

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

Do not use this space.

1. PLACE OF DEATH

County Cedar
Township Walden
City Walden (No.)

Registration District No. 912
Primary Registration District No. 4550

File No. 19396
Registered No. 26
St. Ward

2. FULL NAME Lavesta Govich

(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

3. SEX F 4. COLOR OR RACE W 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 10 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 00 20

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

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) MO

13. NAME James M Govich

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

15. MAIDEN NAME Martha Paggi

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Georgia Govich

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE July 1 1934

19. UNDERTAKER (ADDRESS) W J Waters

20. FILED July 2 1934 Mallie Fugate Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1933, to June 30, 1934

I last saw her alive on June 26, 1934. Death is said to have occurred on the date stated above, at 8:55 A.M.

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

Carcinoma of uterus Date of onset

44

11664

1395

Other contributory causes of importance:

Carcinoma of uterus

Name of operation Hysterectomy Date of 8/13/33

What test confirmed diagnosis laboratory 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) W. H. Staud, M. D.

(Address) Walden 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.

Jul 11 1934

2034

92

1944

1. The first part of the report deals with the general situation in the country. It is noted that the economy is in a state of depression and that the government is facing a severe financial crisis. The report also mentions that the population is suffering from widespread poverty and unemployment.

2. The second part of the report discusses the political situation. It is noted that the government is weak and that there is a lack of unity among the political parties. The report also mentions that the military is in a state of disarray and that there is a risk of a coup d'état.

3. The third part of the report deals with the social situation. It is noted that there is a high level of illiteracy and that the health care system is in a state of collapse. The report also mentions that there is a high level of crime and that the justice system is inefficient.

4. The fourth part of the report discusses the international situation. It is noted that the country is isolated and that there is a lack of international support. The report also mentions that the country is facing a severe trade embargo and that the economy is suffering as a result.

5. The fifth part of the report deals with the future prospects of the country. It is noted that the situation is bleak and that there is a need for radical reforms. The report also mentions that the country needs to attract foreign investment and to improve its infrastructure.

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Quedrain

Registration District No. 912

Township Vandover

Primary Registration District No. 4550

City Vandover (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Laura Gorek

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from, to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 20

Date of onset

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19..... Mallie Fugua Registrar

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....., 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)....., M. D.

(Address).....

SUPPLEMENTARY

Carcinoma of peritoneum
Carcinoma of Uterus
Primary Res. of Uterus

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

S-19394