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

Do not write this space. Knabb

6133

1. PLACE OF DEATH
County: Greene — Registration District No.: 318
Township: — Primary Registration District No.: 2001
City: Springfield (No. 762 Pickwick St. Ward)

File No.:
Registered No.: 133

2. FULL NAME: Nina Keefer
(a) Residence. No. 1078 E. Blaine St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

MAR 22 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3-1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
	74	9	2	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk Co. Mo.

PARENTS
10. NAME OF FATHER: R. W. Eaton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Rebecca Robinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: B L Chastain
(Address): Springfield, Mo.

15. FILED 2-10 1929 C C Horst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-5-1929

17. I HEREBY CERTIFY, That I attended deceased from 10-26, 1928 to 2-5-1929, that I last saw he alive on 2-5-1929, and that death occurred, on the date stated above at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage
8 D
9 D

(Duration) ... yr. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis

(Duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
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) Henry F Kirk, M.D.
2/9, 1929 (Address) 450 1/2 E Comm

*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: Hazlewood Cemetery — DATE OF BURIAL: Feb 8 1929

20. UNDERTAKER: J. W. Klingner & Co. — ADDRESS: 424 E Comm Springfield Mo

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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD

235 1 31 31