

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B. V. S.—Form 7

1 PLACE OF DEATH

County Franklin
Township Franklinton
or
Town _____
or
City _____



Registration District No. _____

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

245

Certificate No. 15

St.; _____ Ward _____

(If death occurs in a hospital, or other institution, give name instead of street number.)

2 FULL NAME Arabella Cook

PERSONAL AND STATISTICAL PARTICULARS

3 MALE OR FEMALE Female
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED, or DIVORCED married
(Write the word)

6 DATE OF BIRTH May 11 1849
(Month) (Day) (Year)

7 AGE 67 yrs. 2 mos. 26 ds. IF LESS than 1 day, _____ hrs. or _____ min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Isramill Co.

PARENTS
10 NAME OF FATHER Robert Isurner
11 BIRTHPLACE OF FATHER Isramill Co.
(State or Country)
12 NAME OF MOTHER BEFORE MARRIAGE Pattie Williams
13 BIRTHPLACE OF MOTHER Isramill
(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Buffaloe
(Address) Franklinton

15 Filed 7/3/16 B. R. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 6 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 4th 1916, to July 6th 1916
that I last saw her alive on July 6th 1916
and that death occurred on the date above stated, at 4 P. m.
The CAUSE OF DEATH* was as follows:

Reithous Colic

(Duration) 6 yrs. _____ mos. _____ ds.

Contributory Epilepsy & Valvular
disorders of heart
(Duration) 6 yrs. _____ mos. _____ ds.

(Signed) D. B. Henderson M. D.
7-7 1916 (Address) Franklinton NC

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Family Cemetery DATE OF BURIAL 8/7 1916
20 UNDERTAKER B. R. Cook ADDRESS Franklinton