

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 36 Space: A

Find A Grave # 11904453

Name: **Cole, Amos Torbert**

Birth date: May 16, 1881 Death date: January 30, 1953 Burial Date: Feb. 3, 1953 Age: 71
b. Harrington, DE

Spouse:

Parents: Amos Cole (1842-1903) (Sheriff of Kent Co. DE) and Emily (Emma) Louise *Coulbourne* Cole (1849-1938)

Siblings: Calvin Cheyney Cole (1871-1921); Mark Wooster Cole (1873-1948); Lela *Cole* Walker (b. 7-12-1875); Zula Cole (1879-1961); Ellen Louise *Cole* Fulton (1888-1977)

Residence: Houston, Texas

Cause of death/Burial/Obituary: Arteriosclerosis; generalized with hypertension, ventricular fibrillation- death cert., TX Dept. of Health

Service/occupation information: Railroad officer (retired at time of death)

Officiate: Rev. Paul L. Kellogg

Lot Owner: Emma L. Cole

MARKER: Family monument in center of Lot 36

Inscription:

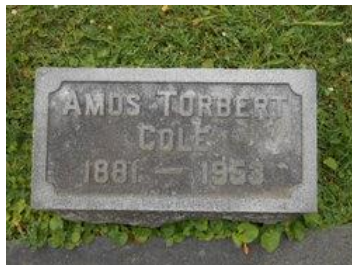
Amos Torbert
Cole
1881 - 1953

DIMENSIONS: H 7" x W 20" x D 10"

STYLE: Footstone and family monument in center

Lot barrier present -partially sunken north and south

Repairs; Cleaning



Inventory date: November 25, 2019 Recorder: Ellen Richardson

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information must be carefully supplied. Exact Statements Must Be Given. See Extract of Law on Back of Certificate.

STATE OF DELAWARE STANDARD CERTIFICATE OF BIRTH

State File No. **1596**
Registered No. _____

1. PLACE OF BIRTH—
County Kent State of Delaware
Hundred Duquellin or Village _____
City Seaside No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amos Torbert Cole (If child is not yet named, make supplemental report, as directed)

| | | | | |
|--|---|---|--|--|
| 3. Sex <u>Male</u> | 4. Twin, triplet, or other Number, in order of birth _____ | 6. Premature Full term <input checked="" type="checkbox"/> | 7. Legitimate Mated <input checked="" type="checkbox"/> | 8. Date of Birth <u>May 16 1936</u> (Month, day, year) |
| 9. Full name of FATHER <u>Amos Cole</u> | | 18. Full maiden name of MOTHER <u>Emily Louise Coulbourne</u> | | |
| 10. Residence (usual place of abode) (If nonresident, give place and State) <u>Harrington</u> | | 19. Residence (usual place of abode) (If nonresident, give place and State) <u>Harrington</u> | | |
| 11. Color or race <u>White</u> | 12. Age at last birthday <u>29</u> (years) | 20. Color or race <u>White</u> | 21. Age at last birthday <u>32</u> (years) | |
| 13. Birthplace (city or place) (State or country) <u>New London</u> <u>Delaware</u> | | 22. Birthplace (city or place) (State or country) <u>Seaside</u> <u>Delaware</u> | | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hotel Keeper</u> | | 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Home Wife</u> | | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ | | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ | | |
| 16. Date (month and year) last engaged in this work _____ | | 25. Date (month and year) last engaged in this work _____ | | |
| 17. Total time (years) spent in this work <u>4</u> | | 26. Total time (years) spent in this work _____ | | |
| 27. Number of children of this mother (At time of this birth and including this child) <u>5</u> | | | | |
| 28. If stillborn, period of gestation _____ (months or weeks) | | | | |
| 29. Cause of Stillbirth (a) Born alive and now living. <input checked="" type="checkbox"/> (b) Born alive but now dead. <input type="checkbox"/> (c) Still born. <input type="checkbox"/> | | | | |
| 30. Prophylactic Used in Eyes _____ | | | | |

31. VERIFICATION OF NAME BY PARENT
CORRECT NAME OF CHILD Amos Torbert Cole NAME OF PARENT Emily C. Cole

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE FOR BIRTH

I hereby certify that Amos Torbert Cole is the son of this child, who was BORN alive on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 never asked for
 supplied

Counter signed Emily C. Cole Mother (Signed) Emily C. Cole ~~XXXX~~
Clara A. Jones ~~XXXX~~

Born before me this 16 day of June, 1936.
Clara A. Jones ~~XXXX~~
N.P.

Address Carpenter Rd
Filed CT-2, 1936 - A. C. Jost-M.D. ~~XXXX~~
STATE Registrar.

World War II military registration

REGISTRATION CARD—(Men born on or after April 28, 1877 and on or before February 16, 1897)

| | | |
|---|--|--|
| SERIAL NUMBER <u>U 1123</u> | 1. NAME (Print) <u>Amos Torbert Cole</u> (First) (Middle) (Last) | ORDER NUMBER _____ |
| 2. PLACE OF RESIDENCE (Print) <u>Kingsway Hotel</u> <u>ST. Louis</u> <u>Mo.</u> (Number and street) (Town, township, village, or city) (County) (State) | | |
| [THE PLACE OF RESIDENCE GIVEN ON THE LINE ABOVE WILL DETERMINE LOCAL BOARD JURISDICTION; LINE 2 OF REGISTRATION CERTIFICATE WILL BE IDENTICAL] | | |
| 3. MAILING ADDRESS <u>SAME</u> (Mailing address if other than place indicated on line 2. If same insert word same) | | |
| 4. TELEPHONE <u>ROSEDALE</u> <u>1800</u> (Exchange) (Number) | 5. AGE IN YEARS <u>60</u> DATE OF BIRTH <u>MAY 16 1891</u> (Month) (Day) (Yr.) | 6. PLACE OF BIRTH <u>HARRINGTON</u> <u>DELAWARE</u> (Town or county) (State or country) |
| 7. NAME AND ADDRESS OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS <u>MRS LELA C. WALKER 505 N. STATE ST. DOVER DELA.</u> | | |
| 8. EMPLOYER'S NAME AND ADDRESS <u>Missouri Pacific R.R. 1320 Olive ST. Louis Mo.</u> | | |
| 9. PLACE OF EMPLOYMENT OR BUSINESS <u>1320 Olive ST</u> <u>ST. Louis</u> <u>Mo</u> (Number and street or R. F. D. number) (Town) (County) (State) | | |
| I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE | | |
| D. S. S. Form 1 (Revised 4-1-42) | | <u>A. J. Cole</u> (Registrar's signature) |

(over) 16-21630-2

101-02-07-07 TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NO. 2814

| | | | |
|---|-------------------------------|--|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Harris b. CITY (If outside corporate limits, write NAME and give OR TOWN Houston) | | 2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Delaware b. COUNTY Kent | |
| 3. NAME OF DECEASED a. (First) AMOS b. (Middle) T. c. (Last) COLE | | 4. DATE OF DEATH January 30, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH May 16, 1881 |
| 9. USUAL OCCUPATION (If deceased at work time during most of working life, give if retired) Retired Officer | | 10. KIND OF BUSINESS OR INDUSTRY Railroad | |
| 11. BIRTHPLACE (State or foreign country) Delaware | | 12. FATHER'S NAME Amos Cole | |
| 13. MOTHER'S MAIDEN NAME Emily Coudorns | | 14. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give year or date of service) No | |
| 15. SOCIAL SECURITY NO. Unknown | | 16. INFORMANT'S SIGNATURE J. W. Jackson c/o Union Sta. Office Missouri Pacific Lines | |
| 17. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c)) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure | | INTERVAL BETWEEN DEATH 1/30/53 | |
| *This does not mean the mode of dying, such as myocardial infarction, etc. It means the disease, injury, or complication which caused death. 2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) a. Arteriosclerosis, generalized with hypertension b. Ventricular fibrillation | | 20. TIME OF INJURY (Specify) (Month) (Day) (Year) (Hour) (Minute) (Second) 5:45 P.M. | |
| 18. DATE OF OPERATION | | 19. MAJOR FINDINGS OF OPERATION | |
| 21. ACCIDENT OR SUICIDE (Specify) | | 22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) | |
| 23. CITY, TOWN, OR PRECINCT (Include county) | | 24. HOW DID INJURY OCCUR? | |
| 25. TIME OF INJURY (Specify) (Month) (Day) (Year) (Hour) (Minute) (Second) 5:45 P.M. | | 26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 27. I hereby certify that I attended the deceased from 1923 , to Jan. 30, 1953 , that I last saw the deceased alive on Jan. 30, 1953 , and that death occurred at 5:45 P.M. , from the causes and on the date stated above. | | | |
| 28. SIGNATURE (Degree or title) J. W. Jackson | | 29. ADDRESS 3717 S. Main, Houston, Texas | |
| 30. DATE SIGNED 1/31/53 | | 31. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 32. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 33. DATE Jan. 31, 1953 | |
| 34. LOCATION (City, town, or county) Doover, Delaware | | 35. NAME OF CEMETERY OR CREMATORY Christ Church Cemetery | |
| 36. REGISTRAR'S FILE NO. 101-02-07-07 | | 37. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Lewis & Sons | |
| 38. DATE REC'D BY LOCAL REGISTRAR Jan 30 - 1953 | | 39. REGISTRAR'S SIGNATURE Geo. H. Lewis, Jr. #2654 | |

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

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The Morning News, Wilmington, DE, Monday, February 2, 1953

