

CERTIFICATE OF DEATH

FLORIDA

Resident

State File No. **10961**

Registrar's No. **1044**

1. PLACE OF DEATH:

(a) County Dade District No. 11-01

(b) Precinct _____ Precinct No. _____
(Write name, not number)

(c) City or Town Miami City or Town No. 11-510

(d) Name of hospital or institution Public Place 252 Coral Way
(If not in hospital or institution, write street number or location)

(e) Length of stay: In hospital or institution _____
At place of death 7 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County Dade

(c) City or Town Miami
(If outside city or town limits, write RURAL)

(d) Street No. 1038 S.W. 22nd Street
(If rural, give location)

(e) Citizen of Foreign country? no
yes or no

If yes, name country _____

3. FULL NAME OF DECEASED Cadwallader Coles

3 (a) If veteran, name war No 3 (b) Social Security No. 262-20-4549

4. Sex Male 5. Color or race White

6. Single, married, widowed or divorced Married

6 (a) If married, widowed or divorced, husband of (or) wife of Mable Coles

8 (b) Age of husband or wife, if alive 35 years

7. Birth date of deceased: Jan 17 1886
(month) (day) (year)

8. Age: Years	Months	Days	If less than one day
<u>56</u>	<u>5</u>	<u>13</u>	hrs. _____ min.

MEDICAL CERTIFICATION

20. Date of Death: Month June Day 30
Year 1942 hour 3 Minute 45 P.M.

21. I hereby certify that I attended the deceased from July 1 - 1942 to July 1 - 1942
that I last saw him by Dr. G. J. ...
and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death Coronary occlusion

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
of operations _____
(Give date of operation)

of autopsy _____

9. Birthplace Rock Hill, S.C.
(City, town or county) (State or foreign country)

10. Usual occupation Steamship Purser

11. Industry or business P & O Steamship Co.

12. Name John S. Coles

13. Birthplace unobtainable, S.C.

14. Maiden name Helen Iredell Jones

15. Birthplace Mount Gallant, S.C.

16. Informant's Signature H. Perkins Coles

18 (a) Address 307 Tampa Theatre Bldg, Tampa, Fla

17. Burial, cremation or removal? Burial

17 (a) Date July 2, 1942 17 (b) Place Woodlawn Park

18. Funeral Director's Signature Franklin M. Franklin

18 (a) Address McChan Funeral Home, Miami, Fla

19. Filed 7-1 ID 423 West N. McDonald Rd
Local Registrar

Underline the cause in which death should be charged statistically.

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

(a) (Probably) Accident, suicide, 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)

23. Signature Colin ... (e) Month of injury _____
(a) Address ... Date Signed 7-1-42

Mother: Father: