REC'D JUN 16 1938

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

Do not use this space.

File No. 17885
Registered No. 136

1. PLACE OF DEATH
County Callaway 1
Registration District No. 104
Township Fulton
Primary Registration District No. 3008
City (No. State Hospital #1 St. Ward)

2. FULL NAME Bernice Hake 206
(a) Residence, No. Clark Mo St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 1 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm M Hake
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1903
7. AGE YEARS 34 MONTHS 11 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) DK
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Plata Mo 0

FATHER
13. NAME J Homer Johnson 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK 9

MOTHER
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Hosp Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE La Plata, Mo. DATE May 31 1938

19. UNDERTAKER (ADDRESS) Leo G Wallace Fulton, Mo.

20. FILED 5/30/38 19 R. N. Crews, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1938, to May 28, 1938
I last saw her alive on May 28, 1938 Death is said to have occurred on the date stated above, at 9:50 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bowel Strangulation w/ gangrene	5/26

Other contributory causes of importance: Shock

Name of operation Bowel Excision Date of 5-28
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J A Hopkins, M. D.
(Address) Fulton Mo

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Exact statement of OCCUPATION is very important.