

1 PLACE OF DEATH
STATE OF TEXAS

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Dr Cochran
Registrar's No. 40

COUNTY OF Coleman

CITY OR
PRECINCT NO. Coleman

No. 1201 Street Colorado

43925

If in an Institution, give name of Institution instead of Street and No.

Length of residence in city where death occurred 6 yrs. mos. days ? How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME
OF DECEASED Mrs Frances Caldwell

Residence: No. 1201 Street Colorado Coleman Texas
If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single Married Widowed Divorced
(Write the word) Married

21. DATE OF DEATH (month, day, and year) 10-19, 1934

5a. If married, widowed, or divorced HUSBAND (or) WIFE of James P Caldwell

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1934, to Oct. 14, 1934

6. DATE OF BIRTH (month, day, and year) July 17, 1879

I last saw her alive Oct. 9, 1934 death is said to

7. AGE 55 Years 3 Months 2 Days If LESS than 1 day, hrs. or min.

have occurred on the date stated above, at 9:15 a.m. The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House duties

Cardio-renal Date of onset L.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7-1934 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (city or town) (State or country) Tenn

Name of operation None date of

13. NAME James Spooner

What test confirmed diagnosis? Autopsy Was there any autopsy? No

14. BIRTHPLACE (city or town) (State or country) Geo

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?

15. MAIDEN NAME Don't know

Date of injury , 19

16. BIRTHPLACE (City or town) (State or county)

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT J P Caldwell

Specify whether injury occurred in industry, in home, or in public place.

(Address) Coleman

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL. Place Coleman Date 10-21, 1934

Nature of injury

19. UNDERTAKER J.E. Stevens Co

24. Was disease or injury in any way related to occupation of deceased? No

(Address) Coleman

If so, specify

20. FILE DATE AND SIGNATURE OF REGISTRAR Oct 23rd 1934 M. Collins

(Signed) R.H. Cochran M. D.
(Address) Coleman Tex

