

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

Do not use this space.

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1. PLACE OF DEATH AR 20 1935

County Jackson

Registration District No. _____

File No. _____

Township Kaw

Primary Registration District No. _____

Registered No. 015

City Kansas City

(No. 5615, Oak Street)

St. _____ Ward _____

2. FULL NAME Charles W. Wadsworth

(a) Residence, No. 5615 Oak Street St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7 35

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

22. I HEREBY CERTIFY, That I attended deceased from 2/4/35 1935, to 7-7-35 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1853

I last saw him alive on Feb 7 1935. Death is said to have occurred on the date stated above, at 4 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 19

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Manager

Coronary thrombosis 2/7/35

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeley Institute

Gipfe

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Arterio sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota

13. NAME John Wadsworth

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

What test confirmed diagnosis? Chemical Was there an autopsy? No

15. MAIDEN NAME Mary Wainwright

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mr. Dave Hornbuckle
(ADDRESS) 5615 Oak Street

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 9 35

Nature of injury _____

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 West 42nd Street

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED 78 35 m. m. Cowan
Registrar.

(Signed) Walter M. Persons, M. D.
(Address) Walter M. Persons

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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W. M. Persons

Dr. Wm. Brewster

Washington, D.C.

1882