

PLACE OF DEATH ORIGINAL

BOARD OF HEALTH, CITY OF MEMPHIS.  
BURIAL PERMIT

County of Shelby

Township of \_\_\_\_\_

OR

Village of \_\_\_\_\_

City of Memphis, Tenn. (No. 542-Fourth St., 9 Ward)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

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

6210

FULL NAME William A Bender

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH March 10<sup>th</sup> 1848  
(Month) (Day) (Year)

AGE 56 Years 11 Months 2 Days

SINGLE, MARRIED, WIDOWED, OR DIVORCED  
Widower

BIRTHPLACE (State or County) Germany

NAME OF FATHER William Bender

BIRTHPLACE OF FATHER (State or County) Germany

MAIDEN NAME OF MOTHER Josephine Thron

BIRTHPLACE OF MOTHER (State or County) Germany

OCCUPATION Supt. Cotton Compress

LENGTH OF RESIDENCE IN CITY Over 25 years  
for Cochran

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 15<sup>th</sup> 1905  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 190 to \_\_\_\_\_ 190 that I last saw him alive on \_\_\_\_\_ 190 and that death occurred, on the date stated above, at \_\_\_\_\_

M. The CAUSE OF DEATH was as follows:  
Found dead from unknown cause in bath tub at 821 W. Poplar Feb. 14 1905

(DURATION) \_\_\_\_\_ DAYS  
Contributory \_\_\_\_\_ (DURATION) \_\_\_\_\_ DAYS  
(Signed) Wm F. Cochran M. D.  
Feb 13 1905 (Address) \_\_\_\_\_

SPECIAL INFORMATION only for Hospitals, Institutions Transients, or Recent Residents.  
Former or Usual Residence \_\_\_\_\_ How long at Place of Death? \_\_\_\_\_ Days

Where was disease contracted, if not at place of death? \_\_\_\_\_  
PLACE OF BURIAL OR REMOVAL Edgewood Cemetery DATE OF BURIAL Feb 15<sup>th</sup> 1905  
UNDERTAKER Robert Bros & Nixton ADDRESS Memphis Tenn

in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.