

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 49 Space: C

Find A Grave # 11909910

Name: **Hamilton, Minnie**

Birth date: May 19, 1906 Death date: March 1, 1914 Burial Date: March 4, 1914 Age: 8

Parents: James Hamilton (1854-1910) and Wilhelmina (Minnie) Hamilton (1863-1932)

Siblings: Alexander Hamilton (1881-); Jane Joanna "Jennie" Hamilton (1883-1941); Imogene Hamilton Levis (1890-1934); Mary Ann Hamilton (1895-) Martha Hamilton; Joseph Hamilton (1898-1902); William Hamilton (1891-)

Residence: Viola, DE

Cause of death:

Service/occupation information:

Officiate:

Lot Owner: James Hamilton – B, C, E

Inscription: Headstone:

Minnie
daughter of James
& Minnie Hamilton
Born May 19, 1906
Died March 1, 1914
Sadly missed

Footstone:

Minnie

DIMENSIONS: H 24" x W 20" x D 12"

Footstone: H 7" x W 16" x D 8"

STYLE: headstone and footstone

Repairs needed: cleaned 2021



Inventory date: February 27, 2020 Recorder: Ellen Richardson

Cause of death is illegible. The birth date differs from other records. Marker indicates birth May 19, 1906 and death March 1, 1914.

2330

STANDARD DEATH CERTIFICATE
DELAWARE

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

Registered No. 24
(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

2 FULL NAME Minnie Hamilton

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb. 8 1896
(Month) (Day) (Year)

7 AGE 8 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)

9 BIRTHPLACE (State or country) Ohio

PARENTS
10 NAME OF FATHER Jas. Hamilton
11 BIRTHPLACE OF FATHER (State or country) Sermantown
12 MAIDEN NAME OF MOTHER Minnie Hayes
13 BIRTHPLACE OF MOTHER (State or country) Phila. Pa.

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

15 Filed 3/4 1914 R. Steel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 1 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 28, 1914, to March 1, 1914, and that I last saw h. c. alive on Feb 28, 1914, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH * was as follows:
Pneumonia of throat.
(Duration) yrs. _____ mos. 18 ds.

Contributory Pneumonia
Secondary (Duration) yrs. _____ mos. 2 ds.

(Signed) J. M. James M. D.
March 3, 1914 (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 Christ Church Cemetery DATE OF BURIAL Mar. 4 1914
20 UNDERTAKER R. Ferguson ADDRESS Dover 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.