MAR 19 1928

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 4602
Township — Primary Registration District No. 20.01 — Registered No. 101
City Springfield (No. 1303 E Division St. Ward)

2. FULL NAME Oscar Willoughby
(a) Residence. No. 1303 E. Division 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.

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~~ Hattie Willoughby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14 - 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
38	10	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Drayman
(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) Mo.

PARENTS
10. NAME OF FATHER W. W. Willoughby
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Vernon
12. MAIDEN NAME OF MOTHER Mary T. Potter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Hattie Willoughby
(Address) Springfield - Mo.

15. FILED 2/11, 1928 O C Horst MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1928, to Feb. 9, 1928, that I last saw h... alive on Feb. 9, 1928, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ... yrs. ... mos. 7 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) Arthur D Knobb M.D
2-10, 1928 (Address) 500 1/2 E. Cour'l

*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: Sanforth Cemetery — DATE OF BURIAL: Feb. 1928

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

A. D. — 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.