

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

THIS COPY FOR STATE BOARD OF HEALTH

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 8 Rev. 1/48

Birth No. 132

MAR 10 1952

REGISTRATION DISTRICT NO. 00-04

REGISTRAR'S CERTIFICATE NO. 1

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

10082

1. PLACE OF DEATH a. COUNTY Yancey b. TOWNSHIP Egypt c. LENGTH OF STAY (in this place) 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C. b. COUNTY Yancey 4. CITY OR TOWN Bee Log, N.C. Is Place of Death Within City Limits? YES NO X 4. DATE OF DEATH 2-18-52 5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 6-16-1866 9. AGE (In years last birthday) 85 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) North Carolina 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME John Cooper 14. MOTHER'S MAIDEN NAME Martha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S NAME AND ADDRESS Harrison Cooper Bee Log, N.C. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown ANTECEDENT CAUSES DUE TO (b) DUE TO (c) Had no Dr. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19c. AUTOPSY? Yes No 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 (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 8:30 AM from the causes and on the date stated above. 23a. SIGNATURE Charles F. McRae, Dist. Health Officer (Degree or title) 23b. ADDRESS DISTRICT HEALTH DEPARTMENT BURNSVILLE, NORTH CAROLINA 23c. DATE SIGNED 4-28-52 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-20-52 24c. NAME OF CEMETERY OR CREMATORY Cooper Cemetery 24d. LOCATION (City, town, or county) (State) Bee Log, N.C. DATE REC'D BY LOCAL REG. 3/5/52 REGISTRAR'S SIGNATURE Mrs. Kate Phillips 25. FUNERAL DIRECTOR ADDRESS Holcombe Bros. Burnsville, N.C.