

MAY 28 1930

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15187

1. PLACE OF DEATH

County North  
Township Union  
City Grant city (No. ....)

Registration District No. 904  
Primary Registration District No. 6215

File No. ....  
Registered No. 4  
St. .... Ward .....

2. FULL NAME

Geneva Estella Morris

(a) Residence. No. .... St. .... Ward .....

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 9 - 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Morris

17. I HEREBY CERTIFY, That I attended deceased from Feb 1930 to April 9 1930 that I last saw her alive on April 8 1930 and that death occurred, on the date stated above, at 6:24 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24, 1853

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial degeneration  
exacerbated by  
hypertension

7. AGE YEARS MONTHS DAYS 76 9 15  
LESS than 1 day, .... hrs. or .... min.

(duration) .... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) IBV  
(duration) .... yrs. .... mos. .... ds.

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

18. WHERE WAS DISEASE CONTRACTED  
Home  
IF NOT AT PLACE OF DEATH .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

10. NAME OF FATHER Jackson Dye

WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

WHAT TEST CONFIRMED DIAGNOSIS Supernat findings

12. MAIDEN NAME OF MOTHER Eneline Robinson

(Signed) B. G. Kugel M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

. 19 (Address) Grant City Mo

14. INFORMANT Mrs Albert Allison  
(Address) Grant city, Mo.

\*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.

15. FILED 4/11 19 30 F. G. Shueon REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grant city Cem. DATE OF BURIAL 4/10 1930

20. UNDERTAKER Arch C. Dumble ADDRESS Grant city

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.

