

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

DELA

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. Deceased  
Registrar's No. 11791

Registration District No. 760 Primary Registration District No. 2365-

1. PLACE OF DEATH:

(a) County McLean  
 (b) City or town Lawrence Ky  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or community \_\_\_\_\_  
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County McLean  
 (c) City or town Lawrence Ky  
 (If outside city or town limits, write RURAL)  
 (d) Street No. Pa Ridge (If rural give precinct)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Harry Jane Willoughby  
 3(b) If veteran, Name war. No 3(c) Social Security No. 226

4. Sex Female 5. Color or race W 6(a) Single, widowed, married, divorced, widowed

5(b) Name of husband or wife Ernest Willoughby  
 5(c) Age of husband or wife if alive Sept 1946 Years

7. Birth date of deceased \_\_\_\_\_  
 (Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 10 If less than one day \_\_\_\_\_ min.

9. Birthplace Ohio Co Ky

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

FATHER

12. Name William Brooker  
 13. Birthplace Tenn

MOTHER

14. Maiden name Sarah Morris  
 15. Birthplace Ohio Co Ky

16(a) Informant's own signature Jane C Willoughby  
 (b) Address 2639 85th Knoxville Tenn

17. BURIAL, CREMATION, OR REMOVAL  
 Place Lawrence Ky Date 4-27 1946

18(a) Signature of funeral director B. H. Haysford  
 (b) Address Lawrence Ky

19(a) 5-28-1946 (Date received by local registrar) Miss Gene Miller (Registrar's signature)

20. DATE OF DEATH 4-25 1946

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above at 8 A M.  
 Immediate cause of death \_\_\_\_\_ DURATION: \_\_\_\_\_  
 Due to Pneumococcal pneumonia  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? in or about home, on farm, in industrial place  
 In public place? \_\_\_\_\_ (Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. W. DeLoach (M. D. or other) W. P. ...  
 Address \_\_\_\_\_ Date signed 4-25-46

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.