

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 34 Space: D

Find A Grave # 11921702

Name: **Pritchett, Emma Ida**

b. Cambridge, MD

Birth date: 1852 Death date: Burial Date: August 1, 1910 July 28 or 29, 1910 Age: 57

Spouse: ? (divorced)

Children:

Parents: William Alexander Pritchett and Elizabeth "Eliza" Jane Hubbard Pritchett (1827-1904)

Siblings: William Lott Pritchett (1855-1927); Jennie Hubbard Pritchett Wright (1863-1928); Edward L. Pritchett (b. abt. 1857)

Residence:

Cause of death/Burial/Obituary: Consumption

Service/occupation information:

Officiate: Rev. Benjamin F. Thompson

Lot Owner: William L. Pritchett A – E; Paid \$10 December 14, 1886

Inscription:

E. Ida Pritchett
1852 - 1910

DIMENSIONS: H 31" x W 24" x D 11"

STYLE: headstone

Repairs needed



416

STANDARD DEATH CERTIFICATE
DELAWARE

County Kent
Hundred _____
Village or _____
City or Dover St. _____ Ward _____

1 FULL NAME Emma Ida Pritchett

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Female 3 COLOR OR RACE White 4 SINGLE, MARRIED, OR SEPARATED Married
5 DATE OF BIRTH _____ (Month) (Day) (Year)
6 AGE 57 yrs. _____ mos. _____ ds. If less than 1 day, hrs. _____

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

8 PLACE OF BIRTH _____ (State or country)

9 NAME OF FATHER William A. Pritchett
10 BIRTHPLACE OF FATHER _____ (State or country)
11 MAIDEN NAME OF MOTHER Eliza Hubbard
12 BIRTHPLACE OF MOTHER _____ (State or country)

13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jennie Wright
(Address) Choptank, Md

14 PLACE OF DEATH _____

15 PLACE OF BURIAL OR REMOVAL Dover 16 DATE OF BURIAL Aug 1, 1910
17 UNDERTAKER W. Pritchett

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 28 1910 (Month) (Day) (Year)
19 I HEREBY CERTIFY, That I attended deceased from About 2 1/2 hours before death and that death occurred, on the date stated above at _____
that I last saw deceased alive on July 25, 1910, and that death occurred, on the date stated above at _____

20 THE CAUSE OF DEATH was as follows:
Consumption
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. Anderson M. D.
Aug 11, 1910 (Address) Jamaica

21 SIGNATURE OF DECEASED _____ (Place)
22 LENGTH OF RESIDENCE (For Spanish, Italian, Turkish, or Greek Residents) _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where no disease contracted, If not at place of death, Former or usual residence _____

23 PLACE OF BURIAL OR REMOVAL Dover 24 DATE OF BURIAL Aug 1, 1910
25 UNDERTAKER W. Pritchett

M. D. - Every item of information should be carefully furnished. EXACT statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Inventory date: July 20, 2020 Recorder: Nancy Quinn