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.

APR 27 1937

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

Do not use this space.

File No. 13542
Registered No. 101

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123
Township: — Primary Registration District No. 6248B
City: Jefferson Barracks (No. ..., ... St. ..... Ward)

2. FULL NAME: William H. O'MARA

(a) Residence, No. 3712a North Euclid Ave. St., ... Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: Unkn. 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*): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs. Mary O'Mara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15, 1886

7. AGE — YEARS: 50 — MONTHS: 9 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unavailable.
10. Date deceased last worked at this occupation (month and year): June, 1936
11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis, Missouri.

FATHER
13. NAME: William O'Mara
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis, Missouri.

MOTHER
15. MAIDEN NAME: Mary Bartley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boston, Massachusetts.

17. INFORMANT: M. Schulling, Clinical Clerk
(ADDRESS) VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cmt. DATE: 3/5/37, 19

19. UNDERTAKER: H. Bungart & Sheehan Mg Co
(ADDRESS) 4415 Delmar

20. FILED: Mar. 2, 1937 — G. McCurry, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1937 to March 2, 1937.
I last saw him alive on March 2, 1937. Death is said to have occurred on the date stated above, at 7:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis, chronic; abscess of liver followed by acute peritonitis.	Unkn.

Other contributory causes of importance:
~~None~~ Anemia - symptomatic - severe

Name of operation: None — Date of:
What test confirmed diagnosis? Phy. clinical manif. laboratory — Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Missouri.