

BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH** 5218

Registered No. \_\_\_\_\_

correct age is especially important. Physicians: please write the cause of death clearly and briefly. Every item of information should be carefully checked.

**1. PLACE OF DEATH:**  
 (a) Baltimore City, Maryland  
 (b) Street address: 1821 Druid Hill Ave  
 (c) Hospital or institution: Providence Hospital  
 (d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo  
 (e) Length of stay in Baltimore (yrs., mos., or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State: MD (b) County: \_\_\_\_\_  
 (c) City or town: Baltimore  
(If outside city or town limits, write RURAL and give town)  
 (d) Street No.: 1821 Druid Hill Ave  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3 (a) FULL NAME** George L. Bendleton  
**3 (b) If veteran, name war** \_\_\_\_\_ **3 (c) Social Security Account** No

**4. Sex** Male **5. Color or race**  Negro **6 (a) Single, married, widowed, or divorced** married  
**6 (b) Name of husband or wife:** Clarena Bendleton **6 (c) If alive, give age** \_\_\_\_\_ **years**

**7. Birth date of deceased (mo., day, yr.)** May 29, 1867  
**8. AGE:** 79 5 14 hr. mir.

**9. Birthplace** Millerton, Va.  
(Town, county, and state)

**10. Usual Occupation** Attorney  
**11. Industry or business** Law

**FATHER**  
**12. Name** William Bendleton  
**13. Birthplace** Millerton, Va.  
**MOTHER**  
**14. Maiden Name** Katie Bird  
**15. Birthplace** Millerton, Va.

**16 (a) Informant** Clarena Bendleton  
**(b) Address** 1821 Druid Hill Ave  
**17 (a)** Burial **(b) Date thereof** Nov. 17, 1943  
(Burial, cremation, or removal) (month) (day) (year)  
**(c) Cemetery or crematory** Green Hill  
**Location** Annapolis, Md

**18 (a) Funeral director** Wm. H. Williams  
**(b) Address** 1617 Druid Hill Ave  
**(c) Hunter for Williams, Md.**  
**NOV 17 1943** (Date rec'd by Registrar) **Registrar**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH** 11. 13. 1943 at 12:04 PM  
**21. I certify that death occurred on the date above stated; that I attended deceased from** June 7, 1943, to Nov. 12, 1943,  
 and that I last saw him alive on Nov. 6, 1943.

**Immediate cause of death:** pulmonary edema  
**Due to** cardiac decompensation  
**Due to** Carcinoma of Bladder  
**Other Conditions** none

Duration
<u>7 Yrs</u>
<u>48 hrs</u>
<u>7 mos</u>

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**Date of operation** \_\_\_\_\_  
**Major findings of operation:** \_\_\_\_\_  
**of autopsy:** \_\_\_\_\_

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide**  
**(b) Date of occurrence** \_\_\_\_\_ **at** \_\_\_\_\_ **(City or town) (County) (State)**  
**(c) Where did injury occur?** \_\_\_\_\_  
**(d) Did injury occur about home, on farm, industrial place, in public place?** \_\_\_\_\_ **While at work?** \_\_\_\_\_  
(Specify type of place)  
**(e) Means of injury** \_\_\_\_\_  
**23. Signature** James D. Carr  
**Address** 501 Maple St **Date signed** 11.12.43  
R. D.