

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, 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.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Birth No. 132
JAN 1 8 1953

REGISTRATION DISTRICT NO. 22-00 REGISTRAR'S CERTIFICATE NO. 31120

1. PLACE OF DEATH a. COUNTY WAKE		b. TOWNSHIP MEREDITH		c. LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C.		b. COUNTY WAKE	
d. CITY OR TOWN CARY		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN CARY		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
f. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RT 1						d. STREET ADDRESS or R. F. D. NO. RT 1			
NAME OF DECEASED		a. (First) JOSEPH		b. (Middle) WARREN		c. (Last) COOK		4. DATE OF DEATH (Month) (Day) (Year) Dec 22 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Mar 8 1883		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) FARM SUPT		10b. KIND OF BUSINESS OR INDUSTRY NC STATE PRISON		11. BIRTHPLACE (State or foreign country) NORTHAMPTON CO NC		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME SOLOMAN COOK				14. MOTHER'S MAIDEN NAME ROSA BARNER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS EL ROOK, RALEIGH, N.C.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 4343		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4343						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2-22-1952 to 2-22-1952 , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE W. H. White, Jr., brown (Degree or title)				23b. ADDRESS Raleigh NC		23c. DATE SIGNED 12-22-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 23 1952		24c. NAME OF CEMETERY OR CREMATORY MONTLAWN		24d. LOCATION (City, town, or county) (State) RALEIGH, NC			
DATE REC'D BY LOCAL REG. 12-29-52				REGISTRAR'S SIGNATURE a c Buea a c g		25. FUNERAL DIRECTOR BROWN'S FUNERAL HOME/NC ADDRESS RALEIGH, NC			

FORM 8
Rev. 1/49

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