

The Carlisle AME Church and Cemetery Historical Marker will be dedicated February 26, 2021 at 11 a.m.

Delaware Public Archives Historical Marker Program

Legislative Sponsors: Senator Trey Paradee and Representative William Bush

**Due to Covid-19 restrictions, attendance is by invitation only (Delaware Public Archives Historical Marker Dedication Safety Requirements 2020)**

Be sure to dress for out-of-door weather!

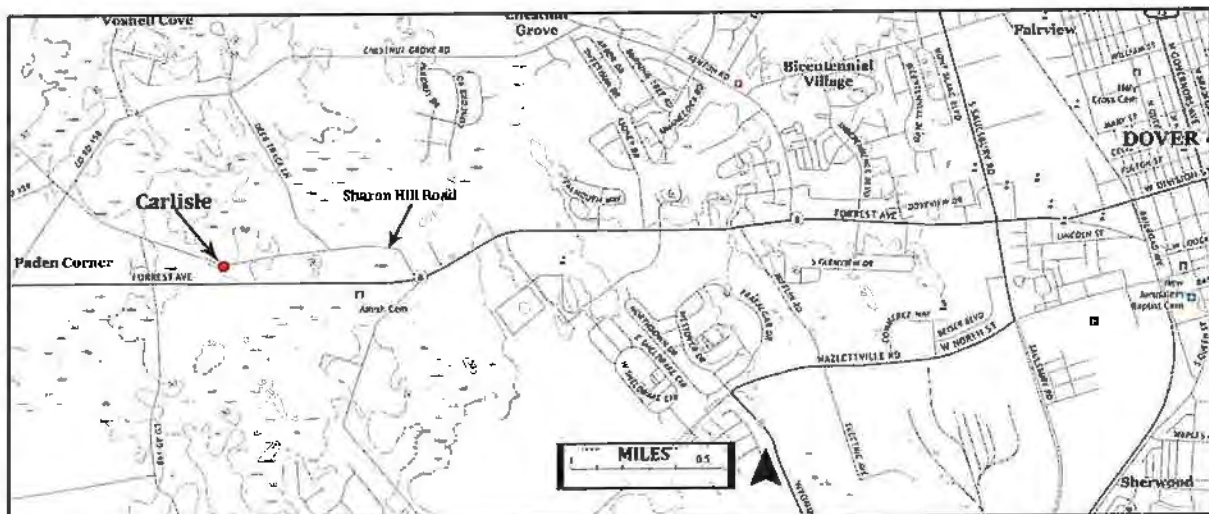
RSVP to: Jill L. Showell [jillynjhango@aol.com](mailto:jillynjhango@aol.com) Subject Line: "Carlisle AME Marker Dedication"

### Background

After archaeological and archival studies were conducted in 2019, the location of Carlisle AME Church Cemetery was identified – situated along the south side of Sharon Hill Road, east of Cahoon Branch Road and west of Deer Track Lane in West Dover, Kent County, Delaware.

Though the church is no longer extant and the cemetery is unmarked, descendants and relatives of those buried at Carlisle remember there is such a place and have been in search of its location. The church and cemetery were once the focal point of a free African American community. Known family surnames within the community are: Allston; Carlisle; Collins; Dickson; Downes; Driggus; Fisher; Fullman; Hawkins; Hovington; Johns; Robinson; Ross; Scott; Simmons; White.

The one quarter acre of land was deeded from Capril and Leah Carlisle to African Episcopal Church trustees in 1849 for the purpose of erecting a place of worship. A Certificate of Incorporation was issued to church trustees in 1921. The church building was abandoned at some time after 1937, but the cemetery was active through at least 1944.



## Background and Land History:

I nominate the Carlisle African Methodist Episcopal Church and Cemetery site for Delaware Public Archives Historical Marker Program. The site would seem to meet criteria based on its association with an underrepresented history of the AME Church and the Free African Society, within its context of free African American communities in early 19th century Kent County, Delaware.

The earliest known use of the land was agricultural and this particular tract was one of the many owned by George F. Fisher in the early 19th century. George F. Fisher's lands were auctioned after his death by order of Kent County Orphans' Court (Kent County Orphans' Court, George F. Fisher 1839). Capril Carlisle, being the highest bidder, purchased George Fisher's one hundred-acre farm near Casson's Corner in West Dover on April 2, 1842.

In 1849, Caper Carlisle and his wife Leah deeded forty perches (one-quarter acre) to African Methodist Episcopal Church trustees, Peter Carlisle, James Collins, Nathaniel White, Jacob Allston, and Perry Hawkins (Kent County Land Deed Y3:22). The land was given to erect or cause to be built a house or place of worship for the use of the African Methodist Episcopal Church. The deed states, this is the same tract of land where "Caper Carlisle now lives". In 1853, Capril Carlisle sold one hundred eighty-seven acres and one hundred twenty square perches to Samuel Harlan. The being clause states this transfer was part of the real estate Carlisle bought of George Fisher's estate (Kent County Plot Book 1:167). Therefore, Carlisle at some time acquired more lands than the one hundred acres from which the church and cemetery lot was carved. Variations in Mr. Carlisle's first name on the documents were noted throughout archival research: Caper, Casper, Capril, Capriel. His wife was Leah. Their son Capril Carlisle can be found in 19th century records. Daughter Annie Brinkley born 1823 (1st marriage George Brinkley, Murderkill HD), was identified in Boston Mass, second marriage to George Phillips, St Paul's Church. The Carlisle Family as well as Church Trustees seem to have been active in the Free African Society originating in Philadelphia.

The atlas of 1868 (Pomeroy and Beers, Dover Hundred, Kent County Delaware 1868) identifies an African Church about one half mile to the west, lying along the south side of Sharon Hill Road. Since this is not the location of Carlisle AME Church and Cemetery, the location shown on the map is either another church, or it is possible the Carlisle Church location was mapped incorrectly.

A Certificate of Incorporation was issued April 11th 1921, signed by Carlisle African Methodist Episcopal Church Trustees, Samuel E. Johnson, Alonzo Hall, Edward Downs, James Scott, and John W. Fisher (Kent County Land Deed Z11:329). This document specifies the application to incorporate was posted on the front door of the church before it was accepted and recorded. Therefore, it is apparent a church building was in use at this time. Aerial photography of 1937 shows the church building in place (Figure 1). Frank R. Zebley's, *The Churches of Delaware*, describes Carlisle AME Church and states the land was donated by Casper Carlisle (Zebley 1947). A photograph in Zebley's book is the only known published photograph of the church in existence (Figure 2). Zebley states the church was abandoned sometime after 1937. It is unknown what happened to the church building after this time.

A narrow examination of Delaware death record books revealed identities of a number of those interred within the cemetery. Known family names associated with the burial ground are as follows: Scott, Fisher, Fulman/Fullman/ Downs/Downes, Ross, Simmons, Johns, Robinson, Hovington, and Driggus.

In an age of online genealogy, descendants, in search of their origins, are looking to our old family cemeteries as places of reconnection. During an online search of Ancestry.com, several inquiries as to the location of the Carlisle Cemetery were noted. Communications with Dover Delaware Findagrave.com researcher, John C. Carter, indicated relatives of individuals interred within the cemetery have contacted him regarding the cemetery location. No grave markers or church building are located at this site.

#### References:

Kent County, Delaware Orphans' Court Records. Accessed at Delaware Public Archives.  
Kent County, Delaware Land Deeds. Accessed at Delaware Public Archives.  
Kent County, Death Records. Accessed at Delaware Public Archives.  
Pomeroy and Beers. 1868 Delaware State Atlas, Kent County, Dover Hundred.  
Zebley, Frank R. 1947 The Churches of Delaware: a history, in brief, of the nearly 900 churches in Delaware as located by the author. Wilmington, Delaware.

\* Marker @ Forrest Ave. Animal Hospital  
property owned by Gaines Family Properties  
(Kimberly Gaines is a vet @ Forrest Ave.)



121 Martin Luther King Jr. Blvd. N | Dover, DE 19901 | (302) 744-5000

### Historical Marker Application

#### Proposed Marker Information (required info is in red)

Suggested Marker Topic:  Date of Application:

Preferred Location (Please provide the exact address or GPS Coordinates):

Town:  County:

The reason this location was chosen:

Property Information  
Public or Private Property:  
  
Owner's Permission (if private):

#### Your Contact Information

Full Name:  Phone Number:

Email Address:  Organization (if applicable):

Street Address:

City:  State:  Zipcode:

Please complete both sections found on Page 2 of this application before submitting.  
Incomplete applications will not be reviewed or considered.

#### Funding Statement

Historical markers are funded on an individual basis by local legislators. Financial support must be obtained from a local Senator or Representative *after* the marker application has been approved by the Delaware Public Archives. Once support is gained, the legislator will notify the Archives and we will move forward with the production of a marker.

#### DPA Office Use Only

Date Received:  Approved by:

Date Approved:



121 Martin Luther King Jr. Blvd. N | Dover, DE 19901 | (302) 744-5000

## Historical Marker Application Supplemental Information

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**Please include or attach the following information**

**1. Statement of Significance**

On an attached sheet or document or in the text box below, please explain in a thorough but concise typed statement why the proposed subject is important and why it should be commemorated with a marker. Please refer to the guidelines and criteria when writing your statement.

See Attached.

**2. Background Information**

On an attached sheet or document or in the text box below, please provide a typed list of relevant facts, notes, and/or information pertaining to the proposed marker subject. Please include citations to the resources you used to research this topic. This information will be helpful in researching and writing the marker text. Please note: DPA staff will edit proposed marker text to conform to research and format standards, including space limitations.

See Attached.

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**Save & Email, Print, or Clear this form:**

Save for Email

Print

Clear

# **Carlisle Church Cemetery** **Sharon Hill Road, Dover, Kent County, Delaware**

## **Prepared for:**

Gaines Family Properties, LLC  
C/O John R. and Kimberly Gaines



October 24, 2019

## **Prepared by:**

Jill L. Showell and Edward Otter, Ph.D  
Edward Otter, Inc.  
1704 Camden Avenue  
Salisbury, Md. 21801

## Abstract

In July 2019 Edward Otter Inc. was contacted by Gaines Family Properties, LLC to consult on Kent County, Delaware Parcel 2-00-07501-01-1401-00001. The northern portion of this parcel is known to be the site of the historic Carlisle African Methodist Episcopal Church and Cemetery. Delaware Title 7 Chapter 54 provides protection for unmarked human burials and human skeletal remains within the state. Therefore, ground testing for the presence of burials was requested, as plans were considered for the construction of a new septic system near the cemetery. The area was investigated by excavating a trench across it with a goal of determining whether burials were present or absent in the area. This work resulted in the determination that burials are present within the area and in fact no excavated area was absent of graves. Burials may extend beyond current property lines. A thorough delineation of the cemetery would establish the full extent of burials. Archival research was not requested as part of this project—however, a limited scope of archival work was conducted and the results of that work are included in this report. It is recommended the cemetery continue as protected green space.

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## INTRODUCTION

In July 2019 Edward Otter Inc. was contacted by Gaines Family Properties, LLC to consult on Kent County, Delaware Parcel 2-00-07501-01-1401-00001. The northern portion of this parcel was known by the landowners to be the site of historic Carlisle African Methodist Episcopal Church and Cemetery. No markers were present when the Gaines Family purchased this property and if burials were present here, the location and extent of them was unknown. Since Delaware Title 7 Chapter 54 provides protection for unmarked human burials and human skeletal remains within the state, ground testing for the presence of burials was requested as planning for the construction of a new septic system was considered. Archival research was not requested as part of this project—however, a limited scope of archival work was conducted as a courtesy to the Gaines Family and to any relatives of those who are interred within the Carlisle burial ground.

### Project Setting

Parcel 2-00-07501-01-1401-00001 is located between Sharon Hill Road (County Road 162) and Forrest Avenue (Route 8), approximately four miles west of Dover, in West Dover Hundred, Kent County, Delaware (Figure 1). The parcel consists of 0.76 acres, covered in woodland in the southern portion of the parcel, and a parking area and vacant green space covering the northern portion (Figure 2). The vacant green area is known to be the site of the historic Carlisle African Methodist Episcopal Church and Cemetery. The Latitude of the cemetery is 39.156546 and Longitude is -75.597476. The church cemetery area is situated between a crush and run parking area and a neighboring turf-covered lot. The surface is covered in turf and a large deciduous tree.

Geographically, the project lies within the Atlantic Coastal Plain with an elevation of 50 feet above mean sea level. Soils are identified as Woodstown loam with 0 to 2 percent slopes (WocA). This is a moderately well-drained soil parented on loamy fluviomarine deposits ([websoilsurvey.nrcs.usda.gov](http://websoilsurvey.nrcs.usda.gov)). Cahoon Branch is approximately 1,500 feet to the southeast of the project area and flows into the Saint-Jones River. A head of this branch appears to have been channelized, likely as drainage, and flows across the southern part of the parcel adjacent to Forrest Avenue.

### Research Design

Plans under consideration propose the construction of a new 48-foot by 110-foot septic system as part of a veterinary hospital expansion (Figure 3). Plans were of course dependent on whether burials exist within the area of potential effects (APE). If burials were identified within the APE, an alternative design would be necessary. Therefore, the project goal was to determine the presence or absence of burials within the APE. To this end, the project design called for the excavation of a trench and several rectangular-shaped spots across the APE. A mini-excavator with a clean-out bucket was utilized to carefully scrape the top soils. The excavated areas were then more finely cleaned with flat shovels and trowels. Soils were stripped to a depth where subsurface stains such as grave shafts could be identified, photographed, and mapped using a total station. No burials were excavated or disturbed. The trench excavation began in the southwestern corner of the existing parking area and continued toward the northeastern property boundary. Additional spots were subsequently excavated in an attempt to determine if any areas were absent of burials.

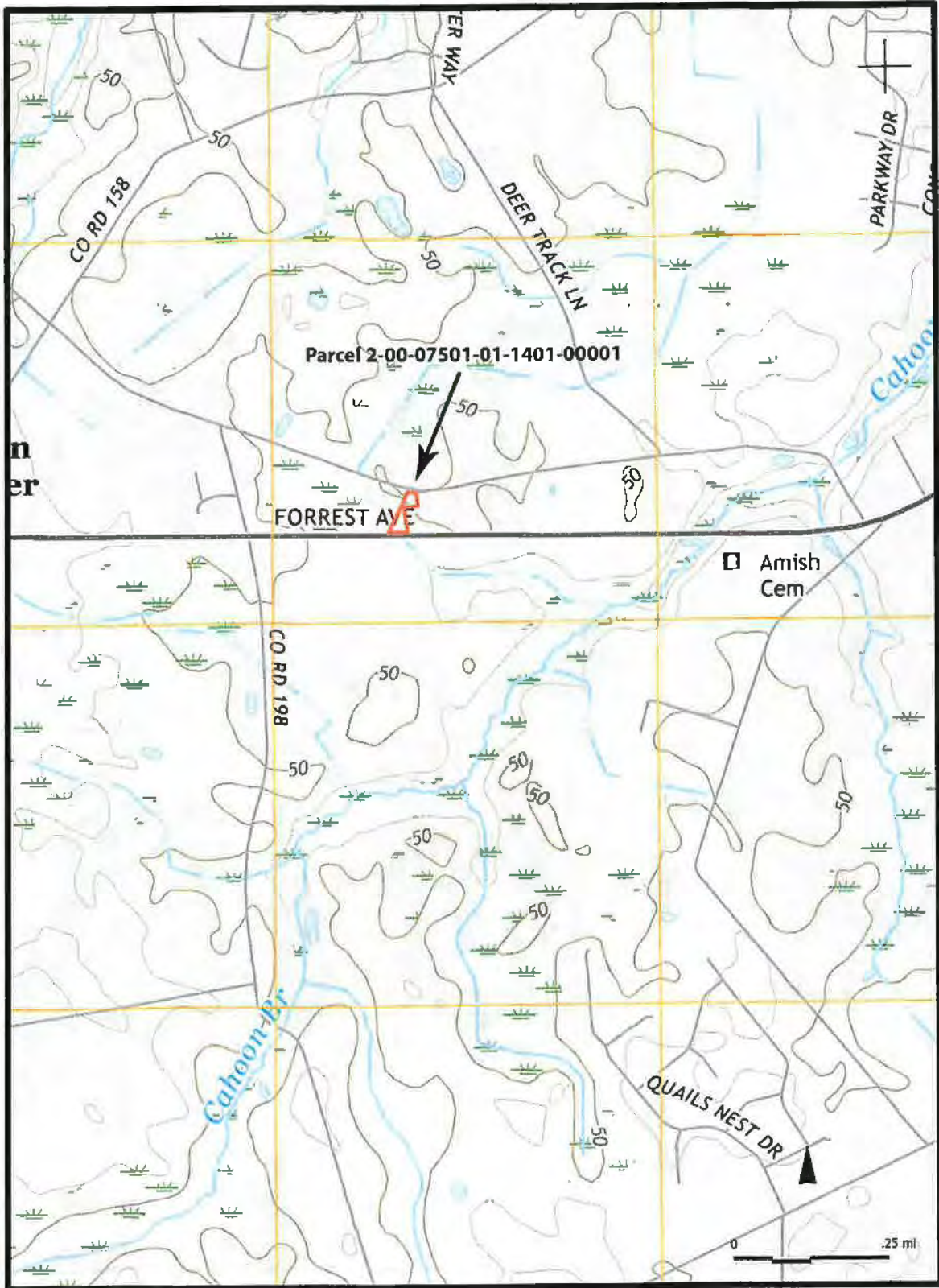


Figure 1. USGS Topographic Map 2014 Dover, Delaware Quadrangle



Figure 2. Google Earth 2018

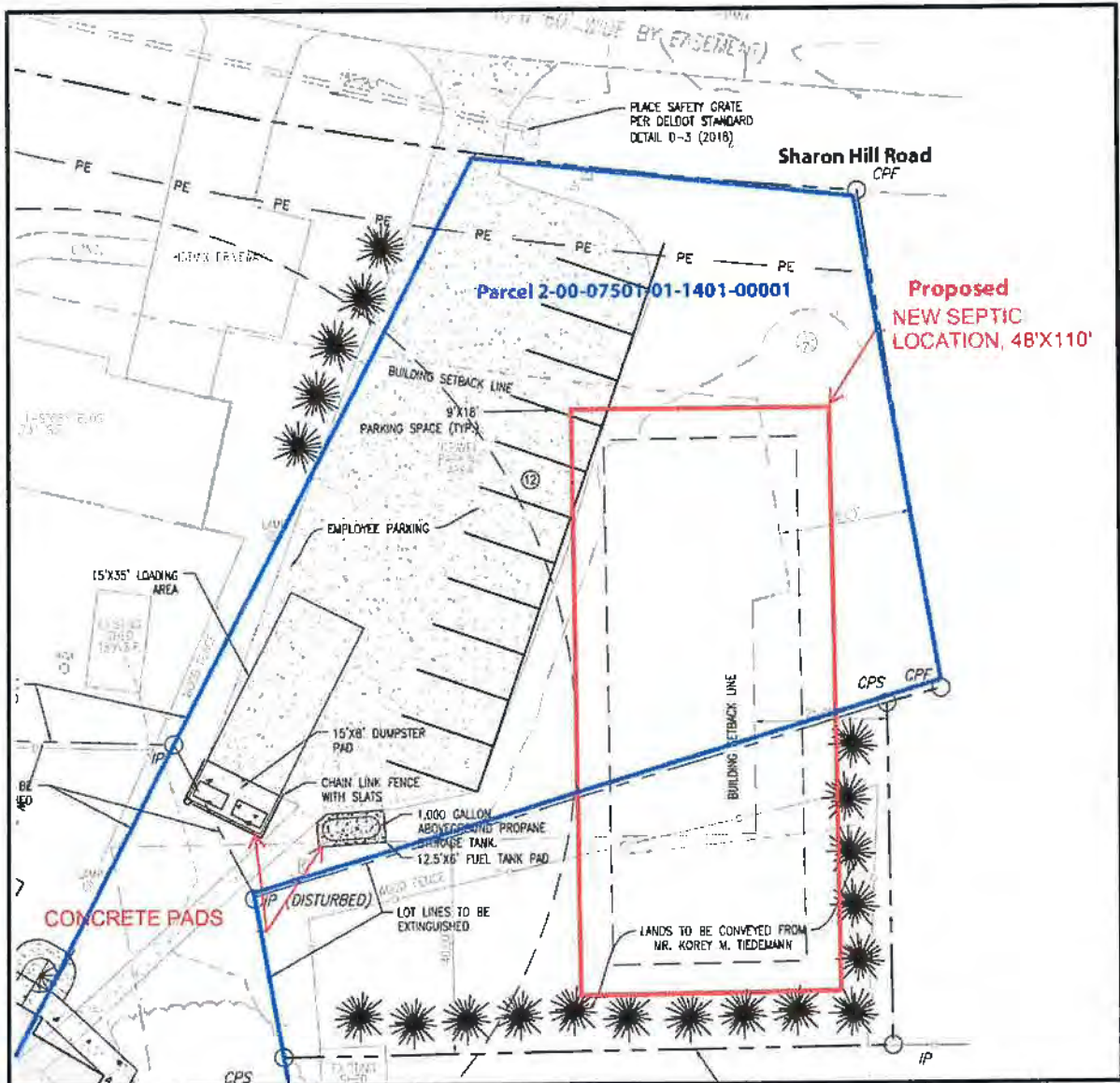


Figure 3. Proposed Location of New Septic System

## Background and Land History

Although archival research was not a part of this contract work, a limited search for background information was conducted. Delaware CHRIS showed no recorded archaeological sites or cemeteries within or surrounding Parcel 2-00-07501-01-1401-00001. An online visit to Findagrave.com determined the cemetery location is unmapped and is generally unknown, yet living descendants have been in search of it. A look through Ancestry.com found descendants in search of this location as well. A narrow examination of Delaware death record books revealed identities of a number of those interred within the cemetery (Appendix I). Known family names associated with the burial ground are as follows: Scott, Fisher, Fulman/Fullman/ Downs/Downes, Ross, Simmons, Johns, Robinson, Hovington, and Driggus.

The earliest known use of the land was agricultural and this particular tract was one of the many owned by George F. Fisher in the early 19<sup>th</sup> century. George F. Fisher's lands were auctioned after his death by order of Kent County Orphans' Court (Kent County Orphans' Court, George F. Fisher 1839). Capril Carlisle, being the highest bidder, purchased George Fisher's three hundred-acre farm near Casson's Corner in West Dover on April 2, 1842 (Figure 4).

In 1849, Caper Carlisle and his wife Leah deeded forty perches (one-quarter acre) to African Methodist Episcopal Church trustees, Peter Carlisle, James Collins, Nathaniel White, Jacob Allston, and Perry Hawkins (Kent County Land Deed Y3:22). The land was given to erect or cause to be built a house or place of worship for the use of the African Methodist Episcopal Church. The deed states, this is the same tract of land where "Caper Carlisle now lives". In 1853, Capril Carlisle sold one hundred eighty-seven acres and one hundred twenty square perches of his farm, to Samuel Harlan. The being clause states this transfer was part of the real estate Carlisle bought of George Fisher's estate (Kent County Plot Book 1:167). Variations in Mr. Carlisle's first name on the documents were noted throughout archival research: Caper, Casper, Capril.

The atlas of 1868 (Pomeroy and Beers 1868) identifies an African Church about one half mile to the west, lying along the south side of Sharon Hill Road (Figure 5). Since this is not the location of Carlisle AME Church and Cemetery, the location shown on the map is either another church, or it is possible the Carlisle Church location was mapped incorrectly.

A Certificate of Incorporation was issued April 11<sup>th</sup> 1921, signed by Carlisle African Methodist Episcopal Church Trustees, Samuel E. Johnson, Alonzo Hall, Edward Downs, James Scott, and John W. Fisher (Kent County Land Deed Z11:329). This document specifies the application to incorporate was posted on the front door of the church before it was accepted and recorded. Therefore, it is apparent a church building existed at this time. Aerial photography of 1937 shows the church building in place (Figure 6). Frank R. Zebley's, *The Churches of Delaware*, describes Carlisle AME Church and states the land was donated by Casper Carlisle (Zebley 1947). A photograph in Zebley's book is the only known published photograph of the church in existence (Figure 7). Zebley states the church was abandoned sometime after 1937. It is unknown what happened to the church building after this time.

In August of 2010, John R. and Kimberly A. Gaines purchased a 0.76 acre-parcel from Delaware Conference-First Episcopal District, African Methodist Church, AKA Carlisle African Methodist Episcopal Church. Since then, the lot has remained vacant and its use has been green space.

To the Honorable the Orphans' Court of the State of Delaware, now sitting at Dover in and for Kent County,

The return of John M. Clayton respectfully represents, that in pursuance of the order of this Honorable Court made at the September Term 1839, the undersigned hath this 2<sup>d</sup> April 1842 made sale to Cephal Caswell (negro) <sup>he being the buyer, & last offerer</sup> for the sum of three hundred dollars, of the tract of land mentioned in the said petition or order, <sup>wherein David Whitey wife died</sup> and which is situate in the Town of Dover, Hundred in Kent County aforesaid, and adjoining lands of Myers Parsons, Lemir, Nathan Staughton, lands of Joshua <sup>W. & George</sup> H. Mitchell, and lands of the heirs of Henry C. Lakin Dec<sup>d</sup> and the said Cephal Caswell hath this day paid to the undersigned the said purchase money. By reason whereof the said Cephal Caswell is entitled to a conveyance of the said tract of land and premises from the undersigned, the trustee, appointed by this Court in and by its said order to effect said sale.

John M. Clayton

April 2. 1842

And now to wit, this 2<sup>d</sup> day of April 1842, the above return being read & approved by the Court, <sup>the said sale is hereby confirmed by this Court</sup> it is ordered & directed that the said John M. Clayton as such Trustee <sup>as aforesaid</sup> do make a deed of conveyance to the said Cephal Caswell <sup>his heirs & assigns</sup> of the lands & premises above described, and it further appearing to the Court, that the said John M. Clayton has at the present term of this Court, been appointed the guardian of the said Susan C. Fisher and John C. Fisher, no further order for the investment of the proceeds of said sale is necessary; the said guardian being entitled to retain & hold to <sup>out of the same</sup>

Figure 4. Kent County, Orphans' Court, George F. Fisher 1839

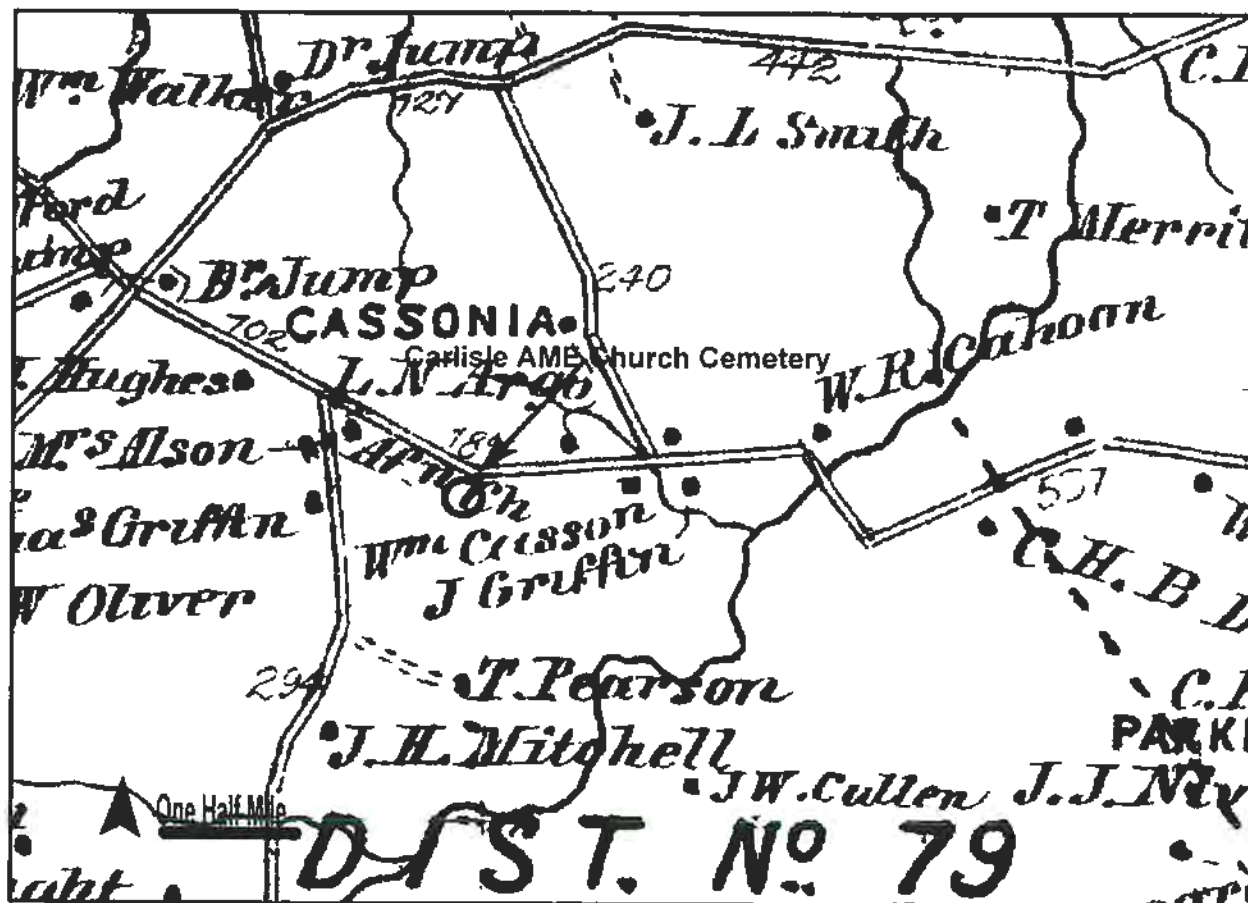


Figure 5. Location of Carlisle AME Church and Cemetery (Pomeroy and Beers 1868)

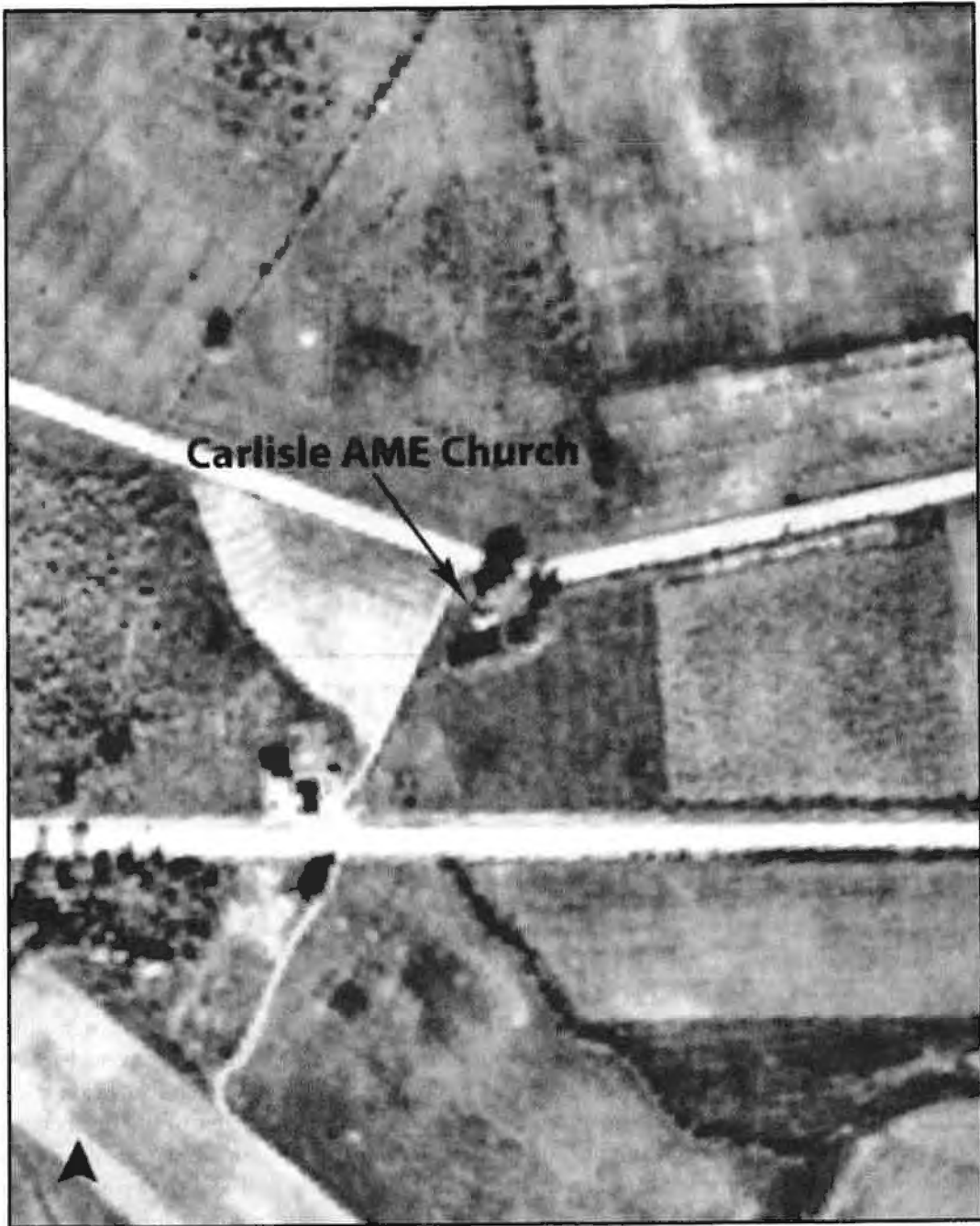


Figure 6. Aerial Photography 1937





Figure 7. Carlisle AME Church and Cemetery (Zebley 1947)

## FIELD STUDY

Fieldwork was conducted on July 15<sup>th</sup> 2019. The area was walked and photographed. The location is covered in turf with a crush and run parking area to the west of the turf covered area (Figure 8). Work began at the southeast corner of the crush and run parking lot. A three-foot-wide trench was excavated from this starting point and continued toward the north east corner of the project area until the property boundary was reached (Figure 9). Utilizing a mini-excavator with a non-toothed bucket, the top soils were scraped carefully to a depth where graves would be visible if they were present. The back dirt was piled out of the way. The stained areas of the excavation were cleaned more finely with flat shovels and trowels and were photographed and mapped (Figure 10). Burials are rectangular in shape, which usually date to the late 19<sup>th</sup> and 20<sup>th</sup> century time period. No brick vaults were observed. All observed graves are oriented west to east in the usual Christian practice. A total of fourteen graves were identified within the excavated areas. The burials were mapped using a total station (Figure 11).



Figure 8. Standing at the northeast portion of the project area facing southwest



Figure 9. Trench excavation from the southwest corner of the parking lot toward the northeast

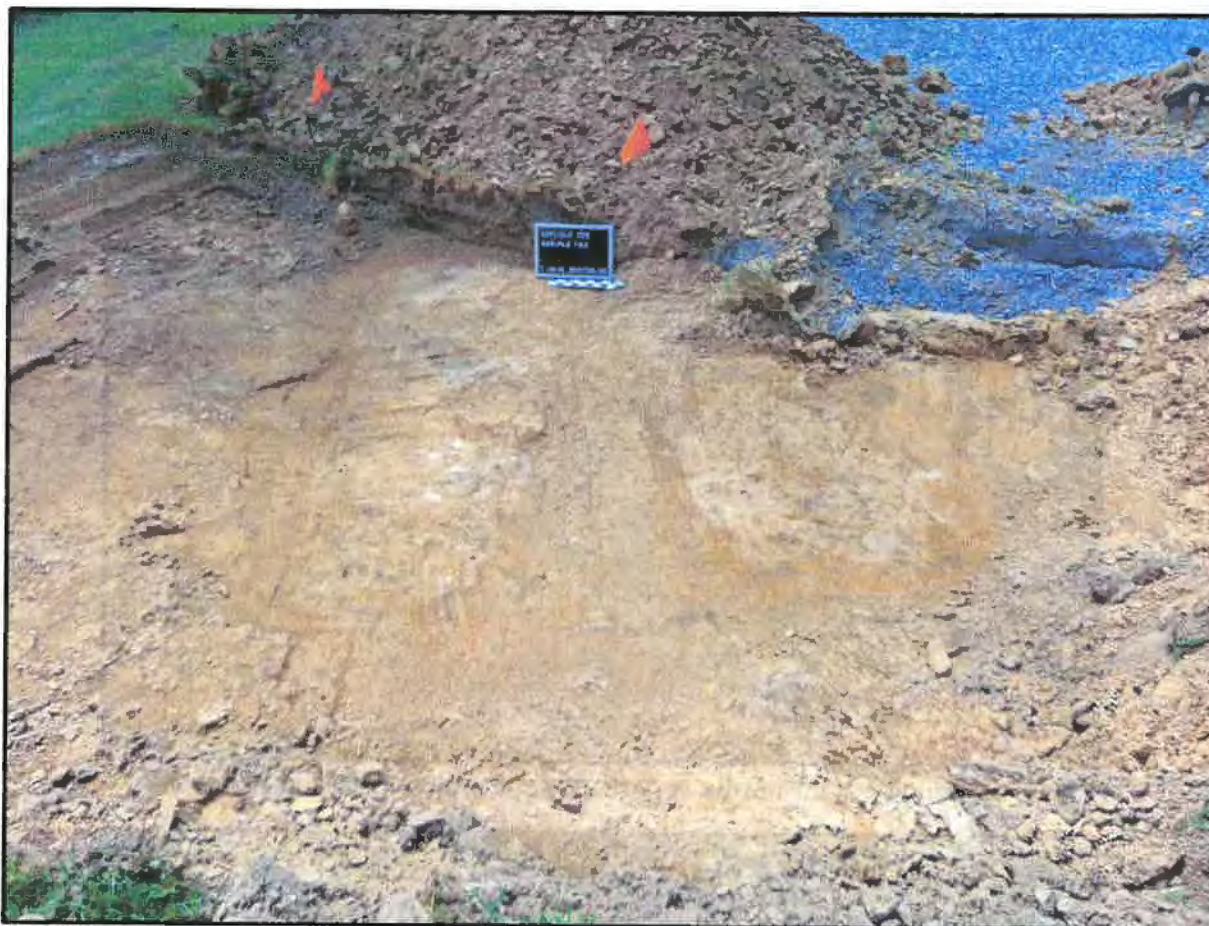


Figure 10. Burials One and Two

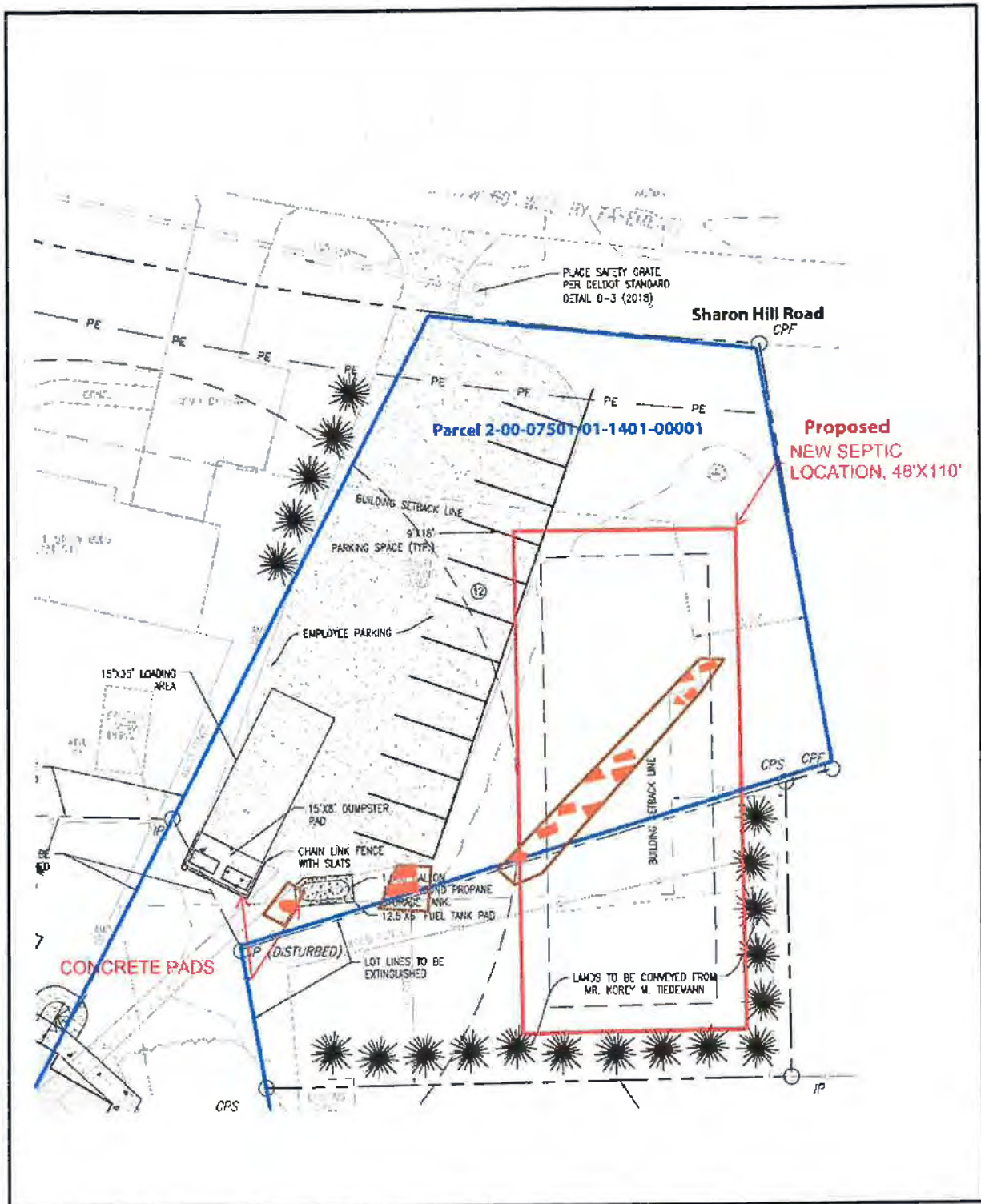


Figure 11. Map showing excavated areas and grave locations

## CONCLUSIONS AND RECOMMENDATIONS

A limited scope of archival work was conducted to gain understanding about the historic property known as Carlisle African Methodist Episcopal Church and Cemetery. Research traced ownership of Kent County, Delaware Parcel 2-00-07501-01-1401-00001 from its history as an early 19<sup>th</sup> century farm to its use as the Carlisle AME Church and cemetery to its present green space application. Field work consisted of excavation in the form of a trench and several rectangular-shaped spots across an area under consideration for septic field construction. This work revealed fourteen graves within the excavated areas. The full extent of burials is unknown and burials may extend beyond the current property lines.

It is recommended the Carlisle AME Church Cemetery continue to be used as green space. The cemetery is currently covered in turf with a large, aged, deciduous tree near the roadway. The Gaines Family has taken great care in protecting and maintaining the property since they acquired it in 2010. This location is historically significant for a number of reasons. Land records indicate free African American, Capril Carlisle, lived here with his family before he transferred ownership to trustees of the African Methodist Episcopal Church in 1849. The Carlisle AME Church existed here until at least 1937. A cemetery most certainly exists here still.

In an age of online genealogy, descendants, in search of their origins, are looking to our old family cemeteries as places of reconnection. During an online search of Ancestry.com, several inquiries as to the location of the Carlisle Cemetery were noted. Communications with Dover Delaware Findagrave.com researcher, John C. Carter, indicated several relatives of individuals interred within the cemetery have contacted him regarding the cemetery location.

The cemetery would likely meet criteria for The Delaware Public Archives Historical Marker Program based on its association with an underrepresented history of the AME Church and the Free African Society, within its context of free African American communities in early 19<sup>th</sup> century Kent County, Delaware. The limited archival research conducted during this project may provide a foundation for further study and research results would likely contribute to historical marker eligibility.

## REFERENCES

Kent County, Delaware Orphans' Court Records. Accessed at Delaware Public Archives.

Kent County, Delaware Land Deeds. Accessed at Delaware Public Archives.

Kent County, Death Records. Accessed at Delaware Public Archives.

Pomeroy and Beers

1868 *Delaware State Atlas, Kent County, Dover Hundred.*

Zebley, Frank R.

1947 *The Churches of Delaware: a history, in brief, of the nearly 900 churches in Delaware as located by the author.* Wilmington, Delaware.

APPENDIX I: DEATH RECORDS

887

**STANDARD DEATH CERTIFICATE**  
**DELAWARE**

1 PLACE OF DEATH  
County Kent  
Hundred West Dover  
or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Word \_\_\_\_\_

Registered No. 48  
(If death occurred in a hospital or institution, give its NAME, number of street and number.)

2 FULL NAME Elwood Robinson

PERSONAL AND STATISTICAL PARTICULARS  
SEX male COLOR OR RACE colored SINGLE single MARRIED, WIDOWED OR DIVORCED (Write the word)  
DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)  
AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If less than 1 day, give in min.  
OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
BIRTHPLACE (State or country) Delaware

PARENTS  
11 NAME OF FATHER John H. Robinson  
12 BIRTHPLACE OF FATHER (State or country) Delaware  
13 MAIDEN NAME OF MOTHER Isabella Diggins  
14 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

15 IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John H. Robinson (Address) Dover, Del.

16 Ed Steel REGISTRAR  
Filed 8 1912

MEDICAL CERTIFICATE OF DEATH  
DATE OF DEATH August 1, 1912  
I HEREBY CERTIFY, That I attended deceased from 7-31-1912 to 8-1-1912 and that death occurred, on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH\* was as follows:  
Acute Gastroenteritis  
Contributory (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Secondary (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) W. W. Mifflin M.D. (Address) Dover, Del.  
8-3-1912

\* State the Direct Cause of Death, or, in death from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
17 LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Boarding House) \_\_\_\_\_ In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death? \_\_\_\_\_  
18 PLACE OF BURIAL OR REMOVAL Carlisle DATE OF BURIAL Aug 3, 1912  
19 UNDERTAKER W. L. Patchett ADDRESS Dover, Del.

MARGIN RESERVE FOR BINDING  
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, or that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

1912

PLACE OF DEATH

County Kent  
Hundred Neal Dover  
Village  
City

STANDARD DEATH CERTIFICATE  
DELAWARE

Registered No. 24

(If death occurred in a hospital or institution, give its NAME, number of street and number.)

FULL NAME Margaret Scott

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female  
2 COLOR OR RACE col  
3 MARRIAGE STATUS Single  
4 DATE OF BIRTH July 15 1912  
5 AGE 4  
6 OCCUPATION none  
7 BIRTHPLACE Kent Co.  
8 NAME OF FATHER Malbur Scott  
9 BIRTHPLACE OF FATHER Kent Co.  
10 MAIDEN NAME OF MOTHER Della Reid  
11 BIRTHPLACE OF MOTHER Kent Co.

MEDICAL CERTIFICATE OF DEATH

12 DATE OF DEATH Dec. 8 1912

13 I HEREBY CERTIFY, That I attended deceased from Dec. 6 1912, to Dec 8 1912, that I last saw her alive on Dec. 6 1912, and that death occurred, on the date stated above, at

14 THE CAUSE OF DEATH was as follows:  
Pneumonia

15 (Duration) 6 d.  
Contributory Cold  
Secondary  
(Signed) C. J. Hubbard, M.D.  
Dec. 8 1912 (Address) Dover Del.

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Malbur Scott  
(Address) Dover Del.

17 STATE (1) Cause of Death, or, in death from Violent Causes, State (1) Cause of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  
18 LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Recent Residents)  
At place of death yes no do State yes no do  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 FILED 12/9 1912 E. P. Stebbins  
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Cross Church, Del.  
20 UNDERTAKER Calvin Clarke  
DATE OF BURIAL 9 1912  
ADDRESS Dover Del.

MARGIN RESERVATION FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
Every item of information should be carefully verified. 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.

RETURN TO THE PROPER LOCAL REGISTRAR.

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS

200

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Hunt  
Hundred Dart Down  
Village \_\_\_\_\_  
City Dove No. \_\_\_\_\_ Ward \_\_\_\_\_

Registered No. 1111

If death occurred in a hospital, hospital name and number

2 FULL NAME Mable Simmons

28

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR ORPHANED (Write the word)

6 DATE OF BIRTH Nov 14 1906  
(Month) (Day) (Year)

7 AGE 12 yrs. 8 mos. --- ds.  
If less than 1 day, hrs. or min.

8 OCCUPATION (a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer) School girl

9 BIRTHPLACE (State or country) Del

10 NAME OF FATHER Samuel Simmons

11 BIRTHPLACE OF FATHER (State or country) Del

12 MAIDEN NAME OF MOTHER Jessie Johns

13 BIRTHPLACE OF MOTHER (State or country) Del

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Jessie Johns  
(Address) Dove Del

15 Filed Jan 15 1917 LOCAL REGISTRAR

Filed Jan 11 1917 LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 14 1919  
(Month) (Day) (Year)

17 never I attended decedent from BIRTH TO DEATH. That I attended decedent from (Month) (Day) (Year) to (Month) (Day) (Year)

18 I had seen decedent as recently as \_\_\_\_\_ A. M. and that death occurred, on the date stated above, at D. P. D.

19 THE CAUSE OF DEATH \* was as follows:  
Presumably Tuberculosis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

20 Contributory Summary (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) C. J. ... (Address) Dove Del

\* State the Obvious Cause of Death, or, in death from Violent Causes, State (1) Nature of Injury and (2) whether Fatal, Fatal, or Suspected

21 LENGTH OF RESIDENCE (For English, Irish, French, German, or Other Nationalities)  
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 \_\_\_\_\_

22 PLACE OF BURIAL OR REMOVAL Parish's ... DATE OF BURIAL July 17 1919

23 UNDERTAKER Calvin Clark

MARGIN RESERVY FOR BINDING  
WRITE FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully checked. AGE should be exact. OCCUPATION should state CAREER OF DEATH in plain words. In fact it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.



STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registered No. 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH  
County Kent  
Hundred West Bone  
or Village \_\_\_\_\_  
City Bone No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME Annie Elizabeth Fisher

PERSONAL AND STATISTICAL PARTICULARS  
SEX Female COLOR OR RACE White MARRIAGE STATUS Married

MEDICAL CERTIFICATE OF DEATH  
DATE OF DEATH Mar. 22, 1926

DATE OF BIRTH March 31, 1866

I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Mar. 22, 1926

AGE 60 yrs 11 mos. 22 ds.

that I have seen him alive on Mar. 2, 1926, and that death occurred, on the date stated above, at 10 A. M.

OCCUPATION (a) Trade, profession, or particular kind of work. House Work.

CAUSE OF DEATH \* was as follows:  
Tuberculosis of lungs.

BIRTHPLACE (State or country) Del.

(Duration) 1 yrs. 0 mos. 0 ds.

NAME OF FATHER John Fullman.

Contributory Influenza

BIRTHPLACE OF FATHER (State or country) Del.

Secondary \_\_\_\_\_

MAIDEN NAME OF MOTHER Larsh. Hovington

(Signed) C. J. Harbick. M. D.

BIRTHPLACE OF MOTHER (State or country) Del.

Mar. 23, 1926 (Address) Bone

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Fisher

\* State the Disease Center Direct, or, in death from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

(Address) Bone 194 RFD

LENGTH OF RESIDENCE (For Hospital, Institution, Transient, 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 \_\_\_\_\_

FILED Mar 24 1926 LOCAL REGISTRAR

PLACE OF BURIAL OR REMOVAL Carters Run. DATE OF BURIAL March 25, 1926

FILED Apr 9 1926 LOCAL REGISTRAR

UNDERTAKER Lochin Clark. ADDRESS Bone Del

MARGIN RESERVE FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully repeated. AGE should be stated EXACTLY. PARTICULARS 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.

RETURN TO THE PROPER LOCAL REGISTRAR.

724

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 226

PLACE OF DEATH  
County Kent  
Hundred Whist House  
Village \_\_\_\_\_  
City Wilmington, N.H.S. St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give the full name of institution and number.)

FULL NAME Catherine Fisher 28

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE W 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single  
4 DATE OF BIRTH July 26 1919  
5 AGE 24 If less than 1 day, ... hrs. or ... min.  
6 OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) House Works  
7 BIRTHPLACE (State or country) Wisc

PARENTS  
8 NAME OF FATHER John Fisher  
9 BIRTHPLACE OF FATHER (State or country) Wisc  
10 MOTHER NAME OF MOTHER Annis W. Fullman  
11 BIRTHPLACE OF MOTHER (State or country) Wisc

12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Fisher (Address) Wisc Kent R.F.D.

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH Aug 28 1919  
14 I HEREBY CERTIFY, That I estimated derived from \_\_\_\_\_ that I last saw her alive on Aug 17, 1919, and that death occurred, on the date stated above, at 11:00 M.  
THE CAUSE OF DEATH \* was as follows:  
Lung Cancer

Contributory Secondary \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) P. J. ... M. D. Aug 24 1919 (Address) Wilmington, Del.

\* State the Obvious Cause of Death, or, in death from Typhoid Fever, State (1) Name of Injury and (2) whether Accidental, Intentional, or Suspected.  
15 LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Board Resident) 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 \_\_\_\_\_

16 PLACE OF BURIAL OR REMOVAL Wilmington, Del. DATE OF BURIAL Sept 27 1919  
17 UNDERTAKER Calvin Belmont ADDRESS 10 West 10th

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
R. R.—Every item of information should be carefully completed. AGE should be stated EXACTLY. FATHER'S name 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.

RETURN TO THE PROPER LOCAL REGISTRAR.

STATE OF DELAWARE 1069  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Kent  
Hundred Whist  
or  
Village  
or  
City Dover R.F.D. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registered No. 247

(If death occurred in a hospital or institution, give the name and number.)

2 FULL NAME John W Fisher

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX male 4 COLOR OR RACE C 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH July 17 1910  
(Month) (Day) (Year)

7 AGE 7 yrs 3 mos 22 ds  
If less than 1 day, ... hrs. or ... min.

8 OCCUPATION (a) Trade, profession, or particular kind of work School Boy  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Dal

10 NAME OF FATHER John W Fisher

11 BIRTHPLACE OF FATHER (State or country) Dal

12 MAIDEN NAME OF MOTHER Oliver Fullman

13 BIRTHPLACE OF MOTHER (State or country) Dal

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John W Fisher  
(Address) Dover, Del. R.F.D.

15 Filed Nov 10 1917 LOCAL REGISTRAR

Filed Nov 11 1917 LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH  
16 DATE OF DEATH Nov 7 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 1 1917 to Nov 7 1917  
(Month) (Day) (Year) (Month) (Day) (Year)  
that I last saw deceased on Nov 1 1917  
and that death occurred, on the date stated above, at 4 A. M.  
P. M.

The CAUSE OF DEATH was as follows:  
Empyema  
Lymphadenitis  
(Duration) yrs. mos. ds. 4 ds.

Contributory Secondary (Duration) yrs. mos. ds. 0

(Signed) E. J. Brown M. D.

(Address) Wilmington

\* State the Disease Causing Death, or, in death from Heart Disease, State (1) Nature of Injury and (2) whether Acute, Chronic, or Remittent.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Prisons, or Naval Residences)  
As 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 Central Cem. DATE OF BURIAL Nov 10 1917

20 UNDERTAKER W. C. Brown ADDRESS Dover Del

have this certificate

MARGIN RESERVE FOR BINDING  
WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
All items of information should be carefully reported. Accuracy is essential. Informants should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT ADDRESS OF OCCUPATION is very important. See instructions on back of certificate.

5554

STANDARD DEATH CERTIFICATE DELAWARE

Registered No. 88

(If death occurred in a hospital or institution, give its name, instead of street and number.)

1 PLACE OF DEATH  
County Kent  
Hundred Whit Dove  
Village \_\_\_\_\_  
City Wilmington No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME Harvey Fisher

28

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE E 5 SINGLE, MARRIED, WIDOWED OR DIVORCED single

6 DATE OF DEATH May 20, 1920  
(Month) (Day) (Year)

7 DATE OF BIRTH Apr 9, 1904  
(Month) (Day) (Year)

8 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1919, to May 20, 1920

9 AGE 16 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If less than 1 day, hrs. \_\_\_\_\_ or min. \_\_\_\_\_

10 I last saw him alive on April 10, 1920, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

11 OCCUPATION (a) Trade, profession, or particular kind of work Labor. (b) General nature of industry, business, or establishment in which employed (for employer) Farm Boy

12 CAUSE OF DEATH \* was as follows:  
Pulmonary Tuberculosis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

13 BIRTHPLACE (State or country) Del

14 Contributory Reciprocity \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

14 NAME OF FATHER John Fisher

(Signed) C. C. J. Goodrich M. D.  
1122 1/2 St., 191-0 (Address) Dover Del

15 BIRTHPLACE OF FATHER (State or country) Del

16 MAIDEN NAME OF MOTHER Annice P. Fullmer

\* State the Disease Causing Death, or, in death from Violent Cause, State (1) Manner of Injury and (2) whether Accidental, Suicidal, or Homicidal.

17 BIRTHPLACE OF MOTHER (State or country) Del

18 LENGTH OF RESIDENCE (For Hospital, Institution, Traveled, or Recent Residence) At place \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Where was disease contracted, if not at place of death? Former or usual residence \_\_\_\_\_

19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Fisher (Address) Dover 101 R.F.D.

20 FILED May 21, 1920 Wilmington

19 PLACE OF BURIAL OR REMOVAL Charles Town DATE OF BURIAL May 23, 1920

21 INTERMENT Graves 2 L. S. Campbell

20 UNDERTAKER Charles Town ADDRESS Dover Del

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
R. R.—Every item of information should be carefully verified. 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.

STATE OF DELAWARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH County Kent Hundred West Dover Village or City of RFD Dover

Registered No. 93 15-1

FULL NAME James Scott

PERSONAL AND STATISTICAL PARTICULARS SEX male COLOR or RACE colored SINGLE, MARRIED, WIDOWED, OR DIVORCED single

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 7-15-1922

DATE OF BIRTH 7-15-1922

I HEREBY CERTIFY, That I attended deceased from 7-15-1922, to 7-15-1922

AGE 7 yrs. 1 mo. 1 day

and that death occurred, on the date stated above, at 2 P. M.

OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (for employer) none

CAUSE OF DEATH Pneumonia with

BIRTHPLACE (State or country) Del.

(Duration) yrs. mos. ds.

NAME OF FATHER Wilbur Scott

Contributory Secondary (Duration) yrs. mos. ds.

BIRTHPLACE OF FATHER (State or country) Del.

(Signed) Wm. W. ... M. D.

MAIDEN NAME OF MOTHER Della Ross

7-17-1922 (Address) Dover Del.

BIRTHPLACE OF MOTHER (State or country) Del.

\* State the Direct Cause of Death, or, in detail, from (a) ... (b) ...

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wilbur Scott

15 LENGTH OF RESIDENCE (For English, American, French, or East Indian) At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Address) Dover Del. R.F.D.

Where was disease contracted, if not at place of death? Former or usual residence:

Filed July 15 1922 W. W. ... LOCAL REGISTRAR

16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Filed Aug 7 1922 L. S. ... LOCAL REGISTRAR

Doanville, Del. July 16 1922

MARGIN RESERVE FOR BINDING WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RETURN TO THE PROPER LOCAL REGISTRAR.

1305

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 94

1 PLACE OF DEATH  
County Kent  
Hundred West Dover  
or  
Village  
or  
City RFD Dover

2 FULL NAME Stillborn

*(If death occurred by a violent act, state the nature of the act.)*

D.B.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH 7-15-1922  
(Month) (Day) (Year)

7 AGE 7-15-1922  
If less than 1 day, state hrs. or min.

8 OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Ind

10 NAME OF FATHER Wilbur Scott

11 BIRTHPLACE OF FATHER (State or country) Ind

12 MARDEN NAME OF MOTHER Della Ross

13 BIRTHPLACE OF MOTHER (State or country) Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Wilbur Scott

(Address) Ind

15 Filed July 15 1922 H. C. Taylor  
LOCAL REGISTRAR

Filed Aug 7 1922 L. S. Lippincott  
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Stillborn, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
(Month) (Day) 18 to (Month) (Day) 18

that I last saw Stillborn alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred, on the date stated above, at \_\_\_\_\_ P. M.

The CAUSE OF DEATH \* was as follows:  
Stillborn

\_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Contributory Secondary \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

(Signed) Wm. W. M. M. M. M. D.

7-17 1922 (Address) Dover Ind

\* State the Disease Causing Death, or, in death from Violent Cause, State (1) Means of Injury and (2) whether Accidental, Intentional, or Suspected.

16 LENGTH OF RESIDENCE (For Hospital, Institution, Traveling, or Transit Excludes) \_\_\_\_\_

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

Where was disease contracted, (if not at place of death)? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

18 PLACE OF BURIAL OR REMOVAL Carrollville Ind DATE OF BURIAL July 14 1922

19 UNDERTAKER Calvin Clark Dover Ind

MARGIN RESERVE FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully checked. AGE should be stated exactly. Physicians should state CAUSE OF DEATH in plain language, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN TO THE PROPER LOCAL REGISTRAR

1394

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 104

If death occurred in a hospital or institution, give name of same

1 PLACE OF DEATH  
County Kent  
Hundred West Dover  
or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME Cecil Scott 6

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Male 4 COLOR OR RACE White  
5 DATE OF BIRTH Aug 16 1921  
6 AGE 10 yrs. 10 mos. 10 da.

MEDICAL CERTIFICATE OF DEATH  
7 DATE OF DEATH July 5 1932  
8 PERIOD OF ILLNESS (Specify date I attended deceased from and that death occurred on the day stated above, at \_\_\_\_\_ P. M.)  
July 4 1932 to July 5 1932

9 OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

10 CAUSE OF DEATH \* was as follows:  
Cerebral Pneumonia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

11 BIRTHPLACE (State or country) Kent Co.  
12 NAME OF FATHER Nelson Scott  
13 BIRTHPLACE OF FATHER (State or country) Kent Co.  
14 MAIDEN NAME OF MOTHER Della Ross  
15 BIRTHPLACE OF MOTHER (State or country) Kent Co.

16 LENGTH OF RESIDENCE (In Hospital, Institution, Treatment, or Other Building) \_\_\_\_\_  
17 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. to the \_\_\_\_\_  
Where was disease contracted, if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Nelson Scott  
(Address) Dover R. F. J.

19 PLACE OF BURIAL OR REMOVAL Carroll's Cem.  
20 DATE OF BURIAL July 6 1932  
21 UNDERTAKER Calvin Clark  
Dover Ill

22 Filed July 5 1932 H. Taylor  
23 Filed Aug 9 1932 L. S. Lawrence  
LOCAL REGISTRAR

MARGIN RESERVE FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully checked. ACE should be used 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.

RETURN TO THE PROPER LOCAL REGISTRAR.

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2135

Registered No. 137

1 PLACE OF DEATH  
County Kent  
Hundred West  
Village  
or  
City Dove Del. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME Robert Fisher Jr

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX male 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
6 DATE OF BIRTH 8-16-1924  
7 AGE 3 yrs. 3 mos. 3 ds. If less than 1 day, hr., or min.

MEDICAL CERTIFICATE OF DEATH  
8 DATE OF DEATH 8-18-1924  
9 I HEREBY CERTIFY, That I attended deceased from 8-16-1924 to 8-18-1924  
that I last saw him alive on 8-18-1924  
and that death occurred, on the date stated above, at \_\_\_\_\_ P. M.

OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) none

The CAUSE OF DEATH\* was as follows:  
Pneumonia with

10 NAME OF FATHER John Fisher  
11 BIRTHPLACE OF FATHER (State or country) Del.  
12 MAIDEN NAME OF MOTHER Mary Spatt  
13 BIRTHPLACE OF MOTHER (State or country) Del.

14 LENGTH OF RESIDENCE (For Hospital, Institution, Transit, or Exact Residence)  
At place of death: yrs. \_\_\_\_ mos. \_\_\_\_ ds. State yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John Fisher  
(Address) Dove Del

15 PLACE OF BURIAL OR REMOVAL Caribbean DATE OF BURIAL Aug 19 1924  
16 UNDERTAKER Leahin Adams ADDRESS Dove Del

18 Filed Aug 19 19 1924 LOCAL SUB-REGISTRAR  
19 Filed Sept 3 19 1924 LOCAL REGISTRAR

MARGIN RESERVE FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that they be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.



RETURN TO THE PROPER LOCAL REGISTRAR.

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STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registered No. 28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

County Mont  
Hundred West  
or Village  
or City Dome

2 FULL NAME Mary O. Downs.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the words) Single

6 DATE OF BIRTH Dec 19 1912  
(Month) (Day) (Year)

7 AGE 15 yrs 2 mos 12 ds.  
If less than 1 day, hrs. or min.

8 OCCUPATION (a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer) School girl

9 BIRTHPLACE (State or country) Del.

10 NAME OF FATHER Edward Downs.

11 BIRTHPLACE OF FATHER (State or country) Del.

12 MAIDEN NAME OF MOTHER Ellie Fisher

13 BIRTHPLACE OF MOTHER (State or country) Del.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ellie Downs.

(Address) Dome, Del., R.F.D.

15 Filed Nov 5 1926 H. C. Taylor  
100-4 SUB-REGISTRAR

Filed Apr 9 1927 L. S. Linn  
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 1 1926  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 16 1925 to Mar 1 1926  
(Month) (Day) (Year) (Month) (Day) (Year)

That I last saw L.O.T. alive on Feb 26 1926  
and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH \* was as follows:  
Rupture of Abscess  
Appendix. (Peritonitis)  
(Duration) 2 mos 2 ds.

Contributory Refusal to undergo  
Secondary operation (Duration) 1 yr 1 mo 1 ds.

(Signed) C. A. Heston M. D.  
Mar 4 1926 (Address) Dome, Del.

\* State the Disease Causing Death, or, in death from Violent Cause, State (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospital, Institution, Transients, or Recent Residents)  
At place of death 1 yr 1 mo 1 ds. In the State 1 yr 1 mo 1 ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Calverton

DATE OF BURIAL March 5 1926

20 UNDERTAKER Calvin Wilson  
ADDRESS Dome, Del.

MARGIN RESERVE FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully verified. AGE should be stated EXACTLY. FATHERS 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.

RETURN TO THE PROPER LOCAL REGISTRAR.

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STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 27

(If death occurred in a hospital or institution, give by NAME instead of street and number.)

1 PLACE OF DEATH

County Hunt  
Hundred East Done  
or Village \_\_\_\_\_  
or City Done No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2 FULL NAME James Scott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE le SINGLE, MARRIED, WIDOWED OR DIVORCED married  
5 DATE OF BIRTH June 2 1862  
6 AGE 64 yrs. mos. da. If less than 1 day, hrs. or min.

7 OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) Labour.

8 BIRTHPLACE (State or country) Dal.

PARENTS  
9 NAME OF FATHER William Scott  
10 BIRTHPLACE OF FATHER (State or country) Dal.  
11 MAIDEN NAME OF MOTHER Don't know  
12 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Rose Scott  
(Address) Done D.C.R.D.

15 Filed Mar 8 1927 H. C. Byler LOCAL SUB-REGISTRAR  
Filed Mar 8 1927 L. S. Lovell LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH 3-5-1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-15-1927 to 3-5-1927  
(Month) (Day) (Year) (Month) (Day) (Year)

That I last saw him alive on 3-5-1927

and that death occurred, on the date stated above, at \_\_\_\_\_ A. M. \_\_\_\_\_ P. M.  
The CAUSE OF DEATH\* was as follows:  
ergocephalus

18 LENGTH OF RESIDENCE (For Hospital, Institution, Treatment, or Resort Residence)  
Contributory \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
Secondary \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

(Signed) Wm W. Stoney M. D.  
3-7-1927 (Address) Done, Del.

\* State the Disease Causing Death, or, in death from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

19 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_  
20 UNDERTAKER Leah's Lumber ADDRESS Done Del  
Leah's Lumber ADDRESS Done Del

MARGIN RESERVE FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
E. B. 2-2-27 Item of information should be carefully registered. 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.

RETURN TO THE PROPER LOCAL REGISTRAR.

1342

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Mont  
Hundred East One  
or  
Village  
or  
City Dome Del No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registered No. 71

(If death occurred in a hospital or institution, give its name instead of street and number.)

2 FULL NAME Elsie Thomas

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Female 4 COLOR OR RACE Bl. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6 DATE OF BIRTH August 26, 1893

7 AGE 36 yrs. 8 mos. 20 ds. If less than 1 day, hrs. or min.

8 OCCUPATION (a) Trade, Profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Delaware

10 NAME OF FATHER John Fisher

11 BIRTHPLACE OF FATHER (State or country) Delaware

12 MAIDEN NAME OF MOTHER Elizabeth Fulman

13 BIRTHPLACE OF MOTHER (State or country) Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lillian Harris

(Address) Dome, Delaware

15 Filed May 19, 1930 H.C. Taylor LOCAL REGISTRAR

Filed June 6, 1930 L.S. Bennett LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 16, 1930

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1930 to May 16, 1930

that I last saw her, alive on May 1, 1930

and that death occurred, on the date stated above, at 11:00 P.

The CAUSE OF DEATH was as follows:

Pulmonary Tuberculosis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory

Secondary (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) C.B. Fennell M.D.  
May 17, 1930 (Address) Dome, Dela.

\* State the Disease Causing Death, or, in death from Violent Cause, State (1) Manner of Injury and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Boarding House)

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

Carthage Cem.

DATE OF BURIAL

May 19, 1930

20 UNDERTAKER

Edwin Glass

ADDRESS

Dome Del

MARGIN RESERVED FOR BINDING  
WRITTEN PLAINLY. WITH UNFADING INK THIS IS A PERMANENT RECORD  
Every item of information should be carefully completed. AGE should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT ADDRESS OF OCCUPATION is very important. See instructions on back of certificate.

RETURN TO THE PROPER LOCAL REGISTRAR.

1019

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Kent  
Hundred Whist Bone  
Village \_\_\_\_\_  
City Dum No. \_\_\_\_\_ Ward \_\_\_\_\_

Registered No. 112

If death occurred in a hospital or other institution, give name and address of institution.

2 FULL NAME Raymond Leath 28

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(Write the word)

6 DATE OF DEATH August 6, 1922  
(Month) (Day) (Year)

7 DATE OF BIRTH June 25, 1901  
(Month) (Day) (Year)

8 I HEREBY CERTIFY, That I attended deceased from July 29, 1922 to August 6, 1922  
(Month) (Day) (Year) to (Month) (Day) (Year)

9 AGE 15 6 9  
If less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

10 That I last saw him \_\_\_\_\_ after an \_\_\_\_\_ A. M. and that death occurred, on the date stated above, at \_\_\_\_\_ P. M.

11 OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) Labour

12 THE CAUSE OF DEATH \* was as follows: Cholera, Filtroid

13 BIRTHPLACE (State or country) W. Va.

14 Contributory Secondary (Duration) \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ da.

15 NAME OF FATHER James H. Leath

(Signal) Richard H. D. 877, 1922 (Address) Dum, Del.

16 BIRTHPLACE OF FATHER (State or country) W. Va.

17 MAIDEN NAME OF MOTHER \_\_\_\_\_

18 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James H. Leath (Address) Dum, Del. R. F. D.

20 LENGTH OF RESIDENCE (For Hospital, Institution, Tavern, or Boarding House) At place of death \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ da. State \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ da. Where was disease contracted, if not at place of death? Former or usual residence \_\_\_\_\_

21 Filed Aug 7, 1922 H. Taylor LOCAL REGISTRAR

22 PLACE OF BURIAL OR REMOVAL Caroline Leath DATE OF BURIAL Aug 8, 1922

23 Filed Aug 4, 1922 L. Williams LOCAL REGISTRAR

24 ON UNDERTAKER Leath Leath ADDRESS Dum, Del.

MARGIN RESERVE FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

\* Every item of information should be carefully checked. AGE should be stated EXACTLY. PARTICULARS about cause of DEATH should be stated EXACTLY. EXACT statement of DEATH TIME is very important. See instructions on back of certificate.

**Edward Otter, Ph.D. President and Principal of Edward Otter, Inc.**

**Education**

- 2002 Ph.D., Anthropology/Archaeology  
Catholic University of America, Washington D.C.
- 1989 Master of Arts in Anthropology/Archaeology  
Catholic University of America, Washington D.C.
- 1980 Bachelor of Arts in Anthropology  
University of Delaware, Newark, Delaware

**Capabilities**

Over 40 years-experience in archaeology in the Middle Atlantic United States. Work during this period has involved prehistoric and historic sites at all levels of expertise from Field Crewmember to Principal Investigator. Responsibilities have included project design and implementation, field and laboratory supervision, artifact analysis, archival research, report writing, site interpretation to the public, field and classroom instruction, and faunal analysis.

**Select Recent Projects**

- 2019 Delineation of Private C. S. Hall Cemetery, Frankford, Sussex County, Delaware.
- 2018 Phase III Data Recovery Tower Hill, Sussex County Delaware – Groome Church.
- 2018 Phase I Survey, Eastville Health, Northampton County, Va.
- 2017 Phase I Survey Jones Farm, Millington, Maryland.
- 2016 - 2017 Phase I and Phase II Archaeological Survey. Plain Dealing, Denton, Caroline County, Maryland.
- 2016 Phase I and Phase II Archaeological Survey. Estuary, Sussex County, Delaware.
- 2015 Phase II Study. Prehistoric Site MBS-9, Millville, Sussex County, Delaware.
- 2014/2015 Historic Cemetery Removal, Wolfe Family in Lewes, Sussex County, Delaware.
- 2014 Phase I Survey. Milford Delaware Water Facility, Milford, Sussex County, Delaware.
- 2013 Phase II Study. ECI Biogas project, Princess Anne, Somerset County, Maryland.
- 2013 Phase I Survey. Fusco Property, New Castle County, Delaware.
- 2003 - 2017 Phase IA, Phase I, Phase II and Monitoring. Over 400 cell tower locations in New Jersey, New York, Maryland, Delaware, Pennsylvania and Virginia.
- 2003 - 2017 Cemetery Delineations in Delaware and Maryland – Over 40 locations.

Received from William Lewis Junior the twenty seven the day of March A.D. 1749 the sum  
of fifteen hundred dollars the consideration money as their agreement is  
writing

A. D. Smith

James Boyd

John D. Boyd

to take of Peter and John Boyd the sum of the twenty seven the day of March  
the Year of our Lord the thousand eight hundred and forty nine before me Samuel de  
Kamington a Justice of the Peace of the State of Delaware personally appeared James Boyd  
and John D. Boyd your terms, names in the within Indenture and solemnly acknowledged  
and the said Indenture to be their act and deed respectively as in and to the effect of the  
records aforesaid. In witness whereof I have hereunto set my hand the day and year  
aforesaid

C. M. Kamington

Received this day to receive the twenty seventh day of March in the year of our Lord the  
second eight hundred and forty nine

A. M. G. Smith

& True copy recorded and compared with the original that all things are true

### Died Jasper Barlow's wife to Trustees History Book

The Indenture, made this eighteenth day of May in the Year of our Lord one thou-  
sand eight hundred and forty nine between Jasper Barlow of the County of Kent  
County and State of Delaware and Sarah his wife of the one part and Peter Collins  
John Collins, John M. Mott, & Perry Mott & Perry Mott of the other part  
do hereby certify that the said Jasper Barlow and his wife do hereby acknowledge  
and certify that the said Jasper Barlow and his wife do hereby acknowledge  
and certify that the sum of one dollar given to the said Jasper Barlow to be in full  
upon the ending and delivery of these presents the receipt whereof is here by acknowl-  
edged, and granted, signed, sealed, witnessed, confirmed and conveyed, and in  
this presents doth grant, bargain, sell, release, confirm and convey unto the said  
said Peter Collins, John Collins, John M. Mott, & Perry Mott & Perry Mott  
and their executors, trustees in trust for the use and purchase hereinafter mentioned  
and declared, all the estate, right title, interest, property, claim and advantage which  
accrue either in law or in Equity, which be the said Jasper Barlow and Sarah his wife  
both (or any) in law or in Equity, which be the said Jasper Barlow and Sarah his wife  
and being in the first of above mentioned County and State aforesaid the  
said as follows to wit: Beginning at a stake in the south side of the Road leading from  
over to Davis corner, running thence north sixty two degrees west four perches to a stake  
on south side of said road, thence south fifty three and a half degrees West six inches  
two tenths perches thence south fifty and a half degrees east five and six tenths perches  
north twenty three degrees West five and three tenths perches, thence North four degrees  
West three and five tenths perches to the beginning. Containing forty square perches of  
land, be the same more or less, being part of some tract of land where the said Jasper  
Barlow now lives together with all and singular houses, woods, water, ways, herons  
and appurtenances thereto belonging or in anywise pertaining. To Have and  
to hold all and singular the above mentioned and described lot or piece of land sit-  
uated lying and being as of aforesaid, together with all and singular the houses, woods,  
waters, ways and appurtenances thereto belonging or in anywise pertaining, unto the  
said Peter Collins, John Collins, John M. Mott, & Perry Mott & Perry Mott

been in the office for 1000. in trust that they shall vest or cause to be built  
within a house or place of worship for the use of the members of the African Methodist  
Episcopal Church in the United States of America according to the rules and constitution  
of said Church which from time to time may be accepted and read upon by the  
Ministers and Preachers of the said Church at their General Conference in the United  
States of America and in further trust and Confidence that they shall at all times for  
ever hereafter permit such Ministers and Preachers belonging to said Church within  
from time to time be duly authorized by the General Conference of the Ministers and  
Preachers of the said African Methodist Episcopal Church or by the annual Conference  
authorized by the said General Conference to preach and to permit Gods Holy Word  
to be read and in further trust and Confidence that in order to carry out the purpose  
before mentioned in this instrument it shall be the duty of said Ministers and  
Preachers according to the rules and constitution of said Church in such cases it shall be the  
duty of the said Ministers and Preachers authorized as aforesaid to be to have  
the present charge of the care of the said Church to be in the custody of the remaining  
trustees in order to be lawfully kept in order when the said Ministers and  
Preachers shall desire to remove or to remove any of them from the office of Minister  
or Preacher or to remove any of them from the office of Minister or Preacher the  
trustees or any of them shall have power to nominate and elect one or more of the  
members of the said Church in writing receiving such nominations and be at least twenty  
years of age and the said trustees or any of them shall have power to Elect one or more  
of the members of the said Church in writing to fill the place or places of them  
who have died or to fill the place or places of them who have died and in case of an  
equal number of votes the trustees or any of them shall have power to Elect one or more  
of the members of the said Church in writing to fill the place or places of them  
who have died or to fill the place or places of them who have died that a trustee  
or any of them or their successors have advanced or shall advance any  
sum or sums of money in trust of any person and they the said trustees or  
their successors be obliged to pay the said sums of money they or a majority of them  
shall be authorized to use the said sums of money by Mortgage in the  
said premises or by selling the said premises or any part thereof or by any other way  
that is the best way of the Congregation or by any other way in the  
said premises if the money can be best paid to the said trustees or their successors  
within one year after such Mortgage. And if such sale take place the said  
trustees or their successors after paying the debt and other expenses which arise  
from the money coming from such sale shall deposit the remainder of the money  
paid by the said Church to the hands of the Stewards or Stewards of the Society  
belonging to or attending the same in or in their names which receipt of the purchase  
of such sale or deposit on the hands of the said Steward or Stewards shall be with  
receipt of the next Annual Conference authorized as aforesaid which receipt  
annual Conference shall dispose of the said Money according to the best of their  
Judgment for the use of the said Society and the said Superior shall have his wife with  
by these presents to warrant and free defend all and singular the above said  
and described lot or piece of ground with the appurtenances thereto belonging  
unto them the said Superior and his heirs and assigns forever from all and singular  
claims and demands of him the said Superior his heirs and assigns

from the claim or claims of all persons whatever. In Testimony whereof the said  
Clerk doth seal and testify his wife have here to set the in hands and seals the day next  
year upon aid.

Signed, sealed and deliv. H. Jackson  
Clerk in the presence of Thomas <sup>Justice</sup>  
Chief of Chancery

Witness my hand  
this 14th day of  
January 1792

Be it remembered that on the eighteenth day of January 1792  
Hant Barn to Jo Thomas a relation unknown to the said Justice  
did in relation to the said Justice under his wife name in  
this Indian town personally appeared and acknowledged a said instrument to be their  
act and deed respectively and showed that it might be executed and that on the  
same day the said Barn to wife of the said Barn to wife being lawfully com-  
menced by me against her in it was duly acknowledged that she gave in the said  
Indian town willingly without compulsion or threat of her husband and she  
did sign the same seal the day and year above written.

Received this deed to record this nineteenth day of January in the year of our  
Lord one thousand eight hundred and ninety nine W. H. Clarke Sec.  
I have copy received and compare with the original that the said Barn to wife.

Chas. John Hylthman & College's wife & George P. Dehony 1792

The Justice was made the 17th day of January in the year of our Lord one  
thousand eight hundred and ninety nine before the said Justice under his  
seal of the County and State of Delaware of the one part and George P. Dehony  
of the County and State of Delaware of the other part. Whereas the said Dehony of the one  
party doth claim by his last will and testament all the lands and tenements  
situate in the County and State of Delaware and the said George P. Dehony of the other  
party doth claim by the said will of the said Dehony of the one party to the said Dehony of  
the other party with full and entire power. And whereas the said Dehony of the one  
party doth claim the said lands and tenements by the said will of the said Dehony of the  
other party and the said George P. Dehony of the one party doth claim the said lands  
and tenements by the said will of the said Dehony of the other party. And whereas the  
said Dehony of the one party doth claim the said lands and tenements by the said will  
of the said Dehony of the other party and the said George P. Dehony of the one party  
doth claim the said lands and tenements by the said will of the said Dehony of the  
other party. And whereas the said Dehony of the one party doth claim the said lands  
and tenements by the said will of the said Dehony of the other party and the said  
George P. Dehony of the one party doth claim the said lands and tenements by the  
said will of the said Dehony of the other party. And whereas the said Dehony of the  
one party doth claim the said lands and tenements by the said will of the said Dehony  
of the other party and the said George P. Dehony of the one party doth claim the  
said lands and tenements by the said will of the said Dehony of the other party.



husband's displeasure.

Given under my hand and seal of office, the day and year  
aforesaid:

J. L. Day  
Notary Public

My Comm. Expires

Jan 5, 1924.

State of Virginia

Shenandoah County ss.

Be it remembered that on this 4<sup>th</sup> day of April in  
the year of our Lord nineteen hundred and twenty one, personally came  
before me a Notary Public for the State and County aforesaid, Daniel L.  
Snyder and Mary A. Snyder, his wife, parties to this Indenture, known  
to me personally to be such and severally acknowledged this Indenture  
to be their deed, and the said Mary A. Snyder being at the same time  
privately examined apart from her husband acknowledged that she  
executed the said indenture willingly without compulsion or threats  
or fear of her husband's displeasure.

Given under my hand and seal of office the day and year  
aforesaid:

A. L. Stickley  
Notary Public.

My Commission Expires

April 3rd, 1923.

A. L. Stickley  
Notary Public

Shenandoah, County.

Adhesive stamp upon which

seal of clerk or Notary is to be impressed.

See *Semper Tyrannus*:

Received for Record April 19<sup>th</sup> A.D. 1921.

Chas. J. Boverdale, Recorder

A True Copy

Attest. Chas. J. Boverdale, Recorder:

Testificate of Trustees of "Barbale African  
Methodist Episcopal Church.

where there is a religious society or congregation of Christians, consisting  
of fifteen or more persons, worshipping at the Church situated on the  
public road leading from Dover to Barrons Corner, in West Dover  
hundred, Kent County and State of Delaware;

and whereas notice, as required by law, was duly given by advertise-  
ments posted at the front door of the Church aforesaid, ten days  
prior to the twenty-first day of December A.D. 1919, for the purpose  
of electing trustees for said religious society or congregation of  
Christians, worshipping at said Church, to the end that said re-  
ligious society might become incorporated under the laws of the  
State of Delaware.

And whereas at the meeting held at said Church and place

of worship on said twenty-first day of September, A.D. 1919, at eleven o'clock A.M. Walter W. Cooper was appointed chairman and John W. Fisher, Secretary, and the majority of said religious society or congregation of Christians did, in due form of law, elect the following trustees for said religious society, namely:

Samuel S. Johnson  
James Scott  
Alongo Dale  
Edward Soums  
John W. Fisher.

by a plurality of votes of the members present;

And whereas it is the desire of said religious society or congregation of Christians, consisting of fifteen or more persons, to become incorporated under the Act of the General Assembly of the State of Delaware, providing for the incorporation of religious societies;

And whereas for that purpose, among other things, said religious society has, in due form of law, elected five trustees and has taken and adopted a name and title for said corporation, viz: "Barbale African Methodist Episcopal Church."

Now therefore, we, Samuel John, Sr., James Scott, Alongo Dale, Edward Soums and John W. Fisher, Trustees elected on the said twenty-first day of September, A.D. 1919, do hereby certify to the Recorder of Deeds of the State of Delaware, in and for Kent County, that said religious society or congregation of Christians consists of fifteen or more persons;

That the name or title of said corporation taken, adopted and authorized at said meeting is "Barbale African Methodist Episcopal Church."

And we do further certify to the said Recorder that the name of the said corporation is "Barbale African Methodist Episcopal Church."

In witness whereof, we, the said Samuel John, Sr., James Scott, Alongo Dale, Edward Soums and John W. Fisher, have hereunto set our hands and seals this eleventh day of September A.D. 1920.

Samuel S. Jassen (Seal)  
Alongo Dale (Seal)  
Edward Soums (Seal)  
James Scott (Seal)  
John W. Fisher (Seal)

Received for Record April 11<sup>th</sup> A.D. 1921.

Chas. S. Boverdale, Recorder

A True Copy

Attest: Chas. S. Boverdale, Recorder

Recd.

1.00 U.S.R.

Stamp cancelled.

Helen G. Alexander,

30

William C. Morris et al.

This Indenture, made the Tenth day of May in the year of our Lord One Thousand Nine Hundred and Twenty.

Between Helen G. Alexander (a widow) of the Town of Houston, Tex.

husband displeasure.

Given under my hand and seal of office, the day and year  
aforesaid:

J. L. Day  
Notary Public

My Comm. Expires

Jan 5, 1924.

State of Virginia

Shenandoah County ss.

Be it remembered that on this 4<sup>th</sup> day of April in  
the year of our Lord nineteen hundred and twenty one, personally came  
before me a Notary Public for the State and County aforesaid, Daniel L.  
Snyder and Mary A. Snyder, his wife, parties to this Indenture, known  
to me personally to be such and severally acknowledged this Indenture  
to be their deed, and the said Mary A. Snyder being at the same time  
privately examined apart from her husband acknowledged that she  
executed the said indenture willingly without compulsion or threats  
or fear of her husband's displeasure.

Given under my hand and seal of office the day and year  
aforesaid:

A. L. Stickley  
Notary Public.

My Commission Expires

April 3rd, 1923.

A. L. Stickley  
Notary Public

Shenandoah, County.

Adhesive stamp upon which

seal of clerk or Notary is to be impressed.

See *Semper Tyrannus*:

Received for Record April 19<sup>th</sup> A.D. 1921.

Chas. J. Boverdale, Recorder

A True Copy

Attest: Chas. J. Boverdale, Recorder:

Testificate of Trustees of "Barbale African  
Methodist Episcopal Church.

where there is a religious society or congregation of Christians, consisting  
of fifteen or more persons, worshipping at the Church situated on the  
public road leading from Dover to Barrons Corner, in West Dover  
hundred, Kent County and State of Delaware;

and whereas notice, as required by law, was duly given by advertise-  
ments posted at the front door of the Church aforesaid, ten days  
prior to the twenty-first day of December A.D. 1919, for the purpose  
of electing trustees for said religious society or congregation of  
Christians, worshipping at said Church, to the end that said re-  
ligious society might become incorporated under the laws of the  
State of Delaware.

And whereas at the meeting held at said Church and place

of worship on said twenty-first day of September, A.D. 1919, at eleven o'clock A.M. Walter W. Cooper was appointed chairman and John W. Fisher, Secretary, and the majority of said religious society or congregation of Christians did, in due form of law, elect the following trustees for said religious society, namely:

Samuel S. Johnson  
James Scott  
Alongo Dale  
Edward Soums  
John W. Fisher.

by a plurality of votes of the members present.

And whereas it is the desire of said religious society or congregation of Christians, consisting of fifteen or more persons, to become incorporated under the Act of the General Assembly of the State of Delaware, providing for the incorporation of religious societies;

and whereas for that purpose, among other things, said religious society has, in due form of law, elected five trustees and has taken and adopted a name and title for said corporation, viz: "Barbale African Methodist Episcopal Church."

Now therefore, we, Samuel John, Sr., James Scott, Alongo Dale, Edward Soums and John W. Fisher, Trustees elected on the said twenty-first day of September, A.D. 1919, do hereby certify to the Recorder of Deeds of the State of Delaware, in and for Kent County, that said religious society or congregation of Christians consists of fifteen or more persons;

That the name or title of said corporation taken, adopted and authorized at said meeting is "Barbale African Methodist Episcopal Church."

And we do further certify to the said Recorder that the name of the said corporation is "Barbale African Methodist Episcopal Church."

In witness whereof, we, the said Samuel John, Sr., James Scott, Alongo Dale, Edward Soums and John W. Fisher, have hereunto set our hands and seals this eleventh day of September A.D. 1920.

Samuel S. Johnson (Seal)  
Alongo Dale (Seal)  
Edward Soums (Seal)  
James Scott (Seal)  
John W. Fisher (Seal)

Received for Record April 11th, A.D. 1921.

Chas. S. Boverdale, Recorder

A True Copy

Attest: Chas. S. Boverdale, Recorder

Recd.

1.00 U.S.R.

Stamp cancelled.

Helen G. Alexander,

30

William C. Morris et al.

This Indenture, made the Tenth day of May in the year of our Lord One Thousand Nine Hundred and Twenty.

Between Helen G. Alexander (a widow) of the Town of Houston, Tex.



have succeeded in Office for 1807. in trust that they shall exert all their power to be built  
 a new Church in place of the old one for the use of the members of the African Methodist  
 Episcopal Church in the United States of America according to the rules and constitution  
 of said Church which from time to time may be accepted and made a part upon by the  
 Ministers and Preachers of the said Church at their General Conferences in the United  
 States of America and in further trust and Confidence that they shall at all times for  
 ever hereafter permit such Ministers and Preachers belonging to said Church as shall  
 from time to time be duly authorized by the General Conference of the Ministers and  
 Preachers of the said African Methodist Episcopal Church, or by the annual Conference  
 authorized by the said General Conference, to preach and to perform Gods Holy services  
 therein and in further trust and Confidence that in, after as long as or more of the  
 same before mentioned Church shall be in existence, the same shall be a Church  
 according to the rules and constitution of said Church and in such cases it shall be the  
 duty of the said Ministers and Preachers authorized as aforesaid to be at all times  
 the present charge of the members of said Church to be in the duty of the same  
 in, after as long as or more of the same shall be in existence, the said Ministers and  
 Preachers shall be bound to communicate and to give to all the persons of their  
 faith in said Office of Office, who shall have been admitted as members of the  
 same, and in, after as long as or more of the same shall be in existence, the said  
 Ministers and Preachers shall be bound to receive such nominations and be at least twenty  
 years of age and the said Trustees and their Successors shall be bound to elect and to  
 receive such persons as shall be nominated to be elected by the said Trustees and  
 the members in order to keep up the number of Trustees for ever, and in case of an  
 equal number of Votes being given for the said Trustees the said Trustees and  
 their Successors shall have the casting Vote in case of a tie and that the said  
 Trustees or any of them or their Successors have advanced or shall advance any  
 sum or sums of money out of their own pockets, and that they the said Trustees or  
 their Successors be obliged to pay the said sums of Money they or a majority of them  
 shall be authorized to raise the said sum or sums of Money by Mortgage on the  
 said premises or by selling the said premises or any part thereof to the pastor or  
 for a other that has the care of the congregation, and that the said Trustees or  
 their Successors if the money can be so paid to the said Trustees or their Successors  
 within one year after such Mortgage, and if such sale take place the said  
 Trustees or their Successors after paying the debt and other expenses which arise  
 from the money coming from such sale shall deposit the remainder of the money  
 produced by the said sale in the hands of the Steward or Stewards of the society  
 belonging to or attending on the said Church in said premises which receipt of the  
 said sale shall be deposited in the hands of the said Steward or Stewards and shall be  
 deposited of the next Annual Conference authorized as aforesaid, which said  
 Annual Conference shall dispose of the said Money according to the best of their  
 Judgment for the use of the said Society, and the said Conference shall have his wife with  
 by their power to warrant and give receipts all and singular the above mentioned  
 and described lot or piece of ground with the appurtenances thereto belonging  
 unto them the said Trustees and their Successors, James Collins, Nathaniel White, Jacob  
 and very Trustees and their Successors chosen and appointed as aforesaid from  
 the claim or claims of him the said Jasper Bartlett his heirs and assigns

From the claim or claims of all persons whatsoever. In Testimony whereof the said  
 Joseph Burtch and his wife have hereunto set their hands and seals the day and  
 year afore said.

Witness my hand and seal this 18th day of January in the year of our  
 Lord one thousand eight hundred and forty nine.

**John Burtch** and **Mary Burtch**  
 His wife  
 the said Joseph Burtch and his wife do hereby certify that on the eighteenth day of January in  
 the year of our Lord one thousand eight hundred and forty nine before the said John Burtch and his wife  
 their father and mother were present and acknowledged a deed to be therein  
 contained and read the same and showed that it might be executed and that on the  
 same day the said Joseph Burtch and his wife did receive the same deed and the said  
 John Burtch and his wife do hereby certify that the said deed is the true and  
 correct copy of the original deed and the said Joseph Burtch and his wife do hereby  
 certify that the said deed is the true and correct copy of the original deed.  
 A. J. [unclear]

Received this deed to record this nineteenth day of January in the year of our  
 Lord one thousand eight hundred and forty nine. **A. J. [unclear]**

**John Burtch and Mary Burtch**  
 His wife

The said Joseph Burtch and his wife do hereby certify that on the eighth day of January in the year of our Lord one  
 thousand eight hundred and forty nine before the said John Burtch and his wife their father and mother  
 were present and acknowledged a deed to be therein contained and read the same and showed that it  
 might be executed and that on the same day the said Joseph Burtch and his wife did receive the same  
 deed and the said John Burtch and his wife do hereby certify that the said deed is the true and correct  
 copy of the original deed and the said Joseph Burtch and his wife do hereby certify that the said deed  
 is the true and correct copy of the original deed.

The said Joseph Burtch and his wife do hereby certify that on the eighth day of January in the year of our Lord one  
 thousand eight hundred and forty nine before the said John Burtch and his wife their father and mother  
 were present and acknowledged a deed to be therein contained and read the same and showed that it  
 might be executed and that on the same day the said Joseph Burtch and his wife did receive the same  
 deed and the said John Burtch and his wife do hereby certify that the said deed is the true and correct  
 copy of the original deed and the said Joseph Burtch and his wife do hereby certify that the said deed  
 is the true and correct copy of the original deed.

The said Joseph Burtch and his wife do hereby certify that on the eighth day of January in the year of our Lord one  
 thousand eight hundred and forty nine before the said John Burtch and his wife their father and mother  
 were present and acknowledged a deed to be therein contained and read the same and showed that it  
 might be executed and that on the same day the said Joseph Burtch and his wife did receive the same  
 deed and the said John Burtch and his wife do hereby certify that the said deed is the true and correct  
 copy of the original deed and the said Joseph Burtch and his wife do hereby certify that the said deed  
 is the true and correct copy of the original deed.