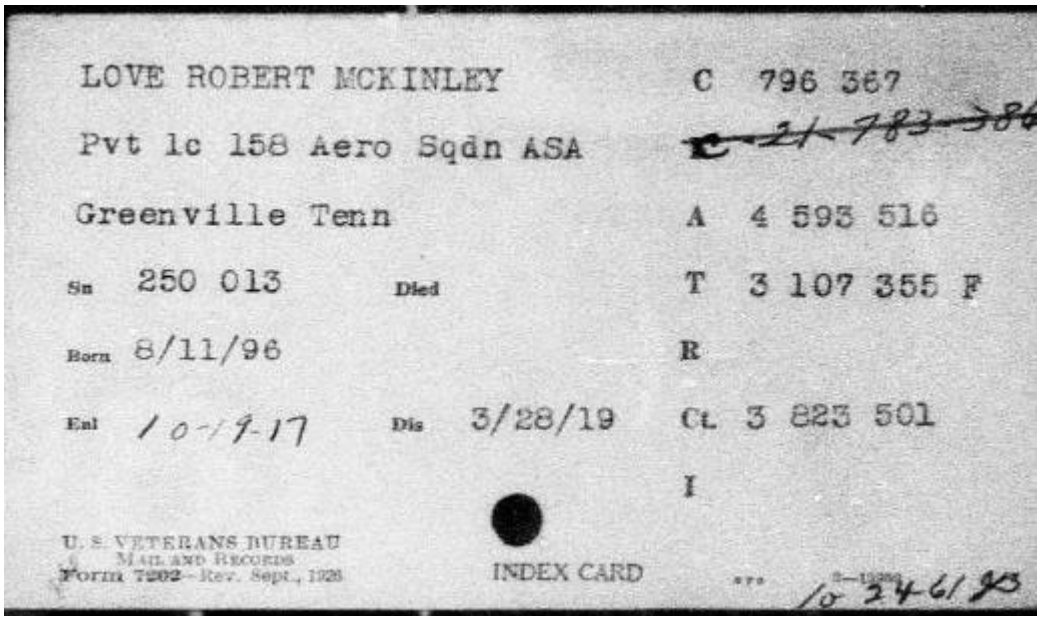
DISCLAIMER

This biography is a rough draft and a work-in-progress.
The research has not been completed, so there may be errors and omissions.
This document lacks 1950 census data.
Please return to Tuscania1918.org in the future to see if a revised and finalized version is available.

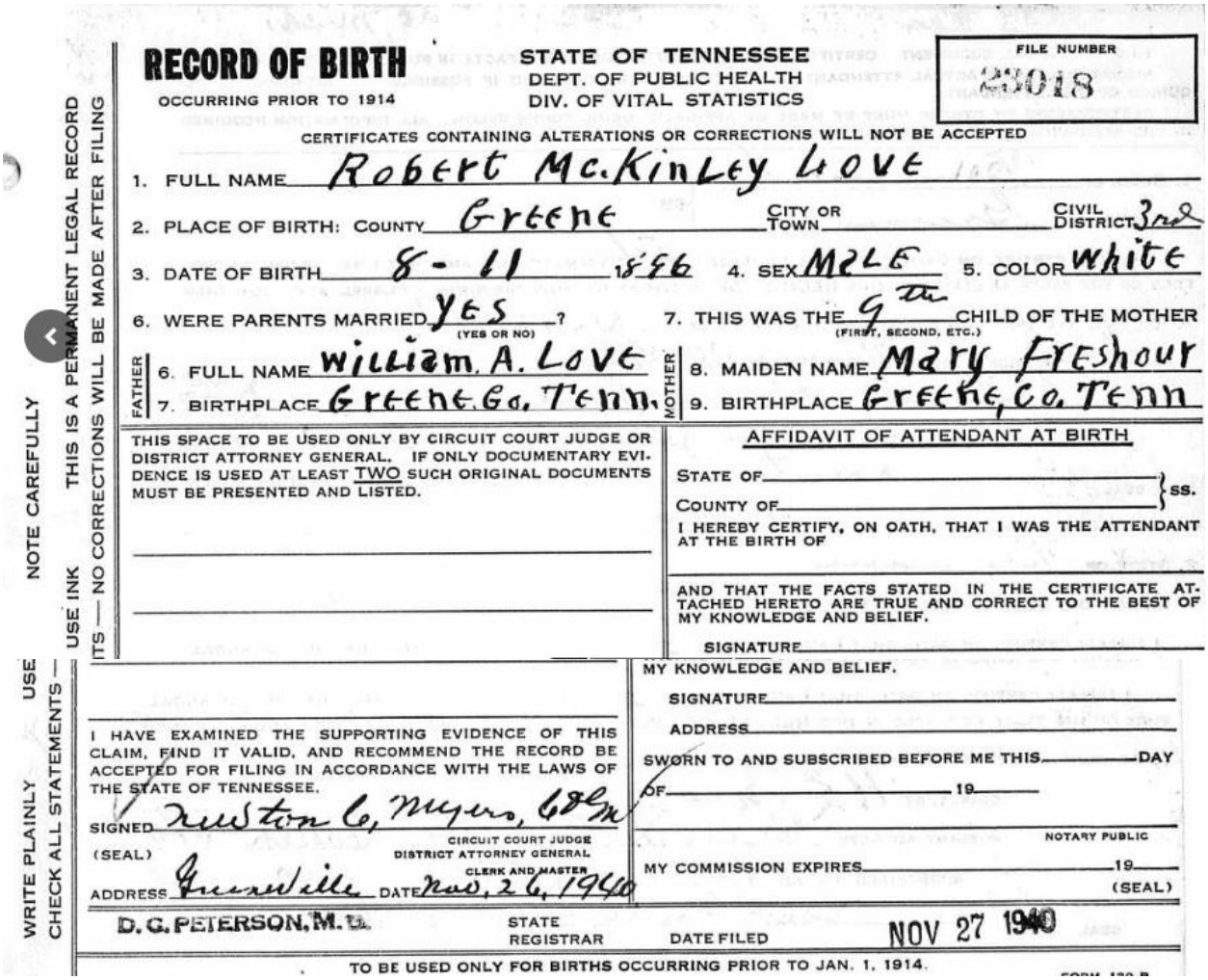
Abbreviations:
b = born
d = died
F: = Find A Grave (www.findagrave.org)
NOK = next-of-kin

TUSCANIA

Love, Robert McKinley
1896 TN – 1975 MI


LOVE ROBERT MCKINLEY
Pvt 1c 158 Aero Sqdn ASA
Greenville Tenn
Sn 250 013 Died
Born 8/11/96
Enl 10-9-17 Dis 3/28/19
U. S. VETERANS BUREAU
MAIL AND RECORDS
Form 7282—Rev. Sept., 1928
INDEX CARD
C 796 367
~~C 21 783 386~~
A 4 593 516
T 3 107 355 F
R
Ct 3 823 501
I
10 24 61 93

https://www.familysearch.org/ark:/61903/3:1:3Q9M-CS1T-LHXC-T?cc=2968245&personaUrl=%2Fark%3A%2F61903%2F1%3A1%3A7BDK-7D2M



RECORD OF BIRTH
OCCURRING PRIOR TO 1914

STATE OF TENNESSEE
DEPT. OF PUBLIC HEALTH
DIV. OF VITAL STATISTICS

FILE NUMBER 23018

CERTIFICATES CONTAINING ALTERATIONS OR CORRECTIONS WILL NOT BE ACCEPTED

1. FULL NAME Robert McKinley Love
2. PLACE OF BIRTH: COUNTY Greene CITY OR TOWN _____ CIVIL DISTRICT 3rd
3. DATE OF BIRTH 8-11 1886 4. SEX MALE 5. COLOR White
6. WERE PARENTS MARRIED Yes (YES OR NO)? 7. THIS WAS THE 9th (FIRST, SECOND, ETC.) CHILD OF THE MOTHER

FATHER
6. FULL NAME William A. Love
7. BIRTHPLACE Greene Co. Tenn.

MOTHER
8. MAIDEN NAME Mary Freshour
9. BIRTHPLACE Greene Co. Tenn

THIS SPACE TO BE USED ONLY BY CIRCUIT COURT JUDGE OR DISTRICT ATTORNEY GENERAL. IF ONLY DOCUMENTARY EVIDENCE IS USED AT LEAST TWO SUCH ORIGINAL DOCUMENTS MUST BE PRESENTED AND LISTED.

I HAVE EXAMINED THE SUPPORTING EVIDENCE OF THIS CLAIM, FIND IT VALID, AND RECOMMEND THE RECORD BE ACCEPTED FOR FILING IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE.

SIGNED Newton C. Myers, Co. Jr.
CIRCUIT COURT JUDGE / DISTRICT ATTORNEY GENERAL / CLERK AND MASTER
(SEAL)
ADDRESS Greeneville DATE Nov. 26, 1940

AFFIDAVIT OF ATTENDANT AT BIRTH

STATE OF _____
COUNTY OF _____ } ss.

I HEREBY CERTIFY, ON OATH, THAT I WAS THE ATTENDANT AT THE BIRTH OF

AND THAT THE FACTS STATED IN THE CERTIFICATE ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____

MY KNOWLEDGE AND BELIEF.

SIGNATURE _____

ADDRESS _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 19____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____ 19____ (SEAL)

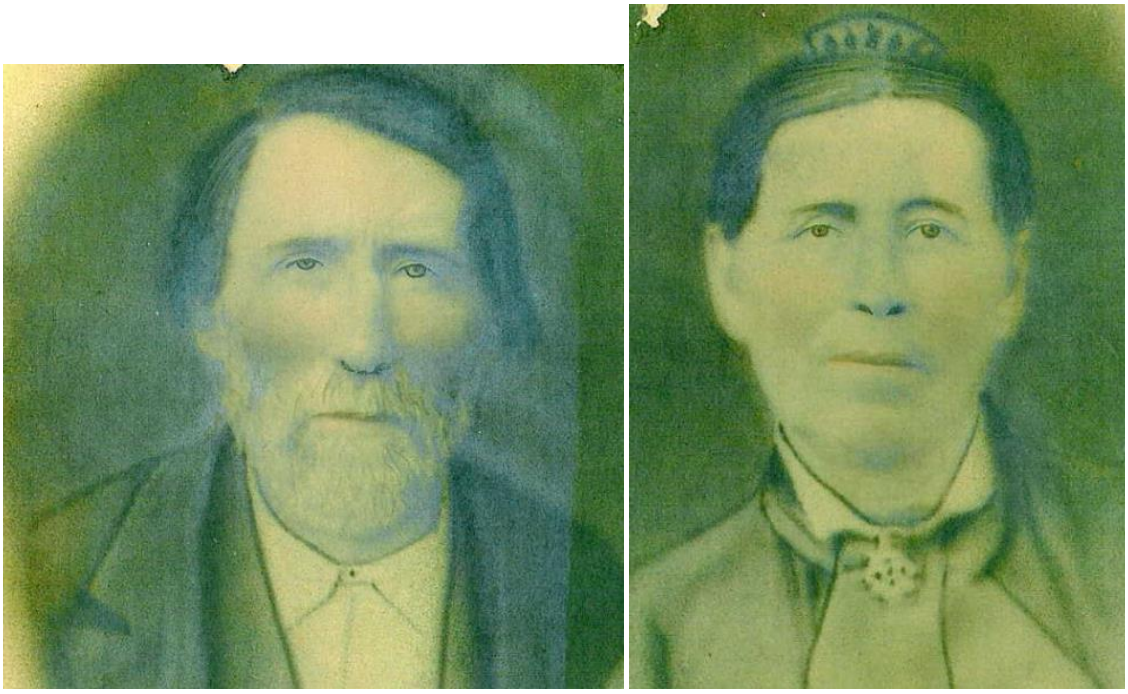
D. G. PETERSON, M. D. STATE REGISTRAR DATE FILED NOV 27 1940

TO BE USED ONLY FOR BIRTHS OCCURRING PRIOR TO JAN. 1, 1914.

NOTE CAREFULLY — THIS IS A PERMANENT LEGAL RECORD — USE INK — NO CORRECTIONS WILL BE MADE AFTER FILING
WRITE PLAINLY — USE CHECK ALL STATEMENTS —

delayed TN birth certificate 27 Nov 1940 - https://www.ancestry.com/imageviewer/collections/2282/images/33117_266898-02828?usePUB=true&usePUBJs=true&pId=165898

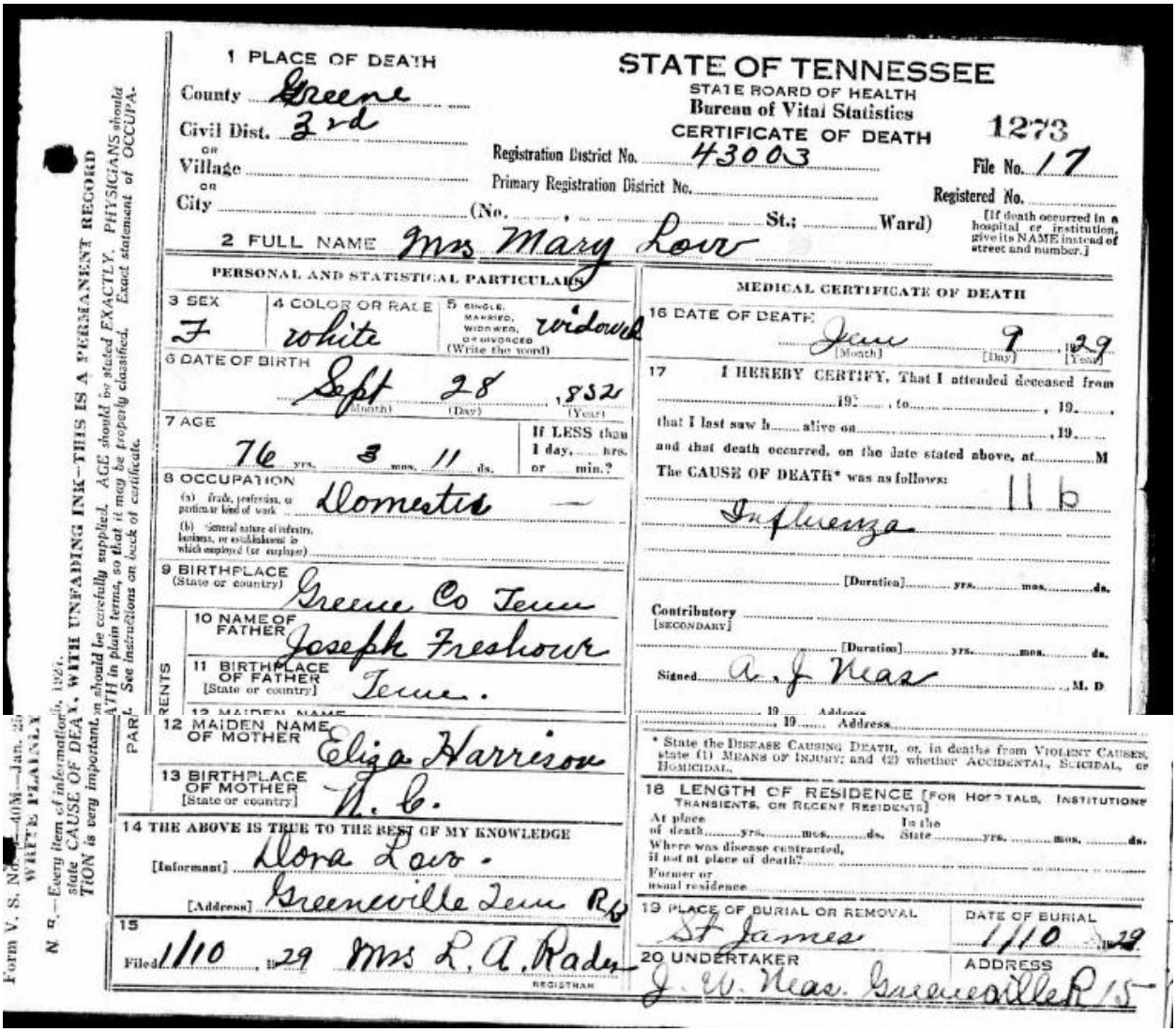
Parents:



Left: father William Adolphus Love, https://www.ancestry.com/mediaui-viewer/tree/90604820/person/320097775245/media/c0d700d7-08be-4e37-85d9-2cf264c1018f - right: mother Mary Catherine Freshour Love, https://www.ancestry.com/mediaui-viewer/tree/90604820/person/320045637676/media/3c7adec9-b2a3-4e7e-9008-2a0b7cbbfec6

Name:	William Adolphus Love
Birth Date:	15 May 1855
Birth Place:	Tennessee
Age:	67
Death Date:	25 Jan 1923
Death Place:	Greene, Tennessee
Burial Date:	27 Jan 1923
Burial Place:	St James
Gender:	Male
Race:	White
Marital status:	Married
Occupation:	Farmer
Mother's Name:	Anna Love
Mother's Birth Place:	United States
FHL Film Number:	1299757

TN death record of father William Adolphus Love - https://search.ancestry.com/cgi-bin/sse.dll?dbid=2546&h=857094&indiv=try&o_vc=Record:OtherRecord&rhSource=60525



STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH
1273
File No. 17
Registration District No. 43003
Primary Registration District No.
Registered No.

1 PLACE OF DEATH
County Greene
Civil Dist. 3rd
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 Mrs Mary Love

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): widowed
6 DATE OF BIRTH: Sept 28 1852 (Month) (Day) (Year)
7 AGE: 76 yrs. 3 mos. 11 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):
9 BIRTHPLACE (State or country): Greene Co Tenn
10 NAME OF FATHER: Joseph Freshour
11 BIRTHPLACE OF FATHER [State or country]: Tenn.
12 MAIDEN NAME OF MOTHER: Eliza Harrison
13 BIRTHPLACE OF MOTHER [State or country]: N. C.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Dora Love.
[Address] Greeneville Tenn R6
15 Filed 1/10 29 Mrs L. A. Rader REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June (Month) 9 (Day) 1929 (Year)
17 I HEREBY CERTIFY, That I attended deceased from 192 , to , 19 ,
that I last saw h alive on , 19 ,
and that death occurred, on the date stated above, at M
The CAUSE OF DEATH* was as follows: 11 b
Influenza
[Duration] yrs. mos. ds.
Contributory [SECONDARY]
[Duration] yrs. mos. ds.
Signed A. J. Neas M. D
19 Address
19 Address
* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

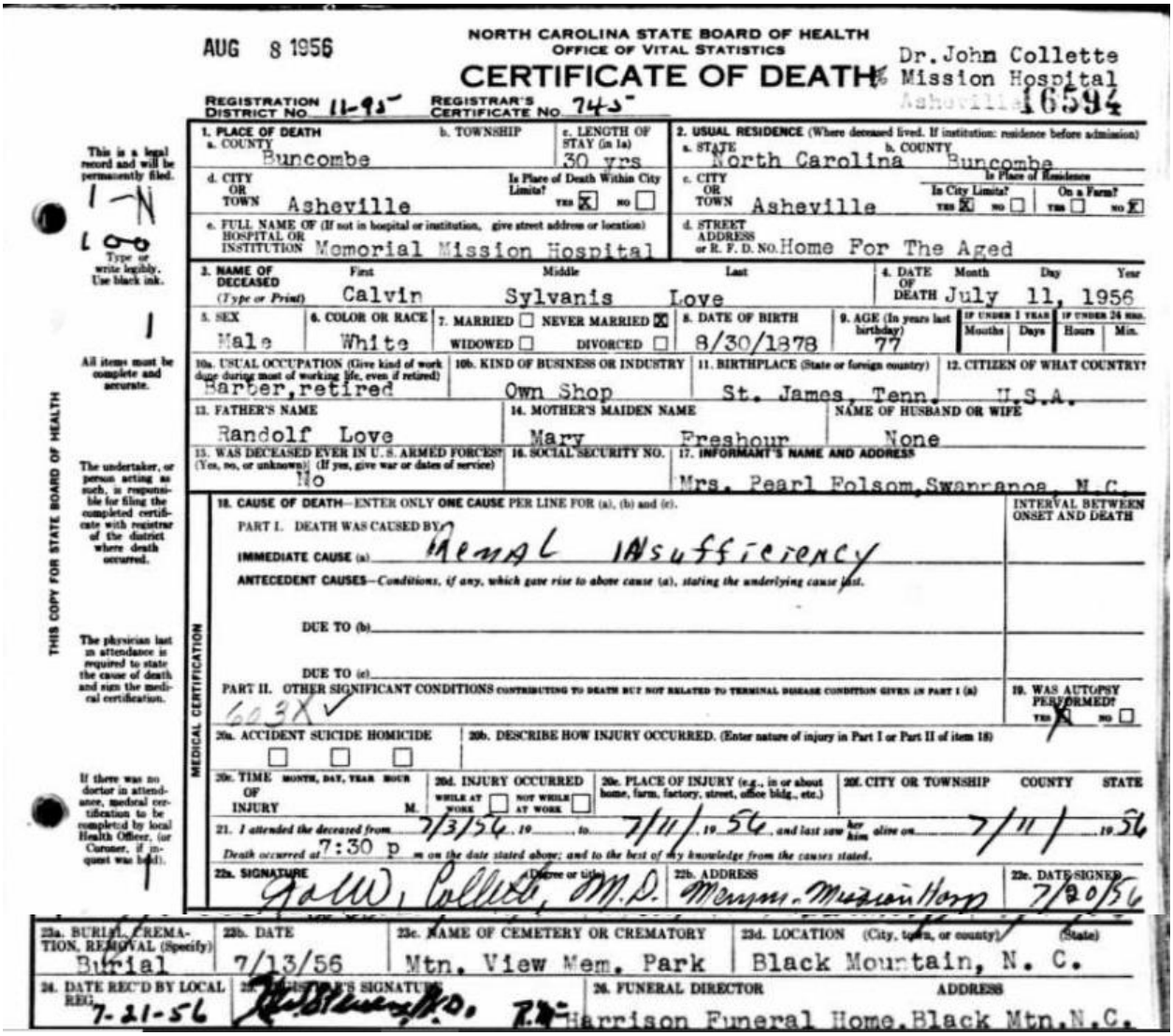
18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: St James
DATE OF BURIAL: 1/10 1929
20 UNDERTAKER: J. W. Neas
ADDRESS: Greeneville R 15

PART I. See instructions on back of certificate.
NOTE.—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. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

TN death certificate of mother Mary Catherine Freshour Love - https://www.ancestry.com/imageviewer/collections/2376/images/33113_257921-01282?treeid=&personid=&hintid=&usePUB=true&usePUBJs=true&pId=974430

Siblings:



NORTH CAROLINA STATE BOARD OF HEALTH
OFFICE OF VITAL STATISTICS

AUG 8 1956

CERTIFICATE OF DEATH

Dr. John Collette
Mission Hospital
Asheville 16594

REGISTRATION DISTRICT NO. 11-95 REGISTRAR'S CERTIFICATE NO. 745

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).

THIS COPY FOR STATE BOARD OF HEALTH

1. PLACE OF DEATH — a. COUNTY: Buncombe; b. TOWNSHIP; c. LENGTH OF STAY (in 1a): 30 yrs
d. CITY OR TOWN: Asheville; 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: Memorial Mission Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) — a. STATE: North Carolina; b. COUNTY: Buncombe
c. CITY OR TOWN: Asheville; Is Place of Residence: In City Limits? YES X NO; On a Farm? YES NO X
d. STREET ADDRESS or R. F. D. No.: Home For The Aged

3. NAME OF DECEASED (Type or Print): First: Calvin; Middle: Sylvanis; Last: Love
4. DATE OF DEATH: Month: July; Day: 11; Year: 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/30/1878
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): Barber, retired
10b. KIND OF BUSINESS OR INDUSTRY: Own Shop
11. BIRTHPLACE (State or foreign country): St. James, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Randolf Love
14. MOTHER'S MAIDEN NAME: Mary Freshour
NAME OF HUSBAND OR WIFE: None
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.:
17. INFORMANT'S NAME AND ADDRESS: Mrs. Pearl Folsom, Swannanoa, 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): Renal Insufficiency
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a): 6038 ✓
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 7/3/56, 19..., to 7/11/, 19 56, and last saw her/him alive on 7/11/, 19 56
Death occurred at 7:30 p m. on the date stated above; and to the best of my knowledge from the causes stated.
22a. SIGNATURE (Degree or title): Jas W. Collette, M.D.
22b. ADDRESS: Mercy. Mission Hosp
22c. DATE SIGNED: 7/20/56

22a. BURIAL, CREMATION, REMOVAL (Specify): Burial
22b. DATE: 7/13/56
23c. NAME OF CEMETERY OR CREMATORY: Mtn. View Mem. Park
23d. LOCATION (City, town, or county) (State): Black Mountain, N. C.
24. DATE REC'D BY LOCAL REG.: 7-21-56
25. REGISTRAR'S SIGNATURE: [illegible]
26. FUNERAL DIRECTOR — ADDRESS: Harrison Funeral Home, Black Mtn. N.C.

Sibling #1 - NC death certificate of brother Calvin Sylvanis Love - https://www.ancestry.com/mediaui-viewer/tree/90604820/person/320097775245/media/s123_423-2259

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Greene
Civil Dist. 3
or Village
or City (No. , St., Ward)
Registration District No. 4300 3
Primary Registration District No. 3
File No. 2
Registered No. 9
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Eliza. Love.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH (Month) (Day) (Year)
7 AGE 38 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work House Servant
(b) General nature of industry, business, or establishment in which employed (or employer) Home
9 BIRTHPLACE (State or country) Tennessee
10 NAME OF FATHER W. A. Love
11 BIRTHPLACE OF FATHER (State or country) Tennessee
12 MAIDEN NAME OF MOTHER Mary Freshour
13 BIRTHPLACE OF MOTHER (State or country) Tennessee
PARENTS
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. A. Love
(Address) Greeneville
15 Filed Aug 30, 1918 J. H. Rader REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 9 (Month) (Day), 1918 (Year)
17 I HEREBY CERTIFY, That I attended deceased from July 4 1918, to Aug 9, 1918,
that I last saw her alive on Aug 9, 1918,
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH was as follows:
Stomache and
Kidney trouble
(Duration) yrs. mos. ds.
Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) A. J. Negas M. D.
(Address) Parrotsville

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

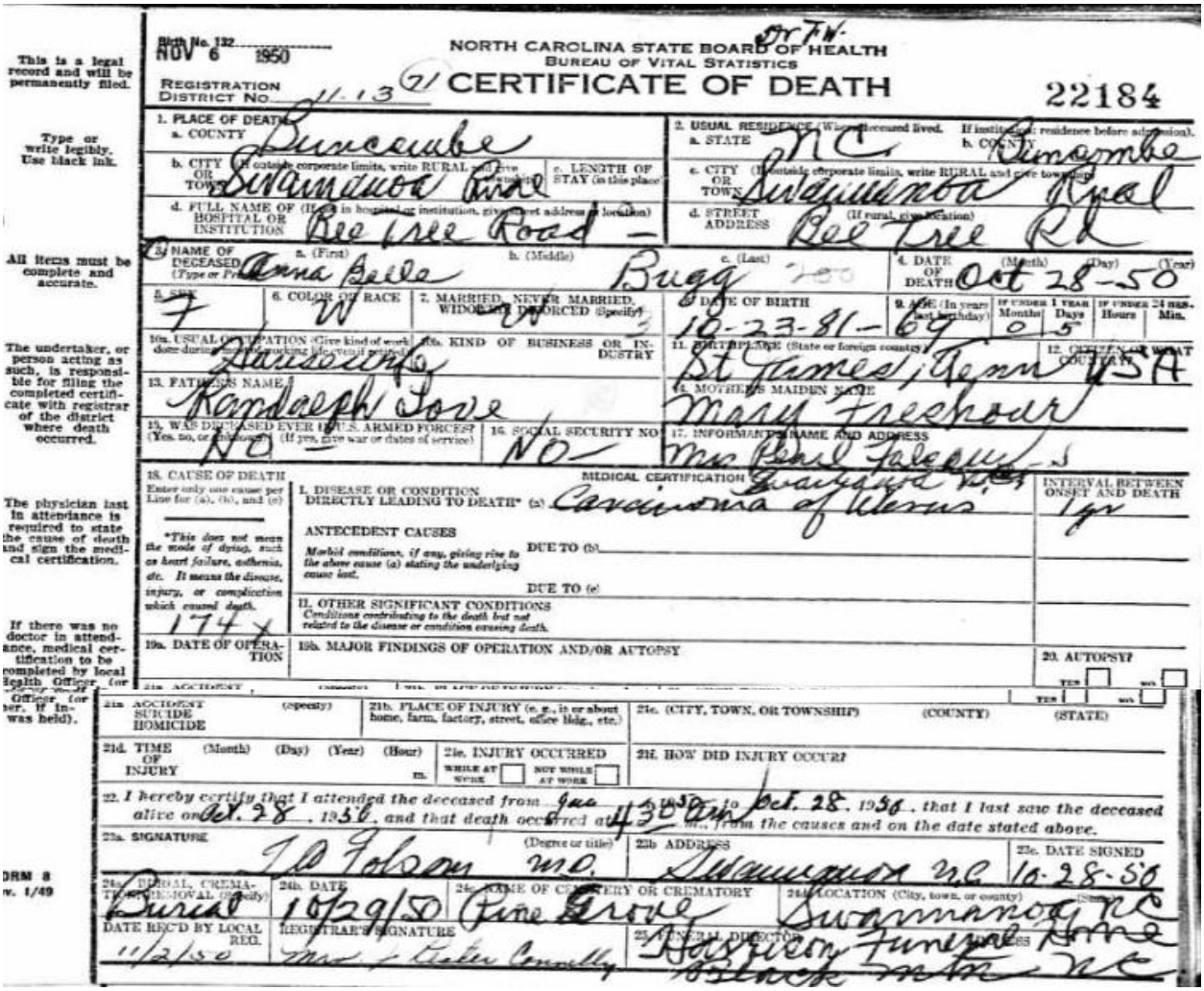
19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL , 1918
20 UNDERTAKER | ADDRESS

Form V. S. No. 6—1918M

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
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.

Sibling #2 – TN death certificate of sister Eliza E. Love - https://www.ancestry.com/imageviewer/collections/2376/images/33113_257774-00222?pId=73762

Sibling #3 – Anna Belle Love - https://www.ancestry.com/mediaui-viewer/tree/90604820/person/320097775248/media/326b9c14-464b-4e44-b05b-d8c676c304d3



NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
22184

Birth No. 132
NOV 6 1950
Registration District No. 11-13

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 investigation was held).

1. PLACE OF DEATH
a. COUNTY: Buncombe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swannanoa Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Bee Tree Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: NC
b. COUNTY: Buncombe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swannanoa Rural
d. STREET ADDRESS (If rural, give location): Bee Tree Rd

3a. NAME OF DECEASED (Type or Print): a. (First) Anna Belle b. (Middle) c. (Last) Bugg
4. DATE OF DEATH (Month) (Day) (Year): Oct 28-50
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 10-23-81
9. AGE (In years last birthday): 69 | If under 1 year: Months 0 Days 5 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): St James, Penn
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Randolph Love
14. MOTHER'S MAIDEN NAME: Mary Freshour
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.: No
17. INFORMANT'S NAME AND ADDRESS: Mrs Earl Folsom - S

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.
174

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus
INTERVAL BETWEEN ONSET AND DEATH: 1yr
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?

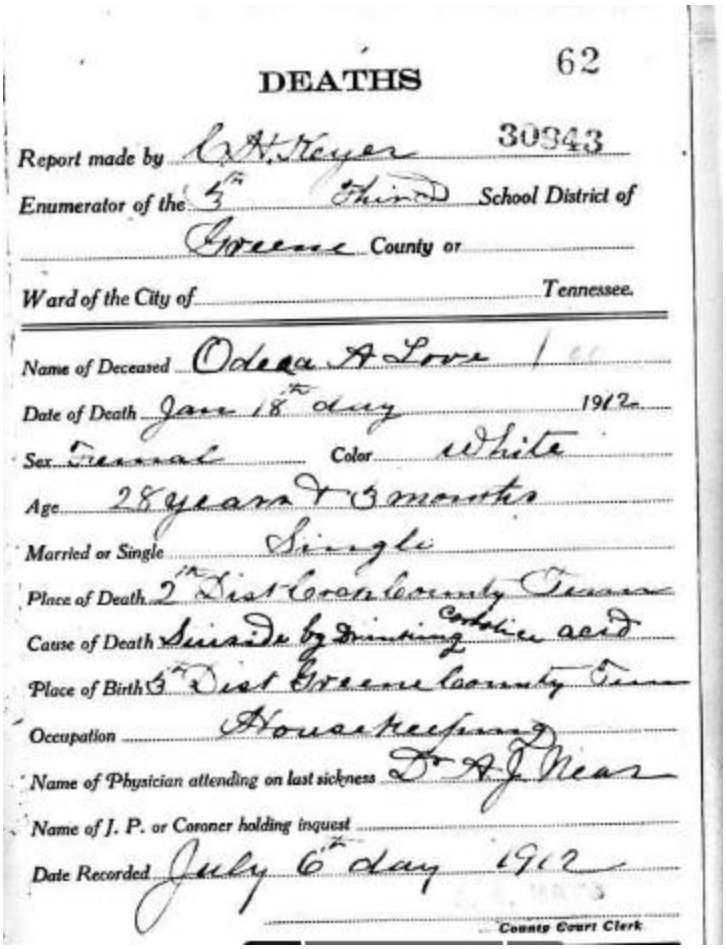
22. *I hereby certify that I attended the deceased from* Jan 1930 *to* Oct. 28. 1950, *that I last saw the deceased alive on* Oct. 28. 1950, *and that death occurred at* 4:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: I D Folsom (Degree or title) MD
23b. ADDRESS: Swannanoa NC
23c. DATE SIGNED: 10-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 10/29/50
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county) (State): Swannanoa NC
DATE REC'D BY LOCAL REG.: 11/2/50
REGISTRAR'S SIGNATURE: Mrs Coker Connelly
25. FUNERAL DIRECTOR AND ADDRESS: Robertson Funeral Home Black Mtn NC

DRM 8
v. 1/49

NC death certificate of sister Anna Belle Love Bugg - https://www.ancestry.com/imageviewer/collections/1121/images/S123_360-1752?treeid=&personid=&hintid=&usePUB=true&usePUBJs=true&pId=656037



DEATHS 62

Report made by C. A. Keyes 30343

Enumerator of the 3rd Civil District School District of

Greene County or

Ward of the City of Tennessee.

Name of Deceased Odessa A Love

Date of Death Jan 18th day 1912

Sex Female Color White

Age 28 years 7 months

Married or Single Single

Place of Death 2nd Dist Greene County Tenn

Cause of Death Suicide by drinking Carbolic acid

Place of Birth 3rd Dist Greene County Tenn

Occupation Housekeeping

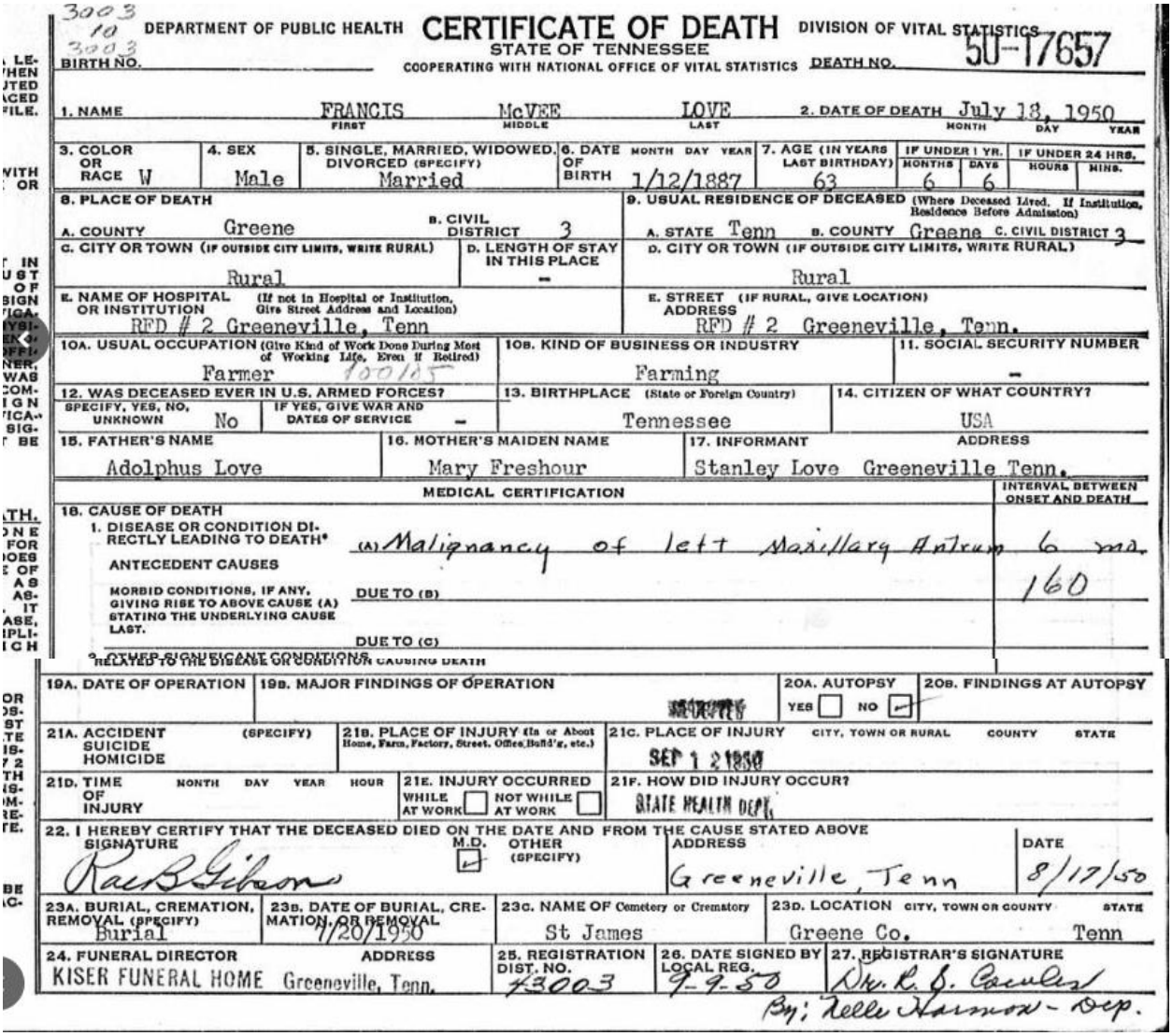
Name of Physician attending on last sickness Dr A J Mear

Name of J. P. or Coroner holding inquest

Date Recorded July 6th day 1912

County Court Clerk

Sibling #4 - TN death certificate of sister Odessa A. Love, suicide by drinking carbolic acid on 18 Jan 1912 - https://www.ancestry.com/imageviewer/collections/2376/images/33113_257688-00947?treeid=&personid=&hintid=&usePUB=true&usePUBJs=true&pId=163115



3003
10
3003
BIRTH NO.

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE
COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS
DEATH NO. 5U-17657

1. NAME: FRANCIS (FIRST) McVEE (MIDDLE) LOVE (LAST) — 2. DATE OF DEATH: July 18, 1950 (MONTH DAY YEAR)

3. COLOR OR RACE: W — 4. SEX: Male — 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Married — 6. DATE OF BIRTH (MONTH DAY YEAR): 1/12/1887 — 7. AGE (IN YEARS LAST BIRTHDAY): 63 — IF UNDER 1 YR. MONTHS: 6 DAYS: 6 — IF UNDER 24 HRS. HOURS MINS.

8. PLACE OF DEATH
A. COUNTY: Greene — B. CIVIL DISTRICT: 3
C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Rural — D. LENGTH OF STAY IN THIS PLACE: -
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location): RFD # 2 Greeneville, Tenn

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn — B. COUNTY: Greene — C. CIVIL DISTRICT: 3
D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL): Rural
E. STREET ADDRESS (IF RURAL, GIVE LOCATION): RFD # 2 Greeneville, Tenn.

10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired): Farmer — 10B. KIND OF BUSINESS OR INDUSTRY: Farming — 11. SOCIAL SECURITY NUMBER: -

12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY, YES, NO, UNKNOWN: No — IF YES, GIVE WAR AND DATES OF SERVICE: - — 13. BIRTHPLACE (State or Foreign Country): Tennessee — 14. CITIZEN OF WHAT COUNTRY?: USA

15. FATHER'S NAME: Adolphus Love — 16. MOTHER'S MAIDEN NAME: Mary Freshour — 17. INFORMANT: Stanley Love — ADDRESS: Greeneville Tenn.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of left Maxillary Antrum — 6 mo.
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) — 160
DUE TO (C)
*OTHER SIGNIFICANT CONDITIONS RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20A. AUTOPSY YES ☐ NO ☑ — 20B. FINDINGS AT AUTOPSY

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) — 21B. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Bldg., etc.) — 21C. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE: SEP 1 21 1950

21D. TIME OF INJURY MONTH DAY YEAR HOUR — 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?: STATE HEALTH DEPT.

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: Rae B Gibson — M.D. ☑ OTHER (SPECIFY) — ADDRESS: Greeneville, Tenn — DATE: 8/17/50

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — 23B. DATE OF BURIAL, CREMATION, OR REMOVAL: 7/20/1950 — 23C. NAME OF Cemetery or Crematory: St James — 23D. LOCATION CITY, TOWN OR COUNTY STATE: Greene Co. Tenn

24. FUNERAL DIRECTOR ADDRESS: KISER FUNERAL HOME Greeneville, Tenn. — 25. REGISTRATION DIST. NO.: #3003 — 26. DATE SIGNED BY LOCAL REG.: 9-9-50 — 27. REGISTRAR'S SIGNATURE: Dr. R. J. Cowles By; Nelle Harmon - Dep.

Sibling #6 - TN death certificate of brother Francis McVee Love, 1887-1950 - https://www.ancestry.com/imageviewer/collections/2376/images/33113_258189-02055?treeid=&personid=&hintid=&usePUB=true&usePUBJs=true&pId=808290

DELAYED CERTIFICATE OF BIRTH

STATE OF TENNESSEE
DEPT. OF PUBLIC HEALTH
DIV. OF VITAL STATISTICS

FILE NUMBER D- 27873

NOTE: CAREFULLY! THIS IS A PERMANENT LEGAL RECORD
USE TYPEWRITER OR WRITE PLAINLY WITH UNFADING INK—CHECK ALL
STATEMENTS. ALTERATIONS WILL BE MADE ONLY ON ORDER OF A COURT OF RECORD IN TENNESSEE

NAME AT BIRTH: Bertie (First) Arenea (Middle) Love (Last) DATE OF BIRTH: March (Month) 5 (Day), 1893 (Year)

BIRTHPLACE: Greene (County) (Rural) (City or town (if outside city limits, write rural)) COLOR OR RACE: White SEX: Female

FATHER: FULL NAME William Adolphus Love BIRTHPLACE: Tennessee (State or country)

MOTHER: MAIDEN NAME Mary Katherine Freshour BIRTHPLACE: Tennessee (State or country)

I HEREBY CERTIFY, ON OATH, THAT THE ABOVE STATEMENTS ARE TRUE. (TO BE SIGNED BY PARENT OR LEGAL GUARDIAN IF REGISTRANT IS UNDER 12 YEARS OF AGE.)

SIGNATURE OF REGISTRANT Bertie Arrena Love PRESENT ADDRESS Hatboro Pa.

SUBSCRIBED AND SWORN TO BEFORE ME ON March 27 19 44

MY COMMISSION EXPIRES MAY 19, 1945 Lucile Miller NOTARY PUBLIC

REGISTRANT—DO NOT WRITE BELOW THIS LINE

ABSTRACT OF SUPPORTING EVIDENCE

	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)	DATE ORIGINAL DOCUMENT WAS MADE
1	Bible Record-Published by American Bible Society	1893
2	Affidavit of Calvin S. Love, Brother-Reverse Side	1944
3	Affidavit of S. B. Lineburger, Non Relative-Reverse Side	1944
4		
5		
6		

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE

	BIRTH DATE OR AGE	BIRTHPLACE	NAME OF FATHER	FULL NAME OF MOTHER
1	March 5, 1893	Tennessee	William A. Love	Mary K. Freshour
2	March 5, 1893	Tennessee	William A. Love	Mary K. Freshour
3	March 5, 1893	Tennessee	William A. Love	Mary K. Freshour
4				
5				
6				

I HEREBY CERTIFY THAT I HAVE EXAMINED THE three DOCUMENTS ABSTRACTED ABOVE, FIND THEM VALID, AND THAT THE INFORMATION CONTAINED THEREIN IS AS NOTED ABOVE, AND RECOMMEND THAT THIS DELAYED CERTIFICATE OF BIRTH BE ACCEPTED FOR FILING BY THE DIVISION OF VITAL STATISTICS, TENNESSEE DEPARTMENT OF PUBLIC HEALTH.

SIGNED S. B. Lineburger (CIRCUIT COURT JUDGE, DISTRICT ATTORNEY GENERAL, CLERK AND MASTER) ADDRESS Greeneville, Tenn DATE March 13, 1944

THIS DELAYED CERTIFICATE OF BIRTH IS NOT VALID UNTIL APPROVED BY THE TENNESSEE STATE REGISTRAR OF VITAL STATISTICS OR HIS AUTHORIZED AGENT.

APPROVED: A. Dewitt Nelson DATE: MAR 27 1944 BY: [illegible]

FORM 138

S-28-11-1942
S-Hatbro, Penn

STATE OF Tennessee
COUNTY OF Greene } SS

I HEREBY CERTIFY, ON OATH, THAT I AM AT PRESENT 68 YEARS OF AGE; THAT I AM RELATED TO THE PERSON REPRESENTED BY THIS CERTIFICATE AS Brother, AND THAT I HAD ACTUAL KNOWLEDGE OF THE FACTS AS STATED IN THIS CERTIFICATE AT THE TIME THE BIRTH OCCURRED, AND KNOW THEM TO BE TRUE BECAUSE

I am her brother and remember at what time she was born.

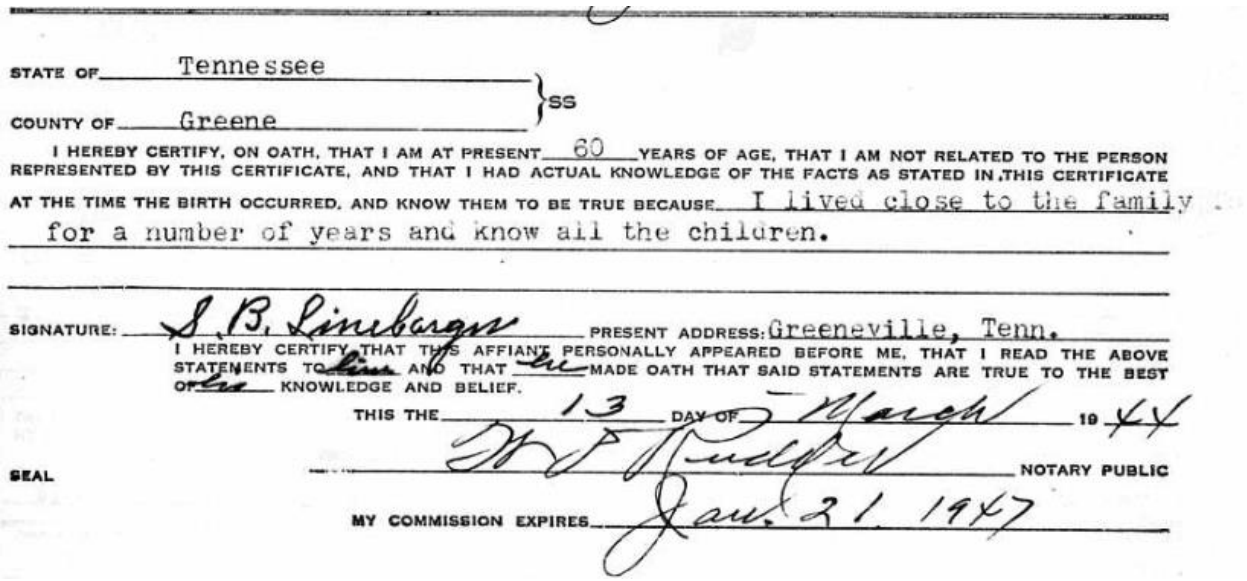
SIGNATURE Calvin S. Love PRESENT ADDRESS: Swannanoa, North Carolina

I HEREBY CERTIFY THAT THIS AFFIANT PERSONALLY APPEARED BEFORE ME, THAT I READ THE ABOVE STATEMENTS TO him AND THAT he MADE OATH THAT SAID STATEMENTS ARE TRUE TO THE BEST OF his KNOWLEDGE AND BELIEF.

THIS THE 13 DAY OF March 19 44

SEAL H. F. Riddle NOTARY PUBLIC

MY COMMISSION EXPIRES Jan. 21, 1947



STATE OF Tennessee
COUNTY OF Greene } SS

I HEREBY CERTIFY, ON OATH, THAT I AM AT PRESENT 60 YEARS OF AGE, THAT I AM NOT RELATED TO THE PERSON REPRESENTED BY THIS CERTIFICATE, AND THAT I HAD ACTUAL KNOWLEDGE OF THE FACTS AS STATED IN THIS CERTIFICATE AT THE TIME THE BIRTH OCCURRED, AND KNOW THEM TO BE TRUE BECAUSE I lived close to the family for a number of years and know all the children.

SIGNATURE: S. B. Linebargar PRESENT ADDRESS: Greeneville, Tenn.

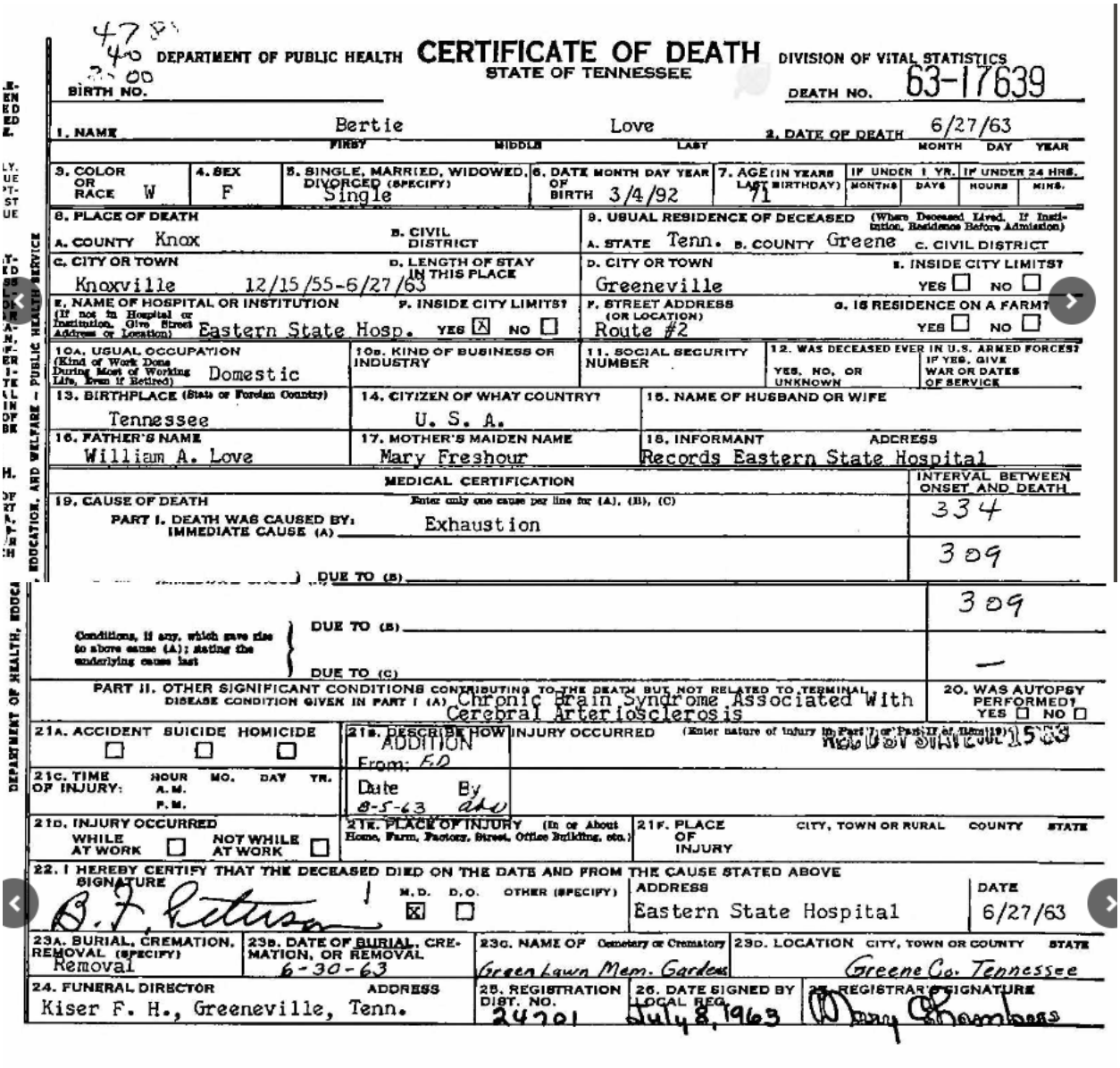
I HEREBY CERTIFY THAT THIS AFFIANT PERSONALLY APPEARED BEFORE ME, THAT I READ THE ABOVE STATEMENTS TO him AND THAT he MADE OATH THAT SAID STATEMENTS ARE TRUE TO THE BEST OF his KNOWLEDGE AND BELIEF.

THIS THE 13 DAY OF March 19 44

SEAL W F Sudderth NOTARY PUBLIC

MY COMMISSION EXPIRES Jan. 21 1947

Sibling #8 – revised TN birth certificate of sister Bertie Arenea Love - https://www.ancestry.com/imageviewer/collections/2282/images/33117_266949-02448?usePUB=true&_phsrc=hFB28132&_phstart=successSource&usePUBJs=true&pId=240560



DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS
STATE OF TENNESSEE

BIRTH NO. 47 81 40 3-00 DEATH NO. 63-17639

1. NAME: Bertie (First) Love (Last) — 2. DATE OF DEATH: 6/27/63 (Month Day Year)

3. COLOR OR RACE: W — 4. SEX: F — 5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY): Single — 6. DATE OF BIRTH: 3/4/92 — 7. AGE (IN YEARS LAST BIRTHDAY): 71 — IF UNDER 1 YR. MONTHS / DAYS — IF UNDER 24 HRS. HOURS / MINS.

8. PLACE OF DEATH
A. COUNTY: Knox — B. CIVIL DISTRICT:
C. CITY OR TOWN: Knoxville — D. LENGTH OF STAY IN THIS PLACE: 12/15/55-6/27/63
E. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address or Location): Eastern State Hosp. — F. INSIDE CITY LIMITS? YES [X] NO [ ]

9. USUAL RESIDENCE OF DECEASED (Where Deceased Lived. If Institution, Residence Before Admission)
A. STATE: Tenn. — B. COUNTY: Greene — C. CIVIL DISTRICT:
D. CITY OR TOWN: Greeneville — E. INSIDE CITY LIMITS? YES [ ] NO [ ]
F. STREET ADDRESS (OR LOCATION): Route #2 — G. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

10A. USUAL OCCUPATION (Kind of Work Done During Most of Working Life, Even If Retired): Domestic — 10B. KIND OF BUSINESS OR INDUSTRY: — 11. SOCIAL SECURITY NUMBER: — 12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN: — IF YES, GIVE WAR OR DATES OF SERVICE:

13. BIRTHPLACE (State or Foreign Country): Tennessee — 14. CITIZEN OF WHAT COUNTRY?: U. S. A. — 15. NAME OF HUSBAND OR WIFE:

16. FATHER'S NAME: William A. Love — 17. MOTHER'S MAIDEN NAME: Mary Freshour — 18. INFORMANT: Records Eastern State Hospital — ADDRESS:

MEDICAL CERTIFICATION

19. CAUSE OF DEATH (Enter only one cause per line for (A), (B), (C)) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Exhaustion — 3 3 4
DUE TO (B): — 3 0 9
Conditions, if any, which gave rise to above cause (A); stating the underlying cause last — DUE TO (B): — 3 0 9
DUE TO (C): — —

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Chronic Brain Syndrome Associated With Cerebral Arteriosclerosis — 20. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

21A. ACCIDENT SUICIDE HOMICIDE — 21B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19): ADDITION From: FD Date 8-5-63 By — 21C. TIME OF INJURY: HOUR A.M. P.M. MO. DAY YR.
21D. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 21E. PLACE OF INJURY (In or About Home, Farm, Factory, Street, Office Building, etc.) — 21F. PLACE OF INJURY CITY, TOWN OR RURAL COUNTY STATE

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE
SIGNATURE: B. F. Patterson — M.D. [X] D.O. [ ] OTHER (SPECIFY) — ADDRESS: Eastern State Hospital — DATE: 6/27/63

23A. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal — 23B. DATE OF BURIAL, CREMATION, OR REMOVAL: 6-30-63 — 23C. NAME OF Cemetery or Crematory: Green Lawn Mem. Gardens — 23D. LOCATION CITY, TOWN OR COUNTY STATE: Greene Co. Tennessee
24. FUNERAL DIRECTOR ADDRESS: Kiser F. H., Greeneville, Tenn. — 25. REGISTRATION DIST. NO.: 24701 — 26. DATE SIGNED BY LOCAL REG.: July 8, 1963 — 27. REGISTRAR'S SIGNATURE: Mary Rhomberg

TN death certificate of Bertie Arenea Love – which uses the birthdate of 4 Mar 1892, died 27 Jun 1963 - https://www.ancestry.com/imageviewer/collections/2376/images/2376_b929510-01723?treeid=&personid=&hintid=&usePUB=true&usePUBJs=true&pId=1654757

Name: Robert McKinley Love
Name variations: Robert McKinney Love
Military:
On Tuscania: 158th Aero Squadron - private
Serial number: 250,015
Entered service from: Greenville, Green TN
Sailed on "Tuscania" as: Robert Love
Next-of-kin on "Tuscania": father W.A. Love, RR 13, Greenville TN

Returned from war on: "Mexican" Feb 1919
Sailed on return ship as: Robert M. Love
Next-of-kin on return ship & rank: father William A. Love, Greenville TN (pvt, 158th Aero Sq)
World War I draft registration (1917):
World War II draft registration (1942): as Robert M. Love - b. 11 Aug 1896 Greenville TN; res: 7305 Winthrop, Detroit, Wayne MI. NOK William Weidhamer (Neidhamer?), same address. Employed at Ford Motor Co., Willow Run, Ypsilanti MI.

Veterans Administration Military Index:
Enlisted 19 Oct 1917
Discharged 28 Mar 1919
Address: Greenville TN
Rank/unit: private 1st class, 158th Aero Squadron

Birth & death:
Born: 11 Aug 1896 Greenville, Davidson TN
Died: 7 Feb 1975 Allen Park City, Wayne MI
Find A Grave record: 105103445 – presence on Tuscania indicated in text & flower
Burial location: Greeneville, Green TN
Cemetery: GreeneLawn Memorial Gardens
Tombstone:

Father: William Adolphus Love, 15 May 1855 St. James, Greene TN – 25 Jan 1923 St. James, Greene TN. Son of Randolph & Anna Love. Served in the 3rd TN Cavalry, 12th Battalion, from Greene Co. TN in the Confederate Army in the Civil War. Entered as a sergeant; discharged as a private. Buried in Saint James Lutheran Church Cemetery, Saint James, Greene TN.
Find A Grave: 197716338

Mother: Mary Catherine Freshour Love, 28 Sep 1852 (on Find A Grave as 1853) Caney Branch, Greene Co. TN – 9 Jan 1929 Greene Co. TN. Daughter of Joseph Freshour & Eliza Harrison. Died of influenza at her home in Civil District #. Buried in Saint James Lutheran Church Cemetery, Saint James, Greene TN.
Find A Grave: 197716360
Parents' marriage: 1 (or 2) May 1877 Greene Co. TN

Spouse: ?
Spouse Find A Grave:
Marriage:

Children: ?

Siblings:

- Calvin Sylvanis Love, 30 Aug 1878 Saint James, Greene TN (also found as Greeneville, Greene TN) – 11 Jul 1956 Asheville, Buncombe NC. Husband of Teatsy Estelle Keene (later Mrs. Robert Lee Harrison), 3 Dec 1897-25 Aug 1885, F: 185355514. According to family trees, Teatsy also had another husband. - Calvin & Teatsy married 29 May 1910 in Texarkana, Bowie TX.Calvin is buried in Mountain View Memorial Park, Black Mountain, Buncombe NC. F: 183457203

- Eliza E. Love, Jan 1880 TN (Jan 1879 in 1900 census) Greene Co. TN – 9 Aug 1918 Greene Co. TN. Died at the home of her parents near Saint James TN. Buried in Saint James Lutheran Church Cemetery, Saint James, Greene TN. F: 196630429
- Anna Belle Love Bugg, 23 Oct 1881 Saint James, Greene TN – 28 Oct 1950 Swannanoa, Buncombe NC. Married on 15 Jun 1904 in Greene Co. TN to Robert Lee Bugg (1883-1942, F: 148826098). Died of uterine cancer. Buried in Piney Grove Cemetery, Swannanoa, Buncombe NC. F: 148822509
- Odessa A. Love, Jun 1885 Greene Co. TN – 18 Jan 1912 Cook Co. TN. Was single. Committed suicide at age 28 years, 3 months, by drinking carbolic acid.
- Dora E. Love, 6 Apr 1885 or 1886 or Oct 1886 (in 1900 census) TN – Oct 1972. SSN 411-84-8108. In 1930 census living in Greene Co. TN, age 44. Buried in GreeneLawn Memorial Gardens, Greeneville, Greene TN. F: 105103424
- Francis McVee Love, 12 Jan 1886 (May 1889 in 1900 census) TN – 18 Jul 1950 Greene Co. TN. Married on 29 Nov 1917 to Maggie Almeda Neas (1886-1985) in Greene Co. TN. Buried in Saint James Lutheran Church Cemetery, Saint James, Greene TN. F: 137975821
- Daisy E. Love Patton, 22 May 1888 Caney Branch, Greene TN (Feb 1891 in 1900 census) – 14 Jun 1961 Baldwin Co. GA. Married James Ralph Patton (1885-1967, F: 14202454) on 23 Sep 1913 in Cocke Co. TN. Buried in Siloam Baptist Church Cemetery, Dahlonega, Lumpkin GA. F: 14202470
- Bertie Arenea Love, 4 Mar 1892 or 5 Mar 1893 Greene Co. TN – 27 Jun 1963 Knoxville, Knox TN (in Eastern State Hospital). She revises her TN birth certificate, giving the birthdate of 5 Mar 1893 but then her death certificate uses 4 Mar 1892. The 1900 census records Aug 1893. Her death certificate lists exhaustion as the cause of death. Buried in GreeneLawn Memorial Gardens, Greeneville, Greene TN. F: 105103401

Notes: family tree at: https://www.ancestry.com/family-tree/person/tree/90604820/person/320097775254/facts

Pre-war:

Wartime:

“Knoxville (TN) Sentinel” 11 Feb 1918 p 3 – one of the 5 newly announced survivors is Robert Love of Greeneville, Greene Co. TN.

Post-war:

Obituary:

Social Security number: 367-09-9753

Censuses:

1880 Civil District 3, Greene Co. TN – conducted 18 Jun 1880
William Love, 28 TN, parents b. TN, farmer
Mary, 27 TN, parents b. TN, keeps house

Calvin, 1 TN
Eliza, 4 months TN

1900 Civil District 3, Greene Co. TN – these birthdates do not match up with other records
William A. Love, 47 TN, May 1853, parents b. TN, married 23 years, farmer
Mary C., 49 TN, Sep 1850, parents b. TN, gave birth to 9 children, 8 are living
Eliza E., 19 TN, Jan 1879 (?)
Annie B., 17 TN, Mar 1883
Odessa, 14 TN, Jun 1885
Dora E., 13 TN, Oct 1886
Francis M., 11 TN, May 1889, farm laborer [son]
Daisy E., 9 TN, Feb 1891
Bertie A., 6 TN, Aug 1893 [daughter]
Robert D., 4 TN, Jul 1895

1910 Civil District 3, Greene Co. TN – conducted 15 Apr 1910
Wm. A. Love, 55 TN, parents b. TN, married 34 years, in 1st marriage, farmer
Mary C., 56 TN, parents b. TN, in 1st marriage, gave birth to 10 children, 9 are living
Eliza E., 30 TN, cook, private family
Odessie, 27 TN
Dora, 25 TN
Daisy, 20 TN
Bertie A., 17 TN
Robert M., 13 TN
& granddaughter Mary H. Love, 1 year 7 months TN, parents b. TN

1920 Civil District 3, Greene Co. TN
William A. Love, 66 TN, farmer, general farm
Mary C., 67 TN
Dora, 32 TN
Bertie, 25 TN
Robert M., 23 TN, single, farmer, general farm
& granddaughters:
Helen, 9 TN
Eva Mae, 7 TN