MARGIN RESERVED FOR BINDING

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

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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.

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 116

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

1 PLACE OF DEATH
County Dorchester
Village or City Cambridge (No. 319 High St.; Ward)

2 FULL NAME Robt. H. Bennett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	Colored	Widowed

6 DATE OF BIRTH Unknown (Month) (Day), 1843 (Year)

7 AGE 70 yrs. Unknown mos. ds. | If LESS than 1 day, hrs. OR min. ?

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

9 BIRTHPLACE (State or country) Md.

PARENTS
10 NAME OF FATHER Daniel Bennett
11 BIRTHPLACE OF FATHER (State or country) Md.
12 MAIDEN NAME OF MOTHER Harriet Copper
13 BIRTHPLACE OF MOTHER (State or country) Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lavinia Bennett
(Address) 319 High St. Cambridge Md.

15 Filed July 24, 1913 E. E. Wolff Local Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July (Month) 21 (Day), 1913 (Year)

17 I HEREBY CERTIFY, That I attended deceased from sometime in 1910, to July 21, 1913, that I last saw h in alive on July 20, 1913 and that death occurred on the date stated above, at 2.15 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis (arterio-sclerosis) affective heart also

(Duration) 3 yrs. mos. ds.
Contributory Secondary Cerebral hemorrhage
(Duration) yrs. mos. 2 ds.

(Signed) B. W. Goldsborough, M. D.
July 21, 1913 (Address) Cambridge - Md.

*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 4 yrs. mos. ds
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Cambridge, Md. | DATE OF BURIAL July 24, 1913

20 UNDERTAKER Turner & St. Clair | ADDRESS Cambridge, Md.

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

PENN. U. S. No. 1. SEP 24 1913 U. S. OFFICE.