DEPARTMENT OF COMMERCE
Bureau of the Census

STANDARD CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

State File No. 12253

Registrar's No. 182

1. PLACE OF DEATH—
County Lincoln | City or Town or Street and Number McCall Creek R.F.D | Inside or Outside Corporate Limits? or Rural Precinct Outside
Hospital
Length of Stay Before Death, (a) In Hospital (b) In this Community 11years

2. RESIDENCE BEFORE DEATH—
State Miss | County Lincoln | City or McCall Creek | or Rural Precinct

3. (a) FULL NAME ALEXANDER COLEMAN | If Foreign Born How Long in U. S.? Yrs.

3. (b) If veteran, name war | 3 (c) Social Security No.

4. Sex Male | 5. Color or Race Col | 6 (a) Single, widowed, married, divorced Married

6 (b) Name of husband or wife Bertha Coleman | 6 (c) Age of husband or wife if alive 60 years

7. Birth date of deceased (Month) Don't Know (Day) (Year)

8. AGE: Years About 60 | Months | Days | If less than one day hr. min.

9. Birthplace Miss (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name John Coleman

13. Birthplace Miss (City, town, or county) (State or foreign country)

14. Maiden name Rhoda Ann Jones

15. Birthplace Miss (City, town, or county) (State or foreign country)

16 (a) Informant's signature X Burton Coleman

(b) Address McCall Creek Miss.

17 (a) Burial (Burial, cremation, or removal) (b) Date 7/27/41 (Month) (Day) (Year)

(c) Place Old Wesley Chapel

18 (a) Signature, funeral director Frank H. Hartman

(b) Address Brookhaven, Miss

19 (a) 8-5-41 (Date received local registrar) (b) Marion Caseedy (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month July day 26th year 1941 hour 10 A. M. or P. M.

21. I hereby certify that I attended the deceased from May 18, 1941, to July 20, 1941; that I last saw him alive on July 20, 1941; and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Chronic Valvular Disease of the Heart,	
Due to 3	1-12 d
Other conditions (Include pregnancy within 3 months of death)	
MAJOR FINDINGS: Of operations	PHYSICIAN
Of autopsy	Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. R. Lawrence, M. D.

Address Union Church Date Signed Aug 4/41

Dr. Lawrence Union Church.