

1. PLACE OF DEATH  
STATE OF TEXAS

TEXAS STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

Registrar's No. *412*  
City or Precinct No. *Hisco* No. *1625* Street *South 7th St.*

Length of residence in city where death occurred: yrs. mos. days. If in an institution, give name of institution instead of Street and No. How long in U. S. if foreign born? yrs. mos. days.

2. FULL NAME OF DECEASED: *Martin Thomas Presnall* 31294  
Residence: No. *1625* Street *South 7th St.* If non-residence give city, or town and state.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: *Male* 4. COLOR OR RACE: *White* 5. SINGLE (write the word): *Married*  
6. If married, widowed, or divorced: *Married*  
7. HUSBAND or WIFE of: *My Sallie Presnall*  
8. DATE OF BIRTH (month, day, and year): *Oct 2nd 1861*  
9. AGE: *70* Years *9* Months *2* Days If LESS than 1 day, hrs. or min.  
10. Trade, profession, or particular kind of work done, as engineer, lawyer, bookkeeper, etc.  
11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
12. Date deceased last worked at this occupation (month and year)  
13. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country): *Clark Co. Alabama*

13. NAME: *Kalup Presnall*  
14. BIRTHPLACE (city or town) (State or country): *Alabama*

15. MAIDEN NAME: *S. K.*  
16. BIRTHPLACE (city or town) (State or country): *S. K.*

17. INFORMANT: *My Sallie Presnall*  
(Address): *Hisco Tex.*

18. BURIAL, CREMATION, OR REMOVAL  
Place: *China Springs Cem* Date: *July 5, 1932*

19. UNDERTAKER: *D. M. Compton*  
(Address): *Hisco Tex.*

20. FILE DATE AND SIGNATURE OF REGISTRAR  
*July 25 1932* *F. Morrow*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): *July 4 1932*

22. I HEREBY CERTIFY, That I attended deceased from *July 4th 1932* to *July 4th 1932*

I last saw him alive on *July 4th 1932*; death is said to have occurred on the date stated above, at *7:30 a. m.*

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

*Angina Pectoris*

Other contributory causes of importance:

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 public place, or in private 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. V. Harrington* M. D.

(Address): *Hisco Tex.*

#2088

51485-031-150m

*J. V. Harrington*