

312
SEE REGULATIONS
ON THE BACK

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE.
GIVE FULL NAME OF DECEASED CORRECTLY SPELLED, AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE.

Form No. 104

1. PLACE OF DEATH 8086 50
COUNTY OF Shelby
CIVIL DISTRICT 5
CITY (OR TOWN) Memphis
ADDRESS OF PLACE OF DEATH Baptist Memorial Hospital
(If death occurred in a hospital or institution, give NAME, not street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. 8 days
2. FULL NAME Marie Pinkston Bendall
(A) RESIDENCE Jackson, Miss.
(Usual place of abode—If non-resident of place of death, give town and State)

CERTIFICATE OF DEATH
STATE OF TENNESSEE
DEPT. OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NUMBER

25352

REG. No. 4017
REG. DIST. No. 801
PRIM. REG.
DIST. No.

To be inserted by Registrar

If war veteran, give war and military organization.

NON RESIDENT

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Female 4. RACE OR COLOR White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? Married
5A. HUSBAND OR WIFE } OF Charles M. Bendall
6. DATE OF BIRTH month Jan. day 16 year 1910
7. AGE yrs. 28 mos. 10 days 13 hrs. _____ mins. IF LESS THAN ONE DAY
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Housewife
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year) 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION
12. BIRTHPLACE (city or town) Hollow Rock
(State or country) Tenn.
FATHER 13. NAME Theo. Pinkston
14. BIRTHPLACE (city or town) Tenn.
(State or country)
MOTHER 15. MAIDEN NAME Etta Park
16. BIRTHPLACE (city or town) Tenn.
(State or country)
17. INFORMANT S. M. BENDALL
(ADDRESS) Jackson, Miss. (Signature)
18. BURIAL ~~CREMATION OR REMOVAL~~ DATE Nov. 30, 1938
CEMETERY Elmwood PLACE Memphis
19. UNDERTAKER J. W. Norris, Inc. (Sign name)
ADDRESS 1200 Union Ave. BY Asa A. Laurson
20. FILED 12-1-38 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 29, 1938
month day year
22. I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM
December 27 1937 TO Nov. 29 1938
I LAST SAW H~~ER~~ ALIVE ON Nov. 28 1938 DEATH IS SAID
TO HAVE OCCURRED ON DATE STATED ABOVE, AT 5:40 A. M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES
IN ORDER OF ONSET WERE:
Generalized adeno-carcinoma 50
(radical left breast operation
Feb., 1938; fulminating abdominal metastases, especially liver Sept., 1938) 4
CONTRIBUTORY CAUSES OF IMPORTANCE
NAME OF OPERATION Rad. preast & biopsy DATE 2/1938
WHAT LAB. TEST CONFIRMED DIAGNOSIS? Biopsy AUTOPSY?
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA:
ACCIDENT, SUICIDE OR HOMICIDE? --- DATE OF INJURY ---
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? ---
IF SO, SPECIFY ---
(SIGNED) Asa A. Laurson, M.D. M. D.
(ADDRESS) 899 Madison Ave., Memphis, Tenn.