APR 24 1929

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

Do not use this space.

10209

1. PLACE OF DEATH
County: Franklin
Township: Washington
City: Washington Mo. No. ..... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 3016

File No. .....
Registered No. 34

2. FULL NAME: Otto Henry Hake

(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 40 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12-23-1875

7. AGE: Years 54 | Months 2 | Days 25 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gen Merchant
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Louis Hake
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Wilhemine Lake
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY): Germany

14. INFORMANT: Elvira Hake
(Address): Washington Mo

15. FILED: Mar 24 1929 O. W. Meinsch
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 18, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1929 to Mar. 18, 1929 that I last saw him alive on Mar. 17, 1929 and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
8 yr A
97
(duration) - yrs. - mos. 2 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) 1 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? Clinical

(Signed) B E Mauchoph, M. D
3/19/1929 (Address) Washington, 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: St Peters Cemetery
DATE OF BURIAL: Mar 20 1928

20. UNDERTAKER: Kilbury & Witt, Washington Mo.
ADDRESS

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.

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