

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 8 Space: H3

Find A Grave # 11904866

Name: **Diefenderfer, Margaret (Maggie) L. Harris**

Birth date: February 11, 1857 Death date: April 1, 1916 Burial Date: April 4, 1916 Age: 59

Spouse: William B. Diefenderfer, m. March 25, 1886, Camden, DE

Children: Helen Lewis Diefenderfer (1887-1964); Sarah E. *Diefenderfer* Stevens (1889-1986); William Elmer Diefenderfer Sr. (1892-1973); Roland Harris Diefenderfer Sr. (1894-1974)

Parents: William B. Harris (1821-1884) and Sarah Elizabeth *Lewis* Harris (1830-1911)

Siblings: Luther Charles Harris (1847-19050; Mary F. Harris (1852-1878); Willard H. Harris (1854-); Lizzie Elizabeth Harris Carey (B. 1861); Norton O. Harris (1859-1936)

Residence: Wyoming, DE

Cause of death/Burial/Obituary:

Service/occupation information:

Officiate:

Lot Owner: Mr. William Harris Purchased A-E Oct. 24, 1884/and F-J Aug. 28, 1885
Assessment pd. By Mrs. S.C. Creek, Box 11, Wyoming DE
\$10 pd to Sr. Warden James Kirk Oct. 24, 1884 and Aug. 28, 1885

MARKER: Harris Family Monument

Inscription:

Margaret L.
Diefenderfer
Born
Feb 11, 1857
Died
April 1, 1916
William B.
Diefenderfer
1858 - 1935



DIMENSIONS: H 8' 4" x W 32" x D 32"

STYLE: family monument with urn on top, carved ivy on 2nd tier

No repairs needed

Inventory date: May 22, 2019 Recorder: Ellen Richardson



RETURN OF A MARRIAGE

In the town of Camden Kent County,
Delaware

Full name of Groom William B. Dieffendorfer
 Age Twenty Seven Color White
 Nation or State Delaware
 Residence Kent County
 Occupation Farmer

Full name of Bride Maggie S. Harris
 Age Twenty Nine Color White
 Nation or State Delaware
 Residence Kent County
 Name and birthplace of Groom's parents _____

Name and birthplace of Bride's parents William B. Harris New Jersey & Sarah Harris Kent County, Delaware
 Date of Marriage March 25th - 1886
 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 31st day of March 1886

Signature Frank Hones
 Official designation Minister
 Address Camden Kent Co. Delaware

To the Recorder of Deeds of Kent County

MARRIAGE RECORDS
 VOL. 71 P. 24

RETURN TO THE PROPER LOCAL REGISTRAR. /
POSTAL CARD O. K.

STATE OF DELAWARE 3034 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 18

1 PLACE OF DEATH
 County Kent
 Hundred North Muddkill
 or Village Wyanit
 or City No. _____ St. _____ Ward _____

2 FULL NAME Ms. Maggie L. Dieffendorfer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIED, WIDOWED OR SINGLE (Write the word) Married

6 DATE OF BIRTH Feb. 11th, 1907

7 AGE 69 yrs. 1 mos. 19 ds. 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) _____

PARENTS

10 NAME OF FATHER W B Harris
 11 BIRTHPLACE OF FATHER (State or country) New Jersey
 12 MAIDEN NAME OF MOTHER Sarah E. Harris
 13 BIRTHPLACE OF MOTHER (State or country) Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) William Dieffendorfer
 (Address) Dear Wyanit

15 _____

16 MEDICAL CERTIFICATE OF DEATH
 16 DATE OF DEATH April 2nd, 1906

17. I HEREBY CERTIFY, THAT AN INQUEST WAS HELD UPON THE BODY OF THE ABOVE NAMED DECEASED ON THE 2nd DAY OF April 1906, THAT THE JURY RENDERED A VERDICT GIVING THE CAUSE OF DEATH AS FOLLOWS:
Some Cordic Disease

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

Contributory secondary (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) William B. D. Monroe Coroner.
 _____, 1906 (Address) _____

* State the Disease Causing Death, or, in death from Violent Causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (For Hospital, Institution, Transient, 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 _____ DATE OF BURIAL _____
Christ Church yard April 4, 1906

20 UNDERTAKER _____ ADDRESS _____
92 L. P. Bisset

Filed, _____ 19____ LOCAL SUB-REGISTRAR.
 Filed, X/ 4 1906 E. H. Steele LOCAL REGISTRAR.

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