

***Christ Episcopal Church Cemetery Inventory***

State and Water Streets, Dover DE 19903

Lot Number: 36 Space: J

Find A Grave # 11900187

Name: **Barnes, Zula M. Cole**

Birth date: October 1, 1879 Death date: February 24, 1961 Burial Date: February 27, 1961 Age: 81  
b. Seaford, DE

Spouse of Charles Edward Barnes Sr. (1883-1936), m. 1909

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

Parents: Amos Cole (1842-1903) (Sheriff of Kent Co. DE) and Emily (Emma) Louise *Coulbourne* Cole (1849-1938)

Siblings: Calvin Cheyney Cole (1871-1921); Mark Wooster Cole (1873-1948); Lela *Cole* Walker (b. 7-12-1875);  
Ellen Louise *Cole* Fulton (1888-1977)

Residence: Philadelphia, PA

Cause of death/Burial/Obituary: Cardio vascular disease

Service/occupation information:

Officiate: Rev. John Symonds for Rev. G. P. Mellick Belshaw

Lot Owner: Emma L. Cole

MARKER: Cole family monument in center of lot

Inscription

Top:  
Zula Cole  
Barnes  
1879 – 1961  
Front:

Wife of Charles Barnes Sr.

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

The News Journal, Wilmington, DE, June 5, 1909

Announcement has been made of the engagement of Miss Zula Cole, daughter of Mrs. Amos Cole of this town, to Charles Barnes of New York City.

News Journal, Sat., June 5, 1909

HVS-20143-525M-9-55		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH		File No. 017170-61 Registered No. 3875
Primary Dist. No. 80				
1. PLACE OF DEATH a. County <u>Philadelphia</u> b. City, Borough or Township <u>Philadelphia</u> c. Length of stay in 1b. d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION <u>4320 Osage Ave</u> e. Is Place of Death Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission) a. State <u>Pa</u> b. County <u>Philadelphia</u> c. City, Borough or Township <u>Philadelphia</u> d. Street Address or Location <u>4320 Osage Ave</u> e. Is Residence Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) a. (First) <u>ZULA</u> b. (Middle) <u>COLE</u> c. (Last) <u>BARNES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 24 1961</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10/21/1879</u>	
10. FULL NAME OF SPOUSE <u>Charles E. Barnes</u>		11. BIRTHPLACE (Also give state or foreign country) <u>Seaford Del</u>		
13. FATHER'S NAME <u>Amos Cole</u>		14. MOTHER'S MAIDEN NAME <u>Emily Coulbourne</u>		
15. USUAL OCCUPATION (even if retired) <u>Housewife</u>		16. Social Security No. <u>Charles E. Barnes - 4320 Osage Ave</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)] PART I. Death was caused by: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part I (a)] _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 HOURS</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED.		20c. Time of Injury Hour, m. E.S.T. Month, Day, Year
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)		20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE
21. I hereby certify that I attended the deceased from <u>JAN. 1, 1956</u> , to <u>FEB. 24, 1961</u> , that I last saw the deceased alive on <u>FEB. 24, 1961</u> , and that death occurred at <u>11:05 P.M., E.S.T.</u> , from the causes and on the date stated above.				
22a. SIGNATURE <u>Robert L. Thant</u>		22b. ADDRESS <u>4216 BARTMORES AVE.</u>		22c. DATE SIGNED <u>2.24.61</u>
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		23b. DATE <u>2-27-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Christ Church Cem</u>
24. DATE REC'D BY <u>FEB 27 1961</u>		25. REGISTRAR'S SIGNATURE <u>Joseph G. Farrell</u>		26. SIGNATURE OF FUNERAL DIRECTOR <u>W. H. Brownson - 50 + Catharine St</u>
				Address <u>Philadelphia Pa</u>