

BIRTH NO. _____ COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS DEATH NO. _____

1. NAME **Virgil Ewing Pinkston** 2. DATE OF DEATH **March 4, 1950**
FIRST MIDDLE LAST MONTH DAY YEAR3. COLOR OR RACE **White** 4. SEX **Male** 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** 6. DATE OF BIRTH **12/5/1889** 7. AGE (IN YEARS LAST BIRTHDAY) **60** 8. IF UNDER 1 YR. MONTHS DAYS 9. IF UNDER 24 HRS. HOURS MINS.8. PLACE OF DEATH A. COUNTY **Shelby** B. CIVIL DISTRICT _____ 9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission) A. STATE **Tenn.** B. COUNTY **Shelby** C. CIVIL DISTRICT _____C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Memphis** D. LENGTH OF STAY IN THIS PLACE **2 yrs.** D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) **Memphis**E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location) **102 Clark** E. STREET (IF RURAL, GIVE LOCATION) ADDRESS **102 Clark 34-0**10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Barber** 10B. KIND OF BUSINESS OR INDUSTRY **Barber Shop** 11. SOCIAL SECURITY NUMBER **414 03 4748**12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN IF YES, GIVE WAR AND DATES OF SERVICE 13. BIRTHPLACE (State or Foreign Country) **Camden, Arkansas** 14. CITIZEN OF WHAT COUNTRY? **USA**15. FATHER'S NAME **James Harrison Pinkston** 16. MOTHER'S MAIDEN NAME **Vannie Lou Benton** 17. INFORMANT ADDRESS **Wife - 102 Clark, Memphis, Tenn.**

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **(A) Coronary occlusion.** INTERVAL BETWEEN ONSET AND DEATH **2 mos.**

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Unknown**DUE TO (C)**2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH **None**19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20A. AUTOPSY YES NO 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bld'g, etc.) 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

21D. TIME OF INJURY MONTH DAY YEAR HOUR 21E. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21F. HOW DID INJURY OCCUR?22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE SIGNATURE **H. S. Rhea, MD.** M.D. OTHER (SPECIFY) ADDRESS **Memphis, Tennessee** DATE **3/4/1950**23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **3/6/1950** 23C. NAME OF Cemetery or Crematory **Alamo** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Alamo, Tennessee**24. FUNERAL DIRECTOR ADDRESS **Ronk Funeral Home, Alamo, Tennessee** 25. REGISTRATION DIST. NO. **3/4/1950** 26. DATE SIGNED BY LOCAL REG. 27. REGISTRAR'S SIGNATURE

THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND WILL BE PLACED IN PERMANENT FILE.

WRITE PLAINLY WITH PERMANENT INK OR TYPEWRITER.

PHYSICIAN LAST IN ATTENDANCE MUST STATE CAUSE OF DEATH AND SIGN MEDICAL CERTIFICATION. IF NO PHYSICIAN IN ATTENDANCE, HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD) MUST COMPLETE AND SIGN MEDICAL CERTIFICATION. POWER OF SIGNATURE CANNOT BE DELEGATED.

CAUSE OF DEATH.

ENTER ONLY ONE CAUSE PER LINE FOR A, B, C. * THIS DOES NOT MEAN MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.

FUNERAL DIRECTOR OR PERSON DISPOSING OF BODY, MUST FILE CERTIFICATE WITH LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND PRIOR TO TRANSPORTATION BY COMMON CARRIER OR REMOVAL FROM STATE.

ALL ITEMS ARE TO BE COMPLETE AND ACCURATE.