

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

Do not use this space.

15071

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Jasper (No. ....)

Registration District No. 411  
Primary Registration District No. 2002

File No. ....  
Registered No. 165  
St. .... Ward)

**2. FULL NAME**

Albert Edward Maitland

(a) Residence. No. 306 N. Jasper 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Mary E Maitland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....	
				hrs.	min.
	<u>61</u>	<u>10</u>	<u>24</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. mining machinery  
(b) General nature of industry, business, or establishment in which employed (or employer). selling self  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER E G Maitland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER Melvinia Barnes <sup>1859</sup> (Address) Jasper Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs Mary E Maitland  
(Address) 306 N. Jasper

15. FILED 4-9-1929 Dr. B. Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1929

17. I HEREBY CERTIFY, That I attended deceased from the cause of death of this party, 19... 29 that I last saw him alive on Apr 8 1929, and that death occurred, on the date stated above, at 2:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic valvular heart disease, resulting from Flu  
11 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Flu (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Benson Clark, M. D.

\*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

Jasper

4/10 1929

20. UNDERTAKER

ADDRESS

Frank Sevier Jasper Mo.

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.

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**MAY 27 1929**

