

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 24 Space: C

Find A Grave # 9121534

Name: **Collins, Elizabeth Kirk Tomlinson**

Birth date: 1858 Death date: May 31, 1933 Burial Date: June 2, 1933 Age: 75

Spouse: James H. Collins (1848-1937), m. April 24, 1874

Children: Ellen T. Collins (1875-1875); Robert Morris Collins (1876-1927); Daniel T. Collins (1877-1930); Oston S. Collins (1878-1881); Austin Collins (1879-1879); Edith B. *Collins* Morris Grier (1881-1963); George Brown Collins (1884-1963); William T. Collins (1888-1888); Ross D. Collins (1888-1888); Bessie May *Collins* Tozour Pleasanton (abt. 1888-1980)

Parents: Daniel R. Tomlinson (1831-1911) & Ellen B. Kirk Tomlinson (1837-1918)

Siblings: Ella (Ellen) B. *Tomlinson* Brown Dennis (1856-1946); Thomas Tomlinson (1859-); William Kirk Tomlinson (1860 or 1861-1918); Albert W. Tomlinson (1863-1864): Albert Tomlinson (1864-1879); Gustavus Tomlinson (1866-1868); Josephine Stant *Tomlinson* Dorrell (1868-1938); Minnie C. *Tomlinson* Dorrell (1872-1948); Samuel Townsend Tomlinson (1874-1957); Edward Tomlinson (1875-); Maud *Tomlinson* Mistele (1876-1940);

Residence: Dover, DE

Cause of death/Burial/Obituary: "Arterio sclerosis"

Service/occupation information: Nurse

Officiate: Rev. Benjamin F. Thompson

Lot Owner: James H. Collins; certificate issued Sept. 11, 1882. Amount paid: \$15.00

Inscription:

Elizabeth K. Collins
1858-1933

DIMENSIONS: H 8" x 24" x D 12"

STYLE: headstone

No repairs needed

Inventory date: August 15, 2019 Recorder: Ellen Richardson



MARRIAGE RECORDS
VOL. 69 P. 152

Marriage Return.

TO THE RECORDER OF KENT COUNTY:

In compliance with the provisions of an Act of the General Assembly of the State of Delaware, I return the following Certificate of a Marriage solemnized by me:

Full name of Husband, James H. Collins
 Residence, Kent County, Del.
 Age when Married, _____
 Full maiden name of Wife, Elizabeth H. Tomlinson
 Residence, Keables
 Age when Married, _____
 Time when parties were Married, April 24th 1874.
 Color of Parties, White
 Name of person who solemnized Marriage, Ignatius J. Cooper
 Ceremony employed, M. E. Church.

March

A. D. 1875

Ignatius J. Cooper

STATE BOARD OF HEALTH
DELAWARE

STATE OF DELAWARE
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1312

1. PLACE OF DEATH Home State of Delaware, Registered No. 106
 DEPARTMENT Down No. 10 State Del. 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 Elizabeth H. Collins
 (a) Residence: No. South State Del. Ward _____
 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
 7. DATE OF BIRTH (mo. day and yr.) _____
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) Down, Del.
 13. NAME Daniel T. Tomlinson (State or country) Delaware
 14. BIRTHPLACE (city or town) (State or country) _____
 15. MAIDEN NAME Elean B. Kite
 16. BIRTHPLACE (city or town) (State or country) Delaware
 17. THIS ABOVE IS TRULY TAKEN NEXT OF MY KNOWLEDGE
 18. INFORMANT George Collins (Address) Down, Del.
 Date of Information 5-31-33
 19. BURIAL, CREMATION OR REMOVAL Christ Church Date 6-2-33
 20. UNDERTAKER H. D. Tomlinson Address Down, Delaware

MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH (mo. day and yr.) 5/3/33
 11. I HEREBY CERTIFY That I attended deceased from _____ 1830 to 5/3 1833
 I last saw her alive on 5/30 1833 death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance in order of onset were as follows:
Arterio sclerosis 1924
 Contributory causes of importance not related to principal cause:
Broncho pneumonia 5/24/33
 Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____
 22. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 18 _____
 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? No
 If so, specify _____
 (Signed) S. S. Cooper M. D.
 (Address) Down, Del.

24. FILED June 2 - 1883
 FILED June 8 - 1883
 THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY

MARGIN RESERVE FOR BINDING
WE PLEASE, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every case of infidelity should be carefully reported. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.