

The Cooper family

By: Joyce Cooper

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COOPER LINEAGE

Benjamin Cooper, b. about 1710, in England. Immigrated to Bladen County, NC.

Joseph Cooper, b. about 1730, in Bladen County, NC. d. 1799.

Benjamin Cooper, Sr., b. about 1750 in Halifax or Bladen County, NC, d. in Orangeburg, SC

William “Billy” Cornelius Cooper, b. 12-13-1781, in Halifax County, NC & moved w/ parents to the Orangeburg District, SC. M. Polly Banks Warner in 11-1801. 13 known children. D. 1844.

James “Jim” Campbell Cooper, b. 1-24-1814 in Laurens County, SC. Moved to Transylvania County, NC. D. 7-11-1904 in Graham County, NC. M. Violet Mahala Mackey, b. 6-7-1813 in Transylvania County, NC. D. 3-24-1871 in Cherokee County, NC. Jim was a Minister, Robbinsville Methodist Church.

Joel Anderson Cooper, MD, b. 10-20-1847, d. 2-11-32

William Harvey Cooper, b.9-28-1872, d.5-21-1959

Ralph A. Cooper, b. 9-3-1918, d. 6-4-2014

Joyce Anita Cooper, b. 4-4-1949

Note: the older brother of Dr. Joel was **William F. Cooper**, b. 6-11-1845, d. 11-14-1928

Census records tracking the Coopers: 1850 and 1860

1860, Henderson County

James Cowper	36
Violet	36
Elizabeth	11
Maryan	9
Nancy	7
W. F.	4
Joel A.	4/12
L. P.	2

1860, Notla, Cherokee County

James C. Cooper	46
Violet	47
Nancy A.	19
William F.	16
Joel A.	11
Sarah J.	6

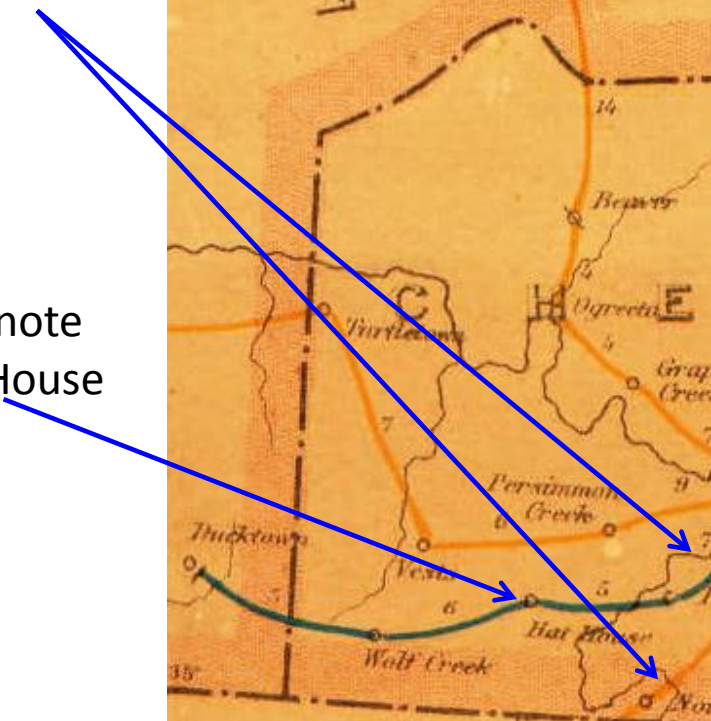
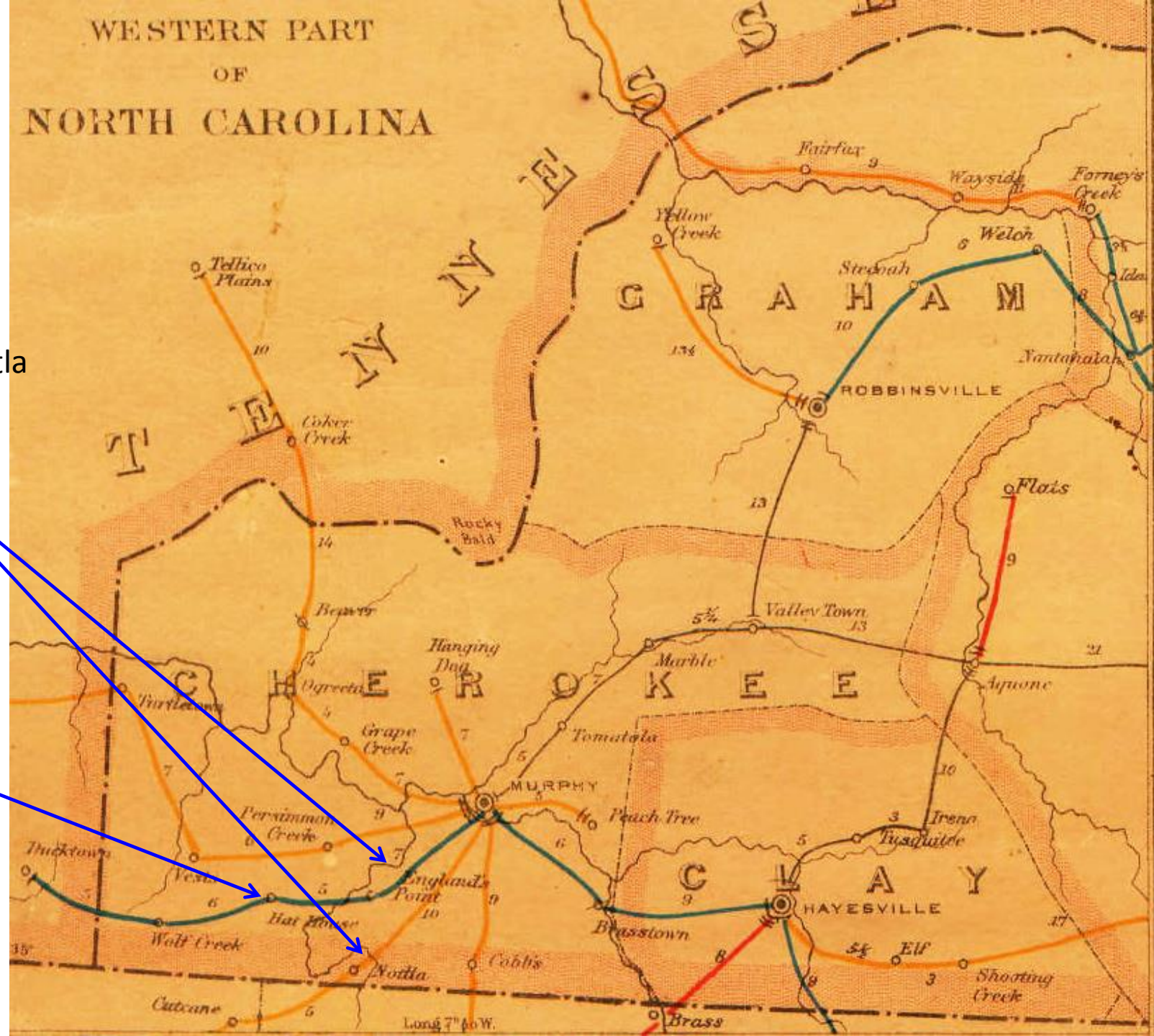
James is listed as SC native. Violet through Joel are natives of Henderson County, NC; Sarah is a native of Cherokee County. Post office was England Point.

WESTERN PART
OF
NORTH CAROLINA

From 1885
Postal Route
Map

England's
Point, and Notla
southwest of
Murphy

Also note
Hot House



Joel Cooper, Laura Ledford marriage license

State of Carolina Cherokee County
to any Regular Minister of the Gospel having
the Care of Souls of whatever denomination or
to any acting Justice of the peace of said County
You or any of you are hereby licensed and au-
thorized to celebrate the Rites of Matrimony
between Joel Cooper and
Laura Ledford, and join them together
as man and wife.

In Witness whereof I have hereunto
subscribed my Name as Register of Deeds
and Clerk of the County Court
at office this day of October 1867.
J. D. Wicks, Register

Census records tracking the Coopers: 1870 and 1880

1870, Hot House, Cherokee County

Joseph Cooper	23	Farm Labor
Laura	18	Keeping House

Noted to have married in October of 1869. It was indicated that Laura could not write.

1880, Shoal Creek, Cherokee County

Joseph Cooper	32	Farmer
Laura	27	Keeping Home
William	7	
Savannah	5	

Noted that William had attended school in the previous year. Neither Laura nor William could write.

Note: The Shoal Creek census district is a bit north of Hot House.

Census records tracking the Coopers: 1900 and 1910

1900, Charleston District 103, Swain Cty

Joel A Cooper	54	Physician
Laura	49	
Nettie F	14	
Oscar P	10	
Lewis B	7	

It was indicated that Laura could not write. Nettie attended school for 6 months.

1910, Charleston District 0147, Swain Cty

Joseph A Cooper	62	Physician, general practice
????	56	
Oscar	20	Brakeman, freight train
????	18	(daughter-in-law)
Louis	16	Driver, livery teams

It was indicated that Laura **COULD** write.

Census records tracking the Coopers: 1920, 1930

1920, Charleston District 0175, Swain Cty

Laura Cooper 67
Lewis B 26 Barber

1920, Nantahala District 0179, Swain Cty

J. A. Cooper 72 Physician, general practice
Boarding in home of farmer J.M.R. DeHart

It was indicated that Laura COULD write.
The home was on Main Street. Others
nearby heads of family included AJ
Franklin, Jack Coburn, and Charles Wilhide.

1930, Charleston District 0175, Swain Cty

Lewis B Cooper 26 Barber
Ethel 21
Laura 77

Again, it was indicated that Laura COULD write. The home of Lewis was on Main Street, and valued at \$6500. By way of comparison, the Calhoun Hotel (on Bryson Avenue), owned by Nora Lee Calhoun, was valued at \$7000, Stanley Black home at \$9000, Jack Coburn home at \$4000.

Dr. Joel A Cooper & Family



STANDARD CERTIFICATE OF DEATH

I. PLACE OF DEATH

County Swain 87 Registration District No. 89-2630 Certificate No. 2
 Township _____ or Village _____ or _____
 City Bryson City No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its Name instead of street and number)
 Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Dr. Joel A Cooper
 (a) Residence: No. _____ (Usual place of abode) St. _____ Ward _____ (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Cooper

6. DATE OF BIRTH (month, day, and year) Oct 20, 1847

7. AGE Years 84 Months 3 Days 21 If LESS than 1 day, hrs. _____ or min. _____

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Practice
 10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 30 yrs

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) North Carolina
 13. NAME James Cooper
 14. BIRTHPLACE (city or town) (State or country) North Carolina
 15. MAIDEN NAME Uralit Mackey
 16. BIRTHPLACE (city or town) (State or country) North Carolina
 17. INFORMANT Mrs. Dannie Warren * (Address) Bryson City, N.C.

18. BURIAL, CREMATION, OR REMOVAL Place Highway Cem. Date Feb 12, 1932

19. UNDERTAKER C. J. Jenkins (Address) Bryson City, N.C.

20. FILED 1-21- 1932 W. W. Ireland REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/11 1932 to 2/11 1932
 I last saw him alive on 2/11 1932 death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

cerebral hemorrhage Date of onset _____
(82)-1

Contributory causes of importance not related to principal cause: none

Name of operation _____ date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 * (Signed) Dr. J. A. Cooper M. D. *
 (Address) Bryson City, N.C.

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH 303

1. PLACE OF DEATH

County Swain Registration District No. 87-2630 Certificate No. 2

Township _____ or Village _____ of _____

City Bayson City, N.C. No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its Name instead of street and number)

Length of residence in city or town where death occurred yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? yrs. ____ mos. ____ ds.

2. FULL NAME

Mrs. Lanna Cooper 160

(a) Residence: No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. J. A. Cooper

6. DATE OF BIRTH (month, day, and year) May 12, 1853

7. AGE Years 80 Months _____ Days _____ IF LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - 62-00

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Perquimans Co. N.C.

13. NAME John Ledford

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) 11

17. INFORMANT Mrs. Hettie Jenkins *
(Address) Bayson City, N.C.

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____ 19 _____

19. UNDERTAKER W. E. Johnson
(Address) Bayson City, N.C.

20. FILED 7/20 1923 K. E. Mann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 13 1923

22. I HEREBY CERTIFY, That I attended (deceased from) Jan 1899 to Apr 13 1923
I last saw her alive on Apr 13 1922, death is said to have occurred on the date stated above, at 2nd ad.

The principal cause of death and related causes of importance in order of onset were as follows: _____ Date of onset _____

Str. Myocarditis

(93.3)

Contributory causes of importance not related to principal causes: _____

Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Johnson M. D.

(Address) Bayson City

Important. See instructions on back of certificate.

JUN 1 0 1959

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

Dr. Mitchell
14320

REGISTRATION DISTRICT NO. 87-00 REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY Swain		b. TOWNSHIP Charleston		c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N.C.		b. COUNTY Swain			
d. CITY OR TOWN Whittier, N.C.		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN Whittier, N.C.		Is Place of Residence In City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		On a Farm? YES <input type="checkbox"/> NO <input type="checkbox"/>			
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS or R. F. D. NO.							
3. NAME OF DECEASED (Type or Print) William Harve Cooper			First Middle Last			4. DATE OF DEATH 5-21-59			Month Day Year		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-28-72		9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Engineer			10b. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (State or foreign country) N.C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Joe Cooper				14. MOTHER'S MAIDEN NAME Unknown				NAME OF HUSBAND OR WIFE Lena Massie Cooper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.				17. INFORMANT'S NAME AND ADDRESS Mrs. Lena Cooper, Whittier, N.C.			
18. CAUSE OF DEATH - ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary occlusion 2 hrs ANTECEDENT CAUSES - Conditions, if any, which gave rise to above cause (not stating the underlying cause last). DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 ✓										INTERVAL BETWEEN ONSET AND DEATH	
										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)							
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR M.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY OR TOWNSHIP COUNTY STATE		
21. I attended the deceased from 1955 to 21 May 1959 , and last saw him alive on 21 May 59 . Death occurred at 4:00 p.m. on the date stated above; and to the best of my knowledge from the causes stated.											
22a. SIGNATURE [Signature]						22b. ADDRESS Bryson City			22c. DATE SIGNED 5-23-59		
23a. BURIAL, PRE-EMATION, REMOVAL (Specify) Burial			23b. DATE 5-23-59		23c. NAME OF CEMETERY OR CREMATORY Bryson City Cemetery			23d. LOCATION (City, town or county) (State) Bryson City, N.C.			
24. DATE REC'D BY LOCAL REG. May 23, 1959			25. REGISTRAR'S SIGNATURE Juanita Meadows, Dr.				26. FUNERAL DIRECTOR ADDRESS Moody Funeral Home, Bryson City, N.C.				

BUNCOMBE COUNTY

AT

THE SOUTHERN EXPOSITION.

RALEIGH, N. C., FROM OCT. 1, TO DEC. 1, 1891.

FOURTEEN SOUTHERN STATES

Participate together with Arizona and New Mexico. These will show their undeveloped and developed resources and advertise to the many thousands their advantages.

AMUSEMENTS

And interesting features of every description will entertain. President Harrison will likely attend, as will also Governor Pattison, of Pennsylvania, together with Governors of Southern States.

SPECIAL ARRANGEMENTS

Have been made for hundreds of newspaper men to attend (550).

Special State and School days have been arranged.

THE EXHIBITS

Will be in the largest building ever put up in the State. North Carolina not making a proper exhibit will suffer in results and be outstripped by other states.

SPECIAL COUNTY DAYS

have been arranged with representatives from the Western counties as below:

October 2, Transylvania—M. D. Cooper.
October 3, Yancey—W. M. Moore.
October 6, Swain—R. L. Leatherwood.
October 7, Polk—C. A. Carson.
October 8, Buncombe—W. F. Tomlinson.
October 14, McDowell—J. T. Griffin.
October 16, Macon—Dr. C. D. Smith.
October 20, Henderson—H. G. Ewart.
October 21, Clay—R. M. Kensey.
October 29, Cherokee—E. F. Case.
October 30, Graham—Dr. J. A. Cooper.
November 4, Mitchell—J. W. Bowman.
November 5, Watauga—D. B. Dougherty.
November 11, Madison—J. C. Pritchard.
November 13, Burke—W. C. Erwin.
November 19, Ashe—G. W. Brown.
November 24, Haywood—Z. V. Rogers.
November 26, Rutherford—T. B. Justice.
November 26, Jackson—W. C. Tomkins.

Citizens of Buncombe county solicited and urged to send in their exhibits by the 20th September.

S. R. KEPLER, Director.

REV. G. H. BELL, Collector.

1891 Southern Exposition Announcement (Asheville Citizen-Times, 9/30/1891)

October 2, Transylvania—M. D. Cooper.
October 3, Yancey—W. M. Moore.
October 6, Swain—R. L. Leatherwood. *
October 7, Polk—C. A. Carson.
October 8, Buncombe—W. F. Tomlinson.
October 14, McDowell—J. T. Griffin.
October 16, Macon—Dr. C. D. Smith.
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From Jan 3 & Jan 10, 1896 Bryson City Times

Dr. J. A. Cooper,
BRYSON CITY, N. C.

PRACTICING - PHYSICIAN.
Prompt attention to all calls,
Day or Night.

Married New Years Eve, William Harrell formerly of Mitchel County N. C. to Miss Vannie, eldest daughter of Dr J. A. Cooper. The ceremony took place at the residence of the bride's Father. Our congratulations are extended to, and our best wishes for, the happiness and prosperity of the couple.

Will Harrell has purchased the case property next to the Cooper House and moved in with his bride and will keep house.

Vannie later married JR (Bob) Warren, alongside whom she lies in the BC Cemetery.

Vannie's husband, Bob Warren (upper left). Lower right is WR (Dad) Hupp, who sold Joel Cooper one-eighth interest for \$1 in "my Patented Air Pump and Engine series of 1900 , Number 652716."



Youngest sons of Joel and Laura, including Lewis, who cared for Laura, ended up on Grassy Branch

**OSCAR COOPER, 52,
OF SWAIN, DIES;
RITES ARE HELD**

BRYSON CITY—Oscar Cooper, 52, died after a long illness at the home of his brother on Grassy Branch, Saturday. Funeral services were held at his home at 1:30 o'clock Sunday, with the Rev. Fred Johnston, officiating. Burial was in the Grassy Branch cemetery.

Surviving are two sisters, Mrs. Bob Jenkins, and Mrs. Bob Warren, of Bryson City; and two brothers, Will Cooper and Jake Cooper with whom he lived. Moody funeral home was in charge of arrangements.

AC-Times Nov 8, 1944

Lewis (Jake) Cooper
BRYSON CITY — Lewis Broyles (Jake) Cooper, 66, of Grassy Branch died in a hospital here Monday after a short illness. Services will be held Wednesday at 2:30 p. m. at Grassy Branch Baptist Church.

AC-Times Jan 5, 1960

William (Bill) Harvey Cooper



Bill in his
Union Hill
tobacco patch,
ca 1941



1920-40 census records for William Harvey Cooper

1920, Qualla District 108, Jackson Cty
Will H Cooper 46 Retail Merchant
Gena A 28
Ralph A 1
Oscar G Conner 5

1930, Qualla District 13, Jackson Cty
William H Cooper 57 Farmer
A. Lena 38
Ralph A. 11
Hazel M. 8
Rush L 5
William H 4⁻⁵/₁₂
Lois E 2⁻⁷/₁₂
Donald E 7/₁₂
Nora L Harris 17 (cousin)

1940, Qualla District 50-13, Jackson Cty
W H Cooper 67 Farmer
Lena 46 Cook - school
Hazel 18
Ruth 15
Bill 14
Lois 12
Donald 10
Max 9

The 1940 census indicated that WH Cooper of Qualla and Joe Casada of Bryson City had 6th grade educations. Their wives were both better educated; Lena Massie Cooper had a 7th grade education as did Minnie Price Casada.

Comment from Don Casada: (Lack of) formal education notwithstanding, the intelligence and wisdom of these folks is beyond my ken.

Children and wife of Bill, 1971:

Lois, Bill, Donald, Mother Lena, Ralph, Oscar & Max



Donald, Bill, Lois, Ralph - 1991

