

REC'D JUL 22 1938

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

Do not use this space.

22483

## 1. PLACE OF DEATH

County Montgomery  
Township East  
City Rhineland (No. \_\_\_\_\_)

Registration District No. 594  
Primary Registration District No. 4352

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

John Jacob Kolka 420  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 6 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19th 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
31 11 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand  
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) Sept. 1937 11. Total time (years) spent in this occupation. 16 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhineland, Mo.

FATHER  
13. NAME Walter Kolka

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhineland, Mo.

MOTHER  
15. MAIDEN NAME Julia Stuettmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rhineland, Mo.

17. INFORMANT (ADDRESS) C. V. Kolka - Rhineland, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Joseph's Cemetery DATE June 16th 1938

19. UNDERTAKER (ADDRESS) Kottmeyer & Co. Rhineland, Mo.

20. FILED 6-16 19 38 Nana Lee Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936, to June 15 1938

I last saw him alive on June 13 1938. Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:  
Probably Apoplexy  
jointly dead in bed  
about 5:30 a.m. of 15!

Date of onset

Other contributory causes of importance:  
Bronchitis Asthma  
for the past 20 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) D. R. Ranschtelbach, M. D.

(Address) Rhineland Mo

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.

