

Christ Episcopal Church Cemetery Inventory

State and Water Streets, Dover DE 19903 12

Lot Number: Space: B

Find A Grave # 11904860

Name: **Dennis, Ella B. Tomlinson**

Birth date: December 29, 1856 Death date: July 11, 1946 Burial Date: July 15, 1946 Age: 89
b. Philadelphia, PA

Spouse: Daniel H. Dennis (1855-1939) m. 1887

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

Parents: Daniel Reynolds Tomlinson (1831-1911) and Ella B. *Kirk* Tomlinson (1837-1918)

Siblings: Ellen Tomlinson Carson (1858-); Thomas Tomlinson (1859-); Elizabeth Kirk Tomlinson (1860-1933); William Tomlinson (1861-1918); Albert W. Tomlinson (1863-1864 or 1879); or there may have been another brother Albert Tomlinson (1864-1879); Gustavus Tomlinson (1866-1868); Josephine Tomlinson (1868-1938); Minnie C. Tomlinson (1872-1948); Samuel Townsend Tomlinson (1874-1957); Ezedward Tomlinson (1875-); Maud Tomlinson (1876-1940)

Residence: Philadelphia, PA

Cause of death/Burial/Obituary: Cerebral hemorrhage

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

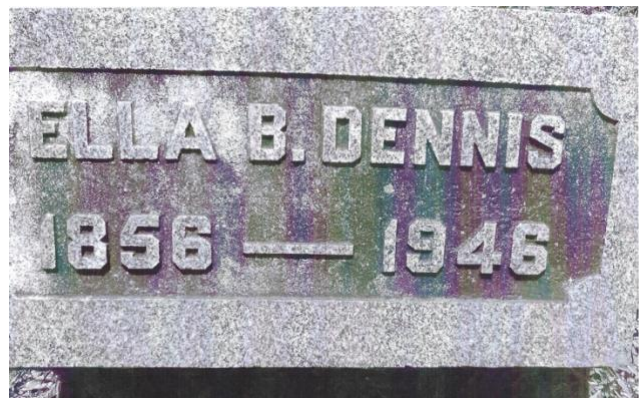
Inscription/Epitaph:

Ella B. Dennis
1856 - 1946

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

STYLE: headstone

Repairs needed: cleaning



Inventory date: August 31, 2019 Recorder: Ted George

HVS-20010-150M-10-42
 COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 520
 28
 File No. 64128
 14024
 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: *Phila*

(a) County *Phila*
 (b) Township
 (c) Borough
 (d) City
 (e) Name of hospital or institution *2312 N. 22 St*
 (If not in hospital or inst. write street number or location)
 (f) Length of stay: In hospital or inst. (g) In this community

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Pa* (b) County *Phila*
 (c) City or town *Phila*
 (If outside city or town limits, write RURAL)
 (d) Street No. *2312 N. 22 St*
 (If rural give location)
 (e) If citizen of foreign country, name country

3. (a) FULL NAME *ella B. Dennis* (63)

3. (b) If U. S. Veteran, complete reverse side of certificate | 3. (c) Social Security No.

4. Sex *F* 5. Color or race *W.* 6. (a) Single, widowed, married, divorced *Widowed*

6. (b) Name of husband or wife *Samuel H.* 6. (c) Age of husband or wife if alive *27* years (If less than one day)

7. Birth date of deceased *Dec 27 1856*
 (Month) (Day) (Year)

8. AGE: Years *89* Months Days If less than one day hr. min.

9. Birthplace *Phila Pa*
 (City, town, or county) (State or foreign country)

10. Usual occupation *Retired*

11. Industry or business

12. Name *Samuel Tomlinson*
 13. Birthplace *Virginia*
 (City, town, or county) (State or foreign country)
 14. Maiden name *Ella Kirk*
 15. Birthplace *Phila Pa*
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature *Mrs. Ella Fahy*
 (b) Address *2312 N. 22 St*

17. (a) *B* (b) Date thereof *7-15-46*
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place *Christ Church Cemetery, Shrewsbury, Pa*
 County State

18. (a) Signature of funeral director *J. H. Bowen & Son*
 (b) Address *4953 Lathbury St*

19. (a) *7-11-46* (b) *Joseph L. Sowell*
 (Date received local registry) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. Date of death: Month *July* day *11* year *1946* hour *12* minute *15 P.M.*

21. I hereby certify that I attended the deceased from *June 28*, 1946 to *July 11*, 1946
 that I last saw her alive on *July 10*, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral Hemorrhage* *2 weeks*

Due to *Hypertens. arteris - Scler.* *> years*

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: *83a*
 Of operations: *97*
 Of autopsy

PHYSICIAN Underline the cause to which death should be charged anatomically.

22. If death was due to external causes, fill in the following:
 (a) (Probably) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)
 While at work?..... (e) Means of injury.....

23. Signature *M. F. Fuchs* (M. D. or other) Date signed *July 11, 1946*
 Address *3224 Broad*

M I M I T