

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		JUL 30 1914		North Carolina State Board of Health	
County <u>Malone 57</u>				BUREAU OF VITAL STATISTICS	
Township <u>Franklin</u>				441	
Town _____		Registration District No. <u>57-5746</u>		File No. _____	
City _____		(No. _____ St. _____ Ward _____)		Registered No. <u>12</u>	
FULL NAME <u>Martha Ann Houser 260</u>		[If death occurred in a hospital or institution, give the NAME instead of street and number.]			

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>widowed</u>	DATE OF DEATH <u>June 7 1914</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Dec. 3 1833</u> (Month) (Day) (Year)			I HEREBY CERTIFY, That I attended deceased from <u>Dec. 18 June 1914</u>	
AGE <u>80 yrs. 6 mos. 4 ds.</u>			that I last saw her alive on <u>June 7 1914</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>14</u>			and that death occurred on the date above stated, at _____ m. The CAUSE OF DEATH* was as follows: <u>Heart Disease</u> <u>Mitral Valve</u>	
EDUCATIONAL ATTAINMENTS <u>Common School</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE <u>Limestone Springstem</u>			Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>John Love</u>		(Signed) <u>W. A. Rogers</u> , M. D.	
	BIRTHPLACE OF FATHER (State or Country) <u>Penn.</u>		<u>Jan 10 4</u> , 1914 (Address) <u>Franklin N.C.</u>	
	MAIDEN NAME OF MOTHER <u>Louis Rinehart</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF MOTHER (State or Country) <u>Louisburg, W. Va.</u>		LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>M. A. Houser</u>			PLACE OF BURIAL OR REMOVAL _____	
(Address) <u>Franklin N.C.</u>			DATE OF BURIAL <u>June 8 1914</u>	
Filed <u>June 10 1914</u> <u>J. H. Bryson</u> Registrar.			UNDERTAKER <u>Chinghan Franklin N.C.</u>	

(If supplied)

North Carolina, Deaths, 1906-1930 for John Love

Record Index

Name: John Love
Gender: Male

Source Information

Record Url: <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=FS1NorthCarolinaDeaths&h=737371>

Source Information: Ancestry.com. *North Carolina, Deaths, 1906-1930* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2014.
Original data: *North Carolina, Deaths, 1906-1930*. Salt Lake City, Utah: FamilySearch, 2013.