

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 31 Space: I

Find A Grave # 11905371

Name: **Farquhar, Eleanor (Ellinor) "Ella" Johnson Cliver**

Birth date: July 29, 1846 Death date: April 16, 1915 Burial Date: April 19, 1915 Age: 68
B. Whitehill, NJ

Wife of George W. Farquhar (1837-1906) m. 1868?

Childre; Sophie Carre Farquhar (1878-1906)

Parents: William Cliver and Mariah *Brown Smith* Cliver (1819-1885)

Siblings: Sarah Ann Cliver (1840-1927); Mary Cliver (1843-); Henry Herman Cliver (1844-1931); George E. Cliver (1848-1929); Annie Marie Cliver (1851-1883); Virginia "Jennie" Cliver (1854-);

Residence: Philadelphia PA

Cause of death/Burial/Obituary: Cancer

Service/occupation information:

Officiate: Rev. Benjamin F. Thompson

Lot Owner: Mrs. Sophie C. Jester

Inscription: Headstone:

Eleanor J.
Widow of
George W. Farquhar
Born July 29, 1846
Died April 16, 1915
"Rest in Peace"

Inscription: Footstone: Mother

DIMENSIONS: Headstone: H 43" x W 30" x D 14"

Dimensions: footstone: H 3" x W 17" x D 10"

STYLE: headstone and footstone

Repairs needed: cleaning



Inventory date: July 9, 2020 Recorder: Nancy Quinn



Form V. S. No. 5.-50M. 52813.

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA,
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

1. PLACE OF DEATH.
County of Allegheny
Township of Allegheny
or
Borough of Allegheny
or
City of Allegheny

Registration District No. _____
Primary Registration District No. _____
File No. 42961
Registered No. 7270

2. FULL NAME Eleanor J. Farquhar

(If death occurred in Hospital or Institution give in NAME, number of street and number.)
No. 3122 St. 15th St. 38 Ward. _____

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>W</u>	16. DATE OF DEATH <u>4 16 1915</u>	
6. DATE OF BIRTH <u>7 29 1846</u>			17. I HEREBY CERTIFY, That I attended deceased from <u>5 11</u> to <u>4 16 1915</u> that I last saw him <u>alive</u> on <u>4 11 1915</u> and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH* was as follows: <u>Carcinoma of uterus</u> <u>42 11</u> duration yrs. mos. d.	
7. AGE <u>68</u> yrs. <u>9</u> mos. <u>—</u> ds. If LESS than 1 day how many hrs. or min.?			Contributory (Secondary) _____ (Duration) yrs. mos. d.	
8. OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)			18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS). At place of death, yrs. mos. ds. State _____ In the _____ State _____ yrs. mos. ds. Where was disease contracted? If not at place of death? Former or usual residence _____	
9. BIRTHPLACE (State or Country) _____			19. PLACE OF BURIAL OR REMOVAL <u>Dover Pa</u> DATE OF BURIAL <u>4 19 1915</u>	
10. NAME OF FATHER <u>Wm. Clever</u>			20. UNDERTAKER <u>J. McManis</u> ADDRESS <u>3114 Alden</u>	
11. BIRTHPLACE OF FATHER (State or Country) _____				
12. MAIDEN NAME OF MOTHER <u>Mrs. Brown</u>				
13. BIRTHPLACE OF MOTHER (State or Country) _____				
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) <u>Earl Clever</u> <u>3122 W 15th St</u> Address _____				
15. Filed <u>4 19 1915</u> Local Registrar _____				

*State the DISEASE CAUSING DEATH; of its death from VIOLENT CAUSES, state MEANS OF INJURY; and if ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

Important. See instructions on back of certificate.