MAY 27 1936

Price .50 cts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 23580

CERTIFICATE OF DEATH

Registered No. F 3001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 762 W Saratoga St., ... Ward)

(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. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Hensell

(a) Residence: No. 762 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madison Hensell

6. DATE OF BIRTH (month, day, year) ? ? 1876

7. AGE: Years 60, Months ?, Days ?. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St Marys Co. Md

FATHER

13. NAME Frank Lonsdale

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT George Lonsdale

(Address) 804 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date April 17 1936

19. UNDERTAKER Katie R. Wilkins

(Address) 522 N Schroeder St

20. FILED April 16 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935, to April 14 36

I last saw her alive on April 13, 1936 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows: Myocarditis — Date of onset: 1 yr

Other contributory causes of importance: Ch Nephritis

Was an operation performed? No Date of .....

For what disease or injury?

What test confirmed diagnosis? Medical Test Was there an autopsy?

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?

If so, specify

(Signed) A. Atwell Jones M. D.

(Address) 1123 Penna Ave

TRANSCRIPT

This is a true copy of the record of Death in the Department of Health.