

BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

Registered No. **016736-69**

IRTH NO.  
 .E. CASE NO.

1. NAME OF DECEASED  
 Type or Print **J. EDWARD MURPHY**

2. DATE AND HOUR OF DEATH  
**2-20-1969 11:15 P.M.**

3. PLACE OF DEATH IN BALTIMORE, MARYLAND  
 FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**1911 GREEN RIDGE ST.  
 DUNMORE, PA.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 A. STATE **PA** B. COUNTY **LACKA.**  
 C. CITY OR TOWN (If outside city limits, write RURAL and give township)  
**DUNMORE**  
 D. STREET ADDRESS (If rural, give location)  
**1911 GREEN RIDGE ST.**

5. SEX **M** 6. RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)  
**WIDOWED** 8. DATE OF BIRTH **10-2-1891** 9. AGE (In years last birthday) **77**  
 If Under 1 Yr. Months Days If Under 24 Hrs. Hours Min.

10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)  
**CLERK** 11. BIRTHPLACE (State or foreign country)  
**HANCOCK, N.Y.** 12. CITIZEN OF WHAT COUNTRY?  
**USA.**

13. FATHER'S NAME **CHARLES MURPHY** 14. MOTHER'S MAIDEN NAME  
**THERESA FITZIMMONS**

15. Was Deceased Ever in U. S. Armed Forces (yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.  
**188-01-0821** 17. INFORMANT (DAUGHTER) ADDRESS  
**DUNMORE, PA**

18. SPOUSE- **MARY AGNES RICHARDSON** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
 (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)  
**CARCINOMA OF PROSTATE WITH METASTASIS**  
 ANTECEDENT CAUSES  
 DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  
 II  
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
 21D. TIME OF INJURY (Month) (Day) (Year) (Hour) (APPROX.) 21E. INJURY OCCURRED While At Work  Not While At Work  21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ..... to ..... 19 ..... that (I) (we) last saw the deceased alive on ..... 19 ..... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE 23B. DATE SIGNED  
**2/21/69**

23C. PHYSICIAN'S NAME (Type) **H.M. DANNELL** M.D. 23D. ADDRESS  
**DUNMORE, PA**

BURIAL 24B. DATE REMOVAL (Specify) **2-24-69** 24C. NAME OF CEMETERY or CREMATORY **B.V. MARY QUEEN OF PEACE** 24D. LOCATION (City, town, or county) (State)  
**HAWLEY, WAYNE CO. PA.**

25B. NAME OF REGISTRAR **HELEN GIALANELLA** 25C. FUNERAL DIRECTOR ADDRESS  
**MRS A.P. O'DONNELL**  
**ALBERT P. O'DONNELL**

25D. DATE REC'D BY HEALTH DEPT. **2-21-69** 25E. ADDRESS  
**3025 GREEN RIDGE ST.  
 DUNMORE, PA 18512**