

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 40 Space: B

Find A Grave # 11973566

Name: **Wolfe, William Erasmus, M.D.**

Birth date: July 17, 1837 Death date: October 28, 1917 Burial Date: October 31, 1917 Age: 80
Sussex County DE

Spouse: 1st - Annie E. Hearn (1841-1868) m. February 14, 1859 in Laurel DE ; 2nd - Mary T. *Jenkins* Wolfe (1846-1935), m. 1868

Children: Willie H. Wolfe (1861-1862); Minnie Wolfe Horsey (1872-1949); Bertha Wolfe (1875-); Helen Wolfe (1878-1957); Frank Wolfe (1880-)

Parents: Dr. William Wells Wolfe (1799-1866) and Ann *Hazzard* Wolfe (1803-1866)

Siblings: Eliza Burton Wolfe (1826-1852); Maria Hazzard Wolfe (1829-1830); Charlotte Spry *Wolfe* McFee (1831-1911); David Emory Wolfe (1833-1905)

Residence: Kent County, DE

Cause of death:

Service/occupation information : Medical doctor

Officiate: Rev. Benjamin F. Thompson

Lot Owner: Minnie Wolfe Horsey, 39 F,G,H,I,J and 40 A,B,C,D,E

Family monument and headstone

Inscription:

William E. Wolfe MD
1837 - 1917

DIMENSIONS: H 15" x W 27" x D 14"

Marker at foot of grave

STYLE: headstone and family monument

"W" stones at each corner of lot

No repairs needed



Inventory date: January 13, 2020 Recorder: Ellen Richardson

MARGIN RESERVE FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1. 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.

3101

FATAL CARD 22

AR. O

PLACE OF DEATH
Mont
County Mont
Hundred E. Dover
or Village _____
or City Dover No. 229 State St. Ward _____

STANDARD DEATH CERTIFICATE
DELAWARE

Registered No. 62
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William E. Wolfe M. D. 120

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>October 28, 1917</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>July 17, 1887</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 7, 1917</u> , to <u>Oct 28, 1917</u> , that I last saw him alive on <u>Oct 27, 1917</u> , and that death occurred, on the date stated above, at <u>12 P.M.</u>	
7 AGE <u>30</u> yrs. mos. ds. <small>If less than 1 day, hrs. or min.?</small>			The CAUSE OF DEATH * was as follows: <u>Cerebral apoplexy,</u> <u>chronic interstitial,</u> <u>Nephritis, and Arterio Sclerosis,</u> <small>(Duration) yrs. mos. ds. <u>21</u> ds.</small>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Physician (Retired)</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory <u>Arterio Sclerosis + Chronic Nephritis</u> <small>(Duration) yrs. mos. ds. <u>8</u> yrs. mos. ds.</small>	
9 BIRTHPLACE (State or country) <u>Delaware</u>			(Signed) <u>Richard Steck M. D.</u> <u>10/24, 1917</u> (Address) <u>Dover Del.</u>	
10 NAME OF FATHER <u>William M. Wolfe</u>			* State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
11 BIRTHPLACE OF FATHER (State or country) <u>Delaware</u>			18 LENGTH OF RESIDENCE (For Hospital, Institution, Transients, or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
12 MAIDEN NAME OF MOTHER <u>Anne Hazzard</u>			19 PLACE OF BURIAL OR REMOVAL <u>Christ Church</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Delaware</u>			DATE OF BURIAL <u>Oct 31, 1917</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mary J. Wolfe</u> (Address) <u>Dover, Delaware</u>			20 UNDERTAKER <u>W. L. Pritchett</u>	
15 Filed, <u>11/6, 1917</u> Registrar			ADDRESS <u>Dover, Del.</u>	