>				19 UNDER TAKER <i>F. M. Compton</i>				ADDRESS <i>Waco 2</i>															
19 APR 12 1928				T. E. TARR				FORM 518-0200-1125-50M				#2086															