

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 state-
ment of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

State File No. **68**
Registered No. **11**

1. PLACE OF DEATH
County Gila State ARIZONA
Township Globe or Village _____
City Globe (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 26 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.
How long in State when death occurred 28 yrs. _____ mos. _____ ds.

2. FULL NAME Edward Francis O'Mara
(a) Residence: No. Bx 506, Globe St., _____ Ward _____ (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mary O'Mara</u>		
6. DATE OF BIRTH (month, day, and year) <u>Mar 7, 1873</u>		
7. AGE	Years <u>66</u>	Months <u>8</u>
	Days <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mine</u>		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or Country) <u>Southwick Mass</u>		
13. NAME <u>Edward O'Mara</u>		
14. BIRTHPLACE (city or town) (State or Country) <u>New York</u>		
15. MAIDEN NAME <u>Mary Dwyer</u>		
16. BIRTHPLACE (city or town) (State or Country) <u>Vermont</u>		
17. INFORMANT (Address) <u>Mrs. O'Mara Bx 506 Globe</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Globe Cem.</u> Date <u>12-8-1939</u>		
19. EMBALMER License No. <u>248-A</u> Signature <u>John P. Sullivan</u> FUNERAL DIRECTOR <u>Rita B. Miles</u> Address <u>1147 N. Arizona</u>		
20. Filed <u>Jan 8 1940</u> Registrar <u>Gene Wenzel</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 6, 1939
22. Dec 5 1939, to Dec 6 1939
I HEREBY CERTIFY, That I attended deceased from _____
I last saw him alive on Dec 5, 1939; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease
Date of Onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy Was there an autopsy? No
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? No
If so, specify _____ M. D.
(Signed) N. O. Wheeler
(Address) Globe