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~~BALTIMORE CITY~~ HEALTH DEPARTMENT

BIRTH NO.

M.E. CASE NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print): EDMUND Joseph PORRAY

2. DATE AND HOUR OF DEATH: JULY 13, 1954 — 5:00 A.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): LACKAWAXEN Twp. LACKAWAXEN, PA.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PA. B. COUNTY: PIKE
C. CITY OR TOWN (If outside city limits, write RURAL and give township): RURAL - LACKAWAXEN Twp.
D. STREET ADDRESS (If rural, give location): LACKAWAXEN, PA

5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: DEC. 15, 1888
9. AGE (In years last birthday): 65
If Under 1 Yr. Months / Days / If Under 24 Hrs. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MUSICIAN
10B. KIND OF BUSINESS OR INDUSTRY: CAFE MUSICIAN
11. BIRTHPLACE (State or foreign country): LITHUANIA
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: STANLEY PORRAY
14. MOTHER'S MAIDEN NAME: MARIA VINICOFF

15. Was Deceased Ever in U. S. Armed Forces? (Yes or No) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 132-03-7192
17. INFORMANT: STEPHEN PORRAY, 325 76th ST. BROOKLYN, N

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) DUE TO: FRACTURE OF SKULL — INTERVAL BETWEEN ONSET AND DEATH: 2½ HRS.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
(B) DUE TO:
(C): — 9000

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): NO
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT, WAS UNDERLYING ✓ OR CONTRIBUTING CAUSE OF DEATH (Suicide or Homicide examined): ACCIDENT
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): IN HOME
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location): LACKAWAXEN Twp. PIKE Co. PA
21D. TIME OF INJURY (AT) (Hour) (Day) (Year) (Hour)
21E. INJURY OCCURRED: While At Work ☐ Not While At Work ✓
21F. HOW DID INJURY OCCUR?: FALL DOWN STAIRS

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: M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 7/14/54
23C. PHYSICIAN'S NAME (Type): JOHN A. PERKINS
23D. ADDRESS: M.D. SHOHOLA, PA

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: July 15, 1954
24C. NAME of CEMETERY or CREMATORY: ODD FELLOWS CEM
24D. LOCATION (City, town, or county) (State): LACKAWAXEN, LACKAW. Twp PIKE Co. PA

25A. DATE RECD BY HEALTH DEPT.: July 14, 1954
25B. NAME OF REGISTRAR: Raymond HESSINGER
25C. FUNERAL DIRECTOR / ADDRESS: RICHARD H. TETLER, HAWLEY, PA.

VS 150-REV 1-1965