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.

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

Do not use this space.

4753

File No. 546

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 389

Township: East — Primary Registration District No.: 34

City: Kansas City (No. 5618 Charlotte St. Ward)

2. FULL NAME Isaac B. Gaylord

(a) Residence. No. 5618 Charlotte St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	wh	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	5	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Willoughby
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Lawrence Gaylord

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Haven
(STATE OR COUNTRY) Conn.

12. MAIDEN NAME OF MOTHER Hanna Brown

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

14. INFORMANT Mrs. Gaylord
(Address) 5618 Charlotte

15. FILED 2/7, 1927 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Sep. 1, 1926, to Feb. 7, 1927, that I last saw him alive on Feb. 7, 1927, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
131 Cerebral hemorrhage
132 Pneumonia

(duration) 1 yrs. 5 mos. — ds.

CONTRIBUTORY (SECONDARY) Uremia

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. W. Litchfield, M. D.
2/7, 1927 (Address) 508 Olive

*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
Cremation	Feb. 8 1927

20. UNDERTAKER	ADDRESS
D. H. Newcomer's	Lone K.C., Mo

508 Commerce Bldg
Nov 8860.
2-5:30