

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 8 Space: 1

Find A Grave # 11909966

Name: **Harris, Sarah Elizabeth Lewis**

Birth date: April 18, 1830 Death date: September 2, 1911 Burial Date: Age: 81

Spouse: William B. Harris (1821-1884) m. February 10, 1847

Children: Luther G. Harris(1847-1905), Margaret (Maggie) L. Harris Diefenderfer (1857-1916), Norton O. Harris (1859 or 1869-1936); Sarah Elizabeth "Lizzie" Harris Carey (1861-1936); Mary Harris (1853-); Willard M. Harris Sr. (1854-1941)

Parents: Ann "Annie" Allaband Lewis (1801-1884); and William Lewis (1800-1872)

Siblings: Caleb B. Lewis (1835-1920); Garrot Lewis (1842-); Luthar (1848-); Anna Lewis (1848-); James Lewis (1864-)

Residence: Farm near Wyoming DE

Cause of death/Burial/Obituary: see next page

Service/occupation information:

Officiate:



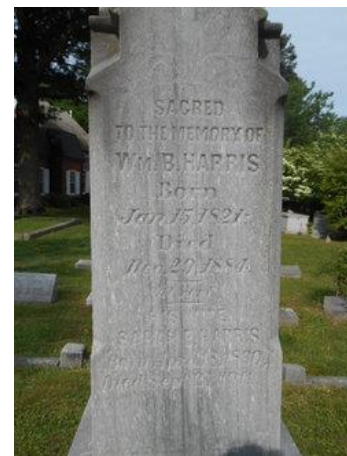
Lot Owner: : Mr. William Harris Purchased A-E Oct. 24, 1884/and F-J Aug. 28, 1885
Assessment pd. By Mrs. S.C. Creek, Box 11, Wyoming DE
\$10 pd to Sr. Warden James Kirk Oct. 24, 1884 and Aug. 28, 1885

Marker: Family monument and footstone

Inscription facing East:

Sacred
To the memory of
Wm. B. Harris
Born
Jan. 15 1821
At Rest
His wife
Sarah E. Lewis Harris
Born April 18, 1830
Died Sept. 2, 1911

Footstone: "Mother"



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

Footstone: H 3" x W 16" x D 8"

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

No repairs needed

Inventory date: May 22, 2019 Recorder: Ellen Richardson

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. 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.

1 PLACE OF DEATH
County Kent
Hundred _____
or Village Near Wyoming
or City on farm No. _____ St. _____ Ward _____

STANDARD DEATH CERTIFICATE
DELAWARE

Registered No. 35
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah E Harris

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED married
6 DATE OF BIRTH Apr 18 - 1830
(Month) (Day) (Year)
7 AGE 81 yrs. _____ mos. _____ ds. If less than 1 day, _____ hrs. or _____ min.
8 OCCUPATION
(a) Trade, profession, or particular kind of work Laundry
(b) General nature of industry, business, or establishment in which employed (or employer)
9 BIRTHPLACE (state or country) Near Camden Md
10 NAME OF FATHER William Fears
11 BIRTHPLACE OF FATHER (state or country) Md
12 MAIDEN NAME OF MOTHER Ann Alaband
13 BIRTHPLACE OF MOTHER (state or country) Md

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Sept 2 - 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1911 to Sept 1, 1911, that I last saw h. live on Sept 1, 1911, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH * was as follows:
Non consumption of food
Rheumatic Heart
(Duration) Several yrs. _____ mos. _____ ds.

Contributory Secondary (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. Anderson M. D.
10-9-, 1911 (Address) _____

* State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Manner 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr. Gary
(Address) Phila. Pa.

19 PLACE OF BURIAL OR REMOVAL Dover Pa
20 UNDERTAKER W. White
DATE OF BURIAL Sept 5 - 1911
ADDRESS Dover Pa

10 Filed, 10/12, 1911 W. Steel REGISTRAR