Mail or Deliver This Certificate to Your Local Registrar. Not to the State Board of Health.

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

Record No. 2008
File No.
Registered No. 2008

PLACE OF DEATH
County of KING
City or Town of SEATTLE
Registration Dist. No.
(No. Seattle General Hospital St.; Ward)
[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME James H. Hale 400

Personal and Statistical Particulars		
3 Sex: Male	4 Color or Race: White	5 Single, Married, Widowed, or Divorced (Write the Word): Married
6 Date of Birth: (Month) (Day) 191 (Year)		
7 Age: Abt. 57 yrs. mos. ds.	If LESS than 1 day, hrs. or min.?	
8 Occupation (a) Trade, profession or particular kind of work: Unknown		
(b) General nature of industry, business or establishment in which employed (or employer):		
9 Birthplace (State or country): Missouri.		
PARENTS 10 Name of Father: William L. Hale		
11 Birthplace of Father (State or country): Indiana		
12 Maiden name of Mother: Nancy Mitchell		
13 Birthplace of Mother (State or country): Virginia		

14 The above is true to the best of my knowledge
(Informant) Hospital Records (EW)
(Address) Seattle General Hospital

15 Filed Oct. 3 1917. J. S. McBRIDE, M. D. Registrar.

Medical Certificate of Death

16 Date of Death: October 2 ---- 1917. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1917, to Oct. 2 -, 1917, that I last saw h[im] alive on Oct. 2 -, 1917, and that death occurred, on the date above, at 8:55p.m.

The CAUSE OF DEATH* was as follows:
Hypertrophy of prostate.

30

(Duration) 10 yrs. mos. ds.

Contributory (Secondary) Urinary suppression.
(Duration) yrs. mos. 7 ds.

(Signed) A. Poska, M. D.
Oct. 3, 1917. (Address) Cobb Bldg.

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

18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)
At Place of death yrs. mos. 13 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Elma, Wash.

19 Place of Burial or Removal: Elma, Wash.
Date of Burial: Shipment Oct. 3, 1917.

20 Undertaker: Bonney-Watson Co.
Address: SEATTLE

OF DEATH

[Approved by U. S. Census and American Public Health Association.]

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will ... Planter, Physician, ...

... spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc.; Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions ... "Anemia" (merely ...