WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 18961

Township — Primary Registration District No. 1001 — Registered No. 574

City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Thomas Robert Gayler

(a) Residence, No. 507 Fillmore, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. 4 mos. 25 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): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany. 7, 1925,

7. AGE: YEARS 8 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student, 122
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School 107A
10. Date deceased last worked at this occupation (month and year) June 1933
11. Total time (years) spent in this occupation 2 129

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER

13. NAME Thomas Jefferson Gayler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Arkansas,

MOTHER

15. MAIDEN NAME Mary Johns,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amazonia, Missouri,

17. INFORMANT (ADDRESS) Thomas J. Gayler 507 Fillmore Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE June 5th. 1933

19. UNDERTAKER (ADDRESS) Heaton-Bergole & Bowman 319 South 10th St. Funeral Home

20. FILED JUN 5 1933 — John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933, to June 2, 1933

I last saw him alive on June 1, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

	Date of onset
Pneumonia Broncho	
Pneumococcic Peritonitis	

Other contributory causes of importance: Intestinal obstruction from adhesions following pneumococcic peritonitis

Name of operation Ileostomy — Date of 5-20-33

What test confirmed diagnosis? — Was there an autopsy? no

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? no

If so, specify

(Signed) S. C. Senor, M. D.

(Address) St. Joseph, Mo