

FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3490

State File No. \_\_\_\_\_

Registration District No. 281

Primary Registration District No. 4343

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Monroe City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
414 North Locust St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 58 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Monroe City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 414 North Locust St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Henry Wadsworth

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased September 20th 1882  
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days 22  
If less than one day hr. min.

9. Birthplace: Marion County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Francis T. Wadsworth

13. Birthplace Harpers Fairy, Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Cordelia Elizabeth Cassidy

15. Birthplace Ralls County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. H. Wadsworth

(b) Address Monroe City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Judes; Monroe City

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City, Mo.

19. (a) Jan 13, 1941 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11  
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 4, 1940, to January 11, 1941;  
that I last saw him alive on January 11, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE Duration 24 hrs.

Due to [Signature]

Due to \_\_\_\_\_

Other conditions Arterio-Sclerosis 5 years  
(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? ✓  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

513 (Specify type of place) (e) Months of injury ✓

28. Signature [Signature] (M. D. or other) 0

Address Monroe City Mo Date signed 1/13/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

910

69  
1  
0

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

