

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).

FORM 1
Rev. 1/48

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

Birth No. 132
OCT 6 1955

REGISTRATION DISTRICT NO. 42.00 REGISTRAR'S CERTIFICATE NO. 32

21769

1. PLACE OF DEATH a. COUNTY <u>Halifax</u>		b. TOWNSHIP <u>Roanoke Rapids</u>		c. LENGTH OF STAY (in this place)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>N.C.</u>		b. COUNTY <u>Halifax</u>					
d. CITY OR TOWN <u>Roanoke Rapids</u>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Roanoke Rapids</u>		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>at home Route 2</u>						d. STREET ADDRESS or R. F. D. NO. <u>Route 2</u>							
NAME OF DECEASED a. (First) <u>Annie</u>			b. (Middle) <u>Bell</u>			c. (Last) <u>Cook</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1955</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Oct. 30, 1882</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13. FATHER'S NAME <u>Peter Porch</u>						14. MOTHER'S MAIDEN NAME <u>Lucy 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. Jack Smith, Route 2, Roanoke Rapids, NC</u>							
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. <u>443X</u>						MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
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 <u>July</u> , 1954, to <u>Sept</u> , 1955, that I last saw the deceased alive on <u>Sept 13</u> , 1955, and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>Edward T. Hicks MD</u> (Degree or title)				23b. ADDRESS <u>Roanoke Rapids N.C.</u>				23c. DATE SIGNED <u>9/23/55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebron Church Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Northampton Co., NC</u>							
DATE REC'D BY LOCAL REG. <u>9-30-55</u>		REGISTRAR'S SIGNATURE <u>Robert F. Young</u>				25. FUNERAL DIRECTOR ADDRESS <u>Wrenn Funeral Home, Roanoke Rapids, NC</u>							

THIS COPY FOR STATE BOARD OF HEALTH