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

JUN 17 1936

Do not use this space.

18901

1. PLACE OF DEATH

County Clay Registration District No. 178

Township Fishing River Primary Registration District No. 2011 File No.

City Excelsior Springs (No. Veterans Administration Facility St. 3rd. Ward) Registered No.

2. FULL NAME Kollenborn, John A.

(a) Residence, No. St., Ward. 1637 Summit, K.C. Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Caucasian

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1898

7. AGE: 37 years — YEARS: 37 — MONTHS: 11 — DAYS: 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

FATHER

13. NAME John Kollenborn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Mary Craik

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Castle Douglas, Scotland

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo. DATE May 24, 1936.

19. UNDERTAKER (ADDRESS) R.V. Lindsey and Sons. Kansas City Mo.

20. FILED 5-23- 1936 Mrs Rea McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1936, 19, to May 23, 1936, 19, I last saw him alive on May 23, 1936, 19. Death is said to have occurred on the date stated above, at 9:18 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis pulmonary Chronic — Date of onset

Other contributory causes of importance:
Diabetes Mellitus

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) Joseph Dauksys M.D. Act. Clin, Dir. M.D.

(Address) Veterans Administration Facility Excelsior Springs Mo.