

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).

THIS COPY FOR STATE BOARD OF HEALTH

FORM 8
Rev. 1/40

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH					
Birth No. 132 FEB 10 1953		REGISTRATION DISTRICT NO. 66-03		REGISTRAR'S CERTIFICATE NO. 2	
1. PLACE OF DEATH a. COUNTY Northampton		b. TOWNSHIP Occanee		c. LENGTH OF STAY (in this place)	
d. CITY OR TOWN Garysburg		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Northampton	
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at home . Route 1		d. STREET ADDRESS or R. F. D. NO. Route 1		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED a. (First) Charlie		b. (Middle)		c. (Last) Cook	
4. DATE OF DEATH Dec. 29, 1952		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 11, 1879		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) N.C.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Sol Cook		14. MOTHER'S MAIDEN NAME Rosa Garner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS Mr. Warren Cook Route 1 Garysburg, N.C.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 331X		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cerebral Hemorrhage Terminal Uremia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 yrs 2 yrs 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1950 , to Dec 29, 1952 , that I last saw the deceased alive on Dec 28, 1952 , and that death occurred at 5 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE M. C. Madney		23b. ADDRESS Roanoke Rapids		23c. DATE SIGNED 1-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 31, 1952		24c. NAME OF CEMETERY OR CREMATORY family cemetery	
24d. LOCATION (City, town, or county) (State) Northampton Co. NC.		25. FUNERAL DIRECTOR Wrenn Funeral Home		ADDRESS Roanoke Rapids, N.C.	
DATE REC'D BY LOCAL REG. Jan. 7, 1953		REGISTRAR'S SIGNATURE Mrs. P. L. Thompson			