

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 6 Space: H

Find A Grave # 11916159

Name: **Lord, Annie Clark**

Birth date: 1860 Death date: January 28, 1920 Burial Date: January 31, 1920 Age: 60

Spouse: James Lord (1855-1920)

Children:

Parents: John E. Clark and Adalaide G. Shroff Clark

Siblings:

Residence:

Cause of death/Burial/Obituary:

Service/occupation information:

Officiate:

Lot Owner: James Lord

Marker: Footstone; Family marker with names of James and Annie are in 6 G

Inscription:

LORD
 James Lord
 Died May 10 1920
 Aged 65 years
 Annie Clark Lord
 Died Jan 28 1920
 Aged 60 years
 "Wife"

Footstone:

DIMENSIONS: H16" x W 8" x D 7" - footstone

STYLE: footstone + family monument

Repairs needed: Stone cleaned summer 2021



Inventory date: May 22, 2019 Recorder: Ellen Richardson

RETURN TO THE PROPER LOCAL REGISTRAR.

1895

STATE OF DELAWARE 256
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County Kent
Hundred Sumner
or Village Camden
or City No. _____ St. _____ Ward.

2 FULL NAME Annie Black Lusk 120

PERSONAL AND STATISTICAL PARTICULARS
3 SEX F 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH _____ 19____
(Month) (Day) (Year)

7 AGE 60 yrs. _____ mos. _____ ds.
If less than 1 day, _____ hrs. or _____ min.

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Pa

10 NAME OF FATHER John E. Black

11 BIRTHPLACE OF FATHER (State or country) Pa

12 MAIDEN NAME OF MOTHER Adeline V. Shuff

13 BIRTHPLACE OF MOTHER (State or country) Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James Lusk
(Address) Camden Pa

15 Filed, _____, 19____ LOCAL SUB-REGISTRAR

Filed, Jan 31, 1920 L. S. Llewellyn LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 1, 28, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1920, to Jan 28, 1920, that I last saw her alive on January 28, 1920, and that death occurred, on the date stated above, at 9.5 A. M.

The CAUSE OF DEATH * was as follows:
Uremia
following Coronary Catheter
rupture.
(Duration) xx yrs. xx mos. xx ds.

Contributory Arteriosclerosis
Secondary (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. Gordon Cooper M. D.
Jan 29, 1920. (Address) Dover Del

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, 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 Episcopal Cemetery DATE OF BURIAL 1/31, 1920

20 UNDERTAKER Wm. J. Lusk ADDRESS Camden Pa

MARGIN RESERVE 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.