

## 1. PLACE OF DEATH.

County of PHILADELPHIA,

Township of .....

or  
Borough of .....

City of PHILADELPHIA.

## CERTIFICATE OF DEATH.

Registration District No. 1.

Primary Registration District No. ....

(No. *225<sup>00</sup> Mayfield St.*)Commonwealth of Pennsylvania,  
DEPARTMENT OF HEALTH  
Bureau of Vital StatisticsFile No. *3061*

Registered No. ....

Ward.)

## 2. FULL NAME

*Willis Christian Jensen*

## 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 ..... 1 .....  
(Month) (Day) (Year)7. AGE *27* yrs. mos. ds. If LESS than 1 day how many..... hrs. or ..... min.?8. OCCUPATION  
(a) Trade, profession, or particular kind of work *Ball Player*  
(b) General nature of industry, business, or establishment in which employed (or employer)9. BIRTHPLACE  
(State or Country) *Pa*10. NAME OF FATHER *Christian*11. BIRTHPLACE OF FATHER  
(State or Country) *Denmark*12. MAIDEN NAME OF MOTHER *Petrima Paulsen*13. BIRTHPLACE OF MOTHER  
(State or Country) *Denmark*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *Petrima Jensen*  
(Address) *225<sup>00</sup> Mayfield St*15. Filed *MAR 30 1917* *L. Lawrence*  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *March 27<sup>th</sup> 1917*  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *January 20<sup>th</sup> 1917* to *March 27<sup>th</sup> 1917*, that I last saw him alive on *March 24<sup>th</sup> 1917*, and that death occurred, on the date stated above, at *9:25<sup>1/2</sup> P. M.* The CAUSE OF DEATH\* was as follows:*Pulmonary tuberculosis -*  
*2 1/2* (Duration) *2 1/2* yrs. - *28* ds.Contributory  
(Secondary) .....

In deaths of children under 2 years of age, state if Breast fed or Artificially fed.

(Signed) *Richard S. Hooker* M. D.  
*3-28-1917* (Address) *110 South 19<sup>th</sup> St.*

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Transients or Recent Residents.)  
At place ..... In the  
of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted, *33*  
If not at place of death?  
Former or  
usual residence *225<sup>00</sup> Mayfield St*19. PLACE OF BURIAL OR REMOVAL *Greenmount* DATE OF BURIAL *April 1917*20. UNDERTAKER *Harold B. Wilgus* ADDRESS *2576 N. 10<sup>th</sup> St*

Statement of OCCUPATION is very

Important.

See instructions on back of certificate.

PARENTS

Important. See instructions on back of certificate.