

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE OF OHIO
DEPARTMENT OF HEALTH

Social Security

No. None

1 PLACE OF DEATH

CERTIFICATE OF DEATH

County LorainRegistration District No. 756File No. 13882

Township

Primary Registration District No. 8338Registered No. 236

or Village No. _____ St. _____ Ward _____

or City of Elyria (If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. Did Deceased Serve in U. S. Navy or Army No2 FULL NAME John L. Wadsworth(a) Residence. No. 385 Gulf Rd

Ward _____ (If nonresident give city or town and State)

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, Widowed or Divorced Widowed6. If Married, Widowed, or Divorced Husband of (or) Wife of Ada Wadsworth6. DATE OF BIRTH (month, day, and year) 12/17/18677. AGE (years) Months Days If LESS than 1 day _____ hrs. or _____ min. 73 6 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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

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

12. BIRTHPLACE (city or town) Wellington (State or country) Ohio13. NAME Homer Wadsworth14. BIRTHPLACE (city or town) Wellington (State or country) Ohio15. MAIDEN NAME Anna Blanchard16. BIRTHPLACE (city or town) New York (State or country)17. The Signature of INFORMANT H. Wadsworth and (Address)18. BURIAL, CREMATION OR REMOVAL PLACE Wellington, O. Date 7/10/41 19.19. FUNERAL FIRM Taylor Funeral Home19a. BURIED BY Carl R. Daylor Lc. No. 1727 Address Elyria Ohio19b. EMBALMER E. N. Goussier Lc. No. 446120. FILED 7-10-1941 Registrar H. W. Robinson, M.D. Date 7/9 1941 Address Elyria, O.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/8/41 194122. I HERBY CERTIFY, That I attended deceased from April 1, 1941, to July 8, 1941. I last saw him alive on July 7, 1941 death is said to have occurred on the date stated above at 6.15 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Date of onset

Chronic
meningococcal meningitis April
(probably syphilis) 1941
46

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation none Date of _____
What test confirmed diagnosis exam. 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) J. F. Coulter M. D. Date 7/9 1941 Address Elyria, O.