

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

Do not use this space.

18536

1. PLACE OF DEATH

County Jackson
Township Blue Leads
City Leads

Registration District No. 399
Primary Registration District No. 1002
(No. Leads Hosp)

File No. 2090
Registered No. 2090
St. _____ Ward _____

2. FULL NAME

Carl Presnell
(a) Residence No. Leads Hosp St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____
How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 20th 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
44 10 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 23A
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) N Dak
(STATE OR COUNTRY)

10. NAME OF FATHER Elijah Presnell

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

12. MAIDEN NAME OF MOTHER Elizabeth Sheppard

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

14. INFORMANT Geo Presnell. (son)
(Address) Kannards Ind.

15. FILED 7-27-27 M. M. Crowe
REGISTRAR ass

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1926, to June 30, 1927, that I last saw him alive on June 30, 1927, and that death occurred, on the date stated above, at 5:30 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
31 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY laryngeal tuberculosis
(SECONDARY) (duration) _____ yrs. _____ mos. _____ 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? chemical findings

(Signed) I. Herbert L. Wang M. D.

7/1, 1927 (Address) 3400 E 31st

*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 Calvary Cem DATE OF BURIAL 7/27 19

20. UNDERTAKER W. F. Mayberry Co ADDRESS City

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Dr A J Mandj
3rd June

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