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

Do not use this space.

19487

File No. 2582

Registered No.

1. PLACE OF DEATH U.S.V. Hosp.
County Jackson
Registration District No.
Township Raw
Primary Registration District No.
City Kansas City, Mo. (No. U. S. Veterans Hospt St. Ward)

2. FULL NAME KOLKIN, Morris C-1 229 885
(a) Residence. No. 549 Main St. St., Ward. Pvt. Co A 3rd Inf.
(Usual place of abode) Kansas City, Mo. (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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	32	0	29	

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)
(STATE OR COUNTRY) Russia

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Hospital Records
(Address) U S Vet Hosp K C Mo

15. FILED 6/14 1930 M. McCrone asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to June 14, 1930 that I last saw him alive on June 14, 1930, and that death occurred, on the date stated above, at 7:40 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, pul. bilateral, far adv.

23A

Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lab & X-ray

6/14/30 (Signed) W. E. Chambers M. D.
W.E.CHAMBERS, Medical Officer in Charge
U.S.V.Hospital, Kansas City, Mo.
(Address)

*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 Sheffield — DATE OF BURIAL 6-15-1930

20. UNDERTAKER J. P. Lains — ADDRESS