

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.

Dr. W. E. Euter
3700 Benton

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

Do not use this space.

1. PLACE OF DEATH

County *St. Louis* Registration District No. **399**
Township *Raw* Primary Registration District No. **1002**
City *Kansas City* (No. *3746* *Agnes*)

File No. **1606**
Registered No. **336** Ward

2. FULL NAME

Frank Baillot
(a) Residence, No. *3746 Agnes* St. **16** 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 <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE	YEARS <i>78</i>	MONTHS DAYS IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Retired</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Farmer</i>	
	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) <i>Mo</i>		
FATHER	13. NAME <i>Charles Baillot</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>France</i>	
MOTHER	15. MAIDEN NAME <i>Rose Heisler</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>France</i>	
17. INFORMANT (ADDRESS) <i>Francis Baillot</i> <i>3746 Agnes</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bonnie Hill Mausoleum</i> DATE <i>Jan 20 1933</i>		
19. UNDERTAKER (ADDRESS) <i>Quinn & Son Co</i> <i>20 W. Greenwood</i>		
20. FILED <i>1-22-33</i> <i>M. M. Crowe</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 20 1933*

22. I HEREBY CERTIFY That I attended deceased from *Sept 29* 19*31* to *Jan 20* 19*33*.
I last saw him alive on *Sept 20* 19*33*. Death is said to have occurred on the date stated above, at *4:50* p. m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
93C
87H
99
Other contributory causes of importance:
Chronic Myocarditis
High blood pressure & arteriosclerosis

Name of operation *None* Date of _____
What test confirmed diagnosis? *Symptoms* 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. Euter* M. D.
(Address) *3700 Benton Blvd.*

