

Birth No. 132
FEB 10 1953

NORTH CAROLINA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31724

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).

REGISTRATION DISTRICT NO. 66-03 REGISTRAR'S CERTIFICATE NO. 2

1. PLACE OF DEATH a. COUNTY <u>Northampton</u>		b. TOWNSHIP <u>Occoneechee</u>	c. LENGTH OF STAY (in this place) 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 <u>N.C.</u>		b. COUNTY <u>Northampton</u>	
d. CITY OR TOWN <u>Garysburg</u>				e. CITY OR TOWN <u>Garysburg</u>	Is Place of Residence Within City Limits? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>at home . Route 1</u>				d. STREET ADDRESS or R.F.D. NO. <u>Route 1</u>			
3. NAME OF DECEASED a. (First) <u>Charlie</u>		b. (Middle)	c. (Last) <u>Cook</u>	4. DATE OF DEATH <u>Dec. 29, 1952</u>	(Month)	(Day)	(Year)
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 11, 1879</u>	9. AGE (In years less birthday) <u>73</u>	10 UNDER 1 YEAR Months <u>0</u>	17 UNDER 24 HRS. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>N.C.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Sol Cook</u>		14. MOTHER'S MAIDEN NAME <u>Rosa Garner</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <u>Mrs. Warren Cook</u>		Route 1 <u>Garysburg, N.C.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>			
*This does not mean the mode of dying, such as heart failure, anæmia, etc. It means the disease, injury, or complication which caused death. <u>331X</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		<u>Cerebral Hemorrhage & Terminal Uremia</u> <u>2 yrs</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>10 days</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>				
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 1 - 1950</u> , to <u>Dec. 29, 1952</u> , that I last saw the deceased alive on <u>Dec. 28, 1952</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. C. Noddy</u>		(Degree or title) <u>Roanoke Rapids</u>		23c. DATE SIGNED <u>1-3-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 31, 1952</u>	24c. NAME OF CEMETERY OR CREMATORIAL <u>family cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Northampton Co. NC.</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>mrs. P. L. Thompson</u>		25. FUNERAL DIRECTOR <u>Wrenn Funeral Home</u>		ADDRESS <u>Roanoke Rapids, N.C.</u>	