

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 300 Space: G 51

Find A Grave # 11900054

Name: **Allee, Martha Jane Day**

Birth date: February 7, 1835 Death date: October 21, 1919 Burial Date: October 27, 1919 Age: 84

Spouse: James Francis Allee (1811-1889) m. February 22, 1855

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

Parents: Matthias Day (1783-1843) and Martha Boggs Powell Day (1798-1863)

Siblings: Charles Henry Bateman Day (1828-1896); Joseph Day (1831-1890); Rebecca Mae Day (1829-1918);
Mathias (1836-1897);

Residence: Dover, DE

Cause of death/Burial/Obituary: Stroke, see next page

Service/occupation information:

Officiate:

Lot Owner:

Inscription:

Our Mother
Martha J.
Wife of
James F. Allee
Born
Feb. 7, 1835
Died
Oct. 24, 1919.

Footstone: M. D. A.

DIMENSIONS: H 36" x W 18" x D 2"

Footstone: H 10" x W 12" x D 2"

STYLE: headstone + footstone

Repairs needed:

cleaned summer 2021; stone straightened



Inventory date: March 30, 2019 Recorder: Ted George

Retrieved from ancestry.com on September 23, 2021

In the 1860 U.S. Census, Ann Lowber Allee (1790-1872) and John M. Lowber (1800-1876) were living with James and Martha Allee.

Marriage certificate retrieved from ancestry.com on September 22, 2021

MARRIAGE RECORDS
VOL. 27 P. 36

KNOW ALL MEN BY THESE PRESENTS,
That we, *James F. Allee & Mrs. C. Penneville*
are held and firmly bound to the State of Delaware, in the sum of two hundred dollars, lawful money of the said State, to be paid to the said State of Delaware, to which payment well and truly to be made, we bind ourselves, and each of us, jointly and severally, our and each of our heirs, executors and administrators, firmly by these presents: Sealed with our seals, and dated this *22nd* day of *Feb.* in the year of our Lord one thousand eight hundred and fifty-

THE CONDITION OF THE ABOVE WRITTEN OBLIGATION IS SUCH,
That if *James F. Allee* aforesaid, and *Martha Jane Day* may lawfully unite themselves in marriage, and if there be no legal objection to celebrating the rites of marriage between them, then the said obligation shall be void, otherwise to be and remain in force.

SIGNED, SEALED AND DELIVERED }
IN THE PRESENCE OF } *J. M. Allee*
John P. Penneville

Death certificate retrieved from ancestry.com on September 23, 2021

RETURN TO THE PROPER LOCAL REGISTRAR

STATE OF DELAWARE 1045
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registered No. *244*

1 PLACE OF DEATH
County *Kent*
Hundred *Bover*
or Village *Bover*
City *Bover* No. *19 State* St. Ward.

2 FULL NAME *Martha J. Allee* 64
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
6 DATE OF BIRTH *Feb. 7- 1835*
7 AGE *84 yrs. 8 mos. 17 ds.* 8 If less than 1 day, mo. or yrs.

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

10 BIRTHPLACE (State or country) *Delaware*

PARENTS
11 NAME OF FATHER *Mathias Day*
12 BIRTHPLACE OF FATHER (State or country) *Delaware*
13 MAIDEN NAME OF MOTHER *Martha Reed*
14 BIRTHPLACE OF MOTHER (State or country) *Delaware*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *John P. Penneville*
(Address) *Bover Del.*

15 FILED *OCT 27 1919* *HCB/b*
LOCAL REGISTRAR
FILED *Nov 11 1919* *L. L. Woodruff*
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH *October 24, 1919*
17 I HEREBY CERTIFY that I attended deceased from *Oct 2, 1919*, to *Oct 24, 1919*, that I last saw *her* alive on *Oct 24, 1919*, and that death occurred, on the date stated above, at *6-8 A. M.*

18 THE CAUSE OF DEATH was as follows:
Cerebral Apoplexy (Apoplexy) with Hemiplegia (Paralysis)

19 DURATION (Duration) *9* ds.
Contributory *Cerebral Apoplexy (Apoplexy)*
Secondary *Confident of Heart*
(Duration) *3 yrs. or more*

(Signed) *J. P. Downes* M. D.
Oct. 24 1919 (Address) *Bover - Del.*

20 STATE THE EXACT CAUSE OF DEATH, OR IN DEATHS FROM VIOLENT CAUSES, STATE (1) MANNER OF INJURY AND (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

21 LENGTH OF RESIDENCE (For Household, Institution, Transient, or Seasonal Residence)

22 PLACE OF DEATH, OR REMOVAL
At place of death *Bover* In the State *Del.*
Where was disease contracted, If not at place of death?
Former or usual residence

23 PLACE OF BURIAL OR REMOVAL
Bover
DATE OF BURIAL *Oct 27 1919*
24 ADDRESS OF UNDERTAKER
Bover