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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 5

ARIZONA

Registered No.

1. PLACE OF DEATH

County Neenlee State

Township or Village or

City Morenci No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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

2. FULL NAME Aldace Leadville Pressler How long in State when death occurred? yrs. mos. ds.

(a) Residence: No. St., Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Braun

6. DATE OF BIRTH (month, day, and year) Apr 6 1900

7. AGE Years 37 Months 10 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boiler maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (state or country) Leadville Colo

FATHER

13. NAME Jacob Pressler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mettie

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Mrs. A F Pressler Morenci

18. BURIAL, CREMATION, OR REMOVAL

Place Clifton (Bunker Hill Date 2/21 1938

19. UNDERTAKER (Address) McMILLEN FUNERAL HOME Clifton Ariz

20. Filed Feb 21 1938 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1938 to Feb 20, 1938

I last saw him alive on Feb 20, 1938; death is said to have occurred on the date stated above, at 5 A.M.

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

	Date of Onset
Lobar Pneumonia	3 days

Other contributory causes of importance:

Obesity

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 home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Morenci

20M 4-19-33 MS 48294 Form 3

Back of Certificate to be used for any Additional Information