DEC'D MAR 10 1939

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

7477
Do not use this space.

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1. PLACE OF DEATH
(a) County Phelps — Registration District No. 677
(b) Township — Primary Registration District No. 4403 — Registered No. 22
(c) City Rolla. — (d) Street No. Rolla Hospital 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 yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W Adey (GEORGE W. ADEY)
(a) Residence, No. Houston, Mo. Texas Co. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Bessie Adey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27. 1903
7. AGE: YEARS 35 — MONTHS 2 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec 1938
11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co, Mo.

FATHER
13. NAME G. M. Adey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co Mo

MOTHER
15. MAIDEN NAME Sarah A. Forsh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) G. M. Adey Houston Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Arthur Creek Cem. DATE March 3 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Smith and Ferguson Licking Mo
20. FILED Mar. 3 1939 Jos. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th, 1939, to March 1st, 1939
I last saw h. m. alive on March 1st, 1939. Death is said to have occurred on the date stated above, at 4.50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	

Other contributory causes of importance: Appendectomy. 121

Name of operation Appendectomy Date of Jan 4 39
What test confirmed diagnosis? Was there an autopsy?

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) Leslie Randall, M. D.
(Address) Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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