FEB 17 1937

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

Do not use this space.

World War Veteran.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 6279
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Demetre Kolotka Demetre KOLOTKA
(a) Residence, No. 705 Penn. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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): about 1893

7. AGE: Approx. 43 YEARS — MONTHS: -- — DAYS: -- — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer
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): Russia

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

MOTHER
15. MAIDEN NAME: KatieKokekoll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT (ADDRESS): John Smitki, half brother 3072 N.35 St., K.C.Kansas.

18. BURIAL, CREMATION, OR REMOVAL: Highland Park Cem
PLACE Kansas City, Kans. DATE 2/6/37. 19

19. UNDERTAKER (ADDRESS): Mellody - McGilley K.C.Mo.

20. FILED 2/8 1937 M. M. Crosvie Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3/37, 19

22. I HEREBY CERTIFY That I attended deceased from ....., 19..., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile traumatism | |
| Fracture of the skull | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 2/2/37, 19
Where did injury occur? 6 Hundred Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Slide Injury in Car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ....., M. D.
(Address) Kaw

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.