

## **GENERATION 2**

### **Harold Ray Gibbs**

Born: December 4, 1909 in Madison County, Virginia.

Died: January 9/11, 1993 in Cincinnati, Hamilton County, Ohio.

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#### Appendix

1—Estes Bible (if I can get a copy)

2—Full page census records

1910

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Born: December 4, 1909 in Madison County, Virginia.

Recorded in Estes Bible.

## Census Records

### 1910—Locust Dale, Madison County, Virginia.

STATE		DEPARTMENT OF COMMERCE AND LABOR BUREAU OF THE CENSUS										SUPERVISOR'S DISTRICT No. 7		SHEET No. A			
COUNTY		THIRTEENTH CENSUS OF THE UNITED STATES: 1910—POPULATION										ENUMERATION DISTRICT No. 45					
TOWNSHIP OR OTHER DIVISION OF COUNTY		NAME OF INCORPORATED PLACE										WARD OF CITY		ENUMERATOR			
NAME OF INSTITUTION		ENUMERATED BY ME ON THE 26 DAY OF Apr 1910										Lester P. W.		1148			
1	18 18	Gooding, B. O.	Head	Male	25	MI	7	2	Virginia	Virginia	Virginia	English	Farmer	Own	0	42	16
		— Emma	Wife	Female	23	MI	1	Virginia	Virginia	Virginia	English	None	None	None	0	42	16
		— Harold R	Son	Male	4	MI	1	Virginia	Virginia	Virginia	English	None	None	None	0	42	16

Data: Enumerated 25 Apr 1910, Supervisor's District No. 7, Enumeration District No. 45. Household number: 21/27.

Head: Bernard S. Gibbs, Age 25; married 1 year; Birth place: Virginia; Language, English; Farmer; Could read and write; Owned the farm, free of mortgage.

Wife: Nelia C Gibbs, Age 23; married 1 year; one living child. Birth place: Virginia; Could read and write.

Son: **Harold R Gibbs**, Age 4/12. Birth place: Virginia;

### 1920—Locust Dale, Madison County, Virginia.

STATE		DEPARTMENT OF COMMERCE—BUREAU OF THE CENSUS										SUPERVISOR'S DISTRICT No. 7		SHEET No. B			
COUNTY		FOURTEENTH CENSUS OF THE UNITED STATES: 1920—POPULATION										ENUMERATION DISTRICT No. 58		14			
TOWNSHIP OR OTHER DIVISION OF COUNTY		NAME OF INCORPORATED PLACE										WARD OF CITY		ENUMERATOR			
NAME OF INSTITUTION		ENUMERATED BY ME ON THE 31 DAY OF January 1920										Lester P. W.		2657			
81	257 257	—	Head	Male	36	MI	1	Virginia	Virginia	Virginia	English	Farmer	Own	0	257	257	
		—	Wife	Female	32	MI	1	Virginia	Virginia	Virginia	English	None	None	None	0	257	257
		—	Son	Male	10	MI	1	Virginia	Virginia	Virginia	English	None	None	None	0	257	257
		—	Daughter	Female	8	MI	1	Virginia	Virginia	Virginia	English	None	None	None	0	257	257
		—	Son	Male	6	MI	1	Virginia	Virginia	Virginia	English	None	None	None	0	257	257
		—	Daughter	Female	1 6/12	MI	1	Virginia	Virginia	Virginia	English	None	None	None	0	257	257

Data: Enumerated 31 January, 1920. Supervisor's District No 7, Enumeration District No. 58, Household number 258

Head: Bernard S. Gibbs, Age 36, Married; Farm Laborer; General farming; working on own account.

Wife: Cornelia K, Gibbs, Age 32, Married;

Son: **Harold R. Gibbs**, Age 10; attended school, could read and write;

Daughter: Katherine E., Age 8; attended school;

Son: James M Gibbs, Age 6; attended school;

Daughter: Anna M, Age 1 6/12;

All born in Virginia and parents were born in Virginia. All speak English.

### Census Records, continued

#### 1930—Locust Dale, Madison County, Virginia.

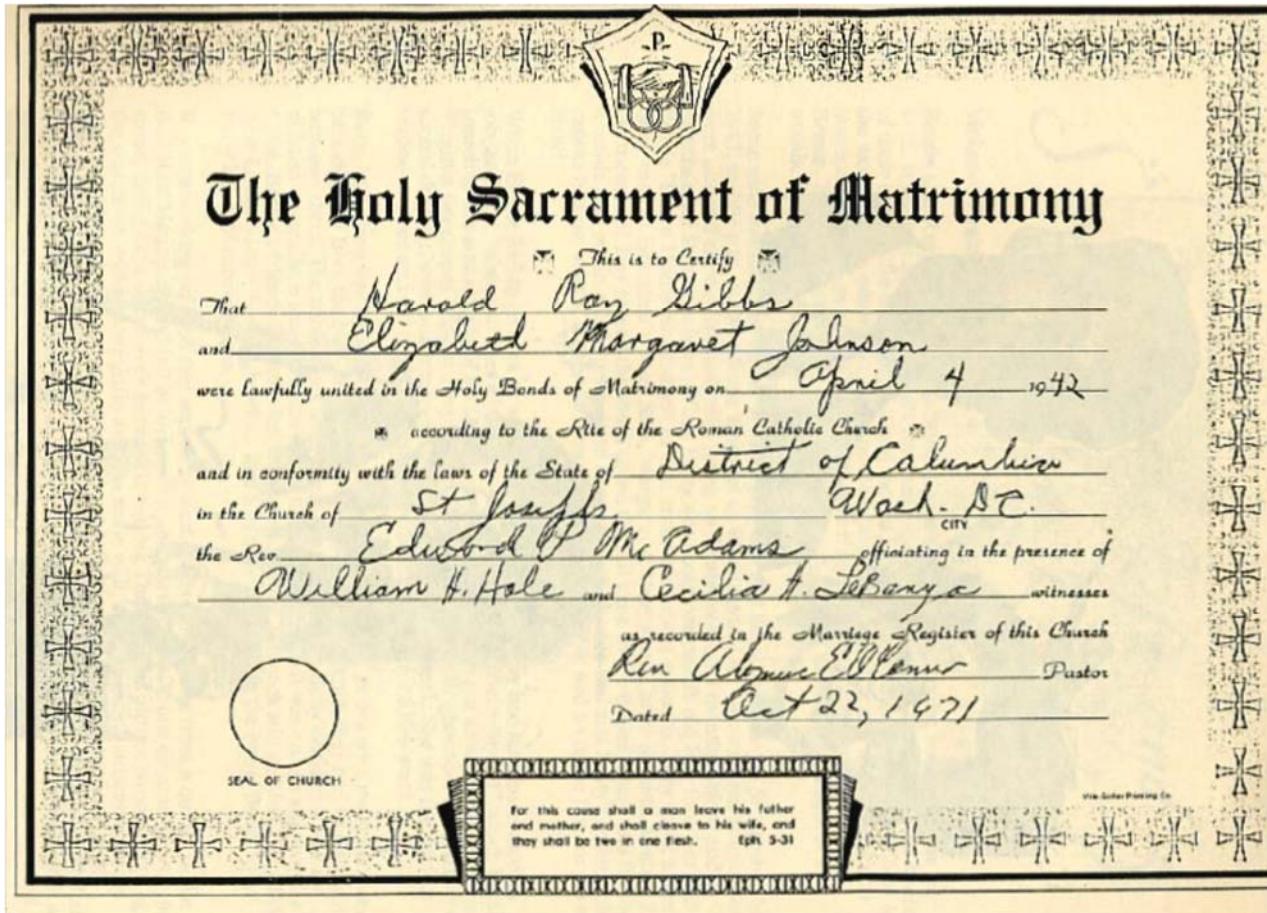
PLACE OF ABODE		NAME	RELATION	HOME DATA	PERSONAL DESCRIPTION	EDUCATION	PLACE OF BIRTH	MOTHER TONGUE OR NATIVE LANGUAGE OF FOREIGN BORN	CITIZENSHIP, ETC.	OCCUPATION AND INDUSTRY	EMPLOYMENT	VETERANS
51		Charles Paul G. Gibbs	Wife of H. R. Gibbs				Virginia	English				
52		Charles Paul G. Gibbs	Wife of H. R. Gibbs				Virginia	English				
54		Harold R. Gibbs	Son of H. R. Gibbs				Virginia	English				
55		Katherine E. Gibbs	Daughter of H. R. Gibbs				Virginia	English				
56		James M. Gibbs	Son of H. R. Gibbs				Virginia	English				
57		Anna M. Gibbs	Daughter of H. R. Gibbs				Virginia	English				
58		Bernard E. Gibbs	Son of H. R. Gibbs				Virginia	English				
59		Maryln D. Gibbs	Daughter of H. R. Gibbs				Virginia	English				
60		Harold R. Gibbs	Son of H. R. Gibbs				Virginia	English				
61		Katherine E. Gibbs	Daughter of H. R. Gibbs				Virginia	English				
62		James M. Gibbs	Son of H. R. Gibbs				Virginia	English				
63		Anna M. Gibbs	Daughter of H. R. Gibbs				Virginia	English				
64		Bernard E. Gibbs	Son of H. R. Gibbs				Virginia	English				
65		Maryln D. Gibbs	Daughter of H. R. Gibbs				Virginia	English				
66		Harold R. Gibbs	Son of H. R. Gibbs				Virginia	English				

**Data:** Enumerated 28 April, 1930. Supervisor's District No 11, Enumeration District No. 57-2, Household number 197, Farm.  
 Head: Bernard S. Gibbs, Age 45, Married at age 23; could read and write; Farmer; General farming; working on own account.  
 Wife: Cornelia K, Gibbs, Age 43, Married at age 21; could read and write;  
 Son: (Ray, H) **Harold R. Gibbs**, Age 20; could read and write; Farm Laborer  
 Daughter: Katherine E., Age 17; attended school; could read and write;  
 Son: James M Gibbs, Age 15; attended school; could read and write; Farm Laborer  
 Daughter: Anna M, Age 12; could read and write;  
 Son: Bernard E. Gibbs, Age 9; could read and write;  
 Daughter: Maryln D Gibbs, Age 2 5/12;  
 All born in Virginia and parents were born in Virginia. All speak English.

#### 1940—Draft registration

SERIAL NUMBER <b>569</b>	1. NAME (Print) <b>Harold Ray Gibbs</b> (First) (Middle) (Last)	ORDER NUMBER <b>2052</b>
2. ADDRESS (Print) <b>334-10th St S.E. Wash. D.C.</b> (Number and street or R. F. D. number) (Town) (County) (State)		
3. TELEPHONE <b>None</b>	4. AGE IN YEARS <b>30</b>	5. PLACE OF BIRTH <b>Madison Va</b> (Town or county) (State or country)
6. COUNTRY OF CITIZENSHIP <b>U. S. A.</b>		
7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS <b>Mr. Bernard Scott Gibbs</b> (Mr., Mrs., Miss) (First) (Middle) (Last)		8. RELATIONSHIP OF THAT PERSON <b>Father</b>
9. ADDRESS OF THAT PERSON <b>Pratts Va.</b> (Number and street or R. F. D. number) (Town) (County) (State)		
10. EMPLOYER'S NAME <b>Mr William Baggett</b>		
11. PLACE OF EMPLOYMENT OR BUSINESS <b>1026-16th St N.W. Wash. D.C.</b> (Number and street or R. F. D. number) (Town) (County) (State)		
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.		
REGISTRATION CARD D. S. S. Form 1 (over)	16-17105	<b>Harold Ray Gibbs</b> (Registrant's signature)

April 4, 1942—Harold Ray Gibbs married Elizabeth (Bessie) Margaret Johnson



### 1993—Harold Ray Gibbs Death Certificate

Ohio Department of Health  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**  
TYPE OR PRINT IN PERMANENT BLACK INK

Reg. Dist. No. 3101 State File No. \_\_\_\_\_  
 Primary Reg. Dist. No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

1. DECEDENT'S NAME (First, Middle, Last) <b>Harold Ray Gibbs</b>			2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>January 11, 1993</b>	
4. SOCIAL SECURITY NUMBER <b>579-18-1061</b>		5a. AGE - Last Birthday (Years) <b>83</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Year) <b>Dec. 3, 1909</b>	7. BIRTH-PLACE (City and State or Foreign Country) <b>Madison Co. Va.</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) <b>University Hospital</b>			9c. CITY, VILLAGE, TWP., OR LOCATION OF DEATH <b>Cincinnati</b>		9d. COUNTY OF DEATH <b>Hamilton</b>	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Bessie Johnson</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Carpenter</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Building</b>
13a. RESIDENCE - STATE <b>Ohio</b>		13b. COUNTY <b>Hamilton</b>	13c. CITY, TOWN, TWP., OR LOCATION <b>Cincinnati</b>		13d. STREET AND NUMBER <b>412 Liberty Hill</b>	
13e. RESIDENCE CITY/LIMITS (Yes or No) <b>Yes</b>	13f. ZIP CODE <b>45210</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>Unknown</b> College (1-4 or 5+)	
17. FATHER'S NAME (First, Middle, Last) <b>Bernard Scott Gibbs</b>			18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Cornelia Estes</b>			
19a. INFORMANT'S NAME (Type/Print) <b>Mrs. Bessie Gibbs</b>			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>412 Liberty Hill Cincinnati Ohio 45210</b>			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Gibbs Family Cemetery</b>		20c. LOCATION - City or Town, State <b>Fauquier Madison County Va.</b>		
20d. DATE OF DISPOSITION <b>January 14, 1993</b>		21a. NAME OF EMBALMER <b>David A. Danner</b>		21b. LICENSE NUMBER <b>6685-A</b>		
22a. SIGNATURE OF FUNERAL DIRECTOR OR OTHER PERSON <i>David A. Danner</i>		22b. LICENSE NUMBER (License) <b>5820</b>	23. NAME AND ADDRESS OF FACILITY <b>Schaefer &amp; Busby, Inc. Funeral Directors Since 1836 24 W. Ninth St. - Cincinnati, OH 45202 241-0932 241-0933</b>			
24. REGISTRAR'S SIGNATURE <i>Marianita M. Adams</i>		25. DATE FILED (Month, Day, Year) <b>JAN 25 1993</b>		26b. DIST. No. _____		
26a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		28b. TIME OF DEATH (Id. approx.) <b>5:45 A.</b>		28c. DATE PRONOUNCED DEAD (Month, Day, Year) <b>January 11, 1993</b>	28d. WAS CASE REFERRED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28e. SIGNATURE AND TITLE OF CERTIFIER <i>Frank P. Cleveland</i> <b>M.D., Coroner</b>		28f. LICENSE NUMBER <b>35-01-6264</b>	28g. DATE SIGNED (Month, Day, Year) <b>Jan. 22, 1993</b>			
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) <b>Frank P. Cleveland, M.D., Coroner, 3159 Eden Avenue, Cincinnati, Ohio 45219</b>						
30. 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. TYPE OR PRINT IN PERMANENT BLACK INK						
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Chronic obstructive pulmonary disease</b>			Approximate Interval Between Onset and Death <b>_____ years</b>			
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. 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.						
31a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			31b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY <b>M</b>	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. DESCRIBE HOW INJURY OCCURRED	
		33e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

I HEREBY CERTIFY THIS TO BE A TRUE CERTIFIED COPY OF THE CERTIFICATE ON FILE WITH THE CINCINNATI BOARD OF HEALTH.

*Marianita M. Adams*  
 LOCAL REGISTRAR, CITY OF CINCINNATI  
 1525 ELM STREET, 4TH FLOOR WEST  
 CINCINNATI, OHIO 45210

JAN 26 1993

DATE ISSUED

### Elizabeth (Bessie) Margaret Johnson

Elizabeth Margaret Johnson

Born: October 14, 1918

Father: Oliver Johnson, Farmer, born in Lyons Nebraska, Age 27.

Mother: Anna Lawless, Housewife, born Decatur, Nebraska, Age 25.

**STATE OF NEBRASKA**

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
**JUN 16 2006**  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
**STANLEY S. COOPER**  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES

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**NEBRASKA STATE DEPARTMENT OF HEALTH**  
BUREAU OF VITAL STATISTICS

**CERTIFICATE OF BIRTH**

PLACE OF BIRTH  
County of Burt  
Township of \_\_\_\_\_  
or  
Village of \_\_\_\_\_  
City of \_\_\_\_\_

Registered No. 23962

FULL NAME OF CHILD Elizabeth Margaret Johnson (If child is not yet named, make supplemental report, as directed)

Sex of Child Female Swm. Thrice or Other? Number in order of birth \_\_\_\_\_ Legiti- mate? yes Date of birth 10 14 18 (Month Day Year)

FATHER		MOTHER	
FULL NAME <u>Oliver Johnson</u>	FULL MAIDEN NAME <u>Anna Lawless</u>		
RESIDENCE <u>242 W Lyons Ave</u>	RESIDENCE <u>2 mi W Lyons Ave</u>		
COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>27</u> Years	COLOR <u>W</u> AGE AT LAST BIRTHDAY <u>25</u> Years		
BIRTHPLACE <u>Lyons Neb</u>	BIRTHPLACE <u>Decatur Neb</u>		
OCCUPATION <u>Farmer</u>	OCCUPATION <u>Housewife</u>		

Number of children born to this mother including present birth 3 Number of children of this mother now living 3

**CERTIFICATE OF ATTENDING PHYSICIAN\***

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M., on the date above stated. (Born Alive or Stillborn)

\*When there was no attending physician then the father, householder, etc. should make this return. A still-born child is one that neither breathes nor shows other evidence of life after birth.

Signature: [Signature] M. D.  
Address: Lyons Neb

Given name added from a supplemental report \_\_\_\_\_, 19\_\_\_\_

**STATE LAW**

Was 2% Nitrate of Silver instilled in each eye? Yes

Filed Oct 16, 1918 Samil Shaw  
Registrar Registrar

# Elizabeth (Bessie) Margaret Johnson

Died: June 21, 2013 in Woodstock Virginia

**CERTIFIED COPY OF DEATH RECORD  
COMMONWEALTH OF VIRGINIA**

**COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND**

FOR DIVISION OF VITAL RECORDS	REGISTRATION AREA NUMBER <b>185</b>	CERTIFICATE NUMBER <b>190</b>	STATE FILE NUMBER
DECEDENT		1. FULL NAME OF DECEDENT (first) (middle) (last) <b>Elizabeth Johnson Gibbs</b>	
		2. SEX male <input type="checkbox"/> female <input checked="" type="checkbox"/>	
3. DATE OF DEATH (mo.) (day) (year) <b>June 21, 2013</b>		4. AGE (years) <b>94</b>	
		5. DATE OF BIRTH (mo.) (day) (year) <b>Oct. 14, 1918</b>	
		6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
PLACE OF DEATH		7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) <b>Royal Haven, Inc.</b>	
		8. COUNTY OF DEATH (if independent city, leave blank) <b>Shenandoah</b>	
		9. CITY OR TOWN OF DEATH <b>Woodstock</b>	
		10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH <b>1222 Ox Rd.</b>	
USUAL RESIDENCE OF DECEDENT		11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE <b>Virginia</b>	
		12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) <b>Fauquier</b>	
		13. CITY OR TOWN OF RESIDENCE <b>Linden</b>	
		14. STREET ADDRESS OR RT. NO. OF RESIDENCE <b>13370 John Marshall Hwy.</b>	
		15. ZIP CODE <b>22642</b>	
PERSONAL DATA OF DECEDENT		15. NAME OF DECEDENT'S FATHER <b>Oliver Victor Johnson</b>	
		16. MAIDEN NAME OF DECEDENT'S MOTHER <b>Anna Josephine Lawless</b>	
		17. RACE OF DECEDENT <b>Caucasian</b>	
		18. OF HISPANIC ORIGIN? (if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> no <input type="checkbox"/> yes	
		19. EDUCATION (Specify only highest grade completed) <b>12</b>	
		20. CITIZEN OF WHAT COUNTRY <b>USA</b>	
		21. BIRTHPLACE (state or country) <b>Nebraska</b>	
		22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
		23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) <b>Harold Ray Gibbs</b>	
		24. SOCIAL SECURITY NUMBER <b>503-18-6750</b>	
		25. USUAL OR LAST OCCUPATION <b>Court Reporter Court System</b>	
		26. KIND OF BUSINESS OR INDUSTRY <b>Victor Gibbs - Son</b>	
		27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP <b>Victor Gibbs - Son</b>	
CAUSE OF DEATH		28. 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. <b>End Stage Dementia</b>	
TO PHYSICIAN:		IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) 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):	
		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. (C)	
		29. AUTOPOST? AUTHORIZED BY: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.		30. IF FEMALE: WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown <input type="checkbox"/>	
		31. IF EXTERNAL CAUSE, IT WAS: <input type="checkbox"/> HEAVY <input type="checkbox"/> CONTAMINATED <input type="checkbox"/> TO CAUSE OF DEATH	
		32. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED	
		33. TIME OF INJURY (mo.) (day) (year) (A.M. or P.M.) <b>7:17</b>	
		34. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input checked="" type="checkbox"/>	
		35. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) <b>761 S. Main St., Woodstock, VA</b>	
		36. (city or town) (county) (state)	
		37. To the best of my knowledge death occurred at (A.M. or P.M.) (city or town) (county) (state) on the date and place and from the cause(s) stated. <b>7:17 P.M. (A.M. or P.M.) (city or town) (county) (state) on the date and place and from the cause(s) stated.</b>	
		ACTUAL SIGNATURE <b>Susan Moose</b>	
		DATE SIGNED <b>07/09/2013</b>	
		NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Susan Moose</b>	
		ADDRESS OF ATTENDING PHYSICIAN <b>761 S. Main St., Woodstock, VA</b>	
FUNERAL DIRECTOR		38. BURIAL REMOVAL CREMATION <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		39. PLACE OF BURIAL REMOVAL, ETC. <b>Gibbs Family Cemetery, Linden, VA</b>	
		(name of cemetery or crematory) (city or county) (state)	
		31. (Signature of funeral director or person legally responsible) <b>Arthur R. Maddox</b>	
		NAME OF FUNERAL HOME AND ADDRESS <b>Maddox Funeral Home, Inc. 105 W. Main St., Front Royal, VA</b>	
REGISTRAR		32. (Signature of registrar) <b>Se H Kline</b>	
		DATE RECORD FILED <b>July 16 2013</b>	
		RESERVED FOR REGISTRAR'S USE	

is to certify that this is a true and correct reproduction of the original record filed with the SHENANDOAH COUNTY Department of Health, WOODSTOCK, VIRGINIA.

ate Issued July 14, 2013 Se H Kline  
Deputy Registrar

EAL)  
y reproduction of this document is prohibited by statute. Do not accept unless it bears the impressed seal of the Shenandoah County  
partment of Health clearly affixed.  
VOID IF ALTERED OR DOES NOT BEAR IMPRESSED SEAL OF REGISTRAR  
ction 32-535.27, Code of Virginia, as amended. VS17

THE PEOPLE'S STANDARD EDITION

*Bible Cover - James O. Estlin Franklin Estes Jr -  
Present Cover - Mrs Ruth Carpenter Yowell*

# HOLY BIBLE.

CONTAINING THE

## OLD AND NEW TESTAMENT

AND THE

### APOCRYPHAL WRITINGS,

translated from the Hebrew and Greek, and Carefully Compared with Former Translations

TEXT CONFORMABLE WITH THE STANDARD OF THE AMERICAN BIBLE SOCIETY:

TOGETHER WITH

COMPLETE CONCORDANCE, THE PSALMS IN METRE, NEARLY ONE HUNDRED THOUSAND MARGINAL READINGS AND REFERENCES, AND A HISTORICAL AND CHRONOLOGICAL INDEX TO THE ENTIRE WORD.

TO WHICH ARE ADDED

### A Comprehensive Treatise

ON THE LITERATURE, HISTORY AND INSPIRATION OF THE BIBLE, EXHAUSTIVE TABULAR AIDS, AND A CONCISE HISTORY OF ALL THE DENOMINATIONS AND SECTS IN EVERY AGE OF THE WORLD.

ALSO,

### ILLUSTRATED MAPS, FULL PAGE STEEL ENGRAVINGS,

AND A GALLERY OF OVER FIVE HUNDRED ILLUSTRATIONS AND DESCRIPTIONS, EMBRACING SCRIPTURAL SCENES AND EVENTS FROM THE CREATION TO THE CLOSE OF THE CANON, AND REPRESENTING BIBLICAL ARCHITECTURE, CUSTOMS, ARTS, SCIENCES, RITES, COINS, WRITINGS, BOTANY AND NATURAL HISTORY.

ALSO, A COMPLETE PRONOUNCING AND DEFINING

### DICTIONARY OF THE BIBLE.

THE WHOLE PREPARED EXPRESSLY FOR THIS EDITION.

SOLD BY SUBSCRIPTION ONLY.

THIS EDITION CONTAINS THE REVISED NEW TESTAMENT.

BRADLEY, GARRETSON & CO.



# Births

Children of James C. Estes + Maryann Kippa (wife)

Jucy M. Estes	Born Oct 1 <sup>st</sup>	1870
Henry A. Estes	Born Aug 4 <sup>th</sup>	1872
James M. Estes	Born Nov 15 <sup>th</sup>	1874
Annie E. Estes	Born Dec 14 <sup>th</sup>	1876
Jonas W. Estes	Born Oct 24 <sup>th</sup>	1878
Bessie Estes	Born April 4 <sup>th</sup>	1882 ✓
Infant	Born Sept 16 <sup>th</sup>	1885
Genevieve C. Estes	Born March 24 <sup>th</sup>	1887 ✓

Ruth Carpenter born Sept. 12, 1902  
 Anna Mc Lane Carpenter born Feb. 24, 1904  
 Herbert Hoffman, " Nov. 10, 1908. ✓  
 Jan. 9, 1910. ✓

Harold Ray, <sup>Hibbs</sup> born Dec. 4, 1909  
 Mary Anne Kippa born Mar 9, 1849  
 James Coleman Franklin Estes born  
 May 29, 1846.

# Deaths

Wade Carpenter born July 10, 1871, & died Dec 15, 1904

James Coleman Kotes Dec 4 - 1910 - born 5/29/1846

Lucy Virginia Kotes - January 26 - 1921 3 yrs 1 month

# Family History

A RECORD OF IMPORTANT EVENTS.

Dorothy Kipha Estes - Born - July 30 - 1915 -

David Henry Estes " (Dec. 13, - 1917)

Lucy Virginia Estes " Dec. 13, 1917

Anna Elizabeth Close Born May 18, 1924.

Notes

# MARRIAGES

Hiram Wade Carpenter & Anne Elizabeth Estes were married June 26, 1901.

James Michael Estes & Lillie Lee Weaver were married.

Howard Angus Hoffmann

Bessie May Estes Dec. 24, 1907

Bernard Scott Gibbs

Cornelia Catherine Estes Oct. 8, 1908

Henry A. Estes - Edith <sup>May</sup> Normal - June 10, 1914

Jonah Estes - Louisa Jarrell - April 1910

Raymond Clou - Anna McCus Carpenter Dec 21, 1922

James Coleman Franklin Estes married

December 22, 1869 Mary Anne Keffs