

Birth No. 132  
JAN 16 1953  
REGISTRATION DISTRICT NO. 12-00

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).

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31120

1. PLACE OF DEATH a. COUNTY <b>WAKE</b>			b. TOWNSHIP <b>MEREDITH</b>	c. LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>N.C.</b>		b. COUNTY <b>WAKE</b>				
d. CITY OR TOWN <b>CARY</b>			Is Place of Death Within City Limits? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		e. CITY OR TOWN <b>CARY</b>		Is Place of Residence Within City Limits? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>				
3. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>RTI</b>					d. STREET ADDRESS or R. F. D. NO. <b>RTI</b>						
4. NAME OF DECEASED a. (First) <b>JOSEPH</b>		b. (Middle) <b>WARREN</b>		c. (Last) <b>COOK</b>		4. DATE OF DEATH	(Month) <b>Dec</b>	(Day) <b>22</b>	(Year) <b>1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>			8. DATE OF BIRTH <b>MCH 8 1883</b>	9. AGE (In years last birthday) <b>69</b>	10 UNDER 1 YEAR Months	11 UNDER 24 HRS. Days	12 UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most recent life even if retired) <b>FARM SUPT</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>NC STATE PRISON</b>			11. BIRTHPLACE (State or foreign country) <b>NORTHAMPTON NC</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>SOLOMON COOK</b>			14. MOTHER'S MAIDEN NAME <b>Rosa GARNER</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>			16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS <b>E.L. ROOK, RALEIGH, N.C.</b>	
18. CAUSE OF DEATH Enter only one cause per Line for (a), (b), and (c)			MEDICAL CERTIFICATION <b>Heart attack</b>			INTERVAL BETWEEN ONSET AND DEATH					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>This does not mean the mode of dying, such as heart failure, anemia, etc. It means the disease, injury, or complication which caused death.</b> <b>1343</b>			DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>DUE TO (c)</b>								
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>											
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION									20. AUTOPSY?	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) <b>RALEIGH NC</b> (COUNTY) <b>RALEIGH NC</b> (STATE) <b>NC</b>						<b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I visited the deceased from <b>Dec. 22, 1952</b> to <b>Dec. 23, 1952</b> , that I last saw the deceased alive on <b>Dec. 22, 1952</b> , and that death occurred at <b>RTI</b> , from the causes and on the date stated above.											23e. DATE SIGNED <b>12-22-52</b>
23a. SIGNATURE <b>W.H. White, Doctor, Brown</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>Raleigh NC</b>						23c. DATE SIGNED <b>12-22-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Dec. 23, 1952</b>		24c. NAME OF CEMETERY OR CREMATORIAL <b>MONTLAWN</b>			24d. LOCATION (City, town, or county) <b>RALEIGH, NC</b> (State) <b>NC</b>				
DATE REC'D BY LOCAL REG. <b>12-29-52 acBuea acj</b>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR <b>Brown's Funeral Home/NC</b>						ADDRESS <b>RALEIGH, NC</b>	