

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

Do not use this space. ✓

28161

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 270
St. _____ Ward _____

2. FULL NAME

William F. Wadsworth
(a) Residence, No. 201 East Kan St., 3 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Josie</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 - 1860</u> | | |
| 7. AGE YEARS <u>71</u> | MONTHS <u>1</u> | DAYS <u>7</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Brick contractor</u> | | |
| 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)
Johnson Co. Kansas

13. NAME
Charles Wesley Wadsworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
East Wm Pa

15. MAIDEN NAME
Haniet P. Deland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
East Wm Pa

17. INFORMANT (ADDRESS)
Mrs Josie Wadsworth

18. BURIAL, CREMATION, OR REMOVAL PLACE
Wadsworth DATE Aug 10 1931

19. UNDERTAKER (ADDRESS)
Chas Mitchell
310 W Main St. Independence, Mo.

20. FILED Aug 10 1931 J. H. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
August 31 1931

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1931, to July Aug 31, 1931.
I last saw him alive on Aug 8, 1931. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? _____

If so, specify _____

(Signed) J. H. Cook, M. D.

(Address) Indep. 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.

SEP 22 1931

