

*Christ Episcopal Church Cemetery Inventory*

State and Water Streets, Dover DE 19903

Lot Number: 63 Space: H

Find A Grave # 134315780

Name: **Reed, Mary R. Powell**

Birth date: March 12, 1851 Death date: June 26, 1923 Burial Date: June 28, 1923 Age: 72

Spouse: James M. Reed (1852-1930), m. December 15, 1874

Children: ? Lucy Reed (b. abt. 1877); Eugene C. Reed (1879-1916); Annie Reed Moore (1884-1911); James Edward Reed (1888-1978); Mary Hester *Reed* Collins (1892-1971)

Parents: Samuel Powell (1829-1872) and Harriet *Miller* Powell (1831-1906)

Siblings:

Residence: Dover, DE

Cause of death/Burial/Obituary:

Service/occupation information:

Officiate: Rev. Benjamin F. Thompson

Lot Owner: Mary R. Reed

Inscription:

REED

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

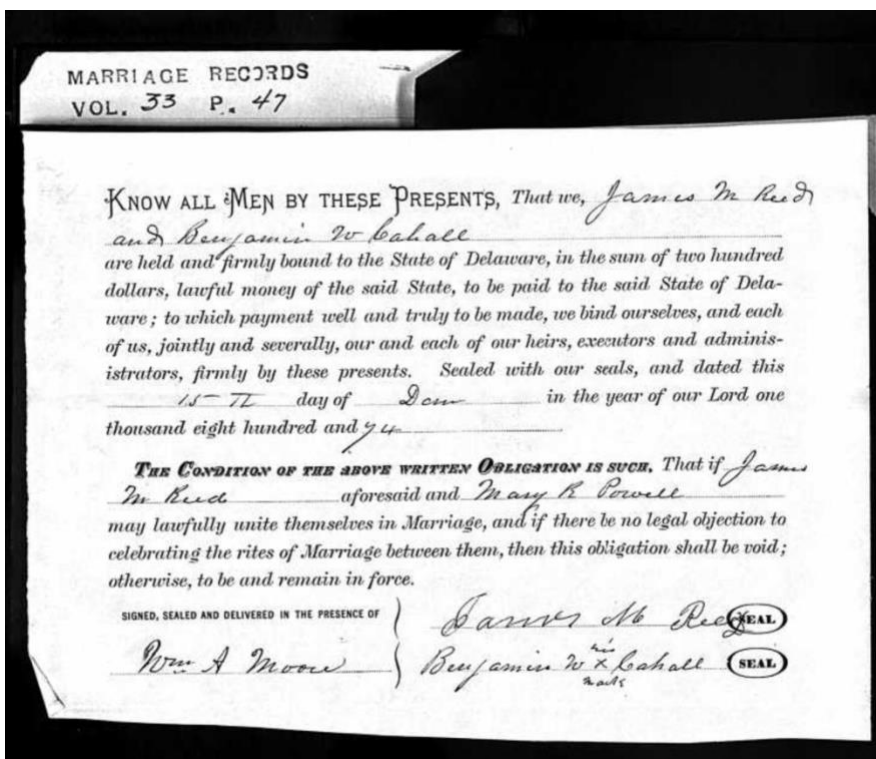
DIMENSIONS: H 18" x W 20" x D 10"

STYLE: family monument

No repairs needed



Inventory date: March 28, 2020 Recorder: Ellen Richardson



RETURN TO THE PROPER LOCAL REGISTRAR.

1649

STATE OF DELAWARE  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Kent  
Hundred East Dover  
Village or City Dover  
No. 66 Ward.

Registered No. 106

1 PLACE OF DEATH

2 FULL NAME Mary R Reed

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6 DATE OF BIRTH March 12, 1851 19 (Month) (Day) (Year)

7 AGE 72 3 14 (If less than 1 day, hrs. or min.)

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

9 BIRTHPLACE (State or country) Delaware

10 NAME OF FATHER Samuel Powell

11 BIRTHPLACE OF FATHER (State or country) Delaware

12 MAIDEN NAME OF MOTHER Harriet Miller

13 BIRTHPLACE OF MOTHER (State or country) Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. J. A. Hunter (Address) Dover

15 PLACE OF DEATH (Informant) Dover (Address) Dover

16 PLACE OF BURIAL OR REPOUSE (Name of cemetery) Christ P. C. (Anglo) (Address) Dover

17 DATE OF BURIAL June 25, 1923

18 UNDERTAKER R. J. Myerson (Address) Dover Del

MEDICAL CERTIFICATE OF DEATH

17 I HEREBY CERTIFY, That I attended deceased from June 23 to June 26 1923 (Month) (Day) (Year)

18 I last saw deceased on June 26 1923 (Month) (Day) (Year)

19 and that death occurred, on the date stated above, at 1:30 P. M.

The CAUSE OF DEATH was as follows:  
Paralysis (left leg)

Contributory Heart

(Duration) 3 yrs. 2 mo. 2 wks.

(Signature) C. de J. Hubbard M. D.  
Date June 27, 1923 (Address) Dover Del.

20 I certify the Deceased Coming Death, or its death, from Violent Causes (Name (1) Name of Injury; and (2) whether Accidental, Fatal, or Suspected)

21 LENGTH OF RESIDENCE (For Hospital, Institution, Treatment, or Special Building)

22 At place of death 3 yrs. 0 mo. 0 ds. In the State 3 yrs. 0 mo. 0 ds.  
Where was disease contracted?  
If not at place of death?  
Former or usual residence?

23 FILED June 28, 1923 H. C. Taylor LOCAL SUB-REGISTRAR  
FILED July 8, 1923 E. S. Lasswell LOCAL REGISTRAR

MARGIN RESERVE FOR BINDING

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

24. Every item of information should be carefully reported. AGE should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH as exactly as possible. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.