

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 72 Space: I

Find A Grave # 11909860

Name: **Greene, Annie David**

Birth date: March 24, 1848 Death date: October 17, 1925 Burial Date: October 20, 1925 Age: 76-77

Spouse:

Children:

Parents: John Green(e) (1821-1876) and Eliza Green(e) (1820-1904)

Siblings: Sarah Elizabeth Greene (1850-1920); Lidie (Lidia) Bell Greene (1860-1948)

Residence: Williamsport, PA

Cause of death/Burial/Obituary: Died from burns from a stove

Service/occupation information:

Officiate: Thomas G. Hill

Lot Owner: Lidie B. Greene, F – J/ Contact Mr. Henry K. Green, Dear Park FL

Inscription:

Annie David
daughter of
John + Eliza Greene
1848 - 1925

DIMENSIONS: H 11" x W 24" x D 12"

STYLE: headstone

Repairs needed: cleaning



Inventory date: March 2, 2020 Recorder: Ellen Richardson

Form V. S. No. 5-30M-1-11-23

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
 County of DeKalb Registration District No. 679
 Township of Williamstown Primary Registration District No. 52
 or Borough of Williamstown (No. 1412 of Forend St., Ward) Registered No. 565
 City of Williamstown File No. 103657

2. FULL NAME Miss Anna David Greene

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

6. DATE OF BIRTH (month, day, and year) Mar 24 1888

7. AGE Years 77 Months 6 Days 23 IF LESS than 1 day... hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed for employer
 (c) Name of employer

9. BIRTHPLACE (city or town) Kenton (State or country) Delaware

10. NAME OF FATHER John Greene (State or country) Delaware

11. BIRTHPLACE OF FATHER (city or town) Kenton (State or country) Delaware

12. MAIDEN NAME OF MOTHER Elizabeth

13. BIRTHPLACE OF MOTHER (city or town) Kenton (State or country) Delaware

14. Informant Henry R. Greene (Address) 1414 Forend St.

15. Filed Oct 18 1925 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Oct 17 1925
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 1925 to Oct 17 1925 that I last saw her alive on Oct 17 1925 and that death occurred, on the date stated above, at 9 P. m

The CAUSE OF DEATH* was as follows:
2ndary burn
involving 2/3rds of body
backed into gas stove
179 duration yrs. mos. ds.

CONTRIBUTORY Pulmonary Edema (SECONDARY) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? 1/2

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings
 (Signed) Dr. Patrick A. Hill M. D.
 (Address) Wm. H. Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) WEAPONS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Novel Hill DATE OF BURIAL Oct 19 1925

20. UNDERTAKER W. M. Page ADDRESS Wm. H. Hosp.

11-3154

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.