

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 39 Space: C

Find A Grave # 11904419

Name: **Clifton, Paul James**

Birth date: February 5, 1894 Death date: September 6, 1931 Burial Date: 1931 Age: 37
b. Dover, DE

Spouse: Mary **Susan Knight Bell** Clifton (1885-1928), m. 1926 in Philadelphia, PA

Children:

Parents: Alonzo Wallace Clifton (1856-1945) and Josephine Agnes *Beckman* Clifton

Siblings: Catherine Wallace *Clifton* Caulk; Alice Bockman Clifton (1888-1893); George Wallace Clifton (1900-1970)

Residence: Dover, DE

Cause of death:

Service/occupation information: WW I; DE National Guard Co. G, Infantry; draft registration card North Dakota

Death certificate indicates cause of death: mitral stenosis and mitral insufficiency, 1918

Officiate:

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

Inscription:

Paul J. Clifton
Feb. 5, 1894
Sept. 6, 1931

DIMENSIONS: H 32" x W 28" x D 20"

Marker faces west; "C" at corners of lot

STYLE: headstone with Veteran's cross

No repairs needed



Inventory date: January 13, 2020 Recorder: Ellen Richardson

Documents retrieved from ancestry.com on September 7, 2022

Lot 39 C p. 2

Form <u>X 1044</u> 1152 REGISTRATION CARD No. <u>26</u>	
1 Name in full <u>Paul James Clifton</u>	Age in years <u>23</u>
2 Home address <u>Charlton ND</u>	
3 Date of birth <u>Feb 5 1894</u>	
4 Are you (1) a natural born citizen, (2) a naturalized citizen, (3) an alien, (4) or have you declared your intention (specify which)? <u>No 1</u>	
5 Where were you born? <u>Dover Del. II</u>	
6 If not a citizen, of what country are you a citizen or subject?	
7 What is your present occupation or office? <u>Farmer laborer</u>	
8 Do you have dependents? <u>Mrs. Bruce</u>	
9 What is your occupation? <u>Farmer laborer wife</u>	
10 Married or single (check) <u>Single</u> (Specify which) <u>Married</u>	
11 What military service (specify which) <u>37 months</u> <u>Infantry</u>	
12 Do you have occupation (specify which) <u>No</u>	

I certify that I have verified above answers and that they are true.
Paul James Clifton

REGISTRAR'S REPORT A-33-1-27	
1 Full name of registrant <u>Paul James Clifton</u>	2 Sex <u>Male</u>
3 Color of eyes <u>Blue</u>	4 Color of hair <u>Brown</u>
5 Place of birth <u>Del.</u>	6 Date of birth <u>Feb 5 1894</u>

I certify that my answers are true, that the person registered has read his own answers, that I have witnessed his signature, and that all of his answers of which I have knowledge are true, except as follows:

W. H. D...
 Registrar
Rose Ann
 City or County ND Date June 5

577 U.S. Adjutant General Military Records, 1917-1918 North Dakota roster Vo. 1 Clifton

Soldiers, Sailors and Marines

pation, farmer; inducted at Minnewaukan on June 27, 1918; sent to Camp Dodge, Iowa; served in 337th Field Artillery, to discharge. Discharged at Whipple Barracks, Ariz., on May 6, 1919, as a Private, Surgeon's Certificate of Disability, 25%.

CLIFTON, PAUL JAMES. Army number 2,704,711; registrant, McKenzie county; born, Dover, Del., Feb. 5, 1894, of (nationality of parents not given); occupation, laborer; inducted at Schafer on June 24, 1918; served in Machine Gun Company, 352nd Infantry, to Aug. 6, 1918; 163rd Depot Brigade, to discharge. Grade: Private 1st Class, Oct. 24, 1918. Discharged on Dec. 9, 1918, as a Private 1st Class.

MARGIN RESERVE FOR BINDING - THIS IS A PERMANENT RECORD - BE PLAINLY, WITH UNFADING INK. 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.

STATE OF DELAWARE DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH

2400

1. PLACE OF DEATH
 County... Kent State of Delaware, Registered No. 147
 Hundred... East or Village...
 City... Dover No. ... St. ... Ward ...
 Length of residence in city or town where death occurred... months... days. How long in U.S. if of foreign birth? years... months... days

2. FULL NAME... Paul J. Clifton
 (a) Residence: No. ... St. ... Ward. ...
 (Usual place of abode) (If non-resident give city or town and State)

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 (write the word) <u>Widowed</u>	6a. If married, widowed, or divorced HUSBAND of (or) WIFE of	20. DATE OF DEATH (no day and yr.) <u>Sept 7 1918</u>	21. I HEREBY CERTIFY, That I attended deceased from <u>Sept 7 1918</u> to <u>Sept 7 1918</u>
7. AGE Years <u>23</u> Months <u>7</u> Days <u>4</u>	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	I last saw him alive on <u>Sept 7 1918</u> ; death is said to have occurred on the date stated above, at <u>12 P.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Heart disease</u> <u>Arteriosclerosis</u> <u>1918</u>
12. BIRTHPLACE (city or town) (State or country) <u>Delaware</u>	13. NAME <u>Always W. Clifton</u>	14. BIRTHPLACE (city or town) (State or country) <u>Dover</u>	15. MAIDEN NAME <u>Wrephine G. Brockman</u>	16. BIRTHPLACE (city or town) (State or country) <u>Dover</u>	Contributory causes of importance not related to principal cause.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
17. INFORMANT (Address) <u>W. H. D...</u>			18. BURIAL, CREMATION, OR REMOVAL Place <u>West 12 St</u> Date <u>Sept 12 1918</u>		
19. UNDERTAKER (Address) <u>W. H. D...</u>			22. If death was due to external causes (violence) fill in also the following: 22a. Accident, suicide, or homicide? Date of injury... 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place Manner of injury Nature of injury		
24. FILED <u>Sept 11 1918</u>			23. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>W. H. D...</u> M. D. (Address)		

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