

1 PLACE OF DEATH

County Franklin
Township Franklin



North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

245

CERTIFICATE OF DEATH

35-5450

Certificate No.

15

St. _____ Ward _____

(No.)

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

2 FULL NAME

Arabella Cook

300

PERSONAL AND STATISTICAL PARTICULARS

3 MALE OR FEMALE <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, or DIVORCED <u>married</u> (Write the word)
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6 DATE OF BIRTH

<u>May</u>	<u>11</u>	<u>1849</u>
(Month)	(Day)	(Year)

7 AGE

<u>67</u>	yr. <u>2</u>	mo. <u>26</u>	da.
or			min.

8 OCCUPATION

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

9 BIRTHPLACE

<u>Irsmill Co.</u>

PARENTS

10 NAME OF FATHER

<u>Robert Turner</u>

11 BIRTHPLACE OF FATHER

<u>Irsmill Co.</u>

(State or Country)

12 NAME OF MOTHER BEFORE MARRIAGE

<u>Pattie Williams</u>

13 BIRTHPLACE OF MOTHER

<u>Irsmill</u>

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

15 Filed

7/31/16 B.C. Cook

Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

<u>7</u>	<u>6</u>	<u>1916</u>
(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 1 P. M.

The CAUSE OF DEATH was as follows:

Bilious Colic 105

(Duration) 6 yr. — mo. — da.
Cause, Epilepsy & Valvular
diseases of heart (Duration) 6 yr. — mo. — da.

(Sign) B. B. Henderson, M.D.
7-7-1916 (Address) Franklin 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 Resident Residents)

At place
of death yr. mo. da. In the
Where was disease contracted,
if not at place of death?
Former or
usual residence.

19 PLACE OF BURIAL OR REMOVAL Tailey Cemetery DATE OF BURIAL 8/7/16
20 UNDERTAKER J.H. Cook Franklin ADDRESS