

JAN 8 1968

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

REGISTRATION DISTRICT NO. 42-80 REGISTRAR'S CERTIFICATE NO. 40312

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

The Funeral Director, 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.

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH a. COUNTY <u>Halifax</u> b. TOWNSHIP <u>Roanoke Rapids</u>		c. LENGTH OF STAY (in 1a) _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>North Carolina</u> b. COUNTY <u>Halifax</u>	
d. CITY OR TOWN <u>Roanoke Rapids</u> Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY OR TOWN <u>Roanoke Rapids</u> Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		d. STREET ADDRESS OR R. F. D. NO. <u>87 Jackson Street</u>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Roanoke Rapids Hospital</u>		3. NAME OF DECEASED (Type or Print) First <u>RUBY</u> Middle <u>COOK</u> Last <u>FLOYD</u>		4. DATE OF DEATH Month <u>December</u> Day <u>3</u> Year <u>1967</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 4, 1896</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Textile</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Saul Cook</u>		14. MOTHER'S MAIDEN NAME <u>Rosa Garner</u>		NAME OF HUSBAND OR WIFE <u>Pat Floyd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>241-32-7263</u>		17. INFORMANT'S NAME AND ADDRESS <u>Mr. Russell L. Floyd, 87 Jackson St. Roanoke Rapids, N.C.</u>	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).					
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <u>Cerebro Vascular Accident</u>					
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
<u>331X</u>					
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)			
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR'S M. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20f. CITY OR TOWNSHIP _____		COUNTY _____		STATE _____	
21. I attended the deceased from <u>Dec 3</u> , 19 <u>67</u> , to <u>Dec 3</u> , 19 <u>67</u> , and last saw him alive on <u>Dec 3</u> , 19 <u>67</u> . Death occurred at <u>4:45 A.M.</u> on the date stated above; and to the best of my knowledge from the causes stated.					
21a. SIGNATURE <u>R E O'Neal MD</u> (Degree or title)		21b. ADDRESS <u>Roanoke Rapids, N.C.</u>		21c. DATE SIGNED <u>12/6/67</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE <u>Dec. 5, 1967</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Cedarwood Cemetery</u>	
22d. LOCATION (City, town, or county) <u>Roanoke Rapids, N.C.</u>		22e. DATE REC'D BY LOCAL REG. <u>Dec. 11, 1967</u>		22f. REGISTRAR'S SIGNATURE <u>Robert H. Young, Jr.</u>	
22g. FUNERAL HOME <u>Wrenn-O'Neal</u>		22h. ADDRESS <u>Roanoke Rapids, N.C.</u>			

Fun. Director's Signature _____ License # _____
Embalmer's Signature _____ License # _____

Form 9A Issued

Date _____
Burial Permit Issued

12-5-67

Date _____
Form 8
Rev. 1-62
7-63 100M