

499

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

1 PLACE OF DEATH *Macon* Registration District No. *57-2389*
 County *Franklin* State *N.C.* Register No. *6*
 Township *Franklin* or Village *Franklin*
 City *Franklin* No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 2 FULL NAME *Variett Stalcup* 347
 (a) Residence No. *Franklin* St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred *89* yrs. *0* mos. *8* ds. How long in U. S. if of foreign birth? *89* yrs. *0* mos. *8* ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex *Female* 4 Color or Race *white* 5 Single, Married, Widowed, or Divorced (write the word) *married*

5a If married, widowed, or divorced
 Husband of (or) Wife of *W. B. Stalcup*

6 Date of birth (month, day, and year)

7 Age *89* years *0* Months *8* Days If LESS than 1 day, _____ hrs. or _____ min.

8 Occupation of deceased

(a) Trade, Profession, or particular kind of work *House Wife*

(b) General nature of industry, business, or establishment in which employed (or employer) *0*

(c) Name of employer *0*

9 Birthplace (city or town) *Green Co. Tenn*
 (State or country) *Tenn*

10 Name of Father *John Love*

11 Birthplace of Father (city or town) *Pearce*
 (State or country)

12 Maiden Name of Mother *Blindhart*

13 Birthplace of Mother (city or town) *Green Co. Tenn*
 (State or country) *Tenn*

14 Informant *W. B. Stalcup*
 (Address) *Franklin*

15 Filed *7-6* 19*21* *J. M. Moore*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) *July 3* 19*21*

17 I HEREBY CERTIFY, That I attended deceased from *July 2* 19*21* to *July 3* 19*21* that I last saw her alive on *July 13* 19*21* and that death occurred, on the date stated above, at *7 P.M.*

The CAUSE OF DEATH* was as follows:
Chronic Brights
Failure of the Kidney
 (duration) *2* yrs. *0* mos. *0* ds.

Contributory (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? *0* Date of *0*

Was there an autopsy? _____

What test confirmed diagnosis?
 (Signed) *W. B. Bowers* M.D.
 19 (Address) *Franklin N.C.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation, or removal *Franklin AFD-1* Date of Burial *7/4 1921*

20 Undertaker *W. B. Stalcup* Address *Franklin*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

North Carolina, Deaths, 1906-1930 for John Love

Record Index

Name: John Love
Gender: Male
Birth Place: Penn.

Source Information

Record Url: <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=FS1NorthCarolinaDeaths&h=463104>

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.