

No 18517

TRANSCRIPT OF DEATH RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE MAR 24 1973

1-PLACE OF DEATH  
CITY OF BALTIMORE: (No. 420 Somerset St.; 5 Ward)

REGISTERED NO. 73697  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Bennett  
(a) RESIDENCE. No. 420 Somerset St., Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Colored 5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced HUSBAND of Sarah Bennett (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown  
7 AGE Years 69 Months Days IF LESS than 1 day, .....hrs., or .....min.

8 OCCUPATION OF DECEASED Labour  
(a) Trade, profession or particular kind of work...  
(b) General nature of industry, business, or establishment in which employed (or employer) ...  
(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

10 NAME OF FATHER John Bennett

11 BIRTHPLACE OF FATHER (city or town) Md (State or country)

12 MAIDEN NAME OF MOTHER Susan Johnson

13 BIRTHPLACE OF MOTHER (city or town) Md (State or country)

14 Informant Sarah Bennett (Address) 420 Somerset St

15 Filed 3/13/73 G. Hampton Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 11 1973

17 I HEREBY CERTIFY, That I attended deceased from Jan 13, 1973, to March 11, 1973 that I last saw him alive on March 11, 1973 and that death occurred on the date stated above, at 9:30 P.M.

18 CAUSE OF DEATH was as follows:  
Coronary Artery Disease  
Palpitations of Heart  
Palpitations of Heart  
Nervous Breakdown

CONTRIBUTORY (Secondary) Nervous Breakdown  
(duration) yrs. mos. ds. 2  
18 Where was disease contracted  
if not at place of death? ...  
Did an operation precede death? No Date of ...  
Was there an autopsy? No  
What test confirmed diagnosis?  
(Signed) Dr. W. H. ... M.D.  
3/12/73 (Address) 708 Essex St

19 PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL  
National Cemetery 3/14 73  
20 UNDERTAKER Edward Bryon 1631 Cleaveland St

BUREAU OF PENSIONS  
MAR 29 1973