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.
29249
3422

1. PLACE OF DEATH Veterans' Administration Hospital
County Jackson Registration District No. File No.
Township Raw Primary Registration District No. Registered No.
City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME BOILLOT, Henry Frank C-None WOE
(a) Residence, No. Marshall, Missouri St. Ward. Sgt. Demob Group
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1891

7. AGE: Years 41 | Months 7 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cafe Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall, Mo. DATE 9-10-32

19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City Mo.

20. FILED 9/10 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1932, to September 9, 1932
I last saw him alive on September 9, 1932. Death is said to have occurred on the date stated above, at 4:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	9-3-32

Other contributory causes of importance:

1-Gangrenous Appendicitis	8-20-32
2-Multiple Abscesses of liver, secondary.	8-27-32

Name of operation Appendectomy Date of 9-2-32
What test confirmed diagnosis? Phys. Exam. 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) W. E. Chambers, M. D.
(Address) W. E. CHAMBERS, Med. Officer in Charge Vet. Adm. Hosp. Kansas City, Mo.