

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

3 DEC 6 1945

CERTIFICATE OF DEATH

22958

I. PLACE OF DEATH:

(a) County Halifax

(b) Township _____

(If in town limits, leave blank)

(c) City or town Roanoke Rapids

(If outside city or town limits, write RURAL.)

(d) Street, hospital or institution R.R. Hosp.(e) Length of stay in hospital or institution 15 Hours

(Yrs., mos., or days)

In this community _____

(Yrs., mos., or days)

Registration Dist. No. 42-60Certificate No. 135

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N.C.(b) County Northampton(c) City or town Garysburg(d) Street or R.F.D. R.1 Box 83(e) Is place of residence in corporate limits? No.

(f) If foreign born, how long in U.S.A.? _____ years.

3(a) FULL NAME Wade A. Cook3(b) If veteran,
name war _____3(c) Social Security
No. _____4. Sex
Male5. Color or Race
White6(a) Single, married, widowed,
or divorced. Married6(b) Name of husband or wife Annie Bell Cook(c) Age of husband or wife if alive 62 years.7. Birth date of deceased Oct. 20 1884

(month, day and year)

8. AGE:

Years

Months

Days

If less than one day
hrs. _____ min.9. Birthplace Northampton Co.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Salmon Cook13. Birthplace Northampton Co.14. Maiden Name Rosa Garner15. Birthplace Northampton Co.16(a) Informant's Signature Mrs Wade A. Cook(b) Address Garysburg N.C. R.1 Box 8317(a) Burial (b) Date thereof 11-12-45
(Burial, cremation, or removal) (Month, day, year)(c) Cemetery Leboan Church(d) Location Northampton Co.18(a) Funeral director J.R. Wrenn(b) Address Roanoke Rapids N.C.19(a) 11-27-45 (b) E. R. [Signature]
Filed _____

Register

MEDICAL CERTIFICATION

20. Date of death Nov. 11 19 45 at _____ M21. I certify that death occurred on the date above stated; that I attended
deceased from Nov. 10 1945 to Nov. 11 1945
and that I last saw him alive on Nov. 11 1945

Immediate cause of death

Bullet Wound in

Duration

11 hrs.

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Physician

Underline the
cause to which
death should
be charged
statistically.

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

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence _____

(c) Where did injury occur? _____

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

(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature M. O. [Signature]Address Roanoke RapidsDate signed 11-26-45 M.D.

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.