

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 cause of death clearly and legibly.

U. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21146

NOV 6 1946

I. PLACE OF DEATH:

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

Registration Dist. No. 42-60Certificate No. 129

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N.C. (b) County Halifax
 (c) City or town Roanoke Rapids
 (d) Street or R.F.D. 116 Monroe St.
 (e) Is place of residence in corporate limits? yes
 (f) If foreign born, how long in U.S.A.? _____ years

3(a) FULL NAME Lizzie Cooke Tudor3(b) If veteran,
same war3(c) Social Security
No.

4. Sex

Female

5. Color or Race

White6(a) Single, married, widowed,
or divorced. Divorced

6(b) Name of husband or wife

(c) Age of husband or wife if alive

years.

7. Birth date of deceased June 24 1896

(month, day and year)

8. AGE:

Years 50Months 3Days 2If less than one day
hrs. _____ min.9. Birthplace Northampton Co.

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

10. Usual occupation Textile Worker

11. Industry or business

FATHER

12. Name Salmon Cooke

MOTHER

13. Birthplace Northampton Co.14. Maiden Name Rose Gerner15. Birthplace Northampton Co.16(a) Informant's Signature Mary Tudor(b) Address Roanoke Rapids N.C.17(a) Burial (b) Date thereof 9-28-46
(Burial, cremation, or removal) (Month, day, year)(c) Cemetery Cedarwood(d) Location Roanoke Rapids N.C.18(a) Funeral director J.R. Wrenn(b) Address Roanoke Rapids N.C.19(a) 10-10-46 (b) E. R. [Signature]
Filed Registered

MEDICAL CERTIFICATION

20. Date of death September 25 46 at _____ M21. I certify that death occurred on the date above stated; that I attended
deceased from Jan-1- 1946 to Sept-26 1946
and that I last saw her alive on Sept-26- 1946

Immediate cause of death

Chronic Nephritis c
Edema

Duration

2 yrs.

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(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) Means of injury _____

23. Signature

C. Madarney M.D.
Address Roanoke Rapids Date signed 10-7-46