

*Christ Episcopal Church Cemetery Inventory*

State and Water Streets, Dover DE 19903

Lot Number: 46 Space: C

Find A Grave # 11904427

Name: **Coady, James**

Birth date: December 25, 1853 Death date: May 25, 1932 Burial Date: May 28, 1932 Age: 78  
Pennsylvania or Wilmington, DE

Spouse: Lucinda *Harding* Coady; m. January 27, 1886 in DE by Rev. Lewis W. Gibson

Children: Anastasia *Harding Coady* Keedy (1886-1944)

Parents: James Coady and Anna S. Nals?(Wales) father from Northern Ireland (1930 census)

Siblings: Jermiah Coady (1867- )

Residence: Masonic Home of Delaware (Lines)? (1930 census) "Inmate"; Marshallton DE

Cause of death:

Service/occupation information: "Tire switch, hardware store" (1920 census) Tinsmith (1880 census); plumber

Officiate:

Lot Owner: Mrs. James Coady (Lucinda *Harding* Coady) Perp. care \$100 May 14, 1944

Inscription:

James Coady  
1853 - 1932

DIMENSIONS: H 12" x W 24" x D 12"

STYLE: headstone

Corners of lot marked with "C"

No repairs needed (cleaning)



Inventory date: January 29, 2020 Recorder: Ellen Richardson

### RETURN OF A MARRIAGE

In the                      of                      Kent County.

Full name of Groom James Leady  
 Age                      Color  
 Nation or State  
 Residence Om Dr.  
 Occupation  
 Full name of Bride Lily Harding  
 Age                      Color  
 Nation or State  
 Residence Om Delaware  
 Name and birthplace of Groom's parents

Name and birthplace of Bride's parents

Date of Marriage  
 Number of previous marriages: Of Groom — Of Bride —

**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 27 day of Jan 1886

Signature, Levis W. Gibson  
 Official designation Rect of Christ Church  
 Address Om Dr.

To the Recorder of Deeds of Kent County.

MARRIAGE RECORDS  
 VOL. 71 P. 12

### STATE OF DELAWARE DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH

JUN 8 1932                      1298

DEPARTMENT Gen. Cases State of Delaware, Registered No. ....  
 Hundred                     or Village                      
 City                     No.                     Ward                      
 Length of residence in city or town where death occurred    years    months    days    How long in U.S. if of foreign birth?    years    months    days

2. FULL NAME James Leady                      10-131  
 (a) Residence: No.                                          Ward                      
 (b) Place of death: No.                                          Ward                    

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX <u>M</u> 4. COLOR OR RACE <u>W</u> Single, Married, Widowed, or Divorced (write the word) <u>W</u>	20. DATE OF DEATH (see day and yr.) <u>May 25 - 32</u>
2a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Unknown</u>	21. I HEREBY CERTIFY, That I attended deceased from <u>                   </u> 18 <u>82</u> , to <u>May 25, 1932</u> . I last saw <u>                   </u> on <u>May 25, 1932</u> and death is said to have occurred on the date stated above, at <u>                   </u> . The principal cause of death and related causes of importance in order of merit were as follows: <u>Chronic nephritis</u>
3. DATE OF BIRTH (see day and yr.) <u>Dec 25 - 52</u>	22. Was disease or injury in any way related to occupation of deceased? <u>No</u>
7. AGE    Years <u>79</u> Months <u>                   </u> Days <u>                   </u> If LESS than 1 day - hrs. or - min.	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>No</u> Date of injury <u>                   </u> Where did injury occur? <u>                   </u> Specify whether injury occurred in industry, in home, or in public place <u>                   </u> Manner of injury <u>                   </u> Nature of injury <u>                   </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</u>	24. Was disease or injury in any way related to occupation of deceased? <u>No</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                   </u>	25. If so, specify <u>                   </u>
10. Date deceased last worked at this occupation (month and year) <u>                   </u> 11. Total time (years) spent in this occupation <u>                   </u>	26. (Signed) <u>James F. Howard</u> M. D. <u>                   </u> (Address)
12. BIRTHPLACE (city or town) <u>Del</u> (State or country)	
13. NAME <u>James Leady</u> (State or country)	
14. BIRTHPLACE (city or town) <u>Del</u> (State or country)	
15. MAIDEN NAME <u>Ann S. Hales</u> (State or country)	
16. BIRTHPLACE (city or town) <u>                   </u> (State or country)	
17. INFORMANT <u>Henry Leady</u> (Address) <u>                   </u>	
18. BURIAL, CREMATION OR REMOVAL. Place <u>Om Dr.</u> Date <u>5.25.32</u>	
19. UNDERTAKER <u>Langman</u> (Address) <u>                   </u>	
20. FILED <u>                   </u> Local Sub-Registrar	
21. FILED <u>                   </u> Local Registrar	

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

James F. Chandler & Son Inc.

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—THIS IS A PERMANENT RECORD—THIS IS A PERMANENT RECORD  
 All items of information should be carefully checked. AGE shall be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. If death occurred in a hospital or institution, give the EXACT location of street and number. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.  
 N. B.—Every item of information should be carefully checked. AGE shall be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. If death occurred in a hospital or institution, give the EXACT location of street and number. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.