

# Benjamin F. Morrow's Death Certificate

960
21355

**1 PLACE OF DEATH**

County Columbia

Town Peru

Village \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

New York State Department of Health  
BUREAU OF VITAL STATISTICS

**STANDARD CERTIFICATE OF DEATH**  
STATE OF NEW YORK

Registered No. 11

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

**2 FULL NAME** Benjamin Morrow

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PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
<p>1 SEX <u>Male</u></p>	<p>2 COLOR OR RACE <u>White</u></p>	<p>3 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> <small>(Write the word)</small></p>	<p>10 DATE OF DEATH <u>Apr. 30, 1912</u> <small>(Month) (Day) (Year)</small></p>		
<p>4 DATE OF BIRTH <u>Nov 17, 1847</u> <small>(Month) (Day) (Year)</small></p>			<p>11 I HEREBY CERTIFY, That I attended deceased from <u>Apr. 1, 1912</u>, to <u>Apr. 30, 1912</u>, and that death occurred, on the date stated above, at <u>2:30</u> A. M. or P. M. The CAUSE OF DEATH was as follows: <u>Cerebral hemorrhage</u></p>		
<p>5 AGE <u>67 yrs. 5 mos. 12 ds.</u> <small>If LESS than 1 day, how many hrs. or ...min.?</small></p>			<p><b>FOR GENEALOGICAL RESEARCH ONLY</b></p>		
<p>6 OCCUPATION (a) Trade, profession, or particular kind of work: <u>Framer</u> (b) General nature of industry, business, or establishment in which employed (or employer): _____</p>			<p>(Duration) _____ yrs. _____ mos. <u>3</u> ds. Contributory <u>Chronic myocarditis</u> (Specimen) _____ (Month) <u>2</u> yrs. _____ mos. _____ ds. (Signed) <u>Edw. Cartmell</u>, M.D. <u>Apr. 30, 1912</u> (Address) <u>Peru N. Y.</u></p>		
<p>7 BIRTHPLACE (State or country): <u>New York State</u></p>			<p>12 LENGTH OF RESIDENCE (For hospitals, institutions, transient, 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 _____</p>		
<p>8 NAME OF FATHER: <u>Joseph Morrow</u></p>			<p>13 PLACE OF BURIAL OR REMOVAL <u>Peruville</u></p>		
<p>9 BIRTHPLACE OF FATHER (State or country): <u>Canada</u></p>			<p>20 DATE OF BURIAL <u>May 3, 1912</u></p>		
<p>10 MARRIAGE NAME OF MOTHER: <u>Lidia Dickson</u></p>			<p>21 UNDERTAKER <u>Harris &amp; Goodfull</u></p>		
<p>11 BIRTHPLACE OF MOTHER (State or country): <u>New York State</u></p>			<p>ADDRESS <u>Morrowville</u></p>		
<p>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</p> <p>(Signed) <u>Mrs Benjamin Morrow</u></p> <p>(Address) <u>Peruville, N.Y.</u></p>					
<p>15 PERMIT ISSUED BY <u>J. F. Morrow</u> Date of issue <u>5/1/12</u></p>					

In Faintness on Other Side