

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 94 Space: D1

Find A Grave # 130275826

Name: **McClain, Sarah Elizabeth Collins**

Birth date: July 2, 1913 (birth cert. says 1909) Death date: April 1, 1985 Burial Date: April 4, 1985 Age: 71

Spouse: Paul D. McClain (1904-1989)

Children:

Parents: Oakley B. Collins (1889-) and Sarah (Sadie) Siegman *Boggs* Collins Anthony (1890-)
(Etta *Boggs* Yingling – mother's sister)

Siblings: James Barrett Collins (1907-1965)

Residence: 226 New St., Smyrna, DE

Cause of death/Burial/Obituary: Cancer; see next page

Service/occupation information: Waitress

Officiate:

Lot Owner: Sarah Boggs Anthony, C, D, E; Sept. 5, 1958

Marker: family monument and footstone

Inscription:

Sarah E. McClain
July 2, 1913
April 1, 1985

Monument: McClain

DIMENSIONS: H 6" x W 20" x D 10"

Monument: 64" x W 22" x D 7"

STYLE: footstone + family monument

No repairs needed



Inventory date: March 30, 2020 Recorder: Ellen Richardson

Birth certificate retrieved from ancestry.com on November 19, 2020

MARGIN RESERVE FOR BINDING. IS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. EXTRACT OF LAW ON BACK OF CERTIFICATE. EVERY LINE OF INFORMATION MUST BE CAREFULLY SUPPLIED. EXACT STATEMENTS MUST BE GIVEN.

STATE OF DELAWARE
STANDARD CERTIFICATE OF BIRTH

State File No. **974**

1. PLACE OF BIRTH—
 County **Kent** Registered No. _____
 Hundred _____ or Village **Camden** State of Delaware
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child **Sarah Elizabeth Collins,** (If child is not yet named, make supplemental report, as directed)

3. Sex **Female** 4. Twin, triplet, or other _____ 5. Premature _____ 6. Legitimate _____ 7. Date of birth **July 2, 1909**
 (If plural births) 8. Number, in order of birth _____ 9. Full term _____ 10. Date of birth (Month, day, year)

9. Full name **Oakley B. Collins,** FATHER 18. Full maiden name **Sadie Boggs,** MOTHER
 10. Residence (usual place of abode) **Camden, Delaware,** (If nonresident, give place and State) 19. Residence (usual place of abode) **Camden, Delaware.** (If nonresident, give place and State)

11. Color or race **White** 12. Age at last birthday **24** (years) 20. Color or race **White** 21. Age at last birthday **21** (years)

13. Birthplace (city or place) **Delaware,** (State or country) 22. Birthplace (city or place) **Delaware** (State or country)

14. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. **R.R.** 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother: (At time of this birth and including this child) (a) Born alive and now living **2** (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____ 30. Prophylactic _____

31. VERIFICATION OF NAME BY PARENT
 CORRECT NAME OF CHILD _____ NAME OF PARENT **Mrs. Sadie Boggs Collins**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ date above stated.
 (When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
 (Signed) **Mrs. Sadie Boggs Collins**, M. D.
 or _____ Midwife
 Given name added from _____ (Date of) _____
 Supplemental report _____
 Address **Camden, Delaware,** Filed **12/4, 1909** Registrar **G. C. [Signature]**

*Given to before me this 4th day of Dec. 1931
 Charles H. Jones, D. P.*

The Morning News, Wilmington, DE, Tuesday, April 2, 1965

Sarah E. McClain

DOVER — Sarah E. McClain, 71, of 226 New St., Smyrna, died of cancer Monday in Courtland Manor Nursing Home, Dover, where she had lived for about a month.

Mrs. McClain, a waitress in Dover and Smyrna restaurants for about 25 years, retired in 1956.

She is survived by her husband, Paul D.

Services will be Thursday at 11 a.m. in Faries Funeral Chapel, 29 S. Main St., Smyrna, where friends may call Wednesday after 7 p.m. Burial will be in Christ Church Cemetery, Dover.

Morning News, Tues., April 2, 1965