CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Del

Township of Chester or Borough of (Parkside) or City of

Registration District No. 600

Primary Registration District No. 23-02-81

File No. 51646

Registered No. 10

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

2. FULL NAME Laura M Morrow

(a) Residence. No. 15 Beechwood Road Parkside St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas H. Morrow

6. DATE OF BIRTH (month, day, and year) March 16th 1856

7. AGE 75 Years Months Days IF LESS than 1 day ...... hrs. or ..... min.

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

9. BIRTHPLACE (city or town) Penna
(State or Country)

PARENTS

10. NAME OF FATHER James Parks

11. BIRTHPLACE OF FATHER (city or town) (State or Country) Penna

12. MAIDEN NAME OF MOTHER Elizabeth Ellis

13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Penna

14. Informant George D Morrow (son)
(Address) 15 Beechwood Road Parkside

15. Filed 5/15, 1931 M Shakespeare REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH May 13th 1931
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1930 to May 4, 1931, that I last saw her alive on May 4, 1931 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:
Intra cranial Hemorrhage (immediate)
Valvular Disease of Heart (chronic) mitral Insufficiency.
90-240
(duration) 9 yrs. mos. days

CONTRIBUTORY (Secondary) chronic gastritis.
(duration) yrs. 9 Mos. days

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? Physical

(Signed) John G. Chadwick M.D.

May 14, 1931 (Address) 522 W 7th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1 MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL Highwood Cemetery Pittsburgh Pa

DATE OF BURIAL May 16th 31 19

20. UNDERTAKER Harry A Lee

ADDRESS Chester Pa

(OVER)

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