

JUN 12 1944 CERTIFICATE OF DEATH

10703

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.
Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:	
(a) County	Northampton
(b) Township	Roxboro
(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	1
(Yrs., mos., or days)	

3(a) FULL NAME	
3(b) If veteran, name war	3(c) Social Security No.
4. Sex	5. Color of Race
Male	White
6(e) Single, married, widowed, or divorced	
6(f) Married	
6(b) Name of husband or wife	
6(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 N.C.
(City, town, or county) (State or foreign country)	

10. Usual occupation	Farm Supervisor
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11. Industry or business	State of NC
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FATHER	12. Name	Solomon Cook
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MOTHER	13. Birthplace	Northampton Co N.C.
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	14. Maiden Name	Rosa Garner
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	15. Birthplace	Northampton Co N.C.
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16(a) Informant's Signature	Mr. W.W. Cook
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(b) Address	Rt 1, Coop. In
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17(a) Burial	(b) Date thereof	3/19/1944
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(Burial, cremation, or removal)		(Month, day, year)
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(c) Cemetery	Mount Pleasant Cemetery	
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(d) Location	Religious see	
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18(a) Funeral director	Brown's Funeral Home Inc.	
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(b) Address	Raleigh, NC	
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19(a) Filed	10-44	(b) Lola Wheeler
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Registration Dist. No. 6-06 Certificate No. 21

2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) State	NC
(b) County	Wake
(c) City or town	Coop. In
(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.	

MEDICAL CERTIFICATION	
20. Date of death	3/17/1944 at 8:30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 10 to 10	
and that I last saw him alive on 10	
Immediate cause of death	Supposedly
	Stroke
Duration	0925
Due to	Heart trouble
	long time heart trouble
Due to	Stroke
	stroke
Other conditions	Physical
(Include pregnancy within 3 months of death)	
Major findings	Stroke
Of autopsy	Stroke
Other	Physical
(Underline the cause to which death should be charged statistically.)	
Of autopsy	Stroke

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? Moore

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

(Specify type of place)

While at work?

(e) Mean. of injury

23. Signature

Address Woodlawn 3 Date signed 3/17/44