DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 59
Registrar's No. 68

1. PLACE OF DEATH:
(a) County Grays Harbor
(b) City or town Aberdeen (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: 804 Harding Rd., (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution ____ In this community (Specify whether Years, months or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Washington (b) County Grays Harbor
(c) City or town Aberdeen (If outside city or town limits, write RURAL)
(d) Street No. 804 Harding Road, (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) FULL NAME Julia Ann Hale
3. (c) Social Security Number None
3. (b) Was decedent ever a member of the Army, Navy or Marine Corps of the United States? No Name of organization in which such service was rendered: ____ Rank ____ Period of service ____

4. Sex: Female
5. Color or race: White
6(a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James Huston Hale
6(c) Age of husband or wife if alive ____ years
7. Birth date of deceased: February 22, 1861. (Month) (Day) (Year)
8. AGE: Years 81 | Months - | Days 27 | If less than one day ____ hr. ____ min.
9. Birthplace: Carroll Co. (City, town or county) Arkansas (State or foreign country)
10. Usual occupation: None
11. Industry or business: ____
Father 12. Name: J. William Withers
Father 13. Birthplace: Indiana (City, town, or county) (State or foreign country)
Mother 14. Maiden name: Mary Eliz. Ferguson
Mother 15. Birthplace: Alabama (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Walter Hale
(b) Address: Aberdeen, Wn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42. (Month) (Day) (Year)
(c) Place: burial or cremation Masonic, Elma, Wn.
Klerding Mortuary
18. (a) Signature of funeral director: L Klerding
(b) Address: Aberdeen, Washington
19. (a) 3/20/42 (Date received local registrar) (b) D Sumerlart (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month March day 19, year 1942 hour 3.17 minute P.M.
21. I hereby certify that I attended the deceased from Feb 1, 1942, to 3/19/42., 19__; that I last saw h er alive on 3/18/42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	2 hrs
Due to: Senility	436
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

Physician — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. Skarpeud (M. D. or other)
Address Aberdeen, Wash. Date signed 3/20/42.