

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 63 Space: G

Find A Grave# 134315432

Name: **Reed, James M.**

Birth date: August 15, 1852 Death date: December 19, 1930 Burial Date: Age: 78
b. Maryland

Spouse: of Mary R. *Powell* Reed (1851-1923), m. December 15, 1874

Children: Eugene C. Reed (1879-1916); Annie Reed Moore (1884-1911); James Edward Reed (1888-1978); Mary Hester *Reed* Collins (1892-1971)

Parents: John Reed and Hester Meredith Reed

Siblings:

Residence:

Cause of death/Burial/Obituary: acute alcoholism

Service/occupation information: fisherman

Officiate:

Lot Owner: Mary R. Reed

Inscription:

REED

Marker spans 2 spaces, G and H; shared with wife

DIMENSIONS: H 18" x W 20" x D 10"

STYLE: family monument

No repairs needed



Inventory date: March 28, 2020 Recorder: Ellen Richardson

MARRIAGE RECORDS
VOL. 33 P. 47

KNOW ALL MEN BY THESE PRESENTS, That we, *James M Reed*
and *Benjamin W Cahall*
are held and firmly bound to the State of Delaware, in the sum of two hundred dollars, lawful money of the said State, to be paid to the said State of Delaware; to which payment well and truly to be made, we bind ourselves, and each of us, jointly and severally, our and each of our heirs, executors and administrators, firmly by these presents. Sealed with our seals, and dated this 15th day of Dec in the year of our Lord one thousand eight hundred and 74

THE CONDITION OF THE ABOVE WRITTEN OBLIGATION IS SUCH, That if *James M Reed* aforesaid and *Mary B Powell* may lawfully unite themselves in Marriage, and if there be no legal objection to celebrating the rites of Marriage between them, then this obligation shall be void; otherwise, to be and remain in force.

SIGNED, SEALED AND DELIVERED IN THE PRESENCE OF

Wm A Moore) *James M Reed* (SEAL)
Benjamin W Cahall (SEAL)

STATE OF DELAWARE
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

3161

1. PLACE OF DEATH *Kent* County... State of Delaware, Registered No. 196
Hundred... *100* or Village...
City... *Pratt* No. ... St. ... Ward ...
Length of residence in city or town where death occurred... years... months... days... How long in U.S. if of foreign birth... years... months... days...

2. FULL NAME... *James M Reed* 56
(a) Residence No. ... St. ... Ward ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. Single, Married, Widowed, or Divorced (write the word) <i>Married</i>	6a. If married, widowed, or divorced (or) WIFE of	7. DATE OF BIRTH (mo., day and yr.) <i>Aug 15 - 1882</i>	8. AGE Years <i>48</i> Months <i>4</i> Days <i>4</i> If LESS than 1 day, —hrs. or —min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country) <i>Maryland</i>			13. NAME <i>John Reed</i>		
14. BIRTHPLACE (city or town) (State or country)			15. MAIDEN NAME <i>Hester Meredith</i>		
16. BIRTHPLACE (city or town) (State or country)			17. INFORMANT <i>Ansie Collins</i>		
18. BIRTHPLACE (city or town) (State or country)			19. UNDERTAKER <i>John P. Smith</i>		
20. BIRTHPLACE (city or town) (State or country)			21. BIRTHPLACE (city or town) (State or country)		
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20. DATE OF DEATH (mo., day and yr.)
Nov 30 - 1932

21. I HEREBY CERTIFY, That I attended deceased from *Nov 2 - 30 - 1932* to *Dec 14 - 1932*
I last saw him alive on *Dec 14, 1932*. Death is said to have occurred on the date stated above, at *Pratt, Md.*
The principal cause of death and related causes of importance in order of onset were as follows:
Acute Cholelithiasis 1932
Acute nephritis

Contributory causes of importance not related to principal cause:
Acute nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

23. Was disease or injury in any way related to occupation of deceased? *Yes*
If so, specify _____
(Signed) *J. S. Lippert*
(Address) _____

24. FILED *Jan 8 - 1933*
Local Sub-Registrar
J. S. Lippert
Local Registrar

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY