

Christ Episcopal Church Cemetery Inventory

Lot Number: 39 Space: A

State and Water Streets, Dover DE 19903

Find A Grave # 235281133

Name: **Clifton, Alonzo Wallace**

Birth date: December 23, 1856 Death date: September 22, 1945 Burial Date: 1945 Age: 89

Spouse: Josephine Agnes Bockman (Backmann) Clifton (1858-1925); m. March 2, 1886 by Thomas A Becker, Bishop of Wilmington. (Josephine's mother's maiden name was Becker)

Children: Catherine W. Clifton Caulk (1890-1930); Alice Bockman Clifton (1888-1893); Paul James Clifton (1894-1931); George Wallace Clifton (1900-1970)

Parents: James A. Clifton (1837-1904) and Callie (or Sallie) C. Wallace Clifton (1832-1914)

Siblings:

Residence: State Welfare Home, Smyrna DE

Cause of death: artriosclerosis; coronary occlusion

Service/occupation information: carpenter and contractor

Officiate:

Lot Owner: Rev. George Clifton, A,B,C,D,E Of Wilmington, DE and later Port Richey, FL

NO MARKER; "C" at corners of lot

Return of a Marriage

In the City of Wilmington ^{Delaware} ~~Kent~~ County.

Full name of Groom Alonzo W. Clifton
 Age 29 years Color White
 Nation or State Delawarean
 Residence Dover, Delaware
 Occupation Carpenter & Builder

Full name of Bride Josephine Agnes (Backmann) Bockman
 Age 27 Years Color White
 Nation or State Delawarean
 Residence Dover Delaware

Name and birthplace of Groom's parents James A. Clifton, Delaware
and Sallie C. Clifton (maiden name Wallace) Delaware

Name and birthplace of Bride's parents John (Backmann) Bockman, Delaware
and Elizabeth (Backmann) Bockman, Delaware
(maiden name Becker)

Date of Marriage March 2nd 1886
 Number of previous marriages: Of Groom none Of Bride none

I Hereby Certify that the marriage of the parties above named was duly solemnized or contracted by or before me, at the time and place stated.

Witness my hand this 2nd day of March 1886

Signature, Thomas A. Becker
 Official designation, Bishop of Wilmington
 Address, 6th Street

To the Recorder of Deeds of Kent County.

VOL. 76 P. 260

The News Journal, Wilmington, DE, Monday, September 7, 1896

DOVER. NewsJournal, Mon.Sept.7,1896

Special Correspondence of Every Evening,
 Dover, Sept. 7.—Delegates to the Democratic county convention, which will be held here to-morrow, were elected Saturday. William Virden captured the West Dover delsgation, which is entitled to name the nominee for sheriff. The delegation favoring the nomination of James Hutchins was defeated by a majority of 46.

During a political discussion, Saturday evening, Alonzo Clifton and Joseph George quarreled and the latter stabbed the former five times. Each wound was inflicted in the left side. The stabbing took place after Clifton had struck George in the face. Clifton's condition is critical. George surrendered to Squire Jester, who held him in \$1,000 bail to await the result of Clifton's injuries. Clifton, who is a prominent contractor, has the contract for building a stone bridge over St. Jones creek. George is one of the keepers of the Ship John lighthouse.

Middletown Transcript, Middletown, DE Saturday, September 12, 1896

KENT COUNTY.
 Middletown Transcript, Sat., Sept. 12, 1896

Dr. John M. Smith has sold his farm near Cheswold to Oscar Gisner of Pennsylvania for \$3,800, which includes stock and crops.

Nine tramps were arrested on Monday at Clayton by Dectective Nathan Hutchins of the Delaware railroad on the charge of trespass on the property of the company and were given 10 days in the Dover jail.

During a heated political discussion in Dover last Saturday evening Alonzo Clifton and Joseph George quarreled and the latter stabbed the former five times in the left side. The affair occurred on Lockermanstreet near Governor's avenue and caused considerable excitement. Clifton was badly hurt and was carried home where his wounds were dressed by two doctors. He lost a great deal of blood but it is thought that his injuries are not serious. George surrendered and was held in \$1000 bail.

MARGIN RESERVED FOR BINDING. This is a permanent record. The spaces are arranged for typewriter use. Please fill out with typewriter (except signatures) or write plainly with unfading black ink. Every item of information should be carefully supplied. Age should be stated exactly; if unknown, give approximate age. Physicians should state cause of death in plain terms if possible, so that it may be properly classified. Exact statement of occupation is important and must not be omitted.

CERTIFICATE OF DEATH
 STATE OF DELAWARE
 BOARD OF HEALTH

FILE NO. **2320**

1. PLACE OF DEATH:
 (A) COUNTY Kent County
 (B) HUNDRED Duck Creek
 (C) CITY OR TOWN Smyrna, Delaware
 (D) STREET NO. 1008 Linden Street

2. USUAL RESIDENCE OF DECEASED:
 (A) STATE Delaware (B) COUNTY New Castle
 (C) CITY OR TOWN Wilmington
 (D) STREET NO. 1008 Linden Street

3. (A) FULL NAME Clifton, Alonzo W.
 (B) IF VETERAN XXX (C) SOCIAL SECURITY NO. XXX

4. (A) SEX Male (B) COLOR OR RACE White (C) MARRIAGE STATUS Married
 (D) NAME OF WIFE Josephine A. Bachman Clifton (E) AGE OF WIFE XXX yrs.

5. BIRTH DATE OF DECEASED: December 23 1856
 (Month) (Day) (Year)

6. AGE: YEARS 38 MONTHS 8 DAYS 27 IF LESS THAN ONE DAY: XX HR. XX MIN.

7. BIRTHPLACE: Dover (City, town, or county) (State or foreign country)
 (A) PLACE OF BIRTH: Delaware

8. USUAL OCCUPATION: Contractor
 (A) INDUSTRY OR BUSINESS: Building

9. (A) NAME James A. Clifton (B) BIRTHPLACE Delaware
 (C) NATIONALITY Delaware (State or foreign country)

10. (A) MAIDEN NAME Sally Wallace (B) BIRTHPLACE Delaware
 (C) NATIONALITY Delaware (State or foreign country)

11. (A) INFORMANT'S NAME Superintendent
 (B) ADDRESS Smyrna, Del.

12. (A) SIGNATURE OF PHYSICIAN Pauline W. Matthews (B) SIGNATURE OF REGISTERER Pauline W. Matthews
 (C) DATE 9/23/96 (D) SIGNATURE OF DECEASED

13. (A) DATE OF DEATH: MONTH September DAY 22 YEAR 1926
 HOUR 30 MINUTE A.M.

14. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 20 1843 TO September 22 1845.
 THAT I LAST SAW HIM ALIVE ON September 22 1845.

15. (A) IMMEDIATE CAUSE OF DEATH: Interleucocytosis
 (B) SECONDARY CAUSE OF DEATH: Coronary occlusion September 22 1926

16. (A) ACCIDENT, RUICIDE, OR HOMICIDE (SPECIFY): XXX
 (B) DATE OF OCCURRENCE: XXX
 (C) WHERE DID INJURY OCCUR: XXX (City or town) (County) (State)

17. (A) DID INJURY OCCUR IN OR ABOUT HOME, OR FARM, OR INDUSTRIAL PLACE, OR IN PUBLIC PLACE? XXX
 (Specify type of place)

18. (A) WHILE AT WORK? XXX (B) MEANTIME INJURY: XXX
 (C) SIGNATURE OF PHYSICIAN: XXX
 (D) SIGNATURE OF REGISTERER: XXX
 (E) ADDRESS: State Welfare Home DATE SIGNED: 9/23/96

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY