

JAN 8 1968

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO.REGISTRAR'S
CERTIFICATE NO.

This is a legal record and will be permanently filed.

Type or write legibly.
Use black ink.

1-N
430
2
The Funeral Director, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification

THIS COPY FOR STATE BOARD OF HEALTH

Fun. Director's
Signature _____
License # _____
Embalmer's
Signature _____
License # _____

Form 9A Issued

Date _____
Burial Permit Issued

12-5-67
Date
Form 8
Rev. 1-62
7-63 100M

40312

1. PLACE OF DEATH a. COUNTY Halifax Roanoke Rapids			b. TOWNSHIP Roanoke Rapids	c. LENGTH OF STAY (in days) Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE North Carolina	b. COUNTY Halifax	
d. CITY OR TOWN Roanoke Rapids			c. CITY OR TOWN Roanoke Rapids			Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Roanoke Rapids Hospital			d. STREET ADDRESS or R. F. D. NO. 87 Jackson Street				
3. NAME OF DECEASED (Type or Print) RUBY COOK FLOYD			4. DATE OF DEATH Month Day Year December 3, 1967				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 4, 1896	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 hrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Textile	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Saul Cook		14. MOTHER'S MAIDEN NAME Rosa Garner	NAME OF HUSBAND OR WIFE Pat Floyd				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 241-32-7263	17. INFORMANT'S NAME AND ADDRESS Mr. Russell L. Floyd, Roanoke Rapids.			87 Jackson St.	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Central Nervous System Accident</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>331X-</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)					
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP Roanoke Rapids	COUNTY Roanoke	STATE N.C.
21. I attended the deceased from <i>Nov. 1967</i> to <i>Dec. 3, 1967</i> and last saw him alive on <i>Dec. 3, 1967</i>							
Death occurred at <i>4:45 A.M.</i> on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <i>R.E. Ferguson MD</i>		(Degree or title)	22b. ADDRESS <i>Roanoke Rapids nc</i>	22c. DATE SIGNED <i>12/6/67</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE Dec. 5, 1967	22c. NAME OF CEMETERY OR CREMATORIAL Cedarwood Cemetery	22d. LOCATION (City, town, or county) (State) Roanoke Rapids, N.C.			
22e. DATE REC'D BY LOCAL REG. Dec. 11, 1967		22f. REGISTRAR'S SIGNATURE <i>Robert L. Ferguson</i>	22g. FUNERAL HOME Wrenn-O'Neal	ADDRESS Roanoke Rapids, N.C.			