

Walter Cee

ROSEWOOD CLAIMS BILL

CHECKLIST

Claims Activation Letter Mailed

9/28/94

Claims Activation Letter Received

^{Report}
Claims ~~Verification~~ Packet Sent

6/5/95

^{Report}
Claims ~~Verification~~ Information Received

6/12/95

Request for additional information Claimant

Review Completed

Eligibility Determination Made

Letter of Award Sent to Claimant



OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH
Attorney General
State of Florida

Reply to:

Office of the Attorney General
4000 Hollywood Boulevard, 505-South
Hollywood, Florida 33021

July 26, 1995

Walter Coe
48 Northbound Gratiot Avenue
Mt. Clemens, Michigan 48043

Dear Mr. Coe:

A review of the Rosewood Survivor Affidavit and accompanying information that you submitted to this office has been completed. It is the decision of this office that there is insufficient evidence to support your claim.

Your request for compensation as a Rosewood "survivor" is therefore denied.

Sincerely,

A handwritten signature in dark ink, appearing to read "GD for", is written over the typed name.

Gregory Durden, Esquire
Chief of Civil Rights



OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH
Attorney General
State of Florida

Reply to:

Office of the Attorney General
4000 Hollywood Boulevard, 505-South
Hollywood, Florida 33021

June 23, 1995

Walter Coe
48 Northbound Gratiot Avenue
Mt. Clemens, Michigan 48043

Dear Mr. Coe:

A review of the Rosewood Property Affidavit and accompanying information that you submitted to this office has been completed. It is the decision of this office that there is insufficient evidence to support your claim.

Unless this office receives information sufficient to support your claim by June 30, 1995, your claim will be automatically denied.

Sincerely,


Gregory Durden
Chief of Civil Rights

GD/gdr/cb



OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH
Attorney General
State of Florida

Reply to:

Office of the Attorney General
4000 Hollywood Boulevard, 505-South
Hollywood, Florida 33021

ROSEWOOD SURVIVOR AFFIDAVIT (Print in ink or type legibly)

Directions

- A. Read carefully the enclosed letter.
- B. Are you filing a claim as a Rosewood Survivor?
yes X no
- C. If answer in "B" is no, do not complete this Affidavit. Do complete, however, the "NON-SURVIVOR ACKNOWLEDGEMENT" form.
- D. If answer in "B" is yes, then answer all the questions in this application to the best of your ability. If you are unable to answer a question, state that you are unable to answer the question, and if possible, state why.
- E. After answering the questions, have the Affidavit notarized on the last page.
- F. This Affidavit must be mailed no later than June 26, 1995.

- =====
1. Name? Walter M. COE Jr.
 2. Race? Afro-American
 3. What was your name on January 1, 1923? Walter COE Jr.
 4. Social Security Number? 267-16-8603
 5. Date of birth? 3/23/20
 6. Place of birth? (Town/City and State) Monticello, FL
 7. Father's name? Walter COE Sr.
 8. Mother's name? Bessie Edwards COE

9. Father's occupation? Turpentine worker & public worker

10. If applicable, whom did your father work for? ^{He worked at} different

Turpentine farms in Rosewood, Perry, Cody
Lloyd, Fannie & Cedar Keys Florida

11. Mother's occupation? Housewife

12. If applicable, whom did your mother work for? N/A

13. Grandparents' names? (both sides of family)

Father's Father - Josh Coe

" Mother - MARY COE

Mother's Father - Will Edwards

" Mother Clara Jones Edwards

14. Grandparents' occupations and if applicable, whom they worked for? (if known) Father's Father, worked on farms
employed by -
(un known)

15. Great Grandparents' names? (if known) unknown

No Record

16. Great Grandparents' occupations and if applicable, whom they worked for? (if known) unknown

17. If you are able to go beyond great grandparents (example: great great grandparents), go as far up the family tree as you can.

unknown

18. Guardian's name? (If different than parent) N/A

19. Guardian's occupation? N/A

20. If applicable, whom did guardian(s) work for? (if known) _____

21. Complete names and birth dates of all brothers and sisters (if known) and where they were living on January 1, 1923? (Name of City/Town and State)

According to what my dad told me, "my mother was badly burned & traumatized when fleeing Rosewood and they did not have a second child until 1927"

22. Where did you live on January 1, 1923? (Name of City/Town and State) Rosewood, Fl. (with parents)

23. How long, prior to January 1, 1923, had you lived at the address referred to in question 22? 1920 - 1923

24. Date you moved into address referred to in question 22? (If unknown, give closest approximation.) My parents were living in Rosewood

but, my mother left Rosewood & went to Monticello Fl. where I was born March 23, 1920. Shortly after my birth she returned to Rosewood to be with my dad. Approx. May 1920
with me

25. Date you left address referred to in question 22? (If unknown, give closest approximation.) I, was only 3 yrs. old ^{but,} according to what my father said, it was during the fires & killings in Rosewood on Jan. 1, 1923 that they fled Rosewood with me in their arms.

26. Explain as best you can, in the space provided, why you left the address referred to in question 22 and describe the circumstances.

From what my daddy & mama told me, they were living in the turpentine quarters in Rosewood when a mob of white vigilantes terrorized the town by torching all the houses & killing any blacks that they found. My mother, was badly burned on the right side of her body, from her waist to her knee. But through the Grace of God they escaped with me on his back, hiding out in the woods & Swamp, leaving everything that they owned behind.

27. Who lived with you at the address referred to in question 22?
(names of the head(s) of the household)

My Father - Walter Coe and
My Mother - Bessie Edwards Coe

28. Where did you go immediately upon leaving the address
referred to in question 22?

after escaping from Rosewood my father
said they went to Perry Fl. & he worked
in turpentine there

29. Where did you live immediately after you left the address
referred to in question 22? (Name of Town/City and State)

Perry, Florida

30. How long did you live at the address referred to in question
29?

Not Sure

31. Name all people living at the address referred to in question
22 as of January 1, 1923. (Give first and last name.)

Father - Walter Coe
Mother - Bessie Edwards Coe & Myself

32. List any relatives other than those listed in question number 31 that lived in the same town as you, on January 1, 1923? Give their first and last names.

My father's brother - BERRY COE who worked in a Lumber Co. in Rosewood.

My mother's Cousin - Ms. Mitchell

33. Describe as best as you can, within the space provided, the town you lived in on January 1, 1923. (example: any buildings and what they were used for, what buildings were near each other, any other landmarks that you may recall)

My father ~~was~~^{very} a white man, & did not talk much. however, he did mention that he was a mason in Rosewood. So there much have been a Masonic hall.

and ^{also} that he had served in World War I. And he spoke about my Uncle Berry ^{who} worked in a lumber Co. in Rosewood; but after the fires & massacre there - they never found my Uncle or saw him again.

Dad did say something about living near a railroad.

They rarely spoke of Rosewood & only in a hushed & frightened tone. My Dad always felt that the terrible burns & the emotional pains & scars ^{the horrible} trauma that Mama had suffered, contributed to her early death at age 39 in 1941.

I was in ^{the} service at the time of my mother's death with orders to go overseas so I could not return home for her funeral. ^{which I always regretted!!}

I was one of the first blacks to volunteer in the United States Army from Florida & served from 1941 - Aug 31, 1945 (Service record enclosed)* there are no records or documents cause everything was destroyed, or ^{couldn't be found}.

And when asked about our other relatives or kin Mama would begin to cry & Dad would say, hush "boy". So we grew up denied the rights of a normal family & never really knowing ^{our} grandparents, uncles, aunts or cousins especially on my mother's side.

34. Describe as best as you can, within the space provided, where your home was located. (example: near railroad, near someone's home, etc.)

refer to question 33.

40. Describe as best you can, within the space provided, the location of the school. (example: buildings near the school)

unknown to me. - I was only 3 yr. old.

41. Provide a copy of your birth certificate. Please do not provide originals. If you do not have a birth certificate, please indicate on the space below.

birth Certificate enclosed.

STATE OF MICHIGAN)

COUNTY OF MACOMB)

BEFORE ME, the undersigned authority, this day personally appeared (Mr./Mrs./Ms.) WALTER MITCHELL COE JR

(address) 48 NORTHBOUND GRATIOT

(city, state, zip) MT CLEMENS MI 48043

(home phone) 810 469-7186 (age) 75 and after being

duly sworn and deposed, upon his/her personal knowledge states:

1. I have read and completed to the best of my ability the

foregoing, and

2. I have not knowingly given false information in the Rosewood Survivor Affidavit.

3. FURTHER AFFIANT sayeth naught.

Wally M. Coe JR
(Your Signature)

267-16-8603
(Social Security Number)

SWORN TO AND SUBSCRIBED BEFORE me this 29 day of _____

JUNE, 1995.

My commission expires: _____

KATHLEEN L. HAYWARD
Notary Public, Macomb County, Michigan
My Commission Expires September 20, 1999

Kathleen L Hayward
(Commission number)
Notary Public
State of MICHIGAN

(Print, type or stamp commissioned name of Notary Public)

Personally known _____ or
Produced Identification ✓

Type of Identification Produced MICH DRIVER LICENSE + AAA MEM CARD



OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH
Attorney General
State of Florida

Reply to:

Office of the Attorney General
4000 Hollywood Boulevard, 505-South
Hollywood, Florida 33021

June 26, 1995

Mr. Walter M. Coe
48 Northbound Gratiot Avenue
Mt. Clemens, Michigan 48043

Dear Mr. Coe:

Pursuant to our recent conversation, enclosed is a survivor's affidavit. Please complete this affidavit, sign it in the presence of a notary public, and return it to this office no later than June 30, 1995. Additionally, please forward a copy of your operator's license, your birth certificate, and death certificates for your parents and grandparents.

Sincerely,

ROBERT A. BUTTERWORTH
ATTORNEY GENERAL

Frank M. Beisler
Investigator

/fb

Enclosure



OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH
Attorney General
State of Florida

Reply to:

Office of the Attorney General
4000 Hollywood Boulevard, 505-South
Hollywood, Florida 33021

June 26, 1995

Dear Mr./Ms. Walter M. Coe :

Enclosed is a "Rosewood Survivor Affidavit" for persons claiming eligibility for monetary compensation under the survivor section of the Rosewood legislation. To qualify under this section, the survivor must meet the following definition: the survivor must be an African-American resident from Rosewood, Florida, who was living on May 5, 1994, and who was present and affected by the violence that took place at Rosewood in January, 1923, and was evacuated the week of January 1, 1923.

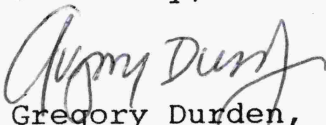
If you are applying as a survivor, you must complete the section entitled "Rosewood Survivor Affidavit". Complete all questions to the best of your ability. If you are unable to answer a question, indicate that you are unable to do so and why. The Affidavit must be mailed no later than August 19, 1994.

If you are not applying as a survivor, there is no need to complete the Affidavit. Just complete the page entitled, "NON-SURVIVOR ACKNOWLEDGEMENT" and mail it no later than June 30, 1995.

All information is to be mailed to:

Gregory Durden, Esquire
Chief of Civil Rights
Office of the Attorney General
4000 Hollywood Blvd. Suite 505 South
Hollywood, Florida 33021

Sincerely,


Gregory Durden,
Chief of Civil Rights

GDR/GD

Enclosures



OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH
Attorney General
State of Florida

Reply to:

Office of the Attorney General
4000 Hollywood Boulevard, 505-South
Hollywood, Florida 33021

ROSEWOOD SURVIVOR AFFIDAVIT (Print in ink or type legibly)

Directions

- A. Read carefully the enclosed letter.
- B. Are you filing a claim as a Rosewood Survivor?
yes_____ no_____
- C. If answer in "B" is no, do not complete this Affidavit. Do complete, however, the "NON-SURVIVOR ACKNOWLEDGEMENT" form.
- D. If answer in "B" is yes, then answer all the questions in this application to the best of your ability. If you are unable to answer a question, state that you are unable to answer the question, and if possible, state why.
- E. After answering the questions, have the Affidavit notarized on the last page.
- F. This Affidavit must be mailed no later than June 26, 1995.

- =====
1. Name? _____
2. Race? _____
3. What was your name on January 1, 1923? _____
4. Social Security Number? _____
5. Date of birth? _____
6. Place of birth? (Town/City and State) _____
- _____
7. Father's name? _____
8. Mother's name? _____

9. Father's occupation? _____

10. If applicable, whom did your father work for? _____

11. Mother's occupation? _____

12. If applicable, whom did your mother work for? _____

13. Grandparents' names? (both sides of family) _____

14. Grandparents' occupations and if applicable, whom they worked for? (if known) _____

15. Great Grandparents' names? (if known) _____

16. Great Grandparents' occupations and if applicable, whom they worked for? (if known) _____

17. If you are able to go beyond great grandparents (example: great great grandparents), go as far up the family tree as you can.

18. Guardian's name? (If different than parent) _____

19. Guardian's occupation? _____

20. If applicable, whom did guardian(s) work for? (if known)_____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

.....

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

27. Who lived with you at the address referred to in question 22?
(names of the head(s) of the household)

28. Where did you go immediately upon leaving the address
referred to in question 22?

29. Where did you live immediately after you left the address
referred to in question 22? (Name of Town/City and State)

30. How long did you live at the address referred to in question
29?

31. Name all people living at the address referred to in question
22 as of January 1, 1923. (Give first and last name.)

32. List any relatives other than those listed in question number 31 that lived in the same town as you, on January 1, 1923? Give their first and last names.

33. Describe as best as you can, within the space provided, the town you lived in on January 1, 1923. (example: any buildings and what they were used for, what buildings were near each other, any other landmarks that you may recall)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

35. What families lived closest to you? _____

36. Give the names, addresses and phone numbers of at least two people that can verify where you were living on January 1, 1923.

37. If you have any documentation that can verify where you were living on January 1, 1923, please send a copy along with this application. Please do not send originals.

38. Name the schools attended while living in the address referred to in question 22.

39. Name your teacher(s) from question 38.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or smudges near the top edge.

=====

COUNTY OF _____)

```
(city, state, zip)
```

1. I have read and completed to the best of my ability the



OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH
*Attorney General
State of Florida*

Reply to:

Office of the Attorney General
4000 Hollywood Boulevard, 505-South
Hollywood, Florida 33021

June 5, 1995

Dear Rosewood Claimant:

Enclosed is a "Rosewood Property Affidavit" for persons claiming eligibility for monetary compensation under the property section of the Rosewood legislation. To qualify for compensation the claimant must meet the following definition: the claimant must be a descendent of, "African-American families of Rosewood, Florida, who demonstrate real property and personal property damages sustained as a result of the destruction of Rosewood, Florida, in 1923."

The Florida state laws of intestacy, Florida Statutes, Chapter 732, will determine how compensation will be distributed among family members. Generally, the oldest living descendent would be the person or persons to receive compensation under these provisions.

If you meet the above definition and wish to apply on behalf of yourself and/or your family, you must complete the section entitled, "Rosewood Property Affidavit". Complete all questions to the best of your ability. If you are unable to answer a question, indicate that you are unable to do so and why. The affidavit and any evidence or information you may choose to mail to this office must be received by this office no later than June 12, 1995. There will be no extensions to this deadline.

All information is to be mailed to:

* Gregory Durden, Esquire
Chief of Civil Rights
Office of the Attorney General
4000 Hollywood Blvd., Suite 505 South
Hollywood, Florida 33021

Sincerely,

Gregory Durden, Esquire
Chief of Civil Rights

GDR/GD/pd

Enclosures



OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF LEGAL AFFAIRS

THE CAPITOL

TALLAHASSEE, FLORIDA 32399-1050

ROBERT A. BUTTERWORTH
Attorney General
State of Florida

Reply to:

Office of the Attorney General
4000 Hollywood Boulevard, 505-South
Hollywood, Florida 33021

ROSEWOOD PROPERTY AFFIDAVIT (Print in ink or type legibly)

Directions

- A. Read the enclosed letter carefully.
- B. Answer all of the questions in this affidavit to the best of your ability. If you are unable to answer a question, state that you are unable to answer the question, and if possible, state why.
- C. After answering the questions, have the Affidavit notarized on the last page.
- D. This Affidavit must be received in this office no later than June 12, 1995.
- E. In order to qualify for compensation, the Rosewood law requires each claimant to, "demonstrate real property and personal property damages sustained as a result of the destruction of Rosewood, Florida, in 1923." Send copies of anything that will fulfill this requirement. Please do not send originals.

- =====
1. Name? WALTER MITCHELL COE JR.
 2. Birth Name? WALTER COE JR.
 3. Your Birth Place? (Name of City/Town and State) Monticello, Florida
 4. Race? Black
 5. Social Security Number? 267-16-8603
 6. Date of Birth? MARCH 23, 1920
 7. Provide a copy of your birth certificate. Please do not provide original.
already mailed Copy on June 6, 1995

8. Provide a copy of your drivers license. Please do not provide original.

Mailed Copy June 6, 1995

9. Give full name of the original Rosewood ancestor from January 1, 1923, under whom you are filing this claim? Indicate whether they owned, or leased their property. Indicate how much property. Any property listed must be within Rosewood, FL.

Name?	Owned, Leased? If leased, from whom?	How much property?
Example: John Doe	leased (from Jane Smith)	10 acres

Father WALTER COE Not Sure
Mother Bessie Edwards COE

10. Send a copy of any documentation that may authenticate or verify the information given in question number 9. Any documentation should contain a legal description of the property and the property location. Please do not send originals.

11. Beginning with your parents, give the full name of all of your direct ancestors. Trace your family tree all the way back to the Rosewood ancestor(s) that you have named in question number 9. Place a (D) next to names of people that are now deceased.

Parents? WALTER COE(D) + BESSIE EDWARDS/COE(D)

(maternal) *mother* Grandparents? ELLA THOMPSON(D)

Paternal *Father* ~~Great~~ grandparents? JOSH COE(D)

Great Great grandparents? _____

Great Great Great grandparents? _____

Distant Cousin - Minnie Lee Mitchell

Great Great Great Great grandparents? _____

UNCLES - BERRY COE(D) worked in turpentine Co. in Rosewood IRA COE(D) worked in Lumber in Rosewood Co. Jessie COE(D)
Aunts -
MARY LEE COE(D)
MARTHA COE(D)
ANN COE(D)

Great Great Great Great Great grandparents? _____

You may use this space to draw your family tree. Draw as many family trees as is necessary. Place a "(D)" next to names of people that are now deceased.

Paternal

Grand mother

Grand Father

Josh COE (D)

STELLA COE
(D) MARY COE
(D) MARTHA COE
(D) ANN COE
(D) IRA COE
(D) BERRY COE
(D) JESSIE COE

maternal

Grand Father

Grand mother

Ella Thompson (D)

(Father)

WALTER COE (D)

Bessie Edwards COE (D) (mother)

1. Walter Mitchell COE

2. Willa Ree COE (D)

3. James COE

4. Mary L. COE (D)

5. Bessie Lee COE, Blankumsee

6. Dorothy Mae COE, Dixon

7. Raymond Hilton COE

12. Complete names and birth dates of all sisters and brothers (if known).

Willa Ree Coe 1927 (Deceased)

James Coe March 10, 1929

Mary L. Coe May 12, 1931 (Deceased)

Bessie Lee Coe Blankumsee Nov. 8, 1933

Dorothy Mae Coe June 21, 1937

Raymond Hilton Coe January 17, 1941

13. If possible, using landmarks such as railroads, buildings, etc., describe where your ancestor's property was located. It would be helpful to draw a map of Rosewood showing the location of the property.

^{Not sure think}
my Parents lived in Turpentine Quarters Near
Seaboard Railroad. My father was also a Mason.
in Rosewood.

MAP OF PROPERTY

=====

STATE OF _____)

COUNTY OF _____)

BEFORE ME, the undersigned authority, this day personally
appeared (Mr./Mrs./Ms.) _____

(address) _____

(city, state, zip) _____

(home phone) _____ (age) _____ and after being duly

sworn and deposed, upon his/her personal knowledge states:

1. I have read and completed to the best of my ability the foregoing, and
2. I have not knowingly given false information in the Rosewood Property Affidavit.
3. **FURTHER AFFIANT** sayeth naught.

Walter M. Coe JR
(Your Signature)

267-16-8603
(Social Security Number)

June SWORN TO AND SUBSCRIBED BEFORE me this 9th day
_____, 1995.

My commission expires: 9/10/95

KAROLYN M. SPRANGER, NOTARY PUBLIC
MACOMB COUNTY, STATE OF MICHIGAN
MY COMMISSION EXPIRES 09-10-95

9-10-95
(Commission Number)

Notary Public
State of Michigan

(Print, type or stamp commissioned
name of Notary Public)

Personally known _____ or
Produced Identification X

Type of Identification Produced Driver's License

foregoing, and

2. I have not knowingly given false information in the Rosewood Survivor Affidavit.

3. FURTHER AFFIANT sayeth naught.

(Your Signature)

(Social Security Number)

SWORN TO AND SUBSCRIBED BEFORE me this ____ day of ____

_____, 1994.

My commission expires: _____

(Commission number)

Notary Public

State of _____

(Print, type or stamp commissioned
name of Notary Public)

Personally known _____ or
Produced Identification _____

Type of Identification Produced _____

O B I T U A R Y

"For God so loved the world, that He gave
His only begotten Son, that whosoever
believeth in Him should not perish, but
have everlasting life. St. John 3:16

Walter Coe, the son of the late Josh and Mary Coe,
born in Gadsden County, Florida on February 8, 1894.
The early years of his life were spent in Snead, Fla.

In 1918 he was drafted in the U.S. Army to protect
the rights of his country in the line of duty.

He was converted in his early adulthood, was
married to the late Bessie Rose Corage in Jefferson
County, Florida. To this union seven children were born,
two of which proceeded him in death.

In the early forties he was married to Mollie Ward.

In the early fifties he joined the St. Paul A.M.E.
Church under the Rev. A. W. Saunders' pastorate.

He departed this life on May 15, 1967 at 6:00 p.m.
in the Isle of Rest Nursing Home, Monticello, Florida.

He leaves to mourn his wife Mrs. Mollie Ward Coe,
five children, three sons, Walter Coe, Jr., Detroit, Mich.;
James and Raymond Coe of Jacksonville, Fla.; two daughters,
Mrs. Dorothy Thompson, Tallahassee, Fla.; and Mrs. Bessie
Blankumsee, St. Petersburg, Florida.

 P R O G R A M

Processional

Hymn-----Choir

Invocation

Scripture

Hymn-----Choir

Remarks:

Solo-----Mrs. J. L. Hansberry

Acknowledgements-----Mrs. I. T. Perry

Obituary (To be read silently)

Selection-----Choir

Eulogy-----Rev. E. L. Daniels

Viewing of Remains

Recessional

PALLBEARERS -

Bro. Harry Norton, Jr.
Bro. Henry Allen
Bro. David Copeland
Bro. Chris Robinson
Bro. Christopher Robinson
Bro. William Robinson

FLOWER ATTENDANTS -

Ushers of the Church

ACKNOWLEDGEMENT -

The Family of the late Mr. Walter Coe, Sr., acknowledges with sincere thanks and appreciation, the many kind expressions of sympathy, during their hour of bereavement.

INTERMENT -

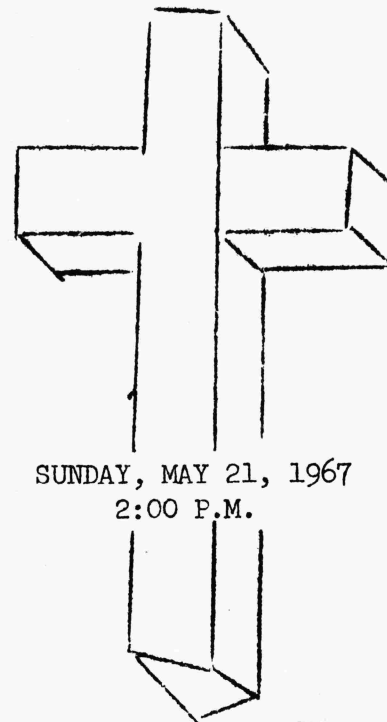
St. Paul A.M.E. Church Cemetery

MORTICIANS - Laster's Funeral Home

O B S E Q U I E S

of the late

MR. WALTER COE, SR.



SUNDAY, MAY 21, 1967
2:00 P.M.

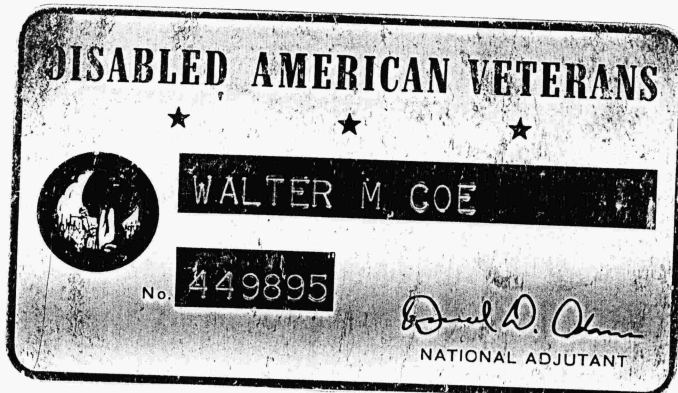
SAINT PAUL A.M.E. CHURCH
CHAIRES, FLORIDA

REV. E. L. DANIELS, PASTOR

DEPARTMENT OF LEGAL AFFAIRS
HOLLYWOOD OFFICE
CIVIL RIGHTS

JUN 30 1995

RECEIVED



LIFE MEMBER OF		
CHARTER	NO.	STATE
ALEX MARTIN '86 MI		
7401 WOODROW WILSON		
S.S. # 267-16-8603		
DAY 13	MONTH 5	YEAR 82
No. - 04-653-967		

RECEIVED

JUN 30 1995

DEPARTMENT OF LEGAL AFFAIRS
HOLLYWOOD OFFICE
Civil Rights

1 PLACE OF BIRTH County <u>Jefferson</u>		State Board of Health of Florida BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH 4406	
2 Sex of Child <u>boy</u>		3 (a) Twin, triplet, or other?		4 (b) Number in order of birth	
5 Date of Birth <u>Mar 23 1938</u>		6 (c) (1) (2) (3)		7 (c) (1) (2) (3)	
8 FULL NAME OF CHILD <u>Walter Goe</u>		9 (a) Birth occurred in hospital or other institution give name instead of No.		10 (b) If child is not yet named, make supplemental report as directed	
11 FULL NAME <u>Walter Goe</u>		12 RESIDENCE (Usual Place of Abode) <u>Monticello Fla</u>		13 (If Non-resident give Place and State)	
14 COLOR OR RACE <u>Colored</u>		15 AGE AT LAST BIRTHDAY <u>76</u>		16 (1) (2) (3)	
17 BIRTHPLACE (City or Place) (State or Country) <u>Monticello Fla</u>		18 BIRTHPLACE (City or Place) (State or Country) <u>Monticello Fla</u>		19 (1) (2) (3)	
20 OCCUPATION <u>Public work</u>		21 OCCUPATION <u>House work</u>		22 (Nature of Industry)	
23 Number of Children of this Mother (Taken as of time of Birth of Child herein certified and including this child)		24 (a) Born Alive		25 (b) Born Alive	
26 (c) Stillborn		27 (a) Born Alive		28 (b) Born Alive	
29 (c) Stillborn		30 CERTIFICATE OF ATTENDING MIDWIFE OR PARENT		31 (a) Born Alive	
32 I hereby certify that I attended the birth of this child, who was <u>alive</u>		33 (b) Born Alive		34 (c) Stillborn	
35 (a) When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		36 (b) Given name added from a supplemental report.		37 (c) Local Registrar.	
38 (a) Signature <u>Eulogie Gith Ellis</u>		39 (b) Address <u>Monticello Fla</u>		40 (c) Local Registrar.	
41 (a) Filed <u>March 27 1938</u>		42 (b) Local Registrar.		43 (c) Post Office Address	

RECEIVED

JUN 30 1995

DEPARTMENT OF LEGAL AFFAIRS
HOLLYWOOD OFFICE
GRADUATE

RECEIVED

1945 JUN - 7 PM 12:15

CLERK CIRCUIT COURT
HILLSBOROUGH COUNTY, FLA.

Honorable Discharge

This is to certify that

WALTER M COE JR 34 006 959 Technician 5th Grade

3441st Quartermaster Truck Company

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at

SEPARATION CENTER
Fort Mc Pherson Georgia

Date

31 May 1945

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH	
FILED FOR RECORD	
THIS JUN - 7 1945 OF	
RECORD IN	BOOK 16
PAGE 249	AND RECORD VERIFIED
Chas. H. Pent	By <i>[Signature]</i>
CLERK CIRCUIT COURT	DEPUTY CLERK

Dill D Beckman

DILL D BECKMAN
Major AGD

RECEIVED

JUN 30 1945

572 JUN 7 45

HILLSBOROUGH COUNTY OFFICE
CLERK

ENLISTED RECORD AND REPORT OF SEPARATION

BOOK

PAGE 50

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL Coe Walter M Jr			2. ARMY SERIAL NO. 34 006 959		3. GRADE Tec 5		4. ARM OR SERVICE QMC		5. COMPONENT AUS					
6. ORGANIZATION 3441st Quartermaster Truck Co			7. DATE OF SEPARATION 31 May 45		8. PLACE OF SEPARATION Separation Center Ft Mc Pherson Ga									
9. PERMANENT ADDRESS FOR MAILING PURPOSES PQ Box 12 Chaires Fla					10. DATE OF BIRTH 23 Mar 19		11. PLACE OF BIRTH Monticello Fla							
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See 9					13. COLOR EYES Brown		14. COLOR HAIR Black		15. HEIGHT 5' 9"		16. WEIGHT 134 LBS.		17. NO. DEPEND. 1	
18. RACE WHITE ☐ NEGRO ☒ OTHER (specify)		19. MARITAL STATUS SINGLE ☒ MARRIED ☐ OTHER (specify)		20. U.S. CITIZEN YES ☒ NO ☐		21. CIVILIAN OCCUPATION AND NO. Tractor Operator 7-36.510								

MILITARY HISTORY

22. DATE OF INDUCTION 18 Feb 41		23. DATE OF ENLISTMENT 18 Feb 41		24. DATE OF ENTRY INTO ACTIVE SERVICE 18 Feb 41		25. PLACE OF ENTRY INTO SERVICE Ft Benning Ga	
26. REGISTERED YES ☒ NO ☐		27. LOCAL S.S. BOARD NO. 1		28. COUNTY AND STATE Leon Fla		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE Captola Florida	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Truck Driver Light 345				31. MILITARY QUALIFICATION AND DATE (i.e., infantry, aviation and marksmanship badges, etc.) MM Rifle			
32. BATTLES AND CAMPAIGNS East Indies Papuan New Guinea							
33. DECORATIONS AND CITATIONS Asiatic Pacific Theater Ribbon 3 Battle Stars American Defense Service Medal Distinguished Unit Citation							
34. WOUNDS RECEIVED IN ACTION None							
35. LATEST IMMUNIZATION DATES SMALLPOX 19 Feb 41 TYPHOID 19 Feb 41 TETANUS 11 Jul 44 OTHER (specify)				36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN DATE OF DEPARTURE 19 Mar 42 DESTINATION Southwest Pacific DATE OF ARRIVAL 6 Apr 42			
37. TOTAL LENGTH OF SERVICE CONTINENTAL SERVICE YEARS 1 MONTHS 6 DAYS 10 FOREIGN SERVICE YEARS 2 MONTHS 8 DAYS 24				38. HIGHEST GRADE HELD T/5			
39. PRIOR SERVICE None							
40. REASON AND AUTHORITY FOR SEPARATION Convenience of Government AR 615-365 15 Dec 44 RR I-1 (Demobilization)							
41. SERVICE SCHOOLS ATTENDED None						42. EDUCATION (Years) Grammar 6 High School 0 College 0	

PAY DATA

43. LONGEVITY FOR PAY PURPOSES YEARS 4 MONTHS 3 DAYS 4			44. MUSTERING OUT PAY TOTAL \$ 300 THIS PAYMENT \$ 100		45. SOLDIER DEPOSITS		46. TRAVEL PAY \$ 15.50		47. TOTAL AMOUNT, NAME OF INSURING OFFICER 162.80 JACK GOLDSMITH	
								1st Lt FD		

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.												
48. KIND OF INSURANCE Nat. Serv. ☒ U.S. Govt. ☐ None ☐			49. HOW PAID Allotment ☒ Direct to V.A. ☐		50. Effective Date of Allotment Discontinuance 30 Apr 45		51. Date of Next Premium Due (One month after 50) 31 May 45		52. PREMIUM DUE EACH MONTH \$ 6.70		53. INTENTION OF VETERAN TO Continue ☒ Continue Only ☐ Discontinue ☐	

54. 		55. REMARKS (This space for completion of above items or entry of other items specified in W.D. Directives) Lapel Button Issued Lost 10 Days under AW 107	
56. SIGNATURE OF PERSON BEING SEPARATED <i>Walter M. Coe Jr.</i>		57. PERSONNEL OFFICER (Type name, grade and organization - signature) WILLIAM P. TORNEY 1st Lt AUS <i>William P. Torney</i>	

WAR PRICE & RATIONING
TALLAHASSEE, LEON COUNTY, FLORIDA

DRIVER LICENSE MICHIGAN BUCKLE UP

MICHIGAN DRIVER LICENSE NUMBER C 000 866 603 234		ISSUED ED00167	EXPIRES ON BIRTHDAY 9A
NAME WALTER MITCHELL COE JR			
STREET 48 BROADWAY			
CITY MT CLEMENS		MICH 48043	
DATE OF BIRTH 03 23 20 0	LIC. TYPE NONE	*CDL TYPE NONE	
X FREIGHT M 5 9		RESTRICTIONS NONE	
SIGNATURE <i>Walter M. Coe Jr</i>			
SEE REVERSE SIDE FOR MEDICAL DATA OR ANATOMICAL GIFT ☐		RICHARD H. AUSTIN Secretary of State	



Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY
WALTER M COE

CLAIM NUMBER
267-16-8603-A

SEX
MALE

IS ENTITLED TO
HOSPITAL INSURANCE 1-1-83
MEDICAL INSURANCE 1-1-83

SIGN HERE *Walter M. Coe*

RECEIVED

JUN 30 1995

**DEPARTMENT OF LEGAL AFFAIRS
HOLLYWOOD OFFICE**

over

48 NORTHBOUND GRATIOT
MT CLEMENS 48043

MI

Carry your card with you when you are away from home. Let your hospital or doctor see your card when you require hospital, medical or health services under Medicare.
3. Get in touch with your social security office if you have questions about your rights under Medicare.
4. Your card is good wherever you live in the United States.
WARNING: Issued only for the use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty.
PROPERTY OF UNITED STATES GOVERNMENT.
IF FOUND DROP IN NEAREST U.S. MAIL BOX.
Return To: HEALTH CARE FINANCING ADMINISTRATION
Baltimore, Maryland 21235
FORM HCFA-1966 (8-79)

Taken From Bible

Walter Coe Sr Born 1894-1892

Bessie Coe Born 1902 Feb. 8th

Walter Coe Jr Born 1920
March 23rd

W. Leila Ree Coe Born 1927

James Coe Born 1929

Mary Lee Coe Born 1931
March 10th

Bessie Lee Coe Born 1933
May 12th

Northornae Coe Born 1937
Nov. 8th
June 21st

Raymond Hilton Coe Born 1941 Jan. 17

John Henry Coe Born 1942 July 15th

Mrs Bessie died 1941

August 29

Willa Ree died 1943

March 28

Mary Leveryda Coe McCaskie
died June 6, 1956

JUN 30 1956

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

State Board of Health
Bureau of Vital StatisticsCERTIFICATE OF DEATH
FLORIDAState File No. 16433
Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jefferson District No. 22037
 (b) Precinct Stacy Precinct No. _____
 (c) City or Town _____ City or Town No. _____
 (d) Name of hospital or institution _____
 (If not in hospital or institution, write street number or location)
 (e) Length of stay: In hospital or institution _____
 In this community _____
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Florida (b) County Jefferson
 (c) City or town Rural
 (If outside city or town limits, write RURAL)
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

3. FULL NAME OF DECEASED

Billie Colman3 (a) If veteran,
name war _____3 (b) Social Security
No. None4. Sex F5. Color or race Col6. Single, married, widowed or divorced Married6 (a) If married, widowed or divorced, husband of (or)
wife of Walter Colman6 (b) Age of husband or wife, if alive 44 years

7. Birth date of deceased

(month) (day) (year)

8. Age: Years 35 Months _____ Days _____
If less than one day _____ hrs. _____ min.9. Birthplace Jefferson Co. Fla
(City, town or county) (State or foreign country)10. Usual occupation Furrier

11. Industry or business _____

12. Name Unknown

13. Birthplace _____

14. Maiden name Glenn Jones15. Birthplace Jefferson Co Fla16. Informant's Signature Walter Colman16 (a) Address Stacy, Fla17. Burial, cremation or removal? Buried17 (a) Date 8/30/1941 17 (b) Place Stacy, Fla18. Funeral Director's Signature C. J. Tillman18 (a) Address Monticello, Fla19. Filed Sept 2 1941 S. V. Coxeter

Local Registrar.

MEDICAL CERTIFICATION

20. Date of Death: Month Aug Day 29
Year 1941 hour _____ Minute _____ M.

(a) 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)20. While at work? _____ (e) Manner of injury LR21. Signature S. V. Coxeter M. D.(a) Address Stacy, Fla Date Signed _____

JUN 30 1995

DEPARTMENT OF LEGAL AFFAIRS

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

JUL 13 1994

BY: _____

WARNING:

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT
UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL
OF THE STATE OF FLORIDA. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION

HRS Form 1564 (R/87)


C. H. Mahan
 OLIVER H. BOORDE
 State Registrar
DEPARTMENT OF HEALTH AND
REHABILITATIVE SERVICES

June 6, 1995

Dear Mr. Burden,

I'm enclosing the following information that you requested, per our June 4, 1995 telephone conversation.

I'm Hoping to hear from you soon.

Sincerely,
Walter M. Coe.
48 Northbound Gratiot Ave.
Mt. Clemens, Mi. 48043
(810) 469-7186

REC'D

JUN 17 1995

ENLISTED RECORD AND REPORT OF SEPARATION

BOOK

PAGE 20

HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL Coe Walter M Jr			2. ARMY SERIAL NO. 34 006 959		3. GRADE Tec 5		4. ARM OR SERVICE QMC		5. COMPONENT AUS		
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12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See 9					13. COLOR EYES Brown		14. COLOR HAIR Black		15. HEIGHT 5' 9"		
16. WEIGHT 134		17. NO. DEPEND. 1		18. RACE WHITE ☒ NEGRO ☒ OTHER (specify)		19. MARITAL STATUS SINGLE ☒ MARRIED ☐ OTHER (specify)		20. U.S. CITIZEN YES ☒ NO ☐		21. CIVILIAN OCCUPATION AND NO. Tractor Operator 7-36.510	

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32. BATTLES AND CAMPAIGNS East Indies Papuan New Guinea							
33. DECORATIONS AND CITATIONS Asiatic Pacific Theater Ribbon 3 Battle Stars American Defense Service Medal Distinguished Unit Citation							
34. WOUNDS RECEIVED IN ACTION None							
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39. PRIOR SERVICE None							
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---	--	--	---	--	---------------------	--	-------------------------	--	---	--

INSURANCE NOTICE

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53. INTENTION OF VETERAN TO Continue ☒ Continue Only ☐ Discontinue ☐										

54.  RIGHT THUMB PRINT		55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) Lapel Button Issued Lost 10 Days under AW 107	
56. SIGNATURE OF PERSON BEING SEPARATED Walter M. Coe Jr.		57. PERSONNEL OFFICER (Type name, grade and organization - signature) WILLIAM I TORNEY 1st Lt AUS William P. Torney	

WAR PRIZE & RATIONING
TALLAHASSEE, LEON COUNTY, FLORIDA

RECEIVED

1945

JUN - 7

PM 4:15



Honorable Discharge

This is to certify that

WALTER M. COE JR 34 006 959 Technician 5th Grade

3441st Quartermaster Truck Company

Army of the United States

is hereby Honorably Discharged from the military service of the United States of America.

This certificate is awarded as a testimonial of Honest and Faithful Service to this country.

Given at

SEPARATION CENTER
Fort Mc Pherson Georgia

Date

31 May 1945

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH	
FILED FOR RECORD	
THIS JUN - 7 1945 OF	
RECORD IN	BOOK 6
PAGE 249	AND RECORD VERIFIED
Chas. H. Pent	By <i>[Signature]</i>
CLERK CIRCUIT COURT	DEPUTY CLERK

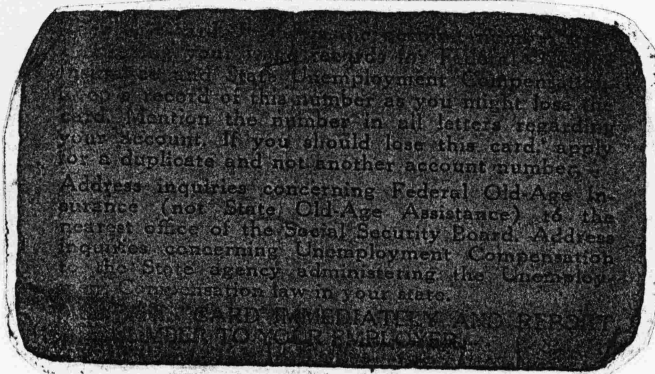
Dill D. Beckman

DILL D BECKMAN
Major AGD

572 JUN 7 1945

48 NORTHBOUND GRATIOT
MT CLEMENS 48043

MI



1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical or health services under Medicare.
3. Get in touch with your social security office if you have questions about your rights under Medicare.
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**PROPERTY OF UNITED STATES GOVERNMENT.
IF FOUND DROP IN NEAREST U.S. MAIL BOX.**

Return To: HEALTH CARE FINANCING ADMINISTRATION
Baltimore, Maryland 21235

FORM HCFA-1966 (8-79)

New
* address on Back

DRIVER LICENSE MICHIGAN BUCKLE UP

MICHIGAN DRIVER LICENSE NUMBER C 000 866 603 234		ISSUED E080167	EXPIRES ON BIRTHDAY 98
NAME WALTER MITCHELL COE JR			
STREET 48 BROADWAY			
CITY MT CLEMENS		MICH 48043	
DATE OF BIRTH 03 23 20 0	LIC. TYPE 0	* CDL TYPE * NONE	
SEX M	HEIGHT 5 9	RESTRICTIONS NONE	
SIGNATURE <i>Walter M. Coe JR</i>			
SEE REVERSE SIDE FOR MEDICAL DATA OR ANATOMICAL GIFT ☐ RICHARD H. AUSTIN Secretary of State			

SOCIAL SECURITY CARD

ACCOUNT NUMBER
267-16-8603

NAME
Walter M. Coe

DATE OF BIRTH
03-23-2000

Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY
WALTER M COE

CLAIM NUMBER
267-16-8603-A

SEX
MALE

IS ENTITLED TO
HOSPITAL INSURANCE 1-1-83
MEDICAL INSURANCE 1-1-83

SIGN HERE *Walter M. Coe*

Tele. # (810) 469-7186

over -