

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.

FEB 24 1932

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

Do not use this space.
1723

1. PLACE OF DEATH
 61 County Macon Registration District No. 532
 6 Township _____ Primary Registration District No. 4318
 2 City LaPlata (No. _____ St. _____ Ward _____)

2. FULL NAME James Maitland
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adah Maitland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>11</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) (STATE OR COUNTRY) Canada 5

FATHER

13. NAME James Maitland 88

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER

15. MAIDEN NAME Sarah Penwick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT E. P. Maitland
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL LaPlata Mo
PLACE St. Andrew's Ch. Ill. DATE Feb 2 1932

19. UNDERTAKER D. S. Christie
(ADDRESS) LaPlata Mo

20. FILED Jan. 31 1932 C. H. Buckley
Register

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 1932, to Jan. 31 1932
 I last saw him alive on Jan. 30 1932 Death is said to have occurred on the date stated above, at 5:00 p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset _____

930 930

Other contributory causes of importance:
(D)

Name of operation _____ Date of _____
 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) C. H. Buckley M. D.
 (Address) LaPlata Mo.

