

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS: Please write the causes of death clearly and legibly.

B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

JUN 12 1944 CERTIFICATE OF DEATH

10703

I. PLACE OF DEATH:

(a) County Northampton
(b) Township Roanoke
(If in town limits, leave blank)
(c) City or town Woodland
(If outside city or town limits, write RURAL)
(d) Street, hospital or institution Main St
(e) Length of stay in hospital or institution _____
(Yrs., mos., or days)
In this community _____
(Yrs., mos., or days)

Registration Dist. No. 6-06 Certificate No. 21

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State NC (b) County Wake
(c) City or town Cary
(d) Street or R.F.D. Rt 1
(e) Is place of residence in corporate limits? no
(f) If foreign born, how long in U.S.A.? _____ years.

3(a) FULL NAME

Walter Wyatt Cook

3(b) If veteran,
name war

3(c) Social Security
No.

4. Sex

Male

5. Color of Race

White

6(a) Single, married, widowed,
or divorced

Married

6(b) Name of husband or wife

Eva Copeland Cook

(c) Age of husband or wife if alive

years.

7. Birth date of deceased

May 18 1891

(month, day and year)

8. AGE:

Years

Months

Days

If less than one day

52

9

30

hrs. mins.

9. Birthplace

Northampton Co NC

(City, town, or county) (State or foreign country)

10. Usual occupation

Farm Supervisor

11. Industry or business

State of NC

FATHER

12. Name

Isaac Cook

13. Birthplace

Northampton Co NC

MOTHER

14. Maiden Name

Rosa Garner

15. Birthplace

Northampton Co NC

16(a) Informant's Signature

W. W. Cook

(b) Address

Rt 1 Cary NC

17(a) Buried

(b) Date thereof 3/19/1944

(Burial, cremation, or removal)

(Month, day, year)

(c) Cemetery

Mountain View Park

(d) Location

Bellevue Ave

18(a) Funeral director

Brown's Funeral Home

(b) Address

Raleigh NC

19(a) 6-5

Filed

19(b) 1944

(b) Lola Wheeler

Registrar

MEDICAL CERTIFICATION

20. Date of death 3/17/44 at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended
deceased from _____ to _____

and that I last saw him alive on _____

Immediate cause of death Supposed to

Endocarditis

Due to Heart trouble

has been treated

Due to Heart trouble

Heart trouble

Other conditions (Include pregnancy within 3 months of death)

Heart trouble

Underline the cause to which death should be charged statistically.

Of autopsy no

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? home

(City or town) (County) (State)

(d) Did injury occur about home, on farm, in industrial place, in a public place? _____

(Specify type of place)

While at work? _____

(e) Mechanism of injury Heart trouble

23. Signature C. G. Barker M.D.
Address Woodland Date signed 3/17/44