

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 36 Space: I

Find A Grave # 11900169

Name: **Barnes, Charles Edward Sr.**

Birth date: January 11, 1883 Death date: May 2, 1963 Burial Date: May 4, 1963 Age: 80
b. New York City, NY

Spouse: Zula Cole Barnes (1879-1961), m. 1909

Children: Charles Edward Barnes Jr. (1910-1986); Elizabeth Barnes (1917-)

Parents:

Siblings:

Residence: 4320 Osage Ave., Philadelphia, PA

Service/occupation information: Sales manager, fruit juices (census 1930)

Cause of death: Fulminating peritonitis from perforated duodenal ulcer

Officiate: Rev. G. P. Mellick Belshaw

Lot Owner: Emma L. Cole

MARKER: Cole family monument in center of lot

Inscription:

Charles Edward
Barnes Sr.
1883 - 1963

DIMENSIONS: H 9" x W 24" x D 12"

STYLE: footstone and Cole family monument in center of Lot 36

Lot barrier present – partially sunken north and south

Repairs needed: cleaning



Inventory date: November 25, 2019 Recorder: Ellen Richardson

WW I draft card, Manhattan, New York, 1917-1918

NC

REGISTRATION CARD

SERIAL NUMBER 4224	ORDER NUMBER 731
1. Name First name: <u>Charles Edward</u> Middle name: <u>Barnes</u> Last name: <u>Barnes</u>	
2. PERMANENT HOME ADDRESS (No.) <u>70 West 178 St</u> (City or town) <u>NY NY</u> (State)	
Age in Years 35	Date of Birth Jan 11 1883
RACE	
5. <input checked="" type="checkbox"/> White	6. <input type="checkbox"/> Negro
7. <input type="checkbox"/> Oriental	8. <input type="checkbox"/> Indian
9. <input type="checkbox"/> Citizen	10. <input type="checkbox"/> Non-citizen
U. S. CITIZEN	
11. <input checked="" type="checkbox"/> Native Born	12. <input type="checkbox"/> Naturalized
13. <input type="checkbox"/> Citizen by Father's Naturalization Before Registrar's Majesty	14. <input type="checkbox"/> Declarant
15. <input type="checkbox"/> Non-declarant	
15. If not a citizen of the U. S., of what nation are you a citizen or subject?	
16. PRESENT OCCUPATION <u>Partners</u>	17. EMPLOYER'S NAME <u>Multi form Chain Co</u>
18. PLACE OF EMPLOYMENT OR BUSINESS (No.) <u>202 West 42 St</u> (City or town) <u>NY NY</u> (State)	
19. NEAREST RELATIVE Name <u>Jula C. (wife)</u> Address <u>701 West 178 St NY</u>	
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE P. M. G. O. Form No. 1 (Rev) <u>6. Barnes</u>	

REGISTRAR'S REPORT

31-9-148-C

HEIGHT				BUILD				COLOR OF EYES		COLOR OF HAIR	
Tall	Medium	Short	Slender	Medium	Stout	Blue	Brown	Blue	Brown		
21	22	23	24	25	26	27	28	29	30		

21. Has person lost arm, leg, hand, eye, or is he obviously physically disqualified? (Specify):

22. I certify that my answers are true; that the person registered has read or has had read to him, his own answers; that I have witnessed his signature or mark, and that all of his answers or which I have knowledge are true, except as follows:

(Signature of Registrar)

Date of Registration _____

WW I draft registration cards 1917-1918

Local Board No. 148
2nd REG'T ARMORY
West 108th Street
New York City
(STAMP OF LOCAL BOARD)

(The stamp of the Local Board having jurisdiction of the area in which the registrant has his permanent home shall be placed in this box.)

93-6121 (OVER)

HVS-20143 REV. 11/59 9471

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

052880-63

CERTIFICATE OF DEATH

LOCAL REG. NO. _____

PRIMARY DIST. NO. 400

1. DEATH OCCURRED IN: a. County <u>Phila.</u> b. City or borough <u>Phila.</u>		2. DECEASED'S MAILING ADDRESS <u>4320 OSAGE AVE. (4)</u>	
c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number) _____		b. Post Office, Zone, and State <u>Phila.</u>	
d. Full Name of Hospital or institution (if not in hospital, give street address) <u>Presbyterian Hosp of Phila.</u>		3. VETERAN Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
a. Which War _____		b. Serial No. _____	
4. NAME OF DECEASED (Type or print) <u>Charles E. BARNES Jr.</u>	a. (First)	b. (Middle)	c. (Last)
5. DATE OF DEATH <u>5/2/63</u>	(Month)	(Day)	(Year)
6. WHERE DID DECEASED ACTUALLY LIVE? a. State <u>Pa.</u> b. County <u>Phila.</u>		c. Did deceased live in a township? <input type="checkbox"/> Yes, deceased lived in _____ township. <input checked="" type="checkbox"/> No, deceased lived within actual limits of <u>Phila.</u> city or borough.	
7. SEX <u>Male</u>	8. COLOR OR RACE <u>White</u>	9. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	10. DATE OF BIRTH <u>1/11/1883</u>
11. AGE (in years) <u>80</u>	If under 1 year	If under 24 hours	Months Days Hours Min.
12. USUAL OCCUPATION (even if retired) <u>Salaman</u>	13. SOCIAL SECURITY NO. <u>NY-C</u>	14. BIRTHPLACE (State or foreign country) <u>U.S.A</u>	15. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
16. FULL NAME OF SPOUSE _____		17. MOTHER'S MAIDEN NAME <u>Wick</u>	
18. FATHER'S NAME <u>Barnes</u>		19. INFORMANT'S NAME AND ADDRESS <u>Charles E. Barnes Jr. - 4320 Osage Ave</u>	

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c).

PART I. Death was caused by:

IMMEDIATE CAUSE (a) Fulminating peritonitis

Conditions, if any, which gave rise to above cause DUE TO (b) perforated duodenal ulcer

(a) stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS; contributing to death but not related to the immediate cause given in Part I (a)

21. WAS AUTOPSY PERFORMED? Yes No

22. a. ACCIDENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	22. b. DESCRIBE HOW ACCIDENT OCCURRED _____	22. c. TIME OF ACCIDENT Hour _____ m _____ E.S.T.
22. d. ACCIDENT OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	22. e. PLACE OF ACCIDENT (e.g., home, farm, street, etc.) _____	22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 6:05 PM, E.S.T.

a. Signature Walter Freedman for M.D. b. Address Presby Hosp 39th St c. Date signed 5/2/63

24. a. BURIAL OR CREMATION REMOVAL <input type="checkbox"/>	24. b. DATE <u>5/4/1963</u>	24. c. NAME OF CEMETERY OR CREMATORY <u>Christ Church Cem</u>	24. d. LOCATION (City, Boro., Twp., & County) (State) <u>Manhattan, NY</u>
25. DATE REC'D BY REG. <u>MAY 3 1963</u>	26. REGISTRAR'S SIGNATURE <u>Joseph G. Farrell</u>	27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <u>H. H. Bowen & Son 50+ Catherine St</u>	