

1. PLACE OF DEATH a. COUNTY: Wheeler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Wheeler	
b. CITY OR TOWN (If outside city limits, give precinct no.) Wheeler		c. LENGTH OF STAY in l.b. 7 years	c. CITY OR TOWN (If outside city limits, give precinct no.) Wheeler
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Parkview Hospital		d. STREET ADDRESS (If rural, give location) 705 S. Main Street	
a. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) a) First Samuel		b) Middle Douglas	c) Last Hale
4. DATE OF DEATH September 6, 1974		5. SEX Male	
6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 10, 1896	9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional golfer		10b. KIND OF BUSINESS OR INDUSTRY Golf Clubs	11. BIRTHPLACE (State or foreign country) Glenrose, Texas
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME John Perry Hale	
14. MOTHER'S MAIDEN NAME Sarah Frances Eddie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	
16. SOCIAL SECURITY NO. 443-03-2534		17. INFORMANT Mr. Tommy Hale - Son	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) TEXAS DEPARTMENT OF HEALTH Gastro intestinal hemorrhage. Conditions, if any: REC'D OUT 4 1974 DUE TO (b) Stress ulcer Having the underlying cause last: Cerebral vascular accident BUREAU OF VITAL STATISTICS PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (b)			INTERNAL BETWEEN GUNFIRE AND DEATH
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month _____ Day _____ Year _____		
20d. INJURY OCCURRED WHERE AS <input type="checkbox"/> NOT WHERE <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I hereby certify that I attended the deceased from 8-27-74 to 9-6-74 and last saw the deceased alive on 9-6-74 . Death occurred at 5:08 P m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <i>Samuel Hale</i>		22b. ADDRESS Box 190, Wheeler, Texas	22c. DATE SIGNED 9-10-74
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 8, 1974	23c. NAME OF CEMETERY OR CREMATORY Wheeler Cemetery
23d. LOCATION (City, town, or county) Wheeler, Wheeler County, Texas		24. FUNERAL DIRECTOR'S SIGNATURE <i>Jimmy C. Wright #6018</i> Wright Funeral Home	
25a. REGISTRAR'S FILE NO. 47		25b. DATE REC'D BY LOCAL REGISTRAR Sept. 10 1974	
		25c. REGISTRAR'S SIGNATURE <i>Charles Whiteley</i>	