

MISSISSIPPI STATE BOARD OF HEALTH

13631

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Lincoln State Miss Registration District No. 496 File No. 17
 Village Vol. Pct Caseyville or Primary Registration Dist. No. 886 Reg. No. 10
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution give its NAME instead of street number.)

2 FULL NAME Richard Coleman Sr
 (a) Residence (Usual place of abode) Union Church R 2
 Length of residence in city or town where death occurred 70 yrs. 10 mos. 21 da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Rosetta

6 DATE OF BIRTH (month, day and year)

7 AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 70

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9 BIRTHPLACE (city or town) Miss
 (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF BIRTH (Month, day and year) 7/14 1927

17. I HEREBY CERTIFY, That I attended the deceased from _____, 19____, to _____, 19____, that I last saw h _____ alive on _____, 19____, and that death occurred on the date stated above, at 3 P.M. The CAUSE OF DEATH* was as follows:
Organic Heart disease + Chronic perenatal nephritis
 _____ (duration) _____ yrs _____ mos _____ da.
 CONTRIBUTORY (Secondary) _____ (duration) _____ yrs _____ mos _____ da.

18 Where was disease contracted _____ if not at place of death? _____
 Did an operation precede death? _____ date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 Signed S. M. Magee M.D. 7/21 1927 (Address) Wesson Rd 5

*State the Disease Causing Death, or in death from Violent Causes state (1) Means and Nature of Injury and (2) whether Accidental, Suicidal or Homicidal.

19 Place of Burial, Cremation or Removal Zion Chapel Date of Burial 7/21 1927
 20 UNDERTAKER J. M. Cato ADDRESS Union Church

PARENTS

10 NAME OF FATHER Wesley Coleman

11 BIRTHPLACE OF FATHER (city or town) Miss
 (State or Country)

12 MAIDEN NAME OF MOTHER Louisa?

13 BIRTHPLACE OF MOTHER (city or town) Miss
 (State or Country)

14 Informant See Holloway
 (Address) Union Church R 2

15 Filed 7/21 1927 Dr. S. M. Magee REGISTRAR

MARGIN RESERVED FOR BINDING. WITH ENVELOPING INK—THIS A PERMANENT RECORD. Every Item of Information should be fully 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.