

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 82 Space: I

Find A Grave # 11937754

Name: **Twilley, Priscilla Reed**

Birth date: August 31, 1861 Death date: June 16, 1916 Burial Date: June 19, 1916 Age: 54
b. Dover, DE

Spouse: Dr. Joshua Marion Twilley (1856-1927) m. December 3, 1884

Children: Alice *Twilley* Garton (1895-1986); Joshua Marion Twilley (1928-2005)

Parents: Elias Sipple Reed (1832-1913) and Alphonse W. *Heverin* Reed (1840-1919)

Siblings: Heverin Sipple Reed (1864-1929); Douglas Reed (1867-1940); John C. Reed (1869-1938)

Residence: Dover, DE

Cause of death/Burial/Obituary: double pneumonia

Service/occupation information:

Officiate: Rev. Benjamin F. Thompson

Lot Owner: Priscilla Twilley, A - E, Heverin J. Reed, F - J

Marker shared with family on C + H

Inscription:

Elias Sipple Reed
 1832 - 1913
 John C. Reed
 1869 - 1938
 Priscilla R.
 Wife of J. M. Twilley
 1861 - 1916
 Heverin Sipple Reed
 1864 - 1929



Footstone: P.R.T.

DIMENSIONS: H 60" x W 48" x D 26"
Footstone: H x W 9" x W 18" x D 10"

STYLE: footstone and family monument

No repairs needed



Inventory date: March 26, 2020 Recorder: Ellen Richardson

2988

POSTAL CARD G. No.

STANDARD DEATH CERTIFICATE
DELAWARE

County Kent
 Hundred 2 Dover
 Village or City Dover State Delaware Ward _____
 Registered No. 52

1 PLACE OF DEATH

2 FULL NAME Piscilla Reed Twilley

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

6 DATE OF BIRTH Aug 31 1866
 (Month) (Day) (Year)

7 AGE 57 yrs 2 mos 14 ds
 If less than 1 day, hrs. or min.

8 OCCUPATION Housewife
 (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) Del.

10 NAME OF FATHER Elias Reed
 BIRTHPLACE OF FATHER (State or country) Del.

11 MOTHER'S NAME Alphonsa Herwin
 BIRTHPLACE OF MOTHER (State or country) Delaware

12 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. M. Twilley
 (Address) Dover

13 DATE OF DEATH June 6 1916
 (Month) (Day) (Year)

14 MEDICAL CERTIFICATE OF DEATH
 I HEREBY CERTIFY that I attended deceased from June 4, 1916, to June 6, 1916, and that I last saw her alive on June 7, 1916, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH was as follows:
Cerebral Paralysis
 (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) A. Anderson M.D.
June 17, 1916 (Address) Dover Del.

15 PLACE OF BURIAL OR REMOVAL Christ Churchyard DATE OF BURIAL June 19, 1916
 ADDRESS Dover
 REGISTERED R. J. Peterson Dover Del.

M. B. - Every item of information should be carefully checked for accuracy before being furnished to the public service, so that it may be properly recorded.
 WRITE FULLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. CAUSE OF DEATH should be stated fully and accurately. See instructions on back of certificate.
 EXACT statement of OCCUPATION in every particular.