MAY 23 1930

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

Do not use this space.

11883

1. PLACE OF DEATH
County Callaway, Registration District No. 104 File No.
Township Primary Registration District No. 3008 Registered No. 80
City Fulton, Mo, (No. St. Ward)

2. FULL NAME Donald Price Hale,
(a) Residence. No. St. Ward.
(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): Child,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec, 29th, 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child,
(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): Mo,

PARENTS
10. NAME OF FATHER: F, H, Hale,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo,
12. MAIDEN NAME OF MOTHER: Mary Harrison,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo,

14. INFORMANT: F, H, Hale
(Address): Fulton, Mo,

15. Apr 12, 1930 R. N. Crews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/11, 1930, to 4/11, 1930, that I last saw him alive on 4/11, 1930, and that death occurred, on the date stated above, at About 6Am, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Haemorrhage of stomach & Bowels
123B
70A
118C
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Purpura Haemorrhagica & anaemia
(duration) yrs. from birth 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) C. H. Christian, M. D
, 19 (Address) Fulton Mo

*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: Hillcrest Cemetery
DATE OF BURIAL: Apr, 13 1930

20. UNDERTAKER: Herndon-Taylor Furn-Co,
ADDRESS: Fulton, Mo

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.