

NORTH CAROLINA DEATH CERTIFICATES, 1909-1975

ARRIE WRIGHT LOVELACE

NORTH CAROLINA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS					46
STANDARD CERTIFICATE OF DEATH					
1 PLACE OF DEATH		Registration District No. <u>816198</u>			Register No. <u>2</u>
County <u>Rutherford</u>		State _____			
Township <u>Logan Store</u>		or Village _____			
City _____		No. _____ St. _____ Ward _____			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2 FULL NAME <u>Arrie Lovelace</u>					
(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			MEDICAL CERTIFICATE OF DEATH		
3 Sex <u>4</u>	4 Color or Race <u>W</u>	5 Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	16 Date of Death (month, day, and year) <u>July 12 1926</u>		
5a If married, widowed, or divorced Husband of (or) Wife of <u>J. B. Lovelace</u>			17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h.____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.		
6 Date of Birth (month, day, and year)			The CAUSE OF DEATH* was as follows: <u>Collected with Dr. Andrews the heart there seemed to be something wrong in the Heart (duration) like pericarditis</u>		
7 Age years <u>41</u>	Months _____	Days _____	Contributory (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.		
8 Occupation of deceased (a) Trade, Profession, or particular kind of work <u>House work</u>			18 Where was disease contracted (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) <u>N.C.</u>			18 If not at place of death? <u>(75)</u>		
10 Name of Father <u>George Wright</u>			Did an operation precede death? _____ Date of _____		
11 Birthplace of Father (city or town) _____ (State or country) <u>N.C.</u>			Was there an autopsy? _____		
12 Maiden Name of Mother <u>Sarah Dicus</u>			What test confirmed diagnosis? _____ (Signed) <u>R. M. Andrews</u> M. D.		
13 Birthplace of Mother (city or town) _____ (State or country) <u>N.C.</u>			. 19 (Address) <u>Bontic N.C.</u>		
14 Informant <u>J. B. Lovelace</u> (Address) <u>Bontic N.C.</u>			*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.)		
15 Filed <u>2/5</u> 19____ <u>W. H. Lee</u> REGISTRAR			19 Place of Burial, Cremation, or removal <u>Walls Church Cem.</u> Date of Burial <u>3-4 19 26</u>		
			20 Undertaker <u>Daver Hollifield</u> Address <u>Bontic</u>		

GENDER: FEMALE
 RACE: WHITE
 AGE: 41
 BIRTH DATE: ABT 1885
 BIRTH PLACE: NORTH CAROLINA, UNITED STATES
 DEATH DATE: 12 JUL 1926
 DEATH LOCATION: LOGAN STORE, RUTHERFORD
 SPOUSE'S NAME: J B LOVELACE
 FATHER'S NAME: GEORGE WRIGHT
 MOTHER'S NAME: SARAH (DICUS) DYCUS