

## **Dr. JOEL ANDERSON COOPER HISTORICAL INFORMATION**

### **LINEAGE: 1710 – Present**

**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. 10-20-1947, d. 2-11-32

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

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

**Joyce Anita Cooper**, b. 4-4-1949

MARRIAGE LICENSE - JOEL & LAURA COOPER 1867

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 S. Cooper and  
Laura Sedford, 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 the day of October 1867.  
D. J. M. [Signature]

## JOEL & LAURA COOPER CHILDREN

**Dr. Joel Anderson Cooper** b. 10-20-1847, Father: James C. Cooper, Mother: Violet Mackey, Physician, General Practice, Served in Confederate Army, d. 2-11-1932 (Separated from Laura 1904, not divorced), Main residence beside Methodist Church where Federal Building now located. Married **Laura Ledford**, b. 5-12-1853, Cherokee County, NC, (Father: John Ledford), m. 1870 (marriage license dated 10-5-1867, Cherokee County, NC, d. 4-13-1933.

### CHILDREN OF JOEL & LAURA:

**1. William Harvey Cooper**, b. 9-28-1872, d. 5-21-1959, Bryson City Cemetery, m. 5-16-1917, Lena Massie (9-25-1891, d.10-6-1981, Thomas Cemetery).

Children: Ralph (Joyce's father), b. 9-3-1918, d. 6-4-2014

Hazel, b. 1-30-1922, d. 10-24-1948

Ruth, b. 4-30-1924, d. 9-18-1983

Bill, b. 11-9-1925, d. 9-7-2012

Lois, b. 9-25-1927

Donald, b. 8-23-1929, d. 7-31-2009

Max, b. 9-30-1932, d. 7-20-2015

Oscar Lee Conner, son of Lena, b. 6-29-1911, d. 7-24-1994

**2. Vannie Cooper**, b. 5-12-1875, d. 7-23-1960, m. Bob Warren, b. 7-22-1881, d. 11-8-1935. Both are buried in Bryson City Cemetery.

Children: Bertie & Fred

**3. Hettie Cooper**, b. 1-27-1879,1847 d. 3-18-1967, m. James Robert (Bob) Jenkins (1875-1948). Both are buried in Bryson City Cemetery.

**4. Nettie Flora Cooper**, b. 8-22-1885, d. 6-4-1931, m. Sim DeHart

Children: Horace, Jackson, Laura E.

**5. Oscar P. Cooper**, b. 1889, d.11-4-1944, Sawyer Cemetery/Grassy Branch

**6. Lewis Broyles (Jake) Cooper**, b. 4-28-1893, d. 1-4-1960, Sawyer Cemetery, WWI

**DR. JOEL ANDERSON COOPER FAMILY**



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Dr. J. A. Cooper,  
BRYSON CITY, N. C.  
**PRACTICING - PHYSICIAN.**  
Prompt attention to all calls,  
Day or Night.

DEED TO COOPER PLAT, BRYSON CITY CEMETERY, 1927

Purchased by Lewis Broyles Cooper, son of Joel & Laura Cooper

468

0057

0468

STATE OF NORTH CAROLINA—Swain County.

THIS DEED, Made this first day of March, 1927, by W. T. Conley Board Trustees, Bryson City Cemetery

of Swain County and State of North Carolina

L. B. Cooper

of Swain County and State of North Carolina

WITNESSETH, That said W. T. Conley, as Trustee

in consideration of Ten & 00/100

to him paid by L. B. Cooper

the receipt of which is hereby acknowledged, has bargained and sold, and by these presents do grant, bargain, sell and convey, to the said L. B. Cooper, his

a certain tract or parcel of land in Swain County, State of North Carolina

lands of J. H. Ditmore and others, and how

Being a burial plat in the Bryson City Cemetery 10 X 16 feet, beginning on J. North West corner and runs Northward 16 feet to an iron stake, then Eastward 10 feet to an then southward 16 feet to J. H. Ditmore's North East corner; then with Ditmore Westward 10 feet to the Beginning.

TO HAVE AND TO HOLD the aforesaid tract or parcel of land and all privileges and appurtenances thereto belonging, to the said L. B. Cooper, his

heirs and assigns, to their only use and behoof forever.

And the said W. T. Conley as Trustee, for his

and his heirs, executors and administrators, covenant with said L. B. Cooper

his heirs and assigns, that he is seized of said premises in fee, and has right to convey in

same are free and clear from all encumbrances, and that he do as hereby forever warrant, and will forever defend, the said title the claims of all persons whomsoever as trustee

IN TESTIMONY WHEREOF, The said W. T. Conley

has hereunto set his hand and seal, the day and year first above written.

W. T. Conley, Trustee

Attest:

# DEATH CERTIFICATE OF DR. JOEL A. COOPER, 1932

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very important.

B. V. S. Form 8

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

129

**I. PLACE OF DEATH**

County Swain 87 Registration District No. 87-2630 Certificate No. 2  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Bryson City No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**2. FULL NAME** Dr. Joel A Cooper  
(a) Residence: No. Bryson City St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. Single, Married, Widowed, or Divorced** Married

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

**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.

**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, day, and year) 1924 **11. Total time (years) spent in this occupation** 30 yrs

**12. BIRTHPLACE** (city or town) North Carolina  
(State or country)

**13. NAME** James Cooper

**14. BIRTHPLACE** (city or town) North Carolina  
(State or country)

**15. MAIDEN NAME** Violet Mackey

**16. BIRTHPLACE** (city or town) North Carolina  
(State or country)

**17. INFORMANT** Mrs. Jamie Warren  
(Address) Bryson City, N.C.

**18. BURIAL, CREMATION, OR REMOVAL**  
Place Bryson City, N.C. Date Feb 12, 1932

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

**20. FILED** 7-21- 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) W. W. Ireland M. D.  
(Address) Bryson City, N.C.

## OBITUARY OF DR. JOEL ANDERSON COOPER, 1932

# AGED PHYSICIAN TAKEN BY DEATH

Dr. Joseph A. Cooper  
Resided 40 Years In  
Bryson City

BRYSON CITY, Feb. 11. (Special) Dr. Joseph Anderson Cooper, 84, died at the home of his daughter, Mrs. Dan Warren, here Thursday afternoon at 5 o'clock from a complication of diseases.

Dr. Cooper was born in Cherokee county. He married Miss Laura Ledford, of Persimmon Creek, Cherokee county and then moved to Graham county, where they resided for 29 years. After that they moved to Bryson City where they resided for the last 40 years.

Dr. Cooper practiced medicine up to six years ago when he retired on account of ill health.

Surviving are five children: Mrs. Warren, Mrs. Hettie Jenkins, W. H. Cooper, of Whittier, Oscar Cooper of Asheville, and Lewis Cooper of Bryson City. His widow and one sister, Mrs. Jane Wallace, of Sweetwater, Tenn., also survive.

The funeral arrangements have not been completed, but the service is expected to be held Friday afternoon.

# DEATH CERTIFICATE OF LAURA COOPER, 1933

**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 \_\_\_\_\_ or  
 City Bryson 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. Laura 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Dr. J. A. Cooper</u>		
6. DATE OF BIRTH (month, day, and year) <u>May 12, 1853</u>		
7. AGE	Years	Months
	<u>80</u>	
		Days _____ IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>64-00</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) April 13, 1933  
 22. I HEREBY CERTIFY, That I attended (deceased from Jan, 1933, to Apr 13, 1933  
 I last saw her alive on Apr 13, 1933, death is said to have occurred on the date stated above, at 2:00 a.m.  
 The principal cause of death and related causes of importance in order of onset were as follows:

Cor. 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. W. Fabron U. S.  
 (Address) Bryson City

IMPORTANT. See instructions on back of certificate.

**12. BIRTHPLACE (city or town)**

(State or country) Cherokee, 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**

(Address) Mrs. Hettie Jenkins

**18. BURIAL, CREMATION, OR REMOVAL**

Place \_\_\_\_\_ Date \_\_\_\_\_, 19\_\_\_\_

**19. UNDERTAKER**

(Address) W. E. Fabron

**20. FILED**

4/20, 1933 K. E. Mann  
REGISTRAR



**WILLIAM HARVEY COOPER**



# DEATH CERTIFICATE OF WILLIAM HARVEY COOPER, 1959

JUN 1 0 1959

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

Dr Mitchell  
14320

REGISTRATION DISTRICT NO. <b>87-00</b>		REGISTRAR'S CERTIFICATE NO.	
1. PLACE OF DEATH a. COUNTY <b>Swain</b>		b. TOWNSHIP <b>Charleston</b>	
c. LENGTH OF STAY (in 1a)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
d. CITY OR TOWN <b>Whittier, N.C.</b>		a. STATE <b>N.C.</b> b. COUNTY <b>Swain</b>	
Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Whittier, N.C.</b>	
e. FULL NAME OF HOSPITAL OR INSTITUTION		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"/>	
d. STREET ADDRESS or R. F. D. NO.		4. DATE OF DEATH	
3. NAME OF DECEASED (Type or Print)		Month <b>5</b> Day <b>21</b> Year <b>59</b>	
First <b>William</b> Middle <b>Harve</b> Last <b>Cooper</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH
	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
<b>Railroad Engineer Retired</b>		<b>N.C.</b>	
12. CITIZEN OF WHAT COUNTRY?		<b>U.S.A.</b>	
13. FATHER'S NAME <b>Joe Cooper</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
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.	
<b>No</b>		17. INFORMANT'S NAME AND ADDRESS <b>Mrs. Lena Cooper, Whittier, N.C.</b>	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion &amp; hbs</b>			
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (arranging 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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>4201</b>			
20a. ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME MONTH, DAY, YEAR HOUR OF INJURY		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 <b>55</b> to <b>21 May 59</b> , and last saw him alive on <b>21 May 59</b>			
Death occurred at <b>4:00 P.M.</b> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <b>[Signature]</b>		22b. ADDRESS <b>Bryson City</b>	
		22c. DATE SIGNED <b>5-23-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-23-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Bryson City Cemetery</b>		23d. LOCATION (City, town, county) (State) <b>Bryson City, N.C.</b>	
24. DATE REC'D BY LOCAL REG. <b>May 23, 1959</b>		25. REGISTRAR'S SIGNATURE <b>Juanita Meadows</b>	
		26. FUNERAL DIRECTOR ADDRESS <b>Moody Funeral Home, Bryson City, N.C.</b>	

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.  
**160**  
**2**

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. 1-58

## OBITUARY OF WILLIAM HARVEY COOPER, 1959

\* \* \*

**William H. Cooper**

WHITTIER—William M. Cooper, 86, of Whittier, a retired railroad engineer, died in a Bryson City hospital early Thursday after a long illness.

Services will be held Friday at 2:30 p. m. at the Whittier Methodist Church.

The Rev. Sherman Beird and the Rev. O. E. Thorne will officiate, and burial will be in the Bryson City Cemetery. Graveside rites will be held by the Ocona Masonic Lodge.

Surviving are the widow; two daughters, Mrs. Lois ~~Sellmer~~ *Sellmer*, of St. Augustine, Fla., and Mrs. Ruth Rogers, of Whittier; four sons, Ralph, Donald and Max Cooper, of Whittier, and Bill, of the state of Washington; a stepson, Oscar Conner, of Webster; two sisters, Mrs. Hettie Jenkins and Mrs. Van Warren, of Bryson City; and 22 grandchildren.

The body will remain at the home until time for the services.

Mr. Cooper was a member of the Brotherhood of Locomotive Engineers.

Bill Moody Funeral Home of Bryson City is in charge of the arrangements.

*18430-5-21-59*

**Note: Information was researched and assembled by Joyce Anita Cooper of Whittier, North Carolina, great-granddaughter of Dr. Joel Anderson Cooper, granddaughter of William Harvey Cooper, and daughter of Ralph Anderson Cooper.**