

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40584

1. PLACE OF DEATH

County MaconRegistration District No. 532Township La PlataPrimary Registration District No. 4318City La Plata

(No.)

St.

Ward)

2. FULL NAME Adah Louisa 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJames Maitland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 27 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.76720

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Illinois2

FATHER

13. NAME

Marshall Stark14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Illinois

MOTHER

15. MAIDEN NAME

Louisa Tyler16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Illinois17. INFORMANT
(ADDRESS)E. P. Maitland
La Plata, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Springfield, Ill.DATE Dec 19193219. UNDERTAKER
(ADDRESS)D. S. Christie
La Plata, Mo.

20. FILED

Dec. 17, 1932Chas. Buckley
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 17, 193222. I HEREBY CERTIFY, That I attended deceased from
Dec. 15, 1932, to Dec. 17, 1932I last saw him alive on Dec. 16, 1932 Death is saidto have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Uremic ComaDate of onset
Dec.
15, 32

Other contributory causes of importance:

Diabetes Mellitus

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

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)

(Address)

Chas. Buckley
La Plata, Mo.

, M. D.

