

IF NON-RESIDENT, be careful to give the complete residence of the deceased, stating both city, county and state. The residence is the usual place of abode.

1 PLACE OF DEATH
STATE OF TEXAS

COUNTY OF

Coleman

CITY OR
PRECINCT NO.

Coleman

No. 1201

Street Colorado

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

Length of residence in city where death occurred 21 yrs. mos. days ? How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME
OF DECEASED

James Peace Caldwell

RESIDENCE OF
THE DECEASED

No. 1201 Street Colorado

City Coleman

State Tex

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

Registrar's No.

49
50297

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. Single Married
Widowed Divorced
(Write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Mrs Maude Caldwell

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

Oct 6 - 1861

7. AGE

74 Years 1 Months 8 Days

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

car Eng

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

10. Date deceased last
worked at this occupa-
tion (month and year)

10-20-35

11. Total time
(years) spent in
this occupation

12. BIRTHPLACE
(City or Town)
(State or Country)

San-Marcos Tex

13. NAME

R. M. Caldwell

14. BIRTHPLACE
(City or Town)
(State or Country)

Texas

15. MAIDEN NAME

Mary E. Haush

16. BIRTHPLACE
(City or Town)
(State or Country)

Texas

17. INFORMANT

Mrs H T Cook

18. BURIAL, CREMA-
TION, OR REMOVAL
Place

Coleman Date 11 15 1935

19. UNDERTAKER

J B Haugh
Coleman

20. SIGNATURE OF REGISTRAR

FILE

DATE

Nov 19 1935 M. Callis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(month, day, and year) 11-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 14, 1935, to Nov. 14, 1935

I last saw him alive on Nov. 14, 1935, death is said to

have occurred on the date stated above at 8:40 a.m.
The principal cause of death and related causes of importance

were as follows: Coronary Thrombosis 10-24-35

Other contributory causes of importance:

Name of operation None date of

What test confirmed diagnosis None Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -

Date of injury - 19

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

Specify whether injury occurred in in-
dustry, in home, or in public place.

Manner of injury -

Nature of injury -

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

If so, specify

(Signed) R. H. Cochran M. D.

(Address) Coleman Tex

