No. 18517

TRANSCRIPT OF DEATH RECORD

HEALTH DEPARTMENT—CITY OF BALTIMORE

MAR 24 1923

REGISTERED NO. 73697

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Somerset St.; 5 Ward)

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 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

TRANSCRIPT

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Bennett

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	IF LESS than 1 day, ...hrs., or ....min.
69			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10 NAME OF FATHER John Bennett

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

12 MAIDEN NAME OF MOTHER Susan Johnson

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

14 Informant Sarah Bennett
(Address) 420 Somerset St

15 Filed 3/13, 1923 C Hampson Jones M.D. Registrar
George H Luse

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Mar 11 1923

17

I HEREBY CERTIFY, That I attended deceased from Jan 13, 1923, to March 11 1923
that I last saw him alive on March 11 1923
and that death occurred on the date stated above, at 9.30 P.m.

The CAUSE OF DEATH was as follows:

Apoplexy
Palpitation of Heart

(duration) yrs. 2 mos. ds.

CONTRIBUTORY Palpitation of Heart
(Secondary) Nervous Breakdown
(duration) 2 yrs. 15 ds.

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 G W Howard, M.D.

3/12, 1923 (Address) 708 Ensor St

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	3/14 1923

20 UNDERTAKER	ADDRESS
Edward Bryon	1631 Orleans St