MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 1.

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 202

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

DEP'T. OF THE INTERIOR RECEIVED NOV 16 1914 TO BUR. PENSIONS. SEC'S OFF.-MAILS & FILES

PENSION OFFICE U. S. NOV 16 1914

[1] PLACE OF DEATH

County Kent

Village or City Chestertown (No. Carmon St.; Ward)

[2] FULL NAME Benena Anderson

PERSONAL AND STATISTICAL PARTICULARS

[3] SEX: Female

[4] COLOR OR RACE: Cold

[5] SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

[6] DATE OF BIRTH: April (Don't know) (Day) 1862 (Year)

[7] AGE: 52 yrs. (Don't know) mos. ds.

If LESS than 1 day, hrs. OR min. ?

[8] OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business, or establishment in which employed (or employer): Housework

[9] BIRTHPLACE (State or country): Queen A. Co. Md.

PARENTS

[10] NAME OF FATHER: Benjamin Anderson

[11] BIRTHPLACE OF FATHER (State or country): Q. A. Co. Md.

[12] MAIDEN NAME OF MOTHER: Rachel

[13] BIRTHPLACE OF MOTHER (State or country): Don't know

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Anderson

(Address) Chestertown Md.

[15] Filed Oct. 27, 1914 W. T. Hicks
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Octo. (Month) 24 (Day), 1914 (Year)

[17] I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1914, to Oct. 24, 1914

that I last saw her alive on Oct. 24, 1914

and that death occurred on the date stated above, at 10 P. m

The CAUSE OF DEATH* was as follows:

Brights Disease

about 1 year (Duration) yrs. mos. ds.

Contributory Secondary: Dropsy

Do not know (Duration) yrs. mos. ds.

(Signed) H. Benge Simmons, M. D

Oct. 25, 1914 (Address) Chestertown

*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 HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds

Where was disease contracted, if not at place of death?

Former or usual residence

[19] PLACE OF BURIAL OR REMOVAL: Quaker Neck, Kent Co. Md. DATE OF BURIAL: Octo. 27, 1914

[20] UNDERTAKER: Chas. L. Dodd ADDRESS: Chestertown

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.