FEB 21 1928

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

Do not use this space.

1852

1. PLACE OF DEATH
County: Marion — Registration District No. 552 — File No. 3
Township: Warren — Primary Registration District No. 5745 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: William Henry Wadsworth
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 47 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 31-1834

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	93		19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer. 13
(b) General nature of industry, business, or establishment in which employed (or employer): 135
(c) Name of employer: 169

9. BIRTHPLACE (CITY OR TOWN): Frederick Co.
(STATE OR COUNTRY): Maryland

PARENTS
10. NAME OF FATHER: Henry Wadsworth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Maryland.
12. MAIDEN NAME OF MOTHER: Mary Ann Feaster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Maryland.

14. INFORMANT: Mary Wadsworth
(Address): Monroe City Mo.

15. FILED 1/19, 1928 Robert E. Wagner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 19th 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 4th, 1928, to Jan. 19, 1928, that I last saw him alive on Jan. 18, 1928, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cystitis and infection of right hand and arm from a wound on back of hand (duration) yrs. mos. 15 ds.

12 CONTRIBUTORY (SECONDARY) Senility and enlarged prostate gland (duration) yrs. mos. 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? —
(Signed) Geo. L. Turner M. D
Jan 19, 1928 (Address) Monroe City Mo.

*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: St. Luder Cemetary — DATE OF BURIAL: Jan 21st 1928
20. UNDERTAKER: Wilson & Son — ADDRESS: Monroe City 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Marion — Registration District No.: 5521 — File No.:
Township: Warren — Primary Registration District No.: 5745 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: William Henry Wadsworth
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): W.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 31 - 1824

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED , 19 Rose E. Wagner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 19 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene and infection of right hand and arm from fall
Wound on back of hand
Nephritis or something causing alcoholism
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility and enlarged prostate
Hard (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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 — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

135

N. B.—Every ... should ... state CAUSE OF DEA... ... supplit ... 1. Exa... ... ...tant.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Geo. L. Sherman

77.9 0
16.31
61.59

S-1852