

2065

MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health  
BUREAU OF VITAL STATISTICS

63

1. PLACE OF DEATH  
 County Gila State ARIZONA Registered No. 195  
 Township Hayden or Village \_\_\_\_\_ or \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ (If death occurred in a hospital or institution give its NAME instead of street and number) Ward \_\_\_\_\_  
 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.  
 2. FULL NAME West L. O'Leary How long in State when death occurred? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (a) Residence: No. Winkelman Ariz Ward PRIMA COUNTY ARIZ (Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Single  
 5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) June 15 1885  
 7. AGE Years 52 Months 4 Days 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goat Ranch  
 10. Date deceased last worked at this occupation (month and year) Apr 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Williamson County Texas (State or Country)

13. NAME Everett O'Leary

14. BIRTHPLACE (city or town) Illinois (State or Country)

15. MAIDEN NAME Ellen Rowland

16. BIRTHPLACE (city or town) Peru Pa (State or Country)

17. INFORMANT (Address) E. J. O'Leary  
Winkelman Ariz

18. BURIAL, CREMATION, OR REMOVAL  
 Place Winkelman Texas Date Nov 13 1937

19. EMBALMER License No. 28 Signature P. L. HUTTON  
 FUNERAL DIRECTOR J. H. Randalph  
 Address Winkelman Texas

20. Filed Nov 9 1937 WLS/7/act  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 8 1937  
 I HEREBY CERTIFY that I attended deceased from Nov 8 1937 to Nov 8 1937  
 I last saw him live on Nov 8 1937; death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:  
Accidental  
traumatism  
Automobile  
Crushed Heart  
 Other contributory causes of importance: \_\_\_\_\_  
 Date of Onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
 Accident, no Date of injury 11-8 1937

Where did injury occur? Winkelman  
 (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.  
Public Place

Manner of injury Automobile  
 Nature of injury Crushed Heart

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

If so, specify \_\_\_\_\_

(Signed) Charles Hutton M. D.  
 (Address) Hayden