

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

Do not use this space.

36699a

MAR 23 1928

1. PLACE OF DEATH

County Howell
Township Marquette
City Marquette

Registration District No. 384
Primary Registration District No. 55-35-

File No. 8
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ida May Adams

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF J. Ed. Adams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 27-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 | 8 | 8 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Howell Co. Mo

10. NAME OF FATHER

Ed. J. Davidson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Buffalo New York

12. MAIDEN NAME OF MOTHER

Elizabeth Penn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Penn.

PARENTS

14. INFORMANT

(Address) Mrs. H. M. Dailey, Mrs. McPherson, Mo.

15. FILED

2-8-28 ORA Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-5-1927

17. I HEREBY CERTIFY That I attended deceased from 12-5-1927, to 12-5-1927, and that I last saw him alive on 12-5-1927, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
160B-Strychnine poisoning
suicide

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no - Coroner's jury.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. Leland Bohrer, M. D.
mi, 19-28 (Address) West Plains, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Oak Lawn Cemetery 12-8-1927

20. UNDERTAKER

ADDRESS

McFarland's West Plains

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.

