

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

Do not use this space.

12751

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1008
 City St. Louis Mo. (No. Patterson)

File No.
 Registered No. 8287
 St. Ward

2. FULL NAME Mr. Thos. Gaylord

(a) Residence. No. 3129 Caroline St. 18. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (For use by word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/16/1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 4 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School-Boy
 (b) General nature of industry, business, or establishment in which employed (or employer) U
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lamar
 (STATE OR COUNTRY)

10. NAME OF FATHER C. E. Gaylord

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

12. MAIDEN NAME OF MOTHER Viola Patterson

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

14. INFORMANT Mr. Claude Gaylord
 (Address) 3129 Caroline St

15. FILED 15 1929 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1929, to Mar 14, 1929 that I last saw him alive on Mar 14, 1929, and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Otitis media (left ear)

89D
89B
78H
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) mastoiditis - brain abscess
(2 wks) (4 da)
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 3129 Caroline

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 2-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. A. Riley, M. D.

3/15, 1929 (Address) 3129 Caroline St

*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

Valhalla Cemetery March 16 1929

20. URDERTAKER E. J. Schurz ADDRESS 3125 Lafayette av

