

**Christ Episcopal Church Cemetery Inventory**  
 State and Water Streets, Dover DE 19903

Lot Number: 63 Space: F

Find A Grave# 11921199

Name: **Moore, Anna "Annie" Reed**

Birth date: January, 1884 Death date: April 21, 1911 Burial Date: April 25, 1911 Age: 27

Spouse: Abraham Moore (1882-1956) (m. January 22, 1907)

Children: Oscar Tomlinson Moore (1904-1983)

Parents: James M Reed (1852-1930) and Mary Ruley Powell Reed (1851-1923)

Siblings: Eugene C. Reed (1879-1916); James Edward Reed (1888-1978); Mary Hester Reed Collins (1892-1971)

Residence:

Cause of death/Burial/Obituary: Peritonitis; stone is on the edge of 63F and 70j next to Reed family marker

Service/occupation information:

Officiate: Rev. Benjamin F. Thompson

Lot Owner: Mary R. Reed

Inscription:

Annie Moore  
 1884 - 1911

DIMENSIONS: H 5" x W 17" x D 9"

STYLE: headstone

No repairs needed



MARGIN RESERVE FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 in public towns, so that they may be properly identified. ELICIT statement of OCCUPATION in every important. See instructions on back of certificate.

1 PLACE OF DEATH  
 County Kent  
 Hundred Eastover  
 Village or City Dover St. Del. Ward

STANDARD DEATH CERTIFICATE  
 DELAWARE Registered No. 440  
 (If death occurred in a hospital or institution, give its NAME, number of street and number.)

2 FULL NAME Annie Moore

PERSONAL AND STATISTICAL PARTICULARS  
 3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, DIVORCED, Married  
 6 DATE OF BIRTH Jan 1, 1884 (Month) (Day) (Year) If less than 1 day, — hrs. or min.?

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

8 BIRTHPLACE (State or country) Del.

PARENTS  
 9 NAME OF FATHER James Reed  
 10 BIRTHPLACE OF FATHER (State or country) Del.  
 11 MAIDEN NAME OF MOTHER See  
 12 BIRTHPLACE OF MOTHER (State or country) Del.

13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)

14 PLACE OF BURIAL OR REMOVAL  
 Filed 5/5, 1911 Ed Steele REGISTRAR  
 SO UNDERTAKER R. Johnson ADDRESS Dover

MEDICAL CERTIFICATE OF DEATH  
 15 DATE OF DEATH Apr 21, 1911 (Month) (Day) (Year)  
 16 I HEREBY CERTIFY, That I attended deceased from April 6<sup>th</sup>, 1911, to April 21, 1911, and that I last saw her alive on April 21, 1911, and that death occurred, on the date stated above, at m.  
 The CAUSE OF DEATH\* was as follows:  
Peritonitis (Disease) y/n. mo. h. d.  
 Contributory secondary Doubtful (Duration) y/n. mo. h. d.  
C. de S. Scarborough, M. D. (Signed) Apr 28, 1911 (Address) Dover Del.  
 \* State the Disease Causing Death, or, in double line, Stroke, Cancer, State (1) Means of Injury and (2) Whether Accidental, Suicidal, or Homicidal.  
 17 LENGTH OF RESIDENCE For Hospital, Institution, Treatment, or Resort At place of death y/n. mo. d. In the State y/n. mo. d. Where was disease contracted, If not at place of death? Home or usual residence

Inventory date: March 28, 2020 Recorder: Ellen Richardson