

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 75 Space: J

Find A Grave # 11904233

Name: **Carty, Rolland Richmond**

Birth date: March 6, 1910 Death date: July 19, 1911 Burial Date: 1911 Age: 16 months

Child of: Robert Raymond Carty Jr. (1873-1955) and Marguerite Jane *Armstrong* Carty (1883-1922)

Siblings: Merritt Carty (1905-1955); Robert A. Carty (1908-1975)

Residence: Dover, DE

Cause of death/Burial/Obituary: Enterocolitis; see next page

Officiate:

Lot Owner: Robert R. Carty, F - J

Inscription:

Carty
Our darling
Rolland Richmond
Son of Robert R +
Margueritte J. Carty
March 6, 1910
July 19, 1911
Asleep in Jesus
BABY

Footstone:

DIMENSIONS: H 20" x W 18" x D 9"

Footstone: H 14" x 8"

STYLE: headstone and footstone

Footstone located 3' behind headstone

Repairs needed: Straigten stone; completed 9.13.2022



Inventory date: March 26, 2020 Recorder: Ellen Richardson

Death certificate retrieved from ancestry.com on October 13, 2020

835

STANDARD DEATH CERTIFICATE
DELAWARE

1 PLACE OF DEATH
County Kent
Hundred West Down
or Village
City Down No. 8 New St. Ward

Registered No. 12
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Rolland Richmond Barty

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March (Month) 6 (Day) 1940 (Year)

7 AGE 16 months 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) Down Down

PARENTS

10 NAME OF FATHER Robert R. Barty

11 BIRTHPLACE OF FATHER (State or country) Down Down

12 MAIDEN NAME OF MOTHER Margaret Arunting

13 BIRTHPLACE OF MOTHER (State or country) Northwood, Ind.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John
(Address) Down

15 Filed 19/12, 1911 E. D. Steele
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 19 (Day) 1911 (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, and that death occurred, on the date stated above, at _____.

The CAUSE OF DEATH* was as follows:
Enterocolitis

(Duration) _____ yrs. _____ mos. 10 ds.

Contributory Cause Leathery
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. Richmond Steele M. D.
Oct 12, 1911 (Address) Down Down

* State the Disease Causing Death, or, in deaths 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 Church of the Holy Spirit Down DATE OF BURIAL February, 1911

20 UNDERTAKER M. J. ... ADDRESS Down

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