

MARGIN RESERVED FOR BINDING

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

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. See instructions on back of certificate.

1 PLACE OF DEATH

County Carrall

Civil Dist. 16

OR Village Hallow Rock

OR City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 40916

Primary Registration District No. 14

File No. 244

Registered No. 6

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William P. Pinkston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
(Write the word)

6 DATE OF BIRTH 9 / 1 / 1847  
(Month) (Day) (Year)

7 AGE 73 yrs. 11 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired mechanic  
(b) General nature of industry, business, or establishment in which employed (or employer) 378

9 BIRTHPLACE (State or country) Carrall Co. Tenn.

10 NAME OF FATHER Henderson Pinkston

11 BIRTHPLACE OF FATHER (State or country) N.C.

12 MAIDEN NAME OF MOTHER Melvinie Aden

13 BIRTHPLACE OF MOTHER (State or country) Benton Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Carrall Pinkston  
[Address] Hallow Rock Tenn.

15 Filed Apr 10 1921 L. E. Braxton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 / 16 / 1921  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 10-15-1920 to 8-18-1921, that I last saw him alive on 8-18-1921 and that death occurred, on the date stated above, at 8 P. M. The CAUSE OF DEATH\* was as follows:

Congestive form of malaria  
[Duration] yrs. mos. 1 ds.

Contributory [SECONDARY] Paralysis  
[Duration] yrs. mos. ds.

Signed L. L. Duncan M. D.  
8-18-1921 Address Hallow Rock

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]  
At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Family Graveyard DATE OF BURIAL 8-17-1921

20 UNDERTAKER W. A. Green ADDRESS Hallow Rock