

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 78 Space: H

Find A Grave # 127306064

Name: **Tomlinson, Townsend Samuel (Peggy) Jr.**

Birth date: May 28, 1908 Death date: May 8, 1992 Burial Date: Age: 83
b. Dover, DE (Birth cert. says May 27)

Spouse: Elizabeth Mary *Clymer* Tomlinson (1907-1968) m. July 31, 1928

Children: William Russell Tomlinson (1930-1995); Townsend E. Tomlinson (1930-1950) and Everett Oscar Tomlinson (1938-1993); one more

Parents: Samuel Townsend Tomlinson (1874-1957) and Emma *Morris* Tomlinson (1883-1960)

Siblings: Mildred May Tomlinson (1900-1960); Oscar Robert Tomlinson (1902-1987); Daisy Ellen Tomlinson (1911-1996); William Charles Tomlinson (1914-1974); Mary C. *Tomlinson* Walker (1920-1978); Samuel E. Tomlinson (1923-1984)

Residence: Smyrna, DE

Cause of death/Burial/Obituary:

Service/occupation information: PVT US Marine Corps, WW II; factory worker; DE State Highway Dept.



Officiate:

Lot Owner: Townsend S. (Peggy) Tomlinson F-J; Perpetual care by burial permit \$125, Jan. 16, 1950

Marker shared with spouse, plus military marker

Inscription:

TOMLINSON	
Townsend S.	Elizabeth
May 28, 1908	Nov. 14, 1907
May 8, 1992	June 27, 1968

Footstone:

Townsend Peggy Tomlinson	
PVT US Marine Corps	
World War II	
May 28, 1908	May 8, 1992



DIMENSIONS: H 0" x W 48" x D 14"

Footstone: H 2" x W 24" x D 12"

STYLE: headstone, footstone is veteran's marker

No repairs needed



Inventory date: March 26, 2020 Recorder: Ted George

Birth certificate, marriage certificate and draft registration retrieved from ancestry.com on October 26, 2020

CERTIFICATE OF DELAYED BIRTH REGISTRATION 11827
BUREAU OF VITAL STATISTICS
STATE OF DELAWARE
BOARD OF HEALTH

1. PLACE OF BIRTH
COUNTY West STATE OF DELAWARE
CITY Dover NO. _____ WARD _____

2. FULL NAME OF CHILD TOWNSEND SAMUEL TOMLINSON, JR.
3. SEX Male 4. TWIN, TRIPLE, OR OTHER None 5. DATE OF BIRTH 1908
6. FULL NAME Townsend Samuel Tomlinson 7. NUMBER, IN ORDER OF BIRTH: _____
8. FATHER Samuel Tomlinson 9. MOTHER Frank Tomlinson

10. PLACE OF RESIDENCE AT TIME OF THIS BIRTH Dover, Del.
11. PLACE OF RESIDENCE AT TIME OF THIS BIRTH Dover, Del.

12. COLOR OR RACE White 13. AGE WHEN BIRTH OCCURRED 33 (YEARS)
14. COLOR OR RACE White 15. AGE WHEN BIRTH OCCURRED 26 (YEARS)

16. BIRTHPLACE (CITY OR PLACE) Delaware 17. BIRTHPLACE (CITY OR PLACE) Delaware

18. OCCUPATION Mechanical Laborer 19. OCCUPATION Housewife

20. NUMBER OF CHILDREN OF THIS MOTHER (AT TIME OF THIS BIRTH AND INCLUDING THIS CHILD) 4
21. NUMBER OF OTHER CHILDREN LIVING WHEN THIS BIRTH OCCURRED 2
22. NUMBER OF CHILDREN DEAD WHEN THIS BIRTH OCCURRED 1

CERTIFICATE

I, Samuel Tomlinson (Full name) BEING FIRST DULY SWORN OR OATH, TESTIFY THAT THE FACTS CONCERNING MY _____ (Relationship) SET FORTH ABOVE ARE TRUE AND CORRECT.

SIGNATURE: Samuel Tomlinson (Signature of Person)
I CERTIFY THAT THE ABOVE PERSON APPEARED BEFORE ME AND TESTIFIED AS SET FORTH ABOVE AND AFFIXED _____ (Signature) THEREON AND IN MY PRESENCE, THIS _____ DAY OF April 1910.

MY COMMISSION EXPIRES April 10, 1910 (Address of Notary Public) Dover, Delaware (Address of Notary Public) REAL HERE

ABSTRACT OF EVIDENCE
(Do not write in this space)

I was born from _____ (Name of Mother) _____ (Name of Father) _____ (Date of Birth) _____ (Place of Birth) _____ (State or Country) _____ (Age when born) _____ (Color or Race) _____ (Sex) _____ (Number of children living when this birth occurred) _____ (Number of children dead when this birth occurred) _____ (Number of children of this mother at time of this birth and including this child) _____ (Number of other children living when this birth occurred) _____ (Number of children dead when this birth occurred) _____ (Name of Notary Public) _____ (Address of Notary Public)

FILED April 10, 1910

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STATE OF DELAWARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF MARRIAGE

1. DATE AND PLACE OF MARRIAGE July 31, 1928 Dover, Del.
(Month) (Day) (Year) (City, Town or Hundred) (County) (State)

2. FULL NAME OF GROOM Townsend Samuel Tomlinson
3. PRESENT RESIDENCE Dover Kent Del.
4. AGE AT LAST BIRTHDAY 21 5. COLOR OR RACE White
6. OCCUPATION Meat Cutter
7. NATIVITY (State or Country) Del.
8. SINGLE WIDOWER DIVORCED Single
9. GROOM'S FATHER Samuel Tomlinson NATIVITY (State or Country) Del.
10. GROOM'S MOTHER Emma Tomlinson NATIVITY (State or Country) Del.
11. NUMBER OF GROOM'S MARRIAGE One

12. FULL NAME OF BRIDE Elizabeth Clymer
13. PRESENT RESIDENCE Darlington Kent Del.
14. AGE AT LAST BIRTHDAY 20 15. COLOR OR RACE White
16. NATIVITY (State or Country) Del.
17. SINGLE WIDOWER DIVORCED Single
18. BRIDE'S MAIDEN NAME IF WIDOWED OR DIVORCED _____
19. BRIDE'S FATHER Elijah Clymer NATIVITY (State or Country) Del.
20. BRIDE'S MOTHER Anna Clymer NATIVITY (State or Country) Del.
21. NUMBER OF BRIDE'S MARRIAGE One

22. I hereby certify that the above answers were given to me personally, and are true to my best knowledge.
(Person performing ceremony) Rev. C. M. Adams
23. Residence Dover Kent Del. (City, Town or Hundred) (County) (State)

25. Witness or Witnesses, (not more than three)
Name C. M. Adams Residence Dover Del.

Filed _____, 1928 Local Registrar _____ Dist. No. _____ Co. _____

SERIAL NUMBER 908 1. NAME (Print) Townsend Samuel Tomlinson ORDER NUMBER 972
(First) (Middle) (Last)

2. ADDRESS (Print) 180 West Water Street Dover Kent Delaware
(Number and street or R. F. D. number) (Town) (County) (State)

3. TELEPHONE _____ 4. AGE IN YEARS 32 5. PLACE OF BIRTH Dover-Kent 6. COUNTRY OF CITIZENSHIP U.S.A.
(Exchange) (Number) (Day) (Month) (Year) (Town or county) (State or country)

7. NAME OF PERSON WHO WILL ALWAYS KNOW YOUR ADDRESS Mrs. Elizabeth Mary Tomlinson 8. RELATIONSHIP OF THAT PERSON Wife
(Mr., Mrs., Miss) (First) (Middle) (Last)

9. ADDRESS OF THAT PERSON 180 West Water Street Dover Kent Delaware
(Number and street or R. F. D. number) (Town) (County) (State)

10. EMPLOYER'S NAME State Highway Department
11. PLACE OF EMPLOYMENT OR BUSINESS State Highway Department Dover Kent Delaware
(Number and street or R. F. D. number) (Town) (County) (State)

I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE.

REGISTRATION CARD
D. S. S. FORM 1
Townsend Samuel Tomlinson
(Name) (Registered's signature)