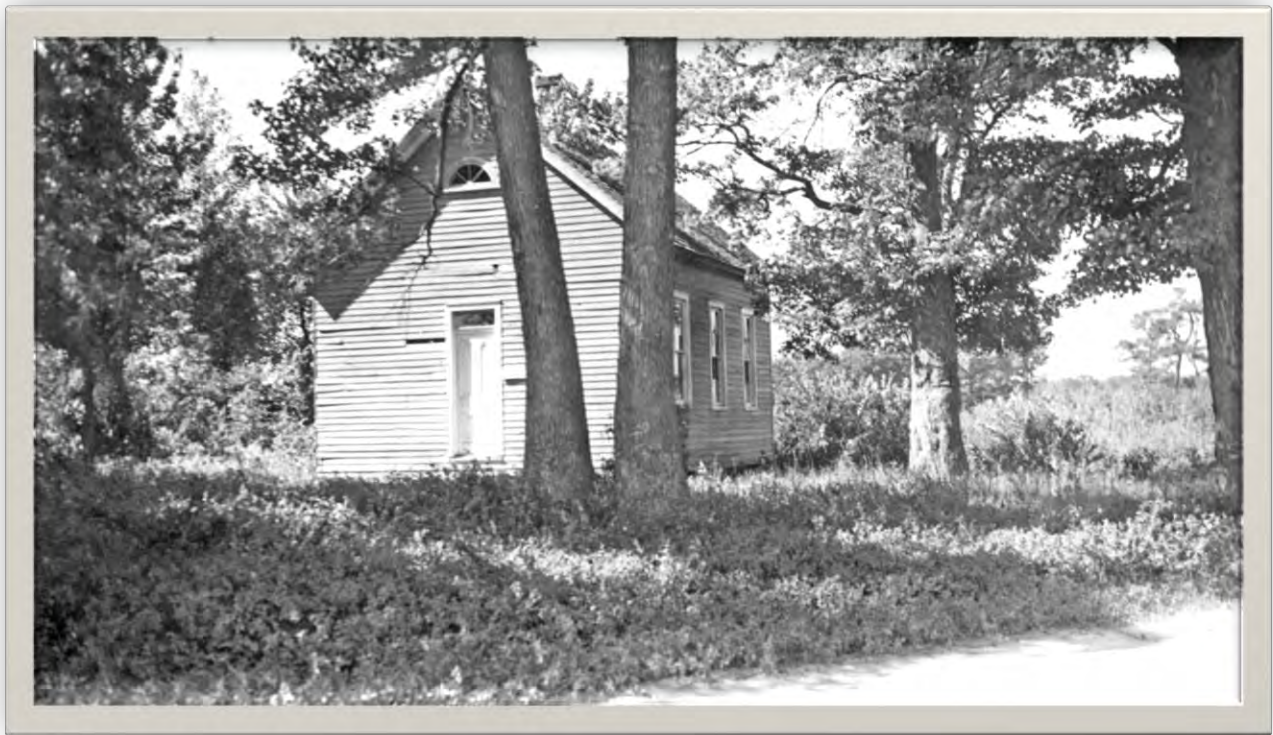


Carlisle Church Cemetery

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 fluvio-marine deposits (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 southeastern 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.

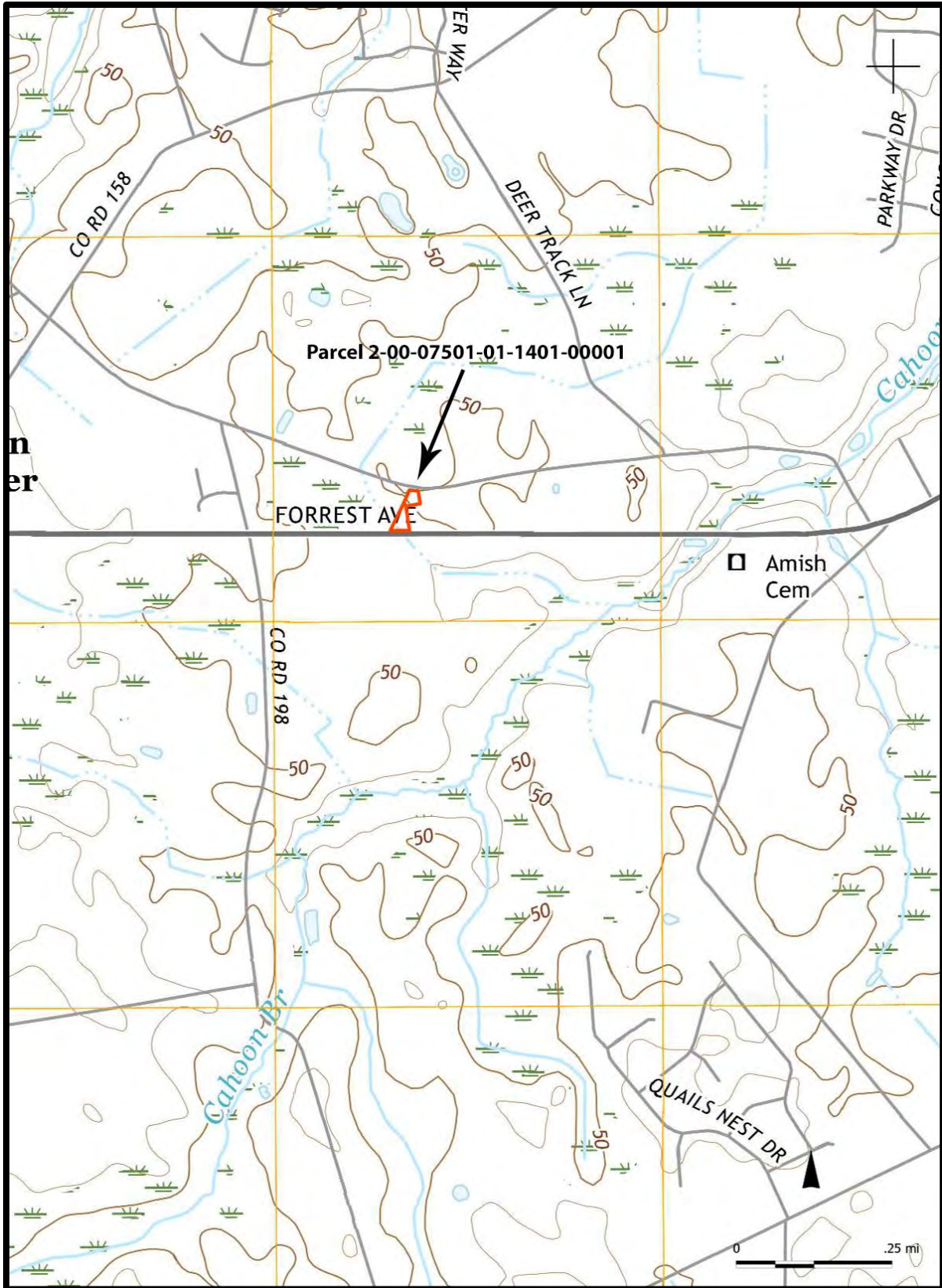


Figure 1. USGS Topographic Map 2014 Dover, Delaware Quadrangle



Figure 2. Google Earth 2018

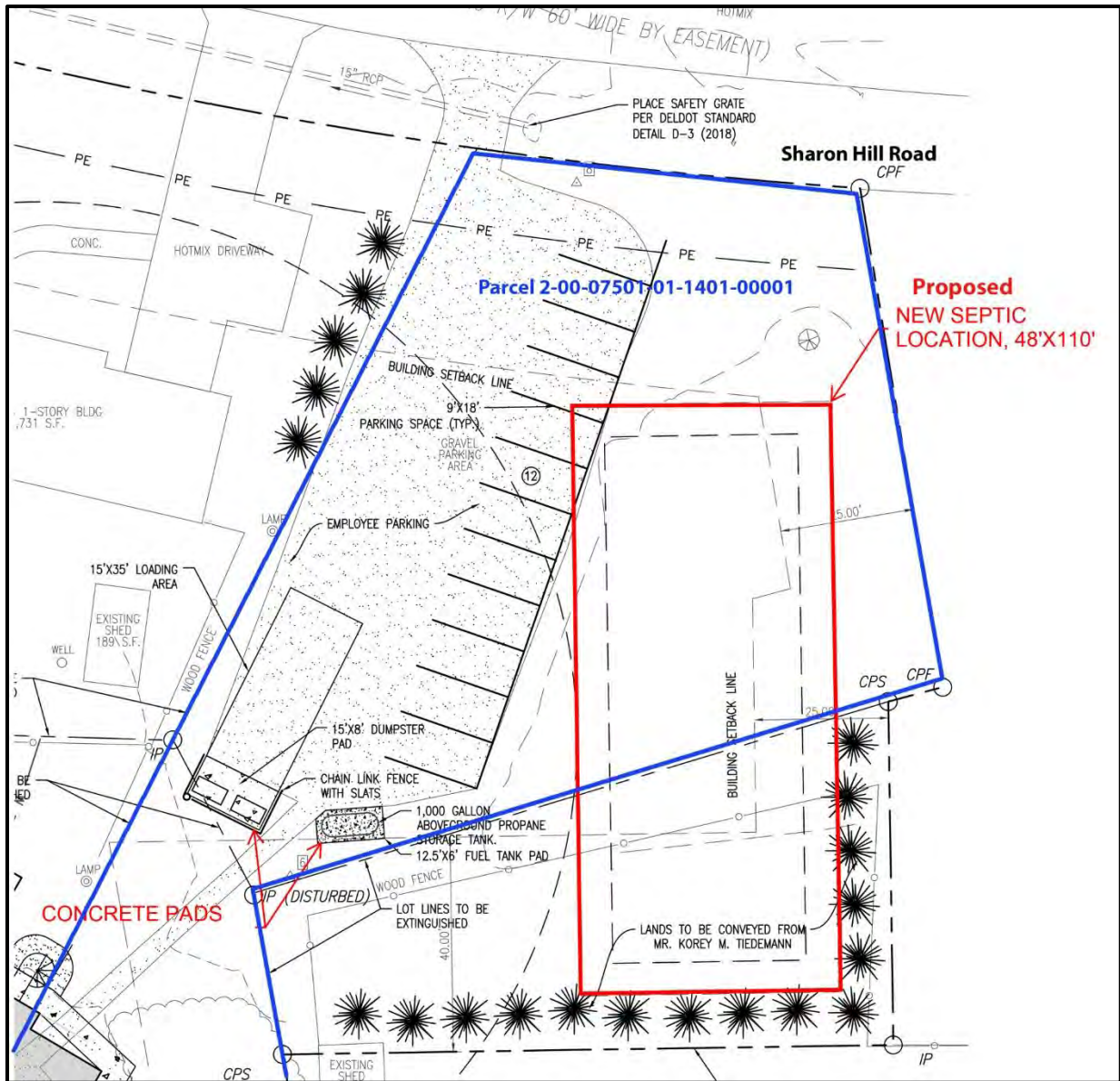


Figure 3. Proposed Location of New Septic System

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 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 (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 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, Capriel.

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 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 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 (with this 2^d April 1842 made sale to Capril Carlish (Negro) ^{he being the highest bidder} for the sum of three hundred dollars, of the tract of land mentioned in the said petition or order, ^{wherein Deacon Whiteley was trustee} and which is situated in the Forest of Dover hundred in Kent County aforesaid, and adjoining lands of ^{Wesley & George} Myers Cassons, Senior, Nathan Staughton, lands of Joshua ^{& George} Y. Mitchell, and lands of the heirs of Henry Whitaker Dec^d and the said Capril Carlish hath this day paid to the undersigned the said purchase money. By reason whereof the said Capril Carlish 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 2nd day of April 1842 the above return being read & approved by the Court, ^{the said sale is hereby confirmed by the Court} it is ordered & directed that the said John M. Clayton as such Trustee ^{as afove} do make a deed of conveyance to the said Capril Carlish ^{his highest bidder} of the land & 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 James 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 & liable to account ^{for the same}.

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 15th 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 northeast 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 19th and 20th 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 southeast corner of the parking lot toward the northeast



Figure 10. Burials One and Two

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 19th 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 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 19th century Kent County, Delaware. The limited archival research conducted during this project may provide a foundation for further study. 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
or City

2 FULL NAME Clwood Robinson

3 PERSONAL AND STATISTICAL PARTICULARS

4 SEX male 5 COLOR OR RACE colored 6 SINGLE, MARRIED, WIDOWED OR DIVORCED single
(Write the word)

7 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

8 AGE _____ yrs. _____ mos. _____ ds. 1 If less than 1 day, hrs. or min. X

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

10 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 Priggis
14 BIRTHPLACE OF MOTHER (State or country)

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

15 Filed 8/3, 1912 E. R. Steele REGISTRAR

16 MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH August 1, 1912
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 7-31, 1912, to 8-1, 1912, that I last saw him alive on August 1st, 1912, and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:
Acute Gastroenteritis
(Duration) _____ yrs. _____ mos. 12 ds.

Contributory Secondary (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Wm. W. Myer M. D.
8-3, 1912 (Address) Dover, Del.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Carlisle DATE OF BURIAL Aug 3, 1912
20 UNDERTAKER H. P. Patchett ADDRESS Dover, Del.

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

1237

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

1 PLACE OF DEATH

County Kent
Hundred West Dover
or Village _____
or City _____ No. _____ St. _____ Ward _____

STANDARD DEATH CERTIFICATE
DELAWARE

Registered No. 24

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

2 FULL NAME Margaret Scott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE col 5 MARRIAGE STATUS Infant
(Single, Married, Widowed, or Divorced) (Write the word)
6 DATE OF BIRTH July 15 1912
(Month) (Day) (Year)
7 AGE 4 yrs. 4 mos. 4 ds. If less than 1 day, — hrs or — min. 7
8 OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
9 BIRTHPLACE (State or country) Kent Co.
10 NAME OF FATHER Wilbur Scott
11 BIRTHPLACE OF FATHER (State or country) Kent Co.
12 MAIDEN NAME OF MOTHER Della Reid
13 BIRTHPLACE OF MOTHER (State or country) Kent Co.

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Dec. 8th 1912
(Month) (Day) (Year)
17 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 _____ m.

The CAUSE OF DEATH* was as follows:
Broncho Pneumonia
(Duration) _____ 6 ds.
Contributory Secondary Cold
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. J. Korbardt, M. D.
Dec. 8, 1912 (Address) Dover Del.

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

15 Filed 12/9, 1912. E. P. Steele
REGISTRAR

* State the Disease Causing Death, or, in Deaths from Violent Causes, State (1) Cause of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (For Hospital, Institution, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

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

RETURN TO THE PROPER LOCAL REGISTRAR.

200

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. ~~1234~~

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

1 PLACE OF DEATH

County Kent
Hundred West Dover
or Village _____
or City Dover No. _____ St. _____ Ward. _____

2 FULL NAME Mable Simmons

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE C 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(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) Dover Del

15 Filed, July 15, 1917 407 LOCAL SUB-REGISTRAR
Filed, Aug 11, 1917 L.S. Corwell LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH July 14, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from never (Month) (Day) 19—, to (Month) (Day) 19—, that I last saw him/her on never, 19—, and that death occurred, on the date stated above, at 2:30 P. M. A. M.

The CAUSE OF DEATH * was as follows:
Presumably Tuberculous

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

(Signed) C. J. Bostwick M.D. July 15, 1917 (Address) Dover

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

16 LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Recent 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 _____

19 PLACE OF BURIAL OR REMOVAL Charles's Cem DATE OF BURIAL July 17, 1917

20 UNDERTAKER Calvin Clark 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, 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.

1089

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.)

1 PLACE OF DEATH
County Kent
Hundred West Dore
or Village _____
or City Dore No. _____ St. _____ Ward _____

2 FULL NAME Annie Elizabeth Fisher 78

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 31 1866
(Month) (Day) (Year)

7 AGE 60 yrs. 11 mos. 22 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) House work.

9 BIRTHPLACE (State or country) Del.

10 NAME OF FATHER John Fullman.

11 BIRTHPLACE OF FATHER (State or country) Del.

12 MAIDEN NAME OF MOTHER Sarah Hovington

13 BIRTHPLACE OF MOTHER (State or country) Del.

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

15 Filed, March 24, 1926 77 Charles
LOCAL SUB-REGISTRAR

Filed, Apr. 9, 1926 J. N. Conwell
LOCAL REGISTRAR

14 DATE OF DEATH Mar. 22, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to Mar. 22, 1926
(Month) (Day) (Month) (Day)
that I last saw him alive on Mar. 2, 1926,
and that death occurred, on the date stated above, at 10 A. M.
P. M.

The CAUSE OF DEATH * was as follows:
Tuberculosis of lungs.
(Duration) 1 yrs. _____ mos. _____ ds.

Contributory Influenza
Secondary (Duration) _____ yrs. 9 mos. _____ ds.

(Signed) C. W. Haindick M. D.
Mar. 23, 1926 (Address) Dore

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

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Carthage Cem. DATE OF BURIAL March 25, 1926

20 UNDERTAKER John Clark ADDRESS Dore Del

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN TO THE PROPER LOCAL REGISTRAR.

724

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 220

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

1 PLACE OF DEATH

County Kent
Hundred Whist Cove
or
Village
or
City Wilmington R.F.D. No. _____ St. _____ Ward.

2 FULL NAME Catherine Fisher

28

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6 DATE OF BIRTH July 26 1919
7 AGE 24 yrs. _____ 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) House work

9 BIRTHPLACE (State or country) W.Va
10 NAME OF FATHER John Fisher
11 BIRTHPLACE OF FATHER (State or country) W.Va
12 MAIDEN NAME OF MOTHER Cornie E. Fullman
13 BIRTHPLACE OF MOTHER (State or country) W.Va

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

15 Filed, Sept 27, 1919 W. H. Taylor LOCAL SUB-REGISTRAR
Filed, Oct 9, 1919 L. S. Stewart LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28, 1919
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1919, to Oct 17, 1919, (Month) (Day) (Year) that I last saw her alive on Oct 17, 1919, and that death occurred, on the date stated above, at 11:55 A. M.
The CAUSE OF DEATH * was as follows:
Lung Cancer
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Secondary (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) E. J. Morris M. D.
Oct 24, 1919 (Address) Wilmington, Del.

* State the Disease Causing Death, or, in death from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Wilmington DATE OF BURIAL Sept 27, 1919
20 UNDERTAKER Calvin Belmont ADDRESS Wilmington

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

RETURN TO THE PROPER LOCAL REGISTRAR.

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS 1069

CERTIFICATE OF DEATH

Registered No. 247

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

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

2 FULL NAME John W Fisher

PERSONAL AND STATISTICAL PARTICULARS
3 SEX male 4 COLOR OR RACE 6 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

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

7 AGE 9 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) Del

10 NAME OF FATHER John W Fisher

11 BIRTHPLACE OF FATHER (State or country) Del

12 MAIDEN NAME OF MOTHER Oliver Fullman

13 BIRTHPLACE OF MOTHER (State or country) Del

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, 1919 W. H. B. [Signature]
LOCAL SUB-REGISTRAR

Filed Nov 11, 1919 L. Stender
LOCAL REGISTRAR

16 DATE OF DEATH Nov 10 7 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 1919 to Nov 7 1919,
(Month) (Day) (Year) to (Month) (Day) (Year)
that I last saw him alive on Nov 1 1919,
and that death occurred, on the date stated above, at 4 A. M.
P. M.

The CAUSE OF DEATH * was as follows:
Empyema
Laryngitis
(Duration) yrs. mos. 9 ds.

Contributory Croup
Secondary (Duration) yrs. mos. 2 1/2 ds.

(Signed) E. J. Brown M. D.
(Address) Wilmington Del

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

18 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 _____

19 PLACE OF BURIAL OR REMOVAL Carlisle Cem. DATE OF BURIAL Nov 10 1919

20 UNDERTAKER Calvin Clark ADDRESS Dover Del

was this diphtheria

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

5254

STANDARD DEATH CERTIFICATE 1610
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 Whitcomb
or Village
City Danvers No. _____ St. _____ Ward _____

2 FULL NAME Harry Fisher

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 BIRTH Apr 9 1904
(Month) (Day) (Year)

7 AGE 16 yrs. _____ mos. _____ ds.
If less than 1 day, _____ hrs. or _____ min. 7

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

9 BIRTHPLACE (State or country) Del

10 NAME OF FATHER John Fisher

11 BIRTHPLACE OF FATHER (State or country) Del

12 MAIDEN NAME OF MOTHER Annie P. Fullmer

13 BIRTHPLACE OF MOTHER (State or country) Del

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

15 Filed May 21 1920 W. H. G. G.
June 2 11 L. S. Gumpel

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 20 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1919 to May 20 1920
that I last saw him alive on April 10 1920,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Pneumonia tuberculosis

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

(Signed) C. G. Barbach M. D.
Illness, 1919 (Address) Danvers Del

* State the Disease Causing Death, or, in death from Violent Causes, 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 _____ 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 Carroll's Cem. DATE OF BURIAL May 23 1920

20 UNDERTAKER Carlson's ADDRESS Danvers

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

RETURN TO THE PROPER LOCAL REGISTRAR.

1304

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 93

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

1 PLACE OF DEATH

County Kent
Hundred Westover
or Village
City Rt 2 Dover No. _____ St. _____ Ward. _____

2 FULL NAME James Scott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

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

7 AGE _____ yrs. _____ mos. # ds. If less than 1 day, hrs. or 5 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) Del

10 NAME OF FATHER Wilbur Scott

11 BIRTHPLACE OF FATHER (State or country) Del

12 MAIDEN NAME OF MOTHER Bella Ross

13 BIRTHPLACE OF MOTHER (State or country) Del

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wilbur Scott (Address) Dover Del R.T. 2

15 Filed July 15 1922 W.C. Taylor LOCAL SUB-REGISTRAR

Filed July 9 1922 L.S. Bennett LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7-15-1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7-15-1922 to 7-15-1922
(Month) (Day) (Year) (Month) (Day) (Year)

that I last saw him alive on 7-15-1922
and that death occurred, on the date stated above, at 2:25 P. M.

The CAUSE OF DEATH * was as follows:
Premature birth

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

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

7-17-1922 (Address) Dover 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 _____ 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 Leahville Del.

20 UNDERTAKER Leahville Del.

DATE OF BURIAL July 16, 1922

ADDRESS Dover Del

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

1305

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered No. 94

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

1 PLACE OF DEATH

County Kent
Hundred West Dover
or Village
or City RFD Dover

2 FULL NAME Stillborn

PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE 7 yrs. mos. da.
If less than 1 day, hrs. or min.

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

9 BIRTHPLACE (State or country) Del

10 NAME OF FATHER Wilbur Scott

11 BIRTHPLACE OF FATHER (State or country) Del

12 MAIDEN NAME OF MOTHER Della Ross

13 BIRTHPLACE OF MOTHER (State or country) Del

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

(Address) Del

15 Filed July 15 19 1922 LOCAL REGISTRAR

Filed Aug 9 19 1922 LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Stillborn, 19 22
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) 19 to (Month) (Day) 19

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

The CAUSE OF DEATH * was as follows: Stillborn

(Duration) yrs. mos. da.

Contributory Secondary (Duration) yrs. mos. da.

(Signed) Wm W. Mabley M. D. 7-17, 1922 (Address) Dover Del

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

18 LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Recent Resident) At place of death yrs. mos. da. In the State yrs. mos. da. Where was disease contracted, If not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Carroll's Cemetery DATE OF BURIAL July 14, 1922

20 UNDERTAKER Calvin Clark Dover Del

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

1314

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

Registered No. 104

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

2 FULL NAME Cecil Scott

6

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Caf 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
6 DATE OF BIRTH Aug 16 1921
(Month) (Day) (Year)
7 AGE 10 yrs. 10 mos. 0 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) _____

9 BIRTHPLACE (State or country) Kent Co.

10 NAME OF FATHER Nelbur Scott

11 BIRTHPLACE OF FATHER (State or country) Kent Co.

12 MAIDEN NAME OF MOTHER Della Ross

13 BIRTHPLACE OF MOTHER (State or country) Kent Co.

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

15 Filed July 5 1922 H. Taylor
LOCAL REGISTRAR

Filed Aug 9 1922 L. L. ...
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH July 5 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 4 1922 to July 5 1922
(Month) (Day) (Year) (Month) (Day) (Year)

that I last saw him alive on July 5 1922
(Month) (Day) (Year)

and that death occurred; on the date stated above, at _____ A. M. _____ P. M.

The CAUSE OF DEATH * was as follows:
Cerebral Pneumonia
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Measles
Secondary (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) C. de J. Steward M. D.
Aug 1 1922 (Address) Dover Del

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

18 LENGTH OF RESIDENCE (For Hospital, Institutions, Transients, or Recruit Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Carlisle Cem.

20 UNDERTAKER Calvin Clark

DATE OF BURIAL July 6 1922
BY Dover Del

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

RETURN TO THE PROPER LOCAL REGISTRAR.

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS

2135

CERTIFICATE OF DEATH

Registered No. 137

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

1 PLACE OF DEATH

County Went
Hundred West
or Village _____
or City Dome Del. No. _____ St. _____ Ward. _____

2 FULL NAME

John Fisher Jr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH 8-16-1924
(Month) (Day) (Year)

7 AGE _____ yrs. _____ 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) none

9 BIRTHPLACE (State or country) Del.

10 NAME OF FATHER John Fisher

11 BIRTHPLACE OF FATHER (State or country) Del.

12 MAIDEN NAME OF MOTHER Mary Scott

13 BIRTHPLACE OF MOTHER (State or country) Del.

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

15 Filed, Aug 19, 1924 H. Taylor DEPT. SUB-REGISTRAR

Filed, Sept 3, 1924 E. J. ... LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8-18-1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 8-16-1924 to 8-18-1924
(Month) (Day) (Year) (Month) (Day) (Year)

that I last saw him alive on 8-18-1924
and that death occurred, on the date stated above, at _____ A. M. _____ P. M.

The CAUSE OF DEATH * was as follows:
Premature birth

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) Wm W. Henry M. D. 8-18-1924 (Address) Dome, Del.

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

18 LENGTH OF RESIDENCE (For Hospital, Institutions, Transients, or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. If not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Carle Secem DATE OF BURIAL Aug 19, 1924

20 UNDERTAKER Leavin ... ADDRESS Dome Del.

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

RETURN TO THE PROPER LOCAL REGISTRAR.

1082

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 Kent
Hundred West
or Village
or City Dome St. _____ Ward.

2 FULL NAME Mary D. Downs.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6 DATE OF BIRTH Dec 19 1910
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 (for 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) Oliver Downs. (Address) Dome, Del., R.F.D.

15 FILED Mar. 5 1926 H. C. Taylor LOCAL SUB-REGISTRAR
Apr. 9 1926 L. S. Leonard 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) to (Month) (Day) (Year)
that I last saw h. a. alive on Feb. 26, 1926
and that death occurred, on the date stated above, at _____ A. M. _____ P. M.

The CAUSE OF DEATH * was as follows:
Rupture of Abscess
capillary. (Pericardium)
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Refusal to undergo
Secondary operation. (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. A. H. Howard M. D.
Mar. 4, 1926 (Address) Dome, Del.

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

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

19 PLACE OF BURIAL OR REMOVAL Calverton Cem 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
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

RETURN TO THE PROPER LOCAL REGISTRAR.

782

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County West
Hundred East Dune
or Village _____
or City Dune No. _____ St. _____ Ward _____

Registered No. 27

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

2 FULL NAME James Scott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE le 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Jan. 2 1862
(Month) (Day) (Year)

7 AGE 64 yrs. _____ 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) Labor.

9 BIRTHPLACE (State or country) Dal.

10 NAME OF FATHER William Scott.

11 BIRTHPLACE OF FATHER (State or country) Dal.

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rose Scott. (Address) Dune Dune, P.O.

15 Filed Mar 8, 1927 H. C. Dyer LOCAL SUB-REGISTRAR

Filed Mar 8, 1927 L. S. Linnell LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 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: Engorgement

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) W. W. Winstony M. D. 3-7-1927 (Address) Dune, Delaware

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

18 LENGTH OF RESIDENCE (For Hospital, Institutions, Transients, or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Leah's Cem. DATE OF BURIAL March 8, 1927

20 UNDERTAKER Leah's Cem. ADDRESS Dune Del

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

RETURN TO THE PROPER LOCAL REGISTRAR.

1342

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Kent
Hundred East One
or
Village
or
City Dome Ore 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 Duvines

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR or RACE Bl. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH August 26, 1893
(Month) (Day) (Year)

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 Home 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 SUB-REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 16, 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 20, 1930 to May 16, 1930,
Month Day Year, to Month Day Year.

that I last saw him alive on May 1, 1930,
and that death occurred, on the date stated above, at 2:10 P. M. A. M.

THE CAUSE OF DEATH * was as follows:
Pulmonary Tuberculosis
(Duration) _____ yrs. _____ mos. _____ ds.

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

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

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

18 LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Recent 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 _____

19 PLACE OF BURIAL OR REMOVAL Earhart Cem. DATE OF BURIAL May 19, 1930

20 UNDERTAKER Edwin Glass ADDRESS Dome Ore

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

RETURN TO THE PROPER LOCAL REGISTRAR.

1619

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 112

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

1 PLACE OF DEATH

County Kent
Hundred White Bone
or Village
or City Dunn No. _____ St. _____ Ward _____

2 FULL NAME Raymond Scott

28

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
6 DATE OF BIRTH June 25 1907
(Month) (Day) (Year)
7 AGE 15 yrs 6 mos 9 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) Laborer.
9 BIRTHPLACE (State or country) W. Va.

10 NAME OF FATHER James H. Scott.
11 BIRTHPLACE OF FATHER (State or country) W. Va.
12 MAIDEN NAME OF MOTHER _____
13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James H. Scott
(Address) Dunn W. Va. R. F. D.
15 Filed Aug-7 1922 H. Taylor LOCAL SUB-REGISTRAR
Filed Sept 4 1922 L. S. Swannell LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from July 29, 1922 to August 6, 1922
(Month) (Day) (Year) to (Month) (Day) (Year)
that I last saw him alive on _____, 19____,
and that death occurred, on the date stated above, at _____ A. M.
_____ P. M.

The CAUSE OF DEATH * was as follows:
Phthisis, Tubercular
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____
Secondary _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. R. Richmond Steele M. D.
87, 1922 (Address) Dunn W. Va.

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

18 LENGTH OF RESIDENCE (For Hospital, Institution, Treatment, or Recent Residence)
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 Carlaides Cem. DATE OF BURIAL Aug 8, 1922

20 UNDERTAKER W. H. Taylor ADDRESS Dunn W. Va.

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

APPENDIX II: QUALIFICATIONS OF PRINCIPAL INVESTIGATOR

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.