

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

Do not use this space.

✓ 24074
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1. PLACE OF DEATH

County St. Francois
Township Perry
City Bonneton

Registration District No. 274
Primary Registration District No. 6020

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Willie Lazarovych

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1930

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

17. I HEREBY CERTIFY, That I attended deceased from July 8 1930 to July 9 1930 that I last saw him alive on July 8 1930 and that death occurred, on the date stated above, at 4:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 4 - 1913

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 4 5

Fracture of 5th cervical vertebra with cord injury, accidentally incurred while swimming & diving near Elvins, Mo. 181 A

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 _____

(duration) yrs. mos. ds. 1 8 0

CONTRIBUTORY (SECONDARY) Same
(duration) yrs. mos. ds. _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH New Elvins, Mo.

10. NAME OF FATHER Mike Lazarovych

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Austria

12. MAIDEN NAME OF MOTHER Annie Hiestock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Austria

14. INFORMANT Mike Lazarovych (Address) St. Francois

15. FILED Aug 6 30 W. J. Swan REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____
20. UNDERTAKER C. J. Boyer ADDRESS DeLoz, Mo.

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH New Elvins, Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Very typical findings
(Signed) W. J. Swan, M. D.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Francois Cemetery DATE OF BURIAL July 11, 1930
20. UNDERTAKER C. J. Boyer ADDRESS DeLoz, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION of DECEASED.

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