

Christ Episcopal Church Cemetery Inventory

Lot Number: 12 Space: E*

State and Water Streets, Dover DE 19903

Find A Grave # 260387545

Name: Collins, Daniel T.

Birth date: March 1877 Death date: September 17, 1930 Burial Date: Sept. 20, 1930 Age: 53 b. Dover DE

Spouse: Ella Collins

Children: Mrs. William Fahey

Parents: James H. Collins (1848-1937) and Elizabeth Kirk Tomlinson Collins (1858-1933)

Siblings: Ellen T. Collins (1875-1875); Oston S. Collins (1878-1881); Edith B. Collins Grier (1881-1963); George Brown Collins (1884-1963) Bessie M. Tozour (1887-1980); William T. Collins - twin of Ross (1888-1888); Ross D. Collins - twin of William (1888-1888)

Residence:

Cause of death/Burial/Obituary: truck accident

Service/occupation information:

Officiate:

Lot Owner: Lot Owner: Original owner was Daniel Collins. Mrs. Wm. Fahy, daughter of Daniel and Ella Dennis, transferred the permit for Lot 12 to Mrs. Robert Orvis of Dover, a second cousin, for the use of members of their family.

No Marker

2248

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County New Castle
Hundred or Village or City Wil.
City Delaware Hospital No. 218 Ward 1753

2 FULL NAME Daniel T. Collins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED NO RECORD

6 DATE OF BIRTH NO RECORD

7 AGE about 52 (Month) (Day) (Year) 19

8 OCCUPATION Truck driver

9 BIRTHPLACE (State or Country) Delaware

10 NAME OF FATHER James Collins.

11 BIRTHPLACE OF FATHER (State or Country) Del.

12 MAIDEN NAME OF MOTHER Elizabeth Tomlinson

13 BIRTHPLACE OF MOTHER (State or Country) Del.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Robert Ferguson (Address) Dover Del.

15 DATE OF DEATH Sept. 17, 1930

16 I HEREBY CERTIFY, That an Inquest was held upon the body of the above named deceased on the 17 day of Sept. 1930 That the jury rendered a verdict giving the CAUSE OF DEATH as follows:
Inquest Pending
Automobile Accident

17 STATE THE DISEASE CAUSING DEATH, OR, IN DEATHS FROM VIOLENT CAUSES, GIVE (1) NAME OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE: (1) In Hospital, Institutions, Transients, or Recent Residence) At place of death Delaware Hospital State Del. (2) Where was disease contracted. Delaware (3) If not at place of death? Delaware

19 Place of Burial or Removal Delaware Date of Burial Sept 20 1930

Contributory Secondary Robert Ferguson (Duration) 1753

(Signed) Thomas White CORONER
Sept 18 1930 (Address) Delaware

FILED SEP 17 1930 Robert Ferguson SOCIAL REGISTRAR

Inventory date: August 31, 2019 Recorder: Ted George

* Indicates burial with no marker