

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903

Lot Number: 12 Space: A

Find A Grave # 11904853

Name: **Dennis, Daniel H.**

Birth date: February 2, 1855 Death date: March 27, 1939 Burial Date: March 30, 1939 Age: 84

Spouse: Ella B. Tomlinson Dennis (1856-1946) m. 1887

Children: Annie Dennis (b. Sept. 1888); Raymond Dennis (b. abt. 1896); Clara Dennis (b. abt. 1898)

Parents: John H. Dennis and Harriet Ward Dennis

Siblings: Napoleon Dennis (b. abt. 1856); Anna M. Dennis (b. abt. 1860) in 1860 census: Harriet Dennis, 3 months old – may be “Annie”

Residence: Philadelphia, PA

Cause of death/Burial/Obituary: Prostate cancer and heart disease

Service/occupation information:

Officiate: Rev. Benjamin F. Thompson

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

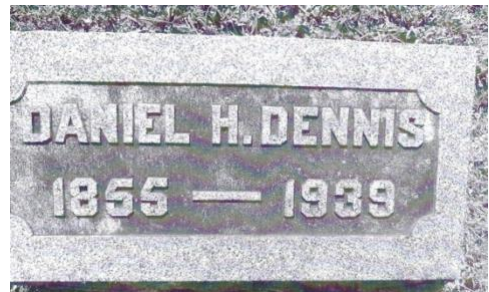
Inscription/Epitaph:

Daniel H. Dennis
1855 - 1939

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

STYLE: headstone

Repairs needed: cleaning



Inventory date: August 31, 2019 Recorder: Ted George

520 22046
Registered No. 06.01

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
PHILADELPHIA GENERAL HOSPITAL

1. PLACE OF DEATH
County _____
Township _____
Borough _____
City Philadelphia

2. FULL NAME (type or print) DANIEL H. DENNIS
Residence No. 2312 N. 22nd St. _____ Ward _____
(Usual place of abode) (If nonresident, give place, county, and State)

Length of residence in city or town where death occurred 63 yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.
(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6. DATE OF BIRTH (month, day, and year) Feb 2 1855

7. AGE Years 84 Months 1 Days 25 If LESS than 1 day, _____ hrs. or _____ mins.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silkmill, sawmill, 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) Delaware

13. NAME John H. Dennis

14. BIRTHPLACE (city or town) (State or Country) Delaware

15. MAIDEN NAME Harriett Ward

16. BIRTHPLACE (city or town) (State or Country) Delaware

17. SIGNATURE OF INFORMANT Anna May Dugalec
(Address) 247 E. Myrtle St

18. BURIAL, CREMATION, OR REMOVAL: Date March 20 1939
Place None County Kent State Del

19. UNDERTAKER (name and address) 392 1/2 Chestnut St
Andrew J. Davis & Son by Andrew J. Davis

20. FILED 19
MAR 28 1939 Registrar. J. C. Howell (Address) 1111 N. 11th St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3/27 (month, day, and year) 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/23 1939 to 3/27 1939.
I last saw him alive on 3/27 1939; death is said to have occurred on the date stated above, at 120 P.M. 6:57

The principal cause of death and related causes of importance were as follows: Cancer of Prostate Arteriosclerosis of the heart Diabetes
Date of onset Unknown

Other contributory causes of importance: 510
95b

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____ 19 _____
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

M. D. _____
D. O. _____

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 PHYSICIANS should state CAUSE OF DEATH in full, and state EXACT OCCUPATION in very important. See instructions on back of certificate.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY.

Dugalec