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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JUN 17 1936

Do not use this space.

18952

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 156

2. FULL NAME William O'Hara #41869

(a) Residence, No. Missouri State Penitentiary, Jefferson City, Mo.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Ida May O'Hara.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 12, 1900.

7. AGE — YEARS: 36 (Supposed) — MONTHS: 4 — DAYS: 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: - - - - - - - - -
10. Date deceased last worked at this occupation (month and year): Unknown.
11. Total time (years) spent in this occupation: Unkn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

FATHER

13. NAME: Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER

15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): Mo Prison Records

18. BURIAL, CREMATION, OR REMOVAL — PLACE: New City DATE: May 21, 3

19. UNDERTAKER (ADDRESS): Dotson-Tanner Und. Co., Jefferson City, Mo.

20. FILED 5/23/ 1936 [illegible] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 last not attended deceased, 19....
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 12:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty degeneration Bark & Thorax	

Other contributory causes of importance:
Bright among Drinks Intoxicate

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 5-17, 1936
Where did injury occur? Jefferson City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Prison yard Mo. S.P.
Manner of injury Knife wound
Nature of injury Severing great vessels of left thorax

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) D. R. E. Wyatt Coroner
(Address) Russellville Mo