REC'D SEP 20 1938

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

Do not use this space.

28638

File No. 123

Registered No. 123

1. PLACE OF DEATH

County Clay

Township Fishing River

City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

Registration District No. 198

Primary Registration District No. 3011

2. FULL NAME GAYLORD, Bedford

(a) Residence, No. Star Route St., Ward. Warsaw, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 27 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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1893

7. AGE: Years 44 | Months 9 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County, Missouri

FATHER

13. NAME Norman Gaylord 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County, Mo. 0

MOTHER

15. MAIDEN NAME Mollie Lumwalt 0

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

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warsaw, Mo. DATE 8-30-38, 19

19. UNDERTAKER (ADDRESS) John C. Prather
Excelsior Springs, Mo.

20. FILED Sept 1, 1938 Lorena McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3, 1938, 19, to Aug. 30, 1938, 19

I last saw him alive on Aug. 30, 1938, 19. Death is said to have occurred on the date stated above, at 3:00 m. a.m.

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

	Date of onset
Uremia	

Other contributory causes of importance:

Nephritis, chronic

Name of operation none Date of --

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?

If so, specify.

(Signed) John E. Kelly
JOHN E. KELLY, MD, Manager, M. D.

(Address) Veterans Administration Facility
Excelsior Springs, Missouri

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9/3/38