

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 7 Space: C1

Find A Grave # 130507620

Name: **Thompson, Bertric Ayleworth**

Birth date: October 17, 1887 Death date: November 13, 1948 Burial Date: 1948 Age: 61

b. Ashland, PA

Baptism performed by his father: November 24, 1887 (Thanksgiving Day); Ashland, PA

Spouse: Grace Fenton *Lyman* Thompson; m. August 10, 1934

Children:

Parents: Rev. Benjamin Fish Thompson (1857-1950) and Edith Chapman Stockett Thompson (1865-1950)

Siblings: John Stockett Thompson (1889-1977); William Heyl Thompson (1892-1974); Dorothy Stockett Thompson (1893-1914)

Residence: Norristown, PA

Cause of death/Burial/Obituary: cardiac failure

Service/occupation information: US Navy World War I, Seaman 2nd class. Worked on mine sweeper, Navy Telephone inspector

Officiate: Rev. Paul A. Kellogg

Lot Owner: Rev. Benjamin Fish Thompson

Inscription/Epitaph:

Bertric Aylesworth
Thompson
1887 – 1948
United States Navy World War I

DIMENSIONS: H 2" x W 12" x D 7"

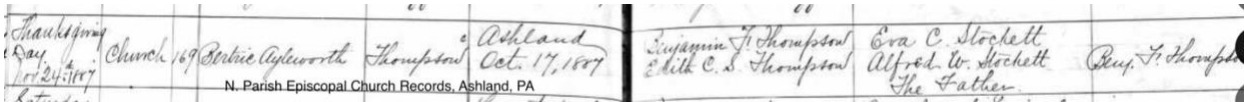
STYLE: headstone

No repairs needed



Inventory date: May 22, 2019 Recorder: Ellen Richardson

Baptized by his father on Thanksgiving Day, Nov. 24, 1887



WAR SERVICE CREDITED TO THE STATE OF DELAWARE Claim # 331889

Name THOMPSON, Bertric Ayleworth Service Number 104-02-82
 Enlisted at Navy Yard, Philadelphia, Pennsylvania Date 5-3-1917
 Rate Seaman 2nd class Branch of service U.S.N.R.F.
 Born at Ashland, Pennsylvania Date 10-17-1887 Color white
 Home address: Dover, Delaware

Served on active duty	From	To	Served as	From	To
Section Base Cape May, N.J.	12-3-17	2-15-19	Seaman		
			2nd class	12-3-17	10-31-18
			Seaman	11-1-18	2-15-19

Served on active duty from 3 December 1917 to 15 February 1919

Honorable Discharge 4 May 1920, own request, Headquarters 4th. Naval District, Philadelphia, Pennsylvania.

PA, US World War I Veterans Service and Compensation Files 1917-1919

HVS-20010-200M-10-46 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS File No. 99392

Primary Dist. No. 46-08-01 CERTIFICATE OF DEATH 512 Registered No. 623

1. PLACE OF DEATH: (a) County Montgomery (b) Township Norristown (c) Borough (d) City (e) Name of hospital or institution Riverview Ost. Hospital (f) Length of stay: In hospital or inst. 16 days In this community 16 days

2. USUAL RESIDENCE OF DECEASED: (a) State Penna. (b) County Delaware (c) City or town Chester (d) Street No. 7 E. Rolling Rd. (e) If citizen of foreign country, name country

3. (a) FULL NAME BERTRIC A. THOMPSON (b) If U. S. Veteran, complete reverse side of certificate No. (c) Social Security No.

4. Sex M, race W, divorced married

5. Color or 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Thompson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 17, 1887 (Month) (Day) (Year)

8. AGE: Years 61 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Delaware (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Benjamin F. Thompson

13. Birthplace New Jersey (City, town, or county) (State or foreign country)

14. Maiden name Edith C. Stockett

15. Birthplace Maryland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Grace Thompson (b) Address 7 East Rolling Rd. Chester, Pa.

17. (a) Burial (b) Date thereof 11-16-48 (c) Place Dover County Del.

18. (a) Signature of funeral director James H. Boyd (b) Address 718 Swede St. Norristown, Pa.

19. (a) Nov. 13 1948 (b) Mrs. Mahela. House

MEDICAL CERTIFICATION

20. Date of death: Month 11, day 13, year 48, hour 10⁴⁵, minute 20-42¹³

21. I hereby certify that I attended the deceased from 10-29-1948 to 11-13-1948 and that death occurred on the date and hour stated above.

Immediate cause of death: soft cardiac failure

Due to Coronary Insufficiency

Due to malignant Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940 Of autopsy 1022

22. If death was due to external causes, fill in the following: (a) (Probably) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury

23. Signature (Date received local registrar) Date signed 11-13-48