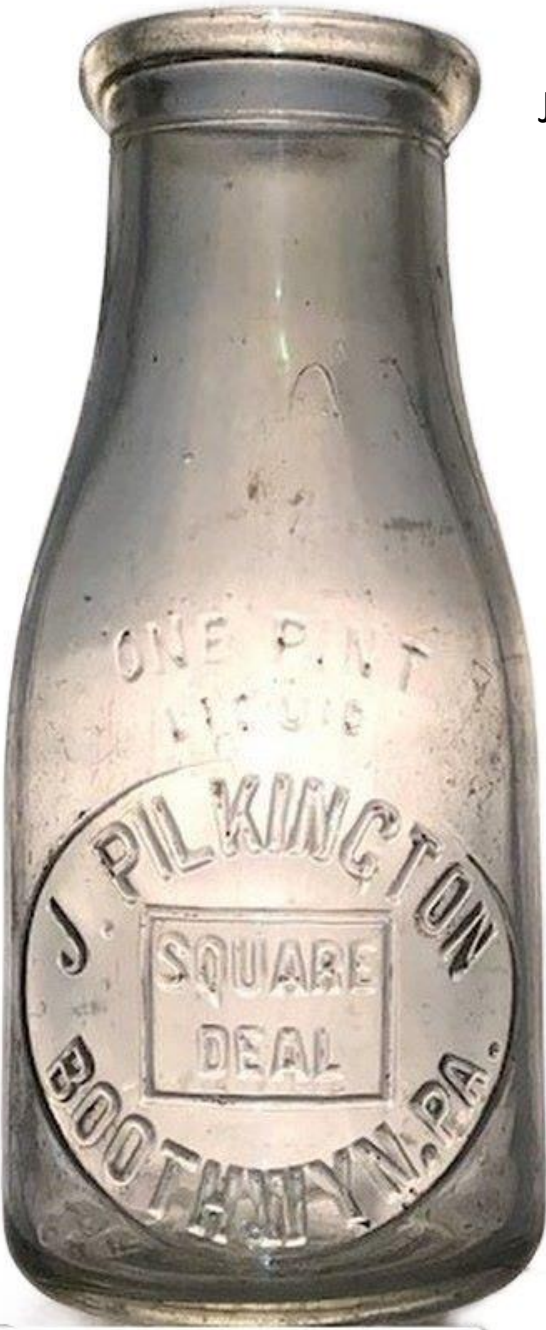
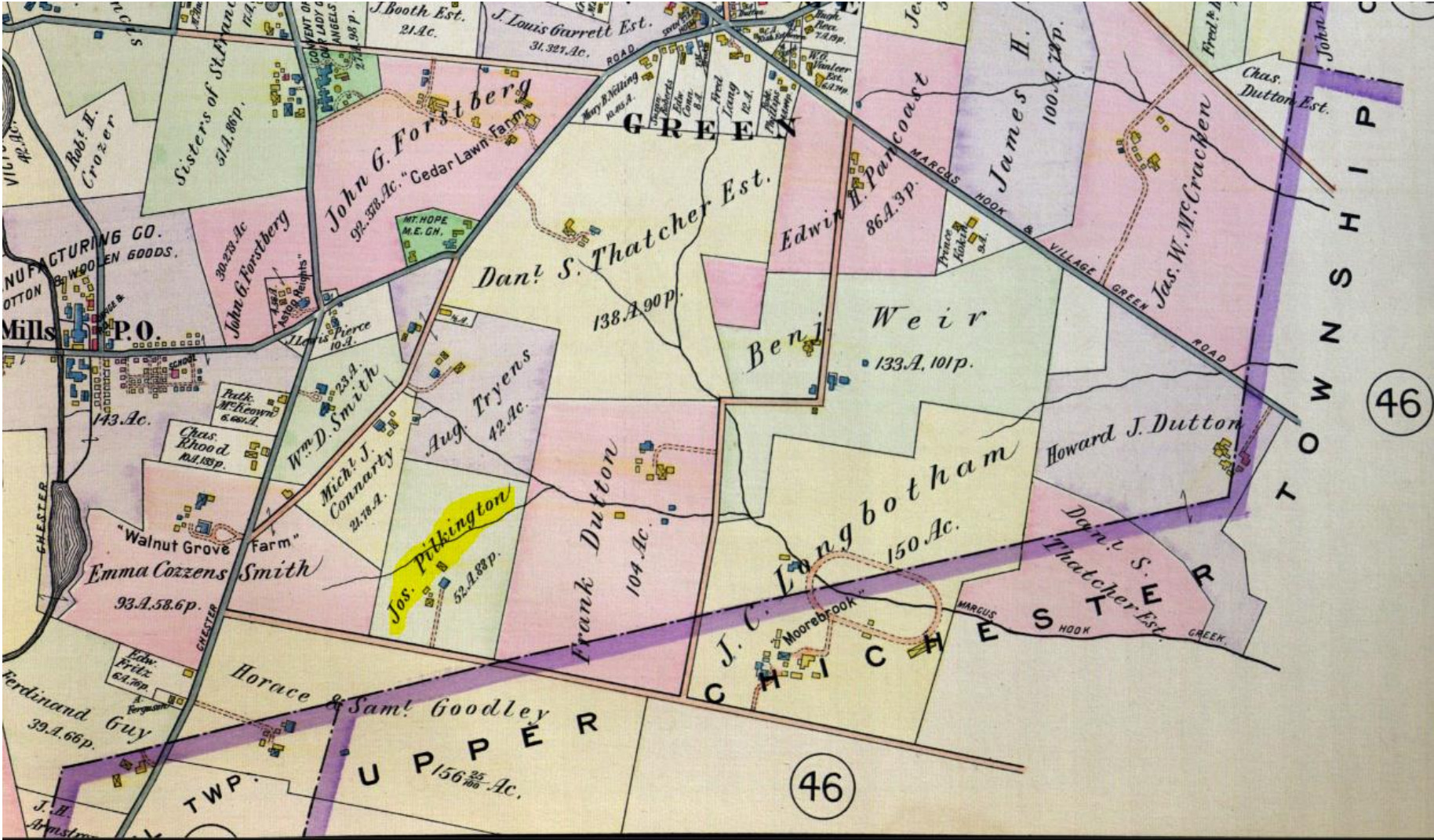


JAMES PILKINGTON JR

1911



J Pilkington Square Deal Boothwyn, PA.



Longbotham Road

1920 United States Federal Census for James Pilkington

Pennsylvania > Delaware > Upper Chichester > District 0209

Save

House No.	Dwelling Visited	Name	Relation	Home Owned	Mortgaged	Sex	Race	Age	Marital Status	Year Immigrated	Naturalized	Year Naturalized	Attended School	Can Read	Can Write	Birthplace	Tongue	Birthplace of Father	Tongue of Father	Birthplace of Mother	Tongue of Mother	Speaks English	Occupation	Industry	Employment Type	Farm School
X 74	76	Pilkington, James	Husband			M	W	42	M							Pennsylvania	English	Pennsylvania	English	Pennsylvania	English	Yes	None	Retail	JA	
		Elizabeth	Wife			F	W	41	M							Pennsylvania	English	Pennsylvania	English	Pennsylvania	English	Yes	None			
		Dorothy	Daughter			F	W	12	S							Pennsylvania	English	Pennsylvania	English	Pennsylvania	English	Yes	None			

1175 5D-100M-9-20  
Primary Dist. No. 23-0201

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
425  
54780

1. PLACE OF DEATH  
County Delaware  
Township  
Borough  
City Chester

CHESTER HOSPITAL  
No. Chester Hospital  
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.  
4 2 5 23 8

2. FULL NAME (type or print) JAMES Pilkington Jr  
Residence: No. Chichester Road St. Twin Oaks, Pa. 238  
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (month, day, and year) Dec 5, 1896  
7. AGE 42  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman  
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (month, day, and year) June 12th, 1938  
22. I HEREBY CERTIFY, That an inquest was held upon the body of the above named deceased on the \_\_\_\_\_ day of \_\_\_\_\_, 1938; that the jury rendered a verdict giving the cause of death as follows:  
The principal cause of death and related causes of importance were as follows:  
Apoplexy  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938  
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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) George White, Jr. Coroner  
(Address) Chester Hospital

12. BIRTHPLACE (city or town) (State or Country) Penna  
13. NAME James Pilkington  
14. BIRTHPLACE (city or town) (State or Country) England  
15. MAIDEN NAME Mary Burgess  
16. BIRTHPLACE (city or town) (State or Country) Pa  
17. SIGNATURE (name and address) OF INFORMANT Edward Pilkington, Jr. RFD Chester, Pa.  
18. BURIAL, CREMATION, OR REMOVAL: Place Mt Hope County Del State Pa Date June 14, 1938  
19. UNDERTAKER (name and address) R.P. Holand Marous Hoagland 6/14, 1938 86 Florence Street Registrar

20. FILED 6/14, 1938 86 Florence Street Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully specified, and stated in full. Each statement of OCCUPATION is very important. See instructions on back of certificate.







Concord Rd Father's Farm

# 1940 United States Federal Census for Mary J Pilkington

Pennsylvania > Delaware > Aston > 23-4

Line No.	Street	House No.	Visited N. Home Ov.	Home Value	Farm	Name	Relation	Code A	Sex	Race	Age	Marital S.	Attended	Grade	Code B	Birthplace	Code C	Citizensh.	City	County	State	Farm Code D	At Private	At Public	Seeking V.	Has a Job	Other Wo.	Code E	Week Hour Work	Week Out of Work	Occupation	Industry	Worker C	Code F	Weeks Incor.	Income C	Farm Sch.	Line No.	
71				3000	4000	No	Pilkington, Edward	Head	M	W	40	M	Yes	H4		Penna			Sam Place												Salesman	Automobile		298	69	1	1520	Yes	
72							Edward	Son	M	W	18	S	Yes	H3		Penna			Sam Place																				
73							James	Father	M	W	71	M	Yes	H5		England			Sam Place																				
74							Mary	Mother	F	W	72	M	Yes	H6		Penna			Sam Place																				

Father

HVS-2007-85M-5-49

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. **61091**  
Registered No. **36**

Primary Dist No. **2321-274**

BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. County **Del.**  
b. City (If outside corporate limits, write RURAL and give township) **Chester.**  
c. Length of Stay or (in this place) \_\_\_\_\_  
d. Full Name of Hospital or Institution **D. O. A. Chester Hosp.**

2. USUAL RESIDENCE (Where deceased lived or institution: residence before admission)  
a. State **Penna.** b. County **Del.**  
c. City (If outside corporate limits, write RURAL and give township) **Rural.**  
d. Street Address **Concord Rd.**

3. NAME OF DECEASED  
a. (First) **JAMES** b. (Middle) **PILKINGTON** c. (Last) \_\_\_\_\_  
4. DATE OF DEATH **7-1-1953**

5. SEX **M.** 6. COLOR or RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed.** 8. DATE OF BIRTH **11.21.1889** 9. AGE (in yrs. last birthday) **64.** 10. USUAL OCCUPATION (Give kind of work done during most of working life) **farmer** 10b. KIND OF BUSINESS OR INDUSTRY **farmer** 11. BIRTHPLACE (also give State or foreign country) **England.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **William Pilkington** 14. MOTHER'S MAIDEN NAME **Annah. no record.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **X** 16. SOCIAL SECURITY NO. **7-4-4** 17. INFORMANT'S OWN SIGNATURE **Mrs Mary Hunter** ADDRESS **3524 2nd Ave Chester Pa**

18. CAUSE OF DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary Artery Sclerosis**  
ANTECEDENT CAUSES **Generalized Arterio Sclerosis.**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
II OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? Yes  No

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, barn, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME (Month) (Day) (Year) Hour \_\_\_\_\_ 21e. INJURY OCCURRED OF \_\_\_\_\_ 21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that a view (in language) was held upon the body of the above named deceased on **July 1, 1953** and that death occurred at **10:00 a.m., E.S.T.**, from the causes and on the date stated above.

23a. SIGNATURE OF CORONER **W. J. Kaminski** 23b. ADDRESS **3524 2nd St. Chester, Pa.** 23c. DATE SIGNED **7-1-53**

24a. BURIAL, CREMATION, REINTERMENT, etc. (Specify) **Burial** 24b. DATE **7-3-53** 24c. NAME OF CEMETERY OR CREMATORY **Mt Hope** 24d. LOCATION (Town, township and county) (State) **Aston Del Co. Pa.**

DATE REC'D BY LOCAL REG. **7-2-53** REGISTRY'S SIGNATURE **John A. Cande** 25. SIGNATURE OF FUNERAL DIRECTOR **W. J. Kaminski** ADDRESS **Chester Pa.**