

REC'D JUN 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
19265
 Do not use this space.
1. PLACE OF DEATH
 (a) County Monroe Registration District No. 581
 (b) Township _____ Primary Registration District No. 4343 Registered No. 14
 (c) City Monroe City (d) Street No. 510 South Monroe St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 47 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME
Sordelia Elizabeth Wadsworth
 (a) Residence, No. 510 South Monroe St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)
PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis J. Wadsworth</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7th 1850</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>88</u>	<u>10</u>	<u>28</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>			
	10. Date deceased last worked at this occupation (month and year) <u>—</u>		11. Total time (years) spent in this occupation <u>—</u>	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co Missouri</u>
	13. NAME <u>James F. Cassaday</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Salista Hinton</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
17. INFORMANT (ADDRESS) <u>Mary Wadsworth Monroe City Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL (Includes Cemetery) <u>St. Louis Cemetery Monroe City Mo.</u> DATE <u>May 7th 1939</u>	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wilson & Son, Monroe City Mo.</u>	
20. FILED <u>516</u> 19 <u>39</u> <u>W D Pipkin</u> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938, to May 5, 1939
 I last saw her alive on May 3, 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy
 Date of onset 1938

 Other contributory causes of importance:
Chronic Cholelithiasis since 1928
and Myocarditis

 Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy 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? no
 If so, specify _____
 (Signed) W D Pipkin, M. D.
513 (Address) Monroe City

(Licensed Embalmer's Statement on Reverse Side)

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.

I X 16605

RECEIVED

District Health Officer No. 10

District File Number 10-39-1045

Date Filed JUN 6 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

Registered Apprentice No. _____

working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.