REC'D SEP 21 19[illegible]

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

28952
Do not use this space.

1. PLACE OF DEATH

(a) County Greene — Registration District No. 318

(b) Township N. Campbell — Primary Registration District No. 5439 — Registered No. 636

(c) City ~~Springfield~~ — (d) Street No. Greene Co. Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William R. Keet

(a) Residence, No. 1638 N. Drive Glenstone Court St. ☐ R#4
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: MaudineP Keet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 16 1873

7. AGE ✓ — YEARS: 64 — MONTHS: 7 — DAYS: 27 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Mo. 0

FATHER
13. NAME: T.W.Keet 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washburn Mo. 1

MOTHER
15. MAIDEN NAME: Clara D. Hursh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): York Pa.

17. INFORMANT (ADDRESS): MrsMaudine P. Keet Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 8-15- 19[illegible]

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.H.Lohmeyer Springfield Mo.

20. FILED Aug 15 1938 Chas A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 13 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1931, to Aug 13 1938
I last saw him alive on Aug 13 1938. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

Spastic Diplegia since 1931 with Paralytic Bladder Cerebral Hemorrhage with Left Hemiplegia July 13 1938, Second Hemorrhage Aug. 13th Died 3:30 P.M. same date

Date of onset

Other contributory causes of importance:

8221

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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) C B Elkins, M. D.
(Address) 318½ College

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.