

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. The correct age is especially important. PHYSICIAN!
Please write the cause of death clearly and legibly.

S. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

NOV 6 1946

CERTIFICATE OF DEATH

21146

1. PLACE OF DEATH:
 (a) County Halifax
 (b) Township _____
 (If in town limits, leave blank)
 (c) City or town Roanoke Rapids
 (If outside city or town limits, write RURAL)
 (d) Street, hospital or institution _____
 (e) Length of stay in hospital or institution _____
 (Yrs., mos., or days)
 Is this community _____
 (Yrs., mos., or days)

Registration Dist. No. 42-60 Certificate No. 129

2. HOME (USUAL RESIDENCE) OF DECEASED:
 (a) State N.C. (b) County Halifax
 (c) City or town Roanoke Rapids
 (d) Street or R.F.D. 116 Monroe St.
 (e) Is place of residence in corporate limits? Yes
 (f) If foreign born, how long in U.S.A.? years

3(a) FULL NAME Lizzie Cooke Tudor
 3(b) If veteran,
 name war _____ 3(c) Social Security
 No. _____
 4. Sex Female 5. Color or Race White 6(a) Single, married, widowed,
 or divorced. Divorced

6(b) Name of husband or wife _____
 (c) Age of husband or wife if alive years

7. Birth date of deceased June 24 1896
 (month, day and year)

8. AGE: 50 Years 3 Months 2 Days If less than one day
hrs. mins.

9. Birthplace Northampton Co.
 (City, town, or county) (State or Foreign country)

10. Usual occupation Textile Worker

11. Industry or business _____

MOTHER FATHER
 12. Name Salmon Cooke

13. Birthplace Northampton Co.

14. Maiden Name Rosa Garner

15. Birthplace Northampton Co.

16(a) Informant's Signature Mary Tudor

(b) Address Roanoke Rapids N.C.

17(a) Burial Burial (a) Date thereof 9-26-46
 (Burial, cremation, or removal) (Month, day, year)

(c) Cemetery Cedarmound

(d) Location Roanoke Rapids N.C.

18(a) Funeral director J. R. Wrenn

(b) Address Roanoke Rapids N.C.

19(a) 10-10 46 (b) E. R. Tracy
 File Regis

MEDICAL CERTIFICATION

September 26 46 at

20. Date of death September 26 1946
 21. I certify that death occurred on the date above stated; that I attended
 deceased from Sept. 1 - 1946 to Sept. 26 - 1946
 and that I last saw him alive on Sept. 26 - 1946

Immediate cause of death Chronic Nephritis edema Duration 2 yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Or autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, in industrial place, in a public place? (Specify type of place)

While at work? _____

62 Means of injury _____

23. Signature H. C. Madeney M.D.

Address Roanoke Rapids Date signed 10-7-46