Deaths

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 216 PAGE 348.

WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH

348

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 04195 LOCAL NO. _____

1. NAME OF DECEASED (First, Middle, Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
BESSIE	MURRAY	BLIZARD	Female	January 25, 1979

4. COLOR OR RACE	5a. STATE OF BIRTH (If not U.S.A., name country)	5b. COUNTY OF BIRTH	6. DATE OF BIRTH	AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
White	Virginia	Charlotte	April 22, 1901	77		

7a. PLACE OF DEATH: COUNTY	7b. CITY OR TOWN	7c. NAME OF HOSPITAL OR INSTITUTION (If not in either, give street and number)	If hosp. or inst.: Dead on Arr. / Inpatient / Emergency Room / DOA	INSIDE CITY LIMITS (Specify Yes or No)
Guilford	Greensboro	Moses H. Cone Mem.	Inpatient	Yes

8a. RESIDENCE-STATE	8b. COUNTY	8c. CITY OR TOWN	8d. STREET AND NUMBER OR R.F.D. & BOX NO.	INSIDE CITY LIMITS (Specify Yes or No)
N. C.	Guilford	Greensboro	2314 N. Church St.	Yes

9. CITIZEN OF WHAT COUNTRY?	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)
U. S. A.	Widowed	

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	13b. KIND OF BUSINESS OR INDUSTRY	14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
237-05-7787	Home Maker	Gun Home	No

15. FATHER'S NAME	16. MOTHER'S MAIDEN NAME
William Scott Murray	Lula Preay

17a. INFORMANT'S NAME AND ADDRESS	17b. RELATION TO DECEASED
Mr. Merle Clayton - 1500 N. Elam Ave. - Greensboro, N. C.	Son

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		Approximate interval between onset and death
18	(a) IMMEDIATE CAUSE: Pneumonia, aspirat	
	(b) DUE TO, OR AS A CONSEQUENCE OF: Carcinoma of kidney w cerebral	6 mos
	(c) DUE TO, OR AS A CONSEQUENCE OF: metastases	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b).

20a.	Autopsy? (Yes or No)	If yes, were findings considered in determining death?
ASHD - aortic stenosis w/ cerebral	NO	

21a. ACCIDENT OR NATURAL (Specify)	21b. IF ACCIDENT, DESCRIBE (Enter nature of injury in Part I or Part II, Item No.)	21c. TIME OF ACCIDENT (Month, Day, Year, Hour)
Natural		

21d. PLACE OF ACCIDENT (At home, farm, street, factory, office bldg., etc. (Specify))	21e. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)?

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

22. CERTIFICATION: PHYSICIAN: I ATTENDED THE DECEASED FROM 9-76 TO 1-25-79. I LAST SAW DECEASED ALIVE ON 1-24-79. DEATH OCCURRED AT 2:15 P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION FROM THE CAUSES STATED.

23a. NAME AND TITLE OF CERTIFIER (Type or Print)	23b. ADDRESS
R A WEINTRAUB	3005 Northwood St Greensboro N.C.

23c. SIGNATURE OF CERTIFIER	Date Signed	24a. BURIAL, CREMATION, OTHER (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, Town, or County) (State)
R A Weintraub MD	1/25/79	Burial	1/27/79	Guilford Mem. Park	Guilford County, N. C.

25. FUNERAL HOME (Name, Address)	26. SIGNATURE OF FUNERAL DIRECTOR	LICENSE NO.
Lambeth-Troxler - Greensboro, N. C.	Richard A. Yow	2475

27. DATE REC'D BY LOCAL REG.	27a. SIGNATURE OF REGISTRAR	28. SIGNATURE OF EMBALMER (If applicable)	LICENSE NO.
1-26-79	O. L. Holliday MD CK	David T. Turney	282

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

20

REGISTRATION DISTRICT NO. 099-00 LOCAL NO. 94

TYPE, OR PRINT IN PERMANENT BLACK INK

DECEASED

1. NAME OF DECEASED (First / Middle / Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
RAYMOND DOZIER BAITY	Male	July 12, 1978

4. COLOR OR RACE	5a. STATE OF BIRTH (If not U.S.A., name country)	5b. COUNTY OF BIRTH	6. DATE OF BIRTH	7. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
white	N. C.	Davie	Dec. 22, 1892	85		

8a. PLACE OF DEATH COUNTY	8b. CITY OR TOWN	8c. NAME OF HOSPITAL OR INSTITUTION (If not in either, give street and number)	8d. IF HOSP. OR INST. (Specify DOA, Emer. Rm., Inpatient, O.P.)	8e. INSIDE CITY LIMITS (Specify Yes or No)
Yadkin	Yadkinville	L.C. Hoots Memorial	Inpatient	Yes

9a. RESIDENCE–STATE	9b. COUNTY	9c. CITY OR TOWN	9d. STREET AND NUMBER OR R.F.D. & BOX NO.	9e. INSIDE CITY LIMITS (Specify Yes or No)
N.C.	Yadkin	Boonville	Arbor Street	Yes

10. CITIZEN OF WHAT COUNTRY?	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (If wife, give maiden name)
USA	widowed	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	14b. KIND OF BUSINESS OR INDUSTRY	15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
245 26 2851	Farmer	Farm	no

PARENTS

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME
Isaac Baity	Molly Trivette

18a. INFORMANT'S NAME AND ADDRESS	18b. RELATION TO DECEASED
Mrs. Ethel B. Bovender, Boonville, N. C. 27011	Daughter

LOCAL COPY

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		Approximate interval between onset and death
19.	(a) IMMEDIATE CAUSE: Cardiogenic shock	5 days
	(b) DUE TO, OR AS A CONSEQUENCE OF: Acute M.I.	6 days
	(c) DUE TO, OR AS A CONSEQUENCE OF: Coronary atherosclerosis	3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

20a.	20b. AUTOPSY? (Yes or No)	20c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

21a. ACCIDENT OR NATURAL (Specify)	21b. IF ACCIDENT, DESCRIBE (Enter nature of injury in Part I or Part II, Item 18)	21c. TIME OF ACCIDENT (Month, Day, Year, Hour)

21d. PLACE OF ACCIDENT (At home, farm, street, factory, office bldg., etc. (Specify))	21e. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)
	no

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

CERTIFIER

CERTIFICATION–PHYSICIAN: I ATTENDED THE DECEASED FROM 7-6 19 78 TO 7-12 19 78 AND LAST SAW HIM/HER ALIVE ON 7-11 19 78 DEATH

22. OCCURRED AT 7:10 A M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

23a. NAME AND TITLE OF CERTIFIER (Type or Print)			
W. L. Giles, M.D.			
23b. SIGNATURE OF CERTIFIER	**23c. DATE SIGNED**	**23d. ADDRESS**	
W. L. Giler, M.D.	7-20-78	Hoots Hospital Yadkinville, N. C. 27055	

BURIAL

24a. BURIAL, CREMATION, OTHER (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, Town, or County) (State)
Burial	July 14,78	Boonville Cemetery	Boonville, N. C.

25. FUNERAL HOME (Name / Address)	26. SIGNATURE OF FUNERAL DIRECTOR	LICENSE NO.
Angell-Long Boonville, N. C.	Grady R. Long	1616

27a. DATE REC'D BY LOCAL REG.	27b. SIGNATURE OF REGISTRAR	28. SIGNATURE OF EMBALMER (If embalmed)	LICENSE NO.
7-24-78	Libby F. Ray, Deputy	Grady R. Long	949

DHS 1895
Form 11
Rev. 1/78

CERTIFICATE OF DEATH

034-45 LOCAL NO. 174

1. NAME: First A. Middle Fay Last Blizard

DATE OF DEATH: 2. 10-19-76 (Day, Year)

3. RACE: White

4. STATE OF BIRTH (If not in U.S.A., name country): North Carolina

5. DATE OF BIRTH: 10-17-76

6. AGE (In years last birthday): 7. If under 1 year: Months: — Days: 1 If under 24 hours: Hours: — Min.: —

8a. PLACE OF DEATH (If not hospital or institution, give street address or location): N.C. Baptist Hospital

8b. CITY OR TOWN: Winston Salem

8c. INSIDE CITY LIMITS (Specify yes or no): yes

8d. If DEAD ON ARRIVAL, check here

USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

9a. STATE: N. C.

9b. COUNTY: Surry

9c. CITY OR TOWN: Mt. Airy

9d. STREET ADDRESS OR R.F.D. No.: 102 Shamrock Ave

9e. INSIDE CITY LIMITS (Specify yes or no): No

10. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify): Never married

11. WHAT COUNTRY? U. S.

12. SURVIVING SPOUSE (If wife, give maiden name):

13. SOCIAL SECURITY NUMBER:

14a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired):

14b. KIND OF BUSINESS OR INDUSTRY:

15. FATHER'S NAME: Donald Blizard

16. MOTHER'S MAIDEN NAME: Brenda Fay Sechrest

17. INFORMANT'S NAME AND ADDRESS: Donald Blizard - 102 Shamrock Ave. Mt. Airy, N.C.

18. DEATH CAUSED BY: (Enter only one cause per line for (a), (b), (c).)

		Approximate interval between onset and death
(a) IMMEDIATE CAUSE:	Cardiorespiratory Arrest	30 min
(b) DUE TO, OR AS A CONSEQUENCE OF:	Severe hypoxia	3 hr.
(c) DUE TO, OR AS A CONSEQUENCE OF:	Possible congenital Heart disease	1 day
	Possible Pneumonia	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19b. AUTOPSY? (Yes or No):

19c. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED:

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in part I or part II, item 18):

20c. DATE OF INJURY (Month, Day, Year, Hour):

20d. INJURY AT WORK (Specify yes or no):

20e. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify)):

20f. CITY OR R.F.D. / COUNTY / STATE:

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 10-18 19 76

10-18 19 76 AND LAST SAW HIM/HER ALIVE ON 10-18 19 76 DEATH

I RECEIVED AT 11:14 P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.

22a. SIGNATURE OF CERTIFIER: Jeannine Hatt

22a. DEGREE OR TITLE: MD

22b. DATE SIGNED: 10/18/76

22c. ADDRESS: NCBH Winston Salem N.C.

23a. CREMATION, OTHER:

23b. DATE: 10-21-76

23c. NAME OF CEMETERY OR CREMATORY: Skyline Memory Gardens

23d. LOCATION (City, town, or county) (State):

24a. FUNERAL HOME (Name, address): Nichols Mt. Airy, N. C.

25. SIGNATURE OF FUNERAL DIRECTOR: James M. Terry (cm)

LICENSE NO.: 2124

26. RECD BY LOCAL REG.: 10-25-76

27. SIGNATURE OF REGISTRAR: Lynn M. Hale, M.D. (cm)

28. SIGNATURE OF EMBALMER (If embalmed): James M. Terry (cm)

LICENSE NO.: 707

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 130 PAGE 355.

WITNESS MY HAND AND SEAL THIS ____ OF _____, _____.

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

21

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

355

REGISTRATION DISTRICT NO. 4195 LOCAL NO. 1502

1. NAME OF DECEASED: Walter William Blizard
2. DATE OF DEATH: December 8, 1969
3. SEX: Male
4. COLOR OR RACE: White
5. STATE OF BIRTH: North Carolina
6. DATE OF BIRTH: June 7, 1888
7. AGE: 81
8a. PLACE OF DEATH COUNTY: Guilford
8b. CITY OR TOWN: Greensboro
9a. USUAL RESIDENCE STATE: North Carolina
9b. COUNTY: Guilford
9c. CITY OR TOWN: Greensboro
9d. NAME OF HOSPITAL OR INSTITUTION: Moses H. Cone Hospital
9e. INSIDE CITY LIMITS: Yes
9f. STREET ADDRESS OR R.F.D. No.: 4301 United Street
9g. INSIDE CITY LIMITS: Yes
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Bessie Murray
12. CITIZEN OF WHAT COUNTRY: USA
13. SOCIAL SECURITY NUMBER: 246 05 8769
14a. USUAL OCCUPATION: Painter
14b. KIND OF BUSINESS OR INDUSTRY:
15. FATHER'S NAME: JOhn Blizard
16. MOTHER'S MAIDEN NAME: No Record
17. INFORMANT'S NAME AND ADDRESS: Mrs. Bessie M. Blizard, 4301 United Street, Greensboro, North Carolina

PART I. DEATH CAUSED BY:

(a) IMMEDIATE CAUSE: Cardiac failure
(b) DUE TO, OR AS A CONSEQUENCE OF: Myocardial infarction
(c) DUE TO, OR AS A CONSEQUENCE OF: Pulmonary embolism

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a):
Hip fracture - post op.

19a. AUTOPSY: Yes
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DESCRIBE HOW INJURY OCCURRED
20c. TIME OF INJURY
20d. INJURY AT WORK (SPECIFY YES OR NO)
20e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20f. CITY OR R.F.D.
COUNTY
STATE

21. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 7-29 68 TO 12-8 69 AND LAST SAW HIM/HER ALIVE ON 12-8 69. DEATH OCCURRED AT ____ A.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

22. CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSES STATED. ABOVE THE DECEDENT WAS PRONOUNCED DEAD AT ____ A.M. ON ____

23a. SIGNATURE OF CERTIFIER: E. Joseph LeBAuer, M. D.
23b. DATE SIGNED: 12-15-69
23c. ADDRESS: Greensboro, North Carolina

24a. BURIAL, CREMATION, OTHER (SPECIFY): Burial
24b. DATE: 12-1069
24c. NAME OF CEMETERY OR CREMATORY: Guilford Mem. Park
24d. LOCATION: Greensboro, N. C.

25. FUNERAL HOME: Lambeth-Troxler, Greensboro, N. C.
25a. SIGNATURE OF FUNERAL DIRECTOR: Woody M. Davenport
25b. LICENSE NO.: 1822

26. DATE REC'D BY LOCAL REG.: 12-16-69
26a. SIGNATURE OF REGISTRAR: Sarah T. Morrow, M.D. -
26b. SIGNATURE OF EMBALMER (IF EMBALMED): Woody M. Davenport
26c. LICENSE NO.: 1027

11
1-68

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

393

REGISTRATION DISTRICT NO. 86-70 REGISTRAR'S CERTIFICATE NO. 262

1. PLACE OF DEATH
a. COUNTY: Surry
b. TOWNSHIP: Mount Airy
c. LENGTH OF STAY (in 1a):
d. CITY OR TOWN: Mount Airy
Is Place of Death Within City Limits? YES [X] NO [ ]
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Northern Hospital of Surry County

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: N. C.
b. COUNTY: Surry
c. CITY OR TOWN: Mount Airy
Is Place of Residence: In City Limits? YES [X] NO [ ] On a Farm? YES [ ] NO [X]
d. STREET ADDRESS or R. F. D. NO.: 499 Granite St.

3. NAME OF DECEASED (Type or Print): First: Cavie; Middle: Montgomery; Last: Blizzard

4. DATE OF DEATH: Month, Day, Year: October 1, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: 9/16/91
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wythe Co., Va.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wilson Montgomery
14. MOTHER'S MAIDEN NAME: Ruth E. Williams
NAME OF HUSBAND OR WIFE: Robert A. Blizzard, Dec'd.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S NAME AND ADDRESS: Mrs. Griff Dotson, Asheville, N. C.

MEDICAL CERTIFICATION

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): Pulmonary hemorrhage

ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*

DUE TO (b): Old TBC ?

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Arthritis, severe rheumatoid

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ]
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 [ ] NOT WHILE AT WORK [ ]
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* 9-50 *to* 10-1 59 *and last saw* her alive on 10-1 59
Death occurred at 10:00 A.m *on the date stated above; and to the best of my knowledge from the causes stated.*

22a. SIGNATURE (Degree or title): Charles Sykes, M.D.
22b. ADDRESS: Mount Airy, N. C.
22c. DATE SIGNED: 10/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/4/59
23c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
23d. LOCATION (City, town, or county) (State): Mount Airy, N. C.

24. DATE REC'D BY LOCAL REG. 10/9/59
25. REGISTRAR'S SIGNATURE
26. FUNERAL DIRECTOR ADDRESS: Moody Funeral Home, Mt. Airy, N. C.

THIS COPY TO REGISTER OF DEEDS ON FIFTH OF MONTH
MARGIN RESERVED FOR BINDING
TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

FORM 11
Rev. 1-56

338 Registered 21 STATE OF NORTH CAROLINA. 15

STATE BOARD OF HEALTH—DIVIS. OF VITAL STATISTIC

PLACE OF DEATH.

CERTIFICATE AND RECORD OF DEATH.

Town of Mt Airy NC (No. 163 Rockford Street.)

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in Hospital or Institution give its NAME instead of street and number.]

FULL NAME James E Blizard

PERSONAL AND STATISTICAL PARTICULARS.

SEX Male | COLOR White

DATE OF BIRTH April 27 1911
(Month) (Day) (Year)

AGE years, months, 25 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

BIRTHPLACE (State or country) Mt Airy NC

NAME OF FATHER James M Blizard

BIRTHPLACE OF FATHER (State or country) Randolph Co NC

MAIDEN NAME OF MOTHER Nannie Johnson

BIRTHPLACE OF MOTHER (State or country) Mt Airy NC

OCCUPATION

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Informant) James M Blizard

(Address) Mt Airy NC

Filed 5/23 1911 A V Wall Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH May 22 19
(Month) (Day)

I HEREBY CERTIFY, That I attended deceased from May 22 to 4 PM 19

that I last saw him alive on May 22 19

and that death occurred, on the date stated above, at 4 PM

The CAUSE OF DEATH was as follows:

Meningitis

(duration) 1 day

Contributory

(duration) days

(Signed) T B Ashby

5/23 19 11 (Address) Mt Airy

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL Old Hollow | DATE OF BURIAL 5/23 19

UNDERTAKER A W Cook | ADDRESS Mt Airy

Surry Co. Courthouse, Dobson NC

23 STATE BO

PLACE OF DEATH.

CERT

Mt Airy NC

(No. 128

[If death occurs away from RESIDENCE ... for under "Special Information."]

FULL NAME Matth

PERSONAL AND STATISTICAL PARTICULARS.

Male | COLOR White

DATE OF BIRTH July 3 19
(Month) (Day) (Ye

years, 10 months, 23 days

MARRIED, WIDOWED, OR DIVORCED Single

PLACE OF BIRTH (State or country) Mt Airy NC

NAME OF FATHER L G Brim

PLACE OF BIRTH OF FATHER (State or country) Surry Co N C

MAIDEN NAME OF MOTHER Mattie Hatch

PLACE OF BIRTH OF MOTHER (State or country) Patrick Co V

OCCUPATION

ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF KNOWLEDGE AND BELIEF.

(Informant) L G Brim

(Address) Mt Airy

May 27 1911 A V Wall Regist

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9124

REGISTRATION DISTRICT NO. 34-95 REGISTRAR'S CERTIFICATE NO. 369

1. PLACE OF DEATH: County: Forsyth; b. TOWNSHIP: Winston-Salem; c. LENGTH OF STAY (in this place): 3 days; Is Place of Death Within City Limits? YES ☑ NO ☐; CITY OR TOWN: Winston-Salem

If not in hospital or institution, give street address or location: North Carolina Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE: N.C.; b. COUNTY: Surry; c. CITY OR TOWN: Mount Airy; Is Place of Residence Within City Limits? YES ☑ NO ☐; d. STREET ADDRESS or R. F. D. NO.: 426 Junction Street

3. NAME OF DECEASED: a. (First): Margaret; b. (Middle): ; c. (Last): Blizard

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 7

9. AGE (In years last birthday): 86; IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Surry county NC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM MITCHELL

14. MOTHER'S MAIDEN NAME: NEELIE PARRIES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service): (Unknown)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S NAME AND ADDRESS: Jeff Blizard, R 1, Mt.Airy, N.C.

MEDICAL CERTIFICATION

18a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

The disease causing death, such as heart failure, asthenia, etc. Do not enter the mode of dying, such as cardiac arrest, respiratory arrest, shock, or complication

Approximate interval between onset and death

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial occlusion prob. due to thrombosis — Interval: 5 d.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gen'l arteriosclerosis — Interval: 5 yrs.

DUE TO (c) DSHD ; CHF — Interval: months.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

18b. If female, enter DATE OF LAST MENSTRUAL PERIOD: 4200 ✓

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. 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 OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from March 26, 19..., to April 2, 19 56, that I last saw the deceased alive on April 2, 19 56, and that death occured at 3:15 p. m., from the causes and on the date stated above.

22. SIGNATURE: Wm. M. Calvert (Degree or title) M.D.

23b. ADDRESS: NC BH

23c. DATE SIGNED: 2 Apr 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/4/56

24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery

24d. LOCATION (City, town, or county) (State): Mount Airy, N.C.

25. FUNERAL DIRECTOR ADDRESS: Moody Funeral Home, Mt.Airy, N.C.

FILED BY LOCAL REGISTRAR: 5 1956

REGISTRAR'S SIGNATURE: Fred A Leggett

Birth No. 132

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

MAR 3 1953

28 3283

REGISTRATION DISTRICT NO. 34-95 REGISTRAR'S CERTIFICATE NO. 159

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

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).

1. PLACE OF DEATH
a. COUNTY: Forsyth
b. TOWNSHIP
c. LENGTH OF STAY (in this place):
d. CITY OR TOWN: Winston Salem
e. Place of Death Within City Limits? YES [X] NO [ ]
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: N.C. Baptist Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: NC
b. COUNTY: Surry
c. CITY OR TOWN: Mt Airy
Is Place of Residence Within City Limits? YES [X] NO [ ]
d. STREET ADDRESS or R. F. D. NO.: 190 Granite St

3. NAME OF DECEASED: a. (First) Robert b. (Middle) Anderson c. (Last) Blizzard

4. DATE OF DEATH: (Month) 2 (Day) 10 (Year) 53

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH:

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Auto & Parts

11. BIRTHPLACE (State or foreign country): Wilkes County N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Blizard

14. MOTHER'S MAIDEN NAME: Elizabeth Thompson

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.: 240-16-6384

17. INFORMANT'S NAME AND ADDRESS: Maude Blizard, Mt. Airy N.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per Line (a), (b), and (c).

"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death."

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 14 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause, stating the underlying cause last.

DUE TO (b) Hypertensive Cardio Vascular Disease

DUE TO (c)

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:

20. AUTOPSY? YES [ ] NO [X]

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 OF INJURY (Month) (Day) (Year) (Hour) m.

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* 1-26 19 53 *to* 2-10 19 53 *that I last saw the decease alive on* 2-10 19 53 *and that death occurred at* 11 45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Johnson Jr MD (Degree or title)

23b. ADDRESS: WC Bell

23c. DATE SIGNED: 2/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/13/53

24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cem.

24d. LOCATION (City, town, or county) (State): Mt. Airy N.C.

DATE REC'D BY LOCAL REG.: FEB 13 1953

REGISTRAR'S SIGNATURE:

25. FUNERAL DIRECTOR ADDRESS: Moody Funeral Home Mt. Airy N.C.

FORM 8
Rev. 1/48

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF H[illegible]TH SERVICES - VITAL RECORDS R[illegible]CH

REGISTRATION DISTRICT NO. 6-00 LOCAL NO. 390

CE[illegible]IFICATE OF DEATH

42

TYPE, OR PRINT IN PERMANENT BLACK INK

DECEASED

1. NAME OF DECEASED (First, Middle, Last)			2. DATE OF DEATH (Month, Day, Year)
Thomas	Melwood	Blizard	November 6, 1975

3. SEX	4. COLOR OR RACE	5. STATE OF BIRTH (If not in U.S.A., name country)	6. DATE OF BIRTH	7. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
Male	White	North Carolina	9-23-29	46		

8a. PLACE OF DEATH: COUNTY	8b. CITY OR TOWN	9a. USUAL RESIDENCE (Where deceased lived): STATE	9b. COUNTY
Surry	Mount Airy	North Carolina	Surry

8c. NAME OF HOSPITAL OR INSTITUTION (If not in either, give street and number)	8d. INSIDE CITY LIMITS (Specify Yes or No)	9c. CITY OR TOWN	
Northern Hosp. of Surry County	Yes	Mount Airy	

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	9d. STREET ADDRESS OR R.F.D. No.	9e. INSIDE CITY LIMITS (Specify Yes or No)
Married	Agnes G. Blizard	529 E. Devon Dr.	Yes

12. CITIZEN OF WHAT COUNTRY?	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	14b. KIND OF BUSINESS OR INDUSTRY
USA	239-38-6441	Ret. Air Force	

PARENTS

15. FATHER'S NAME	16. MOTHER'S MAIDEN NAME
Robert Blizard	Cavie Montgomery

17. INFORMANT'S NAME AND ADDRESS: Mrs. Agnes Goad Blizard, 529 E. Devon Dr., Mount Airy, N.C. 27030

LOCAL COPY

CAUSE

18. PART I. DEATH CAUSED BY: (Enter only one cause per line for (a), (b), (c).)

		Approximate interval between onset and death
(a) IMMEDIATE CAUSE	Cardiac Arrest	Sudden
(b) DUE TO, OR AS A CONSEQUENCE OF	Acute Myocardial Infarction	Sudden
(c) DUE TO, OR AS A CONSEQUENCE OF	Coronary Athrosclerosis	Yrs.

(Conditions, if any, which gave rise to immediate cause(a), stating the underlying cause last)

PART II. OTHER SIGNIFICANT CONDITIONS (Contributing to death but not related to cause given in Part I (a))	19b. AUTOPSY? (Yes or No)	19c. If yes, were findings considered in determining cause of death
19a. Diabetes Mellitus.		

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II.)			
20c. TIME OF INJURY (Month, Day, Year, Hour)	20d. INJURY AT WORK (Specify Yes or No)	20e. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))	20f. CITY OR R.F.D.	COUNTY / STATE

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 9-16- 19 75 TO 10-6- 19 75 AND LAST SAW HIM/HER ALIVE ON 10-6- 19 75 DEATH

21. OCCURRED AT 8:45 P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.

23a. SIGNATURE OF CERTIFIER (Degree or title)	23b. DATE SIGNED	23c. ADDRESS
T. C. Britt, Jr., M.D.		Mount Airy, N.C.

BURIAL

24a. BURIAL, CREMATION, OTHER (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, Town, or County) / (State)
Burial	11-9-75	Oakdale	Mount Airy, N.C.

25. FUNERAL HOME (Name / Address)	26. SIGNATURE OF FUNERAL DIRECTOR	LICENSE NO.
Moody Funeral Home, Mount Airy, N.C.	H. T. Hart	856

27. DATE REC'D BY LOCAL REG.	28. SIGNATURE OF REGISTRAR	29. SIGNATURE OF EMBALMER (If embalmed)	LICENSE NO.
11/17/75	T. M. Caldwell	H. T. Hart	1436

DHS 1895
FORM 11
Rev. 1-68

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

1615325

REGISTRATION DISTRICT NO. 0861 LOCAL NO. 175

TYPE, OR PRINT IN PERMANENT BLACK INK

DECEASED

1. NAME OF DECEASED (FIRST, MIDDLE, LAST): Cora Hutchens Baity
2. DATE OF DEATH (MONTH, DAY, YEAR): 4-26-76
3. SEX: F
4. COLOR OR RACE: W
5. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): North Carolina
6. DATE OF BIRTH: 12-21-93
7. AGE (IN YEARS LAST BIRTHDAY): 82 93
   IF UNDER 1 YEAR: MONTHS / DAYS
   IF UNDER 24 HOURS: HOURS / MIN.
8a. PLACE OF DEATH — COUNTY: Surry
8b. CITY OR TOWN: Elkin
8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER): Guardian Care of Elkin
8d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
9a. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION) — STATE: NC
9b. COUNTY: Yadkin
9c. CITY OR TOWN: Boonville Box 122
9d. STREET ADDRESS OR R.F.D. No.: Box 122
9e. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): M-
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Raymond Baity
12. CITIZEN OF WHAT COUNTRY: USA
13. SOCIAL SECURITY NUMBER: 245-26-2851
14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
14b. KIND OF BUSINESS OR INDUSTRY: Own Home

PARENTS

15. FATHER'S NAME: Richard Hutchens
16. MOTHER'S MAIDEN NAME: Ellen Mason

17. INFORMANT'S NAME AND ADDRESS: Mrs. Carl Bovender, Boonville, N. C. 27011

VITAL RECORDS COPY

CAUSE

18. PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
   (a) IMMEDIATE CAUSE: CVA
   CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(a), STATING THE UNDERLYING CAUSE LAST
   (b) DUE TO, OR AS A CONSEQUENCE OF: Generalized Arteriosclerosis
   (c) DUE TO, OR AS A CONSEQUENCE OF:
   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
19a.
19b. AUTOPSY? (YES OR NO): no
19c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20c. TIME OF INJURY — MONTH / DAY / YEAR / HOUR
20d. INJURY AT WORK (SPECIFY YES OR NO)
20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))
20f. CITY OR R.F.D. / COUNTY / STATE

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 8-21- 19 75 TO 4-26, 19 76 AND LAST SAW HIM/HER ALIVE ON 4-14 19 76 DEATH
21. OCCURRED AT 11:10 A.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.

22a. SIGNATURE OF CERTIFIER (DEGREE OR TITLE): Tom T Buchan MD
22b. DATE SIGNED: 4 Dec 76
22c. ADDRESS: Elkin NC

Permit Issued
Date

BURIAL

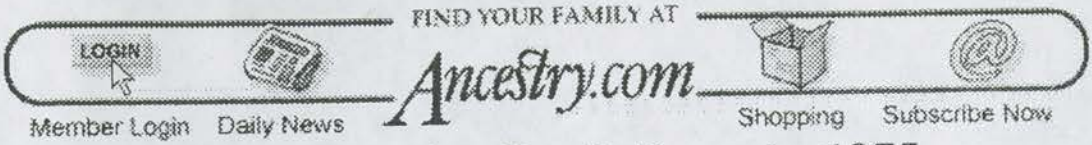
23a. BURIAL, CREMATION, OTHER (SPECIFY): Burial
23b. DATE: 4/28/76
23c. NAME OF CEMETERY OR CREMATORY: Boonville
23d. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Boonville, N. C.
24. FUNERAL HOME — NAME / ADDRESS: Arnall-Long Boonville, N. C.
25. SIGNATURE OF FUNERAL DIRECTOR: [signature] — LICENSE NO. 1615
26. DATE REC'D BY LOCAL REG.: 4-30-76 — SIGNATURE OF REGISTRAR: Bonnie Calloway [illegible]
28. SIGNATURE OF EMBALMER (IF EMBALMED): [signature] — LICENSE NO. 349

DHS 1872
FORM 8
REV. 1-68
1-68—150M

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North Carolina Death Records, 1975

Field	Search	Matches
[Any]	**BLIZARD**	2

2 Combined Matches

Name: MURPHY, BLIZARD DONREE
Death Date: May 14, 1975
Sex: Female
Race: White
Age: 50 Years
Place of Death: Greensboro, Guilford, Greensboro
Place of Residence: Greensboro, Guilford, North Carolina
Autopsy: Yes
Institution: General Hospital
Marriage: Divorced
Attendant: Physician
Method of Burial: Burial in state

Name: BLIZARD, MELWOOD THOMAS
Death Date: November 06, 1975
Sex: Male
Race: White
Age: 46 Years
Place of Death: , Surry,
Place of Residence: , Surry, North Carolina
Autopsy:
Institution: -
Marriage: Married
Attendant: Physician
Method of Burial: Burial in state

Viewing records **1-2 of 2**

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North Carolina Death Records, 1970-1974

Field	Search	Matches
[Any]	**BLIZARD**	1

1 Combined Matches

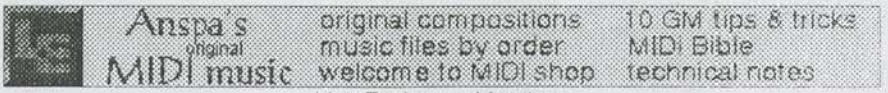
Place of Death: Charlotte, Mecklenburg
Place of Residence: Charlotte, Mecklenburg
Institution: General Hospital 100 Beds & Over
Date of Death: January 17, 1973
Sex: Male
Race: White
Name: BLIZARD, CHARLES
Age: 79 Years 00 Months 00 Days
Autopsy:
Place of Injury:
Marital Status: Married
Attendant: Physician

Viewing records **1-1 of 1**

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FIRST NAME | LAST NAME | Any Locality | Any Yea | Search
LOCALITY | DATE RANGE

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North Carolina Death Records, 1968-1969

Field	Search	Matches
[Any]	**BLIZARD**	2

2 Combined Matches

Place of Death: Whiteville, Columbus
Place of Residence: Whiteville, Columbus
Institution: Home
Date of Death: April 02, 1969
Sex: Male
Race: White
Name: BLIZARD, LAWRENCE
Age: 70 Years 00 Months 00 Days
Autopsy: No
Place of Injury:
Mode of Burial:
Marital Status: Widowed
Attendant: Physician
Year Received: 1969

Place of Death: Greensboro, Guilford
Place of Residence: Greensboro, Guilford
Institution: General Hospital 100 Beds & Over
Date of Death: December 08, 1969
Sex: Male
Race: White
Name: BLIZARD, WALTER
Age: 81 Years 00 Months 00 Days
Autopsy: Yes
Place of Injury:
Mode of Burial:
Marital Status: Married
Attendant: Physician
Year Received: 1969

Viewing records **1-2 of 2**

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Autopsy:
Hospital: Home
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 240663360
Fathers Surname: SMITH
Place of Injury:

Viewing records **11-18 of 18**

Previous

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Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 240101291
Fathers Surname: BLIZZARD
Place of Injury:

Name: BLIZZARD, MOLLIE
Date of Birth: October 12, 1911
Death Date: February 01, 1982
Sex: Female
Race: White
Age: 70 Years
Place of Occurance: Wilmington, New Hanover, North Carolina
Place of Residence: . Pender, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Never Married
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 246201503
Fathers Surname: BLIZZARD
Place of Injury:

Name: BLIZZARD, JAMES FREDRICK
Date of Birth: March 05, 1932
Death Date: April 10, 1982
Sex: Male
Race: White
Age: 50 Years
Place of Occurance: Salisbury, Rowan, North Carolina
Place of Residence: . Rowan, North Carolina
Autopsy: Yes
Hospital: General Hospital 100 Beds & Over
Marital Status: Divorced
Attendant: Medical Examiner
Mode of Burial: Burial in state
State of Birth: Pennsylvania
SSN: 185247501
Fathers Surname: BLIZZARD
Place of Injury:

Name: BLIZZARD, LELA SMITH
Date of Birth: July 25, 1897
Death Date: September 30, 1982
Sex: Female
Race: White
Age: 85 Years
Place of Occurance: , Lenoir, North Carolina
Place of Residence: . Lenoir, North Carolina

Place of Injury:

Name: EDWARDS, VIOLA LAVERNE
Date of Birth: October 24, 1936
Death Date: July 17, 1981
Sex: Female
Race: White
Age: 44 Years
Place of Occurance: , Onslow, North Carolina
Place of Residence: . Onslow, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Married
Attendant: Medical Examiner
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 243508399
Fathers Surname: BLIZZARD
Place of Injury:

Name: BLIZZARD, VIOLA MCLAWHORN
Date of Birth: January 31, 1894
Death Date: September 19, 1981
Sex: Female
Race: White
Age: 87 Years
Place of Occurance: , Duplin, North Carolina
Place of Residence: . Lenoir, North Carolina
Autopsy: No
Hospital: Nursing and Rest Homes
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 242629894
Fathers Surname: MCLAWHORN
Place of Injury:

Name: FIELD, KATIE BLIZZARD
Date of Birth: April 06, 1901
Death Date: September 27, 1981
Sex: Female
Race: White
Age: 80 Years
Place of Occurance: , New Hanover, North Carolina
Place of Residence: . Brunswick, North Carolina
Autopsy: No
Hospital: General Hospital 50-99 Beds
Marital Status: Widowed
Attendant: Physician

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North Carolina Death Records, 1979-1982

Field	Search	Matches
[Any]	**BLIZZARD**	18

18 Combined Matches

Previous Hits

Name: THIGPEN, SYBIL KATHALEEN
Date of Birth: September 22, 1916
Death Date: June 10, 1981
Sex: Female
Race: White
Age: 64 Years
Place of Occurance: Kinston, Lenoir, North Carolina
Place of Residence: . Wayne, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 244126636
Fathers Surname: BLIZZARD
Place of Injury:

Name: SUGGS, BESSIE BLIZZARD
Date of Birth: April 09, 1899
Death Date: July 16, 1981
Sex: Female
Race: White
Age: 82 Years
Place of Occurance: Fayetteville, Cumberland, North Carolina
Place of Residence: Fayetteville. Cumberland, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial out of state
State of Birth: South Carolina
SSN: 250602851
Fathers Surname: BLIZZARD



North Carolina Death Records, 1979-1982

Field	Search	Matches
[Any]	**BLIZZARD**	18

18 Combined Matches

Next Hits

Name: HOWELL, ELLA BLIZZARD
Date of Birth: July 11, 1885
Death Date: April 18, 1979
Sex: Female
Race: White
Age: 93 Years
Place of Occurance: Goldsboro, Wayne, North Carolina
Place of Residence: . Duplin, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 238642399
Fathers Surname: BLIZZARD
Place of Injury:

Name: BLIZZARD, JOHN MARSHALL
Date of Birth: September 19, 1897
Death Date: October 14, 1979
Sex: Male
Race: White
Age: 82 Years
Place of Occurance: Raleigh, Wake, North Carolina
Place of Residence: Raleigh. Wake, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Married
Attendant: Medical Examiner
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 241033610
Fathers Surname: BLIZZARD

Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 242343944
Fathers Surname: BLIZZARD
Place of Injury:

Name: WARD, HAZEL BLIZZARD
Date of Birth: April 06, 1921
Death Date: January 19, 1981
Sex: Female
Race: White
Age: 59 Years
Place of Occurance: Charlotte, Mecklenburg, North Carolina
Place of Residence: Charlotte. Mecklenburg, North Carolina
Autopsy:
Hospital: General Hospital 100 Beds & Over
Marital Status: Married
Attendant: Physician
Mode of Burial: Burial out of state
State of Birth: Georgia
SSN:
Fathers Surname: BLIZZARD
Place of Injury:

Name: BLIZZARD, IDA MAE
Date of Birth: March 30, 1916
Death Date: April 20, 1981
Sex: Female
Race: White
Age: 65 Years
Place of Occurance: Wilmington, New Hanover, North Carolina
Place of Residence: . Duplin, North Carolina
Autopsy:
Hospital: General Hospital 100 Beds & Over
Marital Status: Married
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 239522679
Fathers Surname: GRAVES
Place of Injury:

Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 241204686
Fathers Surname: BLIZZARD
Place of Injury:

Name: BLIZZARD, EDWARD RAY
Date of Birth: March 10, 1945
Death Date: April 19, 1980
Sex: Male
Race: White
Age: 35 Years
Place of Occurance: Smithfield, Johnston, North Carolina
Place of Residence: Selma. Johnston, North Carolina
Autopsy: Yes
Hospital: General Hospital 100 Beds & Over
Marital Status: Divorced
Attendant: Coroner
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 244686972
Fathers Surname:
Place of Injury: 9

Name: BLIZZARD, DAVID EARL
Date of Birth: June 03, 1939
Death Date: May 24, 1980
Sex: Male
Race: White
Age: 40 Years
Place of Occurance: , Duplin, North Carolina
Place of Residence: . Duplin, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Married
Attendant: Medical Examiner
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 245606421
Fathers Surname: BLIZZARD
Place of Injury:

Name: BROWN, LUCILLE BLIZZARD
Date of Birth: September 12, 1916
Death Date: December 25, 1980
Sex: Female
Race: White
Age: 64 Years
Place of Occurance: Chapel Hill (P), Orange, North Carolina
Place of Residence: . Pender, North Carolina

Blizard

McIntyre

Note Raymond's sisters Mona Louise Hattie

McINTYRE *

Mr. Raymond Vance McIntyre, 77, of Winston-Salem, died Sunday, March 26, 1995. He was born March 2, 1918 in Stokes County to the late Malon and Emma Blizzard McIntyre. He served in the U.S. Army during WWII, then retired from the U.S. Navy. He was also retired from Roadway Trucking Company. Mr. McIntyre was preceded in death by a brother, Herman McIntyre. Surviving are his wife, Lillian Stewart McIntyre of the home; two daughters, Mrs. Sharon Sumner Whitehead and Mrs. Joyce Penley both of Winston-Salem; three grandchildren, Kathy Reid, Donna Sumner and Todd Penley; one great-granddaughter, Miranda Penley; a sister, Mrs. Thelma Beeding of Winston-Salem; a brother, Russell McIntyre of Winston-Salem. A graveside service will be held 1 p.m. Wednesday at Oakdawn Memorial Gardens by Brother Terry Cline. The family will receive friends from 7-9 p.m. Tuesday at Hayworth-Miller Silas Creek Chapel.

ise the truth of his maxim [illegible] Have", by its actual application. Today we have opportunities for [illegible]nised Thrift of which Franklin, for all [illegible] far-sightedness, never dreamed. These opportunities are in Saving through Building and Loan.

[illegible]e is a plan at this association to fit [illegible] particular situation. Ask us about

POINT PERPETUAL ING & LOAN ASS'N.

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REDUCED to $2.89 GAL.

(White and All Colors)



Americans will welcome this price reduction [illegible]orite house paint—MASTER-MIXED! The [illegible]n addition to Sears regular thrifty prices. [illegible]ality remains unchanged—it's the House farther and lasts longer. Take advantage of [illegible]es on Seroco paints!

[illegible]roco Paint for Every Purpose
[illegible]NEW "HOW-TO-PAINT" BOOK

[illegible]ght
[illegible]VEEK
[illegible]TO
[illegible]ING
[illegible]Flat

Seroco Auto Enamel, Quart Now only .. 89c

Seroco Sero-Var Spar Varnish. Qt. Now only 95c

Seroco 4-Hour Enamel Quart Now only .. 95c

[illegible] GLASS at Sears Paint Department

[illegible], ROEBUCK AND CO.

[illegible]9 NORTH MAIN ST.

be followed by Governor Ehringhaus. E. McK. Goodwin, superintendent of the state Sch[illegible] for the Deaf, Morganton, w[illegible] conclude the morning program.

At the afternoon session tomorrow George W. Coggins, director or trade and industrial vocation at North Carolina State college, will be the first of three speakers including Guy B. Phillips, Greensboro, president of the North Carolina Education Association, and W. M. Shuford, superintendent of the Junior Orphanage at Lexington and for 18 years steward of the state school for the deaf. The remainder of the afternoon session will be given over to business of the association.

In addition to President Vestal the state association officers are Sam L. York, city, first vice president; W. R. Hackney, Charlotte, second vice president; Mrs. G. H. Bailey, Raleigh, secretary; W. E. Benfield, Concord, treasurer, and Miss Pearl Coltrane, financial secretary.

The local committee on arrangements has as its chairman Sam L. York and is composed also of Mr. and Mrs. E. C. Smoak, Mr. and Mrs. Carl Foster, Mr. and Mrs. Robert Brown, Mr. and Mrs. George Davis, James Brown, Mrs. Sam L. York, Miss Rine Tise and Raymond Cook.

D: 8-30-1934

Miss McIntyre Is Claimed By Death After An Illness

Miss Mamie McIntyre, 27, whose home was at 528 Phillips street, was claimed by death shortly after 9:30 o'clock this morning at the Guilford County sanitorium. She had been ill for several months.

Miss McIntyre was born in Mount Airy August 13, 1907, daughter of M. H. and Emma Blizzard McIntyre. She is survived by three brothers, E. H. McIntyre, of High Point, R. A. McIntyre, of New York, and Raymond McIntyre, of Winston-Salem, and a sister, Miss Thelma McIntyre, of Barium Springs.

Definite arrangements for the funeral services have not been completed, but the funeral will probably be held sometime Saturday morning. Interment will be made in the Oakwood cemetery.

I. W. A. Members To Have Picnic Friday

All I. W. A. members will meet at the I. W. A. hall on South Main street at 7 o'clock Friday night to attend a weiner roast and watermelon feast which will be given at the city lake, it was announced today.

There will be two speakers on the program, and all members are urged to be present.

It was also announced today by President E. F. Seagraves that there will be a called meeting for the Highland Cotton Mill, Pickett Mill, High Point Yarn Mill and Cloverdale Dye Workers at the I. W. A hall Saturday afternoon at 4 o'clock.

Jimmy Durante I got a million of 'em, but I'm including only ten."

And here they are:

1. The High Point depot at almost any hour of the day.
2. Any meeting of the city council.
3. Norwood Bowne's geniality.
4. The threats of suicide continuously reiterated by victims of hay fever and asthma.
5. The inside of Louis Voorhees' home.
6. The activity at the High Point Public Library.
7. The police department at midnight.
8. Claiborn H. Rhodes' goatee.
9. The High Point Enterprise office after midnight Saturday.
10. Interior of the welfare building during office hours.

* * *

And here is still another list. This one was unaccompanied by any message:

1. Judge Lewis Teague's drawl.
2. The tenacious persistency of High Point motorists in violating traffic laws.
3. Ability of Drs. Harry Brockmann and K. B. Geddie to swing tennis rackets.
4. Tom Sprinkle's nonchalance.
5. Imitation of New York taxi drivers by local taxi drivers, some of whom apparently take delight in attempting to violate most of the traffic regulations.
6. Rev. Howard S. Hartzell's magnificent voice.
7. Registration day at any city school.
8. The mania for displaying old coins which seems to have seized High Point now.
9. Work which the Soil Erosion Service is doing.
10. The enjoyment which many High Point people get in sitting in parked cars along Main street at night and watching people pass.

* * *

And there's today's crop of interesting things. Why not make up a list of your own and send it in to "Pi Lines and Roses" in care of The Enterprise? Scores of persons are interested in what you think is interesting. So make up your lists today and send them in. They will be published in this column next Thursday.

REROOF NOW—We're meeting all competition with better roofs for less money. New roofs applied on easy payment basis—or your old roof renewed with a specially prepared asbestos roof coating, making it look like new. PHONE: High Point—8336, Thomasville—581; Or write Carolina Asphalt Products Co., Thomasville, N. C.

DR. MAX RONES
CORRECT GLASSES AND STUDY
OPTOMETRIST
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HIGH POINT, N. C.

50% to 100% [illegible]
chandise pla[illegible]
mere clearan[illegible]
a neffort to t[illegible]
list all of our

BOYS'
OVERALL[illegible]
37[illegible]

BUY WITH CONFIDENC[illegible]
EVERY PA[illegible]
GUARANT[illegible]

Men's
Dress Oxfords, all l[illegible]
genuine leather bot[illegible]

$1.7[illegible]
Regular $2.95 [illegible]

MEN'S [illegible]
Genuine all wool [illegible]
styles. Regular $[illegible]

$5

Me[illegible]
FELT [illegible]
49[illegible]
Reg. $1.[illegible]

Me[illegible]
DRESS [illegible]
$1.37 $1[illegible]
Value t[illegible]

DON[illegible]

Lev[illegible]

8-30 1934 High Point Enterprise

and Canton Mobley ...

He came to Winston-Salem in 1903 to organize the first school of business in the Winston-Salem public schools. He joined Wachovia Bank and Trust Co. in 1905, where he became a staff member of one of the first bond investment departments organized in the South.

...ater became vice presi...id a director of the bank ...head of the bond depart...nt. His department was one ...the first Southern members of the Investment Bankers Association of America, which was a national trade organization. He retired from the bank in 1943.

Mr. Willis was identified with library movements here from 1917 until 1962, when he retired from the City-County Library Commission.

He was a member of St. Paul's Episcopal Church. He was also a member of the Cosmos Club, the Forsyth County Board of Welfare, president of the Little Theatre and chairman of the Winston-Salem Chapter of the American Red Cross.

Surviving are his wife, Mrs. Marian Finley Willis; and three sons, Meade H. Willis Jr. of 1140 E. Kent Road, Ben S. Willis of 916 Kenleigh Circle and James P. Willis of 405 Sheffield Drive.

The body is at Vogler's Chapel.

Memorial Rites For Dr. Spahr To Be Thursday

A memorial service for Dr. Richard R. Spahr, 77, of 1225 Forsyth Street will be, at 10 a.m. Thursday at St. Paul's Episcopal Church. Dr. Spahr ... yesterday at his home.

...e was born in Mechanicsburg, Pa., to Murray Hirst and Clara Koser Spahr. He came to Winston-Salem in 1959 to work for the Veterans Administration as a rating specialist, medical, in the Adjudication Division. He was in the Pennsylvania National Guard and went into the Army at the beginning of World War I as a first lieutenant. He practiced medicine in Mechanicsburg after the war but stayed in the Army Reserve and was commissioned a colonel in 1931.

He was a member of St. Paul's Episcopal Church.

Surviving are his wife, Mrs. Nancy Hanes Spahr; two daughters, Mrs. Nancy S. Dodge of Lancaster, Pa., and Mrs. Sarah S. Johnson of Corning, N. Y., and two brothers, Boyd L. Spahr and Murray H. Spahr of Philadelphia, Pa.

The body is at Wall Glade Hill Chapel.

Dennis Flinchum

PILOT MOUNTAIN—A graveside service for Dennis William Flinchum, infant son of George Kenneth and Linda Smith Flinchum, was held yesterday at Brim's Grove Baptist Church cemetery. The child died Monday at Forsyth Memorial Hospital.

Surviving are the parents of Pinnacle, Rt. 6; a brother, Steven Ray Flinchum of the home; grandparents, Mr. and Mrs. George W. Flinchum of Pilot Mountain and Mr. and Mrs. Cecil Smith of Pinnacle; and great - grandparents, Mr. and Mrs. E. R. Meadows of Walkertown and Mr. and Mrs. Early Smith of Westfield.

R. ... OMAS

Former Head Of UAW Dies at 66

MUSKEGON, Mich. (UPI)— R. J. Thomas, president of the United Auto Workers Union during the strife-torn 1930s, died Tuesday at his home. He was 66.

Thomas was vice president of the UAW from 1937 to 1939, when he was elected president and served as leader of the UAW until he was defeated for the presidency by Walter Reuther in 1946.

Reuther said in Detroit he was "deeply shocked" at Thomas' death.

Thomas suffered a stroke Sunday.

Thomas had lived in Muskegon for five years. He is survived by his widow and a son, Frank, both of Muskegon.

Mrs. J. Nat Pegram

WALNUT COVE — Mrs. Arrie Neal Pegram, 62, of Walkertown, widow of J. Nat Pegram, died yesterday at Forsyth Memorial Hospital in Winston-Salem.

She was born in Forsyth County to Virgil and Zuna Flynn Neal. She was a member of Belews Creek Christian Church.

Surviving are a daughter, Miss Nora Pegram of the home; three sons, Harold and Bill Pegram of Winston-Salem and Bobby Pegram with the U. S. Air Force in Germany; six sisters, Mrs. J. J. Martin of Belews Creek, Mrs. J. L. Gillespie of Blackstone, Va., Mrs. A. N. Sapp of Winston-Salem, Mrs. S. S. Johnson of Thomasville, Mrs. I. R. Burroughs of Walnut Cove and Mrs. E. T. Dance of Greensboro; and two brothers, E. M. and S. R. Neal of Belews Creek.

The body is at Burroughs Funeral Home pending arrangements.

Arthur L. Hanes

The funeral for Arthur L. Hanes, 83, of 1415 Harrison Avenue will be at 4:30 p.m. today at St. Andrews Methodist Church. Burial will be in Evergreen Cemetery.

Mr. Hanes died Sunday. The body is at Howard-Robinson Funeral Home.

Herman Lyons

The funeral for Herman Lyons, 57, of Clemmons, Rt. 2, will be at 3 p.m. Thursday at Union Grove Baptist Church. Burial will be in the church cemetery.

Mr. Lyons died Monday. The body is at Vogler's Chapel.

Jesse Lee Hawks

REIDSVILLE — Jesse Lee Hawks, 64, of Ruffin was dead on arrival yesterday at Annie Penn Memorial Hospital after suffering a heart attack at his home.

The funeral will be at 3 p.m. Thursday at Ruffin Methodist Church. Burial with Masonic rites will be in the Ruffin Cemetery. The body is at Wilkerson Funeral Home.

City Editor Who Made Much News Dies at 69

OAKLAND, Calif. (AP) — Al ... Beck, a real life city editor ... While a reporter on the Washington (D.C.) News he posed as a ... of sterile catgut used in medical ... work, died Monday night at his ... home in New York City. He wr... 89 and during his long caree... had been a close friend of Albert Einstein."

Malcolm H. Bryan, 65, former president of the Federal Reserve Bank of Atlanta, died Tuesday in Atlanta after a long illness.

Julian A. Space, executive vice president of a leading Georgia financial firm and a former newspaper executive, died Tuesday after being stricken at his office. He was 64.

Space, executive vice president of the investment banking firm of Johnson, Lane, Space, Smith and Company Inc. since 1933, died of an apparent heart attack.

He was a former vice president and Augusta resident manager of the Citizens and Southern Company. He also served as president of the Herald Publishing Co., which for a number of years published the Augusta Herald, and was a former director of the Savannah Morning News and Evening Press.

Mrs. T. F. Williamson

The funeral for Mrs. Mary Southern Williamson, 64, of Harold Drive, Pfafftown, widow of T. F. Williamson, will be at 2:30 p.m. Thursday at Salem Baptist Church. Burial will be in Salem Cemetery.

She was born in Surry County to J. R. and Mary Elizabeth Teague Southern. She was office manager of Piedmont Sheet Metal Co. for 15 years and was a member of Salem Baptist Church.

Surviving are two daughters, Mrs. Richard E. Pope of 1437 Miller Street and Miss Mary Alice Williamson of 1504 Miller Street; three sons, Thomas F. Williamson Jr. of Meadowlark Drive, Phillip Williamson of Sarasota, Fla., and Ben R. Williamson of 1436 Miller Street; a sister, Mrs. Gladys Bohn of New York City; and three brothers, Robert Southern of Akron, Ohio, Peyton Southern of Miami, Fla., and W. W. Southern of Lewisville-Vienna Road.

The body is at Vogler's Chapel.

Miss Claudette Gwyn

Funeral arrangements are incomplete for Miss Claudette Laws Gwyn, 24, of 1750 Harvard Street NW, Washington, who drowned Sunday in the Potomac River when a small boat in which she was riding capsized. The body was recovered late Monday.

She was born in Winston-Salem to Mr. and Mrs. William Henry Gwyn. She was a member of New Jerusalem Baptist Church.

Surviving are her father and stepmother, Mrs. Marian Lash Gwyn of Winston-Salem; a son, Sidney Howard Gwyn of Winston-Salem; two sisters, Mrs. Letha Lee of Washington and Miss Constant Levern Gwyn of Winston-Salem; and a brother, Will Alfred Gwyn of Winston-Salem.

The body will be sent to Hooper Funeral Home.

Mrs. James Wagoner

YADKINVILLE — Mrs. Arkie Wagoner, 77, widow of James P. Wagoner, died yesterday morning at the home of a daughter, Mrs. Fred Walker of Hamptonville.

The funeral will be at 2 p.m. Thursday at Macedonia Baptist Church in Wilkes County. Burial will be in the church cemetery. The body is at Mackie-Hinshaw-Gentry Funeral Home.



PFAFF

... For many years ... was with the ... Atkins Book ... store. He joined Rawley-Apperson Co. in 1956. He was vice president of the company at the time of his death. He was a member of the Friends Church.

Surviving are two sisters, Mrs. Cora Hauser of 1632 Reynolda Road and Mrs. Bessie Phelps of Winston-Salem, Rt. 3.

Mrs. J. H. Jackson

Funeral arrangements are incomplete for Mrs. Alice Green Jackson, 56, of 224 W. 23rd Street, wife of Johnnie H. Jackson. She was dead on arrival Monday at Kate Bitting Reynolds Memorial Hospital. Death was from natural causes.

She was born in Winston-Salem. She was a member of St. Paul Methodist Church and was employed at R. J. Reynolds Tobacco Co.

Surviving are her husband; three sisters, Mrs. Evelyn G. Harmon of Washington and Mrs. Lizzie G. Stinson and Mrs. Gladys G. King of Winston-Salem; and two brothers, Ollie and Eddie Green of Winston-Salem.

The body is at Howard-Robinson Funeral Home.

Howard T. Jessup

PILOT MOUNTAIN — The funeral for Howard T. Jessup, 58, a farmer of Westfield, will be at 2 p.m. today at Westfield Baptist Church. Burial will be in the Inman family cemetery.

Mr. Jessup died Monday.

Mrs. Ruth Dawkins

The funeral for Mrs. Ruth Moore Dawkins, 69, of 2242 Ivy Avenue will be at 4 p.m. Friday at Goler Metropolitan AME Zion Church. Burial will be in Evergreen Cemetery.

Mrs. Dawkins died Monday.

Frank W. Lash

The funeral for Frank W. Lash of Washington, formerly of Winston-Salem, will be at 2 p.m. today at Hooper Funeral Chapel. Burial will be in Evergreen Cemetery.

Mr. Lash died Saturday.



Morton (Pete) King

LEAKSVILLE—Morton (Pete) King, 55, of Stoneville died yesterday at Morehead Memorial Hospital after suffering a heart attack.

He was born in Stoneville to Edgar and Lelia Seymour King. He was a carpenter for Stanley Bowles Construction Co. of Martinsville, Va.

Surviving are a son, William Seymour King of Massachusetts; and three sisters, Miss Gertrude King of the home, Mrs. J. W. Siler of Greensboro and Mrs. Howard Bennett of Chapel Hill.

The body is at Fair Funeral Home pending arrangements.

Troy Daran Moore

THOMASVIL... roy Daran Moore, day-old ... of William and Shirley Wright Moore of 316 Amazon Road, died Monday in High Point Memorial Hospital.

Surviving are his parents; a sister, Miss Tammie Marie Moore of the home; a brother, Richard Moore of the home; and his grandparents, Mrs. John West of Winston-Salem and John Moore of King.

The funeral will be at 2 p.m. today at J. C. Green and Sons Chapel. Burial will be in Waughtown Cemetery at Winston-Salem.

Miss Ruth Nelson

Miss Ruth Faye Nelson, 50, of 322A Mahaley Avenue, Salisbury, died yesterday at Baptist Hospital after a long illness.

She was born in Davidson County to Robert L. and Willie Cornish Nelson. She graduated from the old City Memorial Hospital School of Nursing in 1943.

Surviving are her mother of Salisbury; and a brother, Robert L. Nelson of Davidson County.

The body is at Vogler's Chapel pending arrangements.

1858 VOGLER 1967

SERVICES

Dial 722-6181

230 S. Main Street

Wednesday

Mr. Grover O. Pfaff

4:30 p.m. Vogler's Chapel

Thursday

Mr. Meade H. Willis, Sr.

At Vogler's till 10:30

11:00 St. Paul's Episcopal Church

Mrs. Mary S. Williamson

Vogler's till 1:30 p.m.

Salem Baptist Church 2:30 p.m.

Mr. Herman Lyons

Remains at the home till 2 p.m.

3 p.m. Union Grove Baptist Church

Incomplete

Miss Ruth Nelson

Salisbury, N. C.

See Marvelous Results in just 2 weeks or Test Costs Nothing

Through the amazing benefits of a substance new to cosmetics, named Genava, aging skin can now look younger and younger. It's true! Genava acts in an entirely different way to correct aging dry-skin wrinkles, crowsfeet, thin papery texture. Small wrinkles disappear—even deepest wrinkles show great improve-

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Al's Cleaners &
American Rug (
Winston-Sale
Ammons Esso S
Anchor Compan
Andrews Pharn
Armstrong Opti
Ellis Ashburn S
Avis Car & Tru

Barefoot Auto
Bill's Famous
Buena Vista Sh
Byerly & Steele

Cahill & Swain
Camel Pawn Sh
Carolina Hotel
Charmelette Bo
Clinard-Harrel
College Plaza F
Colonial Furni
Colonial Studi
Coppedge Phot
Cox Pharmacy

Davis Discoun
Jack Davis, In
Dize Awning &
Company
Doss & Sons
Downtowner

Eastern Airli
Elaine's Unde
Ellis Cycle Ce
Eubanks Fur

Fabric Cente
Fashionaire
Fleet Tire Se
Flow Motors,
Foot-So-Port
Formal Hous
Forsyth Tire

G'Anzie, Inc.
Gilbert & Jo
Golden Tria
Greystone D

Hairdesigne
Hanes Hard
Appliance
Harvel's, In
Hash & Mos
Hauser Ren
Hedgecock
B. H. Herri
Hine-Bagby
Hinkle's Bo
Holiday Pu
Howard Jo

Jacards
H. H. Jone
Jones Stud

Kaufman'
Kay's Clea

Lambeth

TAYLOR

MOUNT AIRY - Mrs. Glenna Ellen Pierce Blizard Taylor of 304 Old Highway 52, wife of James Louie Taylor passed away Tuesday, Aug. 6, 2002, at Northern Surry Hospital of Surry County. Mrs. Taylor was born May 12, 1914, in Denton, the daughter of the late Ernest and Lilly Jackson Pierce. Mrs. Taylor was a faithful member of Holly Springs Baptist Church for the past 60 years. She taught Sunday school and was a member of the WMU. She was retired from Taylor's Garage, having worked there for 35 years. Surviving are her husband, James Louie Taylor of the home; three daughters and sons-in-law, Peggy and Roger Needham of Pilot Mountain, Patsy and Phil Sutphin of Concord and Pamela and Mike Crowe of Greer, S.C.; two sons and daughters-in-law, Teddy and Brenda Blizard of Columbia, S.C., and Jerry and Patsy Blizard of Charleston, S.C.; 11 grandchildren; 10 great-grandchildren; a sister, Eva Hill of Denton; six brothers, Everette Pierce, Troy Pierce and Warren Pierce, all of Denton, Tiras Pierce of Thomasville, Elwood Pierce of Albemarle and Lacy Pierce of Asheboro; and several nieces and nephews. In addition to her parents, Mrs. Taylor was preceded in death by her first husband, T. Jeff Blizard; and a brother, Ralph Pierce. The family wants to express a special thanks to Annie Mae Hutchens of Mount Airy for being a good friend and caregiver for many years. The funeral service will be held at 2 p.m. Friday, Aug. 9, 2002, at Holly Springs Baptist Church, conducted by the Rev. Lanny R. Atkins. Burial will follow at Skyline Memory Gardens. The family will receive friends from 7 to 9 this evening at Moody Funeral Home of Mount Airy, where her body will remain until carried to the church to lie in state 30 minutes prior to the service. Flowers will be accepted or memorials may be made to Holly Springs Baptist Church, 396 Holly Springs Road, Mount Airy, NC 27030.

Rudolf Friml Dies; Composed Operettas

STOCKTON, Calif. (AP) — "I'm so full of music that if I don't sit down and let some of it flow, I think I would burst from the pressure."

And flow it did for more than 50 years from the genius of Rudolf Friml, the famed composer of operettas.

Friml died at the age of 92 in Presbyterian Hospital Sunday night. He had entered the hospital Oct. 5 because of internal bleeding.

Friml made the remark about being filled with music in an interview when 90.

He composed 33 operettas — including such favorites as "Rose Marie" and "Vagabond King" — and hundreds of songs, among them "Indian Love Call" and "Donkey Serenade."

Friml was ranked with Victor Herbert and Sigmund Romberg as giants in the composition of the charming and lighthearted musical works called operettas.

"Some composers think a lot ... I just do it," Friml once said. "I improvise on the spot. I have not the slightest idea what I am going to play. I let God give me some melodies."

He was scornful of current popular music. "I pity this generation of voiceless singers, snapping their fingers to the eternal 4-4 beat. Music has gone to the devil. How can they write good music if they've never heard of it?"

Friml was born in Prague, Czechoslovakia, Dec. 7, 1879, the son of a baker. He liked to relate that his father set out one day to buy firewood, stopped at a tavern and instead bought a piano.

Friml began thumping on the piano at the age of 4, and at 6 was playing the organ for Mass in the local Catholic church. He studied at the Prague Conservatory of Music for six years and came to the United States in 1901 as accompanist for violinist Jan Kubelik.

He wrote his first operetta, "Firefly," in 1912. "Rose Marie" opened in New York in 1924 and played 557 performances. Three motion picture versions of it were made.



RUDOLF FRIML

Friml came to Hollywood in 1932 and wrote the scores of many motion pictures. He lived in a lavish Mediterranean-style home atop Mount Lookout, overlooking Hollywood on one side and the Pacific Ocean on the other.

Friml kept active, both musically and physically. At 86, he made a five-month concert tour. At 90, he was still going through a rigorous program of daily exercises, including push-ups and standing on his head.

He is survived by his fourth wife, Kay; two sons, Rudolf Jr. of Saugus, Calif., and William of Palm Springs, Calif.; a daughter, Lucille Mauvais of Vacaville, Calif., and six grandchildren.

A requiem mass will be celebrated Thursday morning at Blessed Sacrament Catholic Church in Hollywood. Burial will follow at Forest Lawn Memorial Park in nearby Glendale.

Frank Bow, Congressman, Dies at 71

Washington Star-News

WASHINGTON — Rep. Frank T. Bow, 71, R.-Ohio, ranking minority member of the House Appropriations Committee, died early yesterday in Bethesda Naval Hospital.

He was to have been the next U. S. ambassador to Panama.

Bow, first elected to Congress

Funerals

AREA AND STATE

William Hil Hamby of Purlear, Rt. 1, 2 p.m. today, Yellow Hill Baptist Church.

Lillard A. Denny of Boone, 2 p.m. today, Kelley Memorial Chapel of Reins-Sturdivant Funeral Home.

Mrs. Phoebe Ann Hunter Inman of Westfield, widow of Newell Inman, 2 p.m. today, Cox Funeral Home Chapel.

MRS. CHARLIE V. RATLIFF

Mrs. Viola Lowery Ratliff, 49, of 608 Pitts Street, wife of Charlie V. Ratliff, died Saturday at Forsyth Memorial Hospital. The body is at Russell Funeral Home pending arrangements.

Mrs. Ratliff was born in Wadesboro. She was a member of Mars Hill Baptist Church.

Surviving are her husband; a daughter, Mrs. Gloria Rice of Milwaukee, Wis.; three sisters, Mrs. Mary London, Mrs. Odessa Murry and Mrs. Josephine Wiley of Winston-Salem; and two brothers, Floyd and Willie Lowery of Winston-Salem.

JOHN F. LEDFORD

John Francis (Chick) Ledford, 68, of 917 Shober Street, died Sunday at Forsyth Memorial Hospital. The funeral will be at 11 a.m. Wednesday at Voglers Main Street Chapel. Burial will be in the Moravian graveyard.

Mr. Ledford was born in Foryth County to Permania and May Sapp Ledford. He was a member of Christ Moravian Church and was employed at Crater, Disher and Ketner Plumbing Co. for a number of years and later operated Ledford Florist. He was also a member of the Knights of Pythias and a veteran of World War II.

Surviving are his wife, Mrs. Ethel White Ledford; a son, Dan. P. Ledford of Merced, Calif.; and a sister, Mrs. Nina Moser of Greensboro.

CHARLES A. JENKINS JR.

Charles Augustus Jenkins, Jr., 64, of 930 W. Fourth Street, died of natural causes yester-

GROVER C. HIX

MORAVIAN FALLS —Grover Cleveland Hix, 84, of Moravian Falls, died Sunday night at his home. The funeral will be at 2 p.m. today at Moravian Falls United Methodist Church. Burial will be in the Moravian Falls Cemetery.

Mr. Hix was born in Wilkes County to Cicero T. and Martha Howell Hix. He was a member of Moravian Falls United Methodist Church, was a retired service station operator, and was a member of Liberty Masonic Lodge.

Surviving are his wife, Mrs. Carrie Thomas Hix; two daughters, Mrs. Lewis W. Elias of Winston-Salem and Mrs. James C. Reavis Jr. of Morganton; and a son, William T. Hix of Winston-Salem.

The body is at Reins-Sturdivant Funeral Home in North Wilkesboro.

WALTER M. HILL

Walter Moir Hill, 76, of 2775 Evans Road died yesterday at his home. The funeral will be at 3:30 p.m. Wednesday at Voglers Main Street Chapel. Burial will be in the Moravian graveyard.

Mr. Hill was born in Stokes County to Henry Carl and Alice Holt Hill. He was a retired employe of the Merchants Service Co.

Surviving are his wife, Mrs. Ruth D. Hill; a sister, Mrs. Flora Boose of Evans Road; three stepdaughters, Mrs. V. L. Alford of 933 Hutton Street, Mrs. Faith W. Coleman of 1300 Oak Grove Road and Mrs. Gladys Frye of 2032 Truelove Lane; and a stepson, Ira L. Whitaker of 2714 Patria Street.

Area & State

Mrs. Edna Marie Hutchens Sanderfort, 43, of Wake Forest, formerly of Yadkinville, wife of James Sanderfort, died Sunday at Forsyth Memorial Hospital in Winston-Salem. Funeral 1 p.m. today Harmony Grove Friends Meeting. Second service 2 p.m. Wednesday Wake Forest United Methodist Church. Burial Raleigh Memorial Park.

Mrs. Dovie McCall Rhodes, 79, of Lenoir, widow of Robert C. Rhodes, died yesterday at a Morganton hospital. Funeral 11 a.m. Wednesday Lower Creek Baptist Church. Burial church cemetery.

Osee Mart Caudill, 60, of Sparta, Rt. 4, died Sunday at Alleghany Memorial Hospital. Funeral 11 a.m. Wednesday Zion Primitive Baptist Church. Burial church cemetery.

Mrs. Bessie Lippard Benfield,

MRS. THOMAS

ELKIN — Elizabeth Carter Elkin, Rt. 2, w Gentry Walsh, night at Bapti Winston-Salem, be at 2 p.m. Pleasant Ridge Burial will be cemetery.

Mrs. Walsh Wilkes Count to Ennis Harris C a member of Baptist Church.

Surviving are daughter, Mrs Johnson of Wi son, Thomas Hickory; and Loyal and B. W. Road.

The family re memorials be building fund of Baptist Church of the donor's c

The body is a Johnson Funeral

MARTIN L. BR

STOKESDALE Browning, 22, of 2, died yesterd Memorial Hosp accident on U. Goodwill Com funeral will b Wednesday at Methodist Chur be in the church

Mr. Browning Guilford County and Mattie Jone was a member Methodist Churc the Vietnam employe of W e Electric Corp. Salem.

Surviving are Stokesdale, Rt. James Morton and two broth Browning, of Rt. 1, and Dav the home.

The body is Funeral Home.

ERNEST G. PO

NORTH WIL Ernest Glenn North Wilkesbo yesterday at body is at Funeral Home rangements.

Mr. Porter Wilkes County Diana Combs P member of Baptist Church retired employe Drew Furniture

Surviving are Emma Perry daughters Mrs. Jr. of Florence, C. Stokes of Wi Mrs. Billy Ab

nber of West Lexington. or Citizens Club. Surng are her husband, zel Berrier of the home; ee daughters, Mrs. ne (Mildred) Love, Mrs. by (Blanche) Temple Mrs. Richard (Louise) dy, all of Lexington; one her, the Rev. Marvin th, [illegible]gton; one sis- Ed (Effie) [illegible]xington, one [illegible]er, William K. y, Lexington; seven ndchildren and six at-grandchildren. The ily will receive friends he funeral home from 7 p.m. tonight.

IS

ST BEND — Mr. Robert vne Davis, 25, Rt. 2, died rday morning at his e. He was born in Yadcounty to Lewis and udie H. Davis. He was ployed by R. J. Reynolds acco Co. Surviving are wife, Mrs. Annette ntz Davis of the home; son, Matthew Ernest vis of the home; his ther of Rt. 2, East Bend; ee brothers, Grady Da- Rt. 2, East Bend, Albert vis, East Bend and Lloyd vis, Rt. 1, East Bend; ee sisters, Mrs. Helen dreth, Rt. 2, East Bend, s. Peggy Myers, Rt. 3, mptonville and Mrs. ne Beck, Clemmons. Fural services will be 2:30 n. Tuesday at Huff Fural Home Chapel by the v. Jimmy Moore. Burial ll be in Forbush Friends metery. The family will eive friends from 7 to 9 n. tonight at the funeral me.

APE

's. [illegible]hnson Draper, 18[illegible]ycross Dr., died nda[illegible]orning at her me. A native of Gaston unty, Mrs. Draper atnded Elon College and ke University. She had en employed as a medi- l technician at Forsyth emorial Hospital for the st 13 years. She was a ember of Maple Springs nited Methodist Church. rviving are her husband, llsworth Robert Draper the home; one son, Ellsorth Robert Draper, Jr., ashington, D. C.; one ughter, Mrs. Trina Drap- Dees, Winston-Salem; ree brothers, Ralph John- n, Huntington, W. Va., alvin Johnson, Richmond, a. and Taylor Johnson, elmont; five sisters, Sele, Elizabeth and Naomi ohnson and Mrs. Catherine olin, all of Belmont and rs. Nellie Beidelman, Alxandria, Va. Funeral serces will be 2 p.m. Tuesday Maple Springs United ethodist Church by the ev. Frank B. Cook with urial in Forsyth Memorial ark. The body will lie in ate at the church 30 minutes prior to the service. he family will receive riends from 7 to 8:30 p.m.

an War, having served in the U.S. Army. Surviving are his wife, Mrs. [illegible]ine Donley Harmon, [illegible]he home; one daughter, [illegible]iss Jennifer Gail Harmon, Broadmoore Apts., Winston-Salem; one son, Howard Harrison Harmon, Jr., Raleigh and one grandson, Scott Harrison Harmon, also of Raleigh. Funeral services will be 11 a.m. Tuesday at Vogler's Main Street Chapel with burial in Parklawn Memorial Gardens. The family will receive friends from 7 to 9 p.m. tonight at the funeral home.

HUNTER

PILOT MOUNTAIN — Mr. Carl R. Hunter, 81, Westfield, died Sunday morning at Stokes-Reynolds Memorial Hospital in Danbury after a long illness. He was born in Stokes County to Wyatt and Jenny Cook Hunter. He was a member of Westfield Baptist Church. Surviving are his wife, Mrs. Thelma George Hunter of the home; four sisters, Mrs. O. H. (Nonnie) Hauser, Westfield, Mrs. W. E. (Ellen) Reece, White Plains, N. C., Mrs. T. P. (Roxie) Payne, Westfield and Mrs. W. W. (Erline) Martin, Winston-Salem. Funeral services will be 3 p.m. Tuesday at Westfield Baptist Church by the Rev. Jesse Bledsoe with burial in the church cemetery. The family will receive friends from 7 to 8 p.m. tonight at Cox Funeral Home and request memorials be made to the Westfield Baptist Church cemetery fund. The body will be carried to the church at 2:30 p.m. to lie in state.

MILLER

KINSTON — Mr. Lewis Steven Miller, 58, Rt. 2, Mt. Olive, died Saturday at Lenoir Memorial Hospital. Funeral services will be 11 a.m. Tuesday at the Christian Chapel of Free Will Baptist Church with burial in Oakridge Cemetery in Pink Hill. Surviving are his wife, Mrs. Margaret Garris Miller of the home; two granddaughters; two sisters, Mrs. Kay Mason and Mrs. Jewel White and two brothers, Jack and Dennis Miller, all of Winston-Salem. The family will receive friends at Howard and Carter Funeral Home from 7 to 9 p.m. tonight.

PULLIAM

ASHEBORO — Mr. William Coyt Pulliam, Jr., 33, 1822 McDermott St., died Sunday at High Point Memorial Hospital. He was a native of Forsyth County and was employed with R.T.C. Transportation Co. Surviving are his wife, Mrs. Carolyn Nixon Pulliam of the home; two daughters, Misses Misty L. Pulliam and Kristy L. Pulliam, both of the home; one son, William K. Pulliam, Rural Hall; his parents, Mr. & Mrs. William C. Pulliam, Sr., Rt. 1, King and two brothers, John Arthur Pulliam, Lewisville and Ricky Lane Pulliam, King. Funeral services will be 2 p.m. Tuesday at Ridge Funeral Home Chapel with burial in Oaklawn Cemetery. The family will receive friends at the funeral home from 7 to 9 p.m. tonight.

RASH

MILLERS CREEK — Mr. Clarence Dewey Rash, 82, better known as C. D. Rash, Rt. 1, died Sunday morning at Wilkes General Hospital after an extended illness. Funeral services will be 2:30 p.m. Tuesday at Pleasant Home Baptist Church by the Rev. Latt Veshears and the Rev. Mace Johnson. Burial will be in the church cemetery. The body will lie in state at the church from 2 until 2:30 p.m. Tuesday. Mr. Rash was born June 23, 1901 in Wilkes County to William E. and Matilda Faw Rash. He was a retired furniture worker and a member of Pleasant Home Baptist Church. Surviving are his wife, Mrs. Ida Alefair Shumate Rash of the home; one daughter, Mrs. Edna Faw, Rt. 1, Millers Creek; two granddaughters, Kathy Nichols and Carolyn Faw and one great-grandson, Derrick Gene Nichols. The body will remain at Reins-Sturdivant Funeral Home where the family will receive friends from 7 to 9 p.m. tonight. Flowers will be accepted or memorials may be made to the Pleasant Home Baptist Church cemetery fund.

REYNOLDS

SILOAM — Mr. Charles Patrick Reynolds, Jr., 63, Rt. 1, died Saturday night at the Veterans Hospital in Durham. He was born in Williamson, W. Va. to the late Charles and Lula Davis Reynolds. He was a disabled veteran having served in the U. S. Army and the U. S. Air Force. Surviving are his wife, Mrs. Faye Marion Reynolds of the home; one daughter, Mrs. Cammie Dean Perez, Rt. 1, Ararat, N. C.; one stepdaughter, Mrs. Vickie Marion, Rt. 1, Siloam; one stepson, Billy Freeman, Mount Airy; six stepgrandchildren; two sisters, Mrs. Doris Nichols, Wharncliffe, W. Va. and Mrs. Essie Stites, Liberty and two brothers, R. J. Reynolds, Kernersville and C. A. Reynolds, High Point. Funeral services will be 2 p.m. Tuesday at Pine Hill Friends Church by a U. S. Air Force Chaplain. Burial will be in the church cemetery with full military grave rites. The body will remain at Moody Funeral Home in Mount Airy until taken to the church to lie in state 30 minutes prior to the service. The family will receive friends from 7 to 9 p.m. tonight at the funeral home.

[illegible] of Danville, Va.
VA[illegible] Mrs. Minnie
Turne[illegible] Danville, Va.

SHOUSE

Mr. James Thompson Shouse, 89, formerly of 949 Hutton St., died Supday evening at the Moravian Home where he had been a resident since August, 1977. Graveside services will be conducted 10 a.m. Tuesday at the Moravian Graveyard. Mr. Shouse was born February 11, 1894 to James Monroe and Dora Williams Shouse. He spent his early life in Salem and was an active member of Home Moravian Church until his health failed. He retired from Standard Brands, Inc. in 1957 after 38 years of service. His wife, Mrs. Myrtle Peddycord Shouse, passed away in July 1975.

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Vogler's Chapel 11 a.m.
Mr. James Thompson Shouse
Graveside Service
Moravian Graveyard 10 a.m.

REYNOLDA ROAD
—Monday—
Mrs. Joyce Martin Whittington
Vogler's Chapel 11 a.m.
Mr. Charles G. New
Vogler's Chapel 7 p.m.
—Tuesday—
Mr. John Calvin Tate
Marshall Baptist Church
11 a.m.
Mrs. Inez Johnson Draper
Maple Springs United Methodist Church
2 p.m.

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Mr. Paul James Hayes
First Wesleyan Church
2 p.m.
Mrs. Lillie Gordon Hicks
Glenn View Baptist Church
4 p.m.
Mrs. Naomi Lawrence
Haywerth-Miller Chapel
8:15 p.m.
—Tuesday—
Mr. Howard Samuel Nunn
Haywerth-Miller Chapel 11 a.m.

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The 19th Green — Winston Salem (Good 12 Times)
T.J.'s Deli — 5717 Country Club Road, Winston Salem (Good 12 Times)
The Grecian House — Clemmons (Good 12 Times)
T.J.'s Deli — 1273 Corporate Parkway, Winston Salem (Good 12 Times)
Gordy's — High Point (Good 12 Times)
Dolley's — Greensboro (Good 12 Times)
Planks — Greensboro (Good 12 Times)
Western Sizzlin Steakhouse — Winston Salem (Good 12 Times)
Huck's — Greensboro (Good 12 Times)
The Mantleworks — Greensboro (Good 12 Times)
Cattlemen's Association Steak House — High Point (Good 12 Times)
Peppi's — Burlington (Good 12 Times)
Dexter's Family Rest. at the Quality Inn — Kernersville (Good 12 Times)
Mr. Rosewater's — Greensboro (Good 12 Times)
International House of Pancakes — Winston Salem (Good 12 Times)
Peppi's — High Point (Good 12 Times)
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Obituary: Mildred Rose Lambeth McIntyre

<< Previous **Next >>**

Wayne Blizard - Mar 21, 2006 View | Viewers

Winston-Salem Journal
Thursday, December 1, 2005

WALLBURG - Mildred Rose Lambeth Mcintyre, 78, of the Gumtree community, where she had lived all her life, died Tuesday, Nov. 29, 2005 at Forsyth Medical Center. She was born July 7, 1927, in Davidson County to the late Roby and Coriner Gardner Lambeth. She was the owner and operator of Mildred's Beauty Shop for several years. She was preceded in death by a dsughter Jo McIntyre Disher; by an aunt who was like a mother to her, Lessie Gardner Parrish; and two brothers, Owens and Buddy Lambeth. Surviving are three daughters; Starr Lawson and husband Nick; June Hicks and husband Steve; and Jackie Adams and husband Greg, all of the Gumtree community; four grandchildren, Tisha Russ and husband Rod, Erick Hicks, Matthew Disher and Haley Taylor; twp great grandchildren, Logan and Alissa Russ; three sisters, Leola Doss, Shelby Harris and Shirley Hariston, all of the Gumtree community; several nieces and nephews; and her beloved dog Peaches. A graveside will be held at Parklawn Memorial Park Cemetery, with the Rev. Albert Smith officiating. The family will be at the J. C. Green & Sons Funeral Home Wallburg Chapel from 6 to 8 p.m. today, and at other times at the home of a daughter, Starr Lawson. Online condolences may be sent to the McIntyre family at www.jcgreensons.com.

Note: Mildred was formaly married to Russell Adrian McIntyre. Russell was a son of Malon Hamilton McIntyre and Emma Louise Blizard McIntyre.

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Easter Obituary

Mount Airy --Mrs. Irene Harris Easter, 80, of 102 Lakeview Drive, Mount Airy, widow of Mr. Worth Coley Easter, passed away Saturday morning, Dec. 24, 2005, at her home. Mrs. Easter was born Feb. 6, 1925, in Surry County to the late Brady and Nellie Louise Coe Harris. She was a retired placement officer with Housing Urban Development of Mount Airy and was a member of Mount Airy Christian Church. Surviving are one daughter, Dianne Easter Hull of the home; a grandson and spouse, Mitchell Bruce and Rachel Hull of Grand Rapids Mich.; two great-grandsons, Dustin Hull and Cody Hull, both of Mount Airy; a step-great- grandson, Dustin Ellis of Grand Rapids; a sister and brother-in-law, Georgia and Clifford Johnson of Mount Airy;

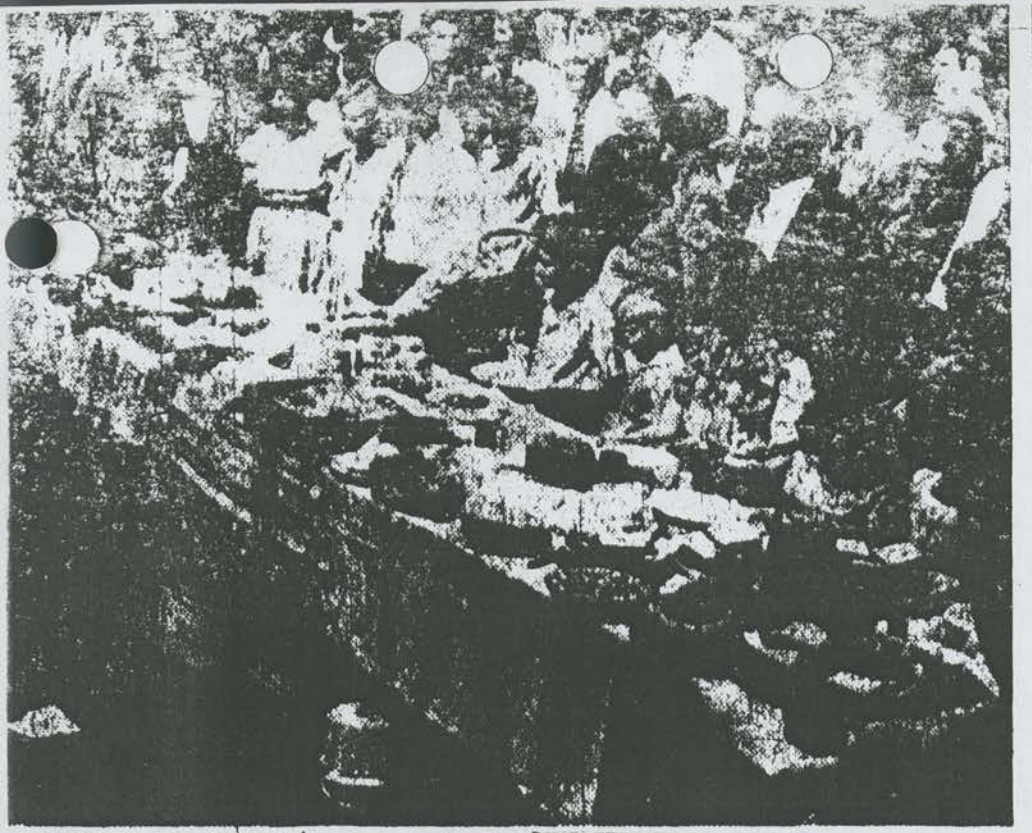
One brother and sister-in- law, William Henry and Carolyn Harris of Winston-Salem; a very special friend, Paula Marie Tilley of Mount Airy; a brother-in-law and sister-in-law, Billy and Irene Moxley of Cana VA.; and several nieces and nephews.

In addition to her husband and her parents, Mrs. Easter was preceded in death by a great-grandson, Joshua Mitchell Hull.

Funeral services will be held Tuesday, Dec. 27, 2005, at 11 a.m. at Mount Airy Christian Church with services conducted by Bro. Davon Huss and Bro. Wayne Williamson with burial to follow in the Skyline Memory Gardens.

The family will receive friends Monday from 7 to 9 p.m. at Moody Funeral Home in Mount Airy.

Let me know if you get this
Virginia Norman



-PLENTY TO EAT IT—Approximately 500 Stones and Fulks attended yes- the yard of Pilot Mountain Primitive Baptist Church. Part of the crowd, d brought in picnic baskets, is seen here, just before the eating started.

to $189,000,000,000—the income of the South increased 196 per cent.

South, West Gain

The share of national income going to New England and the Middle Atlantic States has declined during the same period, as the South and West have come into their own. Increased industrialization and higher farm prices have contributed to this shift in the direction of more equitable distribution of national wealth, the Government economists said.

Per capita income in the South has climbed from a 1929 average of only $344 in a year to $883.

Although the statistical study was not released in the form of a political document, it is obvious that the Democratic Administration will be able to make considerable use of it in the coming southern campaign.

National Democratic Chairman Senator J. Howard McGrath has already released statements telling dissident Southerners that 15 years of Democratic Administration have brought economic gains to the South.

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ervices for of Walnut Winston-Sa- ght ll be at ome Bethlehem ev. M. E. Crews will will lie in rom 2 p.m.

9-20-1948

Henry Martin Briggs Dies in Galax, Va.

Henry Martin Briggs, 74, of 1222 Reynolda Road, died at Waddell Hospital at Galax, Va., yesterday afternoon following an auto accident a week ago.

The accident occurred at the Low Gap-Scenic Highway intersection, when his car overturned.

He was born Nov. 14, 1873, the son of Mr. and Mrs. Edward Briggs. He was with the Carroll Furniture Company at the time of his death.

Mr. Briggs was a member of the Sprague Street Baptist Church and Sunday School. He was a lay minister.

He is survived by his third wife, Mrs. Lola M. Whittington Briggs; a son, Jeffrey E. Briggs of Baltimore, Md.; a daughter, Miss Ruby Briggs of Winston-Salem; two brothers, Frank Briggs of High Point and Thomas Briggs of Pfafftown; a sister, Mrs. R. B. Martin of Winston-Salem, and five grandchildren.

The body will remain at Vogler's Funeral Home pending completion of funeral arrangements.

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W-S Journal

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Mrs. S. T. Ramsey

Funeral arrangements were incomplete yesterday for Mrs. Addie Clark Ramsey, 83, of Marshall, Rt. 2, widow of S. T. Ramsey.

Mrs. Ramsey died at 9:35 a.m. yesterday at Oakwood Knoll Nursing Home near Kernersville. She had been in declining health three years.

She was born in Madison County to Jonas and Florrie Ramsey Clark and spent her life in the county.

Mrs. Ramsey was a member of Peak's Chapel in Madison County.

Her husband died in 1960.

Surviving are six daughters, Mrs. A. O. Mayberry of 3501 Delane Drive, Mrs. Jessie McCollum of Davow Park, Mrs. Paul Brown of 440 Crews Street and Mrs. Carl Hilliard of Willamont Street, Mrs. Blain Soesbee of Marshall and Mrs. Sam Caudill of Woodbine, Pa.; two sons, W. C. Ramsey of Marshall and Marion Ramsey of Mars Hill; 15 grandchildren; and 11 great-grandchildren.

The body will be sent at 8 a.m. today from Wall Glade Hill Chapel to Bowman Funeral Home in Marshall.

Mrs. W.S. Weddington

STATESVILLE — The funeral for Mrs. Amanda Overcash Weddington, 56, wife of W. S. Weddington of Troutman, Rt. 1, will be conducted at 2 p.m. Sunday at First Methodist Church at Troutman by the Rev. G. G. Adams Jr. Burial will be in the church cemetery.

The body will be taken to the home of a daughter, Mrs. Jonie Pennell of Troutman, at 4 p.m. today from Bunch Funeral Home and will be placed in the church at 1:30 p.m. Sunday.

Mrs. Weddington died Thurs-

Jessie Martin Reid

PILOT MOUNTAIN — The funeral for Jessie Martin Reid, 78, a retired farmer of Ararat, Rt. 1, will be conducted at 2 p.m. today at Pine Hill Friends Meeting House. Burial will be in the Meeting House graveyard.

The body is at Cox Funeral Home and will be placed in the church at 1:30 p.m.

Mr. Reid died Thursday.

Mrs. P. R. Dixon

HIGH POINT — Mrs. Clara Setliff Dixon, 69, widow of Purby Richardson Dixon of 215 Gatewood Avenue, died of a heart attack at her home at 4:45 p.m. yesterday.

She was born in Rockingham County to William H. and Rachel Ellington Setliff. She had lived in High Point 44 years.

Before retiring two years ago, Mrs. Dixon was employed by the High Point Paper Box Co.

Surviving are two daughters, Mrs. M. L. Allison of Huntersville and Mrs. George Elkins of Martinsville, Va.; five grandchildren; and a sister, Mrs. Nancy Setliff Bates of High Point.

The funeral will be conducted at 3 p.m. Sunday at Hayworth Memorial Wesleyan Methodist Church by the Rev. Archie J. Argo. Burial will be in Oakwood Memorial Park Cemetery.

The body is at Sechrest Funeral Home.

Lacy Nathan Bond

MOUNT AIRY — Lacy Nathan Bond, 57, a farmer of Mount Airy, Rt. 8, died at 8:50 p.m. yesterday at his home after a long illness.

Mr. Bond was born in Carroll County, Va., to Jordan and Adaline Worrell Bond and spent most of his life here.

He was a veteran of World War II.

Surviving are his wife, Mrs. Mamie Whitaker; two sons, Lacy (Buck) Bond Jr. of the home and Donnis Dempsey Bond of Mount Airy, Rt. 8; four daughters, Mrs. Lester Taylor of High Point, Mrs. William Haynes and Mrs. Colin Hall of Mount Airy, Rt. 8, and Miss Charlotte Bond of the home; eight grandchildren; and three sisters, Mrs. Troy Vernon of Toast, Mrs. Gracie Reynolds of Galax, Va., and Mrs. Wheeler Harris of Winston-Salem.

The body is at Moody Funeral Home pending arrangements.

John Franklin Dean

KERNERSVILLE — The funeral for John Franklin Dean, 63, a barber of Kernersville, Rt. 4, will be conducted at 11 a.m. today at Ragland Funeral Home by the Rev. H. B. Johnson. Burial will be in Oaklawn Memorial Gardens.

Mr. Dean died Thursday.

Mrs. Russell McGee

The funeral for Mrs. Ethel Bondurant McGee, 59, of 1217 Watson Avenue, wife of Russell R. McGee, will be conducted at 4 p.m. today at Voglers Chapel by Dr. Charles Bowles and the Rev. Gene Little. Burial will be in Oaklawn Memorial Gardens.

Mrs. McGee died at 4:30 a.m. yesterday at her home. She had been in declining health a year.

She was born in Forsyth County to William H. and Dora A. Barrow Bondurant and attended Reynolds High School.

Mrs. McGee was employed in the sales department of R. J. Reynolds Tobacco Co., retiring in July.

She was a member of Centenary Methodist Church and Twin City Chapter 60, Order of the Eastern Star.

Surviving besides her husband is a daughter, Mrs. Sylvia Pickett of Burlington.

Mrs. E. J. Harvey Jr.

The funeral for Mrs. Mary Isabel Burton Harvey, 57, of 807 West End Blvd., wife of E. J. Harvey Jr., will be conducted at 11 a.m. today at Voglers Chapel by Dr. Charles Bowles, the Rev. Gene Little and Dr. William D. Williams. A graveside service will be conducted at 2:30 p.m. at Highland Burial Park in Danville, Va.

over his house. Lowe quoted the witness as saying he believed weather conditions were "beyond light airplanes."

There were indications of fog and lowering cloud cover in the area, Lowe said.

Log Book

He said the last entry in Wilson's personal log book was dated Feb. 22, 1964, and showed a total flying time of nine hours and 45 minutes.

Lowe said Wilson had a student flying license and said investigators found no evidence Wilson had ever been checked out for night flying.

Lowe quoted Mobley as saying he had not been informed that the plane would be used Thursday night.

Lowe said the report, along with the probable cause of the crash, would be released later by the CAB in Washington.

Wilson E. Livengood

The funeral for Wilson Excell Livengood, 62, of 723 Moravia Street will be conducted at 2 p.m. today at Bethany United Church of Christ by the Rev. Carl Martin and the Rev. L. M. Merritt. Burial will be in the church cemetery.

The body is at Voglers Chapel and will be placed in the church at 1:30 p.m.

Mr. Livengood died Thursday.

The benefits from such an approach are obvious. The government saves the cost of jailing a prisoner and the accused is able to continue to work and lead a normal life while awaiting his day in court. It also tends to give the poor man the same advantage as his rich counter-part — who would have no trouble putting up bond.

Criminal Justice Act

Greater strides toward equalizing the status of the rich man and the poor man being tried for crime are expected when the Criminal Justice Act of 1964 takes effect next August.

That law sets up procedures for defendants who cannot afford their own attorneys to have legal advice from their first appearance before a U.S. commissioner through the appeals court.

It also provides for payments for investigative services—blood tests, detective work, fingerprint and ballistic examinations—on behalf of the poverty-pleading accused. Limits are placed on lawyers' and investigators' fees.

Finally, it directs the federal courts to set up a plan for

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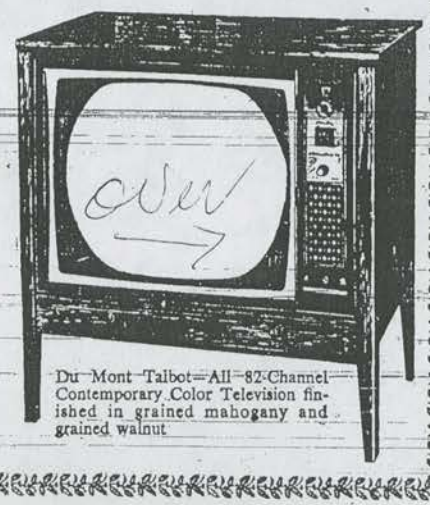
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Barbara Blizard Orr, 47

Black Mountain

Barbara Blizard Orr of Black Mountain died Tuesday, June 17, 1997 at Memorial Mission Hospital.

Barbara graduated from Owen High School in 1968 and attended East Tennessee State University. She worked for several years as office manager in the medical profession. She recently enrolled at Western Carolina University, where she was inducted into the Mortar Board National College Senior Honor Society. This honor society recognizes college seniors for distinguished ability and achievement in scholarship, leadership and service. She was a member of the First Baptist Church of Black Mountain and was a member of the choir. She was preceded in death by her husband, Samuel Harrison Orr, and her brother, James McNeil Blizard.

Posted

She is survived by her Penn.rents, Thomas Allen Sr. and Margaret McNeil Blizard of Black Mountain; brother and sister-in-law, Tom and Dixie Blizard of Huntersville; several nieces and nephews; and her many friends.

Graveside services were last Thursday at Oak Forest Cemetery in Etowah with Dr. Mike Hill and the Rev. David Hyde officiating.

A memorial service was held on Saturday at the First Baptist Church of Black Mountain with Dr. Hill and Rev. Hyde officiating.

In lieu of flowers, memorials may be made to the scholarship fund on behalf of Barbara Blizard Orr at the First Baptist Church of Black Mountain.

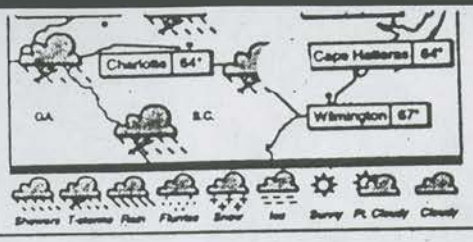
Brigman's Valley Funeral Service in Black Mountain served the family.

MAR 23 1993

Mount Airy: Monday's high temperature was 65 degrees while the overnight low at 7 a.m. Tuesday was 53 degrees. Rainfall measured .24 o[illegible]nch.

Extended Forecast

Thursday through Saturday: There will be a chance of rain throughout the period. Lows will be in the 40s, except lower 50s at the coast. Highs will be in the 50s and 60s.



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OBITUARIES

Tuesday - March 23, 1993 - Mount Airy News - W-S Journal

DILLON

GALAX, Va. — Mr. John McLean Dillon, 65, of Rt. 5, Galax, Va., died March 14, 1993 in Surry County, N.C. Born Jan. 15, 1928 in Grayson County, Va., he was the son of William Ed and Lillie Patton Dillon. Funeral services will be held at 2 p.m. Wednesday in the Vaughan-Guynn Chapel in Galax, conducted by the Rev. Jeff Dillon. Burial will be in McKenzie Cemetery. He is survived by his wife, Mrs. Edna Reavis Dillon of Galax; three daughters, Becky Lawson, Kathy Arrington and Renee Dillon, all of Mount Airy, N.C.; four sons, Tim Dillon, Roger Dillon, Richard Dillon and Matthew Dillon, all of Mount Airy; three sisters, Mary Leonard and Maxine Morris, both of Galax, and Betty Robinson of Sterling, Va.; four brothers, William Dillon, Robert Lee Dillon and Roger Dillon, all of Galax, and Carroll Dillon of Gray, Tenn.; and seven grandchildren.

NUNN

HIGH POINT — Mr. Otis Anderson Nunn, 78, of 215 Irbywood Drive, died Sunday, March 21, 1993, at 1:27 p.m. at High Point Regional Hospital. Born May 31, 1915 in Stokes County, he was the son of Robert Samuel and May Blizzard Nunn. He had been a resident of High Point for 50 years and had retired from Old Dominion Freight Lines in 1978 after 32 years of service. After his retirement he also worked for the High Point School System as a security guard. He was also a member of Woodlawn Baptist Church. On Oct. 1, 1958 he married Pauline Hunt, who survives of the home. Also surviving are two daughters, Mrs. Don (Margaret Anne) Forst of Whitehouse, Tex. and Mrs. Larry (Jenny Ruth) Johnson of Jamestown; one son, Otis A. Nunn Jr. of 308 Hickory Lane; one sister, Mrs. Gladys Betenbaugh of High Point; three grandchildren; and two great-grandchildren. Funeral services will be held at 11 a.m. Wednesday in Woodlawn Baptist Church, conducted by the Rev. Pat Ray. Burial will be in City Cemetery in Pilot Mountain. The body will remain at Sechrest Funeral Home on E. Lexington Ave. until placed in the church 30 minutes before the funeral. The family will be at the funeral home Tuesday from 7 until 8:30 p.m.

SHEETS

Mr. Ward Allen Sheets, 76, of 2537 Reeves Mill Road, Mount Airy, died early Monday morning in Northern Hospital of Surry County, Mount Airy. Born Nov. 14, 1916 in Ashe County, he was the son of Thomas Jerome and Mary Sage Sheets. Mr. Sheets was a retired employee of Mount Airy Furniture Company, serving as a night watchman, and was of the Baptist faith. Surviving are his wife, Mrs. Josie Elizabeth Riley Sheets of the home; three daughters, Mrs. Gary (Ann) Payne of Imogene Church Road, Mount Airy, Mrs. Billy (Kathy) Inman of Hiatt Road, Mount Airy, and Ms. Mary Reves of the home; five sons, Mr. Thomas Sheets, Mr. Dan Sheets and Mr. Ralph Sheets, all of Hiatt Road, Mount Airy, Mr. Jess Sheets of Rockford Street, Mount Airy and Mr. John Sheets of Rt. 1, Pilot Mountain; 17 grandchildren; four great-grandchildren; and one sister, Mrs. Gray Gaylean of Mount Airy. Graveside services will be held at 2 p.m. Wednesday at Skyline Memory Gardens, Mount Airy, conducted by the Rev. Dennis McMillian. The family will receive friends at the Cox-Needham Funeral Home and Chapel in Pilot Mountain Tuesday from 7 until 9 p.m. and, at other times, at the Sheets home on 2537 Reeves Mill Road, Mount Airy.

Deaths

Local

SHEETS, Mr. Ward Allen, 76, of 2537 Reeves Mill Road, Mount Airy, the husband of Mrs. Josie Elizabeth Riley Sheets.

SMOOT, Mr. Freeman Gabriel, 92, of Surry Community Nursing Center, formerly of 4099 Westfield Road, Mount Airy, the husband of the late Mrs. Mary Lee McBride Edmonds Smoot.

WILSON, Mrs. Peggy "Sue," 57, of 1450 Belvue Drive, Mount Airy, the wife of Mr. Rayno Wilson.

Area and State

DILLON, Mr. John McLean, 65, of Rt. 5, Galax, Va., the husband of Mrs. Edna Reavis Dillon.

NUNN, Mr. Otis Anderson, 78, of 215 Irbywood Drive, High Point, the husband of Mrs. Pauline Hunt Nunn.

SIMPSON

LIBERTY — Mrs. Elizabeth "Lizzie" Watson Simpson, 99, of 4786 N.C. 49 North, Liberty, formerly of Ararat, died March 20, 1993 in Evergreen Nursing Home, Greensboro. Born in Surry County, she was the daughter of Francis Marion and Jeston Sawyers Watson and a member of Little Mountain Baptist Church in Ararat. She was preceded in death by her husband, Mr. Charlie Simpson, and her parents. She is survived by a daughter, Mrs. Inez Nunn of Liberty; a foster daughter, Mrs. Dovie Marsh of Ararat; nine grandchildren; 12 great-grandchildren; and four great-great-grandchildren. Funeral services will be held Tuesday at 2 p.m. in Little Mountain Baptist Church, with the Rev. Billy Watson officiating. Interment will follow in the church cemetery. The family received friends at Loflin Funeral Home, Liberty, Monday from 7 until 9 p.m.

SMOOT

Mr. Freeman Gabriel Smoot, 92, of Surry Community Nursing Center, formerly of 4099 Westfield Road, Mount Airy, the widower of Mary Lee McBride Edmonds Smoot, died Monday morning in Northern Hospital of Surry County. He was born June 19, 1900 in Wilkes County, a retired farmer and of the Baptist faith. He is survived by one stepson and daughter-in-law, Wade and Opal Edmonds of Mount Airy; six stepgrandchildren, Bill Edmonds, Linda Raasch, Brenda Edmonds, Faye Badgett, Jack Edmonds and Debbie Worrell, all of Mount Airy; seven stepgreat-grandchildren; and one stepgreat-great-grandchild. Funeral services will be held Wednesday at 2 p.m. in the Moody Funeral Home Chapel, conducted by the Rev. R.J. Hartman. Burial will follow in Woodville Baptist Church Cemetery. The family will receive friends at Moody Funeral Home of Mount Airy Tuesday from 7 until 9 p.m.

WILSON

Mrs. Peggy "Sue" Wilson, 57, of 1450 Belvue Drive, Mount Airy, the wife of Rayno Wlson, died Monday afternoon in Northern Hospital of Surry County. Born March 7, 1936 in Surry County, she was the daughter of Corinna McKinney Bowden. She was a registered nurse with Northern Hospital of Surry County for 33 years, a graduate of High Point Nursing Academy and a member of Calvary Baptist Church. She is survived by her husband, Rayno Wilson of the home; one daughter, Miss Susan Delayne Wilson of Statesville; one son, Stanley Wilson of the home; and one brother, James Bowden of Mount Airy. Funeral services will be held Wednesday at 12:30 p.m. in the Moody Funeral Home Chapel, conducted by the Rev. Alfred Ayscue, with burial to follow in Skyline Memory Gardens. The family will receive friends at Moody Funeral Home of Mount Airy Tuesday from 7 until 9 p.m. Memorials may be made to the Home Health Care of Northern Hospital of Surry County or to Calvary Baptist Church.

Suit Against City Will Move Forward

From Staff Reports

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Mrs. Taylor Simpson, local Girl Scout Commissioner, is in Savannah, Ga., where she is attending the annual conference of the Juliette Low Region of Girl Scouting, comprising the states of North and South Carolina, Georgia and Florida. Tomorrow evening she will have a part in the conference program, presiding over the discussion group on "Practice In Serviceable Skills."

The conference opens today at 5 p. m. and closes with a "victory dinner" on Friday evening. A major feature of the program will be the dedication of a Juliette Low Museum, memorial to the founder of Girl Scouting, which will be presided over by Miss Nina Tate, honorary life member of the regional committee and a girlhood friend of Mrs. Low.

The local Scouts sent an exhibit of crafts, including a first aid kit, a puppet made from cheese boxes, and table mats made by local Brownies.

—V—

Coroner's Inquest Set For Friday As Aftermath Of Fire

Coroner Wallace G. Freemon announced today that a coroner's hearing would be held Friday afternoon at 3:30 o'clock in connection with fire Wednesday, April 1, on East Russell Street which claimed the lives of two men.

An investigation of the blaze is being conducted by Freemon, Murray M. Grier, safety engineer of the state department of labor, and John R. Bulla of Greensboro, district inspector for the labor department.

Freemon estimated that 12 to 15 witnesses would be summoned.

"Things are shaping up," Freemon said. "We are getting closer to just how the fire started."

Grier and Bulla said they were primarily interested in the specific type of operation underway in the veneer plant at the time of the explosion.

Dwight E. Cannaday, Jr., and H. O'Connor Woods lost their lives in the fire that destroyed a two and one-half story building housing Sedgefield Shops and the Hugh G. Childress lacquer plant.

—V—

THOMASVILLE WOMAN IS INJURED IN FALL HERE

Mrs. Lily Mae Jones, who lives at 207 White Street, Thomasville, and is employed at the Silver-Knit Hosiery Mill here, suffered injuries, including shock and bruises, when she fell down some steps at the mill about 12:30 o'clock this afternoon.

The injured woman was taken in Koonce's ambulance to Burrus Memorial Hospital, where she was retained as a patient.

Park Church sang "Rock of Ages" and "Shall We Meet Beyond The River." A duet "Farther Along," was sung by Mrs. Paul J. Frye and Mrs. J. A. Jones. The quartet was composed of Mrs. Frye, Mrs. Jones, Paul J. Frye and D

ASHEBORO, Ap. 18.—Mrs. Minerva Cranford Lassiter, 83, prominent and well known resident of Asheboro for the past thirty years, died this morning in the Randolph County hospital following an illness of several months. She was the widow of the late W. B. Lassiter, both of whom were born and reared in Concord township, Randolph County, moving to Asheboro 30 years ago.

Mrs. Lassiter was the last of ten children and was the daughter of Henry Cranford of Randolph County. For a number of years she was prominent in civic, social, and church affairs of Asheboro.

Survivors include one brother, John Cranford, of Dover, Tenn.; one sister-in-law, Mrs. Elvia Cranford, of Mooresville, and a number of nieces and nephews in this section of the state, among them being E. H., C. C. and C. L. Cranford, Mrs. C. W. Scott and Mrs. J. T. Ingram, all o fAsheboro. It is also interesting to note that these are double nieces and nephews of herself and her late husband.

Funeral services will be held tomorrow afternoon at four o'clock at the First Methodist Church with the pastor, Rev. Paul Hardin, Jr., officiating. Burial will follow in the old cemetery.

—V—

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Mistrial Ordered In $1,027 Action

A mistrial was ordered by Judge D. C. MacRae in civil court today in the suit of E. M. Cummings against the Armstrong-Caddell Face Veneer Co.

The plaintiff was asking for the recovery of $1,027.91 and interest allegedly due as payment for 48 crates of walnut overlays shipped from the New Albany, Ind., firm.

The mistrial was ordered on a to the defendant Oct. 9, 1940.

party.

"It is my duty to assist in promoting good feeling, to conserve our resources, to exercise care in bringing others into our organization and to promote the purposes for which we were organized.

"And so I asked myself the question, can I do these things acceptably to the members? I can truthfully answer that I will try. I will assume my duties cheerfully and discharge them to the best of my ability. But I realize that alone a chairman can do nothing. Therefore, I trust that, as I shall endeavor to carry out the wishes of the party in all matters, so may I have at all times the fullest confidence of the party's members, their advice, their sympathy and support to the end that our party may grow in strength and members during my term of office."

—V—

The other planets of the solar system are thought to be about the same age as our earth.

Men, Women Over 40 Don't Be Weak, Old

Feel Peppy, Now, Years Younger

Take Ostrex. Contains general tonics, stimulants often needed after 40—by bodies lacking iron, calcium phosphate and Vitamin B1. A 73-year-old doctor writes: "It did so much for patients, I took it myself. Results were fine." Get special introductory 25c size Ostrex Tonic Tablets today (or gal. $2.5). Start feeling peppy, younger, this very day

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ON LINGERIE BOARD

Raleigh (AP).—J. D. Croom of the Randolph Underwear Company, Randleman, N. C., yesterday was appointed a member of the women's and children's lingerie industry committee of the war production board.

INJURIES FATAL

Kinston (AP).—Elliott H. Faulkner, 43, a farmer, died in a hospital yesterday of injuries he received late Saturday when struck by a hit-and-run driver. His wife, walking with him, was uninjured.

He will replace Commissioner Thomas R. Wolfe of Albemarle who has resigned to accept a commission as lieutenant colonel in the army. Wolfe has served on the commission for the last six years under appointments by Governor Hoey and Governor Broughton.

Cannon is president of the Hugh Cannon Mills Company of Kannapolis. He was a member of the highway commission during the administration of Governor Gardner for two years. The appointment was for a term expiring on May 1, 1945.

Cotton Warehouse Group to Convene

Raleigh (AP).—The annual two-day convention of the Carolinas Cotton Warehouse Association will convene here today. The association is for warehousemen of North and South Carolina.

There will be an opening session this afternoon and a banquet tonight. Friday's session will be devoted to reports, business discussions, election of officers and directors and an address by Grenville Mellen of Gulfport, Miss.

North Carolina Deaths

MRS. CORA LAIRD

Graham (AP).—Mrs. Cora Holt Laird, 82, daughter of the late Governor Thomas M. Holt and Mrs. Louise Holt, died suddenly Tuesday night at the home of her only son, T. Holt Laird, Route 2, Greensboro.

Funeral services will be conducted at the Graham Presbyterian Church at 3 o'clock this afternoon.

In addition to the son survivors include two sisters, Mrs. A. W. Haywood and Mrs. C. D. Wright,



MRS. ELIZA ELLEN KEY

Pilot Mountain.—Mrs. Eliza Ellen Key, 85, wife of the late Elder G. O. Key, died at her home here yesterday morning at 10 o'clock. She had been in declining health for some time.

Surviving are four children, Jasper Key, Ararat; Mrs. R. O. Butner, Cameron; C. S. Key and Frank Key, both of Pilot Mountain; 24 grandchildren and 18 great-grandchildren.

Funeral services will be held Wednesday morning in the car with her father and mother.

They had been to Apex where she was under the care of a doctor. Her health had been poor for the past three months.

Surviving are her parents, three sisters, Mrs. Lucile Smith of High Point, Mrs. Stella Blake of Randleman, and Miss Eulala Proctor of the home; four brothers, J. W. and B. F. Proctor of the home; S. S. Proctor of High Point, and Avery Proctor of Martinsville, Va. She attended church at Union Tabernacle on Prospect street, High Point, where funeral services will be conducted. Arrangements are incomplete.

MISS VERGIE LINA PASCHAL

Reidsville. — Miss Vergie Lina Paschal, 31, died at her home in New Hope community, Reidsville, Route 5, after being in declining health for the past several years and critically ill for seven weeks.

Funeral will be held today at 3 p.m. at New Hope Primitive Baptist Church. Burial will be in the church cemetery.

Surviving are her parents, Mr. and Mrs. D. L. Paschal, with whom she lived; seven sisters, Mrs. J. T. Loftis, Reidsville; Mrs. Tom Allen, Reidsville, Route 5; Mrs. Gordon Williams Bailey, Route 3; Mrs. Joe Mangrum, Reidsville; Mrs. Bryant Williams, Reidsville, Route 5; Mrs. Leroy Isley, Reidsville; and Mrs. W. C. Hammock, Reidsville, Route 1; and five brothers, Jesse Arthur and Lanxley Paschal, all of Reidsville, Route 5; and Richard and Roy Paschal of Reidsville, Route 1.

MRS. EMALINE S. THOMPSON

Chapel Hill. — Funeral services for Mrs. Emaline Strowd Thompson, 89, lifelong resident of Orange county, will be held at the United Church in Chapel Hill this afternoon at 5 o'clock. Interment will be in the Strowd family cemetery, four miles west of Chapel Hill.

Mrs. Thompson, daughter of the late Manley D. and Martha Atwater Strowd, prominent Chapel

H. Freeze, died yesterday at the home, in Franklin township.

Surviving, in addition to the parents, are a sister, Madgelene, and the grandparents, Mr. and Mrs. John Jenkins.

Funeral services will be held today at 11 a.m. at Gay's Chapel Methodist Church. Burial will follow in the church cemetery.

MRS. NORA YOUNG FAIR

Leaksville. — Funeral services for Mrs. Nora Young Fair, 64, who died Tuesday afternoon at her home following a long illness will be held this afternoon at 4 o'clock from Primitive Baptist Church.

Services will be conducted by Rev. Walt Tuttle and burial will follow in Overlook Cemetery.

Mrs. Fair was a native of Stokes county and lived in Rockingham county for 35 years.

Surviving are two sons, Melvyn Fair, serving with the Canadian armed forces; Loufe Fair, of Dallas, Texas; two daughters, Mrs. Stacey Nelson, Spray, and Mrs. Hazel Shipton, of Leaksville; one half brother, Patrick Heath, of Stoneville.

H. L. MORRISON

Reidsville.—Howard Louis Morrison, 80, died suddenly of a heart attack at Hickory Tuesday.

Morrison was born February 11, 1862, near Charlotte Courthouse, Va. He came to Reidsville in his early adult life and was employed by the Southern Railway Company as receiving clerk in the Reidsville freight office for 62 years. He retired in March, 1939, and since that time has led a quiet life at his home on Redd street.

He was married October, 1898, to Miss Daisy Jones, daughter of Rev. and Mrs. F. H. Jones.

He was a member of First Baptist Church in which he served as deacon for 40 years.

Surviving are his wife and two daughters, Mrs. E. W. Walton of Hickory, and Mrs. R. H. Satter-

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Baptist Medical Center in Winston-Salem. Mrs. Graybeal was born in Sullivan County, Tenn., on December 6, 1939, daughter of the late George Nathan and Myrtle Slagle Hickman. She was a retired biscuit maker from Hardee's on Willow Street and of the Primitive Baptist faith. Survivors include five sons, David Robert Frederick Graybeal and Thomas Edward Graybeal, both of the home, Charles Hugh Graybeal, Jr., of Mount Airy, and Johnny Allen Graybeal, Sr. and James Emory Graybeal, both of Bristol, Tenn.; 15 grandchildren; fourteen great grandchildren; six sisters, Shelby Ketron, Bristol, Va. and Colene Feathers of Johnson City, Tenn.; three brothers, Hal Hickman, Earl Hickman and Hobert Hickman, all of Bristol, Tenn.; and several nieces and nephews. In addition to her husband and parents, Mrs. Graybeal was preceded in death by a daughter, Ellen Jane Graybeal; a grandson, Johnny Allen Graybeal, Jr. and a granddaughter, Christy Cromer. Funeral services will be held at 2 p.m. Tuesday, February 1, 2000 at the St. Clair Bottom Primitive Baptist Church in Chilhowie, Va., conducted by Elder Ben Blevins and Elder Larry Blevins with burial to follow in the church cemetery. The family received friends Saturday night at Moody Funeral Home of Mount Airy, the body will then be taken to Weaver Funeral Home in Bristol, Tenn., where the family will receive friends from 7 to 9 p.m. Monday night.

HATCHER

Mr. Timothy Ray Hatcher, 51, of 204 Old Highway 52 and 750 Coolidge Ave., Mount Airy, husband of Frances Butcher Hatcher, passes away on Thursday, January 27, 2000 at Wake Forest University Baptist Medical Center in Winston-Salem. Mr. Hatcher was born in Surry County on September 28, 1948, son of Hayden Earl Hatcher and Athylene (Lynn) Sutphin Moss. Survivors include his wife, Frances Butcher Hatcher of the home; one step-daughter, Angela T. Edwards of Westfield; one step-son, John David Hunter of the home; one-step grandson, Cody Ryan Thompson of Westfield; his mother, Athylene (Lynn) Sutphin Moss of Mount Airy; his father, Hayden Earl Hatcher of Mount Airy; one half-sister, Tammy Earlene Galyean of Rural Hall; one brother, Jerry Earl Hatcher of Mount Airy; and several nieces and nephews. The funeral services will be held on Sunday, [illegible]

member of Crooked Oak Moravian Church. Survivors include four daughters and two sons-in-law, Judy and Gary Sandlin of Advance, Paula Ann and Billy Tate of Fancy Gap, Va., Carolyn Sue Bowman of Mount Airy, and Cathy Darlene Macy of Dobson; one son and daughter-in-law, Donald and Laura Wilmoth of Cana, Va.; sixteen grandchildren; seven great grandchildren; and one sister, Viola McMillian of Mount Airy. In addition to her husband and parents, Mrs. Wilmoth was preceded in death by one daughter, Pamela Anita Wilmoth; one son, Thomas Baily Wilmoth; one granddaughter, Andrea Wilmoth; three sisters, Ernie Nichols, Gertrude Clement and Elsie McMillian; and one brother, Thomas Barnard Strickland. The funeral service will be held on Monday, January 31, 2000 at 2 p.m. at Moody Funeral Home Chapel of Mount Airy. The service will be conducted by Rev. Jesse Edwards, with burial in Skyline Memory Gardens. The family will receive friends on Sunday from 7 until 9 p.m. at the Moody Funeral Home.

Businessman Dies At Age 87

LAKELAND, Fla. (AP) — Marie Fontaine, co-founder of Discount Auto Parts, has died of complications from pneumonia. She was 87.

Fontaine founded the Lakeland-based auto parts chain in 1971 along with her husband, Herman. The chain supplies more than 600 stores in six states and employs more than 6,000 people.

Fontaine's son, Peter Fontaine, of Asheville, N.C., said his mother, who died Thursday, played a key role in the success of Discount Auto Parts.

"She set the standard for our values and instilled in our company the importance of 'family,'" Peter Fontaine said.



Happy Birthday!

Jenna Brooke Phillips celebrates

Shovel Shipped To Show Support

ELKO, Nev. (AP) — Disgruntled Westerners shipped thousands of shovels to northeast Nevada to protest federal environmental policy and lend support to residents feuding with the U.S. Forest Service over a washed-out road.

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DEATHS

LOCAL

BLACKMON, Mrs. Glenna Maxine Branscome, 76, of 1219 E. Pine Street, widow of Mr. Jeffrey Blackmon.

HAYNES, Mr. William Ralph, 86, of 314 Hay Street, widower of Mauline Scott Hayn[illegible].

HEMMINGS, Mr. Russell Warren "Pee Wee", 74, of 3164 Park Drive, Mount Airy, husband of Mrs. Margie Simmons Hemmings.

HENNIS, Mrs. Mamie Carter, 97, of Hennis Hill Drive, Mount Airy, widow of Hugh L. Hennis, Sr.

AREA

BOWEN, Mr. Luther Woodrow, 86, of 1365 Hauser Road, Pinnacle.

WALL, Mr. James McClain, 68, of Winston-Salem.

NATION

ELLIS, Mr. Daniel Maynard, 62, of 3814 Mitchell Road, Orlando, Fla., husband of Mrs. Carol L. Ellis.

BLACKMON

Mrs. Glenna Maxine Branscome Blackmon, 76, of 1219 East Pine Street, Mount Airy, the widow of Mr. Jeffery Blackmon, passed away Friday, October 12, 2001 at Wake Forest University Baptist Medical Center. Mrs. Blackmon was born in Carroll County, Va. June 12, 1925, daughter of the late Charlie Ross Branscome and Lucretia Spence Branscome, was owner and operator of Ideal Monument Works and was a member of Flat Rock Baptist Church. Surviving are three daughters and sons-in-law, Barbara and Roger Gunn of Pulaski, Va., Brenda J. Blackmon of Mount Airy and Carolyn and Joseph Revard of Virginia Beach, Va.; one son, Alan Blackmon of Mount Airy; [illegible] Church Cemetery Fund, c/o Vickie Bowen, 215 Robert Owens Road, Pinnacle, NC 27043. The Bowen family is being served by Cox-Needham Funeral Home, Pilot Mountain.

HAYNES

Mr. William Ralph Haynes, 86, of 314 Hay Street, Mount Airy, widower of Mauline Scott Haynes, passed away Friday, October 12, 2001 at Northern Hospital of Surry County. Mr. Haynes was born in Surry County on July 24, 1915, to the late Charlie Lee and Susan Law Haynes. He was retired from Norman's Auto Trim Shop as an upholsterer and was a member of White Plains Baptist Church. Survivors include a daughter and son-in-law, Nancy and Wade Thompson of Mount Airy; a stepdaughter, Bonnie Monday of King; eight grandchildren; 10 great-granchildren; a sister, Kate Jones of High Point; and a brother, Rawley Haynes of Mount Airy. In addition to his wife and parents, Mr. Haynes was preceded in death by a daughter, Helen Moore; two sisters, Lola Brooks and Ila Hall; and a brother, Bruce Haynes. The funeral service will be held Sunday, October 14, 2001 at 3 p.m. at Moody Funeral Home of Mount Airy. The service will be conducted by the Rev. Rawley (Dink) Haynes Jr., the Rev. Jimmy Slate and the Rev. Dale Hawks, with burial in the Skyline Memory Gardens. The family received friends Saturday from 7 to 9 p.m. at Moody Funeral Home of Mount Airy. Flowers will be accepted.

HEMMINGS

Mr. Russell Warren "Pee Wee" Hemmings, 74, of 3164 Park Drive, Mount Airy, husband of Mrs. Margie Simmons Hemmings, passed away at his [illegible]

Mount Airy for 77 yea[illegible] Surviving are three daug[illegible]ters, Ms. Margaret H. Tayl[illegible] of Mount Airy, Mrs. Bill[illegible] H. Clark of King and M[illegible] Helen H. Crossingham an[illegible] her husband, Jim, of Mou[illegible] Airy; one son, Hugh Lin[illegible]wood (Sonny) Hennis J[illegible] and his wife, Rebecca, [illegible] Mount Airy; 14 grandchil[illegible]dren; and 10 great-grand[illegible] children. In addition to h[illegible] husband and parents, on[illegible] sister, Mrs. Lucille Linkou[illegible] and two brothers, Ralp[illegible] Carter and Charlie Carte[illegible] preceded Mrs. Hennis i[illegible] death. A private gravesid[illegible] service will be held Sunda[illegible] October 14, 2001 at Oak[illegible]dale Cemetery with th[illegible] service conducted by D[illegible] Roger Gilbert. In lieu o[illegible] flowers, memorial contribu[illegible]tions may be made to th[illegible] First Baptist Church Build[illegible]ing Fund, 714 N. Main St[illegible] Mount Airy, NC 27030 or t[illegible] Northern Hospice, P.O. Box 6626, Mount Airy, NC 27030. Moody Funeral Service of Mount Airy is serving the Hennis family.

WALL

WINSTON-SALEM — Mr. James McClain Wall, 68, of Winston-Salem, died Thursday at his home. Mr. Wall was born January 22, 1933 in Surry County to the late Roby Dallas Wall and Agnes Edwards Wall. He was a retired machine operator with Smurfit-Stone with 39 years of service. He was a Korean War veteran and was a member of Saint Mark United Methodist Church. Mr. Wall was an avid woodworker and fisherman. Survivors include his wife of 48 years, Clarrice Wall of the home; two sons, Edward McClain Wall and wife Debbie of Germanton and Morris Len Wall and wife Rhonda D. Wall of Winston-Salem; one grandchild, Stephanie Lynn Wall of Germanton; one brother, Willis Wall of Mount Airy; seven sisters, Vicie McHone of Rural Hall, Thelma Simpson

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quit in the 10th grade se he didn't have money to his book fees, was also rged with breaking and en-ing, property damage and op-ting a car without a license. teidsville attorney Norwood binson appointed by the court represent Bailey, said the n-ager's father was previous-indicted by the welfare de-rtment for mistreating iley's older brother.

Johnston gave Bailey a two-ar prison sentence in a first-ender's camp, but provided at it would not go into effect Bail ayed at the training ho released, conducted m properly and made no tem to escape.

akistan Arms Funds

RAWALPINDI, Pakistan (AP) — Pakistan will make a eak defense expenditure of 87 million in the next fiscal ear because of its military con-ontation with India, according the budget announced Mon-ay.



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WINSTON-SALEM, NORTH CAROLINA

Rites Set For Victims Of Flood

GASTONIA, N. C. (AP)—Funeral services for six members of a former Gastonia family who drowned in a flash flood at Sanderson, Tex., last weekend will be held here.

No date for the funerals has been set, pending arrival of the bodies, expected Thursday.

The only known survivor of the John Wesley Johnson family, 12-year-old Michael Johnson, is recovering in a Texas hospital. He will be flown to Gastonia Tuesday or Wednesday. He will live here with his maternal grandmother, Mrs. D. A. Wooten.

The boy's father, 36-year-old John Wesley Johnson, has been missing since the flood and is presumed dead.

His mother, Mrs. Ethel Johnson, 31, drowned along with five other children: Lou Ann, 10; Jo Ann, 9; Rose Ann, 8; and 5-year-old twins, Paul and David. The flood engulfed the motel at which they were staying.

Johnson, a migrant construction worker, left here about a year ago. The family returned here for a visit last Christmas.

The Red Cross is making arrangements for the return of bodies and the survivor.

Weldon M. Key

A graveside service for Weldon Matthew Key, 39, of C-302 Patton Avenue will be at p.m. today at Woodland Cemetery. The body will remain at Vogler's Chapel until removal to the cemetery.

Mr. Key was stabbed to death Saturday night. Sheriff's deputies have charged Carl Williams, 51, of MacArthur Road with murder.

Mrs. Laura Kepley

SALISBURY — Mrs. Laura Young Kepley, 77, of 124 N. Boundary Street died yesterday morning at the Community Convalescent Center at Monroe.

Surviving are two daughters, Miss Nannie Evelyn Kepley of the home and Mrs. W. R. Cauble of Clinton, S.C.

The body is at Summersett

Lloyd Morrison

TAYLORSVILLE — Lloyd Morrison, 66, of Taylorsville, Rt. 2, a retired janitor, died at 8:35 Sunday at his home. He was born in Alexander County to Thomas and Ola Hines Morrison.

Surviving are three brothers, Laughton Morrison of Statesville, Ralph and Ed Morrison of Taylorsville; and one sister, Mrs. Christine Morrison of Taylorsville.

The funeral will be at 2 p.m. Wednesday at Mt. Carmel Baptist Church. Burial will be in the church cemetery. The body will be taken to the home at 5 p.m. today and will be placed in the church at 1:30 p.m. Wednesday.

James W. Collins

MOUNT AIRY — James Wilford Collins, 50, of 502 E. Linville Road died unexpectedly at 11:45 a.m. yesterday at Baptist Hospital, Winston-Salem, where he had been a patient two days. He was born in Patrick County, Va., to Zeb and Elizabeth George Collins. He was employed at Belton Dry Cleaners here.

Surviving are his wife, Mrs. Eva Blizzard Collins; one son, Airman, 2-C Vance Collins of Shaw Air Force Base, Sumter, S. C.; one daughter, Mrs. Herbert M. Royal of Rural Hall; his mother of Mount Airy; two brothers, Abe and Herbert Collins of Mount Airy; and two sisters, Mrs. Edmond Blizzard and Mrs. Bibb Ashburn of Mount Airy, and his stepgrandmother, Mrs. Mattie George of Princeton W. Va.

The body is at Moody Funeral Home pending arrangements.

Mrs. Rosie Draper

MARTINSVILLE, Va. — Mrs. Rosie Southard Draper, 79, died Sunday night at Danville Memorial Hospital. She had lived in Henry County 57 years and had been a member of Sharon Baptist Church, Rockingham County, N. C., for 70 years.

Surviving are three daughters, Mrs. Madison Draper of Martinsville, Rt. 2, Mrs. Howard Richardson of Yanceyville, N.C., and Mrs. Dave Carr of Springfield, Mo.; three sons, Connie, Cecil and Penn Draper, all of Martinsville, Rt. 2; and one brother, Hugh Southard of Reidsville, N. C. Rt. 4.

The funeral will be at 2 p.m. today at McKee Funeral Home

Thomas S. Nelson

The funeral for Thomas Spencer Nelson, 56, an employe of P. H. Hanes Knitting Co., will be at 3 p.m. Wednesday at Goodwill Baptist Church. Burial will be in the church cemetery. Mr. Nelson died at 6:30 a.m. yesterday at Forsyth Memorial Hospital after a week's illness. He was born in Forsyth County to Lorenza S. and Molly Hester Nelson.

Surviving are his wife, Mrs. Jessie Wilson Nelson; four daughters, Mrs. R. L. Duke of Clemmons and Mrs. William F. Ryan, Miss Mollie Nelson, and Miss Vickie Nelson of the home; his stepmother, Mrs. Pauline Nelson of High Point; seven half brothers, William Glenn, Fred, Kenneth, Jimmy, Gene, Jack and Rex Nelson of High Point; and two half sisters, Mrs. J. W. Hutchens and Mrs. J. E. Franklin of High Point.

The body is at Hayworth-Miller-Manuel Funeral Home and will be placed in the church at 2:30 p.m. Wednesday.

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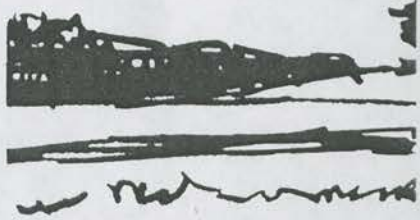
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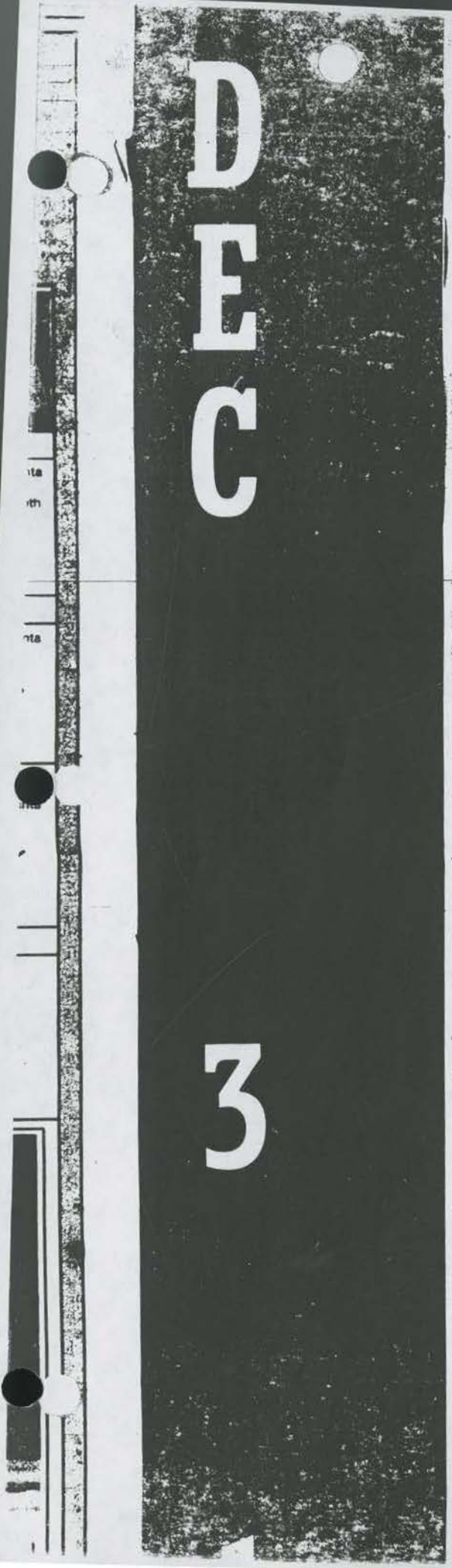
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Hilton Head Hospital, Hilton Head Island, S.C. 29928 or the American Cancer Society, 1900 S. Hawthorne Rd., Winston-Salem, 27103 or a charity of the donor's choice.

BURCHETTE

SPARTA — Mr. Eugene Arzie Burchette, 63, Glade Valley, died Thursday at Baptist Hospital. He is survived by one daughter, Mrs. Frances Sturgill, Piney Creek; three sons, Kenneth Burchette, Michael Burchette and Larry Burchette, all of Lenoir; five sisters, Mrs. Helen Philyaw, Mrs. Virginia McCloud and Mrs. Dorothy Mays, all of Lenoir, Mrs. Wilma Shore and Mrs. Carrie Teague, both of Maryland; six brothers, Ernest Burchette, Wade Burchette, Jack Burchette, Wayne Burchette, Paul Burchette and Ronnie Burchette, all of Lenoir; 11 grandchildren and five great grandchildren. Funeral services will be 2 p.m. Sunday at New Hope Missionary Baptist Church by Rev. Ray Osborne, Rev. Fred Jennings and Rev. Everett Shaw. Burial will be at Antioch Primitive Baptist Church Cemetery. The family will receive friends from 7 to 9 p.m. tonight at Grandview Funeral Home, Sparta.

COLLINS

MOUNT AIRY — Mrs. Eva Blizzard Collins, 68, 126 Sydnor St., widow of J. Wilford Collins, died Friday morning at Baptist Hospital, after several years of declining health. She was born in Surry County, March 9, 1920, daughter of the late Albert G. and Annie Fleming Blizzard and was retired from Belton's Laundry, Mount Airy. Surviving are one daughter, Mrs. Betty Royal, Rural Hall; one son, Vance Collins, Rural Hall; three grandchildren, Wendy Collins and Shannon Royal, both of Rural Hall and Mel Royal, Raleigh; two sisters, Mrs. Myrtle Cockerham and Mrs. Lennis Nunn, both of Mount Airy and five brothers, Hurley, Edmond, Garnett, Lirine and Bert Blizzard, all of Mount Airy. Funeral plans are incomplete. The body is at Moody Funeral Home, Mount Airy, where the family will receive friends from 7 to 9 p.m. tonight.

CRAVER

LEXINGTON — A. Frank Craver, 55, Michael Dr., Welcome, died Thursday evening at Baptist Hospital, after a critical illness of one day. He was born in Davidson County, May 5, 1933. He was employed by Thomasville Furniture Industries. He was a member of Bethesda United Methodist Church. Surviving are his wife, Mrs. Alma Essick Craver, of the home; two sons, Terry Wayne Craver, Rt. 6, Lexington and Freddie Craver, of the home; one daughter, Becky Lou Styron, Atlantic, N.C.; his mother, Flossie James Craver, Rt. 8, Lexington; five brothers, James Craver, Robert Craver and Henry Craver, all of Tyro, Bobby Craver, Lexington and Billy Craver, Athens, Ga. and four grandchildren. Funeral services will be 4 p.m. Sunday at Be[illegible] Church

DANNER, Billy Dean, 63, of Boone, Rt. 5.

HICKS, Mrs. [illegible] Forkner, 82, of Mount Airy, the widow of Thomas Hicks Sr.

MOONEY, James Warren, 67, of Dobson, Rt. 3.

NORRIS, J. Wilson, 92, of Boone.

Elsewhere

HANSLEY, James Foster, Jr., 30, of San Carlo, Calif., formerly of Winston-Salem.

OLIVER, Mrs. Eva Martin, 67, of Patrick Springs, Va., Rt. 1.

60, 4024 Yarbrough Dr., passed away Thursday evening, at his home. He was born in Forsyth County the son of Charlie Thomas and Ruth Leinbach Ketner. Mr. Ketner lived all of his life in Winston-Salem and was a salesman and rental manager with Parkway Ford for 18 years. He was a former volunteer Fireman with Mount Tabor Fire Department. Surviving are his wife, Mrs. Jo Ann Rogers Ketner, of the home; one daughter, Mrs. Jane Pritchard, Tulsa, Okla.; two sons, Gray Ketner and Mike Ketner, both of Winston-Salem; two grandchildren, Christopher Pritchard and Amanda Ketner; his father, Meadowbrook Manor; one step daughter, Charlena Sweatman, Winston-Salem; four stepsons, Tim, Joe, Ronnie and David Rogers, Winston-Salem and four step grandchildren. The family asks that memorials be made to Hospice of Winston-Salem/Forsyth County. Funeral services will be 11 a.m. today at Vogler's Reynolda Road Chapel by the Rev. Brad Bennett with interment in Forsyth Memorial Park.

LAABS

Mrs. Ina Mae Seibold Laabs, 90, 4800 Spilsby Ln., died Thursday at Baptist Hospital, after a short illness. She was born March 18, 1898 to the late Andrew and Lena Conrad Seibold. She resided in Stanley, Wis. from 1925 to 1950 and her and her husband Alfred operated the Otter Creek Cheese Factory. They mooved to Milwaukee in 1950 and lived there until 1965. They lived in Mauston, Wis. from 1968 to 1986. Mrs. Laabs moved to Winston-Salem, to live with her daughter, Marletta. Surviving are two daughters, Mrs. Richard (Marletta) Loper, Winston-Salem and Mrs. Charles (Dolores) Neisinger, Phoenix, Ariz.; six grandchildren and several nieces and nephews. Graveside services will be 11 a.m. today at North Green Grove Cemetery, Colby, Wis. Hayworth-Miller Silas Creek Chapel is in charge of local arrangements.

MCLAURIN

Mrs. Mary Tillmon McLaurin, 5050 Butterfield Dr., died Tuesday at Forsyth Memorial Hospital. She was a native of Wadesboro and had lived in this city for the past 47 years. She was a member of Spencer Memorial Christian Church

great grandchild[illegible] ceded in death [illegible] Maxwell Norris[illegible] ters, Mrs. Betty [illegible] Mrs. Erma Wit[illegible] vices will be 1:[illegible] Hampton Fune[illegible] Boone. Entomb[illegible] Mount Lawn family will rece[illegible] to 8:30 p.m. to[illegible] home. In lieu of[illegible] may be made to[illegible] Jr. Coronary C[illegible] County Hospit[illegible]

STEWART

KING — Mrs[illegible] art, 64, 9094 A[illegible] Rural Hall, di[illegible] unexpectedly, [illegible] al Hospital. Stokes County[illegible] to Ross Sanf[illegible] Fulk. Funeral[illegible] p.m. Sunday[illegible] Home Chapel[illegible] Hicks and F[illegible] Burial will be[illegible] Church Ceme[illegible] by her husban[illegible] of the home; Willie (Shirl[illegible] Hall; one son[illegible] Kermit Stews[illegible] bie, Rural H[illegible] dren, Beverly[illegible] and David Le[illegible] Mrs. Eldon N[illegible] Kiser and M[illegible] King, Mrs. Ja[illegible] Denise Will[illegible] Point and tw[illegible] King and Ea[illegible] Salem. The[illegible] friends from[illegible] the funeral h[illegible] at the home

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JOURNAL STAFF [illegible]

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Wilkesboro and Mrs. Arlee Sweeney, Richmond, Va.; one brother, Harlon F. Gilliam, Winston-Salem and six grandchildren. The family will receive friends from 7 to 9 p.m. Thursday at Reins-Sturdivant Funeral Home, North Wilkesboro. Flowers will be accepted or memorials may be made to the Dr. Fred C. Hubbard Scholarship Fund, c/o Mrs. Ruth Graham, Wilkes General Hospital, P.O. Box 129, North Wilkesboro, N.C., 28659.

CATRON

SPARTA – Mrs. Nettie Cluesmon Catron, 87, Rt. 2, died Wednesday at Twin City Community Hospital, Galax, Va. Surviving are one daughter, Mrs. Addie Mae Baldwin, Elk Creek, Va.; four sons, Jackie Catron, Sparta, Emory Catron, Front Royal, Va., Lester Catron, Hyder, Alaska and John Catron, Aberdeen, Wash.; 15 grandchildren and eight great grandchildren. Funeral services will be 2 p.m. Friday at Grandview Memorial Funeral Home Chapel by Rev. Fred E. Jennings, Rev. Felix Loggins, and Rev. James Smith. Burial will follow at Sparta Cemetery. The family will receive friends from 7 to 9 p.m. Thursday at the funeral home.

COCKERHAM

MOUNT AIRY – Mrs. Myrtle Mae Blizzard Cockerham, 76, Sparger Rd., wife of Rev. J. Porter Cockerham, died Wednesday morning at Baptist Hospital. Mrs. Cockerham was born in Surry County on December 12, 1912 the daughter of the late Albert and Annie Fleming Blizzard and attended the Pentecostal Holiness Church, Sparta. Surviving in addition to her husband are four daughters, Mrs. Kathleen Chaney, Mrs. Ann Leftwich, Miss Roberta Cockerham, all of Mount Airy and Mrs. Erdine White, White Plains; two sons, Roger Cockerham, Brooklyn, N.Y. and David Cockerham, Elkin; 17 grandchildren; three great grandchildren; one sister, Mrs. Lennis Nunn, Mount Airy; four brothers, Garnett, Edmond, Lyrine, and Bert Blizzard, all of Mount Airy. Funeral services will be 2 p.m. Friday at Moody Funeral Home by Rev. Floyd Dalton with interment following in Oakdale Cemetery. Her body will remain at the funeral home for the service where the family will receive friends from 7 to 9 p.m. Thursday.

GILMORE

Mr. Jerry Calvin Gilmore Jr., 1609 N. Liberty St., passed away Tuesday morning at Forsyth Memorial Hospital. He was a graduate of Shaw University. He was founder, owner and chairmnan of the board of Gilmore's Funeral Home. He was a member of New Bethel Baptist Church, where he was chairPsic He was a past board member of the Nort[illegible]western Security Life Insurance [illegible]npany and a past board member and officer of Victory Credit Union. He is survived by his wife, Mrs. Frances S. Gilmore, of the home; one son, Mr. Jerry C. Gilmore III, Winston-Salem; one daughter, Mrs. Cynthia G. Douthit, Winston-Salem; one daughter-in-law, Mrs. Jeanette D. Gilmore, Winston-Salem; one son-in law, Mr. Thomie D. Douthit, Winston-Salem; five grandchildren, Donna P. Gilmore, Mejaii D. Douthit, Monica L. Gilmore, Jerry C. Gilmore IV and Meka D. Douthit all of Winston-Salem; a devoted nephew, Lavon R. Gilmore, Winston-Salem; a host of nieces, nephews, other relatives and friends. Funeral Services will be conducted 2 p.m. Saturday at New Bethel Baptist Church Dr. Jery Drayton will officiate. Interment will be in the family plot of Evergreen Cemetery. The family will receive Friends from 7 to 8 p.m. Friday at Gillmore's. The family may be contacted at the residence. Arrangements entrusted to Gilmore's Funeral Directors.

HOLDER

Mr. Buford Alton (Doc) Holder, 84, 5000 Paramount Rd., Pfafftown, died Wednesday morning at Forsyth Memorial Hospital. He was born on October 22, 1904 in Pfafftown to Charles E. and Fannie Whitman Holder. He spent all of his life in Forsyth County. Mr. Holder rertired in 1969 from Southern Railway after 43 years of service. He attended Elm Grove United Methodist Church. Surviving are his wife, Alma Hendrix Holder, of the home; one sister, Mrs. Lillian H. Kirby, 230 Grandview Dr.; two nieces, Linda Kirby and Ellen Kirby-Smith, both of Brooklyn, N.Y.; one nephew, Brent Kirby, Winston-Salem; two great nieces and one great nephew. Funeral services will be 11 a.m. Friday at Elm Grove United Methodist Church by Rev. Andy Lambert. Interment will follow in the church cemetery. The body will lie in state from 10:30 to 11 a.m. Friday. The family will receive friends from 7 to 9 p.m. Thursday at Vogler's Reynolda Road Chapel and ask that memorials be made to Elm Grove United Methodist Church [illegible]ing Fund, c/o James Goins, 603[illegible] Skylark Dr., Pfafftown, N.C., 27040.

JAMES

Mr. William Junior (Red) James, 53, Box 5739, Lexington, died Tuesday at his home. He was a native of Lexington born on December 16, 1935 to the late William and Ada Hill James. Mr. James was formerly an auto repairman. He was of the Baptist faith and was known by his CB handle as the James Gang Unit 87. He was preceded in death by a

Home until carried to the church to lie in st[illegible]hirty minutes prior to the ser[illegible]. The family will receive friends from 7 to 9 p.m. Thursday at the funeral home.

PERKINS

Mrs. Mae Webb Locklear Perkins, 71, 2628 Thomasville Rd., died Tuesday evening. She was born on September 12, 1918 in Laurenburg, N.C. to the late Charlie and Susan Locklear, Sr. She was a member of the Church of God of Prophecy and was very active in the Ladies Missionary Field. Surviving are her husband, Henry Perkins, of the home; three daughters, Mrs. J. D. (Lula) Hoffman, Lexington, Mrs. Linda Smith, Laurel Hill and Miss Darlene Perkins, of the home; three brothers, Rev. Charlie Locklear, Jr., Mr. Willie Locklear and Rev. Vernon Locklear, all of Laurenburg; one sister, Mrs. Mary Lowery, Springfield and four grandchildren, Tammy and Jeffrey Hoffman, Lexington, Tina Hill, Laurel Hill and Teresa Motsinger, of the home. Funeral services will be 2 p.m. Friday at the Church of God of Prophecy by Pastor Kenneth Dees, Rev. Keith Russell and Rev. Gene Sholar. The body will lie in state thirty minutes prior to the funeral service. Burial will follow at Oaklawn Memorial Gardens. The family will receive friends from 7 to 9 p.m. Thursday at Hayworth-Miller Silas Creek Chapel.

REINS

CHARLOTTE – Mrs. Ella Armstrong Reins, 93, of the Methodist Home, died August 1, 1989. She was a longtime resident of Win-

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grass trimmers and brush cutters are 20% off with coupon out of Friday's Winston-Salem Journal.

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OBITUARY: Wayne Vernon Blizzard

<< Previous **Next >>**

Wayne Blizard - Mar 21, 2006 View | Viewers

Winston-Salem Journal
Tuesday, January 27, 2004

Mount Airy

Mr. Wayne Vernon Blizzard, 74, of Mount Airy, died Monday, Jan. 26, 2004. A graveside service will be at 11:00 a.m. Wednesday at Skyline Memory Gardens. Moody Funeral Home of Mount Airy is serving the family.

Note: The deceased was the son of Carl Alonzo Blizzard and Myrtle Emma Harrison Blizzard.

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Obituary: Billy Darrell Wood Sr.

<< Previous Next >>

Wayne Blizard - Mar 22, 2006 View | Viewers

Winston-Salem Journal
Wednesday. September 29, 2004

On Tuesday, Sept. 28, 2004, our dad, Bille Darrell "Bill" Wood Sr., 74, of Winston-Salem passed away. He was born Feb. 21, 1930, at his home. He was of the Baptist faith. He worked most of his life in construction as a brick mason foreman. Surviving are his children, Vicky Williams and husband Vernon of Lewisville, David Wood and wife Teresa of Lewisville, Sharon Smith and husband Philip of Kernersville, Karen Lathum and husband Tim of Winston-Salem and Mark Wood of Winston-Salem; and a brother, Aldean Wood. He was a proud grandpa of nine grandchildren and nine great-grandchildren. A son, Billy D. "Bucky" Wood Jr preceded him in death. The funeral service will be held at 2:00 p.m. Thursday, Sept. 30, at Hayworth Miller Silas Creek Chapel with the Rev. Mike Hamby officiating. The burial will be private. The family will receive friends 7 tp 9 p.m. today, Sept. 29, at the funeral home. Memorials may be made to Hospice & Palliative Care Center, 100-C S. Stratford Road, Winston-Salem, NC 27103. The family would like to thank Hospice and some special people at Salem Terrace, Evette, Sherry, Tilly, Van and Lynn. Your special care made everything much easier much easier for our dad and us.

Note: Bill was ex-husband of Libbie Ann Blizard Wood Hill

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Search History:

Obituary: Helen Marie Moss Blizard

<< Previous **Next >>**

Wayne Blizard - Mar 22, 2006 View | Viewers

Winston-Salem Journal
Tuesday, December 27, 2005

Mount Airy - Mrs. Helen Marie Moss Blizard, 60, of Mount Airy, widow of Mr. Bert Wilburn Blizard, passed away Sunday, Dec. 25, 2005, at her home. Mrs. Blizard was born in Surry County on Aug. 22, 1945, to Carl Hampton Moss and Alene B. Moss Dean. She was retired from Renfro Corp., where she was employed for 22 years. Surviving are a daughter, Debra Lynn Blizard, of Mount Airy; a son and daughter-in-law, James and LeVasta Blizard of Mount Airy; grandchildren, Tasha Maraie Blizard, Stephanie Nicole Blizard, Robert Wilburn Blizard and Justin Garfield Blizard; her fance, Wes Hill, of Mount Airy. In addition to her husband and parents, Mrs. Blizard was preceded in death by a sister, Shirley Wood; and her step-father, Bill Dean. Funeral services will be conducted at 11 a.m. Wednesday, Dec. 28, at Moody Funeral Home Chapel, officiated by Rev. Rawley "Dink" Haynes. Burial will follow in Oakdale Cemetery. The family will receive friends tonight from 7 to 9, Dec. 27, at the funeral home. "I WANT TO RUN AND JUMP."

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NOV 8

Deaths and Funerals

ARANT

Mr John Q Arant, 69, of 2601 Meadowood Drive, died Friday morning at Forsyth Memorial Hospital. Mr. Arant was born in Lancaster County, S.C. to William B. and Maude McManus Arant and spent his early life in South Carolina. He moved to Winston-Salem in 1926 and owned and operated Arant Texaco for 34 years as well as being president of J. Q. Arant, Inc. Trucking Co. He was a member of Glennview Baptist Church. Surviving are his wife, Mrs. Evelyn Hutchins Arant of the home; one daughter, Mrs. C. Alton (Tony) Norton of 2616 Meadowood Drive; one son, John L. Arant of 2607 Meadowood Drive; two sisters, Mrs. Louetta Culp and Mrs. Margaret Williams both of Lancaster, S.C.; two brothers, Carl Arant of Lancaster, S.C. and Ned Arant of Saluda, S.C. Funeral services will be conducted at Voglers Main Street Chapel at 1:00 p.m. Sunday with burial in Glennview Baptist Church Cemetery. The family will receive friends from 7 until 9 p.m. Saturday at Voglers Main Street Chapel and asks that memorials be made to Forsyth County Cancer Association.

BLIZARD 11-6-75

MOUNT AIRY — Mr. Thomas Melwood Blizard, 46, of 529 East Devon Drive, died Thursday night at Northern Surry Hospital in Mt. Airy after suffering a heart attack. Mr. Blizard was born in Surry County, the son of the late Robert and Cavie Montgomery Blizard and was a retired Master Sergeant in the Air Force, and member of Rising Venture Masonic Lodge No. 10 A.F. & A.M. in Bangor, Maine. Surviving are his wife, Mrs. Agnes Goad Blizard; one son, Joesph Blizard of the home; three sisters, Mrs. Ruth Dotson of Fairmiew, Mrs. Ruby Roberts of Mt. Airy, and Mrs. Margaret Thompson of Greensboro; three brothers, Claude Blizard of Omaha, Neb., Robert Blizard and Spurgeon Blizard both of Baltimore, Md. Funeral services will be conducted Sunday at 11:00 a.m. in Moody Funeral Home Chapel in Mt. Airy. Burial, with full military rites will follow in Oak Dale Cemetery.

CROSBY

Mrs. Rosa Crosby of 4309 Grove Avenue, Apt. B, passed away Wednesday at Forsyth Memorial Hospital. She was a native of Winston-Salem, and a member of the Missionary Circle and the Usher Board at Emmanuel Baptist Church. Mrs. Crosby was a member of the Daughter of Elks Garden of Irish, Temple 220. Surviving are her husband, Mr. Robert Lee Crosby of the home; six daughters, Mrs. Rosa Rainey, Mrs. Thelma Fowler, Mrs. Phyllis Hairston, Mrs. Jeanette Robinson, Miss Marion and Vicke Crowell; two sons, James and Kelly Crowell; the mother, Mrs. Rosena Hunter; two brothers, Memorial Hospital. Her remains were removed to Clark S. Brown & Sons Funeral Home. She was a native of Knoxville, Tenn. and had lived in Winston-Salem for 28 years. She was a member of Grace Presbyterian Church where the funeral will be held on Sunday at 3:00 p.m. with Rev. J. D. Peterson officiating. The family will meet friends tonight from 7 p.m. to 7:30 p.m. in the funeral home. Burial will be in Piedmont Memorial Gardens. Survivors are the husband, Mr. George Jones of the home; one daughter, Mrs. Jon Floyd of Norfolk, Virginia; 1 son, Mr. Joe Kimberly Roach, Jr. of Louisville, Kentucky; the mother, Mrs. Annie L. Andrews, 3802 Barkwood Drive, Winston-Salem; the father, Mr. Tom Andrews, Sr. of 3802 Barkwood Drive, Winston-Salem; 2 sisters, Mrs. Kathleen Cater of Chicago, Ill.; Mrs. Norma Andrews Logan of 3027 Colgate Drive, Winston-Salem; 1 brother, Mr. Thomas Andrews, Jr. of 3817 Barkwood Drive, Winston-Salem; the mother-in-law, Mrs. Florence Jones. The family requests that all memorials be made to Grace Presbyterian Church. (Clark S. Brown & Sons Funeral Home)

LENNON

Mrs. Meta Pickler Lennon, 91, residing at North Carolina Baptist Home, die there Friday. Funeral services will be conducted at Southside Baptist Church at 11:00 a.m. Saturday. A graveside service will be conducted at 3:30 in Wake Forest Cemetery in Wake Forest, N.C. Mrs. Lennon was born in Davie County to W. T. and Celia McCubbins Pickler and had lived in Winston-Salem for the past 15 years and was a former public school teacher and member of Southside Baptist Church and taught Sunday School there. She was the widow of Rev. Rufus S. Lennon. Surviving are three sons, Joseph S. Lennon of Aberdine, N.C., John T. Lennon of Glocester, Va., and S. JudsonLennon of Bancock, Thailand; and five grandchildren.

MARSHALL

WESTFIELD — Mr. John Linney Marshall, 76, of Westfield, passed away Friday afternoon after several months of declining health. Mr. Marshall was born in Surry County to Richard V. and Ellen Lowe Marshall. He was a retired farmer, a former funeral director and a member of the Westfield Baptist Church. Surviving are his wife, Mrs. Add Marshall; one daughter, Mrs. Doris Evelyne Marshall Nivin of Charlotte; two grandchildren, Richard K. Gibson of the U.S. Navy, John Marshall Gibson of Charlotte; one sister, Anne R. Marshall of Route 2, Pilot Mountain; and one neice, Bertie L. Carroll of Route 1, King. The funeral and worked for the Reeds Uniform Center. She was a member of the Oaklawn Baptist Church. Surviving are a daughter, Mrs. Linda Hayes of 3083 Kernersville Rd.; a son, Grover Milam of Texas; her mother, Mrs. Eva Woodcock of Williamsburg, Va.; one sister, Mrs. Gertrude Tipton of West Point, N. Y.

STELL

RALEIGH — Mrs. Hattie Ellice Stell, age 61 of Raleigh died Thursday. She was a teacher at Needham Broughton High School for over 20 years. She was a member of The Order of Eastern Star, Raleigh Chapter No. 295, and a member of Delta Cappa Gamma Educational Society. Funeral services will be conducted Saturday at 11:00 a.m. at Mitchell Funeral Home Chapel in Raleigh, with burial in the Raleigh Memorial Park. Survivors include, her husband Mr. N. R. (Sleepy) Stell, Jr. of the home; one son Mr. N. R. Stell, III of Raleigh; one daughter, Mrs. Melba Stell Jones of Winston-Salem; one brother Mr. Ashby L. Lewis of Stoney Creek, Va.; 2 sisters, Mrs. Sarah Beth Bass and Mrs. Catherine Stanley both of Imporia Va.; five grandchildren. The family will receive friends from 7:00 to 9:00 p.m. Friday evening at the Mitchell Funeral Home in Raleigh.

WALL

PILOT MOUNTAIN — Mr. Paul Wesley Wall, 63, of Rt. 2 Pinnacle, passed away near his home Thursday of an apparent heart attack. Mr. Wall was born in Surry County to Henry Dault and Maggie Marion Wall and was a farmer and member of Mt. Zion United Methodist Church. He was a member and assistant treasurer of Surry-Yadkin Electric Membership Corp. and on the Board of Directors of Pinnacle Volunteer Fire Department. Surviving are his wife, Mrs. Josie Ann Bowen Wall and several nieces and nephews. Funeral services will be conducted Saturday at 2:00 p.m. in Mt. Zion United Methodist Church by Rev. Clifford Weller, and Rev. Arvill Bledsoe. Burial will be in Mountview Memorial Park in Rural Hall. The body rests at Needham Funeral Home to remain until placed in the church 30 minutes prior to the service to lie in state. Memorials planned should be made to the Organ Fund of Mt. Zion United Methodist Church.

WALKER

Mrs. Robert B. Walker, 86, of 486 Avalon Road passed away Friday at the Kernersville Care Center. Funeral services will be conducted 2:30 p.m. Sunday at Home Moravian Church with interment in the Moravian Graveyard. Mrs. Walker lived in Winston-Salem all her life and was a member of Home Moravian Church. She was born in Salem, N.C. to

Deaths

Local

ARANT, John Q., 69, of 2601 Meadowood Drive.

CROSBY, Mrs. Rosa, of 4309 Grove Avenue.

JONES, Mrs. Mildred Andrews, of 302 Huff Circle.

LENNON, Mrs. Meta Pickler, 91, of North Carolina Baptist Home.

MILAM, Mrs. Dorothy, of 3082 Kernersville Road.

MILLER, the Rev. David Sr., of 4948 Deland Street.

WALKER, Mrs. Naomi Wurreschke, 86, of 486 Avalon Road.

Area and State

BLIZARD, Thomas Melwood, 46, of Mount Airy.

MARSHALL, John Linney, 76, of Westfield.

STELL, Mrs. Hattie Ellice, 61, of Raleigh, mother of Mrs. Melba S. Jones of Winston-Salem.

Franco's Condition 'Very Grave'

MADRID, Spain (AP) — Gen. Francisco Franco underwent four hours of surgery Friday for removal of two-thirds of his stomach. Doctors reported his condition as "very grave."

The 82-year-old generalissimo was rushed from his suburban Pardo Palace to a hospital in Madrid suffering massive internal bleeding.

A medical bulletin said Franco had been given more than 10 pints of blood during the surgery, his second abdominal operation in four days.

Dr. Manuel Hidalgo Huerta and two other surgeons reported they had found many stomach ulcers, "all bleeding profusely."

"An almost complete gastric removal was carried out," they said.

Reinsurance Pool Ruled Illegal

Continued From Page 17

of the state for several weeks last month, returned to writing policies voluntarily after Ingram made several concessions on rates and policy formats. Without the malpractice pool law, however, it could decide to pull out again.

Both doctors and hospitals have established self-insurance programs as an additional source of coverage. But the doctors' mutual insurance company has been depending on the malpractice pool as a source of backing for its policies. Whether it can continue without the pool remains to be seen.

Bailey's decision, in addition to severely rebuking Ingram, was critical of the way the 1975 legislature wrote the pool law. He said it deprived the insurance companies of their rights to due process and equal protection of laws.

It does not, for example

Politica

WASHINGTON (AP) — Justice Department says legal for corporations to political contributions their employes.

In a letter to the Fe Elections Commission (F the department said empl may organize political s funds so long as they suggest which candi workers should support.

Corporate officials wh trol the funds would decide which candidates receive the money.

In the letter, Asst. Atty Richard L. Thornburgh said corporations may and pay the costs of pay deductions for employe wish to contribute to a sp presidential or congres candidate.

Thornburgh, who hea

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Highways

By The Associated Press

At least seven persons, including two teen-age sisters from Sylva, were killed this weekend in traffic accidents on North Carolina streets and highways.

A head-on crash between two autos took the lives of Margaret Franklin, 18, and Jean Franklin, 16, occupants of a car driven by Davis Serawa of Sylva.

The accident occurred on U.S. 19A about eight miles west of Waynesville.

John Bryant Cates, 41-year-old Greensboro man, was run over and killed by an auto while he was lying on old U.S. 29 near Greensboro.

Cecil Glenn Wiggins, 27, of Vanceboro died when his auto went out of control and hit a tree.

Mrs. Miriam W. Corbin, about 38, of Raleigh was killed when a train smashed into her small foreign car at a railroad crossing near Raleigh.

Curtis Lee Anderson, 33-year-old Charlotte sanitation worker, died when a truck crushed him against a building in Charlotte.

Carl Coker Joyner, 18-year-old Goldsboro youth, was killed in a collision on Highway 102 near Goldsboro.

William E. Blakely

HIGH POINT—William Edward Blakely, 34, of 206 Forrestdale Drive, Jamestown, suffered a heart attack Saturday night and was dead on arrival at High Point Memorial Hospital.

He was born April 3, 1925, in Winston-Salem, a son of E. M. and Gertha Blakely. He was a veteran of World War II, serving in the Navy in the South Pacific. He was an employe of Griffin Baking Co. in Greensboro.

He was a member of Green Street Baptist Church and Greensboro Lodge 602, BPO Elks. He was married June 15, 1949, to Miss Beryl Hughes.

Surviving are his wife; three sons, Bruce Jeryl, William Ronald and Kevin Edward Blakely, all of the home; his parents, Mr. and Mrs. E. M. Blakely of 410 Lindsay St., High Point; and three sisters, Mrs. Mabel Womach of Lexington, Mrs. Florence Cochran of Forest Ave., High Point, and Mrs. Elizabeth Hayworth of Eau Gallie, Fla.

The funeral will be conducted at 3 p.m. today at Green Street Baptist Church by Dr. E. W. Price Jr. Burial will be in Guilford Memorial Park Cemetery.

The body will remain at Sechrest Funeral Home until taken to the church 30 minutes before the service.

Clyde M. Jones

HIGH POINT—Clyde M. Jones, 54, 819 Arbordale Drive, died unexpectedly at his home at 11 a.m.

Mrs. Sarah Matilda [illegible]isner Fishel, 87, widow of Isaac Fishel, died at 8:45 a.m. yesterday at her home, Clemmons, Rt. 2, following an illness of more than two years. She had been seriously ill for six months.

Mrs. Fishel spent her life in the Friedberg Moravian Church Community. She was a member of the Moravian Church. She was a daughter of Ephraim M. Weisner and Matilda Mock.

On Sept. 7, 1890, she married Mr. Fishel. He died April 27, 1944.

Surviving are six daughters, Mrs. Zella Welch of Winston-Salem, Mrs. Lola Zimmerman of Lexington, Rt. 8, Mrs. D. R. Long of Winston-Salem, Rt. 4, Mrs. Gilbert Hege of Winston-Salem, Mrs. A. T. Snyder of Winston-Salem, Rt. 4, and Mrs. Ruth Myers of the home; one son, W. A. Fishel of Clemmons, Rt. 2; 15 grandchildren; and 32 great-grandchildren.

The funeral will be conducted at 3:30 p.m. today at the Friedberg Moravian Church by the Rev. William Marshall, the Rev. H. B. Johnson and Dr. Sam Tesch.

The body will be at Vogler's Funeral Chapel until 2:30 p.m. today when it will be taken to the church.



MRS. ISAAC FISHEL

Pallbearers will be grandchildren, Winfrey Fishel, Charles Fishel, Edward Zimmerman, John Snyder, Luther Snyder, E. E. Long, J. A. Long and Billy Long.

Burial will be in the church graveyard.

Thomas J. Blizzard

MOUNT AIRY—Thomas Jefferson Blizzard, 50, suffered a heart attack while attending services yesterday at the Holly Springs Baptist Church and was dead on arrival at Northern Surry Hospital.

Mr. Blizzard, who had been in the plumbing business here for some years, had been active in church affairs. He had finished teaching his Sunday School class yesterday and was at the regular church services.

Others at the service called an ambulance and he was hurried to the hospital.

The funeral will be conducted at 2 p.m. Tuesday at Holly Springs Baptist Church by the Rev. Frank Sittone. The body will be placed in a mausoleum at Pilot Mountain cemetery. Later, it will be buried in Skyland Memorial Garden cemetery on the Mount Airy-Pilot Mountain Highway. The latter cemetery is not yet open for burials.

Mrs. O. L. Zimmerman

LEXINGTON — Mrs. Maude Williams Zimmerman, 77, of Lexington, Rt. 1, wife of Orville L. Zimmerman, died at 5 a.m. yesterday at Lexington Memorial Hospital. She had been ill four months.

The funeral will be conducted at 2 p.m. today at Midway Methodist Church by the Rev. Worth B. Royal. The body will be taken to the church 30 minutes before the service. Burial will be in the church cemetery.

Mrs. Anderson Sr.

THOMASVILLE — Mrs. Callie Turner Anderson, 69, of Thomas-

Mrs. R. L. Cope

LEXINGTON—Mrs. Nancy Male Tesch Cope, 66, died at 7:15 p.m. yesterday at her home, 207 Foy Ave., after two months of illness.

She was born in Davidson County May 1, 1893, a daughter of B. F. and Sarah Hege Tesch.

Surviving are the husband, R. L. (Bob) Cope; five daughters, Mrs. Paul Jarrett of Lexington, Rt. 9, Mrs Gray Wilhelm of Mooresville, Rt. 2, Mrs. Odell Gobble of Columbia, S. C., Mrs. Foy McCarn and Mrs. Lloyd Corner, both of Lexington; two sons, Charles F. Cope of Lexington and R. Bruce Cope of Lexington, Rt. 9; 22 grandchildren, two great grandchildren; three brothers, Frank Tesch of Winston-Salem, Charles A. Tesch of Greensboro, and David E. Tesch of Lexington; four sisters, Mrs. L. R. Sink of Mebane and Mrs. H. C. Gibson and Mrs. J. S. McBride, both of Lexington, and Mrs. O. T. Byerly of Lexington, Rt. 2.

Funeral arrangements are incomplete.

Mrs. Bert D. Hill

THOMASVILLE — Mrs. Rosa Jane Harrison Hill, 45, of the Cid Methodist Church community, Lexington, Rt. 2, died at 10 a.m. yesterday at Griffis Clinic in Denton. She had been in declining health eight years, critically ill one hour.

The funeral will be conducted at 2:30 p.m. Wednesday at Walters Grove Baptist Church by the Rev. Warren Pierce and the Rev. Leon Kindley. Burial will be in the family plot in Cid Methodist Church cemetery.

Mrs. Virginia Bar[illegible]

Fred S. Ferguson, long-time news agency executive and a United Press correspondent in World War I, died Sunday at the age of 72. He had been seriously ill for nearly a year.

Until his retirement last April, Ferguson had been president since 1928 of NEA Service, a news feature agency. He also had headed Acme, a news photo agency, until it was purchased in 1951 by United Press.

At the time of his retirement, Ferguson had completed 50 years of service in the Scripps-Howard organization. He then divided his time between homes at Fort Lauderdale, Fla., and here.

Before joining NEA, Ferguson was a reporter and later vice president and general manager of United Press. He was born Jan. 4, 1887, on a farm at Bargersville, Ind.

Surviving are his widow, the former Helen McFlynn; one daughter, Mrs. Robert Lee Henry, and one son, Fred Thayer Ferguson, a general news writer in New York with United Press International.

A memorial service will be held at 2:30 p.m. Wednesday at Campbell's Funeral Chapel, 81st St. and Madison Ave.

Ludwig H. Behre

SALISBURY—Ludwig H. Behre, 64, of Railroad St. in East Spencer, died at 6:40 p.m. yesterday at Rowan Memorial Hospital. He had been in declining health eight years, seriously ill two weeks.

He was born April 16, 1896, in Charleston, S. C., a son of A. G. and Jennie Ellis Behre. Before retiring in 1953, he was an engine carman for the Southern Railway for 44 years. He was a member of Christ Lutheran Church.

Surviving are two sons, Bruce and Thomas Behre, both living in South America; two brothers, Godfrey G. Behre of Salisbury and August E. Behre of Winston-Salem; five sisters, Mrs. J. D. McNeal of Greensboro, Mrs. A. Wolhwend and Mrs. Joel W. Bagwell, both of Greenville, Mrs. Doris B. Long of Winston-Salem, and Miss Betty Behre of Jacksonville, Fla.

The funeral will be conducted at 4 p.m. today at Lyerly Funeral Chapel by the Rev. Gray Freeze. Burial will be in the family plot in Chestnut Hill Cemetery.

The body will remain at the funeral home.

Mrs. John Vlasis

The funeral for Mrs. Virginia Vlasis, 60, who died Saturday at City Hospital, will be conducted at 3 p.m. tomorrow at the Greek Orthodox Church by the Rev. Constantine Pappas.

The body will be taken to the home at 10 a.m. tomorrow. A prayer service will be held at the home at 2:30 p.m.

Burial will be in Salem cemetery.

Mrs. Vlasis lived at 1161 Montgomery Street. Her husband, John Vlasis, operates a grocery store on W. Fourth Street.

Mrs. Allen C. W[illegible]

By Floyd Rogers
Staff Reporter

Forsyth Memorial Hospital officials expect to save about $150,000 by assuming Forsyth County's obligation to repay almost $8 million in outstanding bonds that the county issued for [illegible]spital in 1977.

[illegible]tees of Carolina Medicorp Inc., the hospital holding company, approved an escrow agreement yesterday in which money will be set aside to repay the bonds as they come due. Forsyth Memorial has been making the payments through the county all along.

The escrow arrangement was a condition of the transfer of the county-owned hospital to the private, non-profit holding company.

The county comissioners voted 4-1 Monday night to transfer the deed, and the hospital and Medicorp trustees met yesterday morning to accept the deed and approve related documents.

Paul M. Wiles, the senior vice president of the hospital and holding company, said in an interview that a favorable interest rate on the money deposited in escrow is expected to yield the $150,000 savings.

To guarantee that Medicorp will repay the $7.785 million outstanding in county-issued general obligation bonds, Medicorp will invest about $5.6 million in government securities, Wiles said. The securities will be placed in escrow, and the principal and interest will be used to pay off the bonds.

Wachovia Bank and Trust Co. will lend Medicorp the money to buy the government securities. The trustees approved that loan note yesterday, in which the interest rate is set at one-half percentage point below prime. Wachovia's prime rate was 11 percent yesterday.

Wiles said that the government securities [illegible]ay 12 percent to 14 percent. The differ[illegible]oetween that interest earned and the [illegible]erest paid to Wachovia accounts for the expected savings, he said.

One concern expressed recently about deeding the hospital to Medicorp is that, as a private hospital, Forsyth Memorial would no longer be able to raise money for new construction through county-issued general obligation bonds. Instead, the hospital will be limited to issuing revenue bonds through the state Medical Care Commission.

General obligation bonds, which are guaranteed by the taxpayers, are generally cheaper than revenue bonds, which are guaranteed by revenue produced by an institution such as the hospital.

A spokesman for the Medical Care Commission said in a telephone interview, however, that Forsyth Memorial's financial standing

See Hospital, Page 13

Educator Files School Board

By Jonathan Rauch
Staff Reporter

[illegible]d, a retired school-system administrator [illegible]ll focus on making the school reorganiza[illegible]ounty, filed yesterday to run for the city-county [illegible]d.

[illegible]d, 67, is a Democrat. She worked in education for 43 [illegible] of them in the local school system, and for 25 years, [illegible]tired, she was an administrator in [illegible]'s central office here.

[illegible]ked in the school system all my life, [illegible] a real deep interest in this system,"





ward Beal Augusta Ga.; 14 grandchildren; 21 great-grandchildren; one [illegible] Mrs. Alice A. Johnson, Walkertown, one son-in-law, three daughters-in-law and a host of other relatives and friends. Funeral services will be 4 p.m. Thursday at John Wesley A.M.E. Zion Church by the Rev. G. L. Nance. Burial will follow in Piedmont Memorial Gardens. The family will receive friends from 7:30 to 8 p.m. tonight at Russell Funeral Home Chapel. The family may be contacted at the home of his daughter, Mrs. Lillian B. Johnson, 1150 E. 14th St. The body will repose at the funeral home until 2 p.m. Thursday when it will be taken to the church to lie in state until the funeral hour. (Russell's)

BLIZZARD

MT. AIRY — Mrs. Myrtle Emma Blizzard, 81, 522 Junction St., widow of Carl Blizzard, died Tuesday morning at Northern Surry Hospital in Mt. Airy. She was born in Carroll County, September 3, 1902, to Jim and Eliza Sechrest Harrison. She was a member of Flat Rock Pentecostal Holiness Church. She was retired from Spencer's of Mt. Airy. Surviving are three daughters, Mrs. Lucille Brinkley, Mrs. Polly Prim and Mrs. Peggy Byrd, all of Mt. Airy; one son, Wayne Blizzard, Mt. Airy; six grandchildren; two great-grandchildren; one sister, Mrs. Merlie Overby, Mt. Airy; one brother, W. P. Harrison, Bassett, Va. and two half sisters, Mrs. Beulah Parker, Mt. Airy and Mrs. Nell Richey, Clearwater, Fla. Funeral services will be 2 p.m. Thursday at Flat Rock Pentecostal Holiness Church by the Rev. Wayne Knight, the Rev. Jack Goodson and the Rev. Mac Cassell. Burial will follow in Oakdale Cemetery. The body will remain at Moody Funeral Home in Mt. Airy until time to be placed in the church 30 minutes prior to the services. The family will receive friends from 7 to 9 p.m. tonight at the funeral home.

BOWLES

Mr. Charles Pardue Bowles, 72, of 4002 N. Cherry St., died Tuesday morning at Forsyth Hospital after several years of declining health. He was born April 20, 1911 in Forsyth County to Robert Franklin and Jetty Charles Bowles. He had lived in Forsyth County all his life and was retired from Exxon U.S.A.

p.m. Friday at [illegible] Primitive Baptist Church by Elder Jesse Tucker, Elder N. K. Howdy, Bishop Tony Carter and Elder Leonard Norre. Interment will be in the church cemetery. Surviving are her husband, Robert Green, of the home; five daughters, Mrs. Wilbert (Lillie) Joyce and Mrs. Bryant (Alma) Brim, both of Mt. Airy, Mrs. Garfield (Maggie) Brim, Mrs. Chester (Sarah) Brim and Mrs. Thomas (Pearlie) Carter, all of Ararat, Va.; three sons, Ernest and David Green, both of the home and Willie Green, Rt. 4, Mt. Airy; 43 grandchildren and 49 great-grandchildren. The body will remain at Jones-Phillips Funeral Home in Mt. Airy until time to be taken to the church for the services. The family will receive friends from 7 to 8 p.m. Thursday at the funeral home.

GREENING

Mrs. Ada Rogers Thomas Greening, 104, died at Winston-Salem Convalescent Center Tuesday. She was born January 31, 1879 in Newport, N.C. to James R. and Genoa Hill Rogers. She lived most of her adult life in Forsyth County. She was a member of Ardmore United Methodist Church. Surviving are three daughters, Mrs. Sam (Ruby) Neal and Miss Elsie Thomas, both of Oriental, N.C. and Mrs. J. T. (Genoa) Ferebee, High Point; one son, Owen G. Thomas, Magnolia Springs, Ala.; five grandchildren, Gloria B. Bennett, Rebecca F. Pickett, Owen G. Thomas, Jr., Sally M. Williford and John R. Brantley, Jr.; 14 great-grandchildren; five great-great-grandchildren and one sister, Mrs. Elizabeth Hall, New Bern. Graveside services will be 12:30 p.m. Friday in Forsyth Memorial Park by the Rev. Dallas Rush. The family will receive friends from 7 to 9 p.m. Thursday at Vogler's Reynolda Road Chapel.

HUTCHENS

MT. AIRY — Mr. Sandy Vestal Hutchens, Sr., 68, 304 W. Oakdale St., died at Northern Surry Hospital in Mt. Airy late Monday afternoon. He was born in Surry County, April 5, 1917, to the late I. V. (Burch) and Lucy Fleming Hutchens. He was of the Baptist faith. Mr. Hutchens was a veteran of World War II, serving in the U.S. Navy. He was a member of Granite Masonic Lodge. Surviving are his wife, Frances Gwyn Hutchens, of the home; two

W-S Journal
8-5-1966

Mrs. E. E. Blizzard Sr.

8-4-66

Mrs. Minnie Louise Cale Blizzard, 78, of 728 Granville Drive, widow of Everett E. Blizzard Sr., was dead on arrival at Forsyth Memorial Hospital at 9:15 a.m. yesterday.

She was born in Wilkes County to Mr. and Mrs. James Cale. She was a member of Christ Moravian Church.

Surviving are six daughters, Mrs. Jeannette Hutchins of Ebert Street; Mrs. Louise Fultz of 423 Avalon Road, Mrs. Marguerite Fultz of 131 Anita Drive, Mrs. Libby Wood of Charles Street, Miss Martha Jo Blizzard of the home and Mrs. Billie Baker of Fayetteville; three sons, R. E. Blizzard of Culver City, Calif., B. E. Blizzard of Baltimore, Md., and E. E. Blizzard Jr. of Chillicothe, Ohio; and three sisters, Mrs. George Church of Statesville and Mrs. Burl Shore and Mrs. Burton Hauser of Charlotte.

The funeral will be at 2 p.m. Saturday at Voglers Chapel. Burial will be in Forsyth Memorial Park.

Interment

Deed Book
4-383

Genealogy of Wm. Blizzard and Daughter

State of North Carolina
Randolph County

Wm. Blizzard, being duly sworn, says that he is the father of Parthenia Blizzard, and that the said Parthenia Blizzard is slightly mixed blooded, That she is of the seventh generation on her father's side, and of the fifth generation on her mother's side.

Sworn to & subscribed before me this Nov. 10, 1885.
Geo. S. Bradshaw, C.S.C.

William Blizzard

State of North Carolina
Randolph County

Nelson Hall, being duly sworn, says that he is well acquainted with Wm. Blizzard and Lucas Blizzard, the father and mother of Parthenia Blizzard, and that the said Parthenia Blizzard is but slightly mixed blooded, and that the said Wm. Blizzard and wife have passed the fourth generation.

Sworn to & subscribed before me, this Nov. 10th 1885.
Geo. S. Bradshaw, C.S.C.

N. Hall

EASTER

MOUNT AIRY — Mrs. Irene Harris Easter, 80, of 102 Lakeview Drive, Mount Airy, widow of Mr. Worth Coley Easter, passed away Saturday morning, Dec. 24, 2005, at her home. Mrs. Easter was born Feb. 6, 1925, in Surry County to the late Brady and Nellie Louise Coe Harris. She was a retired placement officer with Housing Urban Development of Mount Airy and was a member of Mount Airy Christian Church. Surviving are one daughter, Dianne Easter Hull of the home; a grandson and spouse, Mitchell Bruce and Rachel Hull of Grand Rapids, Mich.; two great-grandsons, Dustin Hull and Cody Hull, both of Mount Airy; a step-great-grandson, Dustin Ellis of Grand Rapids; a sister and brother-in-law, Georgia and Clifford Johnson of Mount Airy; one brother and sister-in-law, William Henry and Carolyn Harris of Winston-Salem; a very special friend, Paula Marie Tilley of Mount Airy; a brother-in-law and sister-in-law, Billy and Irene Moxley of Cana, Va.; and several nieces and nephews. In addition to her husband and her parents, Mrs. Easter was preceded in death by a great-grandson, Joshua Mitchell Hull. Funeral services will be held Tuesday, Dec. 27, 2005, at 11 a.m. at Mount Airy Christian Church with services conducted by Bro. Davon Huss and Bro. Wayne Williamson with burial to follow in the Skyline Memory Gardens. The family will receive friends Monday from 7 to 9 p.m. at Moody Funeral Home in Mount Airy.

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Deaths and Funerals

Died 4-16-80

BLIZARD

Mr. James Monroe Blizard, 64, of 2420 Cherokee Lane, died Wednesday at Forsyth Memorial Hospital. Funeral services will be conducted at 3:30 p.m. Friday at Hayworth-Miller Silas Creek Chapel by the Rev. C.L. Homer Frye. Burial will be in Parklawn Cemetery. Mr. Blizard was born August 24, 1915 in Forsyth County, to James M. and Nannie Johnson Blizard. He had lived in Winston-Salem for the past 25 years, and was retired from McLean Trucking Co. He worked part-time at Plaza Exxon after his retirement. Surviving are his wife, Mary Blalock Blizard of the home; two daughters, Mrs. Marilyn Drum of Lenoir and Mrs. Judy Triplett of Winston-Salem; one son, Jimmy Frank Blizard of Winston-Salem; seven grandchildren; two brothers, Tom Blizard of Black Mountain and Morris Blizard of Lenoir. The family will receive friends at the funeral home from 7 to 9 p.m. Thursday.

BRENDLE

Mr. Henry Shelton Brendle, 70, of 1745 Peachtree St., died Tuesday morning after an illness of ten days. Funeral services will be conducted Thursday at 11 a.m. at Southminster Presbyterian Church by the Rev. Bob Wendt. Burial will be in Forsyth Memorial Park. Mr. Brendle was born January 6, 1910, in Forsyth County, to Robert B. and Lillie Shelton Brendle. He spent all his life in Winston-Salem, and was a charter member and elder of Southminster Presbyterian Church. He was employed for a number of years by Snyder Lumber Co., and later by the City of Winston-Salem in the Recreation Dept. His wife, Annie Ruark Brendle, died January 30, 1973. Surviving are one daughter, Mrs. Wayne Fulk of 2813 S. Main St., three sons, Leslie Brendle of 4640 Birgehealh Rd., Kernersville, Robert Brendle of 2232 Cole Rd., and Perry Brendle of 1815 E. Sprague St., five grandchildren, two great-grandchildren, Davis of the home; three sons, the Rev. M. Ray Davis of Winston-Salem, the Rev. John T. Davis, Jr. of Monroe, and Ernest Eugene Davis of Hinton, W. Va.; one daughter, Mrs. Clara Langdon of Archdale, three brothers, Lloyd Davis of Darlington, S.C., the Rev. Boyce Davis of Camden, S.C., and J.C. Davis of Florence, S.C.; one sister, Mrs. Louise Mills of Columbia, S.C.; nine grandchildren. Memorials may be made to Sheets Memorial Baptist Church. The body is at Piedmont Funeral Home.

DAVIS

DOBSON -- Mrs. Lillie Moser Davis, 69, of Rt. 2, Dobson, wife of Spencer Davis, died Wednesday afternoon at Whitaker Care Nursing Center in Winston-Salem. Funeral services will be conducted Friday at 2 p.m. at Level Cross United Methodis Church. Burial will be in the church cemetery. Mrs. Davis was born in Surry County to the late Charlie Webster and Mattie Cranfill Moser. She was a member of Level Cross United Methodist Church, where she was also a Sunday School teacher. Surviving are one daughter, Mrs. Libby Johnson of Rt. 2, Dobson, one son, Kenneth R. Davis of Rt. 2, Dobson, two grandchildren, Travis Johnson and Beth Davis, both of Rt. 2, Dobson, two sisters, Mrs. Ludie Marsh of Rt. 2, Dobson and Mrs. Sudie Key of Trinity; one half-sister, Mrs. Adelaide Spainhour of Rt. 2, Dobson, three brothers, Haze Moser of King, Webster Moser of Mt. Airy, and Zack Moser of Rt. 2, Dobson, one half-brother, Gray Moser of Walkertown, her stepmother, Mrs. Viola Moser of Guardian Care Nursing Center in Elkin, one stepsister, Mrs. Helen Brindle of Mt. Airy, one stepbrother, Bobby Mills of Rt. 2, Dobson. The body will be taken to the home Thursday afternoon from Moody Funeral Home in Mt. Airy, and will remain there until taken to the church to lie in state 30 minutes.

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W-S Journal
Oct 30, 1964

11-1-64

E. E. Blizard Sr.

E. E. Blizard Sr., 76, of 728 Granville Drive died at 11:40 a.m. yesterday at Forsyth Memorial Hospital after an illness of three months.

He was born in Wilkes County to Jeffery and Jeannette Hill Blizard and spent his early life in Surry County. He came to Winston-Salem as a young man.

Blizard was employed by R. J. Reynolds Tobacco Co. 50 years and retired in 1957 as a foreman in the Prince Albert department.

He was a member of West Salem Men's Civic Club.

Blizard was a member of Christ Moravian Church.

Surviving are his wife, Mrs. Minnie L. Cole Blizard; six daughters, Mrs. Jeanette Hutchens of Ebert Street Extension, Mrs. Louise Fultz of 483 Avaloo Road, Mrs. Billie Baker of Fayetteville, Mrs. Marguerite Fultz of 131 Anita Drive, Mrs. Libby Wood of Piedmont Circle and Miss Martha Jo Blizard of the home; three sons, B. E. Blizard of Baltimore, Md., E. E. Blizard Jr. of the home and R. E. Blizard of Culver, Calif.; 23 grandchildren; nine great-grandchildren; two sisters, Mrs. Jim Wilson of Galax, Va., and Mrs. Mattie Childress of Mount Airy; and a brother, John Blizard of Bluefield, W. Va.

The funeral will be conducted at 2:30 p.m. Tuesday at Vogler's Chapel by the Rev. J. Calvin Barnes. Burial will be in Forsyth Memorial Park.

The family will be at the funeral home from 7 to 9 p.m. today.

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Obituary of Jeanetta Gray Blizard Hutchens

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Wayne Blizard - Jun 27, 2002 View | Viewers

Winston-Salem Journal
Monday - June 17, 2002

Lexington - Mrs. Jeanetta Gray Blizard Hutchens, 87, passed away Saturday, June 15, 2002, at Thomasville Medical Center. Mrs Hutchens was born in Forsyth County to Everett E. and Minnie Cale Blizard on Sept. 22, 1914. She was a member of Christ Moravian Church. Mrs. Hutchens was preceded in death by her loving husband of 50 years, Luther Hill Hutchens Sr.; two brothers, E. E. Blizard Jr. and B. E. Blizard; and two sisters, Lillian Baker and Louise Fultz. Mrs. Hutchens is survived by a son, Dr. L. H. Hutchens Jr. and wife Brenda of Pine Knoll Shores; a daughter, Mrs. Libby Manning and husband Max of Lexington; two sisters, Margeurite Fultz and Libby Hill of Winston-Salem; a brother, R. E. Blizard of Winston-Salem; four grandchildren, Lance and Bradley Hutchens, Dr. Mike Lanning and Pam Plyler; four great-grandchildren, Max Lanning, Drew Lanning, Amy Plyler and Becky Plyler; and two stepgreat-grandchildren, Adam Bair and Jacquelyn Bair. A funeral service will be held at 2 p.m. Tuesday, June 18, at Christ Moravian Church with Randy Vogler and the Rev William Gattis officiating. Burial will follow at Forsyth Memorial Park. The family will receive friends this evening from 7 to 9 p.m. at Hayworth-Miller Silas Creek Chapel. Memorials may be made to Christ Moravian, 191 W. Academy St., Winston-Salem, NC 27101

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BLIZARD

TAMPA, Fla. — Mrs. Francis Louise Blizard, 73, of 8606 Boulder Court, Tampa, Fla., the widow of Mr. Robert Blizard, passed away Thursday, July 22, 1999, at St. Joseph Hospital in Tampa. Mrs. Blizard was born March 1, 1926 in Grayson County, Va., daughter of the late William Robert and Minnie Ellen Snow Galyean. She was a retired glass inspector with Carlyle Glass Co. and was of the Baptist faith. Surviving are one daughter, Vanessa Broderick, living in Turkey; one son, Monty Blizard, of Midlothian, Va; three grandchildren; four great-grandchildren; one sister, Opal Jessup of Mount Airy; and one niece and nephew. In addition to her husband and parents, Mrs. Blizard was preceded in death by two sisters, Maude Lee and Lillie Dean, and by a brother, Robert Galyean. Funeral services will be conducted Tuesday, July 27, 1999, at 11 a.m. at Moody Funeral Home Chapel in Mount Airy by the Rev. Ron Voss, with burial in Oakdale Cemetery. The family will receive friends today from 7 to 9 p.m. at Moody Funeral Home in Mount Airy.

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Obituary - Libbie Ann Blizard Wood Hill

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Wayne Blizard - Mar 13, 2006 View | Viewers

Winston-Salem Journal
Sunday Morning, March 12, 2006

Friday, March 10, 2006, our Mother Libbie Blizard Wood Hill, 74, went home to be with her Lord. Mrs. Hill was born Nov. 17, 1931, in Forsyth County to the late Everette E. and Minnie Louise Cale Blizard. She was retired from Wake Forest University Baptist Medical Center, and after retirement worked at Sun Printing Co. In addition to her parents, Mrs. Hill was preceded in death by her husband Vernon L. Hill, and a son, Bucky Wood. Surviving are five children, Vicky Williams and husband Vernon of Lewisville, David Wood and wife Teresa of Lewisville, Sharon Smith and husband Phillip of Kernersville, Karen Lathum and husband Tim of Winston-Salem and Mark Wood and wife Marie of Winston-Salem: nine grandchildren, 12 great-grandchildren: a sister Marguerite "Marge" Fultz and husband Warren of Winston-Salem: and a brother, Richard "Ed" Blizard of Winston-Salem. The family will receive friends tonight, March 12, at Hayworth-Miller Silas Creek Chapel. The funeral service will be conducted at 11:00 a.m. Monday 13, at Hayworth-Miller Chapel Silas Creek, by the Rev. Sandra Bovender. A private graveside service will be held. In lieu of flowers, memorials may be made to Central Tabernacle Church Building Fund, P. O. Box 12003, Winston-Salem, NC 27117. The family would like to thank Jo Ann and Libbie's many friends at St. Peters Heritage Place for their love and care and very special thanks our Aunt Marge and Encle Ed. Momma, we will miss youi.

Note: Libbie's was first married to Billy D. Wood Sr.

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Obituary: Marshal Vance Scott

<< Previous **Next >>**

Wayne Blizard - Mar 22, 2006 View | Viewers

Winston-Salem Journal
Wednesday, December 8, 2004

Mr. Marshall Vance Scott of Winston-Salem died Monday, Dec. 6, 2004. He was born Feb. 3, 1959, in Forsyth County to Zeb Vance Scott and Betty Marshall Scott. Mr Scott lived his life in Forsyth County. He graduated as a honor student from East Forsyth Hich School and was a member of Unity Christian Church. Mr. Scott is survived by his wife, Corrine Blizard Scott; a stepson, Nicholas Ogburn; his parents; a sister, Janet Louise Ogburn and husband John of Walnut Cove; a number of nieces and nephews; and his loving and devoted pet Shaba. There will be a memorial service at 11:00 a.m. Thursday, Dec. 9, at Vogler's Renolds Chapel. The Rev. Elizabeth Forrest and the Rev. Larry Neal will officiate. The family will receive friends from 10 to 11 a.m. Thursday before the service at the funeral home. Memorials may be made to the Samaritan Ministeries, 1243 Patterson Ave., Winston-Salem, NC 27101-1514; or Unity Christian Church Building Fund, 108 Hewes St. Winston-Salem, NC 27103

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Burres Edward Blizard

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W-S Journal

Friday, May 5, 1989

BLIZARD

Mrs. Elizabeth (Bessie) Angel Blizard, 77, 200 High St., Apt. 10, died Thursday, at her home. She was born on June 30, 1911 in Oak Ridge, N.C., to John N. and Aley Elliott Angel. She was a charter member of St. John's Lutheran Church, and was retired from R.J. Reynolds Tobacco Co., with 50 years service. Surviving are one daughter, Ms. Linda B. Nelson, Winston-Salem; two sons, Richard E. Blizard and Jerry L. Blizard, both of Winston-Salem; four grandchildren, Mrs. Corine Ogburn, Winston-Salem, Mrs. Renea Drady, South Carolina, Eric Blizard and Debbie Blizard, both of Winston-Salem; two great grandchildren, Nicholas Ogburn and Alicina Drady; two sisters, Mrs. Kate A. Dockery and Mrs. Josephine A. Hayes, both of Winston-Salem and one brother, John William Angel, Winston-Salem. Funeral services will be 2 p.m. Saturday at Vogler's Main Street Chapel by Rev. Philip McLain. Burial will be in Forsyth Memorial Park. The family will receive friends from 7 to 9 p.m. tonight at the funeral home. Memorials may be made to St. John's Lutheran Church, or to Hospice of Winston-Salem/Forsyth County.

5-4-89

Interment

4-19-90

BAKER

Mrs. Lillian Blizard (Billie) Baker, 67 of 3018 Loch Dr., died Thursday afternoon at Forsyth Memorial Hospital. She was born on March 24, 1923 in Winston-Salem to Everette Ernest and Minnie Cale Blizard. She spent her early life in Winston-Salem and was a member of Christ Moravian Church during that time. Mr. and Mrs. Baker had lived in various places while he was working for National Linen Service. They moved back to Winston-Salem in 1986. Mrs. Baker was a member of Weslyan Heights Methodist Church, Owensboro, Ky. Surviving are her husband, W. C. Baker of the home; two daughters, Mrs. John (Sandra) Bernard of Glen Burnie, Md. and Mrs. Gary Robin Widhelm of North Bend, Nebraska; four grandchildren, Chris and Jennifer Bernard, Todd and Holly Widhelm; three sisters, Mrs. L. H. (Jeanette) Hutchens, Mrs. Warren (Margie) Fultz and Mrs. Bill (Libby) Wood, all of Winston-Salem and two brothers, Burress Blizard of Mount Airy and R. E. Blizard of Woodland Hills, Calif. Funeral services will be 3:30 p.m. Saturday at Vogler's Reynolda Road Chapel by Rev. L. Don Sigmon and Dr. Wach. The family will receive friends from 7 to 9 p.m. Friday at the funeral home.

Deaths

Local

BAKER, Mrs. Lillian Blizard, 67, of 3018 Loch Drive, the wife of W.C. Baker.

BECKERDITE, Paula Marie, of 4931 Follansbee Road, the infant daughter of Mark Jeffery and Tina Marie Bean Beckerdite.

BOWDEN, Mrs. Leona Mathis, 76, of Hamilton Avenue, the wife of James A. Bowden Jr.

CANADY, Mrs. Jacqueline Edwards, 62, of 1919 Runnymeade Road, the wife of Jack F. Canady.

CHILDS, Mrs. Lillie Mae, of 911 Lime Avenue.

GILLEY, Howard Samuel, 62, of 2801 Reid St., the husband of the late Evelyn Dellinger Gilley.

GRAHAM, Mrs. Norfleet Johnson, 64, of 1504 Emerald St.

HAWKINS, Mrs. Elmer Lee Myers Simmons, 71, of 2910 N. Patterson Ave., the wife of David H. Hawkins.

HUTCHINS, Mrs. Edna Harrelson, 52, of Kernersville, the wife of the late William Charles Hutchins.

POPE, Raymond Travis, 76, of Kernersville, the husband of Lucille Murphy Pope.

TUCKER, Mr[illegible]

John N. Angel, Restaurateur 2-14-1950

Funeral services for John Napolean Angel, 72, who died suddenly yesterday morning after three weeks' illness, will be held today at 2:15 p.m. from Vogler's Chapel and at 3:30 p.m. from Moravia Moravian Church.

The Rev. Edwin Sawyer and the Rev. Archie Jones will be in charge and burial will be in the church cemetery. Nephews will serve as pallbearers.

Resident of 519 West Fourteenth Street, Mr. Angel was born in Rockingham County, the son of James and Mary Jane York Angel. For the past 34 years he has been a resident of Winston-Salem, where he was associated with his daughter, Mrs. J. L. Clontz, at the Clontz Lunch. He was of the Moravian faith.

Survivors include his wife, the former Christina Elliot; four daughters, Mrs. Clontz, Mrs. B. E. Dockery, Mrs. Elizabeth Blizzard and Mrs. E. L. Hayes of Winston-Salem; two sons, Chester and William Angel of Winston-Salem; two sisters, Mrs. W. P. Angel of Stokesdale and Mrs. Mattie Turner of Olivia; 13 grandchildren and two great-grandchildren.

10-12-1956

TON-SALEM, NORTH CAROLINA

Mrs. Angel Funeral Set Sunday

Funeral services for Mrs. Christena Elliott Angel, 81, of Winston-Salem will be held at 2 p.m. Sunday at Vogler's Chapel and at 3 p.m. at Moravia Moravian Church near Oak Ridge.

The services will be conducted by the Rev. E. T. Mickey and the Rev. R. T. Troutman. Burial will be in the church graveyard. Nephews will serve as pallbearers.

Mrs. Angel died at a rest home here at 6:30 a.m. yesterday following declining health for six years and a three-day critical illness.

She was born in Forsyth County May 1, 1875, a daughter of George and Alley Crews Elliott. She spent most of her life in Forsyth County except for a period of residence in the Summerfield section of Guilford County.

Mrs. Angel was married Nov. 8, 1899 to J. N. Angel. He died Feb. 14, 1950. She was of Moravian faith.

Survivors include four daughters, Mrs. J. L. Clontz of 1024 Cayuga Street, Mrs. B. E. Dockery of 29 Motor Road, Mrs. Elizabeth Blizzard of 114 Thirty-first Street N. E. and Mrs. E. L. Hayes of 2164 School Street; two sons, C. M. Angel of 2291 Brendle Street and J. W. Angel of 213 Forest Hill Avenue; 14 grandchildren; seven great - grandchildren; and one brother, J. A. Elliott of Summerfield.

SEP

Deaths and Funerals

DOD 9-3-78

ANGEL

WINSTON-SALEM — Mr. Chester Marion Angel, 64, of 163 Martindale Dr., died Sunday at Forsyth Memorial Hospital. He was born in Guilford County April 21, 1914, to John N. Angel and Christina Elliott Angel. He was a veteran of World War II and was a retired self-employed landscaper. Surviving are his wife, Mrs. Elsie Hockaday Angel of the home; one daughter, Mrs. Carol Taylor of Jacksonville, Fla., three sisters, Mrs. Kate Dockery, Mrs. Elizabeth Blizzard, and Mrs. Josephine Hayes, all of Winston-Salem; three grandchildren and one great-grandson. Funeral services will be conducted Tuesday at 2:00 p.m. at the Lain Funeral Home Chapel. Interment will be in the Mt. Gur Cemetery. The family will receive friends from 7 to 9 p.m. Monday at the funeral home.

BOWMAN

TAYLORSVILLE — Mr. Roscoe David Bowman, 69, of Taylorsville, was dead on arrival at the Alexander County Hospital Saturday morning. Funeral services will be conducted at 2:00 p.m. Monday at the Adams Funeral Home Chapel. The Rev. Henkle Little will officiate. Burial will be in the Taylorsville Cemetery. Mr. Bowman was a retired jeweler. Surviving are his wife, Nellie Mae Bowman; one son, Dr. Kivette Bowman of ...; two daughters, Mrs ...y Nell Lancaster and ...s. Linda Sue Lancaster, both of Statesville; nine grandchildren; one brother, William T. Bowman of Taylorsville; four sisters.

Hospital at 9:45 p.m. Saturday night. He was born in Forsyth County to the late Henry C. Hicks. He was a member of the Redland Pentecostal Holiness Church. He was an employee of Western Electric in Winston-Salem. Surviving is his mother, Louise Martin Hicks; also surviving are his wife, Janice Laverne Beauchamp Hicks; one daughter, Miss Susan Hicks of the home; one son, Ricky Hicks of Advance, Route 2; three brothers, John Henry Hicks of Advance, Route 1, George Hicks of Winston-Salem, and Harold Hicks of Route 8, Lexington; and one granddaughter. Funeral services will be conducted at 2:00 p.m. Tuesday at the Redland Pentecostal Holiness Church by the Rev. Paul Ledbetter, the Rev. Billy Taylor, and the Rev. C. J. Pardue. Burial will be in the church cemetery. The family will receive friends Monday night from 7 to 9 p.m. at Eaton's Funeral Home.

LANE

Mr. Dewey Wilson Lane, 69, of 4805 Parnell Dr., Winston-Salem, N.C., passed away at Forsyth Memorial Hospital Sunday evening. He was born in Davie County to Leonard M. and Rachel Linville Lane. He spent most of his life in Winston-Salem and was retired from Unique Furniture Co. He was a member of the Mt. Olivet United Methodist Church in Yadkin County. Surviving are his wife, Mary Blake Lane of the home; one daughter, Sherrell (Nancy) Whicker of 3282 Williston Rd., Walkertown, N.C., and one grandson, Brett Lane Whicker also of 3282 Williston Rd., Walkertown, N.C. Funeral plans are

Deat

Loca

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FLORA, Horac
3025 S. Stratfor
LANE, Dewey
4805 Parnell Dri
PASQUALE,
57, of 1621 Benb
REVEL, Char
of 264 Terrace A

Area and

BARKER, Wa
of Mount Airy,
BLACK, How
of Lexington.
BOWMAN, Ro
of Taylorsville.
BRAY, Mrs. E
of Jonesville, R
Joseph Edward
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Evacuat People Back H

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Apparently the

10/28/1998 FORSYTH CO PUBLIC LIBRARY

Lakeland Public Library

Lakeland, Fla.

March 6, 2001

Mr. Wayne K. Blizard
2019 Hickory Tree Road
Winston-Salem, NC 27127-9118

Dear Mr. Blizard:

Enclosed are copies of obituaries for Paul H. Blizard, from the Oct. 9, 1960 edition of the Ledger, page 6A and Robert L. Blizard from the Sept. 7, 1965 edition of the Ledger, pages 2A and 7A. Thank you for your $1.00 payment for this service.

Yours truly,

C. Juchau

C. Juchau
Special Collections

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City of Lakeland

...exhibit and report on ...clusions as a class as... ...wn." This will, in effect,... ...exhibitors an idea of the ...impressions their homes make ...on the younger generation, he added.

The students are to report on their general impressions of each house, colors used, functionalism of planning, interior design, appropriateness, their first preference and why, and list the order of their preferences for the 12 homes.

A similar parade for the Winter Haven area, also sponsored by the builders' association, opens this afternoon, Ross and Wallace Tucker, association president, said.

...st getting start... ...will be trickling ...morrow (Sunday) will ...g day with from 2,000 ... persons anticipated," ...said.

...s and officers of the ...nty Builders Associa... ...nor of the annual Pa... Homes, and a bevy of ... assigned to describe ... of the homes to visi... ...re present for the ribb... ng ceremony.

...the opening ceremony ... were allowed to tour ...es and tent of exhibits ...in. Hours for the rest ... week are to be from ...1 9 p.m.

...is no admission charge ...exhibit tent, but there ...of 50 cents for visiting ...el homes. The fee is ...said helping defray the ...ting on the show, ...said.

...s set up in the tent to ...building materials, ...rnishings, home de... ...d building plans. The ...is complete with a ...designed booth for ...k superintendents ... made and sold by the ...t Workshop for the

Haven Resident Hurt In Accident

WINTER HAVEN—Wesley N. Culpepper, of 347 Ave. L, NE, suffered a fractured left wrist yesterday afternoon when he was struck by a car while crossing the street at Second St., and Ave. L, NE.

The driver of the car was identified by police as James O. Albright, 1451 Sixth St., NE. No charges were made.

...menting on the U. N. refusal Saturday to discuss the issue of membership for the Red China regime, that the Soviet Union's world position is determined not by U. N. votes but "by the economy of the Soviet Union."

LIKES DIFFERENT SPECTACULAR . . .

Eisenhower — whom Khrushchev has refused to meet with except under conditions unacceptable to the White House—and Nixon and Kennedy have declared they will not confer with the Soviet chief unless advance negotiations at the diplomatic level show prospects of a fruitful meeting.

In indicating that he expects to be able to meet with the next American president regardless of conditions set by both Nixon and Kennedy, Khrushchev said he was accepting an unidentified American's advice that campaign talk by American politicians is something to be thrown "into the garbage pail" once the election is over.

The Soviet premier said he did not tune in on Friday night's Nixon-Kennedy television debate because "I am interested in better spectaculars than that."

Khrushchev added: "I prefer, if the question of watching a comedy comes up something like Gogol's Nikolai Vasilievich 'The Inspector General.'"

Drown In Lake, Ups Toll To 5

By THE ASSOCIATED PRESS

Three members of a Clearwater family drowned in a small lake Saturday. The deaths raised Florida's weekend fatality total to at least five.

The Clearwater victims were James D. Dunaway, 30; his 52-year-old mother-in-law, Mrs. Louise Griffin; and his nephew, Tommy Dunaway, 5.

Tommy's father, Charles Dunaway, said the three were boating on the lake at Clearwater when one fell overboard. The others reportedly drowned in a rescue attempt.

Paul Koon, 23, of Pensacola, was killed in a traffic accident at Pensacola. Earl Kent, 64, of Orange City, died in the collision of two station wagons near his hometown, about 25 miles southwest of Daytona Beach.

ACCEPT PAY HIKE

LONDON (AP) — Britain's 40,000 hospital and family doctors have voted to accept pay increases averaging $1,260 a year. The raise from the state-run health service will make the average physician's salary $6,790.

a stream of experts and educators, engineers and technicians, to train Africa in the tools of modern production and modern agriculture, and in the skills and knowledge essential to the conduct of government."

SAYS U.S. MUST ESTABLISH FUND . . .

4. The United States must establish a multilateral development loan fund directed by Western and African nations, with the expense borne by all the Western Allies.

5. Stimulate private investment in Africa. "The capital needs of Africa are far too great ever to be met by government alone."

Cheering crowds greeted the Democratic candidate at each of his Kentucky stops Saturday. Police estimated 5,000 persons were on hand at Alben Barkley Field in Paducah when Kennedy arrived there. Paducah was the home of the late Democratic vice president.

Kennedy's advance text for the day laid principal stress on his farm program, saying that other crops should be under the same sort of price and production controls that have worked well in tobacco. But he departed frequently from this to hammer at what he contends is the need for a Democratic administration to meet the changing times.

igster Hurt e Two Play ...t In Car

...akeland area youngsters ...with a pistol they dis... ...in the glove compart... the family car Friday ...he wounding of one of ...dren, it was learned ...

...rum, identified as Dar... ...Hardy, 2, of 2200 Old ...Road, received a flesh ...the right leg. She was ...at Lakeland General ...and dismissed.

...ls who investigated the ...said the shot was fired ...hone's three-year-old ... Stanley.

...wo youngsters reported... ...rummaging in the glove ...tment of the car while ...other made a hurried ...a grocery store, found ...German-made, .22 ...pistol of their father's ...re playing with it when ...arged.

...cles Stolen Winter Haven

...TER HAVEN — Three ...ere had their bicycles ...while they were at the ... Saturday afternoon. ...Boys were identified by ...as Steve Griffith, of 435 ...E; Rick Neibring, ...Twenty-Second St., ...Hollemeyer, of 1906 ...enth St., NW.

...ven Prisoner ...ught—Again

...TER HAVEN — A dis... ...conduct prisoner who ...want to go to jail" was

DEATHS AND FUNERALS

DOD: D 10/7/1960

Walter W. Hunt

Walter Wayne (Brownie) Hunt, 26, of 314 E. Parker St., died Friday morning at Bay Pines Hospital after a long illness. He was a lifetime resident of Lakeland, and a member of the Moose Lodge.

Mr. Hunt is survived by his widow, Mrs. Patricia Hunt; his parents, Mr. and Mrs. Luther F. Hunt; three sisters, Mrs. Hazel Bratcher, Mrs. Dollie Meridith, Mrs. Merrill Collins; and two brothers, Roy and Howard Hunt, all of Lakeland.

Services will be held tomorrow morning at 10 o'clock from the chapel of Gentry-Morrison Funeral Home. The Rev. W. W. Wilson, pastor of Gibsonia Baptist Church, will officiate.

Burial will be at Griffin Cemetery. Friends may call from 4 p.m. until 9 p.m. today at the funeral home.

William D. Roberts

William Daniel Roberts, 79, of 1249 Oak Hill Dr., died Friday night at Lakeland General Hospital. A native of Detroit, Mich., he came to Lakeland nine years ago from Detroit.

Mr. Roberts was a retired moulder. He was a member of the First Methodist Church of Lakeland, F & A.M. Lodge No. 91, Lakeland, Order of Eastern Star Chapter 123, Kalamazoo, Mich., and the International Moulders and Foundry Workers of North America.

He is survived by his widow, Mrs. Mabel A. Roberts; a son, William D. Roberts Jr. of Kalamazoo; two half brothers, George Smith of Toledo, Ohio, and James Smith of Columbus, Ohio; seven sisters, Mrs. Julia McKinniss and Mrs. Gladys Jones, both of Hamden, Ohio, Mrs. MarceHian Densmore of Long Beach, Calif., Mrs. Margaret Reiss, Mrs. Marjorie Ortman, Mrs. Henrietta Higgins and Mrs. Leona Lyle, all of Columbus; two grandchildren and six great-grandchildren.

Services were held last night by Kersey Funeral Home in Auburndale.

Herrick Rites

Services for Mrs. Esther Annie Herrick, 66, of Eaton Park, who died Wednesday, were held Friday morning in the chapel of Gentry-Morrison Funeral Home.

The Rev. Otis T. Hooks, pastor of Eaton Park Baptist Church, officiated. Music was presented by a quartet composed of Mrs. Hooks, Mrs. Carl Hammond, Mrs. H. E. Agnew and Miss Betty Sue Boyd, accompanied at the piano by Miss Priscilla Collins.

Burial was at Oak Hill Burial Park.

Paul H. Blizard

Paul Hamilton Blizard, 44, of Route 3, died Friday night at his home from a heart attack.

He was a native of North Carolina and came to Lakeland six years ago from Greensboro, N. C. He was a dragline operator for Polk County and a member of Griffin Baptist Church.

Mr. Blizard is survived by his widow, Mrs. Wilma Blizard; a son, Robert Lewis Blizard; two sisters, Mrs. Bertha Lemly and Mrs. Mattie Childers, both of Mount Airy, N. C.; and a brother, Fonce Williams of Mount Airy.

Services will be tomorrow afternoon at 3 o'clock at Griffin Baptist Church. The Rev. D. H. Combee, pastor, and the Rev. J. A. Hagan, pastor of Mount Tabor Baptist Church, will officiate.

Burial will be at Lakeland Memorial Gardens under the direction of Gentry-Morrison Funeral Home. Friends may call from 4 p.m. until 9 p.m. today at the funeral home.

Lewis W. Edge

WINTER HAVEN—Lewis W. Edge, 50, of 3612 Ave. T NW, died yesterday morning at a Winter Haven hospital. A native of Crestview, he came to Winter Haven from there in 1951. He was a carpenter and a member of the Church of Christ and the Carpenters Un-

Mrs. Elizer H. Lewis

ELOISE—Mrs. Elizer Henson Lewis, 85, of 115 Ninth St., died early yesterday morning at a Bartow hospital after a short illness.

A native of Geneva County, Ala., she had moved to Eloise three years ago from Graceville. She was a member of Burns Assembly of God Church in Slocomb, Ala.

Mrs. Lewis is survived by two daughters, Mrs. Ellen Bedsole of Columbus, Ga., and Mrs. Ada Sanders of Frostproof; two sons, Dixie Washington Lewis of Frostproof and Titus Council Lewis of Eloise; a brother, George Henson of Graceville; 20 grandchildren and 27 great-grandchildren.

Services and burial will be in Chipley. Local arrangements were made by Ott-Laughlin Funeral Home in Winter Haven.

Parker Rites

EAGLE LAKE — Robert Keyes Parker, 55, of Las Vegas, Nev., who died Thursday night at the home of his sister, Mrs. H. W. Allen, will be held today at 1 p.m. from the chapel of Ott-Laughlin Funeral Home.

The Rev. R. W. Waterman, pastor of First Baptist Church in Eagle Lake, will officiate. Burial will be at Eagle Lake Cemetery.

Mrs. June B. Gardner

LAKE ALFRED—Mrs. June R. Gardner, 69, of 275 Rochelle Ave., NE, died Friday morning at her home after a long illness.

A native of Albion, Mich., she moved to Lake Alfred in 1911 from Fargo, N.D. She was a charter member of First Presbyterian Church of Lake Alfred, the Lake Alfred Woman's Club and the PEO Sisterhood.

Mrs. Gardner is survived by her husband, Frank C. Gardner; a son, George E. Gardner of New York City; and a grandson.

Services will be held Tuesday morning at 11 o'clock at by Dr. Monte Johnson, retired Presbyterian minister of Lakeland.

The family has requested that no flowers be sent. Burial will be at Oak Grove Cemetery.

Friends may call from 7 until 9 o'clock tonight at Ott-Laughlin Funeral Home.

AMBULANCE SERVICE at your phone call, every hour of the night and day.

GENTRY-MORRISON FUNERAL HOME
417 N. Mass. Ave.
Phone MU 6-2133

Dukes Steen
Funeral Home
310 S. Florida
Phone MU 2-3123
ambulance service
OFF STREET
FUNERAL PARKING
In LOT SOUTH
of FUNERAL HOME

SNOOK
FUNERAL
HOME
1833
S. Fla. Ave.
MU 2-3155
Ambulance Service

10/9/1960 Sunday Ledger, Lakeland, Fla. Pg 6-A

Obituaries

MICHAEL N. ZAYATZ

LAKELAND — Michael Nestor Zayatz, 65, of 839 Fairway Ave., died yesterday at Lakeland General Hospital after a short illness. He was a native of Braddock, Pa., and came to Lakeland from Pittsburgh nine years ago. He was a lieutenant of guards, Federal Post Office at Pittsburgh, a veteran of World War I and a member of the Moose Lodge.

Survivors include his widow, Mrs. Mabel Zayatz; and three brothers and five sisters.

MRS. A. NORTON

LAKELAND — Mrs. Arcadia Norton, 84, of Route 3, Box 2585, died Sunday at a hospital in Arcadia following a long illness. She was a native of Polk County and had lived here all her life. She was a member of the Bethel Baptist Church.

Survivors include one son, Nathan B. Norton of Rockingham, N. C.; one daughter, Mrs. Velma Allred of Lakeland; two brothers, Luther Sherrouse and Paul Sherrouse, both of Lakeland, and 8 grandchildren and 7 great-grandchildren.

JOHN G. LEITCH

LAKELAND — John G. Leitch, 88, of 825 Lakeside Court, died at his home early today after a short illness. He was a native of Magazin, Scotland, and came to Lakeland in 1959 from Siloam Springs, Ark. He was a retired Presbyterian minister.

Survivors include his widow, Mrs. Ethel Gaskill Leitch, a son, the Rev. Glover A. Leitch of Lincoln, Neb.; and four grandchildren and one great-grandchild.

H. S. SUTTON

LAKELAND — Henry Samuel Sutton, 78, of 1811 E. Myrtle, died Saturday at his residence. He was a native of Norman Park, Ga., and moved to Lakeland in 1923 from Waycross, Ga. He was a retired painter and a member of the Webster Avenue Baptist Church.

Survivors include one son, Leon H. Sutton of Orlando; four daughters, Mrs. Charles L. Page and Mrs. C. B. Lain, both of Lakeland, Mrs. Ernest C. Odom of Ridge Manor and Mrs. A. W. Mozo of Plant City; 15 grandchildren; 27 great-grandchildren, and two sisters, Mrs. Katherine Riggins and Mrs. H. B. Pierce, both of Crossland, Tenn.

PLAGUE INFANT

AUBURNDALE — Sherry Elaine Teague, 10-day-old daughter of Mr. and Mrs. Paul Teague, Route 1, died at the Winter Haven Hospital this morning.

Other survivors include seven sisters, Mrs. Lois Barber of Lakeland, Mrs. Sue Dies of Auburndale; Mrs. Phyllis O'Neal

bakery worker and a member of the Central Avenue Baptist Church.

Survivors include his widow, Mrs. Cora Denmark; a son, W. P. Denmark of Lakeland; six daughters, Mrs. Bernie Cruce, Mrs. Robert Howell, Mrs. Floyd Jenkins and Mrs. Bonnie Cauley, all of Lakeland, Mrs. Charles Stewart of St. Petersburg and Mrs. Grady Harrison of Piedmont, S. C.; four sisters, Mrs. Mandy Lynn and Mrs. George Hunter, both of Perry, and Mrs. Nizel Lashley and Mrs. Lucius Lashley, both of Jasper; a brother, John Denmark of Perry; and 22 grandchildren and 10 great - grandchildren.

ROBERT L. BLIZARD

LAKELAND — Robert L. (Bobby) Blizard, 15, son of Mr. and Mrs. W. Hubert Barnes, drowned yesterday at Brooksville. He was a native of North Carolina, a student at Kathleen High School, and a member of the North Florida Heights Baptist Church.

Survivors in addition to his parents include a step-brother, William E. Barnes of Starke; a step-sister, Mrs. A. A. Powell of Gainesville; and his maternal grandparents, Mr. and Mrs. W. E. Beugnot of Lakeland.

WILLIAM H. ROBERTS

WINTER HAVEN — William Henry (Bill) Roberts, 59, died last night at his residence in Boare's Trailer Park. He was a native of Lyons, Ga., and moved to Winter Haven in 1942 from Altha. He attended the Church of God and was a retired farmer.

Survivors include six daughters, Mrs. Nathvina Stewart, Mrs. Gertrude Baggett, Mrs. Opal Lee Rice, and Mrs. Hazel Baggett, all of Winter Haven, Mrs. Montez Green of Miami, and Mrs. Jewell Roberts, of Winter Haven; four sons, Curtis Roberts, Chester Roberts, and L. L. Roberts, all of Winter Haven, and James Aaron Roberts of Lakeland; 23 grandchildren and four great-grandchildren.

MRS. J. S. BOOSTROM

WINTER HAVEN — Mrs. Julia Swanson Boostrom, 88, of Lake Deer Trailer Park, died early Sunday morning at a Winter Haven nursing home after a long illness. She was a native of Sweden and moved to Winter Haven in 1946 from Moline, Ill. She was a member of the Lutheran Church in Moline.

Survivors include her husband, Walter Boostrom; two sons, Harry Swanson and Martin Swanson, both of Galesburg, Ill.; one daughter, Mrs. Helen Nelson of Galesburg, one brother, Alex Johnson of Galesburg; 33 grandchildren, 11 great-grandchildren, and four great-great-grandchildren.

O. B. COLLINS

QUITMAN, Ga. — Orren Bradford Collins, father of Mrs. Gertrude Godwin and Elmer Collins, both of Lakeland, died Thursday in the Presbyterian Home here after a long illness.

Collins, 84, was a native of Grady County, Georgia, and had lived in Quitman all his life. He was a retired farmer and a member of the Pine Hill Bap-

CULLEN R. FOSTER

AUBURNDALE — Cullen R. Foster, 60, died Sunday at his residence, 3314 N.W. 13th Avenue, Miami. He was a native of Alabama and moved to Miami 10 years ago from Auburndale. He was a retired brick mason.

Survivors include his widow, Mrs. Thelma Foster of Miami; a sister, Mrs. Ora Johnson of Tampa; and two brothers, Homer J. Foster of Auburndale and Alvie D. Foster of Tampa.

J. B. SELIGA

WINTER HAVEN — John B. Seliga, 66, of 2109 Greenway Drive, NW, died this morning at the Winter Haven Hospital after a short illness. He was a native of Czechoslovakia, and moved to Winter Haven in February of 1965 from Royal Oak, Mich. He was a retired machinist of the Chrysler Corp. at both the Dodge and the Mound Road Engine Plants. He attended the Trinity Methodist Church in Winter Haven and the Unity Church of Detroit.

Survivors include his widow, Mrs. Anna S. Seliga; a daughter, Mrs. Joseph L. Wilson, of Winter Haven; a daughter-in-law, Mrs. Gerald J. Seliga of Smith, Tenn.; and six grandchildren.

Funeral Notices

ZAYATZ, MICHAEL N. — Funeral services will be held 2 p.m. Wednesday from Glenn W. Morrison Memorial Chapel with the Rev. Caston Doggett, pastor First Methodist Church officiating. Interment will be at a later date. Friends may call at Gentry - Morrison Funeral Home this evening from 7 until 9 o'clock.

LEITCH, DR. JOHN G. — Memorial services for Dr. John T. Leitch of 825 Lakeside Court will be announced later. Arrangements are in charge of Dukes-Steen Funeral Home.

NORTON, MRS. ARCADIA — Funeral services will be held 10 a.m. Wednesday from Bethel Baptist Church with the Rev. W. A. Robinson, pastor, officiating. Pallbearers will be Dalton Sherrouse, Denver Sherrouse, Leonard Sherrouse, Clevion Sherrouse, Claude Sherrouse and Clyde Grisby. Interment will follow in Sacrum Cemetery under the direction of Gentry-Morrison Funeral Home. Friends may call at the funeral home this evening from 7 until 9 o'clock.

JACKSON, MRS. MAY BERKLEY SWIFT — Funeral services were held 10 a.m. this morning from Glenn W. Morrison Memorial Chapel with the Rev. Everett A. Cremer, pastor Westminister Presbyterian Church officiating. Pallbearers were Howard Cavanaugh, Clarence Fisher, Ben Bronzolo, Oliviido Miller, Joe Norman and Mack Whitcomb. Interment followed in Oak Hill Burial Park under the direction of Gentry-Morrison Funeral Home.

BLIZARD, ROBERT L. (BOBBY) — Funeral services will be held 4 p.m. Wednesday from North Fla. Heights Baptist Church with the Rev. Clyde Green, Medulla Baptist, Rev. S. E. Simmons, Dixie Highway Baptist and Rev. L. E. Daniel, First Baptist Church, Immokalee, Fla., officiating. Pallbearers will be Calvin West, James West, David Lunian, Sam Fields, Silas Lawrence, Roy Wiles Jr., Willis Davis and Andy Sandford. Deacons of the Church will serve as honorary pallbearers. Interment will follow in Lakeland Memorial Gardens under the direction of Gentry-Morrison Funeral Home. Friends may call at the funeral home this evening from 7 until 9 o'clock.

SUTTON, HENRY SAMUEL — Funeral services were held 2 p.m. today from Glenn W. Morrison Memorial Chapel with the Rev. Bascom Sutton, Baptist minister, Lakeland, officiating. Pallbearers were Harold S. Sutton, Donald Lain, Ernest Junior Odom, Charles Henry Page, Ray Lain and Fred Sutton, all grandsons of the deceased. Interment followed in Roselawn Cemetery under the direction of Gentry - Morrison Funeral Home.

AMBULANCE SERVICE

at your phone call, every hour of the night and day.

GENTRY-MORRISON FUNERAL HOUSE

habits even before her fatal haircut.

BUT WHEN SHE lost her curls, that was the last straw.

His subconscious aversion that had been growing for many months then broke over into his full conscious attention.

So he suddenly loathed the sight of her.

Yet he had been crazy about her when they were married and for many months thereafter.

Alas, Sally didn't even dream that she was jeopardizing her marital happiness by following some of the foolish female fads, (often devised by homosexuals) for glamorizing women.

Many of our women of today really like sheer, powerful and adopt any new craze that is cleverly launched by a few actresses or other social bellwethers.

So you clip your hair short and thus lose the charm of being physically 100 per cent opposite to the male make-up.

To exert maximum romantic appeal, a girl and a boy must be at the opposite extremes in physical looks.

kissing a girl who has a big pile of phony hair on top of her head.

So they don't want to touch her hair lest they be fondling a corpse.

Dear Allison,

"How can I keep people from mooching my Half and Halfs? They can't resist that rich aroma."

Dear Smoker,

"Who can? May I have one?"



DOD! 9-6-1965

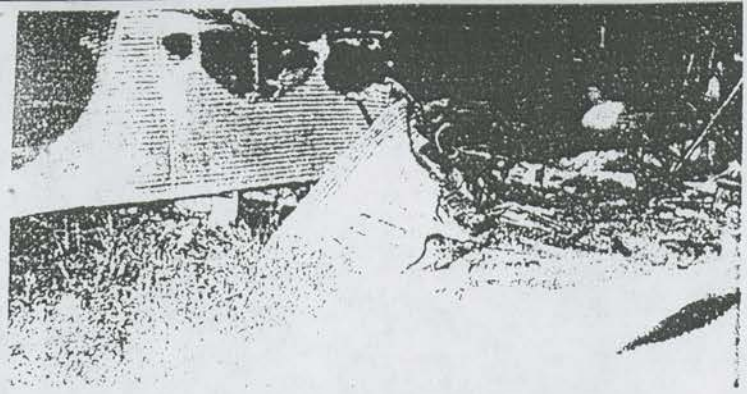


the simple elegance of Cashmere . . . in lovely new fall coats for '65

$68

Beautiful new fall coats in clutch or button style in soft, lovely cashmere. Lightweight, hand detailed and travel perfect. Enjoy the luxury of Cashmere in

Ledger - Lakeland, Florida Sept. 11, 1965 Page 7A



FATAL FIRE SCENE — The ruins of a trailer in which Ray W. Fike, 43, of Wahneta was burned to death early Sunday morning, can be seen in this picture. Sheriff deputies found [illegible] about 2 o'clock. Deputies were still investigating the fire today. (Ledger Photo

Route For 'Festival Of Flags' Parade On Sept. 18 Announced

LAKELAND — The Festival of Flags parade on Sept. 18 will proceed from the corner of S. Lake Avenue and Orange Street to Henley Field where a patriotic program to commemorate the adoption of the United States Constitution will be held.

Announcement of the parade route was made by Tom Hicks, parade marshal.

The parade will proceed west on Orange Street to Kentucky Avenue; north on Kentucky to Main Street; west on Main to Florida Avenue and north on Florida to Henley Field. Total distance of the parade will be one and a half mile.

Mayor Lois Searl has signed a proclamation endorsing the Festival of Flags Day to be sponsored here by the Lakeland Business and Professional Women's Club.

She declared the month of September as Constitution Month and Sept. 18 as Festival of Flags Day.

"[illegible] all the people of this city to reflect upon the provisions of this great document," she said, "and to observe this day and this month by the display of the American Flag within this community.

"I commend the Lakeland Business and Professional Women's Club for their efforts in awakening the ideals of Americanism and in their tribute to the occasion we celebrate," she said.

Among the Lakeland organizations participating in the celebration will be the Horizon Club, senior program of the Camp Fire Girls.

Under the direction of Mrs. Betty A. Trade, director of Camp Fire girls in Lakeland, and Mrs. Frances Luce and Mrs. Robert Allen, advisors, approximately 40 Horizon Girls will distribute Constitution pamphlets throughout Lakeland.

The girls will be working in cooperation with the Lakeland BPW's legislative committee headed by Mrs. Wanda Stump.

Speaking on the clubs' participation, Mrs. Trady said, "I would like to say that one of the tenets of the Camp Fire Girls is to give service and we are very happy to participate in this community program."

The pamphlets will be distributed this week, according to Mrs. Claire Bradberry, Festival of Flags chairman.

Lakeland Youth Drowns In Hernando County

LAKELAND — A 17-year-old Lakeland youth drowned at a fish camp on the Withlacoochee River at Istachatta in Hernando County yesterday morning.

Hernando authorities identified the youth as Robert Louis Blizard of 619 Hull St.

Blizard, authorities said, drowned when he jumped off a dock and failed to come to the surface of the water. The body was recovered later in the day.

Sarasota Man Drowns In Pit In Polk County

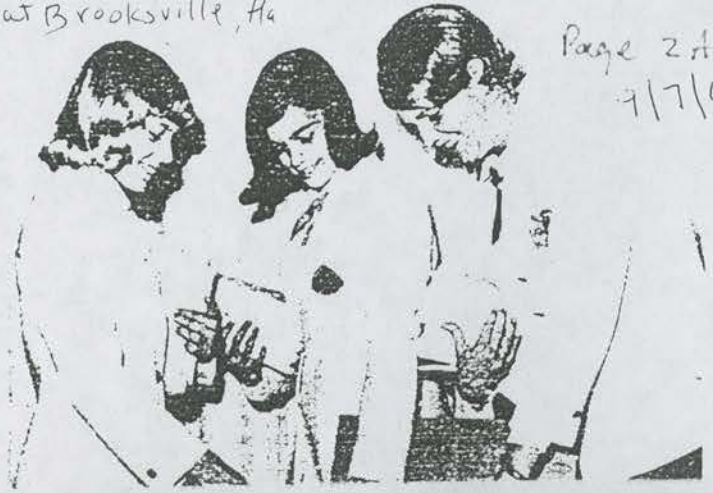
PIERCE — A Sarasota man drowned in a phosphate pit near here around noon yesterday.

Owen Mitchell, 42-year-old Negro, was reportedly swimming at the Old Pierce Mine near here when he drowned. No additional details of the drowning were available.

The body was recovered by Mulberry Fire Department with the aid of the Polk County Sheriff's Department.

DOD: 9-6-65 Ledger, Lakeland, Fla.
Died at Brooksville, Fla

Page 2A
9/7/65



Avon Park apees Caught Polk County

[illegible]ow — Two prisoners [illegible]ed from the Avon [illegible]ol Institution were [illegible]ptured early this [illegible]g at Indian Lake Estates.

[illegible]eriff's spokesman said [illegible]bert Slaton and George [illegible]sburn, both in their mid-[illegible], were apprehended by [illegible]al deputy at DE after [illegible]ke into a residence

LAKELAND MEMORIAL GARDENS Interment 392

Name of Deceased Blizard, Paul H.

Sec. Fountain Lot 173 Grave No. 3

Date of Death Oct. 7, 1960 Permit 545

Age 44 Date of Interment Oct. 10, 1960

Lot Holder Wilma L. Blizard, Rt. 3, Box 644 Lakeland

Funeral Director Gentry-Morrison

Remarks: Companion Order #392

Paul Hamilton Blizard

Born: 12-26-1915

Died: 10-7-1960

1960

1959

1915

44 ✓

LAKELAND MEMORIAL GARDENS Interment 912

Name of Deceased BLIZARD, Robert L.

Sec. Fountain Lot 153 Grave No. 2

Date of Death 9/6/65 Permit Hernando County #132.

Age 16 Date of Interment 9/8/65

Lot Holder Mrs. Wilma L. Barnes (mother)

Funeral Director Gentry-Morrison

Remarks: Single order #907

Robert Lewis Blizard

Alleged Birth Cert.
DOB. 9-22-1947
DOD. 9-6-1965

17 yr. old



SPEND WEEKEND IN NATION'S CAPITAL — The above group of 33 Granite Citi
morning for Washington and returned Monday morning early. Included among the
kneeling l-r, Dean Cain, Roscoe Stewart, Wade Pennix, Earl Watson, Wilford Leftw
James Johnson, Winfred King and Billy Needham (son of bus driver); second row, Ed
Goad, John Hamilton, Hylton Wright, P. D. Cain, A. H. Collins, Richard Hoskins; back r
T. Joyner, Sam Lewis, Sandy Simmons, Ed Brannock, George Snyder, Leonard Parke
Paul Calloway, Wilcher Short, E. H. Foust and bus driver Paul Needham. The pho
Bob Tannehill who also made the trip.

Funeral Services To Be Held Today For Mr. Blizard

Funeral services will be held today at 2 p.m. in Holly Springs Baptist Church for Thomas Jefferson Blizard, 50, of route one, Mount Airy, who died Sunday while attending church services. The Rev. Frank Sitton will be in charge.

Mr. Blizard, who had been in the plumbing business here for some years, had been active in church affairs. He had just finished teaching his Sunday School class on Sunday when he suffered a heart attack.

He was born September 26, 1909 in Surry County, son of Thomas J. and Margaret Mitchell Blizard.

Surviving are his wife the former, Glenna Pierce, two sons, Lt. Teddy Blizard, stationed at Ft. Jackson, S. C.; and Jerry B. Blizard of Dobson, route 2; one daughter, Mrs. Roger Needham of Fanguay Springs; two grandchildren; a brother, Paul Blizard of Lakeland, Fla., and two half-brothers, Fonce Williams of Mount Airy and John Blizard of West Virginia; a sister, Mrs. Raymond Childress of Mount Airy, and two half-sisters, Mrs. Bertha Lemly of Mount Airy and Mrs. Axie Hicks of Martinsville, Va.

The body will be placed in a mausoleum at Pilot Mountain Cemetery and later will be buried in Skyland Memorial Garden off the Mount Airy-Pilot Mountain Highway. The latter cemetery is not yet open for burials.

Sights Along The MAIN DRAG

THELMA HAIR going through trash can thoroughly. . . JIMMY PRICE rushing to NEWS office for Stuart Enterprise items . . . ROGER YOUNG and JOE GRIFFIN comparing notes on street about respective ball clubs . . . OPAL LEE McCOLLUM delivering packages to customers . . .

Grand Opening Today At The Discount House

The Discount House will hold its grand opening today at its new location on Willow Street, next door to the Mount Airy Knitting Company.

The new store is managed by Willis Jones, formerly of Greensboro and features a wide variety of merchandise.

Door prizes will be given to everyone at the Grand Opening today.

Home offices for the new Discount House is located in Greensboro.

Among the items in the local store are shoes, clothing, work clothing, hardware, toys, appliances and a host of other household items. Also included is a large selection of Christmas candy and all kinds of decorations.

Opening time is 8:30 a.m. until 9 p.m.

Local Navy Men In Mediterranean

Both Dri... Charged ... Midnight

Mount Airy ... drivers followin... the early morni...

The two vehi... a 1956 Ford co... rated by Sher... of Toast, and ... driven by Rober... 22, of 715 N. M...

According to ... the convertible ... on N. South Str... left front end ... which had been ... Pippin Street.

Investigating ... Chevrolet was ... from Pippin int... stopped with fr... foot in the str... vertible skidded ... struck the other ...

There were no ... ages to the vehi... at $400 to the c... to the Chevrol...

Jones was ci... fast for road ... Hawks was ch... to yield right o...

Graduate ... Recruit ...

George C. L... ...dley ... graduated ... ing Dec. 6 at t... Center, Great ...

The graduatio...

Died 2-10-53 (1) (2) Interment

Killed in Accident Rockingham County

ILLE.—Howard Benjamin Garner, 16-year-old son of M ger Garner of Stokesdale, Route 1, was instantly killed m. Tuesday when the truck he was driving overturned

panions, Carlton Garner, a cousin of the dead youth, and of Reidsville, Route 2, were injured in the accident. Carlton Garner suffered severe injuries about the face and Hanks sustained minor facial injuries.

State Highway Patrolman J. H. Harrelson said the three youths attended a basketball game at Bethany High School and were en route home. Harrelson said the truck was traveling at high speed when it overturned on a county road between highways 65 and 158.

Dr. M. P. Cummings, Rockingham County coroner, ruled the accident unavoidable and said Garner died of head and chest injuries.

Surviving are the parents; one brother, Lewis Garner; one sister, Delores Garner, all of the home; and the grandparents, Mr. and Mrs. Henry Stevens of Stokesdale.

Funeral services will be held at 2:30 p.m. today at Stokesdale Methodist Church. The Rev. J. W. Walker will officiate. Burial will be in the church cemetery. Pallbearers will be Larry Friddle, P. D. Swaim, Leonard Robertson, Wallace Wilson, Carl Stevens and Jack Dixon.

The body will remain at Vaughn Funeral Home at Stokesdale until the hour of the service.

s Man l by Fall apel Hill

to The Journal

ILKESBORO. — Ray- -p, 29-year-old father dren Tuesday el H ral hours 40 f n an ele-

a resi of the New nity of Bushy Moun- in Wilkes County. d as a construction e South Wing addi- C Memorial Hos- nts said he fell from eaking his neck and spinal cord.

to Tom Henderson, he construction being . Stewart and Sons High Point. The acci- at 9:20 a.m. Tues- as admitted to Me- al and died at 8 p.m.

was born and reared unty. Surviving are May Estep, three chel, Claudette and lep, one son, John l of the home; his Lizzie Estep; one Estep; and his grand- Nellie Estep, all of

vices will be con- p.m. today at New Church near Gilreath Pervis Parks. Burial church cemetery.

Sharpe, 85, ny, Route 2

Mrs. Allie Cass Harmony, Route 2, yesterday at Long esville following an days.

Iredell County, she er of George and Cass. Her husband, died three years

ices e held at ds f at 3 p.m. e I s E. G. Rev Rinkley ial in the

ARY SMITH

ices for Mrs. Mary 80, will be conduct- Chapel at 3:30 p.m. Rev. Harold Tuttle Wood and the Rev. ch. in Forsyth Memor-

R. A. Blizard, Mount Airy, Dies at 68

MOUNT AIRY.—Robert Anderson Blizard, 68, of 190 Granite Street, died at a Winston-Salem hospital at 11:55 p.m. Tuesday, following a stroke of paralysis suffered Jan. 26, when he fell in the fireplace and was severely burned.

He was born June 26, 1884, in Wilkes County, son of John and Elizabeth Thompson Blizard. Mr. Blizard was organizer of the Blizard Express Company that operated between Mount Airy and Winston-Salem and also a used car dealer.

Funeral services will be held at the First Baptist Church at 2:30 p.m. Friday. The Rev. R. Carrington Paulette, the pastor, will be assisted in the rites by the Rev. David Hiatt. Burial will be in Oakdale Cemetery.

Survivors include his wife, the former Miss Cavie Alma Montgomery of Mount Airy; four sons, Claude, Spurgeon, Robert S., and Thomas Blizard, all of Mount Airy; three daughters, Mrs. Griffin Dotson of Asheville, Mrs. Carl Roberts of Dobson, Route 2, and Mrs. Joel Thompson of Hartsville, S. C.; 11 grandchildren; two brothers, Walter Blizard of High Point and Albert Blizard of Mount Airy, and one sister, Mrs. Dan McKeller of Mount Airy.

Pallbearers will be Hassell Harrell, Thomas Fawcett, Nat Ferguson, J. S. Belton, Joe Gwyn Jr. and Bob Allran.

W. L. Davis, 73, Of Harmony

HARMONY — William Laban Davis, 73-year-old retired farmer and businessman of Harmony, died at a Statesville hospital yesterday after a serious illness which lasted one month. He had been in declining health for several years.

He was a native of Rowan County, a son of J. M. and Mary Penny Davis. In 1903 he married Miss Nellie White, and the couple moved to Iredell County in 1907. They made their home in the Oak Forest Community for 12 years before moving to Harmony.

In addition to his farming interests, Mr. Davis was a lumber dealer, assistant mail carrier in Harmony and served as secretary-treasurer of the telephone company for more than 25 years. Under PMA he served as chairman of the Turnersburg Township Committee.

He was an active member and deacon of Harmony Baptist Church.

Survivors include his wife; five sons, W. Young and Colin V. Davis of Statesville, J. W. Davis of Statesville, J. W. Davis of Trinity, Ralph W. Davis of Cincinnati, Ohio, and Paul E. Davis of Harmony; three daughters, Mrs. Charles Mooney of Statesville, Mrs. Arthur Lanier of Denton and Mrs. Harold Hudson of Winston-Salem; two sisters, Mrs. C. C. Shoemaker of Statesville and Mrs. Ida Shoemaker of Kannapolis, and 13 grandchildren.

Funeral services will be conducted at 2 p.m. Friday at Harmony Baptist Church by the Rev. W. L. McSwain and the Rev. James S.

Funeral Today For A. L. Sigmon

Funeral services for Adrion Lee Sigmon, 38, who died unexpectedly yesterday morning at his home on Bethabra Road, will be conducted at Augsburg Lutheran Church at 3:30 p.m. today.

The Rev. Ray Fisher and the Rev. Sinclair Tebo will officiate, and burial will be in Forsyth Memorial Park.

The body will remain at Vogler's Chapel until 2:30 p.m. today at which time it will be taken to the church to lie in state for 30 minutes prior to the service.

Mr. Sigmon was born Jan. 4, 1895 in Catawba County, near Hickory, a son of William Pinkney Sigmon and the late Cardelia Simmons Sigmon. He spent his early life there and attended State College in Raleigh before entering the Army in 1918.

Upon his discharge Mr. Sigmon began association with Reynolds, Inc., in various capacities. He retired as a watchman in 1950 when his health failed.

He was married on June 10, 1920 to Miss Nellie Holleman, who survives at the home.

Other survivors include two sons, Adrion Lee Sigmon Jr., of Washington, D. C. and Kenneth A. Sigmon of Winston-Salem; five daughters, Mrs. Richard Sprinkle, Mrs. Oren Ray Wilson, and Misses Alice Nell and Eleanor Sigmon, all of

Bloodshed Box Score

RALEIGH (AP.—The Motor Vehicles Department's report of highway accidents for the 24-hour period ending at 4 p.m. yesterday:

Killed—0
Injured (rural)—10
Killed this year—109
Killed to date last year—101
Injured to Jan. 1, 1953—15,408
Injured to Jan. 1, 1952—15,123

Mrs. Edwards, 78, This City; Rites Friday

Mrs. Flora Wood Edwards, 78, a native of Guilford County, died early yesterday at the home of Mrs. A. C. Johnson of 5014 Old Rural Hall Road. She had been in declining health for several months.

Mrs. Edwards was born June 8, 1874, a daughter of Jack and Sarah Gray Wood. She had lived in Forsyth County since 1927. J. S. Edwards, to whom she was married in 1890, died in 1943.

Survivors include one daughter, Mrs. Cammie Wiles of Winston-Salem; three sons, C. H. Edwards of Baltimore, Md., H. L. Edwards of Winston-Salem, and Robert Edwards of Florida; 20 grandchildren.

Funeral services will be conducted at Vogler's Chapel at 2 p.m. Friday by the Rev. Gilmer Brendle and the Rev. E. T. Sims. Burial will be in Clemmons Baptist Church Cemetery.

Mrs. Coy Miller, 78, of High Point

HIGH POINT.—Mrs. Coy Miller, 78, died Tuesday in the local hospital. She had been ill for the past nine months.

During most of her illness she had made her home with her daughter, Mrs. Ross Dailey here.

She is survived by her husband, Coy Miller of Richfield, Route 1; one daughter, Mrs. Dailey; and two sons, Baxter Miller of Reidsville and Claude Miller of Gastonia.

Funeral services will be conducted at 2:30 p.m. today at Zion Methodist Church in Richfield. Burial will be in the church cemetery.

Child Dies Of Injuries In Accident

Special to The Journal

NORTH WILKESBORO. — Six-year-old James Irving Bumgarner II died in a Winston-Salem hospital at 3 a.m. yesterday of injuries received Monday when he was struck by a milk truck near his home on Highway 421, six miles west of North Wilkesboro.

The son of Dr. and Mrs. James I. Bumgarner of Miller Creek, James was rushed to Wilkes General Hospital and his father learned that the victim was his son when he entered the emergency room to render treatment.

The child was later taken to Baptist Hospital in Winston-Salem, where Dr. Bumgarner was a former member of the house staff. Several operations were performed to save his life, attendants said. He suffered two broken legs, crushed pelvis, a skull fracture and other injuries.

State Highway Patrolman Clyde Shook, the investigating officer, quoted witnesses as saying that the child stepped in front of a truck being driven by Don Lee Russell of Boomer. No charges have been preferred against Russell.

James was born Dec. 5, 1946. Besides his parents he is survived by three brothers, Robert L., Richard L. and Frederick H. Bumgarner, all of the home.

Funeral services will be conducted at 11 a.m. today at the First Baptist Church in North Wilkesboro by Dr. John T. Wasland, pastor, assisted by the Rev. Thad McDonald of Black Mountain. Burial will be in Friendship Church Cemetery.

The body will remain at Reins Sturdivant Funeral home until 10 a.m. today and will lie in state at the church for one hour prior to the service.

Close 7 P.M. Daily
T. W. WOOD SEED
Just received freshly tested 1953 garden seed. No leftovers here. Time to plant onions, cabbage, peas, beets, lettuce, tomato seed, carrots, radishes, collards, eggplant, kale, mustard spinach, peppers, turnips.
FURCHES BROS. HDWE.
Clemmons N. C. Dial 3-8233
Except 6 Wed.-Sat.

Miss Mary Tesh, 88, Twin Citian

Funeral services for Miss Mary Elizabeth Tesh, 88, who died at a local hospital yesterday morning, will be conducted at Vogler's Chapel at 2 p.m. today by the Rev. Robert White.

Burial will be in Salem Cemetery.

Miss Tesh, a resident of Salem Home, had been ill for two weeks. Her condition became serious Sunday.

She was born Jan. 17, 1865 near Friedberg, a daughter of Mrs. Charity Tesh, and spent most of her life in Forsyth.

For a number of years she served as housekeeper for Judge George «Dick of Greensboro and later as housekeeper for the Hanes and Craige families in Winston-Salem.

Miss Tesh was one of the oldest members of First Presbyterian Church.

She is survived by a number of cousins, including Rufus Fishel of Yadkinville, Mrs. Stella Bennett, Mrs. Marcus Kinney, Mrs. John

Geor 82, M

Geor Salem morni ham. Mr.

Regular meeting Scottish Rite Bodies tonight at 7:30. Election of officers in Lodge of Perfection. Further plans for spring reunion. Members urged to attend. Visiting brethren welcome.
WM. J. CREWS, V. M.
P. E. G. RENNINGER, Sec.

LOW COST LOANS
HOOD SYSTEM BANK

FORSYTH TIRE CO.
Guaranteed
TIRE RECAPPING
Goldsboro
TIRES AND TUBES
Corner Third and Church
PHONE 3-1258 or 4-9431

Wilcox-Gay Electric
TAPE RECORDER
CAMEL PAWN SHOP
The Home of Low Prices
E. 4TH ST. PHONE 3-4438

IT'S A SELL



NEARS FINALE IN THE SENATE MUTILATION

Friends and Opponents Sure a Vote on Treaty Must Be Reached Soon.

SENATORS MUST AGREE

Document Will Be Called Up in the Senate Today for Start of the Final Debate.

WASHINGTON, Feb. 16.—With ratification or rejection depending almost wholly on whether 64 senators can reach an agreement on a reservation to article ten of the league of nations, the peace treaty controversy today drew nearer a finale.

Opinion still was divided as to the possibility of a compromise on this issue, but as to other points in dispute belief was general that no serious trouble in reaching an agreement would be met.

In accordance with the agreement reached a week ago to formally call up the treaty today for further debate, a number of senators of both sides had prepared speeches. Among these were Senator Thomas, democrat, and Senator McCormick, republican, both listed as opponents of ratification.

The latter announced he would speak today and the former tomorrow.

AND CARRY OFF MR. ADAMS

Embassy at Mexico City Instructed by State Department to Take Steps to Have American Mine Superintendent Released; Federal Troops Searching for Him.

WASHINGTON, Feb. 16.—Wilson Welch Adams, an American, has been captured by bandits in Mexico and is being held for 50,000 pesos ransom, the state department was advised today.

Adams' home is in Los Angeles, where his wife and child now live.

The American embassy at Mexico City has been instructed by the state department to bring the k... of th... tim... take... The... he S... port auth... learn the whereabouts of Adams and his captors and that the columns of troops had been...

John Dixon
Blizzard
High Point Newspaper
Attempt

BURIED WANT HINDENBURG TODAY FOR CRUEL SLAVERY OF YOUNG GIRLS

German Press Makes Public the Charge Allies Have Brought Against Him.

LONDON, Feb. 16—The German press is quoted in a dispatch to the Exchange Telegraph company declares that Field Marshal von Hindenburg's surrender is demanded by the allies not only because he is alleged to have said "the most cruel war is the most humane because it leads to an end," but also because of his responsibility for the destruction of property during the German retreat.

The field marshal is also charged jointly with General Ludendorff with responsibility for the deportation of civilians and the organization of civilian labor corps in which thousands of girls are alleged to have been handed over to virtual slavery with women of doubtful character and imprisoned if they refused to work.

Pollard is Selected.

WASHINGTON, Feb. 16.—John Garland Pollard, of Virginia, has been selected by President Wilson as a member of the federal trade commission.

Mr. Howerton and wife, of Slaton, Texas, were visitors in High Point the past week and were guests at the Elwood.

COLD WAVE GRIPS WHOLE COUNTRY

WASHINGTON, Feb. 16.—Another cold wave gripped the eastern portion of the country today, the cold area extending from Canada to the gulf and from the Atlantic to Pacific.

It was said that the cold snap would be of short duration, however. The forecast predicted that temperatures would begin to moderate tonight in the Ohio valley and the upper lake region and would continue to moderate to those districts and in the east gulf and middle Atlantic states on Tuesday.

HINES CALLS CHIEFS OF ROADS TODAY

WASHINGTON, Feb. 16.—Director General Hines today telegraphed Dewitt Cuyler, New York chairman of the association of railroad executives, asking him to designate a committee to meet here for conference with railroad administration officials "on railroad wage questions and related subjects."

The request was understood to have been made at the suggestion of President Wilson.

J. D. BLIZZARD IS DEAD IN THE CITY.

D: 2-15-1920

J. D. Blizzard, aged 72 years, died at his home, 721 Hamilton street, at 2:30 o'clock yesterday morning.

Mr. Blizzard was formerly of Mt. Airy, where he engaged in the grocery business. He came to this city last December.

Deceased is survived by three sons, Albert and Robert Blizzard, of Mt. Airy; Walter Blizzard, of High Point and one daughter, Miss May Blizzard, of Walnut Cove.

The remains were taken to Mt. Airy this morning on train No. 44, where interment will be made today.

GIRL, 15, DISAPPEARS WITH VIOLINIST; MOTHER ASKS AID

...Feb. 16.—Mrs.

MUST PAY HIS WI... FIFTY EACH MO...

Fred Sulfs, white man, ap... in municipal court this m... and entered a plea of guilty... charge of non-support. Judg... Kirkman ordered that he p... wife $50 monthly for the sup... herself and child. Notice of... was given and a $750 bon... named.

John Scoggins was found ... of a charge of larceny an... taxed with the costs.

Will Tipp, negro, and "Si... negress, were tried on a ch... assault. Judgment in that c... reserved until late this afte...

Leander Ross was found n... ty of an assault. The cou... that the assault was justifia...

...ENIES SECRET PACT TO ...ENGLAND U. S. LINERS

...William Clinard, ...instantly killed ...ay night by a ...in High Point ...train No. 35 ...3 o'clock the ...Rev. J. A. ...e First Baptist ...n the home of ...A. C. Clinard. ...et. Interment ...cemetery. ...as 22 years of ...known in High ...ived practically ...his parents he ...rothers, Robert ...nd two sisters, ...Elizabeth Cli... ...e young white ...arrested by the ...ing on a charge ...which is alleged ...death of young ...yesterday after... ...of $2,000. Rob... ...eld in Richmond ...ail. ...ent Greer, Jo... between Sheriff ...who came ...for the ...ck with ...ndant's attorneys.

(Page Four.)

...Oakwood cemetery.

The funeral was attended ... large number of friends and rel... of the deceased and there were ... beautiful floral tributes.

The following were the pal... ers:

Active, J. Allen Austin, E. S. ... V. A. J. Idol, H. C. Massey, ... T. Wood and Dred Peacock.

Honorary, C. E. Hutchins, ... Ingram, J. J. Farriss, N. W. B... F. M. Pickett, W. C. Jones, ... Kearns, Charles Siceloff, J. H... ry and W. C. Reavans.

High Point Enterprise 2/16/1920

What's happening

Today

A. A. Meeting
Alcoholics Anonymous will meet at the Life Center of Galax, 112 Painter St., 8 p.m.

Exercise Class
An exercise class will be held at the First United Methodist Church in Galax every Monday, Tuesday and Thursday, 5:45 p.m.

Weight Watchers
Hillsville Weight Watchers will meet at the First Baptist Church, 5:45 p.m.

EHC Meeting
The Star Extension Homemakers' Club will meet with Ruth Sue McGrady, 7 p.m. Open to all interested persons.

Bookmobile
The Wythe-Grayson Regional Library Bookmobile will make stops in Troutdale and Mouth of Wilson today. For information about a stop nearest you, call the library at 773-2761.

VFW Meeting
Grayson Post 7726, Veterans of Foreign Wars, will hold its monthly meeting at the post home, with dinner at 6:30 p.m. and the business meeting at 7:30 p.m.

PTO Meeting
The PTO will meet in the Independence Elementary School cafeteria, 7 p.m. The program by Garry Snow will be on the DARE program.

Galax Jaycees
The Galax Jaycees will hold their regular membership meeting at the Appalachian auditorium 7 p.m.

27 Wednesday

EHC Meeting
The Sunnyside Extension Homemakers' Club will meet at the Mountain Plains United Methodist Church, 2 p.m. Open to all interested persons.

A. A. Meeting
Alcoholics Anonymous will meet at the Life Center of Galax, 112 Painter St., 8 p.m. Call 236-6503 or 236-2994.

Support Group
The support group for adult children of alcoholics will meet at the Rooftop of Virginia, 206 N. Main St., Galax, 6-7 p.m. Call 236-7231 for information.

Bible Study
Bible study is held each Wednesday night at the Oldtown Community Church, 7 o'clock. Bill Peters and Bobby Burcham are pastors.

Bible Study
Bible study is held by the Rev. Garnett Delp at the First Assembly of God, 111 Gillespie Lane, Galax, each Wednesday at 7 p.m. The Rev. and Mrs. C. R. McKeel are the pastors.

28 Thursday

Area obituaries

Hattie D. Carter

Hattie Doss Carter, 75, died at her home in Ridgeway Monday, Jan. 18, 1988.

She was born June 10, 1912, in Austinville to W. Tom Doss and Polly Stoots Doss.

She is survived by two sons, Robert Carter and Tom Carter, both of Danville; three daughters, Frances Eller, Chilhowie; Doris Corbeil, Willimantic, Conn., and Gladys Spencer, Martinsville; one brother, Charlie M. Doss, Fries; three sisters, Flossie Stoneman, Galax; Carrie Sisk, Hillsville, and Virginia Waller, Pulaski; 10 grandchildren and eight great-grandchildren.

Services were held in Martinsville. ■

Mrs. Eugene Blizzard

Lena Mae Blizzard, 89, of Rt. 3, Galax, died Wednesday, Jan. 20, 1988, in Twin County Community Hospital.

She was born April 1, 1898, in Carroll County, to Thomas K. Hutchens and Lillie Ann Burcham Hutchens. She was the widow of Eugene Blizzard.

She is survived by one nephew, Leverne Hutchens.

The funeral was held Jan. 22, at 11 a.m. in the Blue Ridge Chapel Church, conducted by the Rev. Otto Sumner and the Rev. Willard Richardson.

Interment followed in the church cemetery.

Vaughan-Guynn Funeral Home handled arrangements. ■

L. C. Ewing Sr.

Lapsley Cornelius Ewing Sr., 80, of Winston-Salem, N.C., died in the North Carolina Baptist Hospital Wednesday, Jan. 20, 1988.

He was born in Louisville, Ky., July 6, 1907.

Surviving are one daughter, Mrs. two sisters, Nancy Pritchett and Elizabeth Yeager, both of Louisville, Ky.

The funeral was held at 2 p.m. Jan. 23 in the Hillsville First United Methodist Church, conducted by the Rev. Dan Moore.

Burial was in the Wilkinson Cemetery.

Vaughan-Guynn-McGrady Funeral Home, Hillsville, was in charge of arrangements. ■

J. W. Beamer Jr.

Joe William (Jody) Beamer Jr., 63, of Rt. 5, Galax, died in Waddell Nursing Home Wednesday, Jan. 20, 1988.

He was born in McDowell County, W.Va., May 6, 1924, to Joe Bill Beamer and Daisy Willis Beamer.

He is survived by his wife, Lois N. Beamer; three daughters, Peggy Porter, Sandra Beamer and Glenna Beamer, all of Upper Marlboro, Md.; five sons, Douglas Beamer, Timothy Beamer, and Donald Beamer, all of Charlotte, N.C.; Joe William Beamer III, Capitol Heights, Md., and Sidney Beamer, Greenbelt, Md.; 12 grandchildren; four sisters, Faye Early, Farmville; Odessa Taylor, Galax, and Carol Garcia and Doris Mills, both of Camden, N.J.; three brothers, the Rev. John D. Beamer, Bedford; the Rev. Ben A. Beamer Sr., Portsmouth, and James W. Beamer, Charlotte.

The funeral was conducted in the chapel at Vaughan-Guynn Funeral at 2 p.m. Jan. 23, with the Rev. Larry Cutler and Minister Sidney Beamer officiating.

Burial followed in the Oldtown Memorial Cemetery.

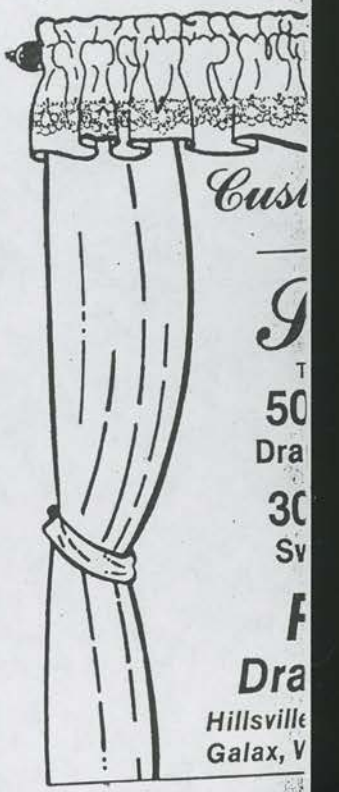
Masonic rites were conducted at the gravesite. ■

Mrs. Charlie Jenkins

Reatha Mae Jenkins, 98, of Rt. 3, Galax, died in the Pulaski Community Hospital Friday, Jan. 22, 1988.

ion. She was the widow of C Jenkins.

Survivors are a daughter, I Lawson, Galax; two sons, M Troy, Independence, and Scott Troy, Galax; two daughters, Rose Hash, Winc Pa., and Winonah Simpler treville, Md.; seven grandch 12 great-grandchildren; five



ental Tests re Passed y 36 Men

aleigh (AP).—The names of 36 icants, including one Negro, successfully passed the den- examination and are licensed practice dentistry in North olina were released yester-

r. Frank O. Alford of Char-, secretary of the North Caro- State Board of Dental Exam- s, announced the list. The d gave the examination here ral weeks ago.

o dental hygienists took the mination this year.

he Negro applicant who was sed was not identified.

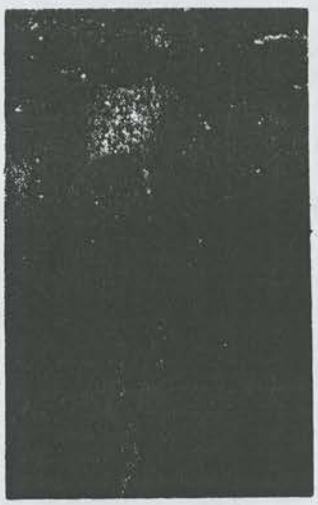
he na[redacted]s of those licensed to tic[redacted]

au[redacted]ams Sowers, Lin- d; [redacted]rge W. Morrison, Tam- Fla.; Brooks Willard Har- d, New London; William th Kirk, Salisbury; Harry nent Good Jr., Atlanta; Wil- Hayes Oliver, Smithfield; ert C. Taylor, Laurel Springs; n Lacy Smith, Lemon Springs; ert Livingston Wohlers, At- a; James Madison Hubbard, ham; James Henderson Love, ersville, Tenn.; Charles Henry gs, Varina; Claude Alvis Ad- 3rd, Durham; Robert Wilburn berlake, Winston - Salem; son Evans Shelton, Fred- sburg, Va.; Herbert Fuerst, ky Mount.

ussell Wesley Locher, Lima, Charles Nickell Watts Jr., rleston, W. Va.; Britton Fere- Basley, Fountain; Nathaniel nn Nicholson, Charleston, W. Richard Lloyd Hayes, Wil- Run, Mich.; John F. Wors- Chicago; Douglas Dennis Lee, etteville; Walter Dan Thomp- Copperhill, Tenn.; Charles ion Kistler, Longmont, Colo.; shall H. Solomon, Warsaw; es Colbert Garland, Atlanta; th Bagley Gregory, Elizabeth Marvin Pleasants, Louis- ; Lewis Doyle Pruett, Casar; es Willard Sigmon, Newton; ge Harden Barnette, Suffolk, William Milton Spence, Eliza- City. James Baldwin Howell, be; John Parks Swain Jr., igh[redacted] James Ernest Rob-

[redacted] s elected to serve for ensuing year are: esident, Dr. Neal Sheffield, ensboro; and secretary-treas- Dr. Frank O. Alford, Char-

ber members of the board Wilbert Jackson, Clinton; D. L. Prigden, Fayetteville; Walter E. Clark, Asheville and



CARLENE BLIZZARD

Mt. Airy Girl, Ill One Year, Succumbs at 11

Mount Airy.—Carlene Blizzard, 11-year-old daughter of Mr. and Mrs. Carl Blizzard of 174 Junction Street, died at 7 a.m. yesterday in a Winston-Salem hospital where she had been undergoing treatment for the past week.

Carlene was stricken more than a year ago with Hodgkins disease. Until a few weeks ago the little girl had been able to play with her friends and ride her bicycle. She was born in Surry County July 28, 1937.

Funeral services will be held at the home at 2 p.m. Wednesday, conducted by Rev. Lonnie Fleming of Mocksville, Rev. W. E. Baldwin, Rev. Fred Burrus and Lieutenant B. T. Lewis of the Salvation Army. Burial will be in the Oakdale Cemetery.

Survivors, besides the parents, include a brother, Wayne Blizzard; three sisters, Polly and Peggy Blizzard, both of the home, and Mrs. George Brinkley of Mount Airy, Route 1; the grandparents, Mr. and Mrs. Albert Blizzard and Mrs. Seymour Coe, all of Mount Airy.

Search Intensified For A-Bomb Employee

Santa Fe, N. M. (AP).—A search for H. Tracy Snelling, director of public relations at the Los Alamos atomic energy project, spread over the Southwest yesterday. He has been missing five days.

Los Alamos, 40 miles northwest of Santa Fe, is the site of a secret atomic laboratory and the cradle of the first atomic bomb.

Snelling, 37-year-old native of Columbia, S. C., and former Wall Street Journal reporter, had [illegible]

Year-Old Boy Is Strangled Accidentally

Harmony.—Jack Davis Haynes, one-year-old son of Mr. and Mrs. Leonard Haynes of Harmony, Route 2, was accidentally strangled to death in his crib at home yesterday morning.

The child's parents said that he was discovered about 10 a.m. with his head caught between two railings at the foot of the bed. They said that the child had been left sleeping alone for a short while and that he evidently was attempting to crawl out of the bed when his head was caught.

Iredell Coroner James Meachum pronounced the death accidental.

The child is survived by his parents; two brothers, Charles Avery Haynes and Leonard Haynes Jr.; two sisters, Linda Ann Haynes and Betty Jean Haynes, all of the home; the paternal grandmother, Mrs. Avery Haynes of Harmony, Route 2; and the maternal grandparents, Mr. and Mrs. Charles Ireland of Mocksville, Route 1.

Funeral services will be conducted at 10 a.m. tomorrow at Sandy Springs Baptist Church by Rev. Wade Hutchins. Burial will be in the church cemetery.

William E. Taylor, 64, Dies at Walnut Cove

Walnut Cove.—William Edmond Taylor, 64, of Germanton, Route 1, died yesterday afternoon at 3 p.m. while en route to a Walnut Cove doctor's office.

Mr. Taylor had been in ill health for some time, and seriously ill for the past two weeks. He was driving with his son from Germanton to Walnut Cove yesterday afternoon and died unexpectedly in the car just inside the Walnut Cove city limits.

He was born in Surry County on May 10, 1885.

He is survived by his wife, the former Miss Mandie Stephens; five daughters, Mrs. Louise Harris of Walnut Cove, Route 1, Miss Vilena Taylor of Walnut Cove, and Lois, Annie and Irene Taylor, all of Germanton, Route 1; three sons, R. D. Taylor of Walnut Cove, Raymond and Ralph Taylor, both of Germanton, Route 1; one brother, Benton W. Taylor of Germanton, Route 1; and one grandchild.

The body will remain at Burroughs - Fowler Funeral Home pending completion of funeral arrangements.

CUP TEAM PICKED

Pittsburgh (UP).—The Professional Golfers' Association an[illegible]

Bloodshed Boxscore

Raleigh (AP).—The State Motor Vehicles Department's report of highway accidents for the period from 10 a.m. Saturday to 4 p.m. yesterday:

Killed—6.
Injured—71.
Killed to date—409.
Killed to date in 1948—353.
Injured to date—4,660.
Injured to date in 1948—3,774.

Mrs. E. R. Voss Passes Away At Hospital

Mrs. Willie Pardue Voss, 57, of 306 South Church Street died at 2:55 p.m. yesterday at a local hospital. She had been in ill health for several years and in a critical condition since Friday.

She was born Jan. 12, 1892, in North Wilkesboro, where she spent her early life. She came to Winston-Salem in 1918 and until her retirement in 1942 because of ill health, was associated with R. J. Reynolds Tobacco Company. She was a member of Home Moravian Church.

She was married on March 6, 1920, to E. R. Voss, who survives with two daughters, Mrs. Edward S. Gizinski and Miss Ann Voss, both of Winston-Salem; one grandchild; one sister, Mrs. R. W. George of Charlotte; and one brother, E. M. Pardue of Newark, N. J.

Funeral services will be conducted at 4 p.m. today at Voller's Chapel by Dr. Gordon Spaugh and Rev. J. C. Hughes. Burial will be in Moravian Graveyard. Pallbearers will be Paul Lupo, J. W. Wilkinson, Carlos Cooper, Burley Swaim, Howard Gaines and I. C. Perry Jr.

Mrs. Ethel C. McIver To Be Buried Today

North Wilkesboro. — Funeral services for Mrs. Ethel Chadwick McIver, wife of Staton McIver of North Wilkesboro, who died Sunday night at a local hospital, will be held at 3 p.m. today at First Presbyterian Church. Rev. Watt M. Cooper will officiate. Burial will be in Mount Lawn Memorial Park.

The body will remain at Reins Sturdivant Funeral Home until the hour of the service.

Mrs. McIver was born at Kinston and was graduated from East Carolina Teachers College at Greenville. She taught in



Biles Death Is Ruled Suicide

The death yesterday morning of James Kenneth Biles, 51, of 2425 Greenwich Road, was ruled a suicide by Dr. O. J. Hart Jr., assistant Forsyth medical examiner.

Biles was found about 10 a.m. in the basement of his house by his wife, who said she had been out of town. Biles had been at home alone. A .410 guage shotgun lay near the body.

The funeral will be at 2 p.m. Monday at Fries Memorial Moravian Church. Burial will be in Salem Cemetery.

He was former owner of Marken's Infant and Children's Wear Stores which he established here a number of years ago. In August he established Dixie Employment Agency at Richmond, Va. He also formerly operated an Esso Service station at South Main Street and Salem Avenue and once operated Marie Broadway Sandwich Co. here.

He was born in Newton to the Rev. William Monroe and Ollie Allen Biles and moved to Winston-Salem in 1916. He was a member of Fries Moravian Church.

Surviving are his wife, Mrs. Alice Marie Broadway Biles; three daughters, Mrs. Martha Gregory of 2060 Queen Street, Mrs. Marie LeCompte of Sacramento, Calif., and Miss Jane Biles of the home; three sisters, Mrs. Mary Diehl of Sacramento, Mrs. Mildred Thomas of 1200 S. Hawthorne Road and Mrs. Catherine Raper of Burlington; three brothers, William A. Biles of 1701 S. Broad Street, Robert B. Biles of Bedford, Va., and William M. Biles Jr. of Kernersville.

The body is at Voglers Chapel and will be placed in the church at 1:30 p.m. Monday.

Millard H. Stephens

BOONE — The funeral for Millard Harrison Stephens, 75, of Todd will be at 2:30 p.m. today at the Hopewell Methodist Church. Burial will be in the church cemetery.

Mrs. Stephens died Friday at Watauga County Hospital.

He was born in Watauga County to Squire and Emma Baker Stephens. He lived in the county all his life.

'Impossible' Yule Greeting Is There

ST. LOUIS, Mo. (AP) — Police discovered Saturday that the planetarium in Forest Park

Deaths In the News

© New York Times News Service

Col. Lewis Curtis Barkes, 65, U. S. Army, retired, a one-time West Point athletic star who was chief of staff of the 163d Infantry Division in World War II, died Friday at a hospital at Mount Vernon, N. Y.

Edward J. Mathieu, 48, owner of the Mathieu Chemical Co., distributors, of Riverdale, N. J., died Friday at a New York hospital.

Mrs. Daphne Virginia Day, 49, a former ballerina under the name of Daphne Vane, died Thursday at a New York hospital.

James Telford Hamilton, 65, a marketing and engineering consultant, died Friday at a hospital at New Rochelle, N. Y.

C. A. Blizzard; Ex-Stonecutter

D: 12-17-66

MOUNT AIRY — Carl Alonzo Blizzard, 61, of Mount Airy, a retired stonecutter, died yesterday at Northern Surry Hospital.

He was born in Surry County to Albert and Annie Fleming Blizzard.

The funeral will be at 2 p.m. Monday at Flat Rock Pentecostal Holiness Church. Burial will be in Oakdale Cemetery. The body is at Moody Funeral Home.

Police in West Berlin Arrest 77 Protestors

BERLIN (UPI) — West Berlin police Saturday arrested 77 persons in breaking up demonstrations by leftist students opposed to U.S. policy in Vietnam protesting alleged police brutality during anti-American rallies a week ago.

The West Berlin city government in a statement called the demonstrators "rowdies."

About 300 of the demonstrators broke up into smaller groups after the rally Saturday and marched through the busy downtown streets.

Schools to Close

HILLSVILLE, Va. — Carroll County schools will close for Christmas holidays at the end of the school day Wednesday, and will reopen Jan. 1.

Fetus Found In Sewer

A human fetus was found in a sewer at about 10:30 a.m. yesterday by city workers who had been called to clear a clogged sewer line.

According to police reports, the city water and sewer office got a telephone call yesterday morning saying the sewer line at 24th Street and Glenn Avenue was stopped up.

Employes went to the scene, removed a manhole cover, and found the dead fetus floating on the water.

It was taken to Kate Bitting Reynolds Memorial Hospital, where Dr. O. J. Hart, assistant Forsyth medical examiner, said it was a male Negro fetus that had died 4 to 5 months after conception.

Police detectives closed the case as services rendered, meaning they will not investigate further.

Polish Police Chiefs Help Crime Novelists

WARSAW, Poland (AP)—Polish police chiefs, having decided writers must have good material if they are to produce good thrillers, invited a group of authors to visit Warsaw Police Headquarters, the Polish press agency reported Saturday.

About 60 writers met police officers Friday night and were told they would have a free run of police archives to seek material.

1858 VOGLER 1966
SERVICES
Dial 722-6161
120 S. Main Street

• Sunday •
Mr. Billy Pennell
12:30 P.M. Voglers Chapel

Mrs. Doris G. Hemrick
2:00 P.M. Voglers Chapel

Mr. William S. Shepherd, Jr.
3:30 P.M. Voglers Chapel

• Monday •
Mr. and Mrs. Leslie J. Pack
11:00 A.M. Voglers Chapel

Mr. Click Brooks
2:00 P.M. Voglers Chapel

Mr. J. Kenneth Biles
At Voglers Until 1:00 P.M.
2:00 P.M. Fries Moravian Church

Mr. Phillip H. Booe
At Home Until 2:00 P.M.
3:00 P.M. Loves Methodist Church


Your Authorized
BELL and HOWELL

40 Gang Puzzle B

BOSTON (AP) — Supt. of Police Herbert Mulloney shook his head. He had been around a long time, come up from the ranks, seen everything. But the handdrawn chart on the office wall reminded him there was always something new.

"Greater Boston Homicides" was printed at the top of the chart.

A rub-out list. It gave the name, place, time, background and manner of execution of men who had been killed in classical gangland style assassinations which were in vogue during the Capone heydey in Chicago.

"They are popping guys off like ping pong balls," says Mulloney.

The 40th name was entered on this chart of runaway gangland warfare the other day. The first entry was dated March 15, 1964. This amounts to one gangstyle slaying about every three weeks, a rate that challenges the record of Chicago or any other American city since World War II. Chicago had 15 in 1961, 14 in 1962, and a few others each year since.

Few Solved

Only a handful of the Boston murders have been solved, as is typical of gangland slayings.

The comparison to Chicago rankles many proper Bostonians. They have visions of prohibition era days that seem right out of grade B movies.

But what happened to Samuel Lindenbaum and Stephen Hughes at 1:45 p.m., Sept. 9, 1966, in adjacent Middleton, was not from a movie scenario. They were driving along Route 114 when, according to witnesses, "a long black Cadillac or Lincoln" blasted away with five shots, and a second black car pumped in a few more armor-piercing rounds, killing both men.

Lindenbaum was listed in police files as a jewel robber and a loan shark, and Steve Hughes as a rackets strong arm man. Four months earlier, Steve Hughes was shot five times when he and his brother, Cornelius, were ambushed in Revere. Connie Hughes was killed.

Daylight Killings

The cool, cold-blooded gunman who isn't afraid to put away a victim in bread daylight was at work at 7:57 a.m., Oct. 21, 1965, when he confronted Edward (Punchy) McLaughlin

ment and was released.

No charges were filed.

C. S. Anthony, Baptist Rites

Funeral services for Colbert S Anthony, 67, route 1, Elkin, were held yesterday at Little Richmond Baptist Church. He died Saturday at Hugh Chatham Memorial Hospital.

He was born in Surry County to Ham and Etta Cockrerham Anthony and was a farmer. He was a member of Little Richmond Baptist Church.

Surviving are his wife, Mrs. Pearl Corder Anthony; a daughter, Mrs. Max Hill, route 1, Elkin; two sisters, Mrs. Ruby G. Dobbins, route 1, Elkin, and Mrs. Nannie Greenwood of Baltimore, Md.; and two brothers.

Mrs. Fleming, Rites Monday

Funeral services for Mrs. Anne Fleming Blizzard, 86, of 126 Sydnor Street, widow of Albert Blizzard, were held yesterday at Moody Funeral Chapel. She died Friday at Northern Surry Hospital.

She was born in Surry County to William and Betty Phillips Fleming.

Surviving are three daughters, Mrs. Myrtle Cockerham, Mrs. Eva Collins and Mrs. Lennis Nunn of Mount Airy; five sons, Hurley, Edmund, Garnett, Lirine and Bert Blizzard of Mount Airy; and three sisters, Mrs. Susie Haynes, Mrs. Mary Gates and Mrs. Dorothy Childress of Mount Airy.

Burial was in Oakdale Cemetery.

J. S. Hutchens Of East Bend

Funeral services for John Sherman Hutchens, 51, of East Bend were held yesterday at Huff Funeral Chapel with burial in the Boonville Baptist Church cemetery at Boonville. He died Saturday at Lula Conrad Hoots Memorial Hospital at Yadkinville. He had been beaten

discussed extension of Independence Blvd. through the church property. Mayor Beamer said that no firm or active plans for such work exist. He said that several years ago a line was drawn on a map (the Thoroughfare Plan) for an east-west street. Since that time a portion of the street has been completed and is named Independence Blvd. It ends almost directly across N. Main St. from the church property.

"It would be out of order to declare whether a highway will go through the church. I know of no precedent of acquiring church property through condemnation," Beamer said. Alluding to the practice of the State of making very attractive offers on such property, Beamer concluded, "Let's keep our options open. . . at some point the church might be very happy to move to a larger area."

In an explanation of the various zoning regulations in the central business district, Public Works Director Sam Spencer said there were no restrictions or required set-backs in the downtown area for new construction.

In other matters, Mayor Beamer who is a director of the N. C. League of Municipalities, reported on a recent meeting. Beamer expressed concern over legislative bills that would provide direct state money to run regional councils of government.

of legislative bulletins wil
received at town hall. Cost
system is expected to be ar
$200 including phone cha
Copies of messages can al
sent from Mount Airy to
participating areas, howeve
town would pay the cost of a
distance phone call. The
mission is at the rate of one
per four minutes.

City Manager Victor D
reported on a meeting
representatives of Eric Hil
Associates who are doi
comprehensive recreation
for the town. Denton sai
study and recommendatio
taking a little longer
originally anticipated. H
dicated the plans should be
for a review by a committ
board members in two or
weeks, and added that the fi
doing an excellent job.

Denton also brought up
possibility of seeking fe
Bureau of Outdoor Recre
grants for individual recre
projects. Joe Matthews o
Northwest Economic Dev
ment Commission met
Denton and other official
discuss the qualifications fo
grants which would provi
per cent funding.

Commissioner Charles L
raised the question of what
happened to the architects
to design a new fire departr
He was informed by Denton

"SHOEPLACE OF MOUNT AIRY"

INTERESTING FACTS

Few know that a man named David Atchison was President of the U. S. for one day.

March 3, 1849 marked the end of President James Polk's term and Zachary Taylor was due to be inaugurated on March 4—but in 1849, March 4 was a Sunday and Taylor, being a very religious man, refused to be sworn in till Monday.

Under the law, the President of the Senate became President of the U. S. in those circumstances, and that's how Atchison became

Accountant

William Glenn Teets, 35, an accountant of 2022 Jeffrey Lane, died unexpectedly at 1:30 p.m. yesterday en route to a hospital after a heart attack at his home.

Mr. Teets was second vice-president of the N. C. Society of Accountants and vice president of the [illegible]-Salem chapter.

He was born March 10, 1924, at [illegible], Pa., son of D. Z. and Edith [illegible] Teets. He spent his early life here and attended public schools. He also attended Draughon Business College here.

He came to Winston-Salem in 1942 with the U. S. Civil Service regional office. He started his own business in 1952.

Arrangements Incomplete

Mr. Teets was a member of the South Fork Church of Christ and of the Loyal Order of Moose. He was married in 1945 to Marjorie Forcum. She survives.

Also surviving are a daughter, Glenda Kathryn, and two sons, Jeffrey Dan and Philip Douglas, all of the home; the mother of Uniontown, Pa.; four sisters, Mrs. Ed Morgan, Mrs. Harry Early and Mrs. Beatrice Hillen, all of Uniontown, and Mrs. George Spaw of Farmington, Pa.; and six brothers, Robert D. Teets of Beaver Falls, Pa., Donald M. Teets of Easton, Pa., R. R. Teets of Sydney, Ohio, Ivan L. Teets and Ervin E. Teets, both of Uniontown, and Wilbur C. Teets of Lemont Furnace, Pa.

The body is at Voglers Chapel. Funeral arrangements are incomplete.

Wake County ABC Employe Killed by Shot

RALEIGH (UPI) — Lester Chalmers Sr., 62, father of Wake County district solicitor, died yesterday [illegible] a gunshot wound in the be[illegible]. Coroner O. L. Wilkinson said Chalmers, who died at Rex Hospital about five hours after the shooting, was wounded in the bathroom of his home. He said the man had been despondent because of declining health.

Coroner Marshall Bennett had not made a ruling in the death.

Chalmers, a Wake County ABC Board inspector, was a former Raleigh city policeman and member of the State Prison Department for 11 years. While with the Prison Department, he served as superintendent of the Cary Prison Camp.

Lewis H. Welborn Sr.

THOMASVILLE — Lewis Hill Welborn Sr., 67, of 307 Unity Street died at 11:40 a.m. yesterday at City Memorial Hospital here.

The funeral will be conducted at 2:30 p.m. Tuesday at Glennanna Baptist Church by the Rev. Odell Hall, the Rev. Sammy Shoaf and the Rev. Troy C. Vaughn. Burial will be in Holly Hills Cemetery.

Carolyn Jean Snider

LEXINGTON — Carolyn Jean Snider, 13, daughter of Mr. and Mrs. James Foy Snider of 426 N. Caldwell Street, Salisbury, died Saturday night at Rowan Memorial Hospital at Salisbury after a serious illness of four weeks.

The funeral will be conducted at 3 p.m. today at the home by the Rev. Odell Leonard and the [illegible]n Leonard. Burial will be [illegible]exington City Cemetery.

Mission Program Life of Church, Allen Declares

Missions have been the life of the Moravian Church, Dr. Walser H. Allen Sr. said here yesterday. [illegible], former Winston-Salem

Cleveland C. Holland, 48, of Union Grove, Rt. 1, was killed late Saturday when he walked into th[illegible] of a car near here.

State Highway Patrolman K. M. Gentry said the car was driven by Thomas G. Strader of North Wilkesboro, who was coming home for the weekend from Fort Jackson, S. C.

Mr. Holland died of multiple injuries en route to a hospital. Gentry said Mr. Holland's wife had asked him a few minutes earlier to look for her husband, who she said was walking on the road.

The accident occurred at 10:30 p.m. about four miles south of here on N.C. Highway [illegible] brought last night.

Mr. Holland, a farmer and carpenter, was born Jan. 31, 1911, in Wilkes County, a son of Garland and Mary Lou Fletcher Holland.

Surviving are his wife, Mrs. Lena Mae Holland; two sons, George Dwight Holland of Statesville and Glen Allen of the home; two daughters, Mary Margaret and Annie Mae Holland, both of the home; and three brothers, William Dorman, Paul and Boyce Holland, all of Statesville.

The funeral will be conducted at 3 p.m. today at Grassy Knob Baptist Church by the Rev. Grady White and the Rev. Mack Bussell. Burial will be in the church cemetery.

Dr. Vollmer Kills Self; TB Researcher

NEW YORK (AP) — Dr. Hermann Vollmer, pediatrician who gained fame for his development of a tuberculosis test, was found dead Sunday in his apartment, both of his wrists slashed with a razor.

Police termed the death an apparent suicide.

The body of Vollmer, 63, was found by his wife, Ruth, in the bathroom of their apartment at 25 Central Park West. Mrs. Vollmer said her husband had been despondent. No notes were found.

Vollmer came to this country in 1936 from Germany, where he had been chief of pediatrics at the Augusta-Victoria Hospital in Berlin.

He was connected with Mount Sinai Hospital here, and was an associate of Dr. Bela Schick. While doing immunization research with Schick, Vollmer developed the tuberculosis patch test which bears his name.

Vollmer was assistant chief of pediatrics at the Vanderbilt Clinic of the Columbia-Presbyterian Hospital. He had published several hundreds papers in journals of pediatrics and child psychology.

Walter F. Halsey

SPARTA—Walter F. Halsey, 64, of Mouth of Wilson, Va., died at 11:30 p.m. Saturday at Alleghany Memorial Hospital.

The funeral will be conducted at 11 a.m. Tuesday at Piney Creek Methodist Church by the Rev. Bill Combs. The body will be at Reins - Sturdivant Funeral Home until taken to the church one hour before the service.

'Round Town

Dr. J. W. Angell, professor of religion at Wake Forest College, will moderate a panel on "What Teachers and Parents Expect of Each Other" at 7:30 p.m. today at the Old Town Parent-Teacher Assn. meeting.

Charles Milner, director of the University of North Carolina Extension Division, will address the Assn. for Childhood Education at 3:30 p.m. Monday at Easton School. He will discuss the value of audio visual aids in the classroom.

The Singers Guild will rehearse at 7:30 p.m. today in the orchestra rehearsal room at the Community Center on Coliseum Drive.

Mrs. Frank Wall of 2801 Emerson Street is a patient at City Hospital. She is not allowed visitors.

Good-Food Way to Fight Constipation!

Perhaps it has never occurred to you that a wholesome cereal food

H. C. Hyder, Trucking Firm Founder, Dies

HENDERSONVILLE (AP) — Henry Clay Hyder, 65, of Hendersonville who built a one-truck firm into a vast freight-hauling organization, died yesterday morning at an Asheville hospital.

The owner of the Clay Hyder Trucking Lines Inc., Mr. Hyder began business 43 years ago in a small grocery store with one truck used for short trips. At the time of his death, he operated a fleet of 103 trucks in 27 states.

He was also active in real estate and farming circles.

Mr. Hyder had been in declining health for the past seven years.

The funeral will be conducted at 2:30 p.m. today at Ebenezer Baptist Church by the Rev. L. K. Holbert, the Rev. Harold McKinnish and the Rev. C. N. Cady. Burial will be in the church cemetery. 10-11-59

Albert G. Blizzard

MOUNT AIRY — Albert Garfield Blizzard, 77, of the Junction section, died unexpectedly at 5:15 p.m. yesterday at his home following a heart attack.

The funeral will be conducted at 2 p.m. Tuesday at Flat Rock Pentecostal Holiness Church by the Rev. C. M. Leviner, the Rev. F. J. Burroughs and the Rev. Russell J. Hopkins. Burial will be in Oakdale Cemetery in Mount Airy.

James Dale Wood

The funeral for James Dale Wood, infant son of Mr. and Mrs. William A. Wood of Winston-Salem, Rt. 8, will be conducted at 1 p.m. today at Voglers Chapel by the Rev. Paul Reese. Burial will be in Forsyth Memorial Park.

The infant, ill since birth, died Saturday.

Twin City Engineers Will Meet Tomorrow

The Winston-Salem Engineers Club will hold its annual meeting with the North Carolina Society of Engineers tomorrow at the Elk's Club.

A social hour will begin at 6:00 p.m. and dinner at 6:30 p.m.

T. C. Heyward Jr., of Charlotte, president of the North Carolina Society of Engineers, will speak on "The Challenge of Civic Responsibility and How the Engineer Can Meet It." Heyward is vice president of T. C. Heyward & Co., manufacturers' representative in the steam and hydraulic field.

Union Court

High Point Teamsters Union [illegible] denied yesterday charges [illegible]unlawful conspiracy" made by members of Local 391 here.

The truck drivers here said Lloyd Huggins, secretary-treasurer of the local, made a secret decision to move the local's health and welfare office from here to Greensboro.

The Winston-Salem members filed suit against Huggins and obtained an injunction from Superior Court Judge Walter E. Johnston Jr. to prevent removal of the office.

They accused Huggins of making the decision to move the office without their knowledge or consent.

Huggins, a High Point resident, is serving as secretary-treasurer of the local under appointment by Richard Bell of Washington, international trustee of the huge union. All other officers of the local were also appointed under the trusteeship.

The move by the Winston-Salem members is part of a plan to wrest control of the local from its trusteeship and establish self-government.

The leaders plan to proceed under provisions of a recent federal law which protects union members against abuses under a trusteeship.

The Superior Court order prevents, temporarily at least, the removal of any assets from the office here. When the federal law goes into effect Nov. 14, the group here hopes to impose its plan of self-government.

Miss Mable Rodgers

The funeral for Miss Mable Sue Rodgers, 20, of Mildred Street will be conducted at 2:30 p.m. today at Voglers Chapel by the Rev. L. M. Merritt, the Rev. Norwood Green and the Rev. Floyd Brown.

Burial will be in Woodland Cemetery.

Miss Rodgers died Saturday after an illness of four years.

Pallbearers will be Dr. Floyd J. Strupe Jr., Robert Kiger, James Covington, Willard Covington, Ernest Hurt and A. G. Brothers.

Quake Dwarfs Man, Sen. Neuberger Says

WASHINGTON (UPI) — Sen. Richard Neuberger (D-Ore.) said Sunday the recent earthquake in western Montana was "tragic but it served to remind us of our own pygmy status."

"The quake had the destructive strength of 2,700 Hiroshima-type atomic bombs," he said. "Thus do the cosmic forces released by the Almighty dwarf arrogant man's supreme efforts."

Raleigh Workers To Receive Raise

RALEIGH (UPI) — Employes of the Westinghouse Motor Plant are scheduled to receive a 3½ per cent wage increase today.

Plant Manager J. A. Babcock said the raise would amount to at least a five cent an hour boost in hourly wages of the employes.

BOONVILLE — Five persons were injured, two of them seriously, in a three-car [illegible]dent near here yesterday.

The victims:

Hal Monroe Prim, 43, of Boonville, Rt. 1, driver of a station wagon, minor injuries.

Mrs. Iris Prim, 41, his wife, admitted to the Lula Conrad Hoots Memorial Hospital at Yadkinville, a fractured leg and facial cuts.

Mrs. Bertha Moore, 54, Negro, of Jonesville, Rt. 1, driver of a 1952 Chevrolet, admitted to the Chatham Memorial Hospital at Elkin, back injury.

Walter J. Moore, 65, her husband, admitted to the Elkin hospital, head cuts.

W. P. Greenwood, about 72, of Boonville, Rt. 1, a passenger in the Moore car, admitted to the Yadkinville hospital, head injury.

Driver of the third car was Buddy Wayne Prim, 21, of Mocksville, Rt. 5. He was not injured.

The accident occurred at 5:30 p.m. about two miles east of here on N.C. Highway 67 at its intersection with Rockford Road.

State Highway Patrolman B. F. Hollar said the Moore car drove onto Highway 67 from Rockford Road.

The car driven by Hal Prim, traveling east on Highway 67, struck the Moore car and knocked it into the car driven by Buddy Prim which had stopped on the opposite side of the interesection.

Damages were estimated at $200 to the car driven by Hal Prim, $400 to the Moore car and $100 to the other Prim car.

Patrolman Hollar said no charges had been made last night.

Rule of Law Center Receives Two Grants

DURHAM (AP) — The Duke University World Rule of Law Center has been awarded two grants totaling $10,000, its director, Arthur Larson announced yesterday.

The Institute for International Order granted $5,000 to finance a complete analysis of the state of research in the field of international rule of law.

Earl D. Osborn of New York City, industrialist, gave a personal grant of $5,000 to help the center expand its project on possible legal controls for the kind of international propaganda that endangers peace.

Injured Man Found Lying in Ditch

A man who was found in a ditch by Winston-Salem police officers was admitted last night to Kate Bitting Reynolds Memorial Hospital with undetermined injuries.

Officer J. A. Landon said William Lowrey of 727 Maple Street had been beaten about the face. A hospital spokesman said the extent of Lowrey's injuries could not be determined pending a complete examination.

By The Associated Press

At least seven persons were killed this weekend on North Carolina highways. Three died in one accident on a rain - soaked highway near Wilson.

Highway Patrolman L. G. Taylor said the three were in a car which smashed into a bridge abutment on U.S. 264. He said the vehicle was traveling at high speed.

The three, all Negroes, were Willie Farmer, 24, of Elm City, the driver, Olivia Horton, 18, of Rt. 3, Wilson, and Helen Bynum, 17, of Wilson.

Two pedestrians, one partly blind, were run over and killed near Greenville. They were Lasel Edwards 44, and Bunn Tripp, both of Rt. 5, Greenville.

Clyde Futrell, 46 - year - old Woodland Negro, died when his car went out of control and overturned on a Hertford County rural road.

Cleveland C. Holland, 48, of Union Grove, was killed when he stepped into the path of an oncoming car on N.C. 115 near North Wilkesboro.

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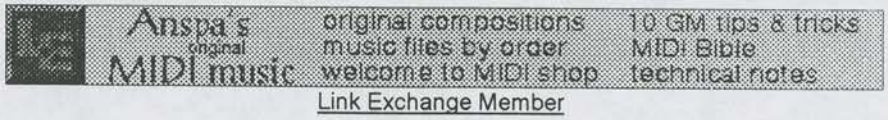
Name: BAKER, LILLIAN BLIZARD
Date of Birth: March 24, 1923
Death Date: April 19, 1990
Sex: Female
Race: White
Age: 67 Years
Place of Occurance: Winston-Salem, Forsyth, North Carolina
Place of Residence: Winston-Salem. Forsyth, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Married
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
Social Security Number: 238308211
Fathers Surname: BLIZARD
Place of Injury:

Viewing records **1-3 of 3**

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Place of Injury:

Name: BLIZZARD, CLAUDE JAMES
Date of Birth: October 28, 1893
Death Date: January 07, 1980
Sex: Male
Race: White
Age: 86 Years
Place of Occurance: Fayetteville, Cumberland, North Carolina
Place of Residence: Fayetteville. Cumberland, North Carolina
Autopsy: No
Hospital: Veterans Hospital Under 20 Beds
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 240092615
Fathers Surname: BLIZZARD
Place of Injury:

Name: BLIZZARD, JOSEPH WALTER
Date of Birth: June 22, 1964
Death Date: March 12, 1980
Sex: Male
Race: White
Age: 15 Years
Place of Occurance: Kinston, Lenoir, North Carolina
Place of Residence: Kinston. Lenoir, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Never Married
Attendant: Medical Examiner
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 240270861
Fathers Surname: BLIZZARD
Place of Injury:

Name: BLIZZARD, BLANEY BURTON
Date of Birth: November 30, 1887
Death Date: March 15, 1980
Sex: Male
Race: White
Age: 92 Years
Place of Occurance: Kinston, Lenoir, North Carolina
Place of Residence: . Lenoir, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Widowed
Attendant: Physician

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North Carolina Death Records, 1993-1997

Field	Search	Matches
[Any]	**GRUNDMAN**	1

1 Combined Matches

Name: GRUNDMAN, CALVIN RAY
Date of Birth: April 16, 1925

Death Date: April 08, 1993
Sex: Male
Race: White
Age: 67 Years
Place of Occurance: Graham, Alamance, North Carolina
Place of Residence: Graham. Alamance, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Married
Attendant: Medical Examiner
Mode of Burial: Cremation in state
State of Birth: North Carolina
Social Security Number: 238245634
Fathers Surname: GRUNDMAN
Place of Injury:

Viewing records **1-1 of 1**

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Funeral will be at 2 p.m. Saturday in First United Methodist Church, where he was a member. Burial will be in Guilford Memorial Park.
A native of High Point, he was a retired vice president of North State Telephone, Outside Plant. He was past member of Woodmen of the World, belonged to Telephone Pioneers and was a volunteer for mobile meals. He was a member of Family Fellowship Class, former usher, former plate steward and greeter, and former member of the administrative board, all at his church.
Surviving are wife, Frances Wrike Koontz; sons, Jerry Webster Koontz and William Edward "Billy" Koontz, both of High Point; sister, Grace Kennedy of High Point; brother, Burke Koontz of Atlanta; four grandchildren; and two great-grandchildren.
The family will be at Sechrest Funeral Service from 7-8:30 tonight.
Contributions may be made to American Lung Association, 430 W. Friendly Ave., Greensboro, N.C. 27401 or to Mobile Meals, 904 Parliament St., High Point, N.C. 27265. MRS. FAYE BROWN MICHAEL

Headline: OBITUARIES
Publication Date: May 26, 1996
Source: Greensboro News & Record
Page: B7
Subjects:
Region: North Carolina
Obituary:
THOMASVILLE - Mr. Lawrence Thomas Hundley, 75, of 506 Duke St. died Friday, May 24, 1996.
Funeral will be 2 p.m. Monday at Holly Hill Wesleyan Church. ALLEN BECK, JR
. BURLINGTON - Mr. Allen Vance Beck, Jr., 62, of 1910 Shirley Drive died suddenly Friday, May 24, 1996, at Alamance Regional Medical Center, Burlington.
Funeral will be 2 p.m. Monday at First Presbyterian Church of Burlington, with Dr. Charles Williams, Pastor and Rev. Phyllis Kort, Associate Pastor officiating. Burial will be in Alamance Memorial Park on Tuesday.
Born in Shelby, he was the son of the late Allen Vance Beck, Sr. and Gwendolyn Dickerson Beck. He was retired Executive Vice President of Belk in the Triad, a member of the First Presbyterian Church of Burlington where he was a former Elder of the Church and was a graduate of Burlington High School and Davidson College.
Survivors are wife, Mrs. Jane Wrike Beck of the home; daughter, Mrs. Charlotte Beck Hail of Somerset, Ky.; sons, Curtis Vance Beck of Charlotte, Walter Wrike Beck of Burlington, Allen Dickerson Beck of Elon College; sisters, Mrs. Betty Gwen McPherson of Burlington and Mrs. Marie Beck Ray of High Point.
The family will receive friends at the Rich and Thompson Mortuary in Burlington from 7-9 p.m. tonight and other times at the residence.
In lieu of flowers, memorials may be made to the First Presbyterian Church Capital Campaign, 508 W. Davis Street, Burlington, NC 27215; or to Boy Scout Troop 17, c/o the First Presbyterian Church of Burlington, 508 W. Davis Street, Burlington, NC 27215. MAUDE THOMAS

Headline: OBITUARIES
Publication Date: September 02, 1995
Source: Greensboro News & Record
Page: B3
Subjects:
Region: North Carolina

Results 1 thru 4 of 4

Name	Birth	Death	Last Residence	Last Benefit	SSN	Issued	Tools
THOMAS BLIZARD	28 May 1919	13 Feb 2000	28711 (Black Mountain, Buncombe, NC)	28711 (Black Mountain, Buncombe, NC)	238-05-4348	North Carolina	SS-5 Letter Add Post-em
THOMAS BLIZARD	23 Sep 1929	Nov 1975	(not specified)	(none specified)	239-38-6441	North Carolina	SS-5 Letter Add Post-em
THOMAS BLIZARD	10 Jun 1947	27 Nov 1992	(not specified)	(none specified)	257-74-5844	Georgia	SS-5 Letter Add Post-em
THOMAS BLIZARD	18 Feb 1884	Feb 1969	47274 (Seymour, Jackson, IN)	(none specified)	306-12-0399	Indiana	SS-5 Letter Add Post-em

Write Margaret

Georgia

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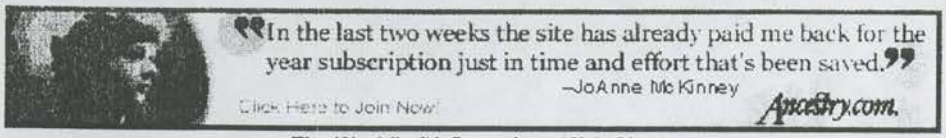
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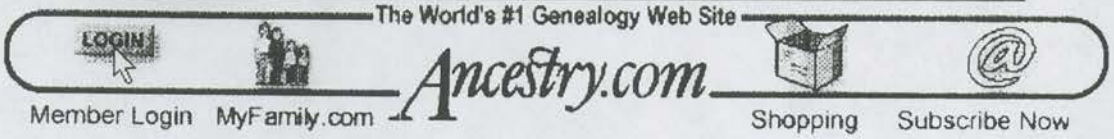
	NAME	BIRTH	DEATH	
1.	Barber, Hershal	Nov.16,1893	Sept.16, 1894	
2.	Barber,L.A.	Aug.20,1858	Jan.12,1924	
3.	Barber,Paul	Oct.17,1895	Aug 29,1896	
4.	Barber, Rosy Lee	Jan. 7,1897	May 30,1902	
5.	Barnes, Etta	1846	1915	
6.	Blackmon, Vester E.	1906		
7.	Blackmon, Jerry W.	1899	1956	
8.	Blizzard, Sarah J.	July 21,1832	June 12, 1911	
9.	Blizzard, William	June 17, 1832	Sept.12,1907	
10.	Brewer, Albert D	Aug.19, 1890	Dec. 29,1932	
11.	Brewer, Arthor Mell	Jan. 11, 1893	Feb.4,1896	
12.	Brewer, James	Jan. 9,1824	July 1,1895	
13.	Brewer, Joseph T	May 15,1858	Sept 23,1938	
14.	Brewer, Leonard	March 2,1887		
15.	Brewer, Lourine F	Nov. 18, 1872	Sept 18,1895	
16.	Brewer, Mary F	Oct.25, 1857	Jan.5,1919	
17.	Brewer, Roselea Stewart	July 21,1890	Nov.20,1933	
18.	Briscoe Harry	April 1, 1917	May 14, 1917	
19.	Briscoe, Marshel L	Aug.4, 1908	Sept.21, 1913	
20.	Brown, Helen S.	Jan.5, 1917	Feb.20, 1986	
21.	Brown, Infant	June 20, 1944		
22.	Brown, Juanita	Baby Daughter Of Mary E. Brown		
23.	Brown Nellie M	1899	1965	
24.	Brown,Randolph	Sept.4,1935	June 20,1937	
25.	Brown, Thomas	Nov 10, 1915	June 21, 1987	
26.	Brown, Baby Of W.C.			
27.	Brown, William C.	April 5, 1929	Dec 26, 1996	
28.	Brown, W. Tom	1880	1954	
29.	Browning, B. T.			
30.	Burson,Fannie	1844	March,1877	
31.	Burson, Ionie P.	Feb.10,1876	Dec.7, 1958	
32.	Burson,James W.	April 25, 1847	June 10,1928	
	{One Of The Original Founders Of The Church.		And Pastor Of The Church Fo	
33.	Burson, Nancy Elizabeth	June 28,1884	March 20, 1941	
34.	Burson, Rp. Jr	March 23, 1914	Dec 17,1914	
35.	Burson, Sarah E.	May 18,1844	Dec.16, 1917	
36.	Burson, W.E.	Nov.27,1881	May 6, 1913	
37.	Burson, William A	Jan.10,1878	Dec 15,1945	
38.	Burt, William Carter	May 15,1928	Dec 26, 1955	
39.	Carithers, Sandra Lynne	June 18,1966	Jan. 19,1967	
40.	Cartey, Benjamin F.	May 9, 1830	May 18, 1922	Csa Co C
41.	Chaffin, Fannie M.	May 8, 1881	Sept.9,1967	
42.	Chaffin, W. Milton	Dec13,1907	May 23,1966	
43.	Chaffin, William J	July 18,1879	July 9, 1944	
44.	Chancey, Frances "Sis	1859	1940	
45.	Chancey, Hettie L.	Nov. 24, 1893	June 29, 1899	
46.	Chancey, Isaac L	1873	1930	
47.	Chancey, Marion L.	1887	1958	
48.	Chancey, Martha Ann	1852	1941	
49.	Chancey,Mollie	July 5, 1876	Jan. 3, 1962	
50.	Chancey, Richard	Feb 14, 1892		
51.	Chancey, Robert C.	1857	1935	
52.	Chancey, Sarah	Jan 1, 1825	Aug 16, 1910	
53.	Chancey, Robert P.	Aug. 28, 1893	May 30, 1896	

Region: North Carolina
Obituary:
MOREHEAD CITY - Mrs. Sadie Leonard Rike, 96, died Tuesday, Dec. 31, 1996, at Harborview Nursing Home in Morehead City.
The graveside service will be 1 p.m. Thursday at Forsyth Memorial Park, conducted by the Rev. William Randolph.
Mrs. Rike was born Nov. 23, 1900, in Davidson County, to the late John and Mary Lou Ragan Leonard. She was preceded in death by her husband, William Wyatt Rike. She was a member of Green Street United Methodist Church.
Surviving are two sons, Bill Rike of Morehead City, and Bob Rike of Columbia, S.C.; seven grandchildren; eight great-grandchildren; and a number of nieces and nephews.
The family will receive friends at Hayworth-Miller Silas Creek Chapel, from 7-9 p.m. Wednesday.
They request that memorials be made to Green Street United Methodist Church, 639 S. Green St., Winston-Salem, N.C. 27101. LANEY D. MANESS

Headline: OBITUARIES
Publication Date: February 17, 1997
Source: Greensboro News & Record
Page: B3
Subjects: DEATH; FUNERAL; OBIT; GUILFORD; OUT; COUNTY
Region: North Carolina
Obituary:
HIGH POINT - Mrs. Margaret (Bobbie) Bocholis, 68, a resident of 3840 N. Main St. died in the High Point Regional Hospital Saturday, Feb. 15, 1997, following complications from heart surgery.
She was born in Guilford County, May 1, 1928, a daughter of Samuel H. and Lillian Lawrence McDowell. She was married to James (Jimmy) Bocholis, who died Feb. 16, 1979. She was a member of Grace Lutheran Church 44 years and a member of the Dorcas Society and the Aid Association of the Lutherans. She was matriarch of the Golden B Restaurant until her retirement. She was preceded in death by two sisters, Jackie Wiley and Bea Moran.
Surviving are sons, James (Cush) Bocholis of Winston-Salem and Timothy Andrew Bocholis of High Point; daughters, Ms. Barbara Bocholis of High Point and Ms. Sandy Rike of Arlington, Va.; brother, Earl McDowell of West Palm Beach, Fla.; ten grandchildren; and five great-grandchildren.
Funeral will be held 2 p.m. Tuesday at Harold C. Davis Funeral Chapel by the Rev. Charles Baldwin. Burial will follow in Oakwood Cemetery.
The family will receive friends at the funeral home tonight from 7-9 p.m.

Headline: OBITUARIES
Publication Date: January 01, 1997
Source: Greensboro News & Record
Page: B5
Subjects: DEATH; FUNERAL; OBIT; GUILFORD; OUT; COUNTY
Region: North Carolina
Obituary:
MOREHEAD CITY - Mrs. Sadie Leonard Rike, 96, died Tuesday, Dec. 31, 1996, at Harborview Nursing Home in Morehead City.
The graveside service will be 1 p.m. Thursday at Forsyth Memorial Park, conducted by the Rev. William Randolph.





North Carolina Death Records, 1983-1987

Field	Search	Matches
[Any]	**GRUNDMAN**	1

1 Combined Matches

Name: GRUNDMAN, ALMA HENRIETTA
Date of Birth: August 09, 1890
Death Date: June 25, 1986
Sex: Female
Race: White
Age: 95 Years
Place of Occurance: Greensboro, Guilford, North Carolina
Place of Residence: Greensboro. Guilford, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 238143244
Fathers Surname: RIKE
Place of Injury:

Viewing records **1-1 of 1**

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North Carolina Death Records, 1993-1997

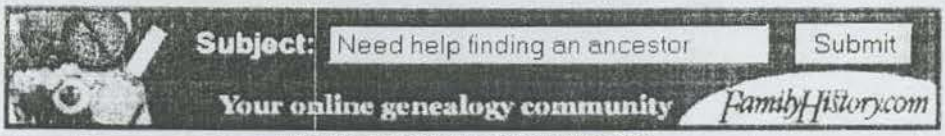
Field	Search	Matches
[Any]	**GRUNDMAN**	1

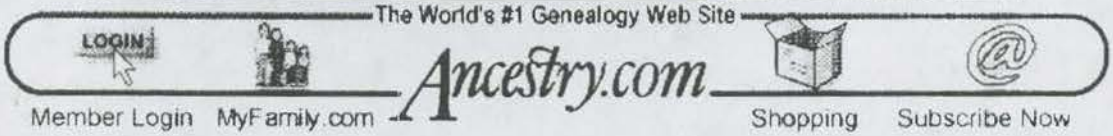
1 Combined Matches

Name: GRUNDMAN, CALVIN RAY
Date of Birth: April 16, 1925
Death Date: April 08, 1993
Sex: Male
Race: White
Age: 67 Years
Place of Occurance: Graham, Alamance, North Carolina
Place of Residence: Graham, Alamance, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Married
Attendant: Medical Examiner
Mode of Burial: Cremation in state
State of Birth: North Carolina
Social Security Number: 238245634
Fathers Surname: GRUNDMAN
Place of Injury:

Viewing records **1-1 of 1**

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North Carolina Death Records, 1979-1982

Field	Search	Matches
[Any]	**GRUNDMAN**	1

1 Combined Matches

Name: GRUNDMAN, DORA EMERSON
Date of Birth: November 17, 1889
Death Date: September 08, 1980
Sex: Female
Race: White
Age: 90 Years
Place of Occurance: Greensboro, Guilford, North Carolina
Place of Residence: Greensboro, Guilford, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Never Married
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 241037433
Fathers Surname: GRUNDMAN
Place of Injury:

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Greensboro News Record (North Carolina), Obituaries, 1992-1999

Field	Search	Matches
[Any]	**WRIKE**	7

7 Combined Matches

Dob: ?

Headline: GUILFORD COUNTY OBITUARIES
Publication Date: April 02, 1993
Source: Greensboro News & Record
Page: B4
Subjects:
Region: North Carolina
Obituary:
HIGH POINT - Webster Clay "Dub' Koontz Jr., 77, of 3409 Langdale Drive died April 1, 1993, at High Point Regional Hospital.
Funeral will be at 2 p.m. Saturday in First United Methodist Church, where he was a member.
Burial will be in Guilford Memorial Park.
A native of High Point, he was a retired vice president of North State Telephone, Outside Plant. He was past member of Woodmen of the World, belonged to Telephone Pioneers and was a volunteer for mobile meals. He was a member of Family Fellowship Class, former usher, former plate steward and greeter, and former member of the administrative board, all at his church.
Surviving are wife, Frances Wrike Koontz; sons, Jerry Webster Koontz and William Edward "Billy" Koontz, both of High Point; sister, Grace Kennedy of High Point; brother, Burke Koontz of Atlanta; four grandchildren; and two great-grandchildren.
The family will be at Sechrest Funeral Service from 7-8:30 tonight.
Contributions may be made to American Lung Association, 430 W.
Friendly Ave., Greensboro, N.C. 27401 or to Mobile Meals, 904 Parliament St., High Point, N.C. 27265.

Headline: GUILFORD COUNTY OBITUARIES
Publication Date: April 02, 1993
Source: Greensboro News & Record
Page: B4
Subjects:
Region: North Carolina
Obituary:
HIGH POINT - Webster Clay "Dub' Koontz Jr., 77, of 3409 Langdale Drive died April 1, 1993, at High Point Regional Hospital.

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North Carolina Death Records, 1976-1977

Field	Search	Matches
[Any]	**RIKE**	3

3 Combined Matches

Name: RIKE, ROBERT CLAYTON
Birth Date: July 24, 1901
Death Date: May 05, 1976
Sex: Male
Race: White
Age Units: 74 Years
Place of Occurance: Winston-Salem, Forsyth, North Carolina
Place of Residence: Winston-Salem, Forsyth, North Carolina
Autopsy:
Hospital: General Hospital 100 Beds & Over
Marital Status: Married
Attendant: Physician
Mode of Burial: Burial in state
Place of Injury:

Name: RIKE, WILLIE MAE
Birth Date: December 13, 1898
Death Date: May 15, 1976
Sex: Female
Race: White
Age Units: 77 Years
Place of Occurance: Charlotte, Mecklenburg, North Carolina
Place of Residence: Charlotte, Mecklenburg, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
Place of Injury:

Name: RIKE, GEORGE ELBERT
Birth Date: May 21, 1898
Death Date: February 07, 1977
Sex: Male
Race: White
Age Units: 78 Years
Place of Occurance: Salisbury, Rowan, North Carolina
Place of Residence: Salisbury, Rowan, North Carolina
Autopsy:

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Obituary: Thomas Allen Blizard Sr.

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Wayne Blizard - Nov 11, 2000 View | Viewers

The Black Mountain News
Thursday, February 17, 2000
Page 9

Thomas Allen Blizard, Sr., 80

Mr. Thomas Allen Blizard Sr. of Black Mountain died Sunday Feb. 13, 2000 at St. Joseph's Hospital.

A native of Surry County, he was the son of the late James Monroe Blizard and Nannie K. Johnson Blizard, and a father of the late James McNeil Blizard, who died in 1983, and Barbara Blizard Orr, who died in 1997. He was a woodworking master craftsman having a woodworking shop at his home, worked for several furniture manufacturing companies and retired in 1982 as plant superintendent of Three Mountaineers in Asheville.

He served as alderman for the Town of Black Mountain from 1986 to 1987 and was a member of the First Baptist Church of Black Mountain. He was a member of the Black Mountain Masonic Lodge #663 for 27 years, the Asheville Scottish Rite and the Oasis Shrine Temple in Charlotte.

Mr. Blizard is survived by his wife of 59 years, Margaret McNeil Blizard; son, Thomas A. Blizard Jr. and wife, Dixie of Huntersville; brother, Morris L. Blizard of Lenoir; grandchildren and great-grandchildren, Allen and Donna Blizard and son Bradley, of Greensboro; Melissa and Bill Hamilton and daughter , Jessica, of Hendersonville; Andrea and Ronnie Sellers of Charlotte; Chris and Dawn Blizard and son, Will, of Athens, Ga.

Funeral Services were at 11 a.m. on Wednesday at the First Baptist Church of Black Mountain with the Revs. Frank Hawkins and Edgar Ferrell officiating. Burial was at Mountain View Memorial Park where Masonic graveside services were conducted by the Black Mountain Masonic Lodge.

Memorials may be made to the First Baptist Church of Black Mountain Building Fund, P.O. Box 656, Black Mountain, NC 28711.

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Search History:

Obituary: Sydnee Blizzard Rothafel

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Wayne Blizard - Mar 25, 2001 View | Viewers

SANTA CRUZ SENTINEL
TUESDAY JULY 4, 2000
Page 8

SYDNEE ROTHAFEL

Sydnee was born Etta Mathilde Blizzard in Denair, CA. in 1913. The family moved to Santa Cruz where she attended high school and remembered dancing into the night on the cement ship. An independant free spirit, she left home early to make her own way, changed her name to Sydnee and lived with her older sister while attending Heald Business College in San Jose. She moved away to the glamorous Roxy Theatre family in New York. Sydnee settled in to raise three children in New Rochelle as the Roxy prospered under her husband's direction. After his death in l1967 she returned to join her children in Santa Cruz in the free spirited explorations of the late 60's. She bacame a top selling real estate agent in the county. She continued to enjoy the company of her 7 grandchildren as she traveled, ran a general store in San Cristobal, New Mexico, and wa a volunteer docent for the Long Marine Lab and for Friends of the Library.

Sydnee is survived by her sister Frances D'Avis of Turlock; her son, Robert Rothafel of Grants Pass, OR; her daughters Robyn Burros of Portland, OR; and Roxanne Rothafel of Santa Cruz; and seven grand-children. Sydnee could make people laugh and will be missed by her friends and family.

Sydnee M. Rothafel passed away Thursday June 29, 2000 in Santa Cruz. She was 87 years old. Sydnee's ashes will be scattered at sea in a private memorial later this month.

Note: Sydnee was the dauther of Adiran Thomas Blizzard and Caroline E. Norton Blizzard. Sydnee was married to Robert Rothafel,he died in 1967.

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Obituary: Evangeline H. Blizard Drury

<< Previous **Next >>**

Wayne Blizard - Apr 5, 2001 View | Viewers

Monterey Herald
Saturday, May 30, 1987

DRURY, Evangeline H. Died Wednesday May 27,1987 at Monterey Pines Nursing Facility, 81, born Aug. 12, 1905 San Francisco, lived in Monterey 8 years, moved from Redwood City. Survived by four sons; Robert Downey of Pacific Grive, William Downey of Carmel, Richard Downey of Reno, and Donald Downey of Lake Tahoe, two sisters; Frances D'Avis of Turlock, Sydney Rothafel of Santa Cruz, six grandchildren. Paul Mortuary

Note: Evangeline was the daughter of Adrian Thomas Blizard and Caroline E. Norton Blizzard. Evangeline was cremated at her death.

Reply to this item

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Yolanda (Zena) Downey - Apr 13, 2001 Viewers | Reply to this item

Evangeline Helena Blizzard Downey Drury was my grandmother. I met her in 1965 when I was born. I loved her.

<< Previous **Next >>**

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Name: BLIZARD, RICHARD WALTER
Date of Birth: May 11, 1912
Death Date: August 07, 1980
Sex: Male
Race: White
Age: 68 Years
Place of Occurance: Wilmington, New Hanover, North Carolina
Place of Residence: . Brunswick, North Carolina
Autopsy: Yes
Hospital: General Hospital 100 Beds & Over
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Cremation in state
State of Birth: Pennsylvania
SSN: 206423423
Fathers Surname: BLIZARD
Place of Injury:

Name: BLIZARD JR, EVERETTE ERNEST
Date of Birth: September 22, 1918
Death Date: July 13, 1982
Sex: Male
Race: White .
Age: 63 Years
Place of Occurance: Salisbury, Rowan, North Carolina
Place of Residence: . Forsyth, North Carolina
Autopsy: No
Hospital: Veterans Hospital Under 20 Beds
Marital Status: Married
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
SSN: 239054489
Fathers Surname: BLIZARD SR
Place of Injury:

Viewing records **1-4 of 4**

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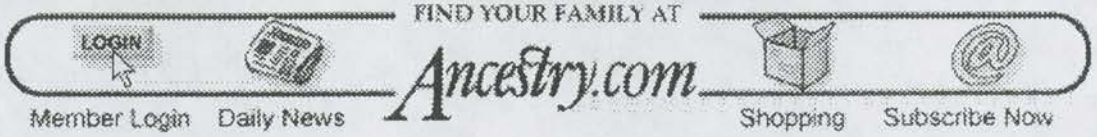
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North Carolina Death Records, 1988-1992

Field	Search	Matches
[Any]	**BLIZARD**	3

3 Combined Matches

Name: BLIZARD, ELIZABETH ANGEL
Date of Birth: June 30, 1911
Death Date: May 04, 1989
Sex: Female
Race: White
Age: 77 Years
Place of Occurance: Winston-Salem, Forsyth, North Carolina
Place of Residence: Winston-Salem. Forsyth, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Divorced
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
Social Security Number: 239703271
Fathers Surname: ANGEL
Place of Injury:

Name: BLIZARD, MARY TRENT
Date of Birth: December 08, 1922
Death Date: June 16, 1989
Sex: Female
Race: White
Age: 66 Years
Place of Occurance: Winston-Salem, Forsyth, North Carolina
Place of Residence: . Davidson, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
Social Security Number: 246167817
Fathers Surname: TRENT
Place of Injury:

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North Carolina Death Records, 1983-1987

Field	Search	Matches
[Any]	**BLIZARD**	2

2 Combined Matches

Name: BLIZARD, MARY JOSEPHINE
Date of Birth: October 26, 1928
Death Date: June 03, 1983
Sex: Female
Race: White
Age: 54 Years
Place of Occurance: Winston-Salem, Forsyth, North Carolina
Place of Residence: . Surry, North Carolina
Autopsy: No
Hospital: General Hospital 100 Beds & Over
Marital Status: Married
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: Virginia
SSN: 229320348
Fathers Surname: SAWYER
Place of Injury:

Name: BLIZARD, GORDON FREDERICK
Date of Birth: August 19, 1905
Death Date: March 22, 1985
Sex: Male
Race: White
Age: 79 Years
Place of Occurance: Chapel Hill (P), Orange, North Carolina
Place of Residence: . Brunswick, North Carolina
Autopsy: Yes
Hospital: General Hospital 100 Beds & Over
Marital Status: Married
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: Pennsylvania
SSN: 162108230
Fathers Surname: BLIZARD
Place of Injury:

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Obituary: William Anderson Blizzard

<< Previous Next >>

Wayne Blizard - Oct 15, 2000 View | Viewers | Reply to this item

Turlock Tribune
Turlock, California
Friday, February 19, 1932
Page 2

Denair Resident Called By Death

Rev. W. E. Allen, pastor of the Friends Church at Denair, officiated at the funeral services for William A. Blizzard, who passed away at his residence in Denair at the age of eighty-one. Interment was in the Denair Cemetery, under the direction of the Guy Funery Chapel.

William Blizzard was a native of Mr. Airy, North Carolina and came to California forty-six ago. He first located at Garden Grove, where he remained for eighteen years, moving to Whittier to lice for four years, prior to coming to Denair twenty-four years ago. He had recently been in poor health.

He is survived by four sons and a daughter, Herbert and Adrian Blizzard of Denair, Frank A. and Henry H. Blizzard of Denair, and Mrs. Ora M. Helderle of Linwood, Los Angeles County. He also leaves a brother, Joshua Blizzard, and a sister, Mrs. Rowella Rike, of North Carolina.

Note: William Anderson Blizzard is the son of William Wyatt Blizzard and Darcus Walden Blizzard.

<< Previous Next >>

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I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.
WITNESS MY HAND AND SEAL THIS _____ OF _____. _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

BK1952 PG019

No. 40808

State of North Carolina, County of Guilford
Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County

Greensboro, N. C., Nov. 25, 1952

Robert Lawson Blizzard having applied to me for a LICENSE for the marriage of
Lincoln of Mt. Airy NC and Frances Louise Galyean of Mt Airy NC

age 27 years; color W; the son of John A. Blizzard and Lois Blizzard
the father now Living, the mother Living
resident of Mt Airy NC

age 26 years; color W; the daughter of William M Galyean and Minnie E. Galyean
the father now Dead, the mother Living
resident of Mt. Airy NC

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, *within sixty days* after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

Robert Lawson Blizzard, being duly sworn, says:
That he knows of his own certain knowledge that the parties applying for License are both over *26 years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 25
day of Nov., 1952
W Guy Paulton
Register of Deeds

Robert L. Blizzard
Frances L Galyean

J. L. McAdoo
Register of Deeds

By W Guy Paulton
Deputy

*Enter here either "18" or "21," if age is stated as "over 18" (not over 21) it shall be the duty of the Register of Deeds to see that the provisions of Chapter 161, Public Laws of 1929, have been complied with.

STATE OF NORTH CAROLINA—GUILFORD COUNTY

I, Lee J. Young, a Justice of the Peace, united in matrimony Robert Lawson Blizzard and Frances Louise Galyean, the parties licensed above, on the 25th day of November, 1952 at High Point, in High Point Township in said County, according to law.

WITNESSES PRESENT AT MARRIAGE
Maude Sell of Mt Airy N.C.
Jacqueline G Bellamy of High Point, N.C.
_____ of _____

Lee J. Young J.P.
Officiating Officer

MARRIAGE REGISTER.

ale.	Name of Female.		NAME OF Father of Male.	NAME OF Mother of Male.	NAME OF Father of Female.	NAME OF Mother of Female.	PLACE OF Marriage.	WHEN Married.	BY WHOM Married.
48	Margaret Southard	19	J J Pickrell	M A Pickrell	Richd Southard	Elizabeth Southard	Simpsonville	Nov 18/75	R A Hopkins
32	Mattie A Smith	19	Wm Dill	Sallie Dill	H S Smith	Mary E Smith	Mayo	" 18 "	Chas Fetter E.
21	Maggie Jones	18	Jas M Smith	Sallie Smith	R A Jones	Eliza Jones	Mayo	Nov 14/75	H S Smith Jr.
34	Henrietta Henderson	25	Wm Bligand	Dorcas Bligand	unknown	unknown	Eastsville	Nov 24 1875	D E Field M.
27	N J Neal	20	A R Griffin	M J Griffin	J Mc Neal	Sallie Neal	New Bethel	Nov 19 1875	J C Purcell
29	Williams	18	Tyler Turner	Sallie A [illegible]	[illegible] Williams	Sallie Williams	Huntsville	" 21 "	S G Gentry J.P.
30	Georgia Shelton	17	A J Smith	N J Smith	J J Shelton	Julia Shelton	Reidsville	Oct 2 1875	W P Ware M.
36	M S Morris	29	C L Bingham	Charlotte Bingham	Calvin Scales	Adelaide Scales	"	Nov 8 /75	J N Barker J
5	Jennie B Martin	16	Robt Harris	Mary A Harris	J W Martin	M A Martin	Wentworth	" 21 /75	J E Morphis J
26	Mary Carter	29	M Rawlings	Martha G Rawlings	John A Carter	Nannie E Carter	Ruffin	Nov 24/75	J B Taber J
47	Rosa Southard	32	Thomas Walker	Mary Walker	Walker Southard	Tempe Southard	Scales residence	Dec 1 1875	D J Harris M.
23	Isaac B Turner	17	G T Davis	Jane Davis	Hannibal Turner	Mary E Turner	Wentworth	Nov 24 1875	C E V Raper M.
23	Maggie Carter		Madison Smith	Emma Smith	N J Carter	Nannie Carter	Wentworth	Nov 25/1875	J R Williams
21	Martha E Strader	26	D R Sharp	Mollie Sharp	Joshua Strader	Nancy J Strader	New Bethel	" 27 "	J B Dawson
22	M C Ward	23	R H Pruett	I J Pruett	I T Ward	Ward	Ruffin	" 28 "	V M Holden
27	M T Burnett	20	J T Smith	L E Smith	H B Burnett	A M Burnett	Reidsville	Nov 28 75	R W Crawford
19	Mattie Morton	29	Hardy Booker	Mollie Booker	Asa Cannon	unknown	Wentworth Madison	Nov 29 75 Dec 1875	J E Morphis J E Young
27	Martha Jenkins	19	James Knight	Harriet Knight	Burnett Jenkins	unknown	Madison	Dec 1 75	J C Young
29	Ida M Buscell	24	J H McMichael	C G McMichael	A. A Buscell	James Buscell	Madison	" 12 "	W A Gilson
							Wentworth	Dec 9 1875	J E Morphis

Joshua Blizard
Wentworth, Rockingham Co. NC

MARRIAGE REGISTER

	Name of Male.		Name of Female.		NAME OF Father of Male.	NAME OF Mother of Male.	NAME OF Father of Female.	NAME OF Mother of Female.	PLACE OF Marriage.	WHEN Married
Nov	12 W T Rockwell	28	Margaret Southard	19	T J Rockwell	M A Rockwell	Richd Southard	Elizabeth Southard	Simpsonville	Nov 18/
	M Dove	32	Mary A Smith	14	Wm Dove	Sallie Dove	N S Smith	Mary C Smith	Mayo	" 14 "
	Jno M Smith	21	Maggie Jones	18	Jas M Smith	Sallie Smith	A A Jones	Eliza Jones	Mayo	Nov 14/7
	[illegible] Blizard	34	Henrietta Henderson	25	Wm Blizard	Dorcas Blizard	unknown	unknown	Leaksville	Nov 24/6
	W J Griffin	27	N J Neal	20	A A Griffin	M J Griffin	J Mc Neal	Sallie Neal	New Bethel	Nov 19 "
	Ivy Turner	24	Mary Williams	18	Tyler Turner	Sallie A [illegible]	[illegible] Williams	Sallie Williams	Huntsville	" 21 "
	Wm Smithson	30	Georgia Skelton	17	A I Smith	N I Smith	J [illegible] Smith	Julia Skelton	Reidsville	Oct 2 187
	C N Bingham	26	C M S Morris	25	C L Bingham	Charlotte Bingham	Wilson Scales	Adelaide Scales	"	Nov 8 /7
	W H Harris	25	Jennie B Martin	16	Robt Harris	Mary A Harris	J W Martin	M A Martin	Wentworth	" 21 /7
	E Rawlins	26	Mary Carter	29	M Rawlins	Martha G Rawlins	John A Carter	Nannie D Carter	Ruffin	Nov 24/7
	William Walker	27	Rosa Southard	32	Thomas Walker	Mary Walker	Walker Southard	Tempe Southard	N Car.	Dec 1 187
	A Davis	23	Rosa B Turner	17	G F Davis	Jane Davis	Hannibal Turner	Mary C Turner	Yanceyville	Nov 27 187
	R J Smithers	23	Maggie Carter	Madison	Smithers	Emma Smithers	W J Carter	Nannie Carter	Wentworth	Nov 25 18
	Thos Sharp	21	Nancy C Strader	26	D R Sharp	Mollie Sharp	Joshua Strader	Nancy J Strader	New Bethel	" 27 "
	J Pruett	22	M C Ward	23	R H Pruett	I J Pruett	I F Ward	Wards	Ruffin	" 28 "
	E Smith	27	M I Burnett	20	J I Smith	L E Smith	H B Burnett	A W Burnett	Reidsville	Nov 28 18
	W Booker	19	Mattie Martin	19	Hardy Booker	Mollie Booker	Asa Cannon	unknown	Wentworth Madison	Nov 29 7 Dec 1
	Knight	27	Martha Tuck	19	James Knight	Harriet Knight	Burnett Tuck	unknown	Madison	Dec 1 /7
	Chas O McMichael	29	Lula M Bussell	19	J W McMichael	C G McMichael	D A Bussell	Fannie Bussell	Madison	" 12 "
	John Martin	18	Mary Davis	18	West Martin	Martha Martin	Wm Davis	Martha Davis	Wentworth	Dec 4 187
	J Parchall	22	Anna Jones	20	N J Parchall	S A Parchall	Bob Jones	Nancy Jones	Ruffin	" 6 "
	J Fowler	33	Arminta C Priddle	34	John Fowler	M J Fowler	Fred Priddle	Charity Priddle	New Bethel	Dec 8 187
	J Stevens	23	Rhoda Stevens	24	John J Stevens	Sallie J Stevens	H B Stevens	- - - Stevens	Ruffin	Dec 15 187

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 1963 PAGE 0113.

WITNESS MY HAND AND SEAL THIS _____ OF _____. _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

$4.42 ✓

LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

000113

2966
LICENSE NUMBER

GUILFORD
COUNTY

GROOM	BRIDE
1. FULL NAME: JERRY LEE BLIZARD	11. FULL NAME: JOANNE MARIE REVELS
2. PERMANENT ADDRESS: 317 CRAFTON STREET (STREET ADDRESS OR ROUTE & BOX NUMBER)	12. PERMANENT ADDRESS: 873 KING STREET (STREET ADDRESS OR ROUTE & BOX NUMBER)
WINSTON-SALEM (CITY) FORSYTH (COUNTY) N. C. (STATE)	BURLINGTON (CITY) ALAMANCE (COUNTY) N. C. (STATE)
3. RACE: WHITE; 4. BIRTHDATE: 2-2-39; 5. BIRTHPLACE (COUNTY & STATE): FORSYTH N. C.	13. RACE: WHITE; 14. BIRTHDATE: 8-24-43; 15. BIRTHPLACE (COUNTY & STATE): ALAMANCE N. C.
6. NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐; 7. NO. TIMES PREVIOUSLY MARRIED:	16. NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐; 17. NO. TIMES PREVIOUSLY MARRIED:
8. FATHER'S FULL NAME: BURRIS EDWARD BLIZARD LIVING ☒ DEAD ☐	18. FATHER'S FULL NAME: JAKE CLINTON REVELS LIVING ☒ DEAD ☐
9. MOTHER'S MAIDEN NAME: CORA ELIZABETH ANGEL LIVING ☒ DEAD ☐	19. MOTHER'S MAIDEN NAME: RUTH MARIE TILLMAN LIVING ☒ DEAD ☐
10. ADDRESS OF PARENT(S): FATHER: SHAMROCK ST.-BALTIMORE, MD. MOTHER: 317 CRAFTON ST.-WINSTON-SALEM, N. C.	20. ADDRESS OF PARENT(S): 873 KING ST. BURLINGTON, N. C.

To any ordained minister of any religious denomination, minister authorized by his church, or any Justice of the Peace of said county: you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the said county.

JULY 26, 1963 (DATE ISSUED) J. B. CARPENTER (REGISTER OF DEEDS) Paul W Brown (DEPUTY/ASSISTANT)

I, W.B. Carter (NAME) a Justice of the Peace (MINISTER OR JUSTICE OF THE PEACE), united in matrimony Jerry Lee Blizard (GROOM) and Joanne Marie Revels (BRIDE), the parties licensed above, on 7-27-63 (DATE) at Greensboro, N.C. (PLACE) in Morehead (CITY OR TOWNSHIP) in said county according to law.

SIGNATURE OF OFFICIATING OFFICER: W B Carter

SIGNATURE OF WITNESSES TO MARRIAGE:

Carolyn Bates ADDRESS 5220 old w Market Rd W-S

Larry E Bowman ADDRESS 120 Crafton St W-S, NC

Charles Mahon ADDRESS 2310 Ivy Ave W-S

The minister or other person celebrating this marriage is required within 30 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so constitutes a misdemeanor and also subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

REGISTER OF DEEDS: ENTER DATE THIS FORM RETURNED TO YOU

SEP 3 - 1963
DATE

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BK 4 PG 272

No. 139

State of North Carolina, County of Surry
Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of Surry County:

Dobson, N. C., February 17 1958

Jerry Blizzard having applied to me for a LICENSE for the marriage of

Jerry Blizzard AND Ada Particia Hodges

of Mount Airy, N. C. R. F. D.	of Mt. Airy, N. C. R. F. D.
age 19 years, RACE White, the son of Thomas Jefferson Blizzard	age 18 years, RACE White, the daughter of Gurney C. Hodges
and Lillie Ellen Blizzard	and Alma Johnson Hodges
the father now Living, the mother Living	the father now Living, the mother Living
resident of Mt. Airy N. C.	resident of Mt. Airy N.C.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, within thirty days after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

Jerry Blizzard & Ada Particia Hodges, being duly sworn says: That he knows of his own certain knowledge that the parties applying for License are both of ages as stated above, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 17 day of Feb., 1958

Bertha M. Shumate
Register of Deeds.

Jerry Blizzard Affiant

Patricia Hodges Affiant

Bertha M. Shumate
Register of Deeds.

By ..... Deputy.

STATE OF NORTH CAROLINA—County of Surry.

I, D. D. Lodge, a Ord. Missionary Baptist Minister, united in matrimony Jerry Blizzard and Ada Patricia Hodges, the parties licensed above, on the 17 day of Feb., 1958, at D. D. Hodges, in Stewarts Creek Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

Mrs. Frank Grady of Route 1 Mt. Airy N.C.

Miss Lynda Norman of Route 1 Mt. Airy, N. C.

A. P. Hicks of Mt. Airy N.C.

D. D. Lodge
OFFICIATING OFFICER.

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

B069 P0040

72-446 — LICENSE NUMBER

Surry — COUNTY

GROOM

1. GROOM-NAME	FIRST	MIDDLE	LAST
	Donald	Gray	Blizard

2a. RESIDENCE-STATE	2b. COUNTY	2c. CITY, TOWN, OR LOCATION	2d. INSIDE CITY LIMITS (Specify Yes Or No)
N. C.	Surry	Mount Airy	yes

2e. STREET AND NUMBER	3. BIRTHPLACE (COUNTY & STATE)	4a. DATE OF BIRTH (Month, Day, Year)	4b. AGE
401 Pippin St.	Surry Co., N. C.	July 17, 1949	23

5a. FATHER-NAME	5b. STATE OF BIRTH	5c. ADDRESS (If Living)
Lirine Blizard	N. C.	401 Pippin St. Mt. Airy, N. C.

6a. MOTHER-MAIDEN NAME	6b. STATE OF BIRTH	6c. ADDRESS (If Living)
Roxie Odellar Bobbitt	N. C.	401 Pippin St. Mt. Airy, N. C.

7. RACE-GROOM	8. NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: 9a. LAST MARRIAGE ENDED BY (Death, Divorce, Or Annulment (Specify))	IF PREVIOUSLY MARRIED: 9b. DATE MONTH YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, or 8) 10.	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
White	First					1½

BRIDE

11a. BRIDE-NAME FIRST	MIDDLE	LAST	11b. MAIDEN SURNAME (If Different)
Brenda	Fay	Secrest	

12a. RESIDENCE-STATE	12b. COUNTY	12c. CITY, TOWN OR LOCATION	12d. INSIDE CITY LIMITS (Specify Yes Or No)
N. C.	Surry	Mount Airy	yes

12e. STREET AND NUMBER	13. BIRTHPLACE (COUNTY & STATE)	14a. DATE OF BIRTH (Month, Day, Year)	14b. AGE
805 Reeves Drive	Surry Co., N. C.	Feb. 22, 1952	20

15a. FATHER-NAME	15b. STATE OF BIRTH	15c. ADDRESS (If Living)
Robert Secrest	N. C.	Brooklyn Ave. Mt. Airy, N. C.

16a. MOTHER MAIDEN NAME	16b. STATE OF BIRTH	16c. ADDRESS (If Living)
Violet Louise Burcham	Va.	805 Reeves Dr. Mt. Airy, N. C.

17. RACE-BRIDE	18. NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC (SPECIFY)	IF PREVIOUSLY MARRIED: 19a. LAST MARRIAGE ENDED BY (Death, Divorce, Or Annulment (Specify))	IF PREVIOUSLY MARRIED: 19b. DATE MONTH YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4 or 8) 20.	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
White	First			8		

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE

/Donald Blizard
SIGNATURE OF GROOM

/Brenda Secrest
SIGNATURE OF BRIDE

SWORN TO AND SUBSCRIBED BEFORE ME THIS Sept. 1, 19 72

Bertha M. Shinault
REGISTER OF DEEDS

Rachel C. Long
DEPUTY ~~ASSISTANT~~

To any ordained minister of any religious denomination, minister authorized by his church, or Magistrate: you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

Sept. 1, 1972
DATE ISSUED

Bertha M. Shinault
REGISTER OF DEEDS

Rachel C. Long
(DEPUTY ~~ASSISTANT~~)

OFFICIANT

21a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: MONTH	DAY	YEAR	21b. PLACE OF MARRIAGE CITY, TOWN, OR TOWNSHIP, COUNTY
September	1	1972	Mt. Airy Township, Surry County

21c. OFFICIANT SIGNATURE	21d. TITLE	ADDRESS
Rev. William E. Jeffcoat, Jr.	Pastor	1324 Forest Drive, Mt. Airy, N.C.

WITNESSES

22a. SIGNATURE OF WITNESS	23a. SIGNATURE OF WITNESS
Royce A. Bobbitt	Linda Gonzales

DATE RETURNED TO REGISTER OF DEEDS 9-6-72 RECEIVED BY Cathy L. Cockerham, Deputy

REGISTER OF DEEDS COPY

FORM VS-80
REV 1/1/71

604915

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.
WITNESS MY HAND AND SEAL THIS _____ DAY OF _____ MONTH. _____ YEAR.

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

No. 15545

State of North Carolina, County of Guilford
Office of Register of Deeds

59

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County

Greensboro, N. C., October 6, 1938

Fred H. Blakley, himself of Guilford Co. NC and Bertha Stone Parcell of Guilford Co. NC having applied to me for a LICENSE for the marriage of

Fred H. Blakley: age 23 years; color White; the son of R M Blakley and Mary E. Blakley; the father now Living, the mother Living; resident of Yadkin Co. NC

Bertha Stone Parcell: age 19 years; color White; the daughter of B F Parcell and Kate Parcell; the father now Living, the mother Living; resident of Guilford Co NC

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, *within sixty days* after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

Fred H Blakley, being duly sworn, says: That he knows of his own certain knowledge that the parties applying for License are both over *19 years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 6 day of October, 1938
J B Carpenter
Deputy Register of Deeds

Fred H Blakley
B F Parcell

J M Meadows
Register of Deeds.
By J B Carpenter
Deputy.

*Enter here either "19" or "21". If age is stated as "over 19" (not over 21) it shall be the duty of the Register of Deeds to see that the provisions of Chapter 161, Public Laws of 1929, have been complied with.

STATE OF NORTH CAROLINA—GUILFORD COUNTY

I, Edward E. Snow, Minister M. E. Church, So., united in matrimony Fred H. Blakley and Bertha Stone Parcell, the parties licensed above, on the 9 day of Octobe, 1938 at Pleasant Gade, in Eastern Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

Mrs B F Parcell of Pleasant Gade NC
Mrs. E E Snow of Pleasant Gade N.C.
_____ of _____

Edward E. Snow
OFFICIATING OFFICER

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 1958 PAGE 0098.
WITNESS MY HAND AND SEAL THIS _____ OF _____. _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

000098

No. 48909

State of North Carolina, County of Guilford
Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County

Greensboro, N. C., March 20th., 1958

Mary Elizabeth Blizzard having applied to me for a LICENSE for the marriage of

William Cyrus Blair of High Point, N. C. and Mary Elizabeth Blizzard of High Point, N. C.

age 19 years: color W; the son of William I. Blair and Lucille C. Blair the father now Living, the mother Living resident of High Point, N. C.

age 17 years; color W; the daughter of H. P. Blizzard and Bertie S. Blizzard the father now Deceased, the mother Living resident of High Point, N. C.

And the written consent of Mrs Bertie S. Blizzard, the mother of the said Mary Elizabeth Blizzard, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, *within thirty days* after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

_____, being duly sworn, says:

That he knows of his own certain knowledge that the parties applying for License are both over *_____ years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 20th. day of March, 1958

W. Guy Gaither
Register of Deeds

Mary Elizabeth Blizzard

Jos. McAdoo
Register of Deeds

By W. Guy Gaither
Deputy

*Unless here either "18" or "21" as age is stated as "over 18" (not over 21) it shall be the duty of the Register of Deeds to see that provisions of Chapter 161, Public Laws of 1939, have been complied with.

STATE OF NORTH CAROLINA—GUILFORD COUNTY

I, T. M. Gates, a Justice of the Peace, united in matrimony William Cyrus Blair and Mary Elizabeth Blizzard, the parties licensed above, on the 20 day of March, 1958 at High Point in High Point Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

Lyndon Smith of High Point, N. C.
Patricia B Smith of High Point, N. C
_____ of _____

T. M. Gates J.P.
Officiating Officer

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.
WITNESS MY HAND AND SEAL THIS _____ DAY OF _____ MONTH. _____ YEAR.

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

BK1952 PG006

No. 39530

State of North Carolina, County of Guilford
Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County

Greensboro, N. C., Jan 29, 195-

Ernest E Blizzard Jr having applied to me for a LICENSE for the marriage of
Single of Winston Salem N.C. and Mary Trent Fulk of Winston Salem N.C.

age 33 years; color W; the son of Ernest E Blizzard Sr and Minnie K Blizzard
the father now Living, the mother Living
resident of Winston Salem N.C.

age 32 years; color W; the daughter of A.M. Trent and Mary P. Trent
the father now Living, the mother Living
resident of Winston Salem N.C.

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, *within sixty days* after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

Ernest E Blizzard Jr, being duly sworn, says:
That he knows of his own certain knowledge that the parties applying for License are both over *21 years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 29 day of Jan, 195-
W.G. Paleston
Register of Deeds

Ernest E Blizzard Jr
Mary Trent Fulk

*Enter here either "18" or "21." If age is stated as "over 18" (not over 21) it shall be the duty of the Register of Deeds to see that the provisions of Chapter 161, Public Laws of 1929, have been complied with.

J. A. McAfee
Register of Deeds

By W Guy Gallant
Deputy

STATE OF NORTH CAROLINA—GUILFORD COUNTY

Rev. W. L. Abrams, a Baptist Minister, united in matrimony Ernestine E. Blizzard Jr. and Mary Trent Fulk, the parties licensed above, on the 29 day of January, 1952 at High Point, in High Point Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE
C B Baker of High Point, N.C.
Lee Young of High Point, N.C.
_____ of _____

Rev. W. L. Abrams
Officiating Officer

Book 1915 000185

State of North Carolina,
GUILFORD COUNTY

Office of Register of Deeds.

September 1. 1915

To any Minister of any Religious Denomination, or any Justice of the Peace of said County:

'August L. Grundman having applied to me for a license for the marriage of 1892

'himself of' Guilford County aged' 23 years,

color 'white, the son of' A. L. Grundman and 'Wadie Grundman

the father now 'dead, the mother 'dead, resident of" ----------, and

"Alma H. Rike of" Guilford County aged" 21 years, 1897

color 'white, daughter of" W. M. Rike and" ------Rike

the father 'living, the mother 'living, resident of" Randolph County

* And the written consent of ____ the ____ of the said ____ to the proposed marriage having been filed with me:

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within one year from the date hereof, to celebrate the proposed marriage at any place within the said County.

You are required within Two Months *after you shall have celebrated such marriage to return this License to me at my office, with your signature subscribed to the certificate under this License, and with the blanks therein filed according to the facts, under penalty of forfeiting two hundred dollars to the use of any person who shall sue for the same.*

W. H. Rike
Register of Deeds.

1. Name of person applying for license. 2. Name of man to be married, in full. 3. Residence. 4. Age. 5. White or colored. 6. Father of man to be married. 7. Mother of man to be married. 8. Living or dead. 9. Living or dead. 10. Residence, if known; if not, state unknown. 11. Name of woman to be married, in full. 12. Residence. 13. Age. 14. White or colored. 15. Father's name. 16. Mother's name. 17. Living or dead. 18. Living or dead. 19. Residence, if known; if not, state unknown. *If both parties are over 18, strike out.

August L. Grundman, *applicant for above Marriage License, being duly sworn, says: That the parties above licensed are of lawful age, and that so far as he is informed and believes there is no lawful cause or impediment forbidding such marriage.*

August L. Grundman
Applicant.

Sworn and subscribed to before me this 1st *day of* September 1915.

Chas. J. Rinkle — Roy H. Jones D.R.
Register of Deeds.

I, 'J. D. Suttenfield a 'Justice of the Peace

united in matrimony' August L. Grundman and' Alma H. Rike

the parties licensed above, on the 7th day of September 1915, at

'High Point, Guilford County, in' High Point

Township, in said County, according to law.

J. D. Suttenfield
Minister, or J. P.

* Witnesses present at marriage:

Mrs. J. D. Suttenfield of High Point N.C.

Dewey Suttenfield of " "

Inda Watson of " "

1. Name of person officiating. 2. If minister, what denomination; if Justice of Peace, so state. 3. Name of man married. 4. Name of woman married. 5. Place of marriage. 6. Township. *At least three persons present at the marriage must sign as witnesses.

BY: ASSISTANT/DEPUTY REGISTER OF DEEDS

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 4468 PAGE 1803.
WITNESS MY HAND AND SEAL THIS _____ OF _____. _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

1803

283120 (LICENSE NUMBER) GUILFORD (COUNTY)

GROOM

GROOM—NAME	FIRST	MIDDLE	LAST
1.	LEONARD	VERDON	LIPE

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a. NORTH CAROLINA	2b. GUILFORD	2c. GREENSBORO	2d. YES

STREET AND NUMBER	STATE OF BIRTH (If Not In U.S.A., Name Country)	DATE OF BIRTH (Month, Day, Year)	AGE
2e. 4723 BROMPTON DRIVE	3. ILLINOIS	4a. Nov 7 1936	4b. 31

FATHER—NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)	MOTHER—MAIDEN NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)
5a. LAWRENCE LIPE	5b. ILL	6a. BERNICE FORE	6b. ILL

RACE—GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY— Death, Divorce, Or Annulment (Specify)	DATE MONTH YEAR	EDUCATION—SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, . . . or 8)	HIGH SCHOOL (1,2,3, or 4)	COLLEGE (1,2,3,4, or 5)
7. WHITE	8. SECOND	9a. DIVORCE	9b. 5-68	10.		7

BRIDE

BRIDE—NAME	FIRST	MIDDLE	LAST	MAIDEN NAME (If Different)
11a.	JEANNE	C	BLIZZARD	11b.

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)
12a. NORTH CAROLINA	12b. GUILFORD	12c. GREENSBORO	12d. YES

STREET AND NUMBER	STATE OF BIRTH (If Not In U.S.A., Name Country)	DATE OF BIRTH (Month, Day, Year)	AGE
12e. 211 N CEDAR STREET	13. N C	14a. SEP 22 1947	14b. 20

FATHER—NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)	MOTHER—MAIDEN NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)
15a. H W BLIZZARD	15b. GA	16a. VIRGINIA HILTON	16b. NC

RACE—BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY— Death, Divorce, or Annulment (Specify)	DATE MONTH YEAR	EDUCATION—SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, . . . or 8)	HIGH SCHOOL (1,2,3, or 4)	COLLEGE (1,2,3,4, or 5)
17. WHITE	18. FIRST	19a.	19b.	20.	4	

GROOM—PARENT'S ADDRESS	BRIDE—PARENT'S ADDRESS
21. 1408 RIECHMAN ST, CHESTER, ILL	22. 1527 BEAUCREST AVE, HIGH POINT

To any ordained minister of any religious denomination, minister authorized by his church, or any Justice of the Peace or Magistrate, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the said county.

AUGUST 14 1968 (DATE ISSUED) MARK STEWART (REGISTER OF DEEDS) Patricia A. Baldwin (DEPUTY/ASSISTANT)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: MONTH	DAY	YEAR	PLACE OF MARRIAGE—COUNTY	STATE
15a. August	16,	1968	15b. Greensboro-Guilford	15c. North Carolina

OFFICIANT—SIGNATURE	DATE SIGNED (MONTH,DAY,YEAR)	OFFICIANT—Religious or Civil (Specify)
15d. Rev. Robert L. Moore / REV. Robert L. Moore	15e. 8-16-68	15f. Religious

WITNESS—SIGNATURE	WITNESS—SIGNATURE
16a. Marcia L. Kinsey	16b. Frances Trapler

The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so constitutes a misdemeanor and also subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

RETURNED TO REGISTER OF DEEDS: _____ (DATE)

PRESENTED FOR REGISTRATION AND RECORDED
AUG 20 9 27 AM '68
MARK STEWART
REGISTER OF DEEDS
GUILFORD COUNTY, N.C.
REGISTER OF DEEDS/DEPUTY OR ASSISTANT

FORM VS-80
REV. 1/1/68
1/68-100M

REGISTER OF DEEDS COPY

283120

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 1961 PAGE 0134.

WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

1961

000134

No. 56284

State of North Carolina, County of Guilford

Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County

Greensboro, N. C., December 8, 1961

Donald Simmons Blizzard having applied to me for a LICENSE for the marriage of himself of High Point, N. C. and Elizabeth Ann Hatton of High Point, N. C.

age 23 years; color W.; the son of	age 21 years; color W.; the daughter of
H. B. Blizzard and Bertie S. Blizzard	William T. Hatton and Ellen G. Hatton
the father now deceased, the mother living	the father now living, the mother living
resident of High Point, N. C.	resident of High Point, N. C.

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, within thirty days after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

Donald Simmons Blizzard being duly sworn, says: That he knows of his own certain knowledge that the parties applying for License are both over 21 years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 8th day of December, 1961

W. G. Ralston
Register of Deeds

Donald Simmons Blizzard
Elizabeth Ann Hatton

J. B. Carpenter
Register of Deeds

By W. G. Ralston
Deputy

"Every box either "M" or "F" [illegible] stated as "over 18" [illegible] over 21) it shall be the duty of the Register of Deeds to see that provisions of Chapter 181, Public Laws of 1929, have been complied with.

STATE OF NORTH CAROLINA—GUILFORD COUNTY

I, Hoyle H. Robbins, a Baptist Minister, united in matrimony Donald Simmons Blizzard and Elizabeth Ann Hatton, the parties licensed above, on the 9 day of December, 1961 at High Point, in High Point Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE:

Bertie Alford of High Point NC
William T. Hatton of High Point NC
Mrs. Hoyle H. Robbins of " "

Hoyle H. Robbins
Officiating Officer

Independence, Grayson Co. Va Book 2 Pg. 53 1882

No.	Date of Marriage	Place of Marriage	Full Names of Parties married: Husband	Wife	Color	Age: Husband	Age: Wife	Former Condition: Husband	Former Condition: Wife	Place of Residence: Husband
45	Aug 7. 1882	Grayson	Martin Hawkins	Nickie Ridings	I	18	21	S.	S.	Grayson
46	" 13.	"	Edgar R. Hall	Eva M. Wright	"	21	18	"	"	N.C.
47	" 21.	"	James Hall	Mary Wright	"	19	19	"	"	Grayson
48	" 23	"	Fielding G. Young	Caroline A. Jones	"	21	21	"	"	"
49	" 24	"	Wm Sadrith	Mary S. Hall	"	21	20	"	"	"
50	Sept. 3	"	Sydney Dowling	Hannah Mann	"	22	16	"	"	"
51	" 10	"	Wm. W. Shuler	Julia M. Roberts	"	19	21	"	"	"
52	" 19	"	Wm Young	Sallie Cannon	"	70	45	W	"	"
53	" 20	"	W. E. Wirth	Lucy E. Boyer	"	19	17	S	"	"
54	" 24	"	Thompson Washington	Mary Daughton	Col'd	24	22	"	"	"
55	" 30	"	Green Murry	Stella Mains	W	21	19	"	"	"
56	Oct. 1	"	J. R. Cross	Polly Billings	"	41	17	W.	"	" N.C.
57	" 4	"	Columbus Autry	Jane Hare	"	26	21	"	"	"
58	" 11	"	Thomas Harsh	W. E. Anderson	"	21	22	S	"	Grayson
59	" 15	"	Benjamin Harrington	Mary E. Boyer	"	24	17	"	"	"
60	" 28	"	Lee G. Shuler	Mary F. Cottrell	"	24	18	"	"	"
61	Nov. 2.	"	A. D. Parks	Alexander Murry	"	22	21	"	"	"
62	" 5	"	Wm E. Elkins	Lucy A. Martin	"	25	23	"	"	Wythe
63	" 8	"	E. W. Pannell	Dora Dr. Cain	"	19	17	"	"	Grayson
64	" 11.	"	J. D. Copenhaver	Elizabeth G. Thomas	"	24	17	"	"	Smith
65	" 14	"	Elijah Hall	Lucinda Peyton	"	22	28	"	W.	Grayson
66	" 22	"	G. W. Worrell	Jane Parks	"	21	21	"	S.	N.C.
67	" 25	"	H. E. Short	M. A. Osborne	"	21	15	"	"	Grayson
68	" 26	"	Aaron H. Moore	Mattie R. Davies	"	30	18	"	"	"
69	" 28	"	W. S. Dixon	G. E. Sayers	"	21	16	"	"	N.C.
70	Dec. 4	"	Calvin Kirby	Bettie Davies	"	21	16	"	"	Grayson
71	" 6	"	E. A. Welch	Sallie Byrd	"	35	20	"	"	"
72	" "	"	Chas. M. Hill	Rosa E. Hale	"	23	21	"	"	"
73	" 9	"	Geo. W. Hallman	Emma Rimmer	"	21	18	"	"	N.C.
74	" 23	"	James A. Perkins	Samantha Perkins	"	23	19	"	"	Grayson
75	" 24	"	Jno. F. Shuffleburg	Bessie Watson	"	23	23	"	"	N.C.
76	" 31	"	Wright McKinney	Ann Wright	"	20	21	"	"	Grayson
	Continued.									
1	June 1. 1882	"	Thos. P. Reeves	Matilda Reeves	"	27	21	"	"	Grayson
2	" 7	"	Granville Hagen	Nancy Parks	"	30	25	W	"	"
3	" 8	"	James Owens	Ellen Bland	"	21	16	S	"	"
4	" 15	"	John Bryan	Ellen Blizzard	"	20	21	"	"	N.C.
5	" 13	"	James L. Warwick	Estelle F. Cooper	"	26	21	"	"	Grayson
6	" 18	"	Stephen Brewer	Bettie Hunt	"	25	22	W	"	"
7	" 19	"	John Reeves	Matilda Hardin	"	22	21	S	"	N.C.
8	" 19	"	Stephen Dale	Matilda Bryan	"	21	21	"	"	Grayson
9	" 20	"	Robert Asher	Marietta Davies	I	42	36	W	"	Wythe
10	" 24	"	John Swinkle	Martha Griffith	"	25	29	"	"	Grayson
11	" "	"	J. B. Eanes	Nora L. Ritter	"	27	19	S	"	Ore

Independence, Grayson Co. Va

Birth Place	Place of Residence		Names of Parents		Occupation	Name of Person celebrating Marriage
Wife	Husband	Wife	Husband	Wife	Occupation of Husband	Name of person celebrating Marriage
Grayson	Grayson	Grayson	M & C. Hanks	E & E. Perkins	Farmer	James H. Weaver
"	"	"	H. & E. Hall	J. L. & P. Wright	Cabinet Maker	Dennis Wright
"	"	"	W & P. Hall	J. W. & B. Wright	Farmer	Same
"	"	"	Aly & R. Young	Jno. & M. Jones	"	W. D. Akers
N. C.	Surrey	"		A. J. & R. Hall	"	Dennis Wright
Grayson	Grayson	"	M & C. Dowling	- & M. Mann	"	J. J. Phillips, L.D.
Grayson	"	"	G. W. & M. E. Shuler	And & H. Roberts	"	Jas. M. Elliott
"	"	"			"	Dennis Wright
"	"	"	H. R. & J. Smith	M & P. Bayer	"	W. D. Akers
N. C.	"	"	J. & M. Bowman		Minister	S. M. Dickey
Grayson	"	"	J. & H. Mowery		Laborer	James Shumate
"	"	"	A. & C. Lyons	W & P. Billings	Teacher	Same
N. C.	"	"			Laborer	S. M. Dickey
Grayson	"	"	E. R. & C. Bush	W. Clay & A. Bowman	Farmer	Azelia Graves
"	"	"	W. & M. Harrington	C. & A. Bayer	"	S. M. Dickey
"	"	"	J. J. & C. Baker	E. & J. Calvert	"	J. M. Sharp
"	"	"	J. & R. Parks	A. S. & M. Mowery	"	Silas York
"	Wythe	"	J. & M. Elliott	A. & L. Martin	Laborer	Hiram Roark
"	Grayson	"	J. & R. Pinion	A. P. & M. E. Williams	Farmer	A. A. Akers
"	Surry	"	S. & E. Cockram	A. & M. Thomas	"	John B. Boring M.G.
"	Grayson	"	Geo. & E. Hall	Jas. & - Coomes	Laborer	S. M. Dickey
"	"	"		J. & S. Parks	Farmer	James Livesay Sr.
"	"	"	A. & S. Elliott	J. & J. Osborne	"	A. B. Elliott
"	"	"	A. & J. Moore	A. & R. Cavins	"	A. J. Osborne
"	N. C.	"	W. & - Bryan	A. & E. Lyons	"	A. B. Elliott
"	Grayson	"	P. & E. Kirby	E. & E. Cavins	Laborer	James Mahoney
"	"	"	A. & P. Nelson	J. P. & J. Byrd	Merchant	J. J. Phillips, L.D.
"	"	"	R. & S. Hill		Farmer	B. F. Markell M.G.
"	"	"		A. & R. Barnett	"	Wilborn Ross
"	"	"	J. W. & E. Perkins	S. & M. Perkins	Razor	James Livesay Sr.
"	"	"	J. W. & S. Sturdivant	B. F. & M. McGuire	Laborer	J. J. Phillips, L.D.
"	"	"	M. & R. McKinney	L. & - Wright	Farmer	A. B. Elliott
Grayson	Grayson	Grayson	E. & A. Reeves	W. & J. Reeves	Mechanic	W. Hawkins
"	"	"	A. & S. Vaught	J. & R. Parks	Farmer	A. J. Parks
"	"	"	G. & S. Owens	J. & E. Blevins	"	S. M. Dickey
"	N. C.	"	J. & R. A. Dixon		"	W. B. Graham
"	Grayson	"	J. W. & E. Warwick	B. F. & S. Cooper	"	A. H. Barker
"	"	"	M. & B. Brewer	L. & R. Frank	"	Peter K. Roberts
"	N. C.	"		Sarah Harden	"	W. B. Parks
N. C.	Grayson	"	Wm. Hall	J. & R. A. Dixon	"	E. F. Kane Minister
Grayson	"	"	W. M. Akers	J. & L. Cavins	"	John Boring M.G.
"	"	"	M. & E. Trimble	S. & A. Griffith	"	Same
Penn.	"	"		Jno. & - Preston	Watchmaker	W. B. Parks

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS OF RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____

WITNESS MY HAND AND SEAL THIS _____ DAY OF _____ MONTH _____ YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

166

aal 110709 LICENSE NUMBER — GUILFORD COUNTY

GROOM		BRIDE	
1. FULL NAME	DAVID EDWARD BOWMAN	11. FULL NAME	JANET SHARRON WARD
2. PERMANENT ADDRESS (STREET ADDRESS OR ROUTE & BOX NUMBER)	902 ARTHUR AVENUE	12. PERMANENT ADDRESS (STREET ADDRESS OR ROUTE & BOX NUMBER)	613 GOODMAN STREET
CITY / COUNTY / STATE	HIGH POINT / GUILFORD / N. C.	CITY / COUNTY / STATE	ARCHDALE / RANDOLPH / N. C.
3. RACE	WHITE	13. RACE	WHITE
4. BIRTHDATE / AGE	6-24-44 / 21	14. BIRTHDATE / AGE	10-5-45 / 19
5. BIRTHPLACE (COUNTY & STATE)	DURHAM N. C.	15. BIRTHPLACE (COUNTY & STATE)	GUILFORD N. C.
6. NEVER MARRIED	☒	16. NEVER MARRIED	☒
WIDOWED	☐	WIDOWED	☐
DIVORCED	☐	DIVORCED	☐
7. NO. TIMES PREVIOUSLY MARRIED:		17. NO. TIMES PREVIOUSLY MARRIED:	
8. FATHER'S FULL NAME:	EDWARD McKINLEY BOWMAN — LIVING ☒ DEAD ☐	18. FATHER'S FULL NAME:	CLYDE MADISON WARD — LIVING ☒ DEAD ☐
9. MOTHER'S MAIDEN NAME:	GLADYS NUNN — LIVING ☒ DEAD ☐	19. MOTHER'S MAIDEN NAME:	GRACE OSTEEN — LIVING ☒ DEAD ☐
10. ADDRESS OF PARENT(S):	100 BOONE DRIVE THOMASVILLE, N. C.	20. ADDRESS OF PARENT(S):	613 GOODMAN STREET ARCHDALE, N. C.

To any ordained minister of any religious denomination, minister authorized by his church, or any Justice of the Peace of said county: you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the said county.

AUGUST 17, 1965 (DATE ISSUED) — MARK STEWART (REGISTER OF DEEDS) — Paul W. Grauer (DEPUTY/ASSISTANT)

I, John C. Osteen (NAME) a Minister (MINISTER OR JUSTICE OF THE PEACE), united in matrimony David Edward Bowman (GROOM) and Janet Sharron Ward (BRIDE), the parties licensed above, on August 21, 1965 (DATE) at First Church of God (PLACE) in High Point (CITY OR TOWNSHIP) in said county according to law.

John C. Osteen
SIGNATURE OF OFFICIATING OFFICER

SIGNATURE OF WITNESSES TO MARRIAGE:
Lina Osteen, ADDRESS 1611 Crest Rd. Raleigh, N.C.
Michael D. Osteen ADDRESS 1611 Crest Road, Raleigh, N.C.

The minister or other person celebrating this marriage is required within 30 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so constitutes a misdemeanor and also subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

REGISTER OF DEEDS COPY

REGISTER OF DEEDS: ENTER DATE THIS FORM

RETURNED TO YOU AUG 31 1965 (DATE)

Mark Stewart
Register of Deeds/Deputy or Assistant

110709

FORM VS-80
1/1/62
7/63-100M

ALLIED FORT BUSINESS SYSTEMS 100875

BLANCHARD, WILLIAM S.	SHEPHERD, SOPHIA	MD	11	JAN	1824	PERRY	IN
BLAND, FANNY	LEATHERMAN, HENRY	MD	29	MAR	1820	ORANGE	IN
BLAND, FRANCIS	LANE, ELIZABETH	MD	07	JAN	1819	ORANGE	IN
BLAND, HENRY	TOMLINSON, KEZIAH	MD	23	DEC	1819	ORANGE	IN
BLAND, ISABELL	ARMSTRONG, FELIX	MD	09	MAR	1820	ORANGE	IN
BLAND, JOHN	BLAND, MARY	MD	09	OCT	1811	CLARK	IN
BLAND, JOHN	JERVIS, POLLY	MD	12	MAR	1819	ORANGE	IN
BLAND, MARGARETTE	MORING, WALTER	MD	24	FEB	1817	CLARK	IN
BLAND, MARY	BLAND, JOHN	MD	09	OCT	1811	CLARK	IN
BLAND, MARY	DOUGHERTY, SAMUEL	MD	05	NOV	1819	ORANGE	IN
BLAND, NANCY R.	POPE, RICHARD	MD	05	JAN	1825	GREENE	IN
BLAND, RACHEL	BALDWIN, ELISHA	MD	13	FEB	1821	ORANGE	IN
BLANE, SARAH	PETER, WILLIAM	MD	19	DEC	1821	SPENCER	IN
BLANK, JEMIMA	SHOEMAKER, THOMAS	MD	15	MAY	1823	HARRISON	IN
BLANKENSHIP, ---	CHAMBERS, JAMES	MD	07	MAR	1809	CLARK	IN
BLANKENSHIP, AGNES	FOSTER, WILLIAM	MD	16	AUG	1820	DAVIESS	IN
BLANKENSHIP, AVERY	BLANKENSHIP, RHODY	MD	01	JAN	1818	JEFFERSON	IN
BLANKENSHIP, CATHERINE	CHAMBERS, WILLIAM	MD	04	JUL	1825	JEFFERSON	IN
BLANKENSHIP, ELIZ.	BEAGHLEY, SIMON	MD	31	DEC	1822	DAVIESS	IN
BLANKENSHIP, ELIZABETH	WOODWARD, CHESLEY	MD	30	MAR	1820	JENNINGS	IN
BLANKENSHIP, ISOM	CHITWOOD, ELIZABETH	MD	29	MAY	1817	JEFFERSON	IN
BLANKENSHIP, LEWIS	THOMAS, HANNAH	MD	27	OCT	1811	JEFFERSON	IN
BLANKENSHIP, POLLY	MARSHALL, ROBERT	MD	01	MAY	1823	JEFFERSON	IN
BLANKENSHIP, POLLY	WHITESIDES, JOHN	MD	30	MAY	1816	JEFFERSON	IN
BLANKENSHIP, RHODY	BLANKENSHIP, AVERY	MD	01	JAN	1818	JEFFERSON	IN
BLANKENSHIP, SALLY	HILTON, JOHN	MD	27	AUG	1822	JENNINGS	IN
BLANKENSHIP, SARAH	CHAMBERS, WILLIAM	MD	27	OCT	1811	JEFFERSON	IN
BLANKENSHIP, SPICY	WILSHIRE, WILLIAM	MD	16	AUG	1820	DAVIESS	IN
BLANKENSHIP, WILLIAM	CHAMBERS, BETSY	MD	24	JAN	1811	JEFFERSON	IN
BLANKENSHIP, WILLIAM	WHITSITT, POLLY	MD	18	OCT	1820	JEFFERSON	IN
BLEAVINS, CATY	YOUNG, MORGAN	MD	30	MAR	1819	VANDERBURGH	IN
BLEDSOE, ISAAC	LINDLEY, LOUISA	MD	20	OCT	1817	SWITZERLAND	IN
BLEDSOE, JOHN	WAGGONER, POLLY	MD	04	MAR	1824	LAWRENCE	IN
BLESS, PARLEY	APPLEGATE, SENA	MD	20	MAY	1825	HARRISON	IN
BLESSING, DANIEL	FRANCIS, POLLY	MD	01	JUN	1819	KNOX	IN
BLEVIN, ANN	PENDOCK, SAMUEL	MD	24	OCT	1825	CRAWFORD	IN
BLEVINS, ELIZABETH	COUGHMAN, ISAAC	MD	16	SEP	1824	KNOX	IN
BLEVINS, JONATHAN	HUPP, PEGGY	MD	30	JUN	1825	WASHINGTON	IN
BLEVINS, NANCY	FAIRCHILD, TIMOTHY	MD	03	FEB	1825	VANDERBURGH	IN
BLEVINS, NELLY	SULLIVENT, ADAM	MD	13	FEB	1823	VANDERBURGH	IN
BLEVINS, POLLY	ELROD, THOMAS	MD	18	FEB	1822	LAWRENCE	IN
BLEVINS, SAMUEL	HILL, SALLY	MD	18	MAY	1822	LAWRENCE	IN
BLEVINS, SUSANNA	FOWLER, ABRAHAM	MD	27	JAN	1820	CRAWFORD	IN

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BLEVINS, WILLIAM	FAIRCHILD, LAVINA	MD	06	FEB	1825	VANDERBURGH	IN
BLEVINS, WILLIAM	STITT, REBECCA	MD	07	JUL	1823	MONTGOMERY	IN
BLISS, JAMES	WHITE, MARY R.	MD	30	NOV	1820	JACKSON.	IN
BLISS, WILLIAM	GALET, NELLY	MD	25	AUG	1818	CLARK	IN
BLIZARD, ESTHER	DOWDEN, ZEPHANIAH	MD	21	OCT	1809	CLARK	IN
BLIZARD, EZEKIEL	HEATH, MARY	MD	01	DEC	1819	CLARK	IN
BLIZARD, JOHN	DAVIS, MARGARET	MD	11	OCT	1823	CLARK	IN
BLIZARD, NATHAN	EPLER, CATHERINE	MD	06	JAN	1818	CLARK	IN
BLIZARD, RUTH	JACOB, JOHN D.	MD	12	SEP	1821	CLARK	IN
BLIZZARD, ELIZABETH	YOUNG, ALEXANDER	MD	12	SEP	1809	CLARK	IN
BLIZZARD, JANE	JACOBS, ELIC	MD	24	FEB	1810	CLARK	IN
BLOCKSOM, WILLIAM	MATTOCKS, ROSANNA	MD	13	NOV	1825	VIGO	IN
BLODGET, DAVID	BASSETT, MARY	MD	05	FEB	1823	SWITZERLAND	IN
BLOOD, BETSEY	RUE, BENJAMIN F.	MD	17	SEP	1820	FAYETTE	IN
BLOOD, MARY	PATTERSON, JOHN	MD	13	OCT	1818	JEFFERSON	IN
BLOOM, DAVID	GELWICK, SARAH	MD	31	DEC	1815	CLARK	IN
BLOOM, SARAH	BRYAN, JAMES	MD	16	SEP	1811	CLARK	IN
BLOOMFIELD, LOT	TALBOT, ELIZABETH	MD	24	DEC	1823	WAYNE	IN
BLOOMFIELD, ROBERT	LEWIS, MARY	MD	18	MAR	1819	WAYNE	IN
BLOOMFIELD, WILLIAM	FURLAND, MARY E.	MD	21	JUN	1817	CLARK	IN
BLOOR, JOHN	BLACK, JANE	MD	16	AUG	1821	FLOYD	IN
BLOUND, EDMON	NOTT, TAMOR	MD	03	SEP	1816	POSEY	IN
BLOUNT, ANDREW	WARREN, SALLY	MD	07	MAR	1816	WAYNE	IN
BLOUNT, JOHN	WILLIS, RACHEL	MD	29	MAR	1818	WAYNE	IN
BLOUNT, PEGGY	JARRET, JAMES	MD	04	SEP	1816	WAYNE	IN
BLOUNT, TAMER E. A.	GREEN, WILLIAM A. L.	MD	04	AUG	1824	POSEY	IN
BLOUNT, THEOPHULUS	MARRS, JANE	MD	26	DEC	1816	POSEY	IN
BLOUNT, WILLIAM	BARNES, JANE	MD	01	AUG	1818	WAYNE	IN
BLOWERS, STEPHEN	WINEMILLER, POLLY	MD	05	FEB	1818	POSEY	IN
BLUE, JAMES	HERGEREDER, MARY	MD	19	OCT	1820	FRANKLIN	IN
BLUE, JOHN	METS, MARGARETE	MD	18	FEB	1816	FRANKLIN	IN
BLUFORD, AMY	WASHINGTON, GEORGE	MD	03	APR	1825	VANDERBURGH	IN
BLUFORD, ANTHONY	GLOVER, AMONEY	MD	04	OCT	1821	GIBSON	IN
BLUNCK, JOHN	VANOSDOL, MARTHA	MD	01	MAR	1825	SWITZERLAND	IN
BLUNK, AGNESS	VANNISE, ISAAC	MD	12	NOV	1822	SWITZERLAND	IN
BLUNK, AMOS	ANDERSON, ELIZABETH	MD	28	JUN	1821	HARRISON	IN
BLUNK, AMOS	SHOEMAKER, DELILAH	MD	07	DEC	1820	HARRISON	IN
BLUNK, ANDREW	JOHNSTON, MARY	MD	05	MAR	1822	HARRISON	IN
BLUNK, CATHARINE	JOHNSTON, LEVI	MD	21	SEP	1821	HARRISON	IN
BLUNK, HANNAH	HUGHS, ELIJAH	MD	10	SEP	1824	HARRISON	IN
BLUNK, JOSEPH	TABLER, MAHALA	MD	26	OCT	1822	HARRISON	IN
BLUNK, MARY	LENOX, JAMES	MD	24	JUL	1819	FLOYD	IN
BLUNK, MOSES	MCCULLOCK, ANNE	MD	24	AUG	1816	HARRISON	IN
BLUNK, RACHEL	PARKER, GEORGE G.	MD	30	JAN	1822	HARRISON	IN
BLUNK, RACHEL	TABLER, PETER Jr.	MD	06	MAR	1822	HARRISON	IN
BLUNK, SARAH	BRINDLEY, GEORGE	MD	04	JUL	1822	HARRISON	IN
BLUNK, THOMAS	THOMPSON, MARGARET	MD	02	MAY	1820	LAWRENCE	IN
BLUNT, EDMON	WILLIAMS, SINTHY	MD	25	SEP	1813	WARRICK	IN
BLUNT, MARY	JONES, JAMES	MD	09	APR	1823	RANDOLPH	IN
BLUNT, PUTNAM	BURRELL, NANCY	MD	16	DEC	1819	HARRISON	IN
BLY, GEORGE	SYBERT, SARAH	MD	11	DEC	1823	HARRISON	IN
BLY, WILLIAM	BANNISTER, COBY	MD	12	FEB	1823	BARTHOLOMEW	IN
BLYTHE, CHARLES	HAIN, RHODA	MD	08	AUG	1819	HARRISON	IN
BLYTHE, ELIZABETH	WOODS, WILLIAM	MD	10	MAR	1825	WARRICK	IN
BLYTHE, LOUISIANA C.	BLAIR, JOHN	MD	14	SEP	1824	GIBSON	IN
BOADMAN, ELIZABETH E.	TIPTON, ANDREW	MD	03	NOV	1825	VERMILLION	IN
BOALS, LAVINIA	THOMPSON, JAMES	MD	10	MAY	1813	KNOX	IN
BOANER, FRANCIS	MALCOMSON, SARAH	MD	01	JAN	1822	SWITZERLAND	IN
BOARD, HARRIET	WELCH, GEORGE	MD	09	JUL	1822	WASHINGTON	IN
BOATMAN, SUSANNAH	ROSS, DAVID	MD	29	JAN	1820	SWITZERLAND	IN
BOCOCK, LEWIS	SCOTT, CORTNEY	MD	08	SEP	1818	SWITZERLAND	IN
BODEN, ELIZABETH	HARRISON, WESTLY	MD	07	APR	1820	HARRISON	IN

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BILDERBACK, JOHN Jr.	MCCOMESTE, SARAH	MD	14	MAR	1821	RANDOLPH	IL
BILDERBACK, LYDIA	GAMA, CHARLES	MD	20	DEC	1810	RANDOLPH	IL
BILDERBACK, SUSANNE	HARMON, JACOB	MD	30	MAY	1815	RANDOLPH	IL
BILDERBACK, WILLIAM	LACY, DARRUS	MD	11	DEC	1810	RANDOLPH	IL
BILLINGS, ARDEN	COVE, MARY	MD	02	NOV	1823	HAMILTON	IL
BILLINGS, HENRY	KIMSEY, PEGGY	MD	14	JAN	1823	HAMILTON	IL
BILLOW, JAMES	TWEEDEE, NANCY	MD	13	DEC	1821	WHITE	IL
BILYEU, ISAAC S.	FILE, SALLY	MD	07	JUL	1825	BOND	IL
BILYEU, JOHN	POWERS, MARTHA	MD	18	JUL	1825	BOND	IL
[illegible]NBEE, ABRAHAM	HAILY, NANCY	MD	01	JAN	1818	ST CLAIR	IL
[illegible]NION, JOHN	BARAN, SARAH	MD	04	MAR	1825	CLAY	IL
[illegible]ON, AMY	WILSON, ABRAHAM	MD	26	JUL	1825	CLAY	IL
[illegible]RANE, MARIAH	STOCKWELL, WILLIAM	MD	04	APR	1822	CRAWFORD	IL
BIRCHFIELD, ALLINE	CHEEK, ZARY	MD	19	MAY	1810	RANDOLPH	IL
BIRCHFIELD, JOHN	HAMILTON, REBECCA	MD	10	JAN	1811	RANDOLPH	IL
BIRD, ALICE	GOOD, EZEKIEL	MD	05	JUN	1822	MADISON	IL
BIRD, BENJAMIN	YOUNG, ELIZABETH	MD	18	APR	1821	BOND	IL
BIRD, ELIZABETH	BIGGS, GEORGE	MD	30	JAN	1822	ST CLAIR	IL
BIRD, GUSTAVES A.	SPRIGG, HANNAH L.	MD	10	JAN	1821	RANDOLPH	IL
BIRD, JOHN	KINNEY, MARY	MD	12	MAY	1818	ST CLAIR	IL
BIRKBECK, ELIZABETH	PELL, GILBERT T.	MD	30	NOV	1820	EDWARDS	IL

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*** F03 ***

BIRKBECK, PRUDENCE	HANKS, FRANCIS	MD	01	SEP	1821	EDWARDS	IL
BIRNSIDES, JAMES	FOX, ANN	MD	01	AUG	1825	CLINTON	IL
BIRON, ANGELIQUE	LECOMPTE, LOUIS	MD	27	JAN	1818	ST CLAIR	IL
BIRON, CHARLES	CHATILLON, MARY	MD	04	JUL	1808	ST CLAIR	IL
BIRON, LOUISE	VALENTIN, JEAN	MD	27	JUN	1817	ST CLAIR	IL
BISHOP, PEGGY	HEWITT, GEORGE	MD	16	AUG	1817	MADISON	IL
BISON, JOSEPH	TURCOTTETT, ADELINE	MD	07	OCT	1817	ST CLAIR	IL
BIZZELL, EDNA	TOWNSEND, LEVI	MD	07	AUG	1825	UNION	IL
BLACK, DAVID	MOFFITT, SARAH	MD	02	JAN	1823	SANGAMON	IL
BLACK, ELEANOR ANN	CUMMINGS, JACOB	MD	01	FEB	1823	MADISON	IL
BLACK, ELIZABETH	ASHMORE, HEZEKIAH J.	MD	23	MAY	1825	CLARK	IL
BLACK, JACOB	WALLACE, ELEANOR	MD	16	JUN	1823	SANGAMON	IL
BLACK, JAMES	ASHMORE, ELIZABETH B.	MD	12	FEB	1821	CLARK	IL
BLACK, JOSIAH	BRODIE, SUSANNAH	MD	14	AUG	1821	CLARK	IL
BLACK, MARY	ISAACS, ILIAS	MD	19	FEB	1825	EDGAR	IL
BLACK, MARY	ARCHER, HEZEKIAH	MD	16	JAN	1818	BOND	IL
BLACK, NANCY	STERLING, JOHN	MD	23	AUG	1823	BOND	IL
BLACK, SALLY	EDWARD, JOHN	MD	30	MAY	1810	RANDOLPH	IL
BLACK, SALLY	REYNOLDS, JAMES	MD	13	MAR	1817	MADISON	IL
BLACK, SARAH	STUBLEFIELD, WYATT	MD	13	OCT	1814	MADISON	IL
BLACK, THOMAS	VINEY, REBECAH	MD	03	JUL	1823	SANGAMON	IL
BLACK, WASHBURN	RATHBURN, LICLY	MD	02	MAR	1820	CRAWFORD	IL
BLACKENSHIP, ANNE	ROBERTSON, AARON	MD	26	MAR	1812	ST CLAIR	IL
BLACKFORD, ESTHER	WILLIAMS, LARKIN	MD	10	JAN	1825	WHITE	IL
BLACKFORD, SALLY	MCDANIEL, JAMES	MD	13	MAR	1810	RANDOLPH	IL
[illegible]ACKWELL, DAVID	SPRIGS, CAROLINE	MD	18	DEC	1819	RANDOLPH	IL
[illegible]ACKWELL, ROBERT	STEP, MALINDA	MD	10	FEB	1820	RANDOLPH	IL
[illegible]AIR, ALEXANDER	DEPP, MARGARET	MD	20	FEB	1820	RANDOLPH	IL
[illegible]AIR, DANIEL	BARNETT, SUSAN	MD	26	JUL	1810	RANDOLPH	IL
[illegible]AIR, ELIZABETH	HUNDLEY, WILLIAM	MD	19	JUN	1809	RANDOLPH	IL
BLAIR, ELIZABETH	BECK, MIRAM	MD	26	MAY	1820	BOND	IL
BLAIR, GEORGE	MURDOCK, MARY	MD	25	AUG	1799	ST CLAIR	IL
BLAIR, WILLIAM	COONS, REBECCA	MD	01	DEC	1800	ST CLAIR	IL
BLAKE, HANNAH	PRATT, HORACE	MD	21	SEP	1824	WHITE	IL
BLAKE, MARY	AVEY, JOSEPH	MD	10	JUL	1823	WHITE	IL
BLAKE, S.	DANHAM, CORNELIUS	MD	25	NOV	1822	WHITE	IL
BLAND, JAMES	STREET, MARY	MD	03	OCT	1822	MONTGOMERY	IL
BLANDEAU, DREZY	BOWEN, SALLIE	MD	29	DEC	1810	ST CLAIR	IL
BLANK, ELIZABETH	HARRIS, JOHN	MD	24	NOV	1820	MADISON	IL
BLANKFORD, NATHANIEL	BRADBERRY, POLLY	MD	10	FEB	1817	RANDOLPH	IL
BLAY, CONSTANCE	CONNER, HENRY	MD	04	MAR	1822	RANDOLPH	IL
BLAZER, CASANDER [Mrs.]	BRYANT, DANIEL	MD	09	FEB	1816	GALLATIN	IL
BLIGJOE, SARAH	SHARP, SAMUEL	MD	18	APR	1817	ST CLAIR	IL
BLITHE, LEVINA	BATEMAN, HENRY	MD	12	SEP	1822	JEFFERSON	IL
BLIZZARD, JAMES	MCCORD, FANNY	MD	09	OCT	1823	BOND	IL
BLOCKBURGER, CHRISTIAN B.	LITTLE, JANE	MD	28	JAN	1824	BOND	IL
BLOSS, RUBY	DOUGLAS, CYRUS	MD	26	JAN	1825	EDGAR	IL
BLOYD, NANCY	JOHNSTON, JOHN	MD	17	MAR	1825	SANGAMON	IL
BLUNDELL, ELIAS	ENLOE, HANNAH	MD	10	SEP	1823	BOND	IL
BOALWARE, POLLY	BRADSHAW, ELIJAH	MD	28	JAN	1810	ST CLAIR	IL
BOALWARE, THOMAS	BRADSHAW, URSLIE	MD	15	FEB	1810	ST CLAIR	IL
BOATRIGHT, JAMES	WALTERS, ELIZABETH	MD	25	APR	1822	CRAWFORD	IL
BOATRIGHT, SARAH	RUSSEL, JONATHAN	MD	24	DEC	1822	CRAWFORD	IL
BOGGS, JESSE	WILSON, POLLY	MD	21	JAN	1819	MONROE	IL
BOGGS, SPRUCE A.	KELL, MARTHA	MD	21	JUL	1825	JEFFERSON	IL
BOHN, ELIZABETH	MOORE, THOMAS	MD	25	MAY	1824	CLARK	IL
BOISMENU, NICOLAS	PENNSONNEAU, SUSANNE	MD	12	JUN	1813	ST CLAIR	IL
BOISMENUE, JEAN	TROQUE, JULIE	MD	05	NOV	1812	ST CLAIR	IL
BOISMENUE, LOUIS	TURGEAN, THERESE	MD	07	NOV	1815	ST CLAIR	IL
BOLAN, LUCINDY	LORTON, JOSEPH	MD	30	MAY	1818	BOND	IL
BOLAND, AUGUSTIN E.	TICKNOR, RUTH	MD	02	NOV	1824	EDGAR	IL
BOLAND, POLLY	COLE, WILLLIAM	MD	28	NOV	1822	BOND	IL

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*** G03 ***

BOLERJACK, BETSY	DEBOARD, ROBERT	MD	04	DEC	1822	WHITE	IL
[illegible]OLERJACK, JOEL	FORRESTER, REBECCAH	MD	26	SEP	1820	WHITE	IL
[illegible]LERJACK, JOHN	FORRESTER, LUCY	MD	28	MAR	1820	WHITE	IL
[illegible]IN, CHARLOTTE	MCDANIEL, JAMES	MD	22	JUL	1806	ST CLAIR	IL
[illegible]LEN, RACHEL	CARUTHERS, JOHN	MD	20	NOV	1804	ST CLAIR	IL
BOLT, ELIZABETH	HAILEY, WILLIAM	MD	09	SEP	1817	MADISON	IL
BOND, ISABELLA	MCLAUGHLIN, ROBERT K.	MD	25	MAY	1815	ST CLAIR	IL
BOND, JOHN	WHITESIDE, ELIZABETH	MD	25	DEC	1795	ST CLAIR	IL
BOND, MARY	CAIRNS, CALDWELL	MD	30	JAN	1800	ST CLAIR	IL
BOND, SHADRACK	TODD, ANN	MD	26	JUN	1823	MONROE	IL
BOND, SUSAN	ANDERSON, DAILY	MD	30	NOV	1824	HAMILTON	IL
BONNEAU, HENRY	CLINES, SIPPY	MD	17	JUL	1814	RANDOLPH	IL
BONNER, JANE	RANDLE, EDMUND	MD	21	MAY	1823	MADISON	IL
BOON, ----	WALLACE, ---	MD	21	JUN	1825	CLINTON	IL
BOONE, JANE	ATTERBURY, JAMES	MD	22	APR	1824	WHITE	IL
[illegible]OOTH, ELENOR	WESTNER, JOHN	MD	08	JUL	1826	CRAWFORD	IL

LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

599 — LICENSE NUMBER

ALLEGHANY — COUNTY

GROOM	BRIDE
1. FULL NAME: William Kermit Blizzard	11. FULL NAME: Emma Jean Whitt
PERMANENT ADDRESS — STREET ADDRESS OR ROUTE & BOX NUMBER	12. PERMANENT ADDRESS — STREET ADDRESS OR ROUTE & BOX NUMBER
Bluefield — CITY; Mercer — COUNTY; W. Va. — STATE	Tazewell — CITY; Tazewell — COUNTY; Va. — STATE
3. RACE: White; 4. BIRTHDATE: 10-29-42; AGE: 22; 5. BIRTHPLACE (COUNTY & STATE): McDowell Co., W. Va.	13. RACE: White; 14. BIRTHDATE: 4-5-41; AGE: 24; 15. BIRTHPLACE (COUNTY & STATE): Tazewell Co., Va.
6. NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒; 7. NO. TIMES PREVIOUSLY MARRIED: 1	16. NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒; 17. NO. TIMES PREVIOUSLY MARRIED: 1
8. FATHER'S FULL NAME: Kermit Edward/Blizzard — LIVING ☒ DEAD ☐	18. FATHER'S FULL NAME: Raymond Kiser — LIVING ☒ DEAD ☐
9. MOTHER'S MAIDEN NAME: Susan Evelyn Gross — LIVING ☒ DEAD ☐	19. MOTHER'S MAIDEN NAME: Lucy Mae Boothe — LIVING ☒ DEAD ☐
10. ADDRESS OF PARENT(S): Bluefield, Va.	20. ADDRESS OF PARENT(S): Tazewell, Va.

To any ordained minister of any religious denomination, minister authorized by his church, or any Justice of the Peace of said county: you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the said county.

July 10, 1965 — DATE ISSUED

Ernest C. Edwards — REGISTER OF DEEDS (DEPUTY/ASSISTANT)

I, R. D. Pearson — NAME, a Methodist Minister — MINISTER OR JUSTICE OF THE PEACE, united in matrimony William K. Blizzard — GROOM and Emma Jean Whitt — BRIDE, the parties licensed above, on July 10, 1965 — DATE at Methodist Church — PLACE in Sparta — CITY OR TOWNSHIP in said county according to law.

SIGNATURE OF WITNESSES TO MARRIAGE:

Roger Pearson — ADDRESS Sparta, N. C.

Betty Pearson — ADDRESS Box 376 Sparta, N.C.

R. D. Pearson — SIGNATURE OF OFFICIATING OFFICER

The minister or other person celebrating this marriage is required within 30 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so constitutes a misdemeanor and also subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

REGISTER OF DEEDS: ENTER DATE THIS FORM

RETURNED TO YOU JUL 16 1965 — DATE

REGISTER OF DEEDS COPY Ernest C. Edwards — Register of Deeds/Deputy or Assistant

FORM VS-80
1/1/62
7/63-100M

ALLIED EGRY BUSINESS SYSTEMS 100875

145197

LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

663 — LICENSE NUMBER

ALLEGHANY — COUNTY

GROOM	BRIDE
1. FULL NAME: William Kermit Blizzard	11. FULL NAME: Mary Helen Boyd
2. PERMANENT ADDRESS — STREET ADDRESS OR ROUTE & BOX NUMBER: North Tazewell — CITY; Tazewell — COUNTY; Va. — STATE	12. PERMANENT ADDRESS — STREET ADDRESS OR ROUTE & BOX NUMBER: Bluefield — CITY; Mercer — COUNTY; W. Va. — STATE
3. RACE: White	13. RACE: White
4. BIRTHDATE: 10-29-1942	14. BIRTHDATE: 8-1-1944
5. BIRTHPLACE (COUNTY & STATE): Eckman, W. Va.	15. BIRTHPLACE (COUNTY & STATE): Mercer Co., W. Va.
6. NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	16. NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
7. NO. TIMES PREVIOUSLY MARRIED: none	17. NO. TIMES PREVIOUSLY MARRIED: none
8. FATHER'S FULL NAME: E. K. Blizzard — LIVING [X] DEAD [ ]	18. FATHER'S FULL NAME: Jack Boyd — LIVING [X] DEAD [ ]
9. MOTHER'S MAIDEN NAME: Susan Evelyn Gross — LIVING [X] DEAD [ ]	19. MOTHER'S MAIDEN NAME: Helen Wood Shufflebarger — LIVING [X] DEAD [ ]
10. ADDRESS OF PARENT(S): North Tazewell, Va.	20. ADDRESS OF PARENT(S): Bluefield, W. Va.

To any ordained minister of any religious denomination, minister authorized by his church, or any Justice of the Peace of said county: you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the said county.

Aug. 16, 1963 — DATE ISSUED

Ernest C. Edwards — REGISTER OF DEEDS (DEPUTY/ASSISTANT)

I, Rev. R. L. Berry (NAME) a presbyterian minister (MINISTER OR JUSTICE OF THE PEACE), united in matrimony William Kermit Blizzard (GROOM) and Mary Helen Boyd (BRIDE), the parties licensed above, on August 16, 1963 (DATE), at Pasta, North Carolina (PLACE) in Wap Creek (CITY OR TOWNSHIP) in said county according to law.

SIGNATURE OF WITNESSES TO MARRIAGE:

John Edward Boyd — ADDRESS Bluefield W. Va.

Mrs. R. L. Berry — ADDRESS Pasta, N. C.

Rev. R. L. Berry — SIGNATURE OF OFFICIATING OFFICER

The minister or other person celebrating this marriage is required within 30 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so constitutes a misdemeanor and also subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

REGISTER OF DEEDS: ENTER DATE THIS FORM RETURNED TO YOU

AUG 19 1963 — DATE

FORM VS-80
1/1/62
1/62-100M
ALLIED EGRY BUSINESS SYSTEMS

REGISTER OF DEEDS COPY

46147

Recorded, January 3rd, 1884. W. M. Swanson Ordinary.

MARRIAGE LICENSE.

STATE OF GEORGIA, JASPER COUNTY.

To any Judge, Justice of the Peace or Minister of the Gospel:

YOU ARE HEREBY AUTHORIZED TO JOIN

Reuben Goolsby And Lula Gordon

In the Holy State of Matrimony, according to the Constitution and Laws of this State; and for so doing, this shall be your sufficient License.

And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal, this 26th day of December 1883

W. M. Swanson SEAL ORDINARY.

GEORGIA, JASPER COUNTY.

I CERTIFY. That Reuben Goolsby and Lula Gordon were joined in Matrimony by me, this 27th day of December Eighteen Hundred and ~~Seventy~~ Eighty three

James W. Holland J.P. and ex-officio N.P.

Recorded January 3rd, 1884. W. M. Swanson Ordinary.

Recorded, January 4th, 1884. W. Swanson Ordinary. ex-officio J.P.

MARRIAGE LICENSE.

STATE OF GEORGIA, JASPER COUNTY.

To any Judge, Justice of the Peace or Minister of the Gospel:

YOU ARE HEREBY AUTHORIZED TO JOIN

Reuben Goolsby and Lula Gordon

In the Holy State of Matrimony, according to the Constitution and Laws of this State; and for so doing, this shall be your sufficient License.

And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal, this 26th *day of* December 1883

W. M. Swanson SEAL ORDINARY.

GEORGIA, JASPER COUNTY.

I CERTIFY That Reuben Goolsby and Lula Gordon were joined in Matrimony by me, this 27th day of December Eighteen Hundred and ~~Seventy~~ Eighty three

James W. Hollaya N.P. and ex-officio J.P.

Recorded January 3rd 1884 W. M. Swanson Ordinary.

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.

WITNESS MY HAND AND SEAL THIS ____ OF _____, _____.

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

106

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 41:96 REGISTRAR'S CERTIFICATE NO.

TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH: a. COUNTY Guilford; b. TOWNSHIP High Point; c. LENGTH OF STAY (In Hosp.) 58 Yrs.
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE N. C.; b. COUNTY Guilford
c. CITY OR TOWN (If outside limits, write RFD) High Point; In City Limits? YES ☒ NO ☐; On a Farm? YES ☐ NO ☒
d. If in hospital or institution, give street address or location: High Point Hosp. Assn.
d. STREET ADDRESS or R. F. D. NO. 1600 N. Hamilton Street
3. NAME OF DECEASED (Type or Print): First Emma; Middle Welborn; Last Jackson
4. DATE OF DEATH: Month 9; Day 12; Year 1965
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 8-29-1897
9. AGE (In years last birthday): 68; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Guilford Co., N. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William (Will) Welborn
14. MOTHER'S MAIDEN NAME: Delphina Blizzard
NAME OF HUSBAND OR WIFE: Coy C. Jackson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S NAME AND ADDRESS: Mrs. George Davis, High Point, N. C.

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5Days
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 5 Years
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 ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3-19- 1956 to 9-12- 1965, and last saw her/him alive on 9-12- 1965
Death occurred at 2:35P. m. on the date stated above; and to the best of my knowledge from the causes stated.
22a. SIGNATURE: H.Miller (Degree or title): M. D.
22b. ADDRESS: High Point, N. C.
22c. DATE SIGNED: 9-13-65
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-14-65
23c. NAME OF CEMETERY OR CREMATORY: Floral Garden Park
23d. LOCATION (City, town, or county) (State): High Point, N. C.
24. DATE RECD BY LOCAL REGISTRAR: 9-13-65
25. REGISTRAR'S SIGNATURE: H.H. Ellinwood, M. D./B
26. FUNERAL DIRECTOR: J.W.Sechrest&Son, Inc. ADDRESS: Lexington Ave. High Point, N.C.

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.
WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

S. V. S.—Form 11
98

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration Dist. No. (41-90) Certificate No. 98

1. PLACE OF DEATH:
(a) County GUILFORD
(b) Township _____ (If in town limits, leave blank)
(c) City or town HIGH POINT, N. C. (If outside city or town limits, write RURAL)
(d) Street, hospital or institution 833 Putnam
(e) Length of stay in hospital or institution _____ (Yrs., mos., or days)
In this community _____ (Yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State N. C. (b) County GUILFORD
(c) City or town HIGH POINT, N. C.
(d) Street or R.F.D. 833 Putnam
(e) Is place of residence in corporate limits? yes
(f) If foreign born, how long in U.S.A.? _____ years.

3(a) FULL NAME Mary Ellen Blizzard
3(b) If veteran, name war _____ 3(c) Social Security No. _____
4. Sex F 5. Color or race W 6(a) Single, married, widowed, or divorced. single
6(b) Name of husband or wife _____
(c) Age of husband or wife if alive 1858 years.
7. Birth date of deceased March 21-1858 (month, day and year)
8. AGE: Years 84 Months 0 Days 16 If less than one day hrs. _____ min. _____
9. Birthplace Randolph Co N.C. (City, town, or county) (State or foreign country)
10. Usual occupation Domestic
11. Industry or business _____
FATHER 12. Name William Blizzard
12. Birthplace N. C.
MOTHER 14. Maiden Name Dorcas Walls
13. Birthplace N. C.
16(a) Informant's Signature Mrs Florence Stevens
(b) Address HIGH POINT, N. C.
17(a) Burial (Burial, cremation or removal) (b) Date thereof 4-9-42 (Month, day, year)
(c) Cemetery Oakwood
(d) Location High Point N. C.
18(a) Funeral director J. W. Secrest Estate
(b) Address HIGH POINT, N. C.
19(a) 4/30 Filed 1942 Mrs W. M. Justice Registrar
HIGH POINT, N. C.

MEDICAL CERTIFICATION

20. Date of death April 7 1942 at 11:10 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1942 to April 7 1942 and that I last saw h alive on April 6 1942

Immediate cause of death	Duration
Cerebral Hemmorhage	8 days
Due to	
Due to	
Other conditions Old age (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy	

Physician: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in a public place? _____ (Specify type of place)
While at work? _____
(e) Means of injury _____
23. Signature D. C. Holbrook M.D.
Address HIGH POINT, N. C. Date signed 4/30/42

HUNTSVILLE

LEAKSVILLE

B. V. S.—Form 11

78

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Rockingham Registration District No. 79-01 Certificate No. 56
Township Leaksville or Village or
City Spray 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 Joshua Blizard
(a) Residence: No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

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

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Henrietta Blizard

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

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

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

FATHER
13. NAME Wm. B. Blizard
14. BIRTHPLACE (city or town) N. C.
(State or country)

MOTHER
15. MAIDEN NAME Dorcus Walden
16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT Mrs. Joshua Blizard
(Address) Spray. N.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Spray N.C. Date Aug. 2, 1934

19. UNDERTAKER Floyd Hill: Farm. Co.
(Address) Leaksville. N.C.

20. FILED Aug. 3, 1934 Mrs. Ruby I. Jenkins REGISTRAR.
now Fair Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 1 . 1934

22. I HEREBY CERTIFY, That I attended deceased from
Last 2 yrs, 19.., to , 19..
I last saw him alive on 7/31, 1934, death is said to have occurred on the date stated above, at 5 P. m.

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

	Date of onset
Heart Lesion	
Contributory causes of importance not related to principal cause:	
not known	

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) A. F. Suttle M. D.
(Address) Spray N.C.

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. 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.

B. V. S.—Form

1. PLACE OF DI
County R
Township
City Sp
Length of r
2. FULL NAME
(a) Residence:
PERSONA
3. SEX
M
5a. If married, w
HUSBAND o
(or) WIFE o
6. DATE OF BIRT
7. AGE
OCCUPATION
8. Trade profe
kind of wo
sawyer, b
9. Industry or
work was
saw mill,
10. Date decea
this occup
year)
12. BIRTHPLACE
(State or cou
FATHER
13. NAME W
14. BIRTHPLA
(State or
MOTHER
15. MAIDEN N
16. BIRTHPLA
(State or
17. INFORMANT
(Address)
18. BURIAL, CRE
Place
19. UNDERTAKER
(Address)
20. FILED

MARRIAGE LICENSE.

STATE OF GEORGIA, JASPER COUNTY.

To any Judge, Justice of the Peace or Minister of the Gospel:

YOU ARE HEREBY AUTHORIZED TO JOIN

William Blizzard And Frances Freeman

In the Holy State of Matrimony, according to the Constitution and Laws of this State; and for so doing, this shall be your sufficient License.

And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal, this 20th *day of* December 1883

F. M. Swanson SEAL

ORDINARY.

GEORGIA, JASPER COUNTY.

I CERTIFY That William Blizzard and Frances Freeman were joined in Matrimony by me, this 23rd day of December Eighteen Hundred and ~~Seventy~~ Eighty three

Recorded, January 3rd 1884 F. M. Swanson Ordinary.

James W. Holland N. P. Ex-Officio J. P.

MARRIAGE LICENSE.

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 1468 PAGE 1277.

WITNESS MY HAND AND SEAL THIS _____ OF _____. _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

1277

282537 — LICENSE NUMBER

GUILFORD — COUNTY

GROOM

GROOM—NAME	FIRST	MIDDLE	LAST
1.	STEPHEN	WALDO	BLIZZARD

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a. N C	2b. GUILFORD	2c. HIGH POINT	2d. NO

STREET AND NUMBER	STATE OF BIRTH (If Not In U.S.A., Name Country)	DATE OF BIRTH (Month, Day, Year)	AGE
2e. 114 BRIARWOOD DR	3. N C	4a. JULY 21, 1937	4b. 30

FATHER—NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)	MOTHER—MAIDEN NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)
5a. HARRIMAN W BLIZZARD	5b. GA.	6a. VIRGINIA HILTON	6b. N C

RACE—GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE MONTH YEAR	EDUCATION—SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, . . . or 8)	HIGH SCHOOL (1,2,3, or 4)	COLLEGE (1,2,3,4, or 5)
7. WHITE	8. SECOND	9a. DIVORCE	9b. 3-68	10. 8		

BRIDE

BRIDE—NAME	FIRST	MIDDLE	LAST	MAIDEN NAME (If Different)
11a.	HELEN	GAYE	HOWELL	11b.

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)
12a. N C	12b. GUILFORD	12c. GREENSBORO NC	12d. YES

STREET AND NUMBER	STATE OF BIRTH (If Not In U.S.A., Name Country)	DATE OF BIRTH (Month, Day, Year)	AGE
12e. 1406 W. FRIENDLY AVE.	13. N C	14a. 1-21-45	14b. 23

FATHER—NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)	MOTHER—MAIDEN NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)
15a. ROGER DENTON HOWELL	15b. N C	16a. BERNICE JONES	16b. N C

RACE—BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, or Annulment (Specify)	DATE MONTH YEAR	EDUCATION—SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, . . . or 8)	HIGH SCHOOL (1,2,3, or 4)	COLLEGE (1,2,3,4, or 5)
17. WHITE	18. FIRST	19a.	19b.	20.		2

GROOM—PARENT'S ADDRESS	BRIDE—PARENT'S ADDRESS
21. 1511 BEAUCREST HIGH POINT NC	22. ROUTE 1 BOX 233 WARRENSVILLE NC

To any ordained minister of any religious denomination, minister authorized by his church, or any Justice of the Peace or Magistrate, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the said county.

JUNE 26, 1968 — DATE ISSUED

MARK STEWART BY: Mary Belle Atkins — REGISTER OF DEEDS (DEPUTY/~~ASSISTANT~~)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: MONTH	DAY	YEAR	PLACE OF MARRIAGE—COUNTY	STATE
15a. 6	29	1968	15b. Guilford	15c. N.C.

OFFICIANT—SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)	OFFICIANT—Religious or Civil (Specify)
15d. Robert L. Moore	15e. 6-29-68	15f. Religious

WITNESS—SIGNATURE	WITNESS—SIGNATURE
16a. Laverne E. Jones	16b. Donnie L. Jones

The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so constitutes a misdemeanor and also subjects person celebrating the marriage a forfeiture of $200.00 to anyone who sues for the same.

RETURNED TO REGISTER OF DEEDS:

JUL 2 — DATE

_____ OF DEEDS/DEPUTY OR ASSISTANT

FILED FOR REGISTRATION
MARK STEWART
REGISTER OF DEEDS
GUILFORD COUNTY, N.C.
JUL 2 '68 4:0 PM

282537

FORM VS-80
REV. 1/1/68
1/68-100M

REGISTER OF DEEDS COPY

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 1959 PAGE 0086.
WITNESS MY HAND AND SEAL THIS _____ DAY OF _____ MONTH _____ YEAR.

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

000086

No. 52208

State of North Carolina, County of Guilford
Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County
Stephen Waldo Blizzard

Greensboro, N. C., December 17, 19 59

having applied to me for a LICENSE for the marriage of

Himself of High Point, N.C. and Linda Dee Idol of High Point, N.C.

age 22 years; color W ; the son of Harriman W. Blizzard and Virginia H. Blizzard the father now living, the mother living resident of High Point, N. C.

age 18 years; color W ; the daughter of Guy E. Idol and Ollie Y. Idol the father now living, the mother living resident of High Point, N. C.

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, *within thirty days* after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

Family Bible - 10/15/41 Stephen Waldo Blizzard

_____ being duly sworn, says: That he knows of his own certain knowledge that the parties applying for License are both over *_____ years of age, and, so far as he knows of it informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 17th day of December, 19 59

N. G. Pulliam
Register of Deeds

Stephen Waldo Blizzard
Linda Dee Idol

J. N. McAlpine
Register of Deeds

By: N. G. Pulliam
Deputy

*If more than either "18" or "21" is stated as over 18 (not over 21) it shall be the duty of the Register of Deeds to see that provisions of Chapter 181, Public Laws of 1929, have been complied with.

STATE OF NORTH CAROLINA—GUILFORD COUNTY

I, James R. DeLoach, an Ordained Baptist Minister united in matrimony Stephen Waldo Blizzard and Linda Dee Idol, the parties licensed above, on the 18th day of December, 19 59 at High Point, in High Point Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

Mrs. Ollie Campbell of High Point, N.C.
Hazel Wood of High Point N.C.
Bunnie Idol of High Point N.C.

Rev. James R. DeLoach
Officiating Officer

State of North Carolina

SURRY County

Office of Register of Deeds

JANUARY 16, 1954

To any Ordained Minister of any Religious Denomination, or any Justice of the Peace of said County:

[1] Richard R. Blizzard having applied to me for LICENSE for the marriage of[2] Richard R. Blizzard, of[3] Mt. Airy, N. C., aged[4] 38 years color[5] White, the son of[6] Ross Blizzard and[7] Ressie Blizzard the father now[8] Living, the mother[9] Living residence of[10] Mt. Airy, N. C. and[11] Margaret E. Austin, of[12] Mt. Airy, N. C., aged[13] 23 years, color[14] White, daughter of[15] Ray Curtis and[16] Lora Curtis the father[17] Living, the mother[18] Living, resident of[19] Mt. Airyk N. C.

*And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me:

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said county.

You are required, within sixty days after you shall have celebrated such marriage, to return this license to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting two hundred dollars to the use of any person who shall sue for the same.

No. _____

Register of Deeds.

1. Name of person applying for license.
2. Name of man to be married, in full.
3. Residence.
4. Age.
5. White or colored.
6. Father of man to be married.
7. Mother of man to be married.
8. Living or dead.
9. Living or dead.
10. Residence, if known; if not, state unknown.
11. Name of woman to be married, in full.
12. Residence.
13. Age.
14. White or colored.
15. Father's name.
16. Mother's name.
17. Living or dead.
18. Living or dead.
19. Residence, if known; if not, state unknown.

*If both parties are over 18 years of age, strike out.

Richard R. Blizzard & Margaret E. Austin being duly sworn, says: That the parties applying for License are of lawful age (*i, e.*, each is over 18 years of age), and, so far as he is informed and believes, there is no lawful cause or impediment forbidding said marriage. I further swear that the answers appended to the questions asked me are correct and true.

Sworn to and subscribed before me on day and date above written.

Register of Deeds.

Richard R. Blizzard

Affiant.

Margaret E. Austin

BK 4 PG 273

MARRIAGE ABSTRACT RECORD

County Rowan State NC Book 013 Page 1754

Name of Groom: Samuel James Blizzard

Groom's Residence:

Groom's Age: Race:

Groom's Father:

Groom's Mother:

Name of Bride: Ester Kay Brown

Bride's Residence:

Bride's Age: Race:

Bride's Father:

Bride's Mother:

Date License Was Issued:

Date Marriage Occurred: 8-30-1975

Place of Marriage:

Married By:

Witnesses:

Researcher: WKB

Address:

Source Of Research Rowan Co. Library Salisbury NC.

Date:

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 1953 PAGE 0135.

WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

000135

41844

State of North Carolina, County of Guilford
Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County

Greensboro, N. C., Sept. 9, 1953

Harold D. Blizzard Living of High Point N.C. having applied to me for a LICENSE for the marriage of Vivian M. Ledbetter of High Point N.C.

Harold: age 18 years; color W; the son of Victor D. Blizzard and Bertie Simmons; the father now Dead, the mother Living; resident of High Point N.C.

Vivian: age 18 years; color W; the daughter of J. Porter F. Ledbetter and Augusta McDonald; the father now Living, the mother Living; resident of High Point N.C.

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, within sixty days after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

Harold D. Blizzard, being duly sworn, says: that he knows of his own certain knowledge that the parties applying for License are both over * 18 years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 9 day of Sept, 1953.

W Guy Paulter
Register of Deeds

Harold D. Blizzard

Jas. McAdoo
Register of Deeds

By W Guy Paulter
Deputy

* Leave line under "18 years" blank. If age is entered as "over 18" (see note 21) it shall be the duty of the Register of Deeds to see that the provisions of Chapter 161, Public Laws of 1939, have been complied with.

STATE OF NORTH CAROLINA—GUILFORD COUNTY

I, W. E. McGilvary, a Minister of the Gospel, united in matrimony Harold D. Blizzard and Vivian M. Ledbetter, the parties licensed above, on the 10th day of September, 1953, at High Point, in High Point Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

Bettie B Blizzard of High Point N.C.
J. F. Ledbetter of High Point N.C.
Mrs. E of Oglesby of High Point, N.C.

W. E. McGilvary
Officiating Officer

State of North Carolina, County of Surry

Office of Register of Deeds

No._____

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County

Dobson, N. C., Nov. 21 1940

James A. Hayes having applied to me for a LICENSE for the marriage of James A. Hayes of Mount Airy N.C. and Norma Nesmn of Mount Airy N.C.

age 24 years, Race White, the son of Granville Hayes and Ida Hayes the father now dead, the mother Living resident of Mount Airy, N.C.

age 24 years, Race White, the daughter of Robert A. Nesmn and Mrs. Donald McPeak the father now dead, the mother Living resident of Mount Airy, N.C.

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, *within two months* after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

_____, being duly sworn, says: That he knows of his own certain knowledge that the parties applying for License are both over * _____ years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this _____ day of _____ 193____

_____
Register of Deeds.

_____

_____

K. K. Tammen
Register of Deeds.

By Lucile McSmith
Deputy.

* Enter here either "18" or "21." If age is stated as "over 18" (not over 21) it shall be the duty of the Register of Deeds to see that the provisions of Chapter 161, Public Laws of 1929, have been complied with.

STATE OF NORTH CAROLINA—

I, Rev. Raymond Clyde Lanier, a Baptist Minister, united in matrimony James A. Hayes and Norma Nesmn, the parties licensed above, on the 21 day of Nov. 1940, at Pastorium, in Mt. Airy Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

Mrs. Dave McKnight of Mt. Airy
Mrs. Raymond Lanier of "
Sam A. McKnight of "

Raymond Clyde Lanier
OFFICIATING OFFICER.

EDWARDS & BROUGHTON CO., RALEIGH

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

90-148
LICENSE NUMBER

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

B087 0208
Surry
COUNTY

GROOM

1. GROOM NAME	FIRST	MIDDLE	LAST
	Steven	Edward	Golding

2a. RESIDENCE STATE	2b. COUNTY	2c. CITY, TOWN, OR LOCATION	2d. INSIDE CITY LIMITS (Specify Yes Or No)
NC	Surry	Mt. Airy	yes

2e. STREET AND NUMBER	3. BIRTHPLACE (COUNTY & STATE)	4a. DATE OF BIRTH (Month, Day, Year)	4b. AGE
247 West Lebanon St.	Surry	11/19/68	21

5a. FATHER NAME	5b. STATE OF BIRTH	5c. ADDRESS (If Living)
C. W. Golding	Wv	Rt. 2 Pilot Mtn.

6a. MOTHER MAIDEN NAME	6b. STATE OF BIRTH	6c. ADDRESS (If Living)
Shirley Atkins	WV	Rt. 2 Westfield

7. RACE-GROOM	8. NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: 9a. LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	9b. DATE MONTH	9b. DATE YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: 10. ELEMENTARY (0,1,2,3,4...or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
W	First					4	

BRIDE

11a. BRIDE NAME FIRST	MIDDLE	LAST	11b. MAIDEN SURNAME (If Different)
Annette	Michelle	Leftwich	

12a. RESIDENCE STATE	12b. COUNTY	12c. CITY, TOWN, OR LOCATION	12d. INSIDE CITY LIMITS (Specify Yes Or No)
NC	Surry	Mt. Airy	Yes

12e. STREET AND NUMBER	13. BIRTHPLACE (COUNTY & STATE)	14a. DATE OF BIRTH (Month, Day, Year)	14b. AGE
911 Reeves DR.	Forsyth	4/11/73	16

15a. FATHER NAME	15b. STATE OF BIRTH	15c. ADDRESS (If Living)
John Dale Leftwich	NC	911 Reeves Dr. Mt. Airy

16a. MOTHER MAIDEN NAME	16b. STATE OF BIRTH	16c. ADDRESS (If Living)
Sarah Ann Cockerham	NC	Same as above

17. RACE-BRIDE	18. NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: 19a. LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	19b. DATE MONTH	19b. DATE YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: 20. ELEMENTARY (0,1,2,3,4...or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
W	First					2	

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

Steven E. Golding
SIGNATURE OF GROOM

Annette M. Leftwich
SIGNATURE OF BRIDE

SWORN TO AND SUBSCRIBED BEFORE ME THIS April 9 90

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

Carolyn Comer
DEPUTY ASSISTANT

To any ordained minister of any religious denomination minister authorized by his church or Magistrate: you are hereby authorized at any time within 60 days from the date hereof to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

April 9, 1990
DATE ISSUED

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

SD.
Carolyn Comer
(DEPUTY ASSISTANT)

OFFICIANT

21a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON MONTH	DAY	YEAR	21b. PLACE OF MARRIAGE-CITY, TOWN, OR TOWNSHIP, COUNTY
4	14	90	Mount Airy, Surry County

21c. OFFICIANT SIGNATURE	21d. TITLE	21e. ADDRESS
J. B. Cockerham	Holiness Minister	Sparger Rd., Mount Airy, NC

WITNESSES

22a. SIGNATURE OF WITNESS	23a. SIGNATURE OF WITNESS
Shannon Leftwich	April Sechrist

DATE RETURNED TO REGISTER OF DEEDS 5-90 RECEIVED BY LMC

DHS FORM 2132
VITAL RECORDS VS-80
1-1-71

431675

REGISTER OF DEEDS COPY

No. 38

State of North Carolina, County of Surry
Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County.

Dobson, N. C., Feb 25 1946

Rufus L. Gardner having applied to me for a LICENSE for the marriage of Rufus L. Gardner of Mt Airy NC and Norma Haynes of Mt Airy NC

age 30 years, Race White, the son of	age 35 years, Race White, the daughter of
R L Gardner and Lillie Gardner	Robert L Nunn and Mrs Donald McKellar
the father now dead, the mother living	the father now dead, the mother living
resident of Mt Airy, NC	resident of Mt Airy NC

And the written consent of ..... the ..... of the said ..... to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, *within two months* after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

Rufus L Gardner & Norma Haynes, being duly sworn, says: That he knows of his own certain knowledge that the parties applying for License are both over* ..... years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 25 day of Feb, 1946
Bertha M Stewart
Register of Deeds.

Rufus L Gardner
Affiant.

Affiant.

Bertha M Stewart
Register of Deeds.

By ..... Deputy.

* Enter here either "18" or "21." If age is stated as "over 18" (not over 21) it shall be the duty of the Register of Deeds to see that the provisions of Chapter 161, Public Laws of 1929, have been complied with.

STATE OF NORTH CAROLINA

I, L. E. Otey, a Baptist Minister, united in matrimony Rufus L. Gardner and Norma Haynes, the parties licensed above, on the 26th day of Feb., 1946, at Mr E. M. Bowman's in Mt Airy Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

Mrs. E M Bowman of Mt Airy N. C. Rt 5
Mr. Carl C. Robertson of P. O. Box 256 Mt Airy N.C.
Mrs Hoyt Robertson of 228 Orchard St Mt Airy N.C.

L. E. Otey minister
OFFICIATING OFFICER.

MARRIAGE ABSTRACT RECORD

County Rowan State NC Book 003 Page 0777

Name of Groom: Warren Melvin Fultz
Groom's Residence: Winston-Salem Forsyth Co. NC.
Groom's Age: _____ Race: W
Groom's Father: _____
Groom's Mother: _____

Name of Bride: Marguerite Cale Blizard
Bride's Residence: Winston-Salem, Forsyth Co. NC
Bride's Age: _____ Race: W.
Bride's Father: Everette Ernest Blizard Sr.
Bride's Mother: Minnie Louise Cale

Date License Was Issued: _____
Date Marriage Occurred: 9-30-1944
Place of Marriage: Salisbury NC.
Married By: _____
Witnesses: _____

_____

_____

Researcher: WCB
Address: _____

_____

Source Of Research Rowan Co Library, Salisbury NC.
Date: _____

State of North Carolina, County of Surry

Office of Register of Deeds

No._____

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County.

Dobson, N. C., April 4 1953

Clyde Fleming having applied to me for a LICENSE for the marriage of

Clyde Fleming of Winston Salem N.C. and

Bonnie Jean Blizzard of Mt Airy N.C.

age 22 years, RACE White, the son of	age 18 years, RACE White, the daughter of
Walter M. Fleming	Robert Blizzard
and Ollie F. Fleming	and Maurine P. Blizzard
the father now Living, the mother Living	the father now Dead, the mother Living
resident of Mt Airy N.C.	resident of Mt Airy

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, within sixty days after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filed according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

_____, being duly sworn, says: That he knows of his own certain knowledge that the parties applying for License are both of ages as stated above, and so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this _____ day of _____, 19____

_____ *Register of Deeds.*

_____ *Affiant*

_____ *Affiant*

Ruth W. Truett
Register of Deeds.

By _____ Deputy.

STATE OF NORTH CAROLINA—COUNTY OF SURRY

I, Rev Fred Jones, a Baptist Minister, united in matrimony Clyde Flemming and Bonnie Jean Blizzard, the parties licensed above, on the 5 day of April, 1953, at Mt Airy, in Surry Township, in said County, according to Law.

WITNESSES PRESENT AT MARRIAGE

Mrs. Gene Booker of 154 W. Lebanon St.

Mrs. Ray Moser of 133 West Street

Ray Moser of Dobson N. C

Rev Fred Jones
OFFICIATING OFFICER

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C., IN BOOK _____ PAGE _____.
WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

000128

State of North Carolina, County of Guilford

Office of Register of Deeds

No. 301

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County

GREENSBORO, N. C., Feb. 28, 1921

J. E. Wagner having applied to me for a LICENSE for the marriage of

C. W. Combs of Guilford Co. and Letha Welborn of Guilford Co.

age 35 years; color White; the son of A. D. Combs and Maggie Combs the father now dead, the mother living resident of Virginia

age 35 years; color White; the daughter of W. M. Welborn and Dalphina Welborn the father now living, the mother living resident of Guilford Co.

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within one year from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, within two months after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

J. E. Wagner, being duly sworn, says: That he knows of his own certain knowledge that the parties applying for License are both over 18 years of age, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this
R. H. Wharton

x _____
sign here

R. H. Wharton
Register of Deeds.

By J. E. Wagner
Deputy.

STATE OF NORTH CAROLINA—COUNTY OF GUILFORD.

I, D. H. Collins, a Justice of the Peace, united in matrimony C. W. Combs and C. Letha Welborn, the parties licensed above, on the 6 day of March, 1921, at Greensboro N. C. in Morehead Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

E. R. Brenner Greensboro N. C.
W. H. Breese " "
J. R. Caffey " "

D. H. Collins J. P.
OFFICIATING OFFICER

BY: _____ _____

DEPUTY REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH

Registration District No. 04195 Local No. _____

CERTIFICATE OF DEATH

1820

1. Name of Deceased: First	Middle	Last	2. Sex	3. Date of Death (Month, Day, Year)
Millard	Ware	Blizzard	Male	March 12 1987

4. Color or Race	5a. State of Birth (If not U.S.A., give Country)	5b. County of Birth	6. Date of Birth	7. Age (In Years, Last Birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
White	Georgia	Johnson	May 28 1923	63				

8a. Place of Death-County	8b. City or Town	8c. Name of Hospital or Institution (If not in either, give street and number)	8d. If Hosp. or Inst. (Specify DOA, Emer Rm, Inpatient) (OP)	8e. Inside City Limits (Yes or No)
Guilford	Greensboro	Wesley Long Hospital	Inpatient	Yes

9a. Residence - State	9b. County	9c. City or Town	9d. Street and Number or R.F.D. & Box No.	9e. Inside City Limits (Yes or No)
North Carolina	Guilford	Greensboro	3105 Paddington Street	Yes

10. Citizen of What Country?	11. Married, Never Married, Widowed, Divorced (Specify)	12. Surviving Spouse (If Wife, Give Maiden Name)
U. S. A.	Married	Margaret Hamilton

13. Social Security Number	14a. Usual Occupation (Kind of work done during most of life, even if retired)	14b. Kind of Business or Industry	15. Was Decedent Ever in U.S. Armed Forces? (Yes or No)
258-24-8591	Cable Technician	Telephone Company	Yes

16. Father's Name	17. Mother's Maiden Name
Perry Blizzard	Bessie Garrett

18a. Informant's Name and Address	18b. Relation to Deceased
Mrs. Margaret H. Blizzard-3105 Paddington Street-Greensboro, North Carolina	Wife

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.		Approximate Interval Between Onset and Death
	(a) Immediate Cause: Acute Pulmonary Embolus	
	(b) Due to, or as a consequence of: hip fx	
19.	(c) Due to, or as a consequence of:	

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

20a.

20b. Autopsy? (Yes or No)	20c. If yes, were findings considered in determining cause of death	21. Was case referred to Medical Examiner (Yes or No)	22. Time of Death
			6:00 AM M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

23a. Name and Title of Certifier (Type or Print)	23b. Address
Dr. Phillip J. Carter	315 W Wendover Avenue-Greensboro North Carolina

23c. Signature of Certifier	23d. Date Signed
Phillip J Carter	3/14/87

24a. Burial, Cremation, Other (Specify)	24b. Date	24c. Name of Cemetery or Crematory	24d. Location (City, Town or County) (State)
Burial	3-14-1987	lakeview Memorial Park	Greensboro North Carolina

25. Funeral Home Name	Address	26. Signature of Funeral Director	License No.
HANES-LINEBERRY	Greensboro, North Carolina	W Frank Morris	464

27a. Date Rec'd by Local Reg.	27b. Signature of Registrar	28. Signature of Embalmer (If embalmed)	License No.
3-16-87	D L Holliday Mck	Brent Beard Hanby	1434

OB V

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 0136 PAGE 0370.
WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registration District No. 41-2279) Register No. 370

PLACE OF DEATH
County GUILFORD State
Township or Village
City HIGH POINT, N. C. No. (If death occurred in a hospital or institution, give its name instead of street and number) St. Ward

1 FULL NAME Wm Lawson W.- Paige

(a) Residence: No. St. Ward
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2 Sex	3 Color or Race	4 Single, Married, Widowed, or Divorced (write the word)
Male	White	

5 If married, widowed, or divorced
Husband of
(or Wife of)

6 Date of Birth (month, day, and year) 1882

7 Age	Months	Days	If LESS than 1 day, hrs. or min.
47 yrs.			

8 Occupation of deceased
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
(d) Residence (city or town)
(State or country)

9 Name of Father Jeffy Blizzard
(a) Birthplace of Father (city or town) Ire.
(State or country)

10 Maiden Name of Mother Jeanette Price
(a) Birthplace of Mother (city or town) Ire.
(State or country)

11 Informant Wm Lawson W.- Paige
(Address) HIGH POINT, N. C.

12 Filed 10/11/27 Registrar HIGH POINT, N. C.

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 10-9 1927

17 I HEREBY CERTIFY, That I attended deceased from 10-5- 1927 to 10-7- 1927
that I last saw him alive on 10-9- 1927
and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary TB
(duration) yrs. mos. da.

Contributory (SECONDARY)
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) H B Hunt. M. D.
10/14/27 (Address) HIGH POINT, 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	Date of Burial
HIGH POINT, N. C.	10/11/27

20 Undertaker Geo. Tam Hunt Address HIGH POINT

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE CENTER FOR HEALTH STATISTICS - N.C. VITAL RECORDS

CERTIFICATE OF DEATH

B 85 P 67

Registration District No. 086-70 Local No. 69

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Martha Blizzard Childress
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): January 28, 2000
4. SOCIAL SECURITY NUMBER: 240-07-0637
5. AGE - Last Birthday (Years): 89
5b. UNDER 1 YEAR - Months / Days:
5c. UNDER 1 DAY - Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): Dec 23, 1910
7. BIRTHPLACE (County and State or Foreign Country): Surry, NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): No
9a. PLACE OF DEATH (Check only one - see instructions on other side): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Central Continuing Care Nursing
9c. CITY, TOWN, OR LOCATION OF DEATH: Mt. Airy
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: Surry
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Owns Home
13a. RESIDENCE - STATE: North Carolina
13b. COUNTY: Surry
13c. CITY, TOWN, OR LOCATION: Mount Airy
13d. STREET AND NUMBER: 409 Pine Crest Dr.
13e. INSIDE CITY LIMITS (Yes or No): Yes
13f. ZIP CODE: 27030
14. Was Decedent of Hispanic Origin? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes xx. No (Specify):
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+): 8

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jeffrey Blizzard
18. MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Mitchell Blizzard

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Glenda Hiatt
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 409 Pine Crest Dr., Mount Airy, North Carolina 27030
19c. DATE AMENDED:

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol or drug use. List only one cause on each line. (PRINT or TYPE)

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. ALZHEIMER'S TYPE DEMENTIA — Yrs
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

20a.
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use, diabetes, etc.
20b.

21a. AUTOPSY? (Yes or No): No
21b. If yes, were findings considered in determining cause of death?
21c. Was case referred to Medical Examiner? (Yes or No)
22. TIME OF DEATH: 5:20 PM

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER: Kevin R. Pressley MD
23b. DATE SIGNED (Month, Day, Year): 2/1/2000
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Dr. Kevin R. Pressley 911 Worth St. Mt. Airy, NC 27030

DISPOSITION

25a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oakdale Cemetery
25c. LOCATION - City or Town, State, Zip Code: Mt. Airy, NC, 27030

Substitute for DHHS 1672 (V.R. Review 8/94 VITAL RECORDS DSSI Form NC1

26a. NAME AND ADDRESS OF FUNERAL HOME: Moody Funeral Svcs. Inc. PO Box 1288 Mt. Airy, NC, 27030
26b. SIGNATURE OF FUNERAL DIRECTOR: Ronald T. McMillian
26c. LICENSE NUMBER: FD 3535
27. REGISTRAR'S SIGNATURE: Walter J. Lyles MD
28. DATE FILED (Month, Day, Year): 2-3-2000
26d. SIGNATURE OF EMBALMER: Richard W. Puckett
26e. LICENSE NUMBER: FS 1651

32

43/148

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 36 PAGE 158.
WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH County GUILFORD (41-2279) Registration District No. _____ State _____ Register No. 153
City or Village HIGH POINT, N. C. No. _____ St. _____ Ward _____
(If hospital, institution or boarding house, give its name instead of street and number)

2 FULL NAME Mrs Dottie D Briggs

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

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Fem
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (write the word): Married
6a If married, widowed, or divorced, Husband of (or) Wife of
6b Date of Birth (month, day, and year): 9-23-1876
7 Age: 61 years, 6 Months, 19 Days, If LESS than 1 day, _____ hrs. or _____ min.
8 Occupation of deceased
(a) Trade, Profession, or particular kind of work: Domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9 Birthplace (city or town) (State or country): NC
10 Name of Father: Jeffery Blizzard
11 Birthplace of Father (city or town) (State or country): NC
12 Maiden Name of Mother: Lucinda Fine
13 Birthplace of Mother (city or town) (State or country): NC
14 Informant (Address): Wade Woody Mt Airy NC
15 Filed: 4-13-37 Registrar: W. H. Tucker

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year): 4-12-1937
17 I HEREBY CERTIFY, That I attended deceased from 4-1-1937 to 4-3-1937
that I last saw h alive on 4-3-1937
and that death occurred, on the date stated above, at 9:00 AM
The CAUSE OF DEATH* was as follows:
Pneumonia
(duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY)
(duration) _____ yrs. _____ mos. _____ ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? _____ Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. J. Broome M. D.
4/13/37 (Address) HIGH POINT, 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: Mt Airy NC — Date of Burial: 4-14-37
20 Undertaker: Wade Woody Funeral Home — Address: Mt Airy NC

MARRIED FEMALE, FILL UNDER HEADING "IF MARRIED, WIDOWED, OR DIVORCED" THE NAME OF HUSBAND. MAIDEN NAME SHOULD BE GIVEN IN ANSWER TO QUESTION 12. IF DEATH OCCURRED IN A HOSPITAL OR OTHER INSTITUTION, GIVE USUAL RESIDENCE OF DECEDENT IF KNOWN, AND NOT THE ADDRESS OF THE INSTITUTION. IF DEATH IS PLAIN TERMS, SO THAT A LAYMAN MAY UNDERSTAND IT, AND GIVE MEANS OF CONTRACTING DISEASE, IF KNOWN. See instructions on the back of certificate.

363

Died 12-16-1926

1926

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registration District No. 862623
County Surry — State — Register No. 12
Township — or Village
City Mt Airy — No. — St. — (If death occurred in a hospital or institution, give its NAME instead of street and
2 FULL NAME Jeffery Felix Jarvis
(a) Residence. No. Rentha St. Ward. (If nonresident give city or town and
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
Husband of (or) Wife of Margret Willard

6 Date of birth (month, day, and year) Jan 26-1849

7 Age	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	20	

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work Ex-Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 Birthplace (city or town) (State or country) Randolph Co.

Parents
10 Name of Father No Record
11 Birthplace of Father (city or town) (State or country) "
12 Maiden Name of Mother "
13 Birthplace of Mother (city or town) (State or country) "

14 Informant H. M. Briggs
(Address) High Point N.C.

15 Filed 12-17 1926 J. C. Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Dec. 16

17 I HEREBY CERTIFY, That I attended deceased
Dec 1 1926, to Dec 16
that I saw h alive on Dec 5
and that death occurred, on the date stated above, at 5
The CAUSE OF DEATH* was as follows:
Carcinoma of Stomach
(duration) 1 yrs.
Contributory (SECONDARY)
(duration) yrs.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) T. H. Worrell
12-17 1926 (Address) Mt Airy

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

19 Place of Burial, Cremation, or removal — Date of
Old Hollow Cem — 2
20 Undertaker — Address
Nelson & Moody — Mt

36

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH — Registration District No. 862623
County Surry — State — Register No. 12
Township — or Village
City Mt Airy — No. — St. — (If death occurred in a hospital or institution, give its NAME instead of str
FULL NAME Elizabeth Harris
(a) Residence. No. 311 South St. Ward. (If nonresident give city or town and Sta
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

If married, widowed, or divorced
Husband of (or) Wife of J. W. Harris

Date of birth (month, day, and year) Nov 17-1858

Age	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	2	

Occupation of deceased
(a) Trade, Profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid
(c) Name of employer

Birthplace (city or town) (State or country) Surrie Co Va

Parents
Name of Father James Jackson
Birthplace of Father (city or town) (State or country) Va.
Maiden Name of Mother Sara Humphreys
Birthplace of Mother (city or town) (State or country) Va.

Informant T. F. Lowery Jr.
(Address) Mt Airy

12-19 1926 J. C. Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Dec. 19

17 I HEREBY CERTIFY, That I attended deceased
Mar 1 1926, to Dec 19
that I saw h alive on Dec 17
and that death occurred, on the date stated above, at 8
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
(duration) 2 yrs. 9
Contributory (SECONDARY)
(duration) yrs. mos.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) T. H. Worrell
19 (Address) Mt Airy N C

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

19 Place of Burial, Cremation, or removal — Date of Buria
White Plains — 12-21
20 Undertaker — Address
Nelson & Moody — Mt A

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

394

REGISTRAR'S CERTIFICATE NO. 320

b. TOWNSHIP | c. LENGTH OF STAY (in 1a) | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C. b. COUNTY Surry

Airy | Is Place of Death Within City Limits? YES [X] NO [ ] | c. CITY OR TOWN Mount Airy | Is Place of Residence: In City Limits? YES [ ] NO [X] | On a Farm? YES [ ] NO [ ]

...rn Hospital of Surry County (If hospital or institution, give street address or location) | d. STREET ADDRESS or R. F. D. NO. RFD 1

First	Middle	Last	4. DATE OF DEATH Month	Day	Year
...s	Thomas	Jefferson Blizard	Dec.	6,	1959

...OR RACE	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR. Hours / Min.
...n/w		9/26/1909	50		

...kind of work (or retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		Surry Co., N. C.	USA

...J. Blizard	14. MOTHER'S MAIDEN NAME	NAME OF HUSBAND OR WIFE
	Margaret Mitchell	Glenna Pierce

...R. ARMED FORCES? (Year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS
No	240-07-0661	Glenna P. Blizard, Rt.1, Mt.Airy, N. C.

...ER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).

		INTERVAL BETWEEN ONSET AND DEATH
...CAUSED BY: (a)	Myocardial Infarction	30 Min.
...Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b)	Arteriosclerotic Cardiovascular Disease	1 Yr., 8 Mo
(c)	Diabetes Mellitus	1 Yr., 8 Mo
...IMPORTANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

...HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

...Date of	20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY OR TOWNSHIP	COUNTY	STATE
M.					

...Apr... April 19 58 to Dec. 6 19 59 and last saw ~~him~~ alive on Dec. 6 19 59

...on the date stated above; and to the best of my knowledge from the causes stated.

...bertson, Jr. (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
M.D.	Mount Airy, N. C.	12/7/59

...DATE 12/8/59	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
	Skyline Memory Garden	RFD 1, Mt. Airy, N. C.

...FUNERAL DIRECTOR'S SIGNATURE | 26. FUNERAL DIRECTOR ADDRESS
Moody Funeral Home, Mt. Airy, N. C.

State of North Carolina

Surry County

Office of Register of Deeds

Nov. 8, 1937

To any Ordained Minister of any Religious Denomination, or any Justice of the Peace of said County:

[1] Ralph Cox having applied to me for LICENSE for the marriage of[2] Ralph Cox, of[3] Mt Airy NC, aged[4] 27 years color[5] White, the son of[6] Pete Cox and[7] Mary Cox the father now[8] dead, the mother[9] living residence of[10] Mt Airy NC and[11] Ila Tate, of[12] Mt Airy NC, aged[13] 26 years, color[14] White, daughter of[15] Robert Tate and[16] Ophie Tate the father[17] dead, the mother[18] living, resident of[19] Mt Airy NC

*And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me:

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said county.

You are required, within sixty days after you shall have celebrated such marriage, to return this license to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting two hundred dollars to the use of any person who shall sue for the same.

No. _____

Paul M Stewart
Register of Deeds.

1. Name of person applying for license.
2. Name of man to be married, in full.
3. Residence.
4. Age.
5. White or colored.
6. Father of man to be married.
7. Mother of man to be married.
8. Living or dead.
9. Living or dead.
10. Residence, if known; if not, state unknown.
11. Name of woman to be married, in full.
12. Residence.
13. Age.
14. White or colored.
15. Father's name.
16. Mother's name.
17. Living or dead.
18. Living or dead.
19. Residence, if known; if not, state unknown.

*If both parties are over 18 years of age, strike out.

_____ being duly sworn, says: That the parties applying for License are of lawful age (*i. e.*, each is over 18 years of age), and, so far as he is informed and believes, there is no lawful cause or impediment forbidding said marriage. I further swear that the answers appended to the questions asked me are correct and true:

of ____, of ____, aged[4] ____ years

color[5] White, the son of[6] Pete Coe and[7] Mary Coe

the father now[8] dead, the mother[9] Living residence of[10] Mt Airy NC

and[11] Ila Tate, of[12] Mt Airy NC, aged[13] 26 years,

color[14] White, daughter of[15] Robert Tate and[16] Lilie Tate

the father[17] dead, the mother[18] Living, resident of[19] Mt Airy NC

*And the written consent of ____, the ____

of the said ____, to the proposed marriage having been filed with me:

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said county.

You are required, within sixty days after you shall have celebrated such marriage, to return this license to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting two hundred dollars to the use of any person who shall sue for the same.

No. ____

Paul B. McKenzie
Register of Deeds.

1. Name of person applying for license.
2. Name of man to be married, in full.
3. Residence.
4. Age.
5. White or colored.
6. Father of man to be married.
7. Mother of man to be married.
8. Living or dead.
9. Living or dead.
10. Residence, if known; if not, state unknown.
11. Name of woman to be married, in full.
12. Residence.
13. Age.
14. White or colored.
15. Father's name.
16. Mother's name.
17. Living or dead.
18. Living or dead.
19. Residence, if known; if not, state unknown.
*If both parties are over 18 years of age, strike out.

____ being duly sworn, says: That the parties applying for License are of lawful age (*i. e.*, each is over 18 years of age), and, so far as he is informed and believes, there is no lawful cause or impediment forbidding said marriage. I further swear that the answers appended to the questions asked me are correct and true.

Sworn to and subscribed before me on day and date above written.

____
Affiant.

____
Register of Deeds.

____
Affiant.

State of North Carolina

____ County.

I,[1] L. E. Otey, a[2] Baptist minister

united in matrimony[3] Ralph Coe and[4] Ila Tate

the parties licensed above, on the 6 day of Nov, 1947, at[5] Pastorium

of Haymore mem. Bap Ch in[6] Mount Airy Township,

in said County, according to law.

*WITNESSES PRESENT AT MARRIAGE:

L. E. Otey - Minister
Officiating Officer.

Mrs. L. E. Otey of Mt. Airy, N.C.

Chas. E. Otey of " " "

Mary M. Otey of " " "

1. Name of person officiating. 2. If Minister, of what denomination? If Justice of the Peace, so state. 3. Name of man married. 4. Name of woman married. 5. Place of Marriage. 6. Township. *At least three persons present at marriage must sign as witnesses.

MARRIAGE LICENSE—EDWARDS & BROUGHTON CO., RALEIGH—181725—1116

Delivered Court House
Surety Co. Rec'd 8-31-45

326

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registration District No. 8626 23

1 PLACE OF DEATH
County _____ State _____ Register No. 100
Township _____ or Village _____
City Mt Airy No. _____, _____ St., _____ Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Iris Nieces

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

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced
Husband of
(or) Wife of

6 Date of Birth (month, day, and year) April 16-1915

7 Age	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
15	7	14	

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer

9 Birthplace (city or town) Surrey Co
(State or country)

Parents
10 Name of Father C A Nieces
11 Birthplace of Father (city or town) _____
(State or country) Surrey Co
12 Maiden Name of Mother Axie Blevins
13 Birthplace of Mother (city or town) _____
(State or country) Wilkes Co.

14 Informant Mrs C A Nieces
(Address) Mt Airy

15 Filed Dec 1928 J C Hill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Nov 30 1928

17
I HEREBY CERTIFY, That I attended deceased from Nov 27, 1928 to Nov 30, 1928
that I last saw him alive on Nov 26, 1928
and that death occurred, on the date stated above, at 11 P.M.
The CAUSE OF DEATH* was as follows:
Mitral insufficiency
_____ (duration) _____ yrs. 6 mos.
Contributory (SECONDARY) _____
_____ (duration) _____ yrs. _____ mos.

18 Where was disease contracted if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) T. A. Woodall M.
Dec 2 1928 (Address) Mt Airy

*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	Date of Burial
Old Hollow	Dec 2 1928
20 Undertaker	Address
Nelson & Moody	Mt Airy

NORTH CAROLI
BURE
STANDARD C
Registration
1 PLACE OF DEATH
County
Township
City Mt Airy (If de
FULL NAME Infant of So
(a) Residence. No. 208 Gall
(Usual place of abode)
Length of residence in city or town where death occurred yrs.
PERSONAL AND STATISTICAL PARTICULARS
4 Color or Race
5 Single, Married, W or Divorced (write
Female White Sing
married, widowed, or divorced
Husband of
(or) Wife of
Date of Birth (month, day, and year) Nov 13
years
Months
Days 8
If 1 da or
Occupation of deceased
rade, Profession, or icular kind of work None
eneral nature of industry, ness, or establishment in ch employed (or employer)
ame of employer
irthplace (city or town)
tate or country)
ame of Father
irthplace of Father (city or town)
State or country)
aiden Name of Mother Sarah Le
irthplace of Mother (city or town)
State or country)
Hobart Burg
Mt Airy
Dec 2 1928 J C Hill

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

245

Registration No. 086-70 Local No. 137

1. Name of Deceased	First: Brady	Middle:	Last: Harris	2. Sex: Male	3. Date of Death (Month, Day, Year): 4-15-82			
4. Color or Race: White	5a. State of Birth (If not U.S.A., give Country): N.C.	5b. County of Birth: Surry	6. Date of Birth: 11-25-90	7. Age (In Years, Last Birthday): 91	If under 1 year: Months / Days	If under 24 hours: Hours / Min.		
8a. Place of Death-County: Surry	8b. City or Town: Mt. Airy	8c. Name of Hospital or Institution (If not in either, give Street and Number): Surry Comm. Nsg. Center	8d. If Hosp. or Inst. (Specify DOA, Emer Rm, Inpatient/OP): Inpatient	8e. Inside City Limits (Yes or No): Yes				
9a. Residence - State: N.C.	9b. County: Surry	9c. City or Town: Mt. Airy	9d. Street and Number or R.F.D. & Box No.: 1311 Park Drive	9e. Inside City Limits (Yes or No): Yes				
10. Citizen of What Country? USA	11. Married, Never Married, Widowed, Divorced (Specify): Widowed	12. Surviving Spouse (If Wife, Give Maiden Name):						
13. Social Security Number: 243-52-1102	14a. Usual Occupation (Kind of work done during most of life, even if retired): Merchant	14b. Kind of Business or Industry: Gen. Store	15. Was Decedent Ever in U.S. Armed Forces? (Yes or No): No					
16. Father's Name: Unknown	17. Mother's Maiden Name: Unknown							
18a. Informant's Name and Address: Jack Harris 1311 Park Dr., Mt. Airy, N.C.	18b. Relation to Deceased: Son							

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

		Approximate Interval Between Onset and Death
Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.	(a) Immediate Cause: Cardiorespiratory Arrest	
	(b) Due to, or as a consequence of: Diffuse Atherosclerotic Vascular Disease	
19.	(c) Due to, or as a consequence of:	

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

20a.

20b. Autopsy? (Yes or No)	20c. If yes, were findings considered in determining cause of death	21. Was case referred to Medical Examiner (Yes or No)	22. Time of Death
No		No	3:25 P. M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

23a. Name and Title of Certifier (Type or Print)	23b. Address	
Alice M. Inouye, M.D.	P.O. Box 62, Westfield, N.C. 27053	
23c. Signature of Certifier: Alice M. Inouye, M.D.		23d. Date Signed: 4/15/82

24a. Burial, Cremation, Other (Specify)	24b. Date	24c. Name of Cemetery or Crematory	24d. Location (City, Town or County) (State)
Burial	4-17-82	Old Hollow PBC	Mt. Airy, N.C.

25. Funeral Home Name / Address	26. Signature of Funeral Director	License No.
Moody Funeral Home, Mount Airy, N.C.	H. T. Hart	1042
27a. Date Rec'd by Local Reg.: 4/19/82 — Signature of Registrar: [signature]	28. Signature of Embalmer (If embalmed): H. T. Hart	License No.: 1042

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

333

724

627

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading black ink—this is a permanent record.

N. B.—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.

1 PLACE OF DEATH

County: Forsyth

Township:

or Town: Winston

or City: W Salem

Registration District No. 34-2237

(No. Apple St.; Ext Ward)

(If death occurs in a hospital, or other institution, give name instead of street number.)

2 FULL NAME: Ella F Hicks

NOT A CERTIFIED COPY

PERSONAL AND STATISTICAL PARTICULARS

3 MALE OR FEMALE	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)
F	W	married

6 DATE OF BIRTH: May 15 (Month) (Day) 1886 (Year)

7 AGE: 31 yrs. 3 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: domestic
(b) General nature of industry, business, or establishment in which employed (or employer):

NOT A CERTIFIED COPY

9 BIRTHPLACE: Forsyth

PARENTS

10 NAME OF FATHER: J.E. Williams

11 BIRTHPLACE OF FATHER: Davidson (State or Country)

12 NAME OF MOTHER BEFORE MARRIAGE: Laura Foster

13 BIRTHPLACE OF MOTHER: Davie (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
J.E Williams (Informant)
W Salem (Address)

15 Filed 9/3 17 R.L. Carlton Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 2 (Month) (Day) 17 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 7 19..., to 17 Sept 2nd 19 17
that I last saw her alive on Sept 1st 19 17
and that death occurred on the date above stated, at ..... m.

The CAUSE OF DEATH* was as follows: Pul. Tuberculosis

NOT A CERTIFIED COPY

(Duration) ..... yrs. ..... mos. ..... ds.

Contributory

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) S.F. Pfohl M. D.

Sep 3rd 19 17 (Address) 403 S Main St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Clemmons N.C
DATE OF BURIAL: Sept 3 17

20 UNDERTAKER: F Vogler & Sons
ADDRESS: City

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

232

REGISTRATION DISTRICT NO. 086-00 LOCAL NO. 455

1. NAME OF DECEASED — FIRST: Nellie	MIDDLE: Coe	LAST: Harris	2. SEX: Female	3. DATE OF DEATH (MONTH, DAY, YEAR): December 21, 1979	
4. COLOR OR RACE: Cau.	5a. STATE OF BIRTH (IF NOT U.S.A., NAME COUNTRY): N.C.	5b. COUNTY OF BIRTH: Surry	6. DATE OF BIRTH: March 4, 1900	7. AGE (IN YEARS LAST BIRTHDAY): 79	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MIN.
8. PLACE OF DEATH — COUNTY: Surry	8b. CITY OR TOWN: Mount Airy	8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER): 1320 Brooklyn Ave.	8d. IF HOSP. OR INST. (Specify DOA, Emer. Rm., Inpatient/O.P.)	8e. INSIDE CITY LIMIT (SPECIFY YES OR NO): No	
9. RESIDENCE - STATE: N.C.	9b. COUNTY: Surry	9c. CITY OR TOWN: Mount Airy	9d. STREET AND NUMBER OR R.F.D. & BOX NO.: 1331 Park Drive	9e. INSIDE CITY LIMITS (SPECIFY YES OR NO): No	
10. CITIZEN OF WHAT COUNTRY?: USA	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Brady Harris			
13. SOCIAL SECURITY NUMBER: Unknown	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife	14b. KIND OF BUSINESS OR INDUSTRY: Own Home	15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No		
16. FATHER'S NAME: James C. Coe	17. MOTHER'S MAIDEN NAME: Axie Blizzard				
18a. INFORMANT'S NAME AND ADDRESS: Brady Harris, Same as 9	18b. RELATION TO DECEASED: Husband				

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(a) IMMEDIATE CAUSE: Respiratory Arrest	5 min.
	(b) DUE TO, OR AS A CONSEQUENCE OF: C.V.A.'s	
	(c) DUE TO, OR AS A CONSEQUENCE OF:	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Subacute aspiration pneumonia

20a. ACCIDENT OR NATURAL (SPECIFY): Natural	21b. IF ACCIDENT, DESCRIBE (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):	20b. AUTOPSY? (YES OR NO): No	20c. IF YES WERE FINDINGS CONSIDERED IN DETERMINING DEATH:
21a. PLACE OF ACCIDENT (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):	21e. WAS CASE REFERRED TO MEDICAL EXAMINER (SPECIFY YES OR NO): No	21c. TIME OF ACCIDENT (MONTH, DAY, YEAR, HOUR):	

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH

22. CERTIFICATION PHYSICIAN: I ATTENDED THE DECEASED FROM 12-12- 19 79 TO 12-20- 19 79 AND LAST SAW HIM/HER ALIVE ON 12-20- 19 79 DEATH OCCURRED AT 4:30 P.M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

23b. SIGNATURE OF CERTIFIER: Joseph A. Jackson, M.D.	23c. DATE SIGNED: 12-26-79	23a. NAME AND TITLE OF CERTIFIER (Type or Print): Joe A. Jackson, M.D.	23d. ADDRESS: 933 Old Rockford St., Mt.Airy, N.C.

24a. BURIAL, CREMATION, OTHER (SPECIFY): Burial	24b. DATE: 12-23-79	24c. NAME OF CEMETERY OR CREMATORY: Old Hollow Cemetery	24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mount Airy,N.C.	
25. FUNERAL HOME — NAME, ADDRESS: Moody Funeral Home, Mount Airy,N.C.		26. SIGNATURE OF FUNERAL DIRECTOR: James N. Terry		LICENSE NO: 630
27. DATE RECD BY LOCAL REG.: 1/2/80	28. SIGNATURE OF REGISTRAR: [signature]	29. SIGNATURE OF EMBALMER (IF EMBALMED): James N. Terry		LICENSE NO: 630

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 862623

No. 38 Hall St.; Certificate No.

(If death occurs in a hospital, or other institution, give name instead of street number.)

Flowers

RS

single

1916 (Year)

If LESS than 1 day, hrs. min.

ross

a.

ue

ir

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 1[illegible] (Month) (Day)

17 I HEREBY CERTIFY, That I attended deceased from Aug 29 1916 to Sept. [illegible]

that I last saw h[illegible] alive on Sept 11

and that death occurred on the date above stated, at 9 [illegible] m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(Duration) yrs. mos.

Contributory

(Duration) yrs. mos.

(Signed) Dr. J. S. Maxwell

sept 13 1916 (Address) Mt Airy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Salem Ch. DATE OF BURIAL Sept [illegible]

20 UNDERTAKER J. M. Fleming ADDRESS Mt. A[illegible]

Registrar.

Form 7

1 PLACE OF DEATH

Surry

Mt.

Registration District No. 862623 Certificate No. 5 3

(No. St.; Ward)

(If death occurs in a hospital, or other institution, give name instead of street number.)

NAME James Ollie Harris.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) single

6 DATE OF BIRTH Sept 16 (Month) (Day) 1915 (Year)

If LESS than 1 day, hrs. or min.

7 AGE 1 yrs. 0 mos. 3 ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work

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

9 BIRTHPLACE Mt Airy.

10 NAME OF FATHER Brady Harris

11 BIRTHPLACE OF FATHER Yadkin Co. (State or Country)

12 NAME OF MOTHER BEFORE MARRIAGE Nellie Coe

13 BIRTHPLACE OF MOTHER Mt Airy (State or Country)

14 I HEREBY CERTIFY, That the above is true to the best of my knowledge

Brady Harris (Informant)

(Address) Mt Airy

Sept 20 1916 A. V. West. Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 20 (Month) (Day) 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9 – 11 1916 to 9 – 20 1916

that I last saw h[illegible] alive on 9 – 19 1916

and that death occurred on the date above stated, at 3[illegible] a. m.

The CAUSE OF DEATH* was as follows:

Gleo - Cubitis

(Duration) yrs. 2 mos. ds.

Contributory

(Duration) yrs. mos. ds.

(Signed) H. B. Rowe M. D.

9 – 21 1916 (Address) Mt. Airy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Old Hollow DATE OF BURIAL Sept 20 1916

20 UNDERTAKER J. W. Carr. ADDRESS Mt. Airy

183

208

1 PLACE OF DEATH

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Surry

Township Mt Airy

or Town "

or City

Registration District No. 86-2623 Certificate No. 48

(No.) South St.; 2 Ward)

(If death occurs in a hospital, or other institution, give name instead of street number.)

2 FULL NAME Charley B Harris

PERSONAL AND STATISTICAL PARTICULARS

3 MALE OR FEMALE: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Single

6 DATE OF BIRTH: May (Month) 13 (Day) 1917 (Year)

7 AGE: 1 yrs. 4 mos. 6 ds. If LESS than 1 day, hrs. or min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE: Mt Airy

PARENTS

10 NAME OF FATHER: Brady Harris

11 BIRTHPLACE OF FATHER (State or Country): Yadkin Co -

12 NAME OF MOTHER BEFORE MARRIAGE: Nellie Cox

13 BIRTHPLACE OF MOTHER (State or Country): Surry Co -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Brady Harris

(Address) Mt Airy

15 Filed 7-19- 1918 A. V. West Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 19 (Day) 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 2 1918 to July 19 1918

that I last saw him alive on July 19 1918

and that death occurred on the date above stated, at 12 30 p.m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

(Duration) yrs. 1 mos. 5 ds.

Contributory

(Duration) yrs. mos. ds.

(Signed) G. H. Worrell, M. D.

7-19- 1918 (Address) Mt Airy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Old Hollow DATE OF BURIAL: 7-20- 1918

20 UNDERTAKER: E A. Hammock ADDRESS: Mt Airy

1 PLACE OF DEATH

County Surry

Township Mt Airy

or Town "

Regi

(If death occur

FULL NAME Daisy M

PERSONAL AND STATISTICAL PARTICULA

MALE OR FEMALE: Male

4 COLOR OR RACE: negro

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the w

DATE OF BIRTH: (Month) (Day)

AGE: about 65 yrs. mos.

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE: Stokes Co

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or Country)

12 NAME OF MOTHER BEFORE MARRIAGE

13 BIRTHPLACE OF MOTHER (State or Coun

THE ABOVE IS TRUE TO THE BEST OF MY KNL OG

(Informant) W. M. Worrell

(Address) Mt Airy

Filed 7-22- 1918 A. V. W

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND [illegible] L RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECORDS SECTION

Registration District No. 086-70 Local No. 501 **CERTIFICATE OF DEATH** 076 P 0177

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Jack	Herbert	Harris	Male	December 28, 1991

4. SOCIAL SECURITY NUMBER	5. AGE — Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
241 36 1376	63			6/1/28	Surry Count y NC

8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)	9a. PLACE OF DEATH (Check only one; see instructions on other side)
No	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. INSIDE CITY LIMITS? (Yes or No)	9e. COUNTY OF DEATH
Northern Hospital of Surry Co	Mount Airy	Yes	Surry

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Never Married		Carpenter	Houses

13a. RESIDENCE — STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
NC	Surry	Mt. Airy	145 Quaker Rd

13e. INSIDE CITY LIMITS (Yes or No)	13f. ZIP CODE	14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)	15. RACE — American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+)
No	27030	NO	White	7

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Brady Harris	Nellie Louise Coe

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Irene Faster	904 Lakeview Dr. Mt. Airy, N.C. 27030

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Severe bilateral pneumonia Severe Bilateral Pneumonia	3 days 3 days
DUE TO (OR AS A CONSEQUENCE OF):	b. Chronic obstructive pulmonary disease, COPD, severe severe	
DUE TO (OR AS A CONSEQUENCE OF):	c.	
DUE TO (OR AS A CONSEQUENCE OF):	d.	

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

20a.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

20b. status post primonary edema, ethanol abuse without sequellae, paranoid personality PPE, ETOH Abuse c Sequelae, Paranoid Pers.

21a. AUTOPSY? (Yes or No)	21b. If yes, were findings considered in determining cause of death?	21c. Was case referred to Medical Examiner? (Yes or No)	22. TIME OF DEATH
NO		NO	9:20 P. M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER	23b. DATE SIGNED (Month, Day, Year)
Nelson Gardner MD	1-2-92

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)
D. Nelson Gardner, M.D. 819 Rockford Street, Mt. Airy,. NC 27030

DISPOSITION

25a. METHOD OF DISPOSITION	25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	25c. LOCATION — City or Town, State, Zip Code
☒ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other	Old Hollow PBC Cemetery	Mt. Airy, N.C. 27030

26a. NAME AND ADDRESS OF FUNERAL HOME	26b. SIGNATURE OF FUNERAL DIRECTOR	26c. LICENSE NUMBER
Moody Fuenral Home Mt. Airy, NC	W. T. Hall	1042

27. REGISTRAR'S SIGNATURE	28. DATE FILED (Month, Day, Year)	26d. SIGNATURE OF EMBALMER	26e. LICENSE NUMBER
Nelson Gardner MD	1-7-92	W. T. Hall	1042

DEHNR 1872 Revised 10/89) VITAL RECORDS

496

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registration District No. 86-2626 State Register No. 94

1 PLACE OF DEATH
County Surry. or Village or
Township
City Mt Airy No. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Hicks
(a) Residence. No. 271 Granite St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a If married, widowed, or divorced
Husband of
(or) Wife of

6 Date of birth (month, day, and year) May 26 1910

7 Age	years	Months	Days	If LESS than 1 day, hrs. or min.
	17	5	14	

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 Birthplace (city or town) Surry Co N C
(State or country)

Parents
10 Name of Father D A Hicks
11 Birthplace of Father (city or town) Surry Co
(State or country)
12 Maiden Name of Mother Axie Blizzard
13 Birthplace of Mother (city or town) Wilks Co N C
(State or country)

14 Informant D A Hicks
(Address)

15 Filed 11/11 1927 J. A. Steele REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Nov 10 1927

17
I HEREBY CERTIFY, That I attended deceased from
Oct 1 1927 to Nov 10 1927
that I saw h[illegible] alive on Nov 9 1927
and that death occurred, on the date stated above, at 12 m.
The CAUSE OF DEATH* was as follows:
T.B. of Lungs
(duration) yrs. mos. ds.
Contributory (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) J. H. Worrell M. D.
11/11 1927 (Address) Mt Airy

*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	Date of Burial
Red Hallow Cem	11-12-1927
20 Undertaker Nelson & Moody	Address Mt Airy

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B.—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.

NORT

STAN

1 PLACE OF DEATH
County Surry
Township
City Mt Airy
2 FULL NAME Minnie
(a) Residence. No. 172
(Usual place of abode)
Length of residence in city or town where de... occ

PERSONAL AND STATISTICAL

3 Sex	4 Color or Race	5 Si...
Female	White	

5a If married, widowed, or divorced
Husband of
(or) Wife of

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

7 Age	years	Months
	6	5

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 Birthplace (city or town) Surry
(State or country)

Parents
10 Name of Father Jake
11 Birthplace of Father (city or town)
(State or country)
12 Maiden Name of Mother U...
13 Birthplace of Mother (city or to...
(State or country)

14 Informant D. A. H...
(Address)

15 Filed 11/12 1927 J...

COPY 1
STATE COPY ✓

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECORDS SECTION
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

080 P0260

Registration District No. 086-79 Local No. 118

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Pete Dallas Hicks
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): 02-22-95
4. SOCIAL SECURITY NUMBER: 245-38-1149
5a. AGE-Last Birthday (Years): 64
5b. UNDER 1 YEAR — Months / Days:
5c. UNDER 1 DAY — Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): 05-22-30
7. BIRTHPLACE (County and State or Foreign Country): Surry Co., NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): No
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☒ Other (Specify) Rm. House
9b. FACILITY NAME (If not institution, give street and number): 120 W. Pine St. Rm 33
9c. CITY, TOWN, OR LOCATION OF DEATH: Mt. Airy
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: Surry
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Shelby Parker Hicks
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Machine Fixer
12b. KIND OF BUSINESS/INDUSTRY: Textiles
13a. RESIDENCE — STATE: NC
13b. COUNTY: Surry
13c. CITY, TOWN, OR LOCATION: Mt. Airy
13d. STREET AND NUMBER: 120 W. Pine St. Rm. 33
13e. INSIDE CITY LIMITS (Yes or No): Yes
13f. ZIP CODE: 27030
14. Was Decedent of Hispanic Origin? (Specify Yes or No — If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)
15. RACE — American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+): 9
17. FATHER'S NAME (First, Middle, Last): James Pete Hicks
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Branson Hicks
19a. INFORMANT'S NAME (Type/Print): Donald Hicks (son)
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1634 E. Pine St., Mt. Airy, NC 27030

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Gastrointestinal Bleeding
DUE TO (OR AS A CONSEQUENCE OF):
b. Alcoholic gastritis; varices; peptic ulcer
DUE TO (OR AS A CONSEQUENCE OF):
c. Alcohol Dependence with Cirrhosis 40yr
DUE TO (OR AS A CONSEQUENCE OF):
20a. d.

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
20b.

21a. WAS AN AUTOPSY PERFORMED (Yes or No): No
21b. Were Autopsy Findings Available Prior to Completion of Death Certificate? (Yes or No)

CERTIFIER

21c. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending ☐ Not Determined
22a. DATE OF INJURY (Month, Day, Year):
22b. TIME OF INJURY: M.
22c. INJURY AT WORK? (Yes or No): /
22d. DESCRIBE HOW INJURY OCCURRED:
22e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify): Room House
22f. LOCATION (Street and Number or Rural Route Number, City or Town, State): 120 W. Pine St. Rm 33 Mt. Airy NC 27030
22g. TIME OF DEATH: 11:30 PM
23a. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title of Certifier):
23b. DATE SIGNED (Month, Day, Year): 02-22-95
24a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Dr. Adrion Griffin, PO Box 1104, Mt. Airy NC 27030
24b. DATE PRONOUNCED DEAD (Month, Day, Year): 02-22-95

DISPOSITION

25a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Midkiff Cemetery
25c. LOCATION — City or Town, State, Zip Code: Mt. Airy, NC 27030
26a. NAME AND ADDRESS OF FUNERAL HOME: Moody Funeral Service, Mt. Airy, NC 27030
26b. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
26c. LICENSE NUMBER: FS 1315
27. REGISTRAR'S SIGNATURE: Judy B. Angel, Deputy
28. DATE FILED (Month, Day, Year): 2-28-95
29. SIGNATURE OF EMBALMER:
29a. LICENSE NUMBER: FS 1315

MEDICAL EXAMINER: After you've initiated the certificate of death, give certificate to funeral director who is your authorization for final disposition. If the cause of death is pending, file supplemental report of cause of death (Form VSR-A) when additional information has been obtained.
FUNERAL DIRECTOR: Copies may be completed and filed with a local registrar within 5 days after death. Copy 3, when signed by medical examiner, is your authorization for final disposition.

DHHR 2164 and 9/91) L RECORDS

B. V. S. Form 8 Copy

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Every item of information should be carefully supplied. The correct age is especially important, particularly.
Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Surry
(b) Township Mt.Airy (If in town limits, leave blank)
(c) City or town Mt.Airy N.C. (If outside city or town limits, write RURAL)
(d) Street, hospital or institution R.F.D.
(e) Length of stay in hospital or institution ____ (Yrs., mos., or days)
In this community All life (Yrs., mos., or days)

Registration Dist. No. 8606 Certificate No. 31

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State N.C. (b) County Surry
(c) City or town Mt.Airy N.C.
(d) Street or R.F.D. R.F.D.
(e) Is place of residence in corporate limits? No
(f) If foreign born, how long in U.S.A.? ____ years.

3(a) FULL NAME Pete Hicks
3(b) If veteran, name war
3(c) Social Security No. 230-182-258
4. Sex Male
5. Color or Race White
6(a) Single, married, widowed, or divorced. Married
6(b) Name of husband or wife Mary Hicks
(c) Age of husband or wife if alive 42 years.
7. Birth date of deceased ____ (month, day and year)
8. AGE: Years 43 Months 3 Days 15 If less than one day ____ hrs. ____ mins.
9. Birthplace N.C. (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business ____

FATHER
12. Name James Coe Hicks
13. Birthplace N.C.

MOTHER
14. Maiden Name Axie Blizzard
15. Birthplace N.C.

16(a) Informant's Signature Mary Hicks
(b) Address Mt.Airy N.C.

17(a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/45 (Month, day, year)
(c) Cemetery Old Hollow
(d) Location Mt.Airy
18(a) Funeral director Cox Funeral Home
(b) Address Pilot Mt.N.C.
19(a) 6/14/45 Filed 19__ (b) Wade C.Moody Registrar

MEDICAL CERTIFICATION

20. Date of death 6/7/45, at 9.45 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 19 45 to 6/7/45 19__ and that I last saw him alive on 6/3/45 19__

	Duration
Immediate cause of death: Chr. Myocarditis	
Due to: ~~Pneumonia~~ Chr. Broncnial Asthma	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

Physician: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in a public place? ____ (Specify type of place)
While at work? ____
(e) Means of injury ____

23. Signature T.C. Britt M.D.
Address Mt.Airy Date signed 6/14/45

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 86-70 REGISTRAR'S CERTIFICATE NO. 273

392

THIS COPY TO REGISTER OF DEEDS ON FIFTH OF MONTH
MARGIN RESERVED FOR BINDING
TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Surry
b. TOWNSHIP: Mt. Airy
c. LENGTH OF STAY (in 1a):
d. CITY OR TOWN: Mount Airy
Is Place of Death Within City Limits? YES [X] NO [ ]
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Junction Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission
a. STATE: N. C.
b. COUNTY: Surry
c. CITY OR TOWN: Mount Airy
Is Place of Residence: In City Limits? YES [X] NO [ ] On a Farm? YES [ ] NO [ ]
d. STREET ADDRESS or R. F. D. NO.: Junction Street

3. NAME OF DECEASED (Type or Print): First: Albert; Middle: Garfield; Last: Blizzard
4. DATE OF DEATH: Month: Oct. Day: 11, Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Oct. 18, 1881
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stonecutter, Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Granite Industry
11. BIRTHPLACE (State or foreign country): Wilkes Co., N. C.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Blizzard
14. MOTHER'S MAIDEN NAME: Elizabeth Thompson
NAME OF HUSBAND OR WIFE: Annie Fleming Blizzard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 243-03-6872
17. INFORMANT'S NAME AND ADDRESS: Annie F. Blizzard, Mt. Airy, N. C.

MEDICAL CERTIFICATION

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): Heart attack. Deceased had been in ill — SUDDEN

ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*

DUE TO (b): health several weeks. No physician in attendance

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 [ ] NO [X]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ]
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 [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY OR TOWNSHIP COUNTY STAT

21. *I attended the deceased from* AFTER DEATH, 19..., *to* ..., 19..., *and last saw her/him alive on* ..., 19...
Death occurred at 5:15 P. m *on the date stated above; and to the best of my knowledge from the causes stated.*

22a. SIGNATURE (Degree or title): Dr. Carl L. Thomas, Coroner
22b. ADDRESS: Mount Airy, N. C.
22c. DATE SIGNED: 10/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/13/59
23c. NAME OF CEMETERY OR CREMATORY: Oakdale
23d. LOCATION (City, town, or county) (State): Mount Airy, N. C.

24. DATE REC'D BY LOCAL REG. 10/19/59
25. REGISTRAR'S SIGNATURE: [signature]
26. FUNERAL DIRECTOR ADDRESS: Moody Funeral Home, Mt. Airy, N. C.

FORM 11
Rev. 1-56

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

47

REGISTRATION DISTRICT NO. 86-70 LOCAL NO. 40

CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT BLACK INK

DECEASED

1. NAME OF DECEASED (FIRST, MIDDLE, LAST): Annie Fleming Blizzard
2. DATE OF DEATH (MONTH, DAY, YEAR): January 18, 1974
3. SEX: Female
4. COLOR OR RACE: White
5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): North Carolina
6. DATE OF BIRTH: Oct. 31, 1887
7. AGE (IN YEARS LAST BIRTHDAY): 86 — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HOURS: HOURS, MIN.
8a. PLACE OF DEATH — COUNTY: Surry
8b. CITY OR TOWN: Mount Airy
9a. USUAL RESIDENCE (WHERE DECEASED LIVED) — STATE: North Carolina
9b. COUNTY: Surry
8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER): Northern Hosp.of Surry County
8d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
9c. CITY OR TOWN: Mount Airy
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
9d. STREET ADDRESS OR R.F.D. No.: 126 Sydnor Street
9e. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
12. CITIZEN OF WHAT COUNTRY?: USA
13. SOCIAL SECURITY NUMBER: Unknown
14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Housewife
14b. KIND OF BUSINESS OR INDUSTRY:

PARENTS

15. FATHER'S NAME: William Fleming
16. MOTHER'S MAIDEN NAME: Betty Phillips

17. INFORMANT'S NAME AND ADDRESS: Hospital Record.

LOCAL COPY

CAUSE

18. PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) IMMEDIATE CAUSE: Myocardial Infarction

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(a), STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF: A.S.H.D.

(c) DUE TO, OR AS A CONSEQUENCE OF:

19a. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Ulcerative Colitis. Pulmonary Emphysema.
19b. AUTOPSY? (YES OR NO):
19c. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II)
20c. TIME OF INJURY (MONTH, DAY, YEAR, HOUR)
20d. INJURY AT WORK (SPECIFY YES OR NO)
20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))
20f. CITY OR R.F.D. / COUNTY / STATE

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19 50 TO 1-18- 19 74 AND LAST SAW HIM/HER ALIVE ON 1-12- 19 74 DEATH

21. OCCURRED AT 11:48 P. M. OF THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

State law requires that all deaths due to trauma, accident, homicide, suicide, or under suspicious, unusual or unnatural circumstance be reported to, and certified by a local medical examiner on a Medical Examiner's Certificate of Death.

22a. SIGNATURE OF CERTIFIER (DEGREE OR TITLE): Charles Sykes, M.D.
22b. DATE SIGNED: 2/6/74
22c. ADDRESS: Mount Airy, No. Co.

Permit Issued

Date

BURIAL

24a. BURIAL, CREMATION, OTHER (SPECIFY): Burial
24b. DATE: 1-21-74
24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mount Airy, N. C.
25. FUNERAL HOME (NAME, ADDRESS): Moody Funeral Home, Mount Airy, N. C.
26. SIGNATURE OF FUNERAL DIRECTOR: James N. Terry
LICENSE NO.: 2124
27. DATE REC'D BY LOCAL REG.: 2/11/74
28. SIGNATURE OF REGISTRAR: Dorothy M. Caldwell Reg.
29. SIGNATURE OF EMBALMER (IF EMBALMED): James N. Terry
LICENSE NO.: 707

DHS 1895
FORM 11
Rev. 1-68

Registration District No. 0344 — 1983 — I No. 1295

DIVISION OF HEALTH SERVICES -- VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

40 22 27

Type, or print in permanent black ink

1. Name of Deceased — First	Middle	Last	2. Sex	3. Date of Death (Month, Day, Year)
Ruby	JOSEPHINE	BLIZARD	Female	6-2-83

4. Color or Race	5a. State of Birth (If not U.S.A., give Country)	5b. County of Birth	6. Date of Birth	7. Age (In Years Last Birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
Cauc	Virginia	Carroll	10-26-28	54				

8a. Place of Death-County	8b. City or Town	8c. Name of Hospital or Institution (If not in either, give street and number)	8d. If Hosp. or Inst. (Specify DOA, Emer Rm, Inpatient, OP)	8e. Inside City Limits (Yes or No)
Forsyth	Winston Salem	Forsyth Memorial	IP	NS

9a. Residence - State	9b. County	9c. City or Town	9d. Street and Number or R.F.D. & Box No.	9e. Inside City Limits (Yes or No)
N. C.	Surry	Mt. Airy	Rt 5 box 15A	

10. Citizen of What Country?	11. Married, Never Married, Widowed, Divorced (Specify)	12. Surviving Spouse (If Wife, Give Maiden Name)
USA	Married	Garnet J. Blizard

13. Social Security Number	14a. Usual Occupation (Kind of work done during most of life, even if retired)	14b. Kind of Business or Industry	15. Was Decedent Ever in U.S. Armed Forces? (Yes or No)
239-22-9243	Housewife		No

PARENTS

16. Father's Name	17. Mother's Maiden Name
Sidney Alfred Sawyer	Flora McMillian

18a. Informant's Name and Address	18b. Relation to Deceased
Garnet Blizard 1128 Greenhill road Mt.Airy,NC	Husband

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.

		Approximate Interval Between Onset and Death
(a) Immediate Cause:	Carcinoma of Colon Metastatic	
(b) Due to, or as a consequence of:	to liver & lung	2 years
19. (c) Due to, or as a consequence of:		

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

20a.

20b. Autopsy? (Yes or No)	20c. If yes, were findings considered in determining cause of death	21. Was case referred to Medical Examiner (Yes or No)	22. Time of Death
No		No	11:55 A. M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. Name and Title of Certifier (Type or Print)	23b. Address	23c. Signature of Certifier	23d. Date Signed
ELONS L. ALLEN MD	1405 Plaza Dr Winston Salem NC	Elons L. Allen MD	6/7/83

Sign with permanent black ink.

BURIAL

24a. Burial, Cremation, Other (Specify)	24b. Date	24c. Name of Cemetery or Crematory	24d. Location (City, Town or County) (State)
Burial	6-5-83	Skyline Memory Gardens	Rt 1 Mt. Airy, N.C.

25. Funeral Home — Name	Address	26. Signature of Funeral Director	License No.
Jones-Phillips	Mt. Airy, N C	M Bruce Jones	1438

27a. Date Rec'd by Local Reg.	27b. Signature of Registrar	28. Signature of Embalmer (If embalmed)	License No.
6-14-83	L. K. Dunda, PFC	Dwayne M. Cates	-149-

DHS 1872 ORM 8 REV. 7/79

Mary Josephine Sawyers Blizard

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY - VITAL RECORDS SECTION

CERTIFICATE OF DEATH

Registration District No. 085-60 Local No. 32

DECEDENT'S NAME (First, Middle, Last)			SEX	DATE OF DEATH (Month, Day, Year)
1. Garnet	James	Blizard	2. Male	3. February 29, 1996

SOCIAL SECURITY NUMBER	AGE - Last Birthday (Years)	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (County and State or Foreign Country)
4. 245-26-0854	5. 73	5b.	5c.	6. Apr 10, 1922	7. Surry, NC

WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)	9a. PLACE OF DEATH (Check only one; see instructions on other side)
8. Yes	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)

FACILITY NAME (If not institution, give street and number)	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS? (Yes or No)	COUNTY OF DEATH
9 llage Care	9c. King	9d. Yes	9e. Stokes

M. L STATUS - Married, Never Married, Widowed, Divorced (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	KIND OF BUSINESS/INDUSTRY
10. Widowed	11.	12a. Produce Dealer	12b. Produce

RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
13a. North Carolina	13b. Surry	13c. Mount Airy	13d. Garden Terrace Apartments

INSIDE CITY LIMITS (Yes or No)	ZIP CODE	Was Decedent of Hispanic Origin? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)	RACE - American Indian, Black, White, etc. (Specify)	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+)
13e. Yes	13f. 27030	14.	15. White	16. 4

FATHER'S NAME (First, Middle, Last)	MOTHER'S NAME (First, Middle, Maiden Surname)
17. Albert Garfield Blizard	18. Annie Flemming

INFORMANT'S NAME (Type/Print)	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	DATE AMENDED
19a. Dianne Pendleton	19b. 124 Shalimor Ct., King, NC 27021	19c.

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol or drug use. List only one cause on each line. (PRINT or TYPE)

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (disease or condition resulting in death)	a. Ventricular Fibrillation	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
20a.	d.	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use, diabetes, etc.

20b. ASHD, Atrial Fibrillation, Multiple PVC's, Alzheimers Disease

AUTOPSY? (Yes or No)	If yes, were findings considered in determining cause of death?	Was case referred to Medical Examiner? (Yes or No)	TIME OF DEATH
21a. No	21b. No	21c. No	22. 11:00 PM M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATAGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

SIGNATURE AND TITLE OF CERTIFIER	DATE SIGNED (Month, Day, Year)
23a.	23b. 03-04-96

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)

24. Dr. Ranato Zarate. PO Box 597 Walnut Cove NC 27052 ,

METHOD OF DISPOSITION	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	LOCATION - City or Town, State, Zip Code
☒ Burial ☐ Cremation ☐ Removal 25a. ☐ Donation ☐ Other	25b. Skyline Memory Gardens Inc.	25c. Mt. Airy, NC, 27030

NAME AND ADDRESS OF FUNERAL HOME	SIGNATURE OF FUNERAL DIRECTOR	LICENSE NUMBER
26a. Moody Funeral Svcs. Inc. PO Box 1288 Mt. Airy, NC, 27030	26b. Rixie R. Gordon	26c. FS 1472

REGISTRAR'S SIGNATURE	DATE FILED (Month, Day, Year)	SIGNATURE OF EMBALMER	LICENSE NUMBER
27. Hilda Matthews, Deputy	28. 03/05/96	26d. E. Wayne Worrell	26e. FS 2020

Surry Co. Dales in Courthouse NC

NORTH CAROLINA DEPARTMENT (VIRONMENT, HEALTH, AND NATURAL R RCES
DIVISION OF EPIDE...OLOGY — VITAL RECORDS SECTION 1979 0038

Registration District No. 086-70 Local No. 389

CERTIFICATE OF DEATH

11-3-95

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lirine Blizard				SEX: Male	3. DATE OF DEATH (Month, Day, Year): Aug. 18, 1994
4. SOCIAL SECURITY NUMBER: 243-42-5508	5. AGE — Last Birthday (Years): 67	UNDER 1 YEAR — Months / Days (5b.)	UNDER 1 DAY — Hours / Minutes (5c.)	6. DATE OF BIRTH (Month, Day, Year): January 6, 1927	7. BIRTHPLACE (County and State or Foreign Country): Surry Co., NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): Yes	9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home XX ☐ Residence ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number): 401 Pippin Street	9c. CITY, TOWN, OR LOCATION OF DEATH: Mt. Airy	9d. INSIDE CITY LIMITS? (Yes or No): Yes	9e. COUNTY OF DEATH: Surry		
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Divorced	11. SURVIVING SPOUSE (If wife, give maiden name): None	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Laborer	12b. KIND OF BUSINESS/INDUSTRY: Monument		
13a. RESIDENCE — STATE: NC	13b. COUNTY: Surry	13c. CITY, TOWN, OR LOCATION: Mt. Airy	13d. STREET AND NUMBER: 401 Pippin Street		
13e. INSIDE CITY LIMITS (Yes or No): Yes	13f. ZIP CODE: 27030	14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)	15. RACE — American Indian, Black, White, etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0–12) College (13–17+): 6	

PARENTS

17. FATHER'S NAME (First, Middle, Last): Albert Blizard	18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Flemming Blizard

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Donald G. Blizard, Sr. (son)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 102 Shamrock Ave, Mt. Airy, NC 27030

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Multi infarct Dementia	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	b. CVA's with Prostate Cancer with Metastasis	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Focal Encephalomalacia (L) Cerebellum (R) Right Sta	
	DUE TO (OR AS A CONSEQUENCE OF):	
20a.	d. Atrial fibrillation	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
20b. Paroxysmal SVT, Hypertension, Renal Insufficiency, Alcohol Dependence

21a. AUTOPSY? (Yes or No)	21b. If yes, were findings considered in determining cause of death?	21c. Was case referred to Medical Examiner? (Yes or No)	22. TIME OF DEATH
No			10:35 P.M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER	23b. DATE SIGNED (Month, Day, Year): 8/22/94

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Dr. Adrian Griffin, 913 Worth St., Mt., Airy, NC 27030

DISPOSITION

25a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other	25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oakdale Cemetery	25c. LOCATION — City or Town, State, Zip Code: Mt. Airy, NC 27030

26a. NAME AND ADDRESS OF FUNERAL HOME: Moody Funeral Service, Inc. P.O. Box 1288, Mt. Airy, NC 27030	26b. SIGNATURE OF FUNERAL DIRECTOR: Doris B. Hart	26c. LICENSE NUMBER: FSL 1315	
27. REGISTRAR'S SIGNATURE: Judy B. Angel, Deputy	28. DATE FILED (Month, Day, Year): 8-25-94	26d. SIGNATURE OF EMBALMER: Not Embalmed	26e. LICENSE NUMBER

DEHNR 1872 (Revised 1/92) VITAL RECORDS

Name: BLIZARD, BERT WILBORN
Date of Birth: August 07, 1925
Death Date: May 04, 1995
Sex: Male
Race: White
Age: 69 Years
Place of Occurance: Mount Airy, Surry, North Carolina
Place of Residence: Mount Airy. Surry, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Married
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
Social Security Number: 239302286
Fathers Surname: BLIZARD
Place of Injury:

Name: BLIZARD, MARY BLALOCK
Date of Birth: January 03, 1923
Death Date: June 22, 1995
Sex: Female
Race: White
Age: 72 Years
Place of Occurance: Winston-Salem, Forsyth, North Carolina
Place of Residence: Winston-Salem. Forsyth, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Other in state
State of Birth: North Carolina
Social Security Number: 240268411
Fathers Surname: BLALOCK
Place of Injury:

Name: NUNN, LENNIS BLIZARD
Date of Birth: December 26, 1923
Death Date: September 07, 1995
Sex: Female
Race: White
Age: 71 Years
Place of Occurance: Mount Airy, Surry, North Carolina
Place of Residence: Mount Airy. Surry, North Carolina
Autopsy: No
Hospital: Nursing and Rest Homes
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state

State of Birth: North Carolina
Social Security Number: 243426297
Fathers Surname: BLIZARD
Place of Injury:

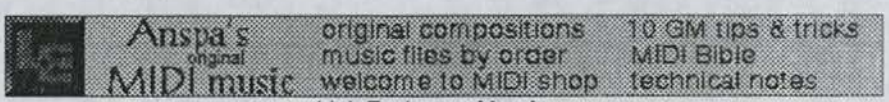
Name: BLIZARD, GARNET JAMES
Date of Birth: April 10, 1922
Death Date: February 29, 1996
Sex: Male
Race: White
Age: 73 Years
Place of Occurance: King (P), Stokes, North Carolina
Place of Residence: Mount Airy. Surry, North Carolina
Autopsy: No
Hospital: Nursing and Rest Homes
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
Social Security Number: 245260854
Fathers Surname: BLIZARD
Place of Injury:

Viewing records **1-6 of 6**

ANCESTRY GLOBAL SEARCH

FIRST NAME | LAST NAME | LOCALITY (Any Locality) | DATE RANGE (Any Yea) | Search

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NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

27

REGISTRATION DISTRICT NO. 86-70 REGISTRAR'S CERTIFICATE No. 60

1. PLACE OF DEATH — COUNTY: Surry | b. TOWNSHIP | c. LENGTH OF STAY (in 1a)

CITY OR TOWN: Mt. Airy — Is Place of Death Within City Limits? YES [X] NO [ ]

FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Northern Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: N. C. b. COUNTY: Surry
c. CITY OR TOWN: Mt. Airy — Is Place of Residence: In City Limits? YES [X] NO [ ] On a Farm? YES [ ] NO [X]
d. STREET ADDRESS or R. F. D. NO: 388 Summitt Drive

NAME OF DECEASED (Type or Print): First: John | Middle: Raymond | Last: Blizzard

4. DATE OF DEATH: Month Day Year: 3/4/58

SEX: Male | 6. COLOR OR RACE: White | 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH: 5/22/08 | 9. AGE (In years last birthday): 49 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

5. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Truck driver | 10b. KIND OF BUSINESS OR INDUSTRY: transport | 11. BIRTHPLACE (State or foreign country): Surry County, N. C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Blizzard | 14. MOTHER'S MAIDEN NAME: Annie Fleming | NAME OF HUSBAND OR WIFE: Leleda Murray Blizzard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S NAME AND ADDRESS: Mrs. Raymond Vlizzard, Mt. Airy, N. C.

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): Lobar pneumonia

ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*

DUE TO (b): Bronchial asthma

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 [ ] NO [X]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ] | 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 [ ] NOT WHILE AT WORK [ ] | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY OR TOWNSHIP COUNTY STATE

I attended the deceased from 9/17/54 19 to 3/4/58 19 and last saw her/him alive on 3/4/58 19

Death occurred at 2:10 P. m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): Renzo Sutter, M.D. | 22b. ADDRESS: Mt. Airy, N. C. | 22c. DATE SIGNED: 3/6/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 3/6/58 | 23c. NAME OF CEMETERY OR CREMATORY: Oakdale | 23d. LOCATION (City, town, or county) (State): Mt. Airy, N. C.

24. DATE REC'D BY LOCAL REGISTRAR: 3/10/58 | 25. REGISTRAR'S SIGNATURE: [signature] | 26. FUNERAL DIRECTOR ADDRESS: Jones Funeral Home, Mt. Airy, N. C.

NORTH OLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY - VITAL RECORDS SECTION

CERTIFICATE OF DEATH

STATE FILE 080 P0413

Registration District No. 086-70 Local No. 426

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lennis Blizard Collins Nunn
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): September 07, 1995
4. SOCIAL SECURITY NUMBER: 243-42-6297
5. AGE - Last Birthday (Years): 71
5b. UNDER 1 YEAR Months Days:
5c. UNDER 1 DAY Hours Minutes:
6. DATE OF BIRTH (Month, Day, Year): Dec 26, 1923
7. BIRTHPLACE (County and State or Foreign Country): Surry, NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): No
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Central Continuing Care Nursing
9c. CITY, TOWN, OR LOCATION OF DEATH: Mount Airy
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: Surry
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Knitting Machine Operator
12b. KIND OF BUSINESS/INDUSTRY: Textiles
13a. RESIDENCE - STATE: North Carolina
13b. COUNTY: Surry
13c. CITY, TOWN, OR LOCATION: Mount Airy
13d. STREET AND NUMBER: 814-B Banner St.
13e. INSIDE CITY LIMITS (Yes or No): Yes
13f. ZIP CODE: 27030
14. Was Decedent of Hispanic Origin? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+): 12

PARENTS

17. FATHER'S NAME (First, Middle, Last): Albert Blizard
18. MOTHER'S NAME (First, Middle, Maiden Surname): Annie Flemming Blizard

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ralph Collins
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 814-B Banner St., Mount Airy, North Carolina 27030
19c. DATE AMENDED:

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol or drug use. List only one cause on each line. (PRINT or TYPE)

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Metastatic bronchogenic carcinoma	< 1 yr
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
20a.	DUE TO (OR AS A CONSEQUENCE OF): d.	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use, diabetes, etc.

20b.

21a. AUTOPSY? (Yes or No): No
21b. If yes, were findings considered in determining cause of death? No
21c. Was case referred to Medical Examiner? (Yes or No): No
22. TIME OF DEATH: 9:15 a. M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATAGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

FILE

23a. SIGNATURE AND TITLE OF CERTIFIER: W. Borden Hooks MD
23b. DATE SIGNED (Month, Day, Year): 9/11/95

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Dr. W. Borden Hooks 933 Old Rockford St. Mt. Airy, NC 27030

DISPOSITION

25a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oakdale Cemetery
25c. LOCATION - City or Town, State, Zip Code: Mt. Airy, N.C., 27030

26a. NAME AND ADDRESS OF FUNERAL HOME: Moody Funeral Svcs. Inc. PO Box 1288 Mt. Airy, NC, 27030
26b. SIGNATURE OF FUNERAL DIRECTOR: Joe B. East
26c. LICENSE NUMBER: FS 1315

27. REGISTRAR'S SIGNATURE: Walter J. Lucas M.D.
28. DATE FILED (Month, Day, Year): 9-14-95
26d. SIGNATURE OF EMBALMER: E. Wayne Worrell
26e. LICENSE NUMBER: FS 2020

Substitute for DEHNR 1872 (V.R. Review 6/94) VITAL RECORDS DSSI Form NC1

A STATE BOARD OF HEALTH
OF VITAL STATISTICS

RTIFICATE OF DEATH

Registration District No. 8670 Certificate No. 52

or Village

in Mem Hospt St.

in a hospital or institution, give its Name instead of street and number

mos. ds. How long in U. S. if of foreign birth? yrs. mos.

#1 St. Ward.

(If non-resident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 9

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1939 to June 9

I last saw he alive on June 9, 1939 death is said to have occurred on the date stated above, at 8.45 P m.

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

Abdominal Carcinomatosis

Duration

Contributory causes of importance not related to principal cause:

Name of operation date of

What test confirmed diagnosis? None 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

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) Moses S. Marvin

(Address) Mt Airy N C

N. C. S.—Form 11

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

224

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Surry Registration District No. 8670 Certificate No. 53

Township or Village or

City Mt Airy N C No. Martin Mem. Hospt 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 William Robt Blizzard

(a) Residence: No. Mt Airy N C 143 Key St Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maurine Scott Blizzard

7. DATE OF BIRTH (month, day, and year) Sept 27 - 1914

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	8	4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hosiery Mill Worker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Renfro Hosiery Mills

10. Date deceased last worked at this occupation (month and year) Dec 1938

11. Total time (years) spent in this occupation 2

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

13. NAME Albert Blizzard

14. BIRTHPLACE (city or town) (State or country) Wilkes Co N C

15. MAIDEN NAME Annie Flemming

16. BIRTHPLACE (city or town) (State or country) Surry Co. N C

17. INFORMANT (Address) Maurine Blizzard Mt Airy N C

18. BURIAL, CREMATION, OR REMOVAL Place Dobson Date June 12, 1939

19. UNDERTAKER (Address) Moody Funeral Home Mt Airy N C

20. FILED 6 - 11, 1939 Mrs J C Hiatt REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1939 to June 11, 1939

I last saw him alive on June 11, 1939 death is said to have occurred on the date stated above, at 5:30 P m.

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

Tetanus — Date of onset 6-6-39

Contributory causes of importance not related to principal cause:

Name of operation None 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 Acc. Date of injury May 29 1939

Where did injury occur? Forbush Co. N C. (Specify city or town, county, and State)

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

Manner of injury Motor Cycle accident

Nature of injury Infected Wound of Heel

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Moses S. Marvin, M. D.

(Address) Mt Airy N C.

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 86-705 Certificate No. 157

(If death occurs in a hospital or other institution, give name instead of street number)

Grams Griffith

STATISTICAL PARTICULARS

ACE	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) Single		
ct	25 (Day)	1905 (Year)	
nth	yrs. 1 mos. 24 ds.	If LESS than 1 day, hrs. or min.	

None

Sury Co N C

engiman Griffith

Surry County Co N C

Mary McBride

(Place or Country) Co Va

HE MY KNOWLEDGE

my Griffith

t Airy N C

18 E A Hamnol Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 21 (Month) (Day) 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1918 to Dec 21 1918

that I last saw h alive on Dec 21 1918

and that death occurred on the date above stated, at 12 45 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchs Pneumonia

(Duration) yrs. mos. 5 ds.

Contributory Lagrippe

(Duration) yrs. mos. ds.

(Signed) Thos B Apkby M. D.

12-20 1918 (Address) Mt Airy N C

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Grove — DATE OF BURIAL 12-21 1918

20 UNDERTAKER E A Hamnol — ADDRESS Mt Airy N C

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B.—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.

B. V. S.—Form 7

387

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Surry

Township Mt Airy

or Town

or City

Registration District No. 86-7063 Certificate No. 108

(If death occurs in a hospital or other institution, give name instead of street number)

2 FULL NAME Thelma Blizzard

PERSONAL AND STATISTICAL PARTICULARS

3 MALE OR FEMALE	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)
Female	white	Singl

6 DATE OF BIRTH Sept (Month) 6 (Day) 1916 (Year)

7 AGE 2 yrs. 3 mos. 6 ds. — If LESS than 1 day, hrs. or min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Surry Co N C

PARENTS

10 NAME OF FATHER Albert Blizzard

11 BIRTHPLACE OF FATHER Wilkes Co N C (State or Country)

12 NAME OF MOTHER BEFORE MARRIAGE Annie Flemm

13 BIRTHPLACE OF MOTHER Surry Co N C (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Albert Blizzard

(Address) Mt Airy N C

15 Filed 12-23 1918 E A Hamnol Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec (Month) 22 (Day) 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1918 to Dec 22 1918

that I last saw h alive on Dec 22 1918

and that death occurred on the date above stated, at 345 p.m.

The CAUSE OF DEATH* was as follows:

Spanish Influenza

Bobas Pneumonia

(Duration) yrs. mos. ds.

Contributory

(Duration) yrs. mos. ds.

(Signed) S J Morris M. D.

12-23 1918 (Address) Mt Airy N C

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Oak Grove — DATE OF BURIAL 12-22 1918

20 UNDERTAKER E A Hamnol — ADDRESS Mt Airy N C

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY - VITAL RECORDS SECTION

E 080 0040

CERTIFICATE OF DEATH

Registration District No. 086-70 Local No. 266

DECEDENT'S NAME (First, Middle, Last)			SEX	DATE OF DEATH (Month, Day, Year)
1. Bert	Wilborn	Blizard	2. Male	3. May 04, 1995

SOCIAL SECURITY NUMBER	AGE - Last Birthday (Years)	UNDER 1 YEAR Months / Days	UNDER 1 DAY Hours / Minutes	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (County and State or Foreign Country)
4. 239-30-2286	5. 69	5b.	5c.	6. Aug 07, 1925	7. Surry, NC

WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)	9a. PLACE OF DEATH (Check only one - see instructions on other side)
8. Yes	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)

FACILITY NAME (If not institution, give street and number)	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS? (Yes or No)	COUNTY OF DEATH
9b. 135 Sydnor St.	9c. Mount Airy	9d. Yes	9e. Surry

MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	KIND OF BUSINESS/INDUSTRY
10. Married	11. Helen Marie Moss Blizard	12a. Shipping Dept.	12b. Textile

RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
13a. North Carolina	13b. Surry	13c. Mount Airy	13d. 135 Sydnor St.

INSIDE CITY LIMITS (Yes or No)	ZIP CODE	Was Decedent of Hispanic Origin? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)	RACE - American Indian, Black, White, etc. (Specify)	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+)
13e. Yes	13f. 27030	14. ☐ Yes ☒ No (Specify)	15. White	16. 0-6

PARENTS

FATHER'S NAME (First, Middle, Last)	MOTHER'S NAME (First, Middle, Maiden Surname)
17. Albert Blizard	18. Annie Flemming

INFORMANT

INFORMANT'S NAME (Type/Print)	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	DATE AMENDED
19a. Helen M. Moss Blizard	19b. 135 Sydnor St., Mount Airy, North Carolina 27030	19c.

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol or drug use. List only one cause on each line. (PRINT or TYPE)

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Lung Carcinoma of Lung	Sev. mos,
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
20a.	d. DUE TO (OR AS A CONSEQUENCE OF):	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use, diabetes, etc

20b. COPD, metastatic bone disease

AUTOPSY? (Yes or No)	If yes, were findings considered in determining cause of death?	Was case referred to Medical Examiner? (Yes or No)	TIME OF DEATH
21a. No	21b. No	21c. No	22. 8:09 AM M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATAGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

SIGNATURE AND TITLE OF CERTIFIER	DATE SIGNED (Month, Day, Year)
23a. [signature]	23b. 5/9/95

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print)

24. Dr. Joseph A. Jackson 933 Old Rockford St. Mt. Airy, NC 27030

DISPOSITION

METHOD OF DISPOSITION	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	LOCATION - City or Town, State, Zip Code
☒ Burial ☐ Cremation ☐ Removal 25a. ☐ Donation ☐ Other	25b. Oakdale Cemetery	25c. Mt. Airy, N.C., 27030

NAME AND ADDRESS OF FUNERAL HOME	SIGNATURE OF FUNERAL DIRECTOR	LICENSE NUMBER
26a. Moody Funeral Svcs. Inc PO Box 1288 Mt. Airy, NC, 27030	26b. Rixie R. Gordon	26c. FS 1472

REGISTRAR'S SIGNATURE	DATE FILED (Month, Day, Year)	SIGNATURE OF EMBALMER	LICENSE NUMBER
27. Judy B Angel, Deputy	28. 5-15-95	26d. Wayne Worrell	26e. 2020

Substitute for DEHNR 1872 (V.R. Review 6/94) VITAL RECORDS DSSI Form NC1

Birth No. 128 AUG 8 1949 8670

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

Registration District No. 34-95/590

3715050

This is a legal record and will be permanently filed.

Type or write legibly, the black ink.

All items must be complete and accurate.

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 physician in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

FORM S Rev. 1/49

1. PLACE OF DEATH
a. COUNTY Forsyth
b. CITY OR TOWN W. Salem
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION N.C. Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE N.C.
b. COUNTY Surry
c. CITY OR TOWN Mt. Airy
d. STREET ADDRESS (If rural, give location) 174 Junction St.

3. NAME OF DECEASED (Type or Print) a. (First) CARLENE b. (Middle) JANIE c. (Last) BLIZZARD
4. DATE OF DEATH (Month) 7 (Day) 18 (Year) 49
5. SEX F
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH JULY-28-1936
9. AGE (In years if over 1 year; If under 1 year, months, days, hours, minutes) 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) CHILD
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME CARL BLIZZARD
14. MOTHER'S MAIDEN NAME MYRTLE HARRISON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
16. SOCIAL SECURITY NO. —
17. INFORMANT'S NAME AND ADDRESS Mt. Junction St. FATHER (CARL BLIZZARD) Mt. Airy, N.C.

18. CAUSE OF DEATH
Enter only one cause per Line for (a), (b), and (c).

"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death."

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HODGKIN'S DISEASE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

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 AND/OR AUTOPSY
20. 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 OF INJURY (Month) (Day) (Year) (Hour) m.
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 July 16, 1949, to July 18, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE Herbert Lee Glass M.D. (Degree or title)
23b. ADDRESS North Carolina Baptist Hosp.
23c. DATE SIGNED 7/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/20/49
24c. NAME OF CEMETERY OR CREMATORY Oakdale
24d. LOCATION (City, town, or county) Mt. Airy N.C.

DATE REC'D BY LOCAL REGISTRAR JUL 20 1949
REGISTRAR'S SIGNATURE Fred B. Legg
26. FUNERAL DIRECTOR AND ADDRESS Moody Funeral Home, Mt. Airy N.C.

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

58

STATISTICAL SERIAL NO. 86-70 REGISTRAR'S CERTIFICATE NO. 379

1a. PLACE OF DEATH: Surry | b. TOWNSHIP: Mount Airy | c. LENGTH OF STAY (in 1a):

Mount Airy | Is Place of Death Within City Limits? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: North Carolina | b. COUNTY: Surry
c. CITY OR TOWN: Mount Airy | Is Place of Residence: In City Limits? YES [X] NO [ ] | On a Farm? YES [ ] NO [ ]
d. STREET ADDRESS or R. F. D. NO.: 522 Junction Street

3. NAME OF DECEASED: First: Carl | Middle: Alonzo | Last: Blizzard

4. DATE OF DEATH: Month: Dec. | Day: 17, | Year: 1966

5. COLOR OR RACE: White | 6. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] | 7. DATE OF BIRTH: 12-16-1905 | 8. AGE (In years last birthday): 61 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

9. OCCUPATION (Give kind of work done during working life, even if retired): Cutter | 10a. KIND OF BUSINESS OR INDUSTRY: N. C. Granite Corp. | 11. BIRTHPLACE (State or foreign country): Surry Co., N. C. | 12. CITIZEN OF WHAT COUNTRY?: USA

13. WIFE (Husband) OF (Name): t Blizzard | 14. MOTHER'S MAIDEN NAME: Annie Flemming | NAME OF HUSBAND OR WIFE: Myrtle Coe

15. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S NAME AND ADDRESS: Mrs. Carl Blizzard, 522 Junction St., Mt.Airy, 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): Ca. of Colon. | INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*

DUE TO (b): Metastases, Widespread.

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 [ ] NO [ ]

20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ] | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20c. DATE OF INJURY (MONTH, DAY, YEAR HOUR M.) | 20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY OR TOWNSHIP COUNTY STATE

I attended the deceased from Aug. 1966 to 12-17- 1966 and last saw ~~her~~ him alive on 12-16- 1966

I pronounced ~~her~~ dead at 3:45 A.m on the date stated above; and to the best of my knowledge from the causes stated.

21. Joseph J. Sykes, M.D. (Degree or title) | 22b. ADDRESS: Mount Airy, N. C. | 22c. DATE SIGNED: 12/17/66

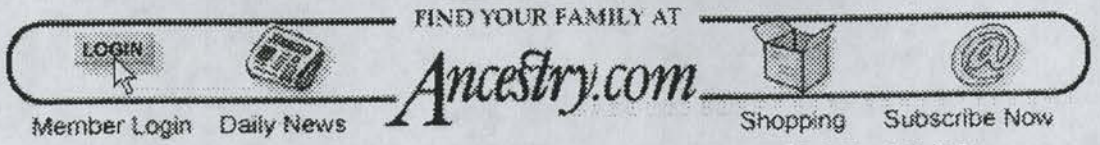
23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE: 12-19-66 | 23c. NAME OF CEMETERY OR CREMATORY: Oakdale | 23d. LOCATION (City, town, or county) (State): Mount Airy, N. C.

24. FILED BY LOCAL REGISTRAR: 12/20/66 | 25. REGISTRAR'S SIGNATURE | 26. FUNERAL DIRECTOR ADDRESS: Moody Funeral Home, Mt. Airy, N. C.

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North Carolina Death Records, 1993-1997

Field	Search	Matches
[Any]	**BLIZARD**	6

6 Combined Matches

Name: BLIZARD, WALTER STANLEY
Date of Birth: December 06, 1913
Death Date: March 29, 1994
Sex: Male
Race: White
Age: 80 Years
Place of Occurance: , Brunswick, North Carolina
Place of Residence: . Brunswick, North Carolina
Autopsy: No
Hospital: Nursing and Rest Homes
Marital Status: Widowed
Attendant: Physician
Mode of Burial: Cremation out of state
State of Birth: Pennsylvania
Social Security Number: 162034833
Fathers Surname: BLIZARD
Place of Injury:

Name: BLIZARD, LIRINE
Date of Birth: January 06, 1927
Death Date: August 18, 1994
Sex: Male
Race: White
Age: 67 Years
Place of Occurance: Mount Airy, Surry, North Carolina
Place of Residence: Mount Airy. Surry, North Carolina
Autopsy: No
Hospital: Home
Marital Status: Divorced
Attendant: Physician
Mode of Burial: Burial in state
State of Birth: North Carolina
Social Security Number: 243425508
Fathers Surname: BLIZARD
Place of Injury:

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECORDS SECTION

Registration District No. 086-70 Local No. 88

CERTIFICATE OF DEATH [redacted] 075 0058

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Lucille Helen Brinkley
2. SEX: Fe
3. DATE OF DEATH (Month, Day, Year): February 15, 1990
4. SOCIAL SECURITY NUMBER: 245-26-0885
5. AGE — Last Birthday (Years): 64
5b. UNDER 1 YEAR — Months / Days:
5c. UNDER 1 DAY — Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): July 26, 1925
7. BIRTHPLACE (City and State or Foreign Country): Surry Co., NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): NO
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Northern Hospital of Surry Co
9c. CITY, TOWN, OR LOCATION OF DEATH: Mount Airy
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: Surry
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: Knitting Plant
13a. RESIDENCE — STATE: NC
13b. COUNTY: Surry
13c. CITY, TOWN, OR LOCATION: Mount Airy
13d. STREET AND NUMBER: 338 Hines St
13e. INSIDE CITY LIMITS (Yes or No): Yes
13f. ZIP CODE: 27030
14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No (Specify)
15. RACE — American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0–12) College (13–17+): 11

PARENTS

17. FATHER'S NAME (First, Middle, Last): Carl Blizzard
18. MOTHER'S NAME (First, Middle, Maiden Surname): Myrtle Emma Harrison

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Polly B. Prim
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 342 Durham St., Mount Airy, N. C. 27030

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Respiratory failure	
DUE TO (OR AS A CONSEQUENCE OF):	Severe interstitial lung disease	
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. b.	Severe interstitial lung disease	
DUE TO (OR AS A CONSEQUENCE OF):	Sjogren's Syndrome	
c.	Sjogren's syndrome	
DUE TO (OR AS A CONSEQUENCE OF):		
20a. d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
20b. Asymmetric septal hypertrophy — Asymmetric septal hypertrophy

21a. AUTOPSY? (Yes or No)	21b. If yes, were findings considered in determining cause of death?	21c. Was case referred to Medical Examiner? (Yes or No)	22. TIME OF DEATH
NO		NO	10:45 A. M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN TH MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER: Roger K. Kerley
23b. DATE SIGNED (Month, Day, Year): 2/24/90
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Roger K. Kerley, M.D. 917 Worth Street, Mt. Airy, NC 27030

DISPOSITION

25a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal [ ] Donation [ ] Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oakdale Cemetery
25c. LOCATION — City or Town, State, Zip Code: Mount Airy, N. C. 27030
26a. NAME AND ADDRESS OF FUNERAL HOME: Moody Mt Airy, N. C.
26b. SIGNATURE OF FUNERAL DIRECTOR: James N. Terry
26c. LICENSE NUMBER: 630
27. REGISTRAR'S SIGNATURE: Polly Smith MD HA
28. DATE FILED (Month, Day, Year): 2-27-90
26d. SIGNATURE OF EMBALMER: Jim B. Earl
26e. LICENSE NUMBER: 1315

DEHNR 1872
(Revised 10/89)
VITAL RECORDS

226

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registration District No. 8-1065

1 PLACE OF DEATH
County Surry Registration District No. 8-1065 State N C Register No. 45
Township Mt Airy or Village ____ or
City ____ No. ____ St. ____ Ward ____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jack W Blizzard
(a) Residence. No. ____ St. ____ Ward ____
(Usual place of abode) (If nonresident give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Male
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (write the word): Sing'l
5a If married, widowed, or divorced — Husband of (or) Wife of: ____
6 Date of birth (month, day, and year): July 20 1924
7 Age: years 0 | Months 0 | Days 0 | If LESS than 1 day, ____ hrs. or ____ min.
8 Occupation of deceased
(a) Trade, Profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): Nurse
(c) Name of employer: ____
9 Birthplace (city or town) (State or country): Surry Co N C
Parents
10 Name of Father: Earl Blizzard
11 Birthplace of Father (city or town) (State or country): Surry Co
12 Maiden Name of Mother: Myrtle Hamson
13 Birthplace of Mother (city or town) (State or country): Tonoco Co Va
14 Informant: Earl Blizzard
(Address): Mt Airy N C
15 Filed 7/25 1924 W C Moody REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year): 7-24 1924
17 I HEREBY CERTIFY, That I attended deceased from 7-24 1924 to 7-24 1924
that I saw h/m alive on 7-24 1924
and that death occurred, on the date stated above, at 5 p. m.
The CAUSE OF DEATH* was as follows:
Premature 7 mths
(duration) ____ yrs. ____ mos. 3 hrs
Contributory (SECONDARY) ____
(duration) ____ yrs. ____ mos. ____ ds.
18 Where was disease contracted if not at place of death? ____
Did an operation precede death? ____ Date of ____
Was there an autopsy? ____
What test confirmed diagnosis? ____
(Signed) H W Worrell M. D.
(Address) Mt Airy 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: Oakdale Cem — Date of Burial: 7-25 1924
20 Undertaker: Nelson & Moody — Address: Mt Airy N C

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N.B.—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.

NORTH CAROLINA STATE BOARD
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE
Registration District No. 8-1

1 PLACE OF DEATH
County Surry
Township Mt Airy
City ____ No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Mayme Creed
(a) Residence. No. 113 Mt Airy St.
(Usual place of abode)
Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Female
4 Color or Race: White
5 Single, Married, Widowed, or Divorced (write the word): Sing'l
5a If married, widowed, or divorced — Husband of (or) Wife of: Lindsey Creed
6 Date of birth (month, day, and year): about 1903
7 Age: years 21 | Months ____ | Days ____ | If LESS than 1 day, ____ hrs. or ____ min.
8 Occupation of deceased
(a) Trade, Profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: ____
9 Birthplace (city or town) (State or country): Surry Co N C
Parents
10 Name of Father: Henry Moser
11 Birthplace of Father (city or town) (State or country): Surry Co N C
12 Maiden Name of Mother: Emmie Hamon
13 Birthplace of Mother (city or town) (State or country): Surry Co N C
14 Informant: R E Creed
(Address): Mt Airy N C
15 Filed 7-25 1924 W C Moody REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of D
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NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 86-70 REGISTRAR'S CERTIFICATE NO. 161 101

THIS COPY TO REGISTER OF DEEDS
MARGIN RESERVED FOR BINDING
TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Surry
b. TOWNSHIP: Mount Airy
c. LENGTH OF STAY (in 1a):
d. CITY OR TOWN: Mount Airy
Is Place of Death Within City Limits? YES [X] NO [ ]
e. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 308 Austin Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: North Carolina
b. COUNTY: Surry
c. CITY OR TOWN: Mount Airy
Is Place of Residence — In City Limits? YES [X] NO [ ] On a Farm? YES [ ] NO
d. STREET ADDRESS or R. F. D. NO.: 308 Austin Drive

3. NAME OF DECEASED (Type or Print): First: Ralph; Middle: Moorefield; Last: Collins
4. DATE OF DEATH: Month: May; Day: 26, ; Ye: 1966
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 8-31-1920
9. AGE (In years last birthday): 45
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 H: Hours: Mi:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi Driver
10b. KIND OF BUSINESS OR INDUSTRY: Taxi Service
11. BIRTHPLACE (State or foreign country): Surry Co., N. C.
12. CITIZEN OF WHAT COUNTR: USA
13. FATHER'S NAME: W. T. Collins
14. MOTHER'S MAIDEN NAME: Susie Pruitt
NAME OF HUSBAND OR WIFE: Lennis Blizard Collins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S NAME AND ADDRESS: Lennis B.Collins, 308 Austin Dr., Mt. Airy, N. C.

MEDICAL CERTIFICATION

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): Unknown — ?
ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*
DUE TO (b): (Had been drinking - was sobering up)
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a): Tuberculosis of the kidney.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ]
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 [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY OR TOWNSHIP COUNTY STA
21. *I attended the deceased from* DID NOT ATTEND *to* ..... 19..... *and last saw her/him alive on* ..... 19.....
Death occurred at 5:00 A. M. *on the date stated above; and to the best of my knowledge from the causes stated.*
22a. SIGNATURE (Degree or title): Robert M. Caldwell,M.D.,Health Director
22b. ADDRESS: Mount Airy, N. C.
22c. DATE SIGNED: 5/27/66

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/27/66
23c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
23d. LOCATION (City, town, or county) (State): Mount Airy, N. C.
24. DATE REC'D BY LOCAL REG. 5/30/66
25. REGISTRAR'S SIGNATURE
26. FUNERAL DIRECTOR ADDRESS: Moody Funeral Home, Mt. Airy, N. C.

FORM 11
Rev. 1-66

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH

Registration District No. 086-70 Local No. 49

CERTIFICATE OF DEATH

465

Type, or print in permanent black ink

Name of Deceased First	Middle	Last	Sex	Date of Death (Month, Day, Year)
1. Lester	Asa	Nunn	2. Male	3. 1-31-81

Color or Race	State of Birth (If not U.S.A., give Country)	County of Birth	Date of Birth	Age (In Years, Last Birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
4. White	5a. Va.	5b. Patrick	6. 10-30-17	7. 63		

Place of Death-County	City or Town	Name of Hospital or Institution (If not in either, give street and number)	If Hosp. or Inst. (Specify DOA, Emer Rm, Inpatient/OP)	Inside City Limits (Yes or No)
8a. Surry	8b. Mt. Airy	8c. at Home	8d. OP	8e. Yes

DECEASED

Residence - State	County	City or Town	Street and Number or R.F.D. & Box No.	Inside City Limits (Yes or No)
9a. N.C.	9b. Surry	9c. Mt. Airy	9d. 444 Worth St.	9e. Yes

Citizen of What Country?	Married, Never Married, Widowed, Divorced (Specify)	Surviving Spouse (If Wife, Give Maiden Name)
10. USA	11. Married	12. Lennis Blizzard Nunn

Social Security Number	Usual Occupation (Kind of work done during most of life, even if retired)	Kind of Business or Industry	Was Decedent Ever in U.S. Armed Forces? (Yes or No)
13. 182-18-2766	14a. Miner	14b. Coal Mining	15. No

PARENTS

Father's Name	Mother's Maiden Name
16. Ed Nunn	17. Ada Smith

Informant's Name and Address	Relation to Deceased
18a. Lennis Blizzard Nunn, 444 Worth St., Mt.Airy, N.C.	18b. Wife

LOCAL COPY

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

		*Approximate Interval Between Onset and Death
Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.	(a) Immediate Cause: Extensive Carcinomatosis (bones, brain, lung)	6 Mo.
	(b) Due to, or as a consequence of: Carcinoma Prostate	4 Years
19.	(c) Due to, or as a consequence of:	

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).
20a. Anemia secondary to Carcinoma.

Autopsy? (Yes or No)	If yes, were findings considered in determining cause of death	Was case referred to Medical Examiner (Yes or No)	Time of Death
20b. No	20c.	21. No	22. 7:45 A. M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

Name and Title of Certifier (Type or Print)	Address
23a. W. Eric Jarrell, M.D.	23b. Mt. Airy, N.C. 27030

Signature of Certifier	Date Signed
23c. W. Eric Jarrell, M.D.	23d. 2/3/81

BURIAL

Burial, Cremation, Other (Specify)	Date	Name of Cemetery or Crematory	Location (City, Town or County) (State)
24a. Burial	24b. 2-2-81	24c. Oakdale	24d. Mt. Airy, N.C.

Funeral Home Name Address	Signature of Funeral Director	License No.
25. Moody Funeral Home, Mt.Airy,N.C.	26. H. T. Hart	1042

Date Rec'd by Local Reg.	Signature of Registrar	Signature of Embalmer (If embalmed)	License No.
27a. 2/6/81	[illegible]	28. H. T. Hart	1042

DHS 1895
Form 11
Rev. 7/79

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH

086-70 Local No. 35

CERTIFICATE OF DEATH

37

Deceased	First	Middle	Last	Sex	Date of Death (Month, Day, Year)
	Myrtle	Emma	Blizzard	2. F	3. 1-24-84

Place	State of Birth (If not U.S.A., give Country)	County of Birth	Date of Birth	Age (In Years, Last Birthday)	If under 1 year: Months / Days	If under 24 hours: Hours / Min.
	5a. Va.	5b. Carroll	6. 9-3-02	7. 81		

Death-County	City or Town	Name of Hospital or Institution (If not in either, give street and number)	If Hosp. or Inst. (Specify DOA, Emer Rm, Inpatient or OP)	Inside City Limits (Yes or No)
Surry	8b. Mt. Airy	8c. Northern Surry Hospital	8d. Inpat.	8e. Yes

State	County	City or Town	Street and Number or R.F.D. & Box No.	Inside City Limits (Yes or No)
NC	9b. Surry	9c. Mt. Airy	9d. 522 Junction St.	9e. Yes

What Country?	Married, Never Married, Widowed, Divorced (Specify)	Surviving Spouse (If Wife, Give Maiden Name)
USA	11. Widowed	12.

Security Number	Usual Occupation (Kind of work done during most of life, even if retired)	Kind of Business or Industry	Was Decedent Ever in U.S. Armed Forces? (Yes or No)
237-03-6091	14a. Ret. Spencer's	14b. Textile	15. No

Name	Mother's Maiden Name
Tiny Harrison	17. Eliza Sechrist

Informant's Name and Address	Relation to Deceased
Mrs. Lucille Brinkley, Mt. Airy, N.C.	18b. Daughter

DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c)

		Approximate Interval Between Onset and Death
Enter, if any, which gave rise to the above cause (a), then the underlying cause last.	(a) Immediate Cause: Congestive Heart Failure	
	(b) Due to, or as a consequence of: Ischemic Cardiomyopathy	
	(c) Due to, or as a consequence of:	

19. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a). diarrhea, (3) Hypertension. (2) S/P Cholecystectomy and hemicolectomy (2) Malnutrition 2° protracted vomiting and

Autopsy	If yes, were findings considered in determining cause of death	Was case referred to Medical Examiner (Yes or No)	Time of Death
No	20c.	21.	22. 4:32 A. M.

CERTIFIER: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, CRIMINAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

Signature, Title of Certifier (Type or Print)	Address
Roger K. Kerley, M.D.	23b. Mount Airy, N.C. 27030

Signature of Certifier	Date Signed
Roger K. Kerley, M.D.	23d. 1-24-84

Cremation, Other	Date	Name of Cemetery or Crematory	Location (City, Town or County) (State)
Burial	24b. 1-26-84	24c. Oakdale	24d. Mt. Airy, N.C.

Funeral Home Name Address	Signature of Funeral Director	License No.
Moody Funeral Home, Mt. Airy, N.C.	26. H. T. Hart	1042

Received by Local Registrar	Signature of Registrar	Signature of Embalmer (If embalmed)	License No.
1-25-84	Odell M. Cockerham	28. H. T. Hart	1042

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECORDS SECTION

CERTIFICATE OF DEATH

B 84 P 205

Registration District No. 086-70 Local No. 208

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Burres Edward Blizard
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): 03/21/99
4. SOCIAL SECURITY NUMBER: 239-07-3328
5. AGE—Last Birthday (Years): 88
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Month, Day, Year): 02/09/11
7. BIRTHPLACE (County and State or Foreign Country): Forsyth
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
9a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Northern HospSurryCounty
9c. CITY, TOWN, OR LOCATION OF DEATH: Mount Airy
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: Surry
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): married
11. SURVIVING SPOUSE (If wife, give maiden name): Ella L.Hicks Blizard
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): assembly
12b. KIND OF BUSINESS/INDUSTRY: Automobile
13a. RESIDENCE—STATE: NC
13b. COUNTY: Surry
13c. CITY, TOWN, OR LOCATION: Mount Airy
13d. STREET AND NUMBER: 600 Lori Lane
13e. INSIDE CITY LIMITS? (Yes or No): No
13f. ZIP CODE: 27030
14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)
15. RACE—American Indian, Black, White, Etc. (Specify): white
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+): 6th

PARENTS

17. FATHER'S NAME (First, Middle, Last): Everett E. Blizard, Sr.
18. MOTHER'S NAME (First, Middle, Maiden Surname): Minnie Cale Blizard

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ella Blizard
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 600 Lori Lane, Mount Airy, NC 27030
19c. DATE AMENDED:

CAUSE OF DEATH

Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

Approximate Interval Between Onset and Death

20a. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Alzheimer's Dementia — Approximate Interval: 4 yrs

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

20b.

21a. AUTOPSY? (Yes or No): No
21b. If yes, were findings considered in determining cause of death?
21c. Was case referred to Medical Examiner? (Yes or No): No
22. TIME OF DEATH: 12:35 PM

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER: W Borden Hooks MD
23b. DATE SIGNED (Month, Day, Year): 4/25/99
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): W. Borden Hooks, MD, 865 West Lake Drive, Mount Airy, NC 27030

DISPOSITION

25a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Skyline Memory Gardens
25c. LOCATION — City or Town, State, Zip Code: Mount Airy, NC 27030
26a. NAME AND ADDRESS OF FUNERAL HOME: Howell Funeral Service, Inc., Mount Airy, NC 27030
26b. SIGNATURE OF FUNERAL DIRECTOR: Ralph D. Howell
26c. LICENSE NUMBER: F.S. 2236
27. REGISTRAR'S SIGNATURE: Dolton J. Lyons MD
28. DATE FILED (Month, Day, Year): 3-31-99
26d. SIGNATURE OF EMBALMER: Ralph D. Howell
26e. LICENSE NUMBER: F.S. 2236

DEHNR 1872
(Revised 2/94
Review 2/97)
VITAL RECORDS

B 81 P 20

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECORDS SECTION

CERTIFICATE OF DEATH

Registration District No. 086-70 Local No. 34

1. DECEDENT'S NAME (First, Middle, Last): Ralph Henry Coe				2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): January 9, 1996
4. SOCIAL SECURITY NUMBER: 240-18-5975	5. AGE—Last Birthday (Years): 75	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year): Aug. 21, 1920	7. BIRTHPLACE (County and State or Foreign Country): Surry Co. N.C.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): Yes	9a. PLACE OF DEATH (Check only one): ☒ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number): Northern Hospital of Surry	9c. CITY, TOWN, OR LOCATION OF DEATH: Mount Airy	9d. INSIDE CITY LIMITS? (Yes or No): Yes	9e. COUNTY OF DEATH: Surry		
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Ila Tate Coe	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Auto Body Repairman	12b. KIND OF BUSINESS/INDUSTRY: Automotive		
13a. RESIDENCE—STATE: N.C.	13b. COUNTY: Surry Co.	13c. CITY, TOWN, OR LOCATION: Mount Airy	13d. STREET AND NUMBER: 20 Haynes Circle		
13e. INSIDE CITY LIMITS? (Yes or No): No	13f. ZIP CODE: 27030	14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)	15. RACE—American Indian, Black, White, Etc. (Specify): White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+): 5th	
PARENTS 17. FATHER'S NAME (First, Middle, Last): James Pete Coe		18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Branscome Coe			
INFORMANT 19a. INFORMANT'S NAME (Type/Print): Ila Tate Coe	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 20 Haynes Cr. Mt. Airy, N.C. 27030	19c. DATE AMENDED			

CAUSE OF DEATH

Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Adult Respiratory Distress	4 day
DUE TO (OR AS A CONSEQUENCE OF):		
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	b. Acute Myocardial Infarction	1 week
DUE TO (OR AS A CONSEQUENCE OF):		
	c.	
DUE TO (OR AS A CONSEQUENCE OF):		
20a.	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

20b. ASCVD, CHF

21a. AUTOPSY? (Yes or No)	21b. If yes, were findings considered in determining cause of death?	21c. Was case referred to Medical Examiner? (Yes or No)	22. TIME OF DEATH
No		No	4:00 P.M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER	23b. DATE SIGNED (Month, Day, Year)
D. Nelson Gardner	1-19-96

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): D. Nelson Gardner, MD 865 Westlake Drive, Mount Airy, NC 27030

DISPOSITION

METHOD OF DISPOSITION	25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	25c. LOCATION — City or Town, State, Zip Code
☒ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other	Skyline Memory Gardens	Mount Airy, N.C. 27030

26a. NAME AND ADDRESS OF FUNERAL HOME	26b. SIGNATURE OF FUNERAL DIRECTOR	26c. LICENSE NUMBER
Mt. Airy, N.C. 27030 Moody's Funeral Services P.O. Box 1288	James L. McCraw	3495
27. REGISTRAR'S SIGNATURE	**28. DATE FILED (Month, Day, Year)**	**26d. SIGNATURE OF EMBALMER** / **26e. LICENSE NUMBER**
Walter J. Lucy M.D.	1-23-96	Gregory J. Dorminy 1322

DEHNR 1872
(Revised 2/94
Review 2/97)
VITAL RECORDS

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 0036 PAGE 0212.
WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
County GUILFORD Registration District No. _____ State _____ Register No. 212
Township _____ or Village _____ or
City HIGH POINT, N. C. No. _____ St. _____ Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Nettie M McIntyre

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

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

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Fem | 4 Color or Race WHITE | 5 Single, Married, Widowed, or Divorced (write the word) Single

6 If married, widowed, or divorced: Husband of (or) Wife of /

7 Date of Birth (month, day, and year) 9/17/1907

7 Age: years 24 | Months 8 | Days 12 | If LESS than 1 day, _____ hrs. or _____ min.

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9 Birthplace (city or town) Me
(State or country)

10 Name of Father M H McIntyre

11 Birthplace of Father (city or town) Me
(State or country)

12 Maiden Name of Mother Emma Bliggard

13 Birthplace of Mother (city or town) _____
(State or country)

14 Informant Lewis McIntyre
(Address) HIGH POINT, N. C.

15 Date 5/31/27
HIGH POINT, N. C. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 5-29-27

17
I HEREBY CERTIFY, That I attended deceased from 5-15-, 1927 to 5-29-27 1927
that I last saw h alive on 5-27-27, 1927
and that death occurred, on the date stated above, at 3.40 P. m.
The CAUSE OF DEATH* was as follows:

Pulmonary (T.B.)

_____ (duration) _____ yrs. _____ mos. _____ da.

Contributory (SECONDARY) _____

_____ (duration) _____ yrs. _____ mos. _____ da.

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

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J J Mann M. D.
5/31/27 (Address) HIGH POINT, 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: HIGH POINT, N. C. | Date of Burial: 5/31/27

20 Undertaker Yow Funeral Home | Address HIGH POINT

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.

WITNESS MY HAND AND SEAL THIS ____ OF _____, ____.

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

105

U. S. V. S.—Form 11

314

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Guilford State Registered No. 18
Township Jamestown or Village or
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 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Louie L. McIntyre
(a) Residence: No. St. Ward
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, and year)
8. AGE — Years: 21 Months: 6 Days: 17 If LESS than 1 day, hrs. or min.
9. (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill worker
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Textile
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) Surrey Co
(State or country) N C
13. NAME OF FATHER Wm H. McIntyre
14. BIRTHPLACE (city or town) N C
(State or country)
15. MAIDEN NAME OF MOTHER Minnie Blizzard
16. BIRTHPLACE (city or town) N C
(State or country)
17. INFORMANT Mrs Minnie McIntyre
(Address) High Point, N C
18. BURIAL, CREMATION, OR REMOVAL Piedmont Burial Date 4-13-1930
19. UNDERTAKER Piedmont Funeral Home
(Address) High Point, N C
20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4-11-1930
22. I HEREBY CERTIFY, That I attended deceased from 12-2-1929 to 4-11-1930
I last saw he alive on 4-11-1930 death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Pulmonary tuberculosis	Sept 19

Contributory causes of importance not related to principal cause: Tuberculosis Laryngitis

Name of operation None 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? No Date of injury 19
Where did injury occur? No
(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) Jno L. Smith Administrator M. D.

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 0029 PAGE 0733.
WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Registration District No. _____
County Guilford State N. C. Register No. 733
Township Gilmer or Village _____ or
City Greensboro No. St. Leo's Hospital St. _____ Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Miss Emma McIntyre

(a) Residence. No. _____ St. _____ Ward. Greensboro, N. C. R4
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 hrs. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6a If married, widowed, or divorced Husband of (or) Wife of Single

6 Date of Birth (month, day, and year) D. K.

7 Age	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 Birthplace (city or town) S. C.
(State or country)

10 Name of Father D. K.

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

12 Maiden Name of Mother D. K.

13 Birthplace of Mother (city or town)
(State or country)

14 Informant Mrs. Geo. Ammons
(Address) Greensboro-R 4

15 Filed 11-27-28 C. C. Hudson, M. D.
B REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 11-24-28

17 I HEREBY CERTIFY, That I attended deceased from Nov. 25 28 Nov. 25--28, to, that I last saw h er alive on Nov. 25-28, and that death occurred, on the date stated above, at 9:P m.

The CAUSE OF DEATH* was as follows:

Fracture of skull
(Automobile accident)
(duration) yrs. mos. ds.

Contributory (SECONDARY) 4 hrs.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On Public Highway
Did an operation precede death? Summit Ave. Ext. Date of
Was there an autopsy? No
What test confirmed diagnosis? No
Examination

(Signed) A. D. Ownbey M. D.
11-26-28 (Address) Greensboro, 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	Date of Burial
Green Hill	11-26-28

20 Undertaker Poole & Blue, Inc. Address Greensboro N.C.

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

86-00 REGISTRAR'S CERTIFICATE NO. 27

241

rry	b. TOWNSHIP Mt. Airy	c. LENGTH OF STAY (in Ia)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE N. C. b. COUNTY Surry
Mt. Airy	Is Place of Death Within City Limits? YES ☐ NO ☒		c. CITY OR TOWN Mt. Airy — Is Place of Residence: In City Limits? YES ☐ NO ☒ On a Farm? YES ☐ NO ☒
ome: Rt. 2, Mt. Airy, N.C.	(If not in hospital or institution, give street address or location)		d. STREET ADDRESS or R. F. D. NO. Rt. 2

First	Middle	Last	4. DATE OF DEATH Month Day Year
, Donald (Don)		McKellar	Jan. 22, 1961

6. COLOR OR RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
White	WIDOWED ☒	5-26-1870	90		

10a. OCCUPATION (Give kind of work during life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stonecutter		Furnace Scotland	USA

	14. MOTHER'S MAIDEN NAME	NAME OF HUSBAND OR WIFE
ellar	Jessie Fletcher	Mae Blizzard Nunn, Dec'd.

15. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME AND ADDRESS
		Miss Bessie McKellar - Rt. 2, Mt. Airy, N.

DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).

DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
E CAUSE (a) Lobar pneumonia	
NT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*	
DUE TO (b) Chronic Bronchiectasis	
DUE TO (c)	
HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Nutritional deficiency	19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

TH, DAY, YEAR HOUR	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY OR TOWNSHIP	COUNTY	STATE
M.					

I attended the deceased from Jan. 19 1961 to Jan. 22, 1961 and last saw her/him alive on Jan. 21 1961
at 4:15 A. m on the date stated above; and to the best of my knowledge from the causes stated.

	(Degree or title)	22b. ADDRESS	22c. DATE SIGNED
nzo Sutter, M.D.		Mt. Airy, N. C.	1/23/61

MA- (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
	1/24/61	Oakdale	Mt. Airy, N. C.

Y LOCAL	24. REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
/61	[signature]	Moody Funeral Home, Mt. Airy, N. C.

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH

609

REGISTRATION DISTRICT NO. 86-00 REGISTRAR'S CERTIFICATE NO. 173

THIS COPY TO REGISTER OF DEEDS ON FIFTH OF MONTH
MARGIN RESERVED FOR BINDING
TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Surry
b. TOWNSHIP: Mt. Airy
c. LENGTH OF STAY (in 1a):
d. CITY OR TOWN: Mt. Airy
Is Place of Death Within City Limits? YES ☐ NO ☒
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Route 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: N. C.
b. COUNTY: Surry
c. CITY OR TOWN: Mt. Airy
Is Place of Residence: In City Limits? YES ☐ NO ☒ On a Farm? YES ☐ NO ☒
d. STREET ADDRESS or R. F. D. NO.: Route 2

3. NAME OF DECEASED (Type or Print): First: Mae Middle: Blizzard Last: Nunn McKellar
4. DATE OF DEATH: Month Day Year: July 1, 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Mar. 26, 1892
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wilkes Co., N. C.
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: John Blizzard
14. MOTHER'S MAIDEN NAME: Elizabeth Thompson
NAME OF HUSBAND OR WIFE: Don McKellar
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 243-03-6152
17. INFORMANT'S NAME AND ADDRESS: Mrs. R. L. Gardner, Mt. Airy, N. C.

MEDICAL CERTIFICATION

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): Cerebral metastasis
ANTECEDENT CAUSES—*Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.*
DUE TO (b): Carcinoma of breast
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 ☐ NO ☒
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐
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 ☐ NOT WHILE AT WORK ☐
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* Aug. 31, 19 59, *to* June 30, 19 59, *and last saw her him alive on* June 30, 19 59
Death occurred at 6:05 a m *on the date stated above; and to the best of my knowledge from the causes stated.*
22a. SIGNATURE: Dr. Renzo Sutter, (Degree or title) M. D.
22b. ADDRESS: Mt. Airy, N. C.
22c. DATE SIGNED: 7-1-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-1-59
23c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery
23d. LOCATION (City, town, or county) (State): Mt. Airy, N. C.
24. DATE REC'D BY LOCAL REG.: 7-7-59
25. REGISTRAR'S SIGNATURE: Wade C. Hankins
26. FUNERAL DIRECTOR ADDRESS: Moody Funeral Home, Mt. Airy, N. C.

FORM 11
Rev. 1-56

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS OF RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 0047 PAGE 0644.

WITNESS MY HAND AND SEAL THIS ____ OF _____, _____.

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

D. V. S.—Form 11
64-x

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Guilford Registration District No. 41-09 Certificate No. 38
Township Jamestown or Village ____ or
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 0 yrs. 5 mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Minnie McDougles
(a) Residence: No. ____ St. ____ Ward ____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W
5. Single, Married, Widowed, or Divorced (write the word)
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 8-13-1907
7. AGE: Years 27 | Months 0 | Days 17 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as farmer, lawyer, bookkeeper, etc. Textile worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ____
11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Mt. Airy, N. C.
(State or country)

FATHER
13. NAME W. H. McIntyre
14. BIRTHPLACE (city or town) N. C.
(State or country)

MOTHER
15. MAIDEN NAME Emma Blizzard
16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT E. H. McIntyre
(Address) High Point, N. C.

18. BURIAL, CREMATION, OR REMOVAL Diamond Hill Date 9-1- 1934
19. UNDERTAKER Lehrer Funeral Home
(Address) High Point, N. C.

20. FILED Sept 1, 1934 Mae Featherstone
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8-30- 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-7- 1934 to 8-30- 1934
I last saw her alive on 8-30- 1934 death is said to have occurred on the date stated above, at 10:30 P. m.

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

	Date of onset
Cerebral Embolism	
Endocarditis	

Contributory causes of importance not related to principal cause:

Pulmonary tuberculosis	
Pr. Jem Tuberculosis	

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) F. J. Harbo Jr. M. D.
(Address) Jamestown, N. C.

1/39

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 0255 PAGE 2020.

WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____

DEPUTY REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES – VITAL RECORDS BRANCH
CERTIFICATE OF DEATH

2020

Registration District No. 04195 Local No. _____

Type, or print in permanent black ink

DECEASED

1. Name of Deceased: First	Middle	Last	2. Sex	3. Date of Death (Month, Day, Year)
Alma	Henrietta	Grundman	Female	June 25 1986

4. Color or Race	5a. State of Birth (If not U.S.A., give Country)	5b. County of Birth	6. Date of Birth	7. Age (In Years Last Birthday)	If under 1 year: Months	Days	If under 24 hours: Hours	Min.
White	North Carolina	Randolph	August 9 1890	95				

8a. Place of Death-County	8b. City or Town	8c. Name of Hospital or Institution (If not in either, give Street and Number)	8d. If Hosp. or Inst. (Specify DOA, Emer Rm, Inpatient)	8e. Inside City Limits (Yes or No)
Guilford	Greensboro	2204 Lynette Drive		Yes

9a. Residence - State	9b. County	9c. City or Town	9d. Street and Number or R.F.D. & Box No.	9e. Inside City Limits (Yes or No)
North Carolina	Guilford	Greensboro	2204 Lynette Drive	Yes

10. Citizen of What Country?	11. Married, Never Married, Widowed, Divorced (Specify)	12. Surviving Spouse (If Wife, Give Maiden Name)
U. S. A.	Widowed	

13. Social Security Number	14a. Usual Occupation (Kind of work done during most of life, even if retired)	14b. Kind of Business or Industry	15. Was Decedent Ever in U.S. Armed Forces? (Yes or No)
238-14-3244	Homemaker	Own Home	No

PARENTS

16. Father's Name	17. Mother's Maiden Name
Samuel McKindley Rike	Roella Blizzard

18a. Informant's Name and Address	18b. Relation to Deceased
Mrs. Margaret G. Highfill-826 W Terrell Street-Greensboro, North Carolina 27406	Daughter

CAUSE

PART I. DEATH CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last.

19.

		Approximate Interval: Between Onset and Death
(a) Immediate Cause:	Aspiration pneumonia	3-4 days
(b) Due to, or as a consequence of:	Chronic brain syndrome	years
(c) Due to, or as a consequence of:	Cerebral arteriosclerosis	years

PART II. Other Significant Conditions Contributing to Death but not related to cause given in Part I(a).

20a. dehydration Seizure disorder A.S.H.D. C.H.F.

20b. Autopsy? (Yes or No)	20c. If yes, were findings considered in determining cause of death	21. Was case referred to Medical Examiner (Yes or No)	22. Time of Death
No		No	4:05 Am M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. Name and Title of Certifier (Type or Print)	23b. Address
Dr. John W. Sawyer	609 Walter Reed Drive-Greensboro, North Carolina

Sign with permanent black ink.

23c. Signature of Certifier	23d. Date Signed
John W Sawyer MD	6-30-86

BURIAL

24a. Burial, Cremation, Other (Specify)	24b. Date	24c. Name of Cemetery or Crematory	24d. Location (City, Town or County)	(State)
Burial	6-27-1986	Guilford Memorial Park	Guilford County	North Carolina

25. Funeral Home: Name	Address	26. Signature of Funeral Director	License No.
HANES-LINEBERRY	GReensboro, North Carolina	W Frank Morris	464

27a. Date Rec'd by Local Reg.	27b. Signature of Registrar	28. Signature of Embalmer (If embalmed)	License No.
6-30-86	J K Holliday MD CK	Russell Brumgraw	1374

DHS 1872
FORM 8
REV. 7/79

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.

WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF DEATH 115

REGISTRATION DISTRICT NO. 41.95 REGISTRAR'S CERTIFICATE NO. 398

TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

1. PLACE OF DEATH: a. COUNTY Guilford; b. TOWNSHIP Gilmer; c. LENGTH OF STAY (in hospital)
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE N.C.; b. COUNTY Guilford
d. CITY OR TOWN Greensboro; Is Place of Death Within City Limits? YES [X] NO [ ]
e. CITY OR TOWN Greensboro; Is Place of Residence: In City Limits? YES [X] NO [ ]; On a Farm? YES [ ] NO [ ]
e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cone Memorial Hospital
d. STREET ADDRESS or R. F. D. NO. 818 Terrell St.

3. NAME OF DECEASED (Type or Print): First Augustus; Middle Lewis; Last Grundman
4. DATE OF DEATH: Month Day Year: 4-17-60
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 2-17-1887
9. AGE (In years last birthday): 73; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): N.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Augustus Grundman
14. MOTHER'S MAIDEN NAME: Eliza Wade Fields
NAME OF HUSBAND OR WIFE: Alma Rike
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.: 238-14-3244
17. INFORMANT'S NAME AND ADDRESS: Mrs. Alma R. Grundman, Greensboro, N.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: app. 3 weeks
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic pyelonephritis — unknown
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 [X] NO [ ]
20a. ACCIDENT SUICIDE HOMICIDE [ ] [ ] [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 April 7 19 60 to April 17 19 60 and last saw her/him alive on April 17 19 60
Death occurred at 9:15 m on the date stated above; and to the best of my knowledge from the causes stated.
22a. SIGNATURE (Degree or title): J.W. Allgood, M.D.
22b. ADDRESS: Greensboro, N.C.
22c. DATE SIGNED: 4-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-19-60
23c. NAME OF CEMETERY OR CREMATORY: Guilford Memorial Park
23d. LOCATION (City, town, or county) (State): Greensboro, N.C.
24. DATE REC'D BY LOCAL REG. 4-21-60
25. REGISTRAR'S SIGNATURE: E.H. Ellinwood, M.D. - bm
26. FUNERAL DIRECTOR ADDRESS: Lambeth-Troxler, Greensboro, N.C.

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEA[illegible]'D NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECO. SECTION

CERTIFICATE OF DEATH

Registration District No. 086-61 Local No. 338 E 075 0489

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): NORMA NUNN MORRISON WOLFE
2. SEX: F
3. DATE OF DEATH (Month, Day, Year): 7-19-90
4. SOCIAL SECURITY NUMBER: 240-07-0711A
5. AGE — Last Birthday (Years): 69
5b. UNDER 1 YEAR — Months / Days:
5c. UNDER 1 DAY — Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): 9-15-20
7. BIRTHPLACE (City and State or Foreign Country): WALNUT COVE, NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): NO
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): HUGH CHATHAM MEMORIAL HOSP.
9c. CITY, TOWN, OR LOCATION OF DEATH: ELKIN
9d. INSIDE CITY LIMITS? (Yes or No): YES
9e. COUNTY OF DEATH: SURRY
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): CHARLES WOLFE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: HOME
13a. RESIDENCE — STATE: NC
13b. COUNTY: SURRY
13c. CITY, TOWN, OR LOCATION: ELKIN
13d. STREET AND NUMBER: 112 ELLER ST.
13e. INSIDE CITY LIMITS (Yes or No): YES
13f. ZIP CODE: 28621
14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No (Specify)
15. RACE — American Indian, Black, White, etc. (Specify): WHITE
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0–12) College (13–17+): 12

PARENTS

17. FATHER'S NAME (First, Middle, Last): ROBERT SAMUEL NUNN
18. MOTHER'S NAME (First, Middle, Maiden Surname): MAE BLIZARD

INFORMANT

19a. INFORMANT'S NAME (Type/Print): CHARLES WOLFE
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 112 ELLER ST. ELKIN, NC 28621

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	Metabolic Effects of Widespread Metastatic Carcinoma of Breast	2 wks
DUE TO (OR AS A CONSEQUENCE OF): b.	Carcinoma of Breast	1981
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): c.		
20a. d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

20b.

21a. AUTOPSY? (Yes or No)	21b. If yes, were findings considered in determining cause of death?	21c. Was case referred to Medical Examiner? (Yes or No)	22. TIME OF DEATH
NO			M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER: [signature]
23b. DATE SIGNED (Month, Day, Year): 8/6/90

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): DR. EVAN A. BALLARD RT. 2 BOX 384 JONESVILLE, NC 28642

DISPOSITION

25a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal [ ] Donation [ ] Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): PILOT MTN. CITY CEMETERY
25c. LOCATION — City or Town, State, Zip Code: PILOT MTN., NC 27041
26a. NAME AND ADDRESS OF FUNERAL HOME: JONES-PHILLIPS MT. AIRY
26b. SIGNATURE OF FUNERAL DIRECTOR: [signature]
26c. LICENSE NUMBER: #1723
27. REGISTRAR'S SIGNATURE: [signature]
28. DATE FILED (Month, Day, Year): 8-9-90
26d. SIGNATURE OF EMBALMER: [signature]
26e. LICENSE NUMBER: #1723

DEHNR 1872
(Revised 10/89)
VITAL RECORDS

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.

WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
Day Month Year

_____ REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY — VITAL RECORDS SECTION

CERTIFICATE OF DEATH

001016

Registration District No. 041:96 Local No. _____

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): OTIS ANDERSON NUNN
2. SEX: M
3. DATE OF DEATH (Month, Day, Year): March 21, 1993
4. SOCIAL SECURITY NUMBER: 186-07-7359
5. AGE — Last Birthday (Years): 77
5b. UNDER 1 YEAR — Months / Days:
5c. UNDER 1 DAY — Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): May 31, 1915
7. BIRTHPLACE (County and State or Foreign Country): Stokes County, NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): No
8a. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9a. FACILITY NAME (If not institution, give street and number): High Point Regional Hospital
9b. CITY, TOWN, OR LOCATION OF DEATH: High Point
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: Guilford
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Pauline Hunt
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Freight Line
13a. RESIDENCE — STATE: N. C.
13b. COUNTY: Guilford
13c. CITY, TOWN, OR LOCATION: High Point
13d. STREET AND NUMBER: 215 Irbywood Drive
13e. INSIDE CITY LIMITS (Yes or No): Yes
13f. ZIP CODE: 27262
14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)
15. RACE — American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+): 8

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert Samuel Nunn
18. MOTHER'S NAME (First, Middle, Maiden Surname): May Blizzard

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Pauline H. Nunn
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 215 Irbywood Dr., High Point, N. C. 27262

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Myocardial infarction minutes
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
b. _____
DUE TO (OR AS A CONSEQUENCE OF):
c. _____
DUE TO (OR AS A CONSEQUENCE OF):
20a. d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
20b.

21a. AUTOPSY? (Yes or No): No
21b. If yes, were findings considered in determining cause of death?
21c. Was case referred to Medical Examiner? (Yes or No): No
22. TIME OF DEATH: 1:27 P. M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER: Theresa Terrell M.D.
23b. DATE SIGNED (Month, Day, Year): 3-23-93
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Theresa Terrell MD High Point N. C. 27262

DISPOSITION

25a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): City Cemetery
25c. LOCATION — City or Town, State, Zip Code: Pilot Mountain, N. C.
26a. NAME AND ADDRESS OF FUNERAL HOME: Sechrest - High Point, N. C. 27262
26b. SIGNATURE OF FUNERAL DIRECTOR: [signature]
26c. LICENSE NUMBER: 3337
27. REGISTRAR'S SIGNATURE: Ronald W. Austin CR
28. DATE FILED (Month, Day, Year): 3-26-93
26d. SIGNATURE OF EMBALMER: James P. Cannaday
26e. LICENSE NUMBER: 1465

DEHNR 1872 (Revised 1/93) VITAL RECORDS

36

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 0043 PAGE 0148.
WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

148 C.—Form 11

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(41-22791)

DEATH to plain print, so that it may be properly classified. Read instructions on back of certificate. Insert statement of OCCUPATION in very fu

1. PLACE OF DEATH — Registered No. 87
County GUILFORD — State — or Village — or
Township — City HIGH POINT, N. C. — No. — (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 Leonard Pickett.
(a) Residence: No. — St. — Ward. — (If nonresident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single, Married, Widowed, or Divorced (write the word) Married
HUSBAND of (or) WIFE of Mrs Rodella Pilgrard
6. DATE OF BIRTH (month, day, and year) 11/28/1866
7. AGE — Years 67 — Months 3 — Days 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.
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) Ne

FATHER
13. NAME Leonard Pickett.
14. BIRTHPLACE (city or town) (State or country) Ne

MOTHER
15. MAIDEN NAME Miss Mill. Carr
16. BIRTHPLACE (city or town) (State or country) Ne

17. INFORMANT Mrs Cameron Wilson
(Address) [illegible]
18. BURIAL, CREMATION, OR REMOVAL Place Mountain Pk Date 2 Feb 1933
19. UNDERTAKER Hoskins & Lacy
(Address) [illegible]
20. FILED 2 Feb 1933 [illegible] Registrar
HIGH POINT, N. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/1/1933
22. I HEREBY CERTIFY, That I attended deceased from 2/24/26 to 2/1/33
I last saw him alive on 2/1/33, death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance in order of onset here as follows:

	Date of onset
Injury Abscess,	
Goitrous Goiter	
Pneumonia	
Contributory causes of importance not related to principal cause:	

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) Ernest A Newsom M. D.
(Address) 309 3rd HIGH POINT, N. C.

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE CENTER FOR HEALTH STATISTICS - N.C. VITAL RECORDS

CERTIFICATE OF DEATH

B 85 P 446

Registration District No. 0870 Local No. 447

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Ruby Lelia Blizard Roberts
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): June 22, 2000
4. SOCIAL SECURITY NUMBER: 243-03-6494
5. AGE - Last Birthday (Years): 85
5a. UNDER 1 YEAR - Months:
5b. UNDER 1 YEAR - Days:
5c. UNDER 1 DAY - Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): Oct 16, 1914
7. BIRTHPLACE (County and State or Foreign Country): Surry County, NC
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): No
9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Surry Community Nursing Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Mount Airy
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: Surry
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Shipping Assistant
12b. KIND OF BUSINESS/INDUSTRY: Ladies Apparel Mfg
13a. RESIDENCE - STATE: North Carolina
13b. COUNTY: Surry
13c. CITY, TOWN, OR LOCATION: Mount Airy
13d. STREET AND NUMBER: 122 Taylor Street
13e. INSIDE CITY LIMITS (Yes or No): Yes
13f. ZIP CODE: 27030
14. Was Decedent of Hispanic Origin? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No (Specify)
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+): 11

PARENTS

17. FATHER'S NAME (First, Middle, Last): Robert Anderson Blizard
18. MOTHER'S NAME (First, Middle, Maiden Surname): Cavie Elma Montgomery

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Betty Coe
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 824 East Country Club Road, Mount Airy, NC 27030
19c. DATE AMENDED:

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol or drug use. List only one cause on each line. (PRINT or TYPE)

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Pneumonia Fever
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
b. Dementia S/P Hip fracture
DUE TO (OR AS A CONSEQUENCE OF):
c. Anorexia
DUE TO (OR AS A CONSEQUENCE OF):
d.

20a. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use, diabetes, etc.

20b.

21a. AUTOPSY? (Yes or No): No
21b. If yes, were findings considered in determining cause of death?
21c. Was case referred to Medical Examiner? (Yes or No): No
22. TIME OF DEATH: 12:05 A M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

FILE

23a. SIGNATURE AND TITLE OF CERTIFIER: Lori Coe MD
23b. DATE SIGNED (Month, Day, Year): 8/20/00
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Dr. Lori Coe P. O. Box 2468 King, NC 27021

DISPOSITION

25a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oakdale Cemetery
25c. LOCATION - City or Town, State, Zip Code: Mount Airy, NC 27030,
26a. NAME AND ADDRESS OF FUNERAL HOME: Moody Funeral Svcs. Inc. PO Box 1288 Mt. Airy, NC, 27030
26b. SIGNATURE OF FUNERAL DIRECTOR: Jimmy L. McCraw
26c. LICENSE NUMBER: FD 3495
27. REGISTRAR'S SIGNATURE: David Atkinson
28. DATE FILED (Month, Day, Year): 8-28-2000
26d. SIGNATURE OF EMBALMER: Richard W. Puckett
26e. LICENSE NUMBER: FS 1651

Substitute for DHHS 1872 (V.R. Review 8/94) VITAL RECORDS DSSI Form NC1

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.

WITNESS MY HAND AND SEAL THIS ____ OF _____, _____.

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

374

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 04195 LOCAL NO. 757

1. NAME OF DECEASED: Donree Blizard Murphy
2. DATE OF DEATH: May 14,1975
3. SEX: Female
4. COLOR OR RACE: White
5. STATE OF BIRTH: North Carolina
6. DATE OF BIRTH: April 10,1925
7. AGE: 50
8a. PLACE OF DEATH COUNTY: Guilford
8b. CITY OR TOWN: Greensboro
9a. USUAL RESIDENCE STATE: North Carolina
9b. COUNTY: Guilford
9c. CITY OR TOWN: Greensboro
9d. INSIDE CITY LIMITS: Yes
9e. STREET ADDRESS OR R.F.D. No.: 1411 Hardie St.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Divorced
11. SURVIVING SPOUSE
12. SOCIAL SECURITY NUMBER: 242-28-8886
13. CITIZEN OF WHAT COUNTRY: U.S.A.
14a. USUAL OCCUPATION: Waitress
14b. KIND OF BUSINESS OR INDUSTRY: Denoes Steak Hou
15. FATHER'S NAME: Walter W. Blizard
16. MOTHER'S MAIDEN NAME: Lottie Haynes
17. INFORMANT'S NAME AND ADDRESS: Jack Glenn Murphy 3919 Kipling Drive, Greensboro, North Carolina

PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR 18a, 18b, 18c)

(APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)

18a. IMMEDIATE CAUSE: Respiratory Arrest
18b. DUE TO, OR AS A CONSEQUENCE OF: Cardiac Arrest
18c. DUE TO, OR AS A CONSEQUENCE OF: Shock / Sepsis

(CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(S), STATING THE UNDERLYING CAUSE LAST)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: Adrenal Metastasis

19a. AUTOPSY (YES OR NO): Yes
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): No
20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20c. TIME OF INJURY (MONTH, DAY, YEAR, HOUR)
20d. INJURY AT WORK (SPECIFY YES OR NO)
20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. SPECIFY)
20f. CITY OR R.F.D. / COUNTY / STATE

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 5-2 19 75 TO 5-14 19 75 SAW HIM/HER ALIVE ON 5-14 19 75 DEATH OCCURRED AT 7:15 P.M. DUE TO THE CAUSES STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED.

CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED ABOVE. THE DECEDENT WAS PRONOUNCED DEAD AT 7:15 A.M. ON 5-14 19 75

23. SIGNATURE OF CERTIFIER: Michael R. Leonetti, M.D.
23a. DATE SIGNED: 5-17-75
23b. ADDRESS: 200 E Northwood

24a. BURIAL, CREMATION, OTHER (SPECIFY): Burial
24b. DATE: 5/18/75
24c. NAME OF CEMETERY OR CREMATORY: Guilford Mem. Park
24d. LOCATION (CITY, TOWN, OR COUNTY / STATE): Guilford Co. N.C.
25. FUNERAL HOME (NAME, ADDRESS): Hanes-Lineberry Greensboro, N.C.
26. SIGNATURE OF FUNERAL DIRECTOR: Norman H. Yates
LICENSE NO.: 1084
27. DATE RECD BY LOCAL REG.: 5/21/75
28. SIGNATURE OF REGISTRAR: Grace F. Morrow, MSW
29. SIGNATURE OF EMBALMER: Norman H. Yates
LICENSE NO.: 530

168

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

1 PLACE OF DEATH Registration District No. 62-5830

County Montgomery State Register No. 10

Township Troy or Village or

City No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daisy Myrtle Millikin

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a If married, widowed, or divorced
Husband of
(or) Wife of

Date of birth (month, day, and year) 1888

7 Age	Months	Days	If LESS than 1 day, hrs. or min.
34 years			

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 Birthplace (city or town) Randolph County N. C.
(State or country)

Parents

10 Name of Father W. B. Millikin

11 Birthplace of Father (city or town) Randolph Co.
(State or country) N. C.

12 Maiden Name of Mother Parthina Blalock

13 Birthplace of Mother (city or town) Randolph Co
(State or country) N. C.

14 Informant W. B. Millikin
(Address) Troy, N. C.

15 Filed 6/20 1922 Dr. C. D'Albyns
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) June 13 1922

17 I HEREBY CERTIFY, That I attended deceased from June 13, 1922 to June 13, 1922
that I last saw h.. alive on June 13, 1922
and that death occurred, on the date stated above, at 12 A. m.
The CAUSE OF DEATH* was as follows:
Peritonitis
(duration) yrs. mos. 10 ds.
Contributory (SECONDARY)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) C. D'Albyns, M.D.
6/14, 1922 (Address) Troy

*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	Date of Burial
Eldorado Cemetery Montgomery Co. N. C.	6/14 1922
20 Undertaker No Undertaker	Address

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. '59-035410

BIRTH NO.

REGISTRAR'S NO. 2931

1. PLACE OF DEATH a. COUNTY: HILLSBOROUGH	CODE NO. 39-20	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) FLORIDA HILLSBOROUGH	
b. CITY, TOWN, OR LOCATION: TAMPA	c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐	c. CITY, TOWN, OR LOCATION: TAMPA	e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): ST. JOSEPH HOSPITAL	e. LENGTH OF STAY IN: 6 YRS	d. STREET ADDRESS: 2508 ST. ISABELLE ST.	ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print)	First: ELDIE	Middle: IRENE	Last: LASHMIT	4. DATE OF DEATH	Month: OCTOBER	Day: 25	Year: 1959
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	DATE OF BIRTH: JUNE 3, 1916	9. AGE (In years last birthday): 43	IF UNDER 1 YEAR OR UNDER 24 HRS. Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY: NONE	11. BIRTHPLACE (State or foreign country): LEXINGTON, N.C.	12. CITIZEN OF WHAT COUNTRY?: U.S.A					
13. FATHER'S NAME: J.M. BLIZZARD		14. MOTHER'S MAIDEN NAME: NANNIE JOHNSON						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT'S SIGNATURE: [signature] Address 2508 St. Isabelle St. Tampa, Fla					

WHILE AT WORK ☐ NOT WHILE AT WORK ☐ (farm, factory, street, office bldg., etc.)

21. I attended the deceased from Oct. 21, 1959 to Oct. 25, 1959 and last saw her/him alive on Oct. 25, 1959
Death occurred at 3:59 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
[illegible]	[illegible] Tampa, Fla.	10/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
BURIAL	OCT. 27, 1959	MYRTLE HILL CEMETERY	TAMPA, FLORIDA

24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
J.E. PRIVATT	TAMPA, FLORIDA	October 27, 1959	Frances Chappell

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

C Meade Griggs
State Registrar

BY APR 3 0 1997

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

8588410

HRS FORM 1564 (7-96)

HRS DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

CERTIFICATION OF VITAL RECORD

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.
WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

111

1256

PLACE OF DEATH

County Guilford

Township

Town

City High Point

Registration District No.

(No. 220 Hamilton St.; 4th Ward)

FULL NAME Nellie Combs

File No.

Registered No. 120

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)
Female	white	single

DATE OF BIRTH Jan (Month) 14 (Day) 1913 (Year)

AGE 1 yrs. 6 mos. 25 ds. If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

EDUCATIONAL ATTAINMENTS

BIRTHPLACE Guilford Co.

PARENTS

NAME OF FATHER Watson Combs

BIRTHPLACE OF FATHER (State or Country) Wilkes Co.

MAIDEN NAME OF MOTHER Lithia Welborn

BIRTHPLACE OF MOTHER (State or Country) Randolph Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Welborn

(Address) High Point NC

Filed Oct 2 1914 D A Stanton Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept (Month) 14 (Day) 1914 (Year)

I HEREBY CERTIFY, That I attended deceased from Sept 13 1914 to Sept 14 1914

that I last saw h.er alive on Sept 13 1914

and that death occurred on the date above stated, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(Treated some wks by Dr Jackson)

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) C. S. Grayson M. D.

Sept 14 1914 (Address) High Point N C

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Fairfield NC

DATE OF BURIAL Sept 15 1914

UNDERTAKER J. W. Lechrest

ADDRESS High Point NC

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

JUL 8 1965

CERTIFICATE OF DEATH

96

86-170

REGISTRATION DISTRICT NO. 34-95 REGISTRAR'S CERTIFICATE NO. 909

18718

This is a legal record and will be permanently filed. Type or write legibly. Use black ink.

1 - P

Funeral Director, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

45-12

2

The physician last in attendance is required to state the cause of death and sign the medical certification

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH — a. COUNTY: Forsyth — b. TOWNSHIP — c. LENGTH OF STAY (in 1a)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — a. STATE: N.C. — b. COUNTY: Surry

d. CITY OR TOWN: Winston-Salem — Is Place of Death Within City Limits? YES ☑ NO ☐

e. CITY OR TOWN: Mt. Airy — Is Place of Residence: In City Limits? YES ☐ NO ☐ On a Farm? YES ☐ NO ☐

e. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: N.C. Bapt. Hosp.

d. STREET ADDRESS or R. F. D. NO.: 502 Linville Rd.

3. NAME OF DECEASED (Type or Print) — First: James Wilford — Middle: Wilford James — Last: Collins

4. DATE OF DEATH — Month: 6 — Day: 14 — Year: 65

5. SEX: M — 6. COLOR OR RACE: W — 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ — 8. DATE OF BIRTH: 3-11-15 — 9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Belton Dry Cleaners — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Patrick Co. Va. — 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Jeb Collins — 14. MOTHER'S MAIDEN NAME: Elizabeth George — NAME OF HUSBAND OR WIFE: Eva B. Collins

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.: 243-03-5154 — 17. INFORMANT'S NAME AND ADDRESS: Eva B. Collins — Same as #2

MEDICAL CERTIFICATION

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): Cardiac Standstill — 5 min

ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Rheumatic Heart Disease c Mitral Insuff. — Over 2 yrs

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a): 410X ✓ — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 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 ☐ NOT WHILE AT WORK ☐ — 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 6/12, 19 65, to 6/14, 19 65, and last saw him alive on 6/14 — 65

Death occurred at 11:9 Am on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): Karl Hanzenbacher MD — 22b. ADDRESS: N.C. Baptist Hosp — 22c. DATE SIGNED: 6/14/65

22a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 22b. DATE: 6-14-65 — 22c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery — 22d. LOCATION (City, town, or county) (State): Mt. Airy, N. C.

24. DATE REC'D BY LOCAL REG.: 6-17-65 — 25. REGISTRAR'S SIGNATURE: James A. Finger, M.D. — 26. FUNERAL HOME: Moody — ADDRESS: Mt. Airy, N.C.

Director's Signature — License # — Embalmer's Signature — License #

Form 9A Issued

Date Burial Permit Issued: 6-14-65

Date Form 8 Rev. 1-62

10-CT-100M

B 83 P 140

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
STATE CENTER FOR HEALTH STATISTICS — VITAL RECORDS SECTION

CERTIFICATE OF DEATH

Registration District No. 086-70 Local No. 150

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Michael Ray Byrd
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): March 16, 1998
4. SOCIAL SECURITY NUMBER: 245-84-8697
5. AGE—Last Birthday (Years): 45
5b. UNDER 1 YEAR — Months / Days:
5c. UNDER 1 DAY — Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): Apr. 11, 1952
7. BIRTHPLACE (City and State or Foreign Country): Surry, N.C.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): No
9a. PLACE OF DEATH (Check only one): HOSPITAL: [ ] Inpatient [X] ER/Outpatient [ ] DOA OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Northern Hospital of Surry Co
9c. CITY, TOWN, OR LOCATION OF DEATH: Mount Airy
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: Surry
10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Patty Hall Byrd
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Auto Salesman
12b. KIND OF BUSINESS/INDUSTRY: Auto Industry
13a. RESIDENCE—STATE: N.C.
13b. COUNTY: Surry
13c. CITY, TOWN, OR LOCATION: Mount Airy
13d. STREET AND NUMBER: 573 Red Brush Road
13e. INSIDE CITY LIMITS? (Yes or No): No
13f. ZIP CODE: 27030
14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No (Specify)
15. RACE—American Indian, Black, White, Etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+): 12

PARENTS

17. FATHER'S NAME (First, Middle, Last): Arthur Byrd
18. MOTHER'S NAME (First, Middle, Maiden Surname): Peggy Blizard Byrd

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Patty Hall Byrd
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 573 Red Brush Road, Mt. Airy, N.C. 27030
19c. DATE AMENDED:

CAUSE OF DEATH

Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Acute myocardial infaretion
DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
b. Atherosclerotic coronary artery disease
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
20a. d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.
20b.

21a. AUTOPSY? (Yes or No)	21b. If yes, were findings considered in determining cause of death?	21c. Was case referred to Medical Examiner? (Yes or No)	22. TIME OF DEATH
No		No	11:15 A.M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER: Roger Kerley
23b. DATE SIGNED (Month, Day, Year): 3/17/98
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Roger Kerley, MD 865 Westlake Drive Mount Airy, North Carolina 27030

DISPOSITION

25a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal [ ] Donation [ ] Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oakdale Cemetery
25c. LOCATION — City or Town, State, Zip Code: Mt. Airy, N.C. 27030
26a. NAME AND ADDRESS OF FUNERAL HOME: Moody's Funeral Services, P.O. Box 1288, Mt. Airy, N.C. 27030
26b. SIGNATURE OF FUNERAL DIRECTOR: Ronald T. McMillian
26c. LICENSE NUMBER: FD3535
27. REGISTRAR'S SIGNATURE: Walter J. Lucas M.D.
28. DATE FILED (Month, Day, Year): 3-23-98
26d. SIGNATURE OF EMBALMER: Richard W. Puckett
26e. LICENSE NUMBER: FD 1651

DEHNR 1872
(Revised 3/96
Review 2/99)
VITAL RECORDS

ARD OF HEALTH
ATI S

ATE OF DEATH

rict No. 8-2623 Certificate No. 40

St.,
hospital or institution, give its Name instead of street and numb
ds. How long in U. S. if of foreign birth? yrs. mos.

Ward.
(If nonresident give city or town and State)

MEDICAL CERTIFICATE OF DEATH

TE OF DEATH (month, day, and year) June 6.
I Y CERTIFY, That I attended deceased from
, 19 31, to June 6
I saw h alive on June 5, 19 31, death
ve occurred on the date stated above, at m.
principal cause of death and related causes of importance in or
set were as follows:

	Date of
Traumatic accident	
Fracture of Skull	
Fracture of Skull	
Shock	

ributory causes of importance not related to principal
ses:

me of operation Date of
at test confirmed diagnosis? Was there an autopsy?
If death was due to external causes (violence) fill in also the follow
cident, suicide, or homicide? Date of injury
here did injury occur?
(Specify city or town, county, and State)
ecify whether injury occurred in industry, in home, or in public pl
anner of injury
ature of injury
Was disease or injury in any way related to occupation of deceased?
No, specify

Form 11

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Russell Board 78

STANDARD CERTIFICATE OF DEATH

PLACE OF DEATH
County Surry Registration District No. 8-2623 Certificate No. 41
Township or Village or
City Mt Airy 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.
FULL NAME Fannie Bannister
(a) Residence: No. R F D Mt Airy N C St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. If married, widowed, or divorced
WIFE of (or) HUSBAND of

7. DATE OF BIRTH (month, day, and year) May 21-1835

8. AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
	95	11	15	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10a. Date deceased last worked at this occupation (month and year) Aug 1931 11. Total time (years) spent in this occupation 95
12. BIRTHPLACE (city or town)
(State or country) Surry Co. N C
13. NAME Fannie Bannister
14. BIRTHPLACE (city or town)
(State or country) Stokes Co. N C
15. MAIDEN NAME Fannie Bannister
16. BIRTHPLACE (city or town)
(State or country) Surry Co. N C
17. INTERMENT
(Address) Mt Airy N C
18. BURIAL, CREMATION, OR REMOVAL
Place Date June 7, 1931
19. UNDERTAKER Hiatt & Hiatt
(Address) Mt Airy N C
19. Filed June 7, 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7, 1931
22. I HEREBY CERTIFY, That I attended deceased from
May 19, 1931, to June 6, 1931
I last saw him alive on June 5, 1931, death is said
to have occurred on the date stated above, at 11-15 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Fracture of Skull	June 5-1931
Shock	June 5-31
Contributory causes of importance not related to principal causes:	
Cystitis	May 5-31
Nephritis	May 19-31

Name of operation Autopsy Date of May 19-31
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) Edward E Bradley M. D.
(Address) Mt Airy N C

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.
WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

John Davis Blizzard

729

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Registration District No. 41-2279
County J. D. Guilford State Register No. 28
Township or Village
City High Point No. (If death occurred in a hospital or institution, give its NAME instead of street and number) St. 4 Ward
2 FULL NAME J. W. Blizzard
(a) Residence. No. 721 Hamilton St. Ward (If nonresident give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a If married, widowed, or divorced
Husband of (or) Wife of

6 Date of birth (month, day, and year) Feb 27-1847

7 Age years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	18	

8 Occupation of deceased
(a) Trade, Profession, or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 Birthplace (city or town) (State or country) Randolph Co

Parents

10 Name of Father Wm. Blizzard
11 Birthplace of Father (city or town) (State or country) Dublin Co.
12 Maiden Name of Mother Dont Know
13 Birthplace of Mother (city or town) (State or country)

14 Informant Mrs. Blizzard
(Address) High Point
15 Filed 2-20 19 H. W. McCain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) Feb 15 1920
17
I HEREBY CERTIFY, That I attended deceased from Feb 7 1920 to Feb 15 1920
that I saw h[illegible] alive on Feb 14 1920
and that death occurred, on the date stated above, at 2.30 m.
The CAUSE OF DEATH* was as follows:
a Cerebral Hemorrhage
(duration) 2 yrs. mos. ds.
Contributory (SECONDARY)
(duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) H. B. Heath M. D.
2/15 19 (Address) High Point

*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 Burial, Cremation, or removal: Mt. Airy NC — Date of Burial Feb 20 19 1920
20 Undertaker: Fw Sechrest & Son — Address High Point

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES — VITAL RECORDS BRANCH

CERTIFICATE OF DEATH

0798

Registration District No. 041.96 Local No. _____

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): HARRIMAN WALDO BLIZZARD
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): April 23, 1988
4. SOCIAL SECURITY NUMBER: A 714-14-2096 RR
5. AGE — Last Birthday (Years): 75
5b. UNDER 1 YEAR — Months / Days:
5c. UNDER 1 DAY — Hours / Minutes:
6. DATE OF BIRTH (Month, Day, Year): Dec. 8, 1912
7. BIRTHPLACE (City and State or Foreign Country): Dublin, Ga.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No): No
8a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): High Point Regional Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: High Point
9d. INSIDE CITY LIMITS? (Yes or No): Yes
9e. COUNTY OF DEATH: Guilford
10. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Virginia Hilton
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Clerk (Ret.)
12b. KIND OF BUSINESS/INDUSTRY: Railway Express
13a. RESIDENCE — STATE: N. C.
13b. COUNTY: Guilford
13c. CITY, TOWN, OR LOCATION: High Point
13d. STREET AND NUMBER: 1527 Beaucrest Ave.
13e. INSIDE CITY LIMITS (Yes or No): Yes
13f. ZIP CODE: 27260
14. Was Decedent of Hispanic Origin? (Specify Yes or No — If yes, specify Cuban, Mexican, Puerto Rican, etc.) [ ] Yes [X] No (Specify)
15. RACE — American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13 - 17+): Grade 8

PARENTS

17. FATHER'S NAME (First, Middle, Last): Leonard Stephen Blizzard
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mattie Holt

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Mrs. Virginia H. Blizzard
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1527 Beaucrest Ave., High Point, N. C. 2726

CAUSE OF DEATH

PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Carcinoma of Lung with metastasis. — Approximate Interval Between Onset and Death: Months

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.

b. DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

20a. d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

20b.

21a. AUTOPSY? (Yes or No): NO
21b. If yes, were findings considered in determining cause of death?
21c. Was case referred to Medical Examiner? (Yes or No): NO
22. TIME OF DEATH: 2:28 A. M

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATHS FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER: Eugene Terrell M.D.
23b. DATE SIGNED (Month, Day, Year): 4-25-88
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Eugene Terrell M.D. High Point N.C.

DISPOSITION

25a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal [ ] Donation [ ] Other
25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Floral Garden Park
25c. LOCATION — City or Town, State, Zip Code: High Point, N. C. 27260
26a. NAME AND ADDRESS OF FUNERAL HOME: Sechrest - High Point, N. C. 27262
26b. SIGNATURE OF FUNERAL DIRECTOR: Jamie L. Sechrest
26c. LICENSE NUMBER: 1508
27. REGISTRAR'S SIGNATURE: G.L. Holliday MD PH
28. DATE FILED (Month, Day, Year): 04-27-88
29a. SIGNATURE OF EMBALMER: Jamie L. Sechrest
29b. LICENSE NUMBER: 1567

DHR 1872 (Revised 1/88) VITAL RECORDS

06-V

218

1 PLACE OF DEATH

County Surry

Township Mt Airy

or Town "

or City

Registration District No. 86 26 23 Certificate No. 58

(No. 112 Factory St.: 1st

(If death occurs in a hospital, or other institution, give name instead of street number.)

2 FULL NAME Connie Peyton Blizzard

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 MALE OR FEMALE: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Married

6 DATE OF BIRTH: May (Month) 12 (Day) 1877 (Year)

7 AGE: 33 yrs. 9 mos. 11 ds. If LESS than 1 day ... hrs. or ... min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE: Carroll Co. Va.

PARENTS

10 NAME OF FATHER: J W Hawks

11 BIRTHPLACE OF FATHER: Car (State or Country) Co. Va.

12 NAME OF MOTHER BEFORE MARRIAGE: Susan M^c Crew

13 BIRTHPLACE OF MOTHER: Car (State or Country) Co. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. E. Blizzard
(Address) Mt Airy

15 Filed Sept 24 1915 R. V. West Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 23 (Day)

17 I HEREBY CERTIFY, That I attended deceased from Sept 22 1915 to Sept 23

that I last saw h. alive on Sept 23

and that death occurred on the date above stated, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Fracture of Bone Skull from Auto Accident

(Duration) ... yrs. ... mos.

Contributory

(Duration) ... yrs. ... mos.

(Signed) Mose S Martin M. D.

Sept 23 1915 (Address) Mt Airy

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Old Hollow

DATE OF BURIAL: Sept 24 1915

20 UNDERTAKER: E A. Hannah

ADDRESS: Mt Airy

1 PLACE OF DEATH

Surry

Mt Airy

"

Registration District No. 862683 Certificate No. 6

(No. 430 Rockford St.:

(If death occurs in a hospital, or other institution, give name instead of street number.)

NAME Vookie Sawyers

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

... OR FEMALE: Female

4 COLOR OR RACE: Negro

5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Single

... OF BIRTH: March (Month) 20 (Day) 1911 (Year)

7 ... yrs. 4 mos. 4 ds. If LESS than 1 day ... hrs. or ... min.

... OCCUPATION
... (Trade, profession, or particular kind of work): None
... (General nature of industry, business, or establishment in which employed (or employer):

... BIRTHPLACE: Franklin Co.

10 NAME OF FATHER: J. E. Sawyers

11 BIRTHPLACE OF FATHER: Va (State or Country)

12 NAME OF MOTHER BEFORE MARRIAGE: Ealey Rees

13 BIRTHPLACE OF MOTHER: Va (State or Country)

... ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. E. Sawyers
(Address) Mt Airy

9/24 1915 R. V. West Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept (Month) 2 (D

17 I HEREBY CERTIFY, That I attended deceased from

... 2nd 19 15 Sept

that I last saw h. alive on Sept 10 11

and that death occurred on the date above stated, at. ... m.

The CAUSE OF DEATH* was as follows:

Diabetes Malit

(Duration) ... yrs. 3

Contributory

(Duration) ... yrs.

(Signed) Wm B. Robb

Sept 24 1915 (Address) Mt Ai

*State the DISEASE CAUSING DEATH, or, in deaths from VIO (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transient
At place of death ... yrs. ... mos. ... ds. In the State ... yrs.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Airy - East Cem

DATE OF ... Sept

20 UNDERTAKER: E A. Hannah

ADDRESS: Mt A

PLACE OF DEATH.

STATE OF NORTH CAROLINA.

STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

CERTIFICATE AND RECORD OF DEATH.

County Surry

City Mt Airy

No. Troublesome Street, 1 Ward. Registered No. 77

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

FULL NAME Elizabeth Blizzard.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PERSONAL AND STATISTICAL PARTICULARS.

SEX: Female

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

DATE OF BIRTH: 31 (Day) Sept (Month) 77 (Year) 1855

AGE: 57 years, 8 months, 29 days. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION

Trade, profession, or particular kind of work: Hous Wife.

General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (State or country): Carroll Co Va

PARENTS

NAME OF FATHER: W m Thompson

BIRTHPLACE OF FATHER (State or country): Granville Co NC

MAIDEN NAME OF MOTHER: Mary Cash.

BIRTHPLACE OF MOTHER (State or country): Granville Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) J D Blizzard

(Address) Mt Airy

Filed June 24 1913 A V Mesk Registrar.

MEDICAL CERTIFICATE OF DEATH.

DATE OF DEATH: June (Month) 23 (Day) 1913 (Year)

I HEREBY CERTIFY, That I attended deceased from June 10 1913 to June 23 1913

that I last saw h[illegible] alive on June 22 1913

and that death occurred, on the date stated above, at 3.30 P. M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) 3 yrs. ____ mos. 14 ds.

CONTRIBUTORY (Secondary)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Thos Bodkby M. D.

June 24 1913 (Address) Mt Airy NC

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Oak Dale Cem

DATE OF BURIAL: June 24 1913

UNDERTAKER: Ed Stowe

ADDRESS: Mt Airy

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PLACE OF DEATH.

County Surry

City Mt Airy

No. 301 Roa

FULL NAME

PERSONAL AND STATISTIC[illegible]

SEX: Male

COLOR OR RACE: Black

DATE OF BIRTH: Feby (Month)

AGE: ____ years, 4 months,

OCCUPATION

Trade, profession, or particular kind of work: At ho

General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (State or country): Mt Airy

PARENTS

NAME OF FATHER: Unknow

BIRTHPLACE OF FATHER (State or country): —

MAIDEN NAME OF MOTHER: Genev

BIRTHPLACE OF MOTHER (State or country): Pilot

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE

(Informant) [illegible]

(Address) Mt A

Filed June 24 1913 [illegible]

DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

REGISTRATION DISTRICT NO. C 00 LOCAL NO. 336

MEDICAL EXAMINER'S CERTIFICATE DEATH

DECEASED

1. NAME OF DECEASED (First / Middle / Last)	George	Elbert	Brinkley	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): August 30, 1981
4. COLOR OR RACE: Cau.	5a. STATE OF BIRTH (If not in U.S.A., name country): N.C.	5b. COUNTY OF BIRTH: Surry	6. DATE OF BIRTH (Month, Day, Year): Oct. 3, 1928	7. AGE (In years last birthday): 52	IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HOURS: Hours / Min.
8a. PLACE OF DEATH COUNTY: Surry	8b. CITY OR TOWN: Mount Airy	8c. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER): Rt. #1	8d. IF HOSP. OR INST. (Specify DOA, Emer. Rm., Inpatient/O.P.)	8e. INSIDE CITY LIMITS (SPECIFY YES OR NO): No	
9a. RESIDENCE—STATE: N.C.	9b. COUNTY: Surry	9c. CITY OR TOWN: Mount Airy	9d. STREET AND NUMBER OR RFD NO.: Rt. #1	9e. INSIDE CITY LIMITS (Specify Yes or No): No	
10. CITIZEN OF WHAT COUNTRY?: USA	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): ~~Divorced~~ Married	12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Lucille Blizzard ~~Brinkley~~			
13. SOCIAL SECURITY NUMBER: 246-36-4137	14a. USUAL OCCUPATION (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Brick Mason	14b. KIND OF BUSINESS OR INDUSTRY: Building	15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No		
16. FATHER'S NAME: Monroe Brinkley	17. MOTHER'S MAIDEN NAME: Bess Patton				
18a. INFORMANT'S NAME AND ADDRESS: Bess P. Brinkley, Rt. #1, Mount Airy, N.C.	18b. RELATION TO DECEASED: Mother				

CAUSE

PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. 19.

(a) IMMEDIATE CAUSE: Pending

(b) DUE TO, OR AS A CONSEQUENCE OF: Alcoholism

(c) DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) — 20a.

AUTOPSY (SPECIFY) YES OR NO: Yes — M.E. OR OTHER — 20b.

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH — 20c.

21a. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED, NATURAL CAUSES, OR PENDING (SPECIFY): Pending	21b. DESCRIBE HOW INJURY OCCURED (ENTER NATURE OF INJURY IN PART I OR PART II)			
21c. TIME OF INJURY: Month 8 / Day 30 / Year 81 / Hour 9:20 A.M.	21d. INJURY AT WORK (SPECIFY YES OR NO): No	21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	21f. CITY OR R.F.D. / COUNTY / STATE	

CERTIFIER

MEDICAL EXAMINER CERTIFICATION: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. DEATH OCCURRED (HOUR): Unk. M	22b. THE DECEDENT WAS PRONOUNCED DEAD (Month 8 / Day 30 / Year 1981 / Hour 0920 M)	23a. DATE SIGNED (Month, Day, Year): 9-3-81	
23b. SIGNATURE: Tom J. Vaughn, Jr., M.D.	23c. ADDRESS: 708 S.South St., Mt.Airy, N.C.	23d. MEDICAL EXAMINER OF (SPECIFY COUNTY): Surry	

BURIAL

24a. BURIAL, CREMATION, OTHER (SPECIFY): Burial	24b. DATE: 9-1-81	24c. NAME OF CEMETERY OR CREMATORY: Skyline Memory Gardens	24d. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mount Airy, N.C.	
25. FUNERAL HOME (NAME / ADDRESS): Moody Funeral Home, Mt.Airy, N.C.		26. SIGNATURE OF FUNERAL DIRECTOR: James N. Terry		LICENSE NO.: 630
27a. DATE REC'D BY LOCAL REG.: 9/4/81	SIGNATURE OF REGISTRAR: [signature]	28. SIGNATURE OF EMBALMER (IF EMBALMED): James N. Terry		LICENSE NO.: 630

LOCAL COPY

Form 8X
DHS Form 1052 1/78
Vital Records

Surry COUNTY REGISTER OF DEEDS

The cause of death on the certificate shown above has been amended according to a Supplemental Report. The amended cause of death appears on the back of this certificate and is now part of the official death record. Please place this certificate in your permanent files. When issuing a certified copy, be sure a copy of the Supplemental Report on the back of the certificate is issued at the same time.

Edward R. Warren

Edward R. Warren, Head
Vital Records Branch

ME-81-6800 OCT 7 1981

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES - VITAL RECORDS BRANCH

SUPPLEMENTAL REPORT OF CAUSE OF DEATH

NAME OF DECEASED: George Elbert Brinkley

DATE OF DEATH	COUNTY OF DEATH	SEX	RACE
08-30-81	Surry	Male	White

PART I. DEATH CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c))

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE(S), STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. (a) IMMEDIATE CAUSE	Acute ~~Alcohol poisoning~~ Pulmonary Failure	unk
(b) DUE TO, OR AS A CONSEQUENCE OF:	Aspiration of gastric contents	
(c) DUE TO, OR AS A CONSEQUENCE OF:	Acute Alcohol poisoning	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. Chronic alcoholism

19b. AUTOPSY? (YES OR NO): Yes

19c. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
Accident	

20c. TIME OF INJURY: MONTH	DAY	YEAR	HOUR	20d. INJURY AT WORK (SPECIFY YES OR NO)	20e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))	20f. CITY OR R.F.D.	COUNTY	STATE
8	29	81	unk	NO	HOME	Mt. Airy	Surry	N.C.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ AND LAST SAW HIM HER ALIVE ON _____ 19____. DEATH OCCURRED AT _____ M. ON THE DATE STATED ABOVE, AND IN MY OPINION, FROM THE CAUSES STATED

CERTIFICATION—MEDICAL EXAMINER OR ACTING MEDICAL EXAMINER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF INVESTIGATION, IN MY OPINION, DEATH WAS DUE TO THE CAUSE(S) STATED ABOVE. THE DECEDENT WAS PRONOUNCED DEAD AT 9:30 AM 9-30-81

23a. SIGNATURE OF CERTIFIER	DEGREE OR TITLE	23b. DATE SIGNED	23c. ADDRESS
Thos. V. [illegible] Jr		9/15/81	708 S. South St. Mt Airy N.C.

Note: All entries in the medical and cause-of-death section supersede the corresponding entries on the original certificate.

DHS Form 2263 (VS 8-A) REV. 7/75

B. V. S.—Form 11

166

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Surry
(b) Township ____ (If in town limits, leave blank)
(c) City or town Mt Airy N.C (If outside city or town limits, write RURAL)
(d) Street, hospital or institution Mitchell, Ayers Alley
(e) Length of stay in hospital or institution ____ (Yrs., mos., or days)
In this community life (Yrs., mos., or days)

Registration Dist. No. 8670 Certificate No. 42

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State N.C (b) County Surry
(c) City or town Mt Airy N.C
(d) Street or R.F.D. Mitchell Ayers Alley
(e) Is place of residence in corporate limits? yes
(f) If foreign born, how long in U.S.A.? ____ years.

3(a) FULL NAME R. J. Blizzard

3(b) If veteran, name war ____ 3(c) Social Security No. ____

4. Sex W | 5. Color or Race Male | 6(a) Single, married, widowed, or divorced. Single

6(b) Name of husband or wife ____

(c) Age of husband or wife if alive ____ years.

7. Birth date of deceased March 4 1938 (month, day and year)

8. AGE: Years 4 | Months 4 | Days 21 | If less than one day ____ hrs. ____ mins.

9. Birthplace Mt Airy N.C (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business "

FATHER
12. Name Raymond Blizzard
13. Birthplace Surry Co N.C

MOTHER
14. Maiden Name Lalah Murray
15. Birthplace W. Va

16(a) Informant's Signature Raymond Blizzard
(b) Address Mitchell St. Ayers Alley Mt Airy NC

17(a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-42 (Month, day, year)
(c) Cemetery Oakdale
(d) Location Mt Airy N.C

18(a) Funeral director Moody Funeral Home
(b) Address Mt Airy N.C

19(a) 7-26 1942 Filed (b) Mrs J.C. Hill Registrar

MEDICAL CERTIFICATION

20. Date of death July 25 1942 at 9.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942 to ____ 19____, and that I last saw him alive on July 24 1942

Immediate cause of death: Poisoning from external substances — Duration: four hrs

Due to ____

Due to Think kidney from alcohol of Wintergreen Probably

Other conditions Some other Substance (Include pregnancy within 3 months of death)

Major findings: Of operations ____

Of autopsy ____

Physician: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in a public place? ____ (Specify type of place)
While at work? ____
(e) Means of injury ____

23. Signature Robt. M. Caldwell M.D.
Address Mt Airy NC Date signed 7-26-42

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
MARGIN RESERVED FOR BINDING
Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS:
Please write the causes of death clearly and legibly.

B. V. S.—Form 11 NORTH

CE

1. PLACE OF DEATH:
(a) County Surry
(b) Township ____ (If in town limits, lea
(c) City or town Mt Airy N. (If outside city or town limit
(d) Street, hospital or institution Mexican
(e) Length of stay in hospital or institutio
In this community life (Yrs., mos., or

3(a) FULL NAME Mrs Leanelle
3(b) If veteran, name war ____ 3(c) Social Sec No.
4. Sex F | 5. Color or Race W | 6(a) Sing or divorced
6(b) Name of husband or wife Robert T
(c) Age of husband or wife if alive 7
7. Birth date of deceased June 17 (month, day an
8. AGE: Years 73 | Months 1 | Days 10
9. Birthplace Surry Co N (City, town, or county) (State or fo
10. Usual occupation Housewife
11. Industry or business ____

FATHER
12. Name Albert Shoaf
13. Birthplace Guilford Co

MOTHER
14. Maiden Name Ovalina Sho
15. Birthplace Guilford Co

16(a) Informant's Signature Mary R S
(b) Address R # 2 Mt Airy
17(a) Burial (Burial, cremation, or removal) (b) Date thereof 7
(c) Cemetery Oakdale
(d) Location Mt Airy N. C
18(a) Funeral director Hayes Funer
(b) Address Mt Airy N. C
19(a) Aug 1 1942 Filed (b) Mrs J. C.

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____. WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registration District No. 41-2279

1 PLACE OF DEATH: County GUILFORD; State _____; Register No. 200
Township _____ or Village _____ or
City HIGH POINT, N. C.; No. _____ St. _____ Ward _____
(If hospital or institution, give its name instead of street and number)

2 FULL NAME Mrs Lothie Bly[illegible]

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

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.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex: Fem | 4 Color or Race: WHITE | 5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced: Husband of (or) Wife of

7 Date of Birth (month, day, and year): 5-7-1887

8 Age: years 47 | Months | Days 9 | If LESS than 1 day, ____ hrs. or ____ min.

9 Occupation of deceased
(a) Trade, Profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10 Birthplace (city or town) Ne
(State or country)

11 Name of Father J Hance

12 Birthplace of Father (city or town) Ne
(State or country)

13 Maiden Name of Mother Susan Chappell

14 Birthplace of Mother (city or town) Ne
(State or country)

15 Informant Wm P Blagg
Address HIGH POINT, N. C.

16 Burial, Cremation, or Removal 5/17/25
Undertaker HIGH POINT, N. C.

MEDICAL CERTIFICATE OF DEATH

18 Date of Death (month, day, and year) 5-16-25

17 I HEREBY CERTIFY, That I attended deceased from 5-15- 1925 to 5-15- 25
that I last saw h[illegible] alive on 5-15- 25
and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:
Pulmonary (T.B)
(duration) ____ yrs. ____ mos. ____ ds.
Contributory (SECONDARY)
(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? ____ Date of ____
Was there an autopsy?
What test confirmed diagnosis?

(Signed) C P Dobbins M. D.
(Address) HIGH POINT, 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 HIGH POINT, N. C. | Date of Burial 5/18 1925

20 Undertaker [illegible] | Address HIGH POINT

W-S

W-S Journal
Friday
June 23, 1995

BLIZARD

Mrs. Mary Blalock Blizard, 72, of Winston-Salem, died Thursday, June 22, 1995 at her home. She was born January 3, 1923 in Forsyth County to William I. and Annie Mae Odell Blalock. Mrs. Blizard spent most of her life in Forsyth County and was retired from AT&T in 1981 after 33 years of service. She was a member of the Telephone Pioneers of America, DMA Club at Salem Baptist Church, 66 Senior Citizens Club of Providence Moravian Church, and a member of Salem Baptist Church. She was preceded in death by her first husband, Allen Eugene Shouse, and her second husband, James M. Blizard. Surviving are one son, Robert Allen Shouse and wife Joanne of Pembroke Pines, Fla.; close friends, Jack and Nada, Haley and Lacy Moore. A memorial service will be 2 p.m. Sunday at Hayworth-Miller Silas Creek Chapel by Rev. Floyd Boles. The family will receive friends following the service. Memorials may be made to Salem Baptist Church, 429 S. Broad St., Winston-Salem, N.C. 27101. Mrs. Blizard was very much loved and will be missed.

Obituaries
Classified

ated to Walk

[illegible] Spreads for Journal
[illegible] retracted. It is not an authority on
being drunk
Current law requires that an intoxicated
person interfere with traffic, block passage or
create a disruptive display to be subject to
arrest.
Williams' bill originally prohibited anyone
substantially impaired by alcohol from sitting
or lying in a vehicle parked along a highway or
in a parking lot.
That provision was deleted Wednesday by
the House Highway Safety Committee which
said the provision was too restrictive.
The committee approved the bill and sent it
to the House floor.

ial Slowed
Feuding
osecutors

By John Downey
Journal Northwest Bureau

r custody battle between federal and state prosecu-
definitely postpone the trial of the prisoner, Allan
way, charged with two murders at the Ore Knob
he County in 1981.
judge criticizing the prosecutors for not cooperat-
h other, ruled yesterday that U.S. Attorney Charles
s not have to turn Hattaway over to Buncombe
t officials. The judge's ruling precluded contempt-
ceedings that a Buncombe County judge had start-
Brewer for failing to bring Hattaway to court.
ffered to make Hattaway available to state officials
said that Hattaway must remain in the protection
of federal authorities.
ld C. Brown, Buncombe County's district attorney,
d yesterday that he won't try Hattaway until a
County court gets custody of him.
pressed doubt that federal authorities would ever
turn Hattaway over for state prosecution. With all
is so far, he may not get custody until Hattaway
30-year federal
nce on a kidnap-
tion. Brown said
as refused to give
y, saying that fed-
is are investigat-
y's allegations of
among state and
ls, including Bun-
ity law officers.
said that he fears
would be in dan-
oes to the Bun-
County Jail.
ttorney has said
has been ordered
efore a federal
n Charlotte next
stify about the

d in a letter to
ar yesterday,
ng that
tial sys-
pt and incapable
ecting him

t at a press con-
he would wait
finished the in-
nd see if Brewer
der Hattaway to
n
hatever allega-
y is making out-

Budget Plan Keeps Boone Taxes Stable

By John Downey
Journal Northwest Bureau

BOONE — Boone Town Manager Marvin Hoffman has proposed a $3.8 million town budget for 1983-84 with no increase in the property tax rate of 63 cents for each $100 of property value.

The budget is up 23 percent from the current budget of $3.1 million. The proposal calls for a 5.5 percent pay increase for all town employees.

Town residents will find their sewer bills going up about 10 percent under the proposal. But Hoffman said in his budget message that the increase will only amount to an additional 64 cents per month for the average household.

JUN

4

ARNOLD
[illegible] Memorial [illegible] He was born in Indiana [illegible] James Harry and Nellie Land Arnold. He spent his early life in Yadkin County and moved [illegible] where he [illegible] Mr. Arnold was a member of Pleasant View Baptist Church where he served as a deacon for many years. He retired from Burnett Sash in 1970 after 21 years. Surviving are his wife, Mrs. Vallie Mason Arnold of the home; two sons, Harold R. and Reuben D. Arnold, both of Winston-Salem; two granddaughters, Kandi and Sabrienna Arnold, both of Winston-Salem; one grandson, Larry Wayne Arnold of Chicago; two sisters, Mrs. Florence Waddell of Sparta and Mrs. Mary Saleeby of Salisbury. Funeral services will be 3:00 p.m. Sunday at Pleasant View Baptist Church. The body will lie in state 30 minutes prior to the service. A graveside service will be 10:00 a.m. Monday at Forsyth Memorial Park by the Rev. B. A. Carroll. The family will receive friends from 7 to 9 p.m. tonight at Vogler's Reynolda Road Chapel.

BLIZARD 6-3-83

MOUNT AIRY — Mrs. Mary Josephine Sawyer Blizard, 54, 1128 Greenhill Rd., died Friday at Forsyth Memorial Hospital after a lengthy illness. Mrs. Blizard was born in Carroll County, Virginia, October 26, 1928, to Sidney Alfred and Flora McMillian Sawyer. She was the wife of Garnet James Blizard, who survives of the home. She was an officer in the 14th Armored Division Auxiliary and attended Midway Baptist Church. Surviving, in addition to the husband, are two daughters, Mrs. Morriss (Diane) Pendleton, Tulsa, Oklahoma and Mrs. Jeff (Donna) Pearson, Mount Airy; two sons, Douglas J. Blizard, Greenville, Tennessee and Dwight G. Blizard of the home; four grandchildren; her mother, Rt. 1, Hillsville, Virginia; two sisters, Mrs. Mable Jones, Paden City, West Virginia and Mrs. Dorothy Coone, Mooresville; one brother, Hansel Sawyer, Hillsville, Va. and several nieces and nephews. Funeral services will be conducted 2:30 p.m. Sunday at Midway Baptist Church by the Rev. Lee Meadows. Interment will be in Skyline Memory Gardens. The body will remain at Jones-Phillips Funeral Home until taken to the church to lie in state 30 minutes prior to the funeral service. The family will receive friends at the funeral home from 7 to 9 p.m. tonight. Flowers will be accepted or memorials may be made to St. Jude's Childrens Hospital, Memphis, Tenn.

CORBETT

EAST BEND — A memorial service for the Rev. Michael R. Corbett will be held 3:00 p.m. Sunday at East Bend Baptist Church where he had been pastor since August, 1979. Participating will be the Rev. Clarence Vassar, the Rev. Billy Washburn, the Rev. [illegible]

HUTCHINS

[illegible] Memorial Hospital. She was born in Yadkin County November 16, 1896 to Jesse Monroe and Louisiana Jane Hutchins. She was a member of Salem Baptist Church and had retired from R. J. Reynolds Tobacco Company after 35 years of service. Surviving are two sisters, Mrs. Artelia H. Bailey and Miss Adelaide Messick, both of Winston-Salem; one foster daughter, Mrs. Doris H. Smith, Winston-Salem and a number of nieces and nephews. Funeral services will be held 3:30 p.m. Sunday at Hayworth-Miller Silas Creek Chapel by Dr. E. C. Sheehan with interment in Salem Cemetery. The family will receive friends from 7 to 9 p.m. tonight at the funeral home and request that memorials be made to Salem Baptist Church in lieu of flowers.

MCMILLAN

CRUMPLER — Mr. Warner W. McMillan, 72, died Friday morning at Ashe Memorial Hospital in Jefferson. Funeral services will be conducted 2 p.m. Sunday at Ashelawn Memorial Chapel by the Rev. Johnny Blevins, the Rev. Mike Jordan and the Rev. Frank Tucker. Burial will be in Ashelawn Memorial Gardens. Mr. McMillan was born in Ashe County to Walter W. and Mary Hash McMillan. He was a retired maintenance operator for the State Department of Transportation. Surviving are his wife, Mrs. Thelma Little McMillan; two sons, Walter McMillan, Piney Creek and Dan McMillan, Sparta; three daughters, Mrs. Wanda Halsey, Greensboro, Mrs. Carol Price, Taylorsville and Mrs. Sue Hampton, Piney Creek; two brothers, Gale and Dean McMillan, both of West Jefferson and 10 grandchildren. The family will receive friends from 7 to 9 p.m. tonight at Ashelawn Memorial Chapel.

PICKARD

SANFORD — Mrs. Cornelia Smith Bobbitt Pickard, 73, died Thursday night at N.C. Memorial Hospital in Chapel Hill. Funeral services will be held 2 p.m. Sunday at First Baptist Church. Burial will be in Lee Memory Gardens. Surviving are two daughters, Mrs. Betsy Underhill, Sanford and Mrs. LaVerna Clapp, Winston-Salem; two sons, James Milton Bobbitt, Raleigh and R. H. Bobbitt, Easley, South Carolina; two sisters, Mrs. Irela Clark, Lillington and Mrs. Daisy Owen, Winston-Salem; eight grandchildren and one great-grandchild. The family will receive friends at Miller Funeral Home tonight from 7 to 9 p.m.

SMITH

BANNER ELK — Mrs. Helen Reuter Smith, 79, died

Deaths

FOSTER [illegible]

HUTCHINS [illegible]

Area and Stat

BLIZARD Mrs. Ma
Josephine Sawyer, 54
Mount Airy wife of Garn
James Blizard.
CORBETT The Re
Michael R. of East Ben
EVERHART Mr
Clara Hazel Hancock
of Lexington.
GOLDING Mrs. Fann
Viola, 84, of Mount Air
Rt. 5, widow of Jam
Thomas Golding.
McMILLAN Warn
W., 72, of Crumpler.
PICKARD Mrs. Corn
lia Smith Bobbitt, 73,
Sanford, mother of Mr
Betsy Underhill and Mr
LaVerna Clapp, both
Winston-Salem.
SMITH, Mrs. Helen Re
ter, 79, of Banner Elk.
SWISHER, Jesse Le
73, of Yadkinville, Rt. 3.

gie Branon, Winston-Sal
and Mrs. Mary Bran
Mocksville; two brothe
Arvil and Claude Swish
both of Winston-Sale
nine grandchildren a
four great-grandchildr
The body is at Mackie-G
try Funeral Home wh
the family will rece
friends from 7 to 9 p.m.
night.

Boone Pla
May Avoid
Higher Ta

Continued From Page 1

not know yet how much cl
ing the old landfill will co
State officials have s
that leachate — contamin
ed water leaching out of t
landfill — poses no imme
ate environmental proble
because there are no dang
ous chemicals in the leacha
That means that Boone pr
ably won't have to pay
special treatment of the r
off.
But covering, grading a
seeding the landfill to m
state standards after it
closed will be costly, s
Hoffman, who also said th
he has no estimate of c
now.
The proposed budget
cludes:
— $2.01 million for the ge
eral fund, including abo
$462,000 for police depa
ment operations and $232,0
for street department oper
tions.
— $344,038 for paying
town debts, including abo
$251,000 for interest on bonc
— $1.05 million for the to
water and sewer fund.
— $111,768 for street ligh
— $137,212 for sewer pla
equipment and expansion.
— $65,846 for addition
water lines and water pla
equipment.
There is no spending f
capital improvements pr
posed in the budget.
Holding the tax rate will
a relief for town residen
[illegible]

NEWSPAPER OBITS AND ARTICLE CLIPPINGS

	Anderson,	Addie Ruth Trent	12/30/1992
	Angel,	Chester Marion	09/03/1978
	Angel,	Christina Elliott	10/12/1956
	Angel,	Eugene C.	01/30/1948
	Angel,	John Napoleon	02/14/1950
	Baity,	Cora Hutchens	04/26/1976
	Baity,	Raymond Dozier	07/12/1978
X	Baker,	James Clinton	12/20/1959
✓	Baker,	Lillian Blizard (Billie)	04/19/1990
	Blizard,	Cleo Teague	11/11/1962
X	Blizard, Sr	E. E. (Everett Ernest)	11/1/1964
✓	Blizard,	Elizabeth (Bessie) Angel	05/04/1989
X	Blizard,	Margaret Mitchell	04/02/1956 X
	Blizard,	Mary Blalock	06/22/1995
✓	Blizard,	Mary Josephine Sawyer	06/03/1983
X	Blizard,	Mary Trent	06/16/1989
X	Blizard,	Robert Anderson	02/10/1953
X	Blizard,	Thomas Jefferson (Jeff) Jr	12/06/1959 X
✓	Blizard,	Thomas Melwood	11/06/1975
	Blizard,	Walter W.	12/08/1960
✓	Blizzard,	Albert Garfield	10/11/1959 X
✓	Blizzard,	Alice Frances Bowen	12/21/1953
✓	Blizzard,	Annie Fleming	01/18/1974 X
	Blizzard,	Bessie Clayton	01/25/1979
✓	Blizzard,	Carl Alonzo	12/17/1966 X
✓	Blizzard,	Carlene Janie	07/18/1949

add Mabel Anthony

addition

Blizzard,	Cavie Montgomery	10/01/1959
Blizzard,	Dallas Eugene	05/20/1940
Blizzard,	Harriman Waldo	04/23/1988
Blizzard,	Hector Benjamin	02/10/1953
Blizzard,	J. D. (John Dixon)	02/15/1920
Blizzard,	Joe Bill	08/20/1970
Blizzard,	John D.	05/19/1958
Blizzard,	John Raymond	
Blizzard,	Mallard Ware	03/12/1987
Blizzard,	Mary Ellen	04/07/1942
Blizzard,	Minnie Louise Cale	08/04/1966
Blizzard,	Myrtle Emma Harrison	01/24/1984
Boone,	Beulah Brown	11/24/1985
Bowman,	Edward McKinley (Ken)	03/03/1985
Briggs,	Henry Martin	09/20/1948
Brinkley,	George Elbert	08/30/1981
Brown,	Terry Clayton	06/29/1995
Burch,	James Thomas	10/14/1994
Carlton,	Aldolphus W.	08/31/1963
Clontz,	Mae Angel	05/12/1970
Cockerham,	Myrtle Mae Blizzard	08/02/1989
Collins,	Eva Blizard	12/02/1988
Collins,	James Wilford	06/14/1965
Collins,	Stella Carlton	07/12/1995
Combs,	Letha Welborn	05/28/1964
Cook,	Laura Adelia	02/23/1945
Corriher,	Henry Lester	

Dotson,	Griffin V. B.	07/13/1962
Dunlap	Mary Ogburn	11/21/1994
Flynt,	Clara Fulk	08/15/1992
Flynt,	James E.	07/02/1970
Foster,	Evelyn (Uncle JT's stepdaughter)	11/11/1997
Fulk,	Bernice Tuttle	06/15/1995
Fulk,	Emma Slate	05/03/1977
Fulk,	Frank	12/09/1951
Fulk,	Jasper Gray	02/05/1961
Fulk,	John William	12/14/1932
Fulk,	Lelia Inez Rodgers	08/27/1979
Fulk,	Maggie Elizabeth	03/13/1949
Fulk, Sr	Sollie Marion	10/16/1979
Fultz,	Ernest Dalton	01/12/1963
Fultz,	Hattie A. Cates	07/17/1948
Fultz,	Louise Blizard	10/30/1979
Fultz,	Thomas (Monk) Alvin	01/07/1973
Groce,	Hubert M.	01/17/1953
Grundman,	Alma Rike	06/25/1986
Grundman,	Augustus Lewis	04/18/1960
Harris,	Brady S.	04/15/1982
Harris,	Nellie Coe	01/21/1979
Hartley,	Charles Benjamin	08/17/1952
Hartley,	Laura McIntyre	06/19/1953
Hauser,	Lucy Cale	10/10/1971
Hayes,	Edgar Lee	08/29/1988
Holleman,	Betty Jean Sheets	01/28/1995

Huie,	Eugene Willie	05/28/1984
Huie,	Mamie Ellen Hall	06/18/1981
Hutchens,	Ellen Mason	06/27/1973
✓Hutchens,	Luther Hill	05/17/1993
Hutchens,	Thad Richard	05/10/1978
Ingram,	Cephas Andrew	06/28/1988
✓Jackson,	Coy Cornelius	01/01/1958
✓Jackson,	Emma Welborn	09/12/1965
Kayga,	Katherine Grace Trent	05/15/1992
Wedding Announcement Re: Eric Blizard		12/25/1994
Kiger, Sr	Arthur Raleigh	12/28/1961
Lashmit,	Charlie C.	12/29/1975
✓ Lashmit,	Eldie Irene Blizzard	10/25/1959
✓Lashmit,	Gilmer Burton	01/19/1997
Maunder,	Curtis William	03/14/1966
Maunder,	Elizabeth (Betty)	04/20/1995
✓ McIntyre,	Emma Blizzard	10/09/1929 X
✓ McIntyre,	Hattie	05/29/1929 X
✓ McIntyre,	Louie Laura	04/11/1930 X
✓ McIntyre,	Malon H.	07/15/1929 X
✓ McIntyre,	Mamie	08/30/1934 X
✓ McIntyre,	Raymond Vance	03/26/1995 X
✓ McIntyre,	Russell Adrian	12/18/1995 X
✓ McKellar,	Mae Blizzard Nunn	01/22/1961 X
Meadows,	Mary Frances Covington	03/21/1985
Morrison,	William Roscoe	12-4-61 12/26/1985
✓ Nunn,	Howard Samuel	08/21/1983

Mr Miller Omar Clifford

Nancy Mitchell

Swaney,	Carrie Ann Sillman	✓ 12/14/1934
Swaney,	Charles Edward	✓ 10/21/1970
Swaney,	Dessie Wooten	✓ 07/26/1994
Swaney,	Doris Andrews	✓ 05/1/1993
Swaney,	Edward W.	✓ 07/31/1979
Swaney,	Erna Davis	✓ 12/02/1977
Swaney,	Ethel Whitt	✓ 10/14/1956
Swaney,	Glenn Allen	✓ 08/03/1988
Swaney,	Gregory Eric	✓ 08/18/1993
Swaney,	Hattie Miller	— 08/29/1955
Swaney,	Howard Leo	✓ 11/16/1972
Swaney,	Ida J. McClamrock	✓ 09/01/1992
SwaneyJr	J. Clyde	✓ 08/06/1992
Swaney, Sr.	James B.	— 05/02/1982
Swaney,	James Creighton	✓ 12/13/1983
Swaney,	James Everett	✓ 08/29/1967
Swaney,	James Franklin	✓ 12/30/1934
Swaney,	Jesse Edgar	✓ 10/20/1942
Swaney, Jr	Kenneth Grayson	✓ 02/28/1956
Swaney,	Lula Bertha	✓ 01/02/1967
Swaney,	Maggie L.	✓ 02/03/1940
Swaney,	Mishie Hall	✓ 09/01/1969
Swaney,	Paul	✓ 07/24/1933
Swaney,	Sybil Louise Smith	✓ 08/09/1996
Swaney,	Virginia Dare	✓ 12/10/1990
Swaney,	W. Baxter	✓ 04/19/1993
Swaney,	W. Jack	✓ 01/10/1989

Nunn,	Kathryn Cook	08/30/1954
Nunn,	Leonard Robert	09/29/1978
Nunn,	Otis Anderson	
Ogburn,	David Wayne	06/29/1991
Ogburn,	Phillip Terry	08/28/1990
Orr,	Barbara Blizard	06/17/1997
Owen, Sr	Carl L.	06/24/1995
Rike,	Caroline Dorman	11/24/1984
Rike,	Edward Baxter	04/06/1955
Rike,	Robert Clayton	05/05/1976
Rike,	Roella Blizzard	01/31/1948
Rike,	Samuel McKindley	03/17/1932
Rike, Sr	William Wyatt	11/13/1972
Roberts,	Carl Woodson	10/11/1972
Rogers,	Helen (Pat) Trent	02/15/1994
Shore, Sr	Bert Lee	05/31/1997
Shore, Sr	Hoyt Walter	10/05/1988
Shore,	June Tweed	07/14/1986
Shore,	Novella Cale	06/24/1972
Shumate,	Joanne Trent	02/18/1995
Shupe,	Bayard J. (B. J.)	03/07/1995
Simmons,	Paul	02/25/1980
Southard,	Clarence Conway	02/08/1983
Swaney,	Bessie Black	11/19/1994
Swaney,	Beulah Jarrell	
Swaney,	Bill	07/15/1993
Swaney,	Carl Baxter	03/06/1963

Swaney,	William Franklin	02/03/1940
Swaney,	William Thomas	07/17/1954
Terrell,	Emma Hoggard Baker	08/31/1982
Tuttle,	Amos Cicero	03/18/1960
Tuttle,	Gurnie Bynum	01/09/1971
Tuttle,	Sallie White	09/16/1956
Trent,	Alvis Moore	07/27/1957
Trent,	Clarence Everett	02/28/1967
Trent,	Mary Parcell	04/16/1957
Walsh,	Florence Alley	03/18/1979
Walsh,	J. Theron	04/13/1995
Weir,	Anne Trent	11/21/1975
Weir,	Hattie Emma	07/12/1959
Weir,	Samuel Alexander	05/12/1959
Welborn,	William M.	09/26/1925
Wilson,	Axie Blizard Hicks	04/18/1967
Wilson,	Mary Louise	03/23/1995
Wood,	Arthur D.	01/03/1971
Wood,	Oscar Allen	
Wrike,	W. Curtis	08/29/1957

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

79-21
LICENSE NUMBER

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

B 0076 P 0099
Surry
COUNTY

GROOM

GROOM NAME	FIRST	MIDDLE	LAST
1.	Ricky	Dean	Chilton

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a. N.C.	2b. Surry	2c. Mt. Airy	2d. no

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
2e. 795 Galax Trail	3. Surry, N.C.	4a. 8-16-59	4b. 19

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
5a. Dee Radford Chilton	5b. N.C.	5c. 795 Galax Trail, Mt. Airy, N.C.
MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
6a. Frances O. Brim	6b. N.C.	6c. same as above

RACE GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE: MONTH YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0 1 2 3 4 ... or 8)	HIGH SCHOOL (1 2 3 or 4)	COLLEGE (1 2 3 4 or 5)
7. W	8. 1	9a.	9b.	10.	4	

BRIDE

BRIDE NAME	FIRST	MIDDLE	LAST	MAIDEN SURNAME (If Different)
11a.	Tamila	Denise	Blizzard	11b.

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
12a. N.C.	12b. Surry	12c. 1835 Aimes Ave. Mt. Airy	12d. yes

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
12e. 1835 Aimes Ave. Mt. Airy, N.C.	13. Washinton, D.C.	14a. 11-14-58	14b. 20

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
15a. Jerry Blizzard	15b. N.C.	15c. 1835 Aimes Ave. Mt. Airy, N.C.
MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
16a. Patricia Hodges	16b. N.C.	16c. same as above

RACE BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE: MONTH YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0 1 2 3 4 ... or 8)	HIGH SCHOOL (1 2 3 or 4)	COLLEGE (1 2 3 4 or 5)
17. W	18. 1	19a.	19b.	20.	4	

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

Ricky Dean Chilton
SIGNATURE OF GROOM

SWORN TO AND SUBSCRIBED BEFORE ME
THIS 1-22- 19 79

Tamila Denise Blizzard
SIGNATURE OF BRIDE

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

Carolyn M. Comer
DEPUTY ASSISTANT

To any ordained minister of any religious denomination, minister authorized by his Church or Magistrate you are hereby authorized at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

1-22-79
DATE ISSUED

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

Carolyn M. Comer
(DEPUTY ASSISTANT)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON	MONTH	DAY	YEAR	PLACE OF MARRIAGE-CITY, TOWN OR TOWNSHIP, COUNTY
21a.	1	27	79	21b. Bannertown Baptist Church Surry County - Mount Airy N.C.

OFFICIANT SIGNATURE	TITLE	ADDRESS
21c. Wayne Johnson	21d. Minister	21e. Rt. 5 Box 362 Boone, N.C.

WITNESSES

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
22a. W. D. Chilton	22b. Glenda Hodges

DATE RETURNED TO REGISTER OF DEEDS 2-1-79 RECEIVED BY Carolyn M. Comer, Deputy

DHS FORM 2132
VITAL RECORDS VS 80
1-1-71

REGISTER OF DEEDS COPY

799881

Marriages

STATE OF NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY

Surry 56

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

B 90 P 57

LICENSE NUMBER 93-353

COUNTY

GROOM

GROOM NAME FIRST	MIDDLE	LAST
1. Wesley	Gilbert	Brown

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a. N.C.	2b. Stokes	2c. Pinnacle	2d. No

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
7e. P.O. Box 927	3. Forsyth, N.C.	4a. 10/14/62	4b. 30

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
5a. Rupert Franklin Brown	5b. N.C.	5c. Deceased

MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
6a. Shirley Mae Wall	6b. N.C.	6c. P.O. Box 927, Pinnacle, N.C.

RACE-GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE: MONTH YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY	HIGH SCHOOL	COLLEGE
7. White	8. First	9a.	9b.	10. (0,1,2,3,4,...or 8)	(1, 2, 3, or 4) 4	(1, 2, 3, 4, or 5)

BRIDE

BRIDE NAME FIRST	MIDDLE	LAST	MAIDEN SURNAME (If Different)
11a. Stephne	Hope	Coe	11b.

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
12a. N.C.	12b. Forsyth	12c. Winston-Salem	12d. Yes

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
12e. 4810 B Cobble Creek Cir	13. Forsyth, N.C.	14a. 1/1/64	14b. 29

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
15a. Steve Holland Coe	15b. N.C.	15c. 4801-C Cobble Cr. Cir., Winston Sale

MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
16a. Betty Ruth Roberts	16b. N.C.	16c. Same

RACE-BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE: MONTH YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY	HIGH SCHOOL	COLLEGE
17. White	18. Second	19a. Divorce	19b. 7/93	20. (0,1,2,3,4,...or 8)	(1, 2, 3, or 4) 4	(1, 2, 3, 4, or 5)

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

Wesley Gilbert Brown
SIGNATURE OF GROOM

SWORN TO AND SUBSCRIBED BEFORE ME THIS Oct. 4, 1993.

Stephne Hope Coe
SIGNATURE OF BRIDE

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

Josephine W. Hardy
DEPUTY ~~ASSISTANT~~

To any ordained minister of any religious denomination, minister authorized by his church or Magistrate: you are hereby authorized at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

Oct. 4, 1993
DATE ISSUED

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

Josephine W. Hardy
(DEPUTY ~~ASSISTANT~~)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON	MONTH	DAY	YEAR	PLACE OF MARRIAGE-CITY, TOWN, OR TOWNSHIP, COUNTY
21a.	10	14	93	21b. Pilot Mountain - Surry

OFFICIANT SIGNATURE	TITLE	ADDRESS
21c. Samuel G. Ray	21d. Bishop	21e.

WITNESSES

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
22a. Betty R. Coe	23a. Shirley Wall

DATE RETURNED TO REGISTER OF DEEDS 10-20-93 RECEIVED BY CMC

DEHNR 2132
VITAL RECORDS VS-80
(Revised 10/89)

31805

REGISTER OF DEEDS COPY

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

81-A 341 — LICENSE NUMBER

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

B 078 P 0062

Surry — COUNTY

GROOM

GROOM NAME — FIRST	MIDDLE	LAST
1 Steven	Allen	Brown

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a Tenn.	2b Sumner	2c Gallatin	2d no

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
2e 1528 Hartsville Pike	3 Chattahochee, Ga.	4a 3-7-1956	4b 25

FATHER-NAME	STATE OF BIRTH	ADDRESS (If Living)
5a Terry Brown	5b N.C.	5c Rt. 5 Box 504, Winston-Salem, N.C.

MOTHER-MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
6a Barbara Ann Fultz	6b N.C.	6c Same as above

RACE-GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE MONTH	DATE YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
7 W	8 first	9a	9b		10		1

BRIDE

BRIDE NAME — FIRST	MIDDLE	LAST	MAIDEN SURNAME (If Different)
11a Beverley	Jane	Fulp	11b

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
12a Tenn.	12b Sumner	12c Gallatin	12d no

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
12e 1528 Hartsville Pike	13 Onslow, N.C.	14a 5-22-1959	14b 22

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
15a James W. Fulp	15b N.C.	15c P.O. Box 246 State Road, N.C. 28676

MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
16a Barbara Potter	16b N.C.	16c Same as above

RACE-BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE MONTH	DATE YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
17 W	18 first	19a	19b		20		3

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE

SWORN TO AND SUBSCRIBED BEFORE ME THIS August 4 19 81

> Barbara F. Brown
SIGNATURE OF GROOM 's Mother

> Barbara P. Fulp
SIGNATURE OF BRIDE 's Mother

Dennis W. "Bud" Cameron — REGISTER OF DEEDS — DEPUTY ASSISTANT

To any ordained minister of any religious denomination, minister authorized by his church or Magistrate: you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

8-4-1981 — DATE ISSUED

Dennis W. "Bud" Cameron — REGISTER OF DEEDS

(DEPUTY ASSISTANT)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON — MONTH	DAY	YEAR	PLACE OF MARRIAGE-CITY, TOWN, OR TOWNSHIP, COUNTY
21a September	12	1981	21b Elkin Surry

OFFICIANT-SIGNATURE	TITLE	ADDRESS
21c Wilson Brown	21d Minister	21e Rt. 5 Elkin, N.C. 28621

WITNESSES

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
22a James W. Fulp	23a Terry C. Brown

DATE RETURNED TO REGISTER OF DEEDS 9-14-81 — RECEIVED BY Kathryn Cook

DHS FORM 2132
VITAL RECORDS VS-80
1-1-71

REGISTER OF DEEDS COPY

V Posted 10/24/97

Surry County, in Mt Airy N.C. Township,
in said County, according to law.

*WITNESSES PRESENT AT MARRIAGE:

Rev. Lonnie A. Fleming
Officiating Officer.

Sally M Blizzard of Mount Airy N.C.
Helen M Haynes of Mount Airy N.C.
Clara Jack Haynes of Mt Airy N.C.

1. Name of person officiating. 2. If Minister, of what denomination? If Justice of the Peace, so state. 3. Name of man married.
4. Name of woman married. 5. Place of Marriage. 6. Township. *At least three persons present at marriage must sign as witnesses.

MARRIAGE LICENSE—EDWARDS & BROUGHTON CO., RALEIGH—181725—1116

I [illegible] CERTIFY THAT THIS IS A TRUE [illegible] COPY WHICH APPEARS [illegible] IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.

WITNESS MY HAND AND SEAL THIS _____ DAY OF _____ MONTH _____ YEAR.

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

000150

5259 LICENSE NUMBER

17

GUILFORD COUNTY

GROOM	BRIDE
1. FULL NAME: ROBERT MCKINLEY BOWMAN	11. FULL NAME: LINDA JOANN SPRINGER
2. PERMANENT ADDRESS: 1003 PINE CIRCLE DRIVE (STREET ADDRESS OR ROUTE & BOX NUMBER)	12. PERMANENT ADDRESS: 215 MOFFITT DRIVE (STREET ADDRESS OR ROUTE & BOX NUMBER)
HIGH POINT (CITY) GUILFORD (COUNTY) N. C. (STATE)	HIGH POINT (CITY) GUILFORD (COUNTY) N. C. (STATE)
3. RACE: WHITE; 4. BIRTHDATE: 12-14-45; 5. BIRTHPLACE (COUNTY & STATE): DURHAM N. C.	13. RACE: WHITE; 14. BIRTHDATE: 4-18-44; 15. BIRTHPLACE (COUNTY & STATE): STANLEY N. C.
6. NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐; 7. NO. TIMES PREVIOUSLY MARRIED:	16. NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐; 17. NO. TIMES PREVIOUSLY MARRIED:
8. FATHER'S FULL NAME: EDWARD MCKINLEY BOWMAN LIVING ☒ DEAD ☐	18. FATHER'S FULL NAME: JOHN WINFRED SPRINGER, SR. LIVING ☒ DEAD ☐
9. MOTHER'S MAIDEN NAME: GLADYS NUNN LIVING ☒ DEAD ☐	19. MOTHER'S MAIDEN NAME: HAZEL BAILEY LIVING ☒ DEAD ☐
10. ADDRESS OF PARENT(S): 1003 PINE CIRCLE DRIVE HIGH POINT, N. C.	20. ADDRESS OF PARENT(S): 215 MOFFITT DRIVE HIGH POINT, N. C.

To any ordained minister of any religious denomination, minister authorized by his church, or any Justice of the Peace of said county: you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the said county.

AUGUST 3, 1964 DATE ISSUED — J. B. CARPENTER REGISTER OF DEEDS — Paul W. Brown (DEPUTY/ASSISTANT)

I, A. B. ASBILL NAME, a BAPTIST MINISTER MINISTER OR JUSTICE OF THE PEACE, united in matrimony ROBERT M. BOWMAN GROOM and LINDA JOANN SPRINGER BRIDE the parties licensed above, on AUGUST 8-1964 DATE at WOODLAWN BAPTIST CHURCH PLACE in HIGH POINT N. C. CITY OR TOWNSHIP in said county according to law.

Rev. A. B. Asbill
SIGNATURE OF OFFICIATING OFFICER

SIGNATURE OF WITNESSES TO MARRIAGE:

Mrs Lynda Turner ADDRESS 1813 Welborn City of H. P.

Mr Clyde Duncan ADDRESS 505 Richardson St. High Point

Mr. Richard A. Turner ADDRESS 1813 Welborn St. High Point, N. C.

The minister or other person celebrating this marriage is required within 30 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so constitutes a misdemeanor and also subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

REGISTER OF DEEDS: ENTER DATE THIS FORM RETURNED TO YOU

AUG 11 1964 DATE

FORM VS-80
1/1/62
1/62-100M
ALLEN PRINT BUSINESS SYSTEMS

REGISTER OF DEEDS COPY

82259

No. 179

State of North Carolina, County of Surry
Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of Said County.

Dobson, N. C., Dec. 15, 1961, 19

James Louie Taylor having applied to me for a LICENSE for the marriage of

James Louie Taylor AND Glenna Ellen Blizard

of Mt. Airy, N.C.	of Mt. Airy, N.C.
age 37 years, RACE White, the son of	age 47 years, RACE White, the daughter of
Ben Taylor	Ernest Pierce
and Mamie Taylor	and Lillie H. Jackson Pierce
the father now living, the mother living	the father now living, the mother living
resident of Mt. Airy, N.C.	resident of Denton, N.C.

And the written consent of ..... the ..... of the said ..... to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, within thirty days after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

..... being duly sworn says: That he knows of his own certain knowledge that the parties applying for License are both of ages as stated above, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this ..... day of ....., 19....

..... Register of Deeds.

..... Affiant.

..... Affiant.

Bertha M. Shinault
Register of Deeds.

By Joyce S. Snow
Deputy.

STATE OF NORTH CAROLINA—County of Surry.

I, C. Frank Sutton, a minister, united in matrimony Glenna Ellen Blizzard and James Louie Taylor, the parties licensed above, on the 26th day of December, 1961, at Mt Airy, in Mt Airy Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

Boyd R. Hutchens of .....

Mary Eleanor of .....

Mrs Ruth T Gilley of .....

C Frank Sutton
OFFICIATING OFFICER.

No. 112

State of North Carolina, County of Surry
Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of Surry County:

Dobson, N. C., December 31st 1957

Carl Wade Roberts having applied to me for a LICENSE for the marriage of

Carl Wade Roberts AND Mary Lou Tate

of Mount Airy, N. C. R. F. D.	of Mt. Airy, N. C. R. F. D.
age 23 years, RACE White, the son of Carl Woodson Robertsi	age 20 years, RACE White, the daughter of James Joseph Tate
and Ruby Blizzard Roberts	and Carrie Sou Tate
the father now Livng, the mother Living	the father now Living, the mother Living
resident of Mt. Airy, N. C.	resident of Mt. Airy, N. C.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, within thirty days after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

Carl Wade Roberts & Mary Lou Tate, being duly sworn says: That he knows of his own certain knowledge that the parties applying for License are both of ages as stated above, and, so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this 31st day of December, 1957

Bertha W. Truman
Register of Deeds.

Mary Lou Tate
Affiant

Carl Wade Roberts
Affiant

Bertha W. Truman
Register of Deeds.

By
Deputy.

STATE OF NORTH CAROLINA—County of Surry.

I, Arlin J. Watson, a missionary Baptist minister, united in matrimony Mary Lou Tate and Carl Wade Roberts, the parties licensed above, on the 31 day of Dec, 19 57, at My Home, in Mt Airy Township, in said County, according to law.

WITNESSES PRESENT AT MARRIAGE

Jesse P. Roberts of 429 Granite St Mt Airy, N.C.
Carrie Sou Tate of
Mrs. Arlin Watson of Rt 1 Mt. Airy N.C.

Rev. Arlin J. Watson
OFFICIATING OFFICER.

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

BO,4 P0368

77-217
LICENSE NUMBER

Surry
COUNTY

GROOM

GROOM NAME	FIRST	MIDDLE	LAST
1.	Alan	Neal	Ritenour

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a. N. C.	2b. Surry	2c. Mt. Airy	2d. No

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
2e. P. O. Box 265, Mt. Airy, N.C.	3. Cumberland, N. C.	4a. 12-1-1955	4b. 21

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
5a. Harold Ritenour	5b. Pa.	5c. P. O. Box 265, Mt. Airy, N. C.

MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
6a. Alpha Epperson	6b. Va.	6c. Same as above

RACE GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	IF PREVIOUSLY MARRIED: DATE MONTH	IF PREVIOUSLY MARRIED: DATE YEAR	EDUCATION SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4....or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
7. White	8. First	9a.	9b.		10.		4

BRIDE

BRIDE NAME	FIRST	MIDDLE	LAST	MAIDEN SURNAME (If Different)
11a.	Cynthia	Louise	Byrd	11b.

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
12a. N. C.	12b. Surry	12c. Mt. Airy	12d. Yes

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
12e. 221 East Elm Street	13. Forsyth Co., N. C.	14a. 1-22-1955	14b. 22

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
15a. Arthur Byrd	15b. MX N. C.	15c. Not Known

MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
16a. Peggy Bilzzard	16b. N. C.	16c. 221 East Elm Street, Mt. Airy, N.C.

RACE BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	IF PREVIOUSLY MARRIED: DATE MONTH	IF PREVIOUSLY MARRIED: DATE YEAR	EDUCATION SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4....or 8)	HIGH SCHOOL (1 2 3 4 or 4)	COLLEGE (1, 2, 3, 4, or 5)
17. White	18. First	19a.	19b.		20.		

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

Alan N. Ritenour
SIGNATURE OF GROOM

Cindy Byrd
SIGNATURE OF BRIDE

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6-23 19 77

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

Aurelia L. Norman
DEPUTY ASSISTANT

To any ordained minister of any religious denomination or elder authorized by his church or Magistrate: you are hereby authorized at any time within 60 days from the date hereof to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

6-23-1977
DATE ISSUED

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

Aurelia L. Norman
(DEPUTY ~~ASSISTANT~~)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: MONTH	DAY	YEAR	PLACE OF MARRIAGE-CITY, TOWN, OR TOWNSHIP, COUNTY
21a. June	26	1977	21b. Mt. Airy N.C. Surry Co.

OFFICIANT SIGNATURE	TITLE	ADDRESS
21c. Rev. Henry Reese	21d. Min	21e. Mt. Airy N.C.

WITNESSES

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
22a. Dorothy B. Brannock-Mt Airy NC	22a. Mary E. Hiatt

DATE RETURNED TO REGISTER OF DEEDS 7-5-1977 RECEIVED BY Aurelia L. Norman, Deputy

DHS FORM 2132
VITAL RECORDS VS 80
1-1-71

REGISTER OF DEEDS COPY

764366

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOU
DIVISION OF HEALTH SERVICES

82-513
LICENSE NUMBER

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE B 079 P 0380

Surry
COUNTY

GROOM

GROOM-NAME	FIRST	MIDDLE	LAST
1.	James Iverson	Phillips	Jr.

RESIDENCE-STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a. N.C.	2b. Surry	2c. Mount Airy	2d. yes

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
2e. 170 W. Poplar St.	3. Nashvill Tenn.	4a. 2-2-1949	4b. 33

FATHER-NAME	STATE OF BIRTH	ADDRESS (If Living)
5a. James Iverson Phillips Sr.	5b. Va.	5c. 715 VES Rd. Lynchburg, Va.
MOTHER-MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
6a. Erline Hall	6b. Va.	6c. 2101 E. Broad St. Richmond, Va.

RACE-GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED		EDUCATION-SPECIFY HIGHEST GRADE COMPLETED		
		LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE MONTH YEAR	ELEMENTARY (0,1,2,3,4,...or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
7. W	8. second	9a. Divorce	9b. 9 82	10.		4

BRIDE

BRIDE-NAME	FIRST	MIDDLE	LAST	MAIDEN SURNAME (If Different)
11a.	Norma Lucile		Stockton	11b. Gardner

RESIDENCE-STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
12a. N.C.	12b. Surry	12c. Mount Airy	12d. yes

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
12e. 170 W. Poplar St.	13. Surry Co. N.C.	14a. 11-19-1951	14b. 30

FATHER-NAME	STATE OF BIRTH	ADDRESS (If Living)
15a. Rufus L. Gardner	15b. N.C.	15c. Rt. 4 Mount Airy, N.C.
MOTHER-MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
16a. Norma Lucile Nunn	16b. N.C.	16c. Bethel Rd. Jonesville, N.C.

RACE-BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED		EDUCATION-SPECIFY HIGHEST GRADE COMPLETED		
		LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE MONTH YEAR	ELEMENTARY (0,1,2,3,4,...or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
17. W.	18. third	19a. Divorce	19b. 2 80	20.	4	

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS November 22 19 82

James I. Phillips Jr.
SIGNATURE OF GROOM

Luci N. Stockton
SIGNATURE OF BRIDE

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

Deputy Assistant
DEPUTY ASSISTANT

To any ordained minister of any religious denomination, minister authorized by his church or Magistrate, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

11-22-1982
DATE ISSUED

Dennis W. "Bud" Cameron
REGISTER OF DEEDS

Deputy Assistant
(DEPUTY ASSISTANT)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON MONTH DAY YEAR	PLACE OF MARRIAGE-CITY, TOWN, OR TOWNSHIP, COUNTY
21a. November 24, 1982	21b. Trinity Episcopal Church, Mount Airy, Surry

OFFICIANT SIGNATURE	TITLE	ADDRESS
21c. William E. Pilcher III	21d. Priest	21e. 305 Jackson Rd. Mt. Airy, N.C.

WITNESSES

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
22a. Jesse Stephen Bowman	23a. Rebecca Snyder

DATE RETURNED TO REGISTER OF DEEDS 11-29-82 RECEIVED BY Rachel C. Long, assistant

DHS FORM 2132
VITAL RECORDS VS-80
1-1-71

REGISTER OF DEEDS COPY

State of North Carolina

Surry County

Office of Register of Deeds

June 22, 1950

To any Ordained Minister of any Religious Denomination, or any Justice of the Peace of said County:

[1] Rodger Needham having applied to me for LICENSE for the marriage of[2] Rodger Needham, of[3] Pilot Mountain, N.C., aged[4] 19 years color[5] White, the son of[6] N.B. Needham and[7] Emma Needham the father now[8] living, the mother[9] living residence of[10] Pilot Mountain, N.C. and[11] Peggy Blizzard, of[12] Mt. Airy, N.C., aged[13] 18 years, color[14] White, daughter of[15] T.J. Blizzard and[16] Ghanna Blizzard the father[17] living, the mother[18] living, resident of[19] Mt. Airy, N.C.

*And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me:

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said county.

You are required, within sixty days after you shall have celebrated such marriage, to return this license to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting two hundred dollars to the use of any person who shall sue for the same.

No. 2 2 2

Beulah M. Hancock

Register of Deeds.

1. Name of person applying for license.
2. Name of man to be married, in full.
3. Residence.
4. Age.
5. White or colored.
6. Father of man to be married.
7. Mother of man to be married.
8. Living or dead.
9. Living or dead.
10. Residence, if known; if not, state unknown.
11. Name of woman to be married, in full.
12. Residence.
13. Age.
14. White or colored.
15. Father's name.
16. Mother's name.
17. Living or dead.
18. Living or dead.
19. Residence, if known; if not, state unknown.

*If both parties are over 18 years of age, strike out.

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

90-222 — LICENSE NUMBER

B087 0378 — COUNTY

GROOM

GROOM NAME	FIRST	MIDDLE	LAST
1	JOHN	JOSEPH	MONTGOMERY

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a NC	2b SURRY	2c MT. AIRY	2d YES

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
2e 1835 AIMS AVE.	3 GASTON, NC	4a 11/14/64	4b 25

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
5a ROBERT J. MONTGOMERY	5b VA.	5c 18 LAKESIDE AVE., LOCUST, NJ

MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
6a KAY HEIKER	6b VA.	6c 1437 GEORGETOWN DR. GASTONIA, NC

RACE-GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce Or Annulment (Specify)	DATE: MONTH YEAR	EDUCATION SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4...or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4 or 5)
7 WHITE	8 1	9a	9b	10		4

BRIDE

BRIDE NAME	FIRST	MIDDLE	LAST	MAIDEN SURNAME (If Different)
11a	SHANNON	LEIGH	BLIZZARD	11b

RESIDENCE STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
12a NC	12b SURRY	12c MT. AIRY	12d YES

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
12e 1835 AIMS AVE.	13 FORSYTH, NC	14a 5/12/66	14b 24

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
15a JERRY BLIZZARD	15b NC	15c 1219 HAWTHORNE CIRCLE, HANAHAN, SC

MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
16a PATRICIA HODGES	16b NC	16c RT. 2, BOX 302, DOBSON, NC

RACE-BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE: MONTH YEAR	EDUCATION SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4...or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4 or 5)
17 WHITE	18 1	19a	19b	20		4

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS MAY 17 1990

SIGNATURE OF GROOM: Shannon Blizzard

SIGNATURE OF BRIDE

DENNIS W. "BUD" CAMERON — REGISTER OF DEEDS / DEPUTY ASSISTANT

To any ordained minister of any religious denomination, minister authorized by his church or Magistrate you are hereby authorized at any time within 60 days from the date hereof to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $100.00 to anyone who sues for the same.

5/17/90 — DATE ISSUED

DENNIS W. "BUD" CAMERON — REGISTER OF DEEDS (DEPUTY ASSISTANT)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: MONTH	DAY	YEAR	PLACE OF MARRIAGE CITY, TOWN OR TOWNSHIP, COUNTY
21a MAY	19TH	1990	21b Dobson, N.C. SURRY

OFFICIANT SIGNATURE	TITLE	ADDRESS
21c John Snow	21d Minister	21e RT. 2 Box 302 Dobson N.C.

WITNESSES

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
22a Robert Montgomery Jr.	22b Tammy B. Hilton

DATE RETURNED TO REGISTER OF DEEDS 5-23-90 RECEIVED BY Kell

DHS FORM 2132
VITAL RECORDS VS 80
1171

31749

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 1970 PAGE 2454.

WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

428924 LICENSE NUMBER — GUILFORD COUNTY — 2454

GROOM

1. GROOM-NAME FIRST	MIDDLE	LAST
DONALD	LEE	MARLOW

2a. RESIDENCE-STATE	2b. COUNTY	2c. CITY, TOWN, OR LOCATION	2d. INSIDE CITY LIMITS (Specify Yes Or No)
N C	GUILFORD	GREENSBORO	YES

2e. STREET AND NUMBER	3. BIRTHPLACE (COUNTY & STATE)	4a. DATE OF BIRTH (Month, Day, Year)	4b. AGE
3707 KEITH ST	GUILFORD	MARCH 13, 1949	21

5a. FATHER-NAME	5b. STATE OF BIRTH	5c. ADDRESS (If Living)
LEE E MARLOW	N C	3707 KEITH ST GREENSBORO N C

6a. MOTHER-MAIDEN NAME	6b. STATE OF BIRTH	6c. ADDRESS (If Living)
BARBARA MAGDALENE PEGRAM	N C	3707 KEITH ST GREENSBORO N C

7. RACE-GROOM	8. NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: 9a. LAST MARRIAGE ENDED BY (Death, Divorce, Or Annulment (Specify))	9b. DATE MONTH YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: 10. ELEMENTARY (0, 1, 2, 3, 4, . . . or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
WHITE	FIRST				4	1

BRIDE

11a. BRIDE-NAME FIRST	MIDDLE	LAST	11b. MAIDEN SURNAME (If Different)
DEBRA	JEANNE	BLIZZARD	

12a. RESIDENCE-STATE	12b. COUNTY	12c. CITY, TOWN, OR LOCATION	12d. INSIDE CITY LIMITS (Specify Yes Or No)
N C	GUILFORD	GREENSBORO	YES

12e. STREET AND NUMBER	13. BIRTHPLACE (COUNTY & STATE)	14a. DATE OF BIRTH (Month, Day, Year)	14b. AGE
3105 PADDINGTON ST	SUMTER	MARCH 31, 1952	18

15a. FATHER-NAME	15b. STATE OF BIRTH	15c. ADDRESS (If Living)
MILLARD WARE BLIZZARD	GEORGIA	3105 PADDINGTON ST GREENSBORO N C

16a. MOTHER-MAIDEN NAME	16b. STATE OF BIRTH	16c. ADDRESS (If Living)
MARGARET LUCILLE HAMILTON	ALABAMA	3105 PADDINGTON ST GREENSBORO N C

17. RACE-BRIDE	18. NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: 19a. LAST MARRIAGE ENDED BY (Death, Divorce, Or Annulment (Specify))	19b. DATE MONTH YEAR	EDUCATION-SPECIFY HIGHEST GRADE COMPLETED: 20. ELEMENTARY (0, 1, 2, 3, 4, . . . or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
WHITE	FIRST				4	

NOVEMBER 9, 1970 — DATE ISSUED

MARK STEWART By: Mary Belle Atkins — REGISTER OF DEEDS (DEPUTY)

To any ordained minister of any religious denomination, minister authorized by his church, or any Justice of the Peace or Magistrate, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the above named county.

OFFICIANT

21a. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: MONTH	DAY	YEAR	21b. PLACE OF MARRIAGE-CITY, TOWN, OR TOWNSHIP, COUNTY
November	14,	1970	Summerfield, N.C., Guilford County

21c. OFFICIANT-SIGNATURE	21d. TITLE	21e. ADDRESS
Hessie D. Pegram	Minister	3709 Keith St., Greensboro, N.C. 27405

WITNESSES

22a. SIGNATURE OF WITNESS	23a. SIGNATURE OF WITNESS
Lee E Marlow / Lee E Marlow	Brenda B. Hemric / Brenda B. Hemric
22b. NAME OF WITNESS (Please Print) 3707 Keith St	23b. NAME OF WITNESS (Please Print) 422 South Elm St, Apt. 14
22c. ADDRESS Greensboro N.C.	23c. ADDRESS High Point, NC

The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

DATE RETURNED TO REGISTER OF DEEDS: NOV 25 1970

RECEIVED BY: Patricia A Bredwell

FORM VS-80 REV. 1/1/69

REGISTER OF DEEDS COPY

428924

Marriage License

Virginia CITY OF DANVILLE 9-97 *to-wit:*

To Any Person Licensed to Celebrate Marriages:

You are hereby authorized to join together in the Holy State of Matrimony, according to the rites and ceremonies of your Church or religious denomination, and the laws of the Commonwealth of Virginia,

Luther Hill Hutchens *and* Jeannetta Gray Blizard

Given under my hand, as Clerk of ~~Corporation~~ *Court of* ~~Danville, Va.~~ ~~County~~ (~~or~~ *City) this* 6th. *day of* Aug., 19 33. Chas. L. Bradley, *Clerk*

Marriage Certificate

To be annexed to License required by Section 5074 of the Code of Virginia.

VIRGINIA: In the Clerk's Office of the ~~Corporation~~ *Court for the* ~~County (or~~ *City) of* ~~Danville, Va.~~

Date of Marriage August 6th, 1933. *Place of Marriage* Danville, Va.

(FULL NAME OF PARTIES)

Luther Hill Hutchens *and* Jeannetta Gray Blizard

Age of Husband 22 years; Condition (single, widowed or divorced) single

Age of Wife 21 years; Condition (single, widowed or divorced) single

Race { WHITE, COLORED OR OTHERWISE } of Husband wh. of Wife # 205 Morris St. wh.

(PRESENT)

Husband's Place of Birth Madkinville N.C. Mailing Address Durham N.C.

Wife's Place of Birth Winston-Salem N.C. Mailing Address Winston-Salem N.C.

Names of Parents { Husband R.C. Hutchens and Ella (Mason) Hutchens. (Full maiden name)
Wife E.E. Blizard and Minnie (Cala) Blizard (Full maiden name)

Occupation of Husband Liggett-Myers Tob Co Emp.

Given under my hand this 6th. day of Aug 19 33.

Chas. L. Bradley, Clerk

28415

Certificate of Time and Place of Marriage

I R. H. Barber, a Minister of the Baptist Church, or religious order of that name, do certify that on the 6 day of Aug, 1933 at Danville, Virginia, under authority of the above License, I joined together in the Holy State of Matrimony the persons named and described therein. I qualified and gave bond according to law authorizing me to celebrate the rites of marriage in the County (or ~~City~~) of Halifax, State of Virginia.

Given under my hand this 6 day of Aug, 1933.

R. H. Barber

(Person who performs ceremony sign here.)

The Minister or other person celebrating a marriage is required, within thirty (30) days thereafter, to return the License and Certificate of the Clerk and his certificate of the time and place at which the marriage was celebrated to the Clerk who issued the License; failure to comply with these requirements of the law makes the Minister or other person celebrating the marriage liable to a fine of not less than ten nor more than twenty dollars for each offense (See Section 5074 of the Code of Virginia, 1919).

MARRIAGE ABSTRACT RECORD

County Rowan State NC Book 003 Page 2468

Name of Groom: Wade Alison Hinson

Groom's Residence:

Groom's Age: Race:

Groom's Father:

Groom's Mother:

Name of Bride: Gladys Jean Blizzard

Bride's Residence:

Bride's Age: Race:

Bride's Father:

Bride's Mother:

Date License Was Issued:

Date Marriage Occurred: 7-31-1949

Place of Marriage:

Married By:

Witnesses:

Researcher: WKB

Address:

Source Of Research Rowan Co Library Salisbury NC

Date:

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK 1969 PAGE 0566.

WITNESS MY HAND AND SEAL THIS _____ OF _____, _____.
DAY MONTH YEAR

_____, REGISTER OF DEEDS.

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

LICENSE AND CERTIFICATE OF MARRIAGE

State of North Carolina

284178 LICENSE NUMBER — GUILFORD COUNTY — 566

GROOM

GROOM—NAME	FIRST	MIDDLE	LAST
1.	DARRELL	GENE	HEMRIC

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)
2a. NORTH CAROLINA	2b. GUILFORD	2c. HIGH POINT	2d. YES

STREET AND NUMBER	STATE OF BIRTH (If Not In U.S.A., Name Country)	DATE OF BIRTH (Month, Day, Year)	AGE
2e. 2305 EDGEWOOD	3. NORTH CAROLINA	4a. 6-25-41	4b. 27

FATHER—NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)	MOTHER—MAIDEN NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)
5a. LEONARD VINCENT HEMRIC	5b. N. C.	6a. NELLIE SELF	6b. TENN.

RACE—GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY—Death, Divorce, Or Annulment (Specify)	DATE: MONTH	DATE: YEAR	EDUCATION—SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, . . . or 8)	HIGH SCHOOL (1,2,3, or 4)	COLLEGE (1,2,3,4, or 5)
7. WHITE	8. FIRST	9a.	9b.		10.	4	

BRIDE

BRIDE—NAME	FIRST	MIDDLE	LAST	MAIDEN NAME (If Different)
11a.	BRENDA	JOYCE	BLIZZARD	11b.

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (Specify Yes or No)
12a. NORTH CAROLINA	12b. GUILFORD	12c. GREENSBORO	12d. YES

STREET AND NUMBER	STATE OF BIRTH (If Not In U.S.A., Name Country)	DATE OF BIRTH (Month, Day, Year)	AGE
12e. 3105 PADDINGTON	13. GEORGIA	14a. 7-3-47	14b. 21

FATHER—NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)	MOTHER—MAIDEN NAME	STATE OF BIRTH (If Not In U.S.A., Name Country)
15a. MILLARD WARE BLIZZARD	15b. GA.	16a. MARGARET HAMILTON	16b. ALA.

RACE—BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY—Death, Divorce, or Annulment (Specify)	DATE: MONTH	DATE: YEAR	EDUCATION—SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4, . . . or 8)	HIGH SCHOOL (1,2,3, or 4)	COLLEGE (1,2,3,4, or 5)
17. WHITE	18. FIRST	19a.	19b.		20.	4	

GROOM—PARENT'S ADDRESS	BRIDE—PARENT'S ADDRESS
21. FATHER DECEASED 2305 EDGEWOOD HIGH POINT, N. C.	22. 3105 PADDINGTON GREENSBORO, N. C.

To any ordained minister of any religious denomination, minister authorized by his church, or any Justice of the Peace or Magistrate, you are hereby authorized, at any time within 60 days from the date hereof, to celebrate the proposed marriage at any place within the said county.

MARCH 19, 1969 — DATE ISSUED

MARK STEWART — REGISTER OF DEEDS

Jane W. Cranmer (DEPUTY/ASSISTANT)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: MONTH	DAY	YEAR	PLACE OF MARRIAGE—COUNTY	STATE
15a. april	3,	1969	15b. Guilford	15c. N. C.

OFFICIANT—SIGNATURE	DATE SIGNED (MONTH, DAY, YEAR)	OFFICIANT—Religious or Civil (Specify)
15d. Boyd C. Kistler	15e. april 3, 1969	15f. Minister

WITNESS—SIGNATURE	WITNESS—SIGNATURE
16a. Millard W. Blizzard	16b. Nellie Hayes

The minister or other person celebrating this marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage, and return them to the Register of Deeds who issued the Bonds. Failure to do so constitutes a misdemeanor and also subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

PRESENTED FOR REGISTRATION AND RECORDED

RETURNED TO REGISTER OF DEEDS:

DATE

APR 8 11 01 AM '69

REGISTER OF DEEDS ASSISTANT

MARK STEWART
REGISTER OF DEEDS
GUILFORD COUNTY, N.C.

FORM VS-60
REV. 1/1/68
1/68-100M

REGISTER OF DEEDS COPY

284178

Scott

No. 140

State of North Carolina, County of Surry

Office of Register of Deeds

To any Ordained Minister of any Religious Denomination or any Justice of the Peace of said County.

Dobson, N. C., Oct., 5, 1946

Ralph Haynes having applied to me for a LICENSE for the marriage of

Ralph Haynes of Mt. Airy, N. C. and

Mauline Blizard of Mt. Airy, N. C.

age 31 years, RACE White, the son of Charlie L. Haynes and Susan Haynes, the father now Living, the mother Living, resident of Mt. Airy, N. C.

age 31 years, RACE White, the daughter of B.L. Scott and Lona Scott, the father now Living, the mother Living, resident of Mt. Airy, N. C.

And the written consent of _____, the _____ of the said _____, to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within sixty days from the date hereof, to celebrate the proposed marriage at any place within the said County. You are required, *within two months* after you shall have celebrated such marriage, to return this License to me, at my office, with your signature subscribed to the Certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting $200.00 to the use of any person who shall sue for the same.

_____, being duly sworn, says: That he knows of his own certain knowledge that the parties applying for License are both over *_____ years of age. and so far as he knows or is informed and believes, there is no lawful cause or impediment forbidding said marriage.

Sworn and subscribed to before me, this _____ day of _____, 194__

_____ *Register of Deeds.*

_____ *Affiant.*

_____ *Affiant.*

Butler W. Stevens
Register of Deeds.

By _____ Deputy.

* Enter here either "18" or "21". If age is stated as "over 18" (not over 21) it shall be the duty of the Register of Deeds to see that the provisions of Chapter 161, Public Laws of 1929, have been complied with.

STATE OF NORTH CAROLINA

I, F. F. Riggs, a Justice of the Peace, united in matrimony Ralph Haynes and Mauline Blizzard, the parties licensed above, on the 5 day of Oct., 19 46, at Dobson, in Dobson Township, in said County, according to Law.

WITNESSES PRESENT AT MARRIAGE

Mrs. F. F. Riggs of Dobson, N. C.

W. B. Stone of Dobson N. C.

_____ of _____

F. F. Riggs J.P.
OFFICIATING OFFICER

Daughter of Wm. Robert Blizzard M. Ralph Haynes
Remarried because of death of 1st husband

age

Book 1879
Page 6455

6455

State of North Carolina, Guilford County.

Office Register of Deeds,

May 10 1879

To any Minister of any Religious Denomination, or any Justice of the Peace of said County:

1 Wm Wilbers having applied to me for a License for the Marriage of 2 W M Wilbern of 3 Guilford aged 4 21 years 1858
color 5 White, the son of 6 Lindsey and 7 Vina Wilbern
the father now 8 Living the mother 9 Living resident of 10 Guilford County
And 11 Delfina Rhodes of 12 Randolph aged 13 23 years, 1856
color 14 White daughter of 15 William and 16 Rhodes
the father 17 Living the mother 18 Living resident of 19 Randolph County
*And the written consent of ——— the
said ——— to the proposed marriage having been filed with me.

And there being no legal impediment to such marriage known to me, you are hereby authorized, at any time within one year from the date hereof, to celebrate the proposed marriage at any place within the said County.

You are required within two months after you shall have celebrated such marriage to return this License to me, at my office, with your signature, subscribed to the certificate under this License, and with the blanks therein filled according to the facts, under penalty of forfeiting two hundred dollars to the use of any person who shall sue for the same.*

Wm W Glenn
REGISTER OF DEEDS.

1 Name of person applying for license. 2 Name of man to be married, in full. 3 Residence. 4 Age. 5 White or colored. 6 Father of man to be married. 7 Mother of man to be married. 8 Living or dead. 9 Living or dead. 10 Residence, if known, if not state unknown. 11 Name of woman to be married, in full. 12 Residence. 13 Age. 14 White or colored. 15 Father's name. 16 Mother's name. 17 Living or dead. 18 Living or dead. 19 Residence if known, it not state unknown. *If both parties are over 18 years of age strike out.

STATE OF NORTH CAROLINA,

Guilford COUNTY.

I,1 L F Davis a2 Justice of the Peace
united in matrimony3 W M Wilbers and4 Delfina Rhodes
the parties licensed above, on the 10 day of May 1879 at My
Residence is Deep River
Township, in said County, according to law.

L F Davis JP

*Witnesses present at marriage:
E G Davis of Guilford Co
Louisa Davis of Guilford

1. Name of person officiating. 2. If minister, of what denomination, If Justice of the Peace, so state. 3. Name of man married. 4. Name of woman married. 5 Place of marriage. 6 Township. *At least three persons present at marriage must sign as witnesses.

BY: _____ ASSISTANT/DEPUTY REGISTER OF DEEDS

_____, REGISTER OF DEEDS.

I HEREBY CERTIFY THAT THIS IS A TRUE AND ACCURATE COPY WHICH APPEARS ON RECORD IN THE OFFICE OF REGISTER OF DEEDS, GUILFORD COUNTY, N. C. IN BOOK _____ PAGE _____.

WITNESS MY HAND AND SEAL THIS ____ OF _____, _____.

_____, REGISTER OF DEEDS

BY: _____
ASSISTANT/DEPUTY REGISTER OF DEEDS

204

STATE OF NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF EPIDEMIOLOGY

APPLICATION, LICENSE AND CERTIFICATE OF MARRIAGE

472469 — LICENSE NUMBER

GUILFORD — COUNTY

GROOM

GROOM NAME	FIRST	MIDDLE	LAST
1.	MARK	ANTHONY	WOOD

RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
2a. NC	2b. GUILFORD	2c. GREENSBORO	2d. YES

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
2e. 1468 ALAMANCE CHURCH RD.	3. FORSYTH, NC	4a. 10/13/63	4b. 27

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
5a. BILLY D. WOOD, SR.	5b. NC	5c. 4872 REGALWOOD DR., WINSTON SALEM, NC

MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
6a. ELIZABETH BLIZZARD	6b. NC	6c. SAME

RACE GROOM	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE: MONTH	DATE: YEAR	EDUCATION SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4...or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
7. W	8. SECOND	9a. DIVORCE	9b. 04	88	10.		2

BRIDE

BRIDE NAME	FIRST	MIDDLE	LAST	MAIDEN SURNAME (If Different)
11a.	MICHELLE	CARINNE	MCCASKILL	11b. SMITH

RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (Specify Yes Or No)
12a. NC	12b. GUILFORD	12c. GREENSBORO	12d. NO

STREET AND NUMBER	BIRTHPLACE (COUNTY & STATE)	DATE OF BIRTH (Month, Day, Year)	AGE
12e. LOT 15 1468 ALAMANCE CHURCH RD.	13. GUILFORD, NC	14a. 5/18/66	14b. 24

FATHER NAME	STATE OF BIRTH	ADDRESS (If Living)
15a. CALVIN SMITH	15b. NC	15c. 1805 WHITELEY PL., G'BORO, NC

MOTHER MAIDEN NAME	STATE OF BIRTH	ADDRESS (If Living)
16a. FRANKIE MATHIS	16b. NC	16c. SAME

RACE BRIDE	NUMBER OF THIS MARRIAGE FIRST, SECOND, ETC. (SPECIFY)	IF PREVIOUSLY MARRIED: LAST MARRIAGE ENDED BY Death, Divorce, Or Annulment (Specify)	DATE: MONTH	DATE: YEAR	EDUCATION SPECIFY HIGHEST GRADE COMPLETED: ELEMENTARY (0,1,2,3,4...or 8)	HIGH SCHOOL (1, 2, 3, or 4)	COLLEGE (1, 2, 3, 4, or 5)
17. W	18. SECOND	19a. DIVORCE	19b. 09	90	20.	4	

WE HEREBY MAKE APPLICATION TO THE REGISTER OF DEEDS FOR A MARRIAGE LICENSE AND SOLEMNLY SWEAR THAT ALL OF THE STATEMENTS CONTAINED IN THE ABOVE APPLICATION ARE TRUE. WE FURTHER MAKE OATH THAT THERE IS NO LEGAL IMPEDIMENT TO SUCH MARRIAGE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS JANUARY 25, 19 91

Mark A. Wood
SIGNATURE OF GROOM

Michelle McCaskill
SIGNATURE OF BRIDE

KATHERINE LEE PAYNE BY: Audrey Johnson
REGISTER OF DEEDS (DEPUTY/ASSISTANT)

To any regularly ordained minister of any religious denomination, Christian Science Practitioner, or Magistrate you are hereby authorized at any time within the State of North Carolina to celebrate the proposed marriage at any place within the above named county. The minister or other person celebrating the marriage is required within 10 days to fill out and sign both copies of this Certificate of Marriage and return them to the Register of Deeds who issued the license. Failure to do so subjects person celebrating the marriage to a forfeiture of $200.00 to anyone who sues for the same.

JANUARY 25, 1991
DATE ISSUED

KATHERINE LEE PAYNE BY: Audrey Johnson
REGISTER OF DEEDS (DEPUTY/ASSISTANT)

OFFICIANT

I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON	MONTH	DAY	YEAR	PLACE OF MARRIAGE CITY, TOWN OR TOWNSHIP, COUNTY
21a.	1	25	1991	21b. Greensboro, NC

OFFICIANT SIGNATURE	TITLE	ADDRESS
21c. R.G. Clark	Magistrate	21e. Box T-5, Greensboro, NC

WITNESSES

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
Ann Cairrikier	William H. Whipple
22a. Ann Cairrikier	22e. William H. Whipple

DATE RETURNED TO REGISTER OF DEEDS JAN 28 1991 RECEIVED BY

DEHNR 2132
VITAL RECORDS VS-80
(Revised 10/89)

472469

REGISTER OF DEEDS COPY

BK1991 PG0153

Births

210

COUNTY OF RANDOLPH, STATE OF NORTH CAROLINA

DELAYED CERTIFICATE OF BIRTH REGISTRATION

Name at birth John Doran Blizzard Born December 27, 1875

Sex Male Birthplace (city or town) Glenola County Randolph

Attendant at birth - Address

FATHER	MOTHER
Full name Jeff Blizzard	Full Maiden Name Jennetta Hill
Color White Birth year 1849	Color White Birth year 1853
Birthplace Randolph Co., N. C.	Birthplace Randolph Co., N. C.

ABSTRACT OF EVIDENCE

Marriage record in the office of the Kanawha County Coerk's office, State of West Virginia, issued March 9th, 1929, applicant being 53 yrs of age, proves birth date of applicant as 1875.

Records in the office of the Kanawha County Clerk's office, state of West Virginia, show that John Doran Blizzard registered to vote in Kanawha County on April 16, 1942, and record giving birth date as December 27, 1875.

Employment records in the office of the Lory Lumber Company, Charleston, W. Va., show that John D. Blizzard has been employed with the Company for 30 years, and records give birth date of applicant as December 27, 1875.

502820

I certify that the evidence described in the above abstract was examined by me or by my agent; and that, to the best of my knowledge and belief, such evidence complies with the requirements of the North Carolina State Board of Health for the delayed registration of births.

Date February 1, 1951

Alese M. Ward
Register of Deeds

I certify that a search has revealed no prior birth certificate in the Bureau of Vital Statistics for the above named person.

Date filed FEB 7 1951

C. V. Rivers
Director, Bureau of Vital Statistics

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH— County Surry Registration District No. 26-26 Certificate No. 280
Township ... or Village ...
City ... No. ... St. ... Ward
(If birth occurred in hospital or institution, give its name instead of street and number)
2. FULL NAME OF CHILD Lemuel Pearl Bigg
(If child is not yet named, make supplemental report when named)

3. Sex Male | 4. If plural, births | 4a. Twin, triplet, or other ... | 5. Number in order of birth ... | 6. Premature ... Full term Yes | 7. Are parents married? Yes | 8. Date of birth Dec 31 1895 (Month, day, year)

FATHER

9. Full name Wiley Bigg
10. Residence (usual place of abode) (If non-resident, give place and State) Mountain
11. Color or race W | 12. Age at last birthday 20 (years)
13. Birthplace (city or place) Surry Co. N.C. (State or country)
OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Cotton Weaver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Cotton Mill
16. Date (month and year) last engaged in this work Dec 1915
17. Total time (years) spent in this work 5 yrs

MOTHER

18. Full maiden name Minnie Scott
19. Residence (usual place of abode) (If non-resident, give place and State) Mt Airy N.C.
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Surry Co. N.C. (State or country)
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work At Present
26. Total time (years) spent in this work ...

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation ... months or weeks
29. Cause of stillbirth ... Before Labor ... During Labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(Born alive or stillborn)

WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, OR OTHER RESPONSIBLE HOUSEHOLDER MUST MAKE THIS RETURN

(Signed) ... M.D.
Or ... Midwife
Address ...
Filed ... 1916 ... Registrar

Given name added from supplemental report ...
(Date of) ...
Registrar

MARGIN RESERVED FOR BINDING

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

THE CERTIFICATE OF BIRTH OF EACH CHILD BORN ALIVE SHALL BE FILED WITHIN FIVE DAYS AFTER THE BIRTH AND SHALL BE REGISTERED BY THE REGISTRAR OF VITAL STATISTICS OF THE DISTRICT IN WHICH IT IS FILED IF IT HAS BEEN PROPERLY AND COMPLETELY MADE OUT. IF THE CERTIFICATE OF BIRTH OF ANY CHILD BORN ALIVE IN THIS STATE IS NOT FILED WITHIN TEN DAYS AFTER THE BIRTH, THE REGISTRAR OF VITAL STATISTICS SHALL NOTIFY THE PERSON RESPONSIBLE FOR FILING THE CERTIFICATE OF BIRTH OF SUCH CHILD, AND SHALL REPORT THE FACT TO THE LOCAL HEALTH OFFICER.

BOARD OF HEALTH
OF VITAL STATISTICS

STATE OF NORTH CAROLINA

DELAYED CERTIFICATE OF BIRTH

PAGE NO. 34

Mattie Blizard — SEX Female — DATE OF BIRTH Dec. 23, 1910
(FIRST MIDDLE LAST) (MO. DAY YR.)

BIRTH-PLACE (City or Town) N. C. — COUNTY Surry

FATHER	MOTHER
Jeff Blizard	MAIDEN NAME Maggie Mitchell
White — BIRTHPLACE (State or Foreign Country) Unknown Rand. Co. NC	COLOR OR RACE White — BIRTHPLACE (State or Foreign Country) Unknown Surry Co. NC

I hereby declare under oath that the above statements are true to the best of my knowledge.

NAME OF REGISTRANT OR REPRESENTATIVE x Mattie Blizard — RELATIONSHIP TO REGISTRANT

SIGNED AND SUBSCRIBED BEFORE ME THIS 25 DAY OF Aug, 19 67

NOTARY PUBLIC COMMISSION EXPIRES Oct 10-1967 — NOTARY PUBLIC OR REGISTER OF DEEDS Delvis W Moody

REGISTRANT: DO NOT WRITE BELOW THIS LINE. TO BE COMPLETED BY REGISTER OF DEEDS.

ABSTRACT OF SUPPORTING EVIDENCE	DATE OF ORIGINAL RECORD
Affidavit of brother, Alphonse Williams, age-62 Mt. Airy, N. C.	Aug. 19, 1967
Hospital record from Moody Funeral Home, Mt. Airy, N. C.	Jan. 10, 1926
Midwife's birth record, in the Office of Register of Deeds, Dobson, N. C.	July 28, 1930

INFORMATION CONCERNING REGISTRANT AS STATED IN RECORDS LISTED ABOVE

BIRTHDATE OR AGE	BIRTHPLACE	NAME OF FATHER	MAIDEN NAME OF MOTHER
Dec. 23, 1910	Surry Co., N. C.	Jeff Blizard	Maggie Mitchell
Dec. 23, 1910	Surry Co., N. C.	Jeff Blizard	Maggie Mitchell
1929	N. C.	not stated	not stated

ADDITIONAL INFORMATION:

I certify that the evidence described above was examined by me or my agent.

Aug. 31, 1967 — SIGNATURE Bertha M. Shinsault, REGISTER OF DEEDS

I certify that the above named person has no prior birth certificate on file in this office.

SEP - 1 1967 — Phyllis C. Long, Dep.

Died 1-2000

COUNTY OF _____, STATE OF NORTH CAROLINA 1407

DELAYED CERTIFICATE OF BIRTH REGISTRATION

Name at birth Maggie May Blizard Born March 26, 1892

Sex Female Birthplace (city or town) Traphill, N. C. County Wilkes

Attendant at birth ---- Address _____

FATHER	MOTHER
Full name John Dixon Blizard	Full Maiden Name Elizabeth Thompson
Color White Birth year 1847	Color White Birth year 1855
Birthplace Randolph County, N. C.	Birthplace Grayson County, Va.

ABSTRACT OF EVIDENCE

1. Family Bible Record.

2. Marriage record of Surry County.

I certify that the evidence described in the above abstract was examined by me or by my agent; and that, to the best of my knowledge and belief, such evidence complies with the requirements of the North Carolina State Board of

49

COUNTY OF Surry, STATE OF NORTH CAROLINA

DELAYED CERTIFICATE OF BIRTH REGISTRATION

Name at birth William Hurley Blizzard Born April 17, 1910

Sex Male Birthplace (city or town) Mt. Airy, N. C. County Surry

Attendant at birth Dr. L. J. Moorefield Address Mt. Airy, N. C.

FATHER	MOTHER
Full name Albert Garfield Blizzard	Full Maiden Name Annie Texana Fleming
Color White Birth year 1881	Color White Birth year 1891
Birthplace Wilkes County, N. C.	Birthplace Surry County, N. C.

ABSTRACT OF EVIDENCE

Family Bible Record, Affidavit of Father, Child's Birth Certificate.

I certify that the evidence described in the above abstract was examined by me or by my agent; and that, to the best of my knowledge and belief, such evidence complies with the requirements of the North Carolina State Board of Health for the delayed registration of births.

Date Jan. 5, 1943 _____ Register of Deeds

I certify that a search has revealed no prior birth certificate in the Bureau of Vital Statistics for the above named person.

Date filed Jan. 5, 1943 R. D. Simpson Director, Bureau of Vital Statistics

B. V. S.—Form 15

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

903

State File No. 1243

Registered No.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child, SEPARATE RETURN must be made for each. Number of each child as to order of birth stated.

1. PLACE OF BIRTH—
County Surry
Township or Village
City Mt Airy No. St. Ward
(If birth occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME OF CHILD Russell Blizard (If child is not yet named, make supplemental report, as directed)

3. Sex Boy | If plural births | 4. Twin, triplet, or other | 5. Number, in order of birth | 6. Premature | Full term | 7. Legitimate? Yes | 8. Date of birth July 30 1934 (Month, day, year)

FATHER

9. Full name Albert Blizard
10. Residence (usual place of abode) (If non-resident, give place and State) Mt Airy NC
11. Color or race W
12. Age at last birthday 48 (Years)
13. Birthplace (city or place) (State or country) N.C.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Granite Cutter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 19
17. Total time (years) spent in this work

OCCUPATION

MOTHER

18. Full maiden name Annie Flemming
19. Residence (usual place of abode) (If non-resident, give place and State) Mt Airy NC
20. Color or race W
21. Age at last birthday 45 (Years)
22. Birthplace (city or place) (State or country) NC
23. Trade, profession, or particular kind of work done, as housekeeper, nurse, typist, clerk, etc. Domestic
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work 19
26. Total time (years) spent in this work

OCCUPATION

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation | months or weeks
29. Cause of stillbirth | Before labor | During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 p.m. on the date above stated.
(Born alive or stillborn)

WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, ETC., SHOULD MAKE THIS RETURN.

(Signed) L. J. Mossman M.D.
or
Address Mt Airy N.C.

Given name added from a supplemental report (Date of)

Filed Aug 3 1934

REGISTRAR

REGISTRAR

Russell Blizard

3-524
15-309
38-284

Surry Co. NC
Dalton Court House
31
8-26-95

BOARD OF HEALTH
OF VITAL STATISTICS

STATE OF NORTH CAROLINA

DELAYED CERTIFICATE OF BIRTH

PAGE NO. 60

Ruby	Eva	Briggs	DATE OF BIRTH	June 15th 1909
FIRST	MIDDLE	LAST	MO. DAY	YR.
Female	BIRTH-PLACE (City or Town) Pine, Street, Mt Airy N.C.		COUNTY	Surry

FATHER	MOTHER
Henry Martin Briggs	MAIDEN NAME Betty E. Blizard
White	COLOR OR RACE White
BIRTHPLACE (State or Foreign Country) Forsyth Co, N.C.	BIRTHPLACE (State or Foreign Country) Randolph Co, NC

I hereby declare under oath that the above statements are true to the best of my knowledge.

NAME OF REGISTRANT OR REPRESENTATIVE Ruby Eva Briggs

SWORN TO AND SUBSCRIBED BEFORE ME THIS 6th DAY OF July 19 61

MY COMMISSION EXPIRES DECEMBER 19, 1961

DATE NOTARY PUBLIC COMMISSION EXPIRES

J Roy H Nelson

NOTARY PUBLIC OR REGISTER OF DEEDS

REGISTRANT: DO NOT WRITE BELOW THIS LINE. TO BE COMPLETED BY REGISTER OF DEEDS.

ABSTRACT OF SUPPORTING EVIDENCE	DATE OF ORIGINAL RECORD
Affidavit of Bertha Lemly, aunt, age 65, Mt. Airy, N. C.	July 6, 1961
Family Bible of Ruby Eva Briggs, 1216 Glendon Ave/, Baltimore 23, Maryland	50 Years
Marriage record of Sam Franklin Hancox and Ruby Eva Briggs Clerk of Circuit Court's office, Martinsville, Virginia	Aug. 24, 1929

INFORMATION CONCERNING REGISTRANT AS STATED IN RECORDS LISTED ABOVE

BIRTHDATE OR AGE	BIRTHPLACE	NAME OF FATHER	MAIDEN NAME OF MOTHER
June 15, 1909	Surry County, N.C.	Henry M. Briggs	Betty E. Blizard
June 15, 1909	Surry County, N.C.	Henry M. Briggs	Betty E. Blizard
June 15, 1909	Not Stated	Henry M. Briggs	Betty B. Briggs

ADDITIONAL INFORMATION:

ATTENDANT AT BIRTH:

I certify that the evidence described above was examined by me or my agent on October 1, 1963

SIGNATURE Burlas M. Thomas REGISTER OF DEEDS

I certify that the above named person has no prior birth certificate on file in this office.

OCT 3 1963

Glenn A. Flinchum

CHIEF, OFFICE OF VITAL STATISTICS

✓ Posted

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

402
817

REGISTRATION DISTRICT NO. 86-70 LOCAL NO. 341 BIRTH NO. - 132

TYPE, OR PRINT IN PERMANENT BLACK INK

CHILD

1. NAME OF CHILD — FIRST: Misty; MIDDLE: Dawn; LAST: Monday
2. SEX: Female
3a. THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY): Single
3b. IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY):
4a. DATE OF BIRTH — MONTH: April; DAY: 19; YEAR: 1968
4b. HOUR OF BIRTH: 1:06 A. M.
5a. PLACE OF BIRTH — COUNTY: Surry
5b. CITY OR TOWN: Mount Airy
5c. NAME OF HOSPITAL (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER): Northern Hosp. of Surry County
5d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
6a. USUAL RESIDENCE OF MOTHER — STATE: North Carolina; COUNTY: 6b. Surry
6c. CITY OR TOWN: Mount Airy
6d. STREET ADDRESS OR R.F.D. NO.: 1212 Williamson Ave.
6e. INSIDE CITY LIMITS (SPECIFY YES OR NO): No

PARENTS

7a. NAME OF FATHER — FIRST: Franklin; MIDDLE: Delano; LAST: Monday
7b. AGE (AT TIME OF THIS BIRTH): 35 YEARS
7c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): North Carolina
8a. MAIDEN NAME OF MOTHER — FIRST: Bonnie; MIDDLE: Jean; LAST: Blizard
8b. AGE (AT TIME OF THIS BIRTH): 33 YEARS
8c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): North Carolina

LOCAL COPY

9. INFORMANT'S NAME: Mrs. Bonnie Monday
10. RELATION TO CHILD: Mother
11. HAS MOTHER INSPECTED CERTIFICATE FOR ACCURACY? (SPECIFY YES OR NO): Yes

ATTENDANT

I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.

12a. SIGNATURE: W. Eric Jarrell
12b. ATTENDANT—M.D., MIDWIFE, OTHER (SPECIFY): M.D.
12c. DATE SIGNED: 4/26/68
12d. ATTENDANT'S NAME (TYPE OR PRINT): W. Eric Jarrell
ADDRESS: Mount Airy, N. C.

13. DATE REC'D BY LOCAL REG.: 4/29/68
14. SIGNATURE OF REGISTRAR: [illegible]
15. DATE NAME ADDED:
16. DATE AMENDED:

943153

NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

CERTIFICATE OF LIVE BIRTH

REGISTRATION DISTRICT NO. 86-70 REGISTRAR'S CERTIFICATE NO. 550

1. PLACE OF BIRTH
a. COUNTY: Surry
b. TOWNSHIP:
c. CITY OR TOWN: Mount Airy
Is Place of Birth Within City Limits? YES [X] NO [ ]
d. FULL NAME OF HOSPITAL OR INSTITUTION: Northern Hospital of Surry County

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: North Carolina b. COUNTY: Surry
c. CITY OR TOWN: Mount Airy
Is Place of Residence — In City Limits? YES [ ] NO [X] On a Farm? YES [ ] NO [X]
d. STREET ADDRESS or R. F. D. NO.: 1212 Williamson Ave.

CHILD

3. FULL NAME (Type or Print): First: Angela Middle: Denise Last: Monday

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET, was child born: 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: Month: June Day: 15, Year: 1964

FATHER

7. FULL NAME: First: Franklin Middle: Delano Last: Monday

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country): North Carolina

11a. USUAL OCCUPATION: Machinist -Renfro Hosiery

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER

12. FULL MAIDEN NAME: First: Bonnie Middle: Jean Last: Blizard

13. COLOR OR RACE: White

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country): North Carolina

16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many fetal deaths (fetuses born dead at ANY time after conception)? 0

17. INFORMANT'S NAME AND RELATION TO CHILD: Mrs. Bonnie Jean Monday - Mother

18. MOTHER'S MAILING ADDRESS (If different from USUAL RESIDENCE):

I hereby certify that this child was born alive on the date stated above at 7:32 A.M. P.M.

19a. ATTENDANT'S SIGNATURE: W. Eric Jarrell — M. D. [X] MIDWIFE [ ] OTHER (Specify)
19b. ADDRESS: Mount Airy, N. C.
19c. DATE SIGNED: 6/20/64

20. DATE REC'D BY LOCAL REG.: 6/26/64

21. REGISTRAR'S SIGNATURE: [signature]

22. HAS MOTHER INSPECTED CERTIFICATE FOR ACCURACY OF INFORMATION? YES [X] NO [ ]

23. DATE NAME ADDED BY STATE REGISTRAR:

24. DATE AMENDED:

FOR MEDICAL AND HEALTH USE

(This section MUST be filled out)

25a. LENGTH OF PREGNANCY: 38 Completed Weeks

25b. WEIGHT AT BIRTH: 4 LBS. 4 OZS.

26. IS MOTHER MARRIED? YES [X] NO [ ]

27. DID MOTHER HAVE BLOOD TEST FOR SYPHILIS? YES [X] NO [ ]

THIS COPY TO REGISTER OF DEEDS
MARGIN RESERVED FOR BINDING
TYPE OR WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD
N. B.—In case of twins or triplets use a separate blank for each child, and number each in the order of birth.

FORM 15
Rev. 1-58

B. V. S.—Form 14

54

1 PLACE OF BIRTH

County Stokes

Township Sauratown

or Town Walnut Cove

or City

(No. / (If birth occurs in hospital, or other institution, give name of same instead of street number) St.; Ward)

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 85-2616

Certificate No. 12

2 FULL NAME OF CHILD Gladys Irene Nunn

3 Boy Girl	4 Twin, triplet, or other? (To be answered only in event of plural births)	5 Number in order of birth	6 Parents married?	7 Date of birth (Name of Month) (Day) (Year)
Girl			Yes	July 1, 1918

FATHER	MOTHER
8 FULL NAME Robt. Samuel Nunn	14 NAME BEFORE MARRIAGE Mayi Blizzard
9 POSTOFFICE ADDRESS Walnut Cove	15 POSTOFFICE ADDRESS Walnut Cove
10 COLOR White; 11 AGE AT LAST BIRTHDAY 36 (Years)	16 COLOR White; 17 AGE AT LAST BIRTHDAY 25 (Years)
12 BIRTHPLACE NC	18 BIRTHPLACE NC
13 OCCUPATION Salesman (Gen Mdse)	19 OCCUPATION Housekeeping
20 Number of children born to this mother, including present birth 4	21 Number of children of this mother now living 3 — (1 adopted)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was born alive at 3:10 PM, on the date above stated.
(Born alive or stillborn) (Hour, a. m. or p. m.)

23 (Signature) R. J. Tuttle MD
(State whether physician or midwife)

24 P. O. Walnut Cove NC

Given name added from supplemental report

....., 19.....

.....
Registrar

25 Witness .....
(Signature of witness necessary only when 23 is signed by mark)

26 Filed July 2, 1918. 27 R. J. Reynolds
Local Registrar

28 P. O. W. Cove NC

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnan

Form No. 17

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH — County: Lee — Registration District No.: 86-06 — Certificate No.: 216
Township: Mt. Olive — or Village
City: — No.: — If birth occurred in hospital or institution, give its name instead of street and number — Ward:
2. FULL NAME OF CHILD: Betty Lucile Roberts (If child is not yet named, make supplemental report, as directed)
3. Sex: Female — If plural birth, (4) Twin, triplet, or other: — (5) Number, in order of birth: — 6. Premature: — Full term: Yes — 7. Are parents married? Yes — 8. Date of birth: June 12 1936 (Month, day, year)

	FATHER	MOTHER
9. Full name	Earl W. Roberts	10. Full maiden name: Ruby Belgrade
11. Residence (usual place of abode) (If non-resident, give place and State)	Mt. Olive	12. Residence (usual place of abode) (If non-resident, give place and State): Mt. Olive
13. Color or race	W	14. Age at last birthday: 25 (years) — 20. Color or race: W — 21. Age at last birthday: 22 (Years)
15. Birthplace (city or place) (State or country)	Lenoir Co. N.C.	22. Birthplace (city or place) (State or country): Lenoir Co. N.C.
OCCUPATION 16. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.	Salesman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
17. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
18. Date (month and year) last engaged in this work: — 19	19. Total time (years) spent in this work	25. Date (month and year) last engaged in this work: — 19 — 26. Total time (years) spent in this work

27. Number of children of this mother: (a) Time of this birth and including this child: 1 — (b) Born alive and now living: 2 — (c) Born alive but now dead: 0 — (d) Stillborn: 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:30 a.m. on the date born stated.

WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, OR OTHER PERSON WHO SHOULD MAKE THIS RETURN

(Signed) J. P. Pate M.D.

Or Mt. Olive N.C.
(City or town)

(Given name added from supplemental report)

Address

Filed 1-1-36 Registrar

REGISTRAR

B. V. S.—Form 16

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

789

1. PLACE OF BIRTH
County Surry Registration District No. 86-10 Certificate No. 223
Township or Village
City Mt. Airy, N. C. No. Haymore St. Ward
(If birth occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME OF CHILD Carl Wade Roberts (If child is not yet named, make supplemental report, as directed)

3. Sex	If plural births	4. Twin, triplet, or other	5. Premature / Full term	7. Are parents married?	8. Date of birth (Month, day, year)
Male			Full term	yes	Jul. 30 1924

FATHER

9. Full name Carl N. Roberts
10. Residence (usual place of abode) (If non-resident, give place and State) Mt. Airy
11. Color or race W
12. Age at last birthday 33 (years)
13. Birthplace (city or place) Surry Co. (State or country) N. C.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Head worker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Furniture factory
16. Date (month and year) last engaged in this work ____, 19__
17. Total time (years) spent in this work 1 yr.

MOTHER

18. Full maiden name Ruby Belle Smith
19. Residence (usual place of abode) (If non-resident, give place and State) Mt. Airy
20. Color or race W
21. Age at last birthday 20 (Years)
22. Birthplace (city or place) Surry Co. (State or country) N. C.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work Oct. 29, 19 24
26. Total time (years) spent in this work 1 yr.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks
29. Cause of stillbirth ____ (a) Before labor ____ (b) During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive, at 10:2 a. m. on the date above stated.
(Born alive or stillborn)

[WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, ETC., SHOULD MAKE THIS RETURN.]

(Signed) J. H. Worrell, M. D.
or ____ Midwife
Address Mt. Airy
Filed Nov 1, 1924 Jno. Gordon REGISTRAR.

Given name added from a supplemental report ____ (Date of) ____
REGISTRAR.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a separate return must be made for each, and the number of each child in order of birth must be added.

70

COUNTY OF Randolph, STATE OF NORTH CAROLINA

DELAYED CERTIFICATE OF BIRTH REGISTRATION

Name at birth Earl Bullar Wood Born December 5, 1891

Sex Male Birthplace (city or town) County Randolph

Attendant at birth Dr. J. F. Bullar Address Trinity, N.C.

FATHER	MOTHER
Full name Jesse Wood	Full Maiden Name Savannah Blissard
Color white Birth year	Color white Birth year
Birthplace Guilford County, N. C.	Birthplace unknown

ABSTRACT OF EVIDENCE

Voters Registration record on file in the City of Martinsville, Virginia states that applicant was born December 5, 1891.

Marriage record of Earl B. Wood and Minnie Spencer on file in Henry County, State of Virginia gives age of applicant to be 30 yrs. in January, 1922 proving Birth year of applicant to be 1891.

Certificate of Membership to Woodmen of the World issued to Earl B. Wood states that applicant was born December 5, 1891. (Cert.#327691)

503333

I certify that the evidence described in the above abstract was examined by me or by my agent; and that, to the best of my knowledge and belief, such evidence complies with the requirements of the North Carolina State Board of Health for the delayed registration of births.

Date June 15, 1953 Annie Dean, Register of Deeds

I certify that a search has revealed no prior birth certificate in the Bureau of Vital Statistics for the above named person.

Date filed JUN 19 1953 Charles E. Council, Director, Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

9

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1 PLACE OF BIRTH

County Stokes

Township

or Town Walnut Cove

or City

Registration District No. 85-2614

Certificate No. 9

(No. ____ St.: ____ Ward)

(If birth occurs in hospital, or other institution, give name of same instead of street number)

2 FULL NAME OF CHILD Norma Lucille Jessup

3 Boy Girl	4 Twin, triplet, or other? (To be answered only in event of plural births)	5 Number in order of birth	6 Parents married	7 Date of birth (Name of Month) (Day) (Year)
Girl			yes	Sept 16, 1920

FATHER	MOTHER
8 FULL NAME: Robert Sam Jessup	14 NAME BEFORE MARRIAGE: Maggie Inez Blizzard
9 POSTOFFICE ADDRESS: Walnut Cove R.6,	15 POSTOFFICE ADDRESS: Walnut Cove R. 6,
10 COLOR: W	16 COLOR: W
11 AGE AT LAST BIRTHDAY: 28 (Years)	17 AGE AT LAST BIRTHDAY: 28 (Years)
12 BIRTHPLACE: R. 6,	18 BIRTHPLACE: R. 6
13 OCCUPATION: Salesman (General store)	19 OCCUPATION: Domicile
20 Number of children born to this mother, including present birth: 5	21 Number of children of this mother now living: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22 I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a m (Hour, a. m. or p. m.) on the date above stated.

23 (Signature) R. G. Tuttle Jr. M.D. (State whether physician or midwife)

24 P. O. Walnut Cove

Given name added from supplemental report

----------, 19----

Registrar

25 Witness ____ (Signature of witness necessary only when 23 is signed by mark)

26 Filed Oct 2, 1920 27 H. G. Tuttle Local Registrar

28 P. O. Walnut Cove

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Deceased 571

COUNTY OF _____, STATE OF NORTH CAROLINA ~~1662~~

DELAYED CERTIFICATE OF BIRTH REGISTRATION

Name at birth Leonard Robert Nunn Born Aug. 1, 1910

Sex Male Birthplace (city or town) Walnut Cove, N. C. County Stokes

Attendant at birth Dr. R. G. Tuttle Address Winston-Salem, N. C.

FATHER	MOTHER
Full name Robert S. Nunn	Full Maiden Name Mae Blizzard
Color White Birth year 1882	Color White Birth year 1892
Birthplace Stokes County, N. C.	Birthplace Wilkes County, N. C.

ABSTRACT OF EVIDENCE

1. Bible record of birth dated Aug. 1st, 1910, Bible submitted to the Register of Deeds.
2. Certified affidavit of personal nowledge of birth, signed by Mae Blizzard Nunn McKallar, mother, before L. H. van Noppen, Notary Public.

I certify that the evidence described in the above abstract was examined by me or by my agent; and that, to the best of my knowledge and belief, such evidence complies with the requirements of the North Carolina State Board of Health for the delayed registration of births.

Date May 18, 1942 _____ Register of Deeds

I certify that a search has revealed no prior birth certificate in the Bureau of Vital Statistics for the above named person.

Date filed May 18, 1942 R. T. Stimpson Director, Bureau of Vital Statistics

684

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

PLACE OF BIRTH

County Hoke

Township Jamestown

Town Walnut Cove

City ____ (No. ____, St. ____)

North Carolina State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 85-2616

File No. ____

Registered No. 10

FULL NAME OF CHILD Otis Addison Nunn

Boy or Girl	Twin, triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Parents married?	Date of birth (Month) (Day) (Year)
Boy			Yes	May 31, 1915

FATHER		MOTHER	
FULL NAME	Robert D. Nunn	FULL MAIDEN NAME	Maybell Blizzard
RESIDENCE	Walnut Cove NC	RESIDENCE	Walnut Cove NC
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Stokes Co	BIRTHPLACE	Wilkes Co
OCCUPATION	Salesman in Store	OCCUPATION	Housewife
EDUCATIONAL ATTAINMENTS	Fair	EDUCATIONAL ATTAINMENTS	Fair

Number of children born to this mother, including present birth 3

Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or Stillborn) at 11 P. M., on the date above stated.

(Signature) E. Fulp MD

(Physician or Midwife)

Address Fulp NC

Filed June 1, 1915 RF Reynolds REGISTRAR

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ REGISTRAR