

*Christ Episcopal Church Cemetery Inventory*

State and Water Streets, Dover DE 19903

Lot Number: 300 Space: G 50

Find A Grave # 11900028

Name: **Allee, James Francis**

Birth date: August 20, 1811 Death date: March 8, 1889 Burial Date: March 11, 1889 Age: 77

Spouse: Martha Jane Day Allee (1835-1919) m. February 22, 1855

Children: Presley Allee (1856-1932); James Francis "Frank" Allee (1857-1938); J. Frank Allee (1858- ); Douglas C. Allee (1859-1937); Charles D. Allee (1861-1862); Charles Day Allee (1865-1928)

Parents: Presley Allee Sr. (1781-1823) and Ann Lowber Allee (1790-1872)

Siblings: **John P. Allee (1812-1839) ?**

Residence: Smyrna DE and Dover, DE

Cause of death/Burial/Obituary:" Progressive Paralysis" listed in church burial records

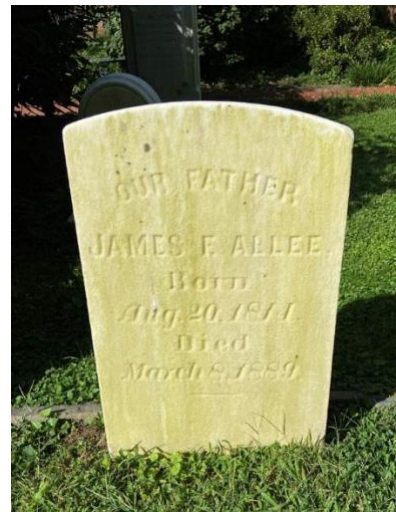
Service/occupation information: Secretary to Del. RR; jeweler in 1879, listed as living in a boarding house on the Green, Dover, DE in 1879

Officiate: Rev. Lewis W. Gibson

Lot Owner:

Inscription:

Our Father  
James F. Allee  
Born  
Aug. 20, 1811  
Died  
March 8, 1889



DIMENSIONS: H 28" x W 18" x D 2"  
Footstone: 11" x 10" x D 2"

STYLE: headstone + footstone

Repairs needed: Cleaned summer 2021



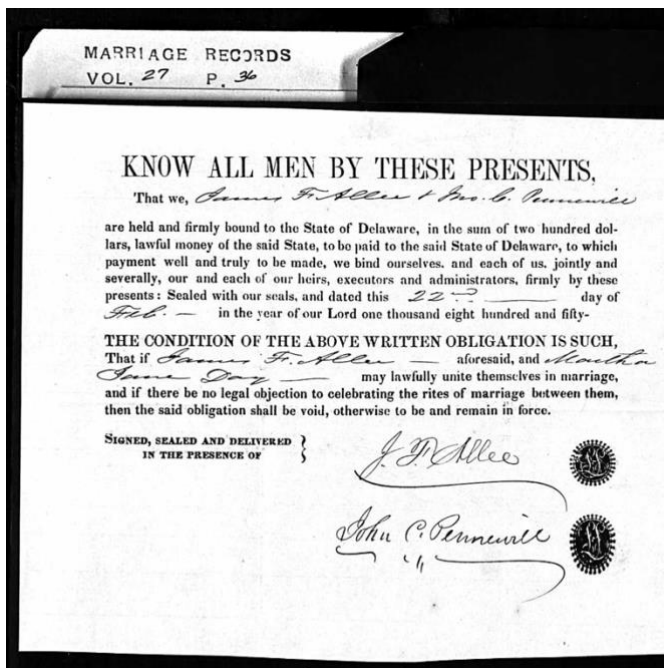
Inventory date: March 30, 2019 Recorder: Ted George

U.S. Census 1870 retrieved from ancestry.com on September 21, 2021:

Living with James F. Allee and Martha J. Allee in 1870;

Presley Allee, J. Frank Allee, Douglass Allee, Charles Day Allee, Ann Allee (age 79), John M Lowber (Uncle) (age 69)

Marriage certificate retrieved from ancestry.com on September 21, 2021: February 22, 1855?



Death certificate retrieved from ancestry.com on September 21, 2021: March 8, 1889

Allee, James F.

STATE OF DELAWARE.

**Certificate of a Death**

In the *State* of *Delaware* Kent County.

If an infant, not named, give parent's name.

Full name of deceased *James F. Allee*  
Age *74 years* Sex *Male* Color *White*  
Nation or State *Del*  
If of foreign birth, how long in the United States? \_\_\_\_\_  
Residence *Dover*  
Occupation *Retired*  
~~Singls, Married, Widowed.~~ (Cross out words not required in this line.)  
Sex *Male*  
Name and nation of parents \_\_\_\_\_  
Cause of death and complications *Progressive Paralysis*  
Date of death *Mar 8<sup>th</sup> 89*  
**I Hereby Report** this death, and certify that the foregoing statements are true, according to the best of my knowledge.  
Witness my hand this *8<sup>th</sup>* day of *Mar* 1889  
Signature and residence of reporter. *E. L. Anderson Md*  
**Returned** to the Recorder of Deeds of Kent County  
188 by \_\_\_\_\_ Undertaker,  
residing at \_\_\_\_\_ in Kent County.  
Signed, \_\_\_\_\_  
*E. L. Anderson*