WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

1. PLACE OF DEATH
County: Callaway
Township:
City: Fulton (No. ..... St. ..... Ward)
Registration District No.: 104
Primary Registration District No.: 3008
File No.: 39886
Registered No.: 251

2. FULL NAME: Walter P. Hale
(a) Residence. No. Cole Co Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 31 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): No information
7. AGE: YEARS 69 | MONTHS No information | DAYS | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
PARENTS
10. NAME OF FATHER: No information
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No information
12. MAIDEN NAME OF MOTHER: No information
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No information
14. INFORMANT: State hospital records
(Address): Fulton Mo
15. FILED: Dec 6, 1929 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 5 - 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept. 1929, to Dec. 6 - 1929 that I last saw him alive on Dec. 6 - 1929, and that death occurred, on the date stated above, at 1:45 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Renal Sepsis (Pyelitis and Cystitis)
139
133A
133B (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Prostatic hypertrophy
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T. R. Frazer, M. D.
12/6, 1929 (Address) Fulton State Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Jefferson City
DATE OF BURIAL: 12/7 1929
20. UNDERTAKER: Herndon Taylor
ADDRESS: Fulton Mo