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.*

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

1 PLACE OF DEATH

County Shelby

Civil Dist. 5

OR

Village

OR

City Memphis, Tennessee (No. 1706, Lockett Place St.; Ward)

48

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH 27736

Registration District No. 28005

Primary Registration District No.

File No.

Registered No. 3300

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

2 FULL NAME Lucille Pinkston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH: June (Month) 18 (Day) 1918 (Year)

7 AGE: 8 yrs. 4 mos. 23 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: School-girl

(b) General nature of industry, business, or establishment in which employed (or employer): X

9 BIRTHPLACE (State or country): Tennessee

PARENTS

10 NAME OF FATHER: Theo Pinkston

11 BIRTHPLACE OF FATHER [State or country]: Tennessee

12 MAIDEN NAME OF MOTHER: Ettie Park

13 BIRTHPLACE OF MOTHER [State or country]: Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Theo Pinkston

[Address] 1706 Lockett Place, City

15 Filed 11-12 1926 L. L. Summers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November (Month) 11 (Day) 1926 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 11-1 1926, to 11-11 1926, that I last saw her alive on 11-11 1926, and that death occurred, on the date stated above, at 9:25 P.M.

The CAUSE OF DEATH* was as follows: 98

Endocarditis

[Duration] 8 yrs. ..... mos. ..... ds.

Contributory [SECONDARY] .....

[Duration] ..... yrs. ..... mos. ..... ds.

Signed D K Sowell M. D.

11-12, 1926 Address Bk of Com

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. **State whether or not an operation was performed.**

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 1706 Lockett Place, City.

19 PLACE OF BURIAL OR REMOVAL: Elmwood Cemetery

DATE OF BURIAL: Nov. 13 1926

20 UNDERTAKER: J. W. Norris

ADDRESS: Memphis Tenn