

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

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

Do not use this space.

31700

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 5998
 City (No.) St. Ward)

2. FULL NAME

Kenneth Boschet
 (a) Residence. No. 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 M 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) July 14-1928

7. AGE YEARS MONTHS DAYS If LESS than 1, day, hrs. or min.
1 7 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Charles Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Victor Boschet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Charles Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mathilde Weber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Charles Mo
(STATE OR COUNTRY)

14. INFORMANT Victor Boschet
(Address) P.O.#1 St. Charles Mo

15. FILED 9/9/29 J. G. Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 14 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1929, to Sept 7, 1929
 that I last saw him alive on Sept 7, 1929, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Infantile enterocolitis

119B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH no knowledge

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physiical Exam.

(Signed) Bygnet Gossard, M. D.

Sept 7, 1929. (Address) 2201 W. St. Charles Mo

*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 St. Peter's Cemetery DATE OF BURIAL Sept 9, 1929

20. UNDERTAKER W. H. Adams & Son Co ADDRESS St. Charles Mo.

