

Lydia Blizzard



Born: 13 Sep 1905 Avon, Indiana  
Married: 9 Apr 1928 James Blizzard  
Died: 20 Nov 1998 Church Hill, TN  
Parents: Roy Flanigan & Cornelia Sams

Danville, Indiana

HENDRICKS COUNTY HEALTH DEPARTMENT

Certificate of Birth

THIS IS TO CERTIFY, that our records show:

Name Lydia Ann Flanigan

Was born in Hendricks County, Avon, Indiana, on September 13, 1905

Child of R. E. Flanigan and Cornelia Sams

Birthplace of father Tennessee Birthplace of mother Tennessee

Record was filed Not Stated Book No. A - 10 Page No. 20  
(Date)

SEAL

*Lloyd S. Jerry, M.D.*  
Local Health Officer

Issued on January 17, 1957



Bradshaw's Chapel, Church Hill, TN. This picture was taken in 2008. Lydia Ann Flanagan Blizzard was a substitute teacher here before she married James Calvin Blizzard.

STATE OF TENNESSEE, HAWKINS COUNTY

Know all Men, That we, James Calvin J. C. Blizzard of the County of Hawkins and State of Tennessee, are held and firmly bound unto the State of Tennessee in the sum of Twelve Hundred and Fifty dollars, to which payment, well and truly to be made, we bind our heirs, executors, and administrators, and each and every one of us and them, both jointly and severally, first by these presents.

The Condition of the above Obligation is such, That whereas James Calvin aged 21 yrs with proper and obtained a License to marry Lydia Flanagan aged 22 yrs we, if hereinafter appear any lawful cause why the said James Calvin and Lydia Flanagan be joined together in Holy Matrimony as husband and wife, then this obligation to be void and of no effect, otherwise to remain in full force and virtue.

Witness our hands and seals, this 9 day of April 1928 James Calvin (Seal.)  
J. C. Blizzard (Seal.)

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STATE OF TENNESSEE, HAWKINS COUNTY

To any Regular Minister of the Gospel having the care of Souls, or to any Judge, Chancellor, or Justice of the Peace of said County, directing:

That you authorize you, or either of you, to Solemnize the Rite of Matrimony between James Calvin and Lydia Flanagan your County, agreeably to the direction of an Act of Assembly in such case made and provided; provided always, that the ceremony be performed in this County; otherwise these shall be null and void, and shall not be accounted any license or authority in you, or either of you, for the purpose aforesaid, more than though the same had never been granted or granted, etc.

Given at the Clerk's office of said County, this 9 day of April 1928 M. W. Linsay Clerk.  
9 day of April 1928 D. C.  
W. H. Jenkins

Marriage application for James C Blizzard & Lydia Flanagan

INTERESTING STORY

In 1932, a tornado hit the home of James & Lydia Blizzard. When they heard the storm coming, James wanted to take everyone down to the canning room in their basement. Lydia insisted that there wasn't enough time, so they went to their bedroom with their children.

Lydia, placed Jimmy, the youngest, on the feather bed with her and their daughter Pauline and her older brother, Donald, wrapped their arms around their father's legs, who was standing next to the bed.

After the tornado came through, Lydia and Jimmy were still on the feather bed mattress, but found themselves on the road out in front of their farmhouse. James, along with Pauline and Donald, were thrown out into the front yard. Their house had been totally destroyed, but they were ok.

They then discovered that the canning room had filled up completely with mud. If they had gone there for safety they may not have survived.



**TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

STATE FILE NUMBER **68-056260**

**1. DECEASED'S NAME (First, Middle, Last)**  
Lydia Ann Blizard

**2. SEX**  
Female

**3. DATE OF DEATH (Month, Day, Year)**  
November 20, 1998

**4. SOCIAL SECURITY NUMBER (of Deceased)**  
413-56-5775

**5. DATE OF BIRTH (Month, Day, Year)**  
September 13, 1905

**7. BIRTHPLACE (City and State or Foreign Country)**  
Avon, Indiana

**6. PLACE OF DEATH (Check only one)**  
1  Home 2  Hospital 3  ER/Occupation 4  DCA 5  Nursing Home 6  Residence 7  Other (Specify)

**8. FACILITY NAME (If not institution, give street and number)**  
Church Hill Life Care Center

**9. CITY, TOWN OR LOCATION OF DEATH**  
Church Hill

**10. COUNTY OF DEATH**  
Hawkins

**10. MARITAL STATUS**  
Widowed

**11. SURVIVING SPOUSE (If wife, give maiden name)**  
None

**12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)**  
Domestic

**13. KIND OF BUSINESS/INDUSTRY**  
Own Home

**13a. RESIDENCE STATE**  
TN

**13b. COUNTY**  
Hawkins

**13c. CITY, TOWN OR LOCATION**  
Church Hill

**13d. STREET AND NUMBER OR RURAL LOCATION**  
701 W. Main Street

**14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Mexican, Puerto Rican, etc.)**  
No

**15. RACE - American Indian, Black, White, etc. (Specify)**  
Caucasian

**16. DECEASED'S EDUCATION (Specify only highest grade completed)**  
12

**17. FATHER'S NAME (First, Middle, Last)**  
Roy E. Flanagan

**18. MOTHER'S NAME (First, Middle, Maiden Surname)**  
Cornelia Sams

**19a. INFORMANT'S NAME (Type in full)**  
Jimmy Blizard

**19b. RELATIONSHIP TO DECEASED**  
Son

**19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)**  
1683 Timbers Edge Trace Kingsport, TN 37660

**20a. METHOD OF DISPOSITION**  
1  Burial 2  Cremation 3  Removal from State

**20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)**  
Liberty Hill Cemetery

**20c. LOCATION - City or Town, State**  
Mt. Carmel, TN

**21a. SIGNATURE OF FUNERAL DIRECTOR**  
[Signature]

**21b. LICENSE NUMBER OF FUNERAL DIRECTOR**  
1980

**21c. SIGNATURE OF ENBALMER**  
[Signature]

**21d. LICENSE NUMBER OF ENBALMER**  
2967

**22. NAME AND ADDRESS OF FUNERAL HOME**  
Johnson Funeral Home Inc., 320 Grandview Street, Churchill, TN, 37642

**23. DECEASED'S SIGNATURE**  
[Signature]

**24. DATE FILED (Month, Day, Year)**  
758

**25. 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.**  
James W. Russell

**25a. SIGNATURE AND TITLE OF PHYSICIAN**  
[Signature]

**25b. DATE SIGNED (Month, Day, Year)**  
2-2-99

**25c. LICENSE NUMBER**  
27772

**25d. DATE SIGNED (Month, Day, Year)**  
1/26/99

**26. MEDICAL EXAMINER - 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.**

**26a. SIGNATURE AND TITLE OF MEDICAL EXAMINER**  
[Signature]

**26b. LICENSE NUMBER**  
[Number]

**26c. DATE SIGNED (Month, Day, Year)**  
[Date]

**27. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type in full)**  
REID B. BLACKWELDER, MD, KINGSFORT FAMILY PRACTICE CTR, 201 CASSEL DR., KINGSFORT, TN 37661



James and Lydia are buried at Liberty Hill Cemetery, Church Hill, TN