

Cicero 50 III		10 Nov 42		VERIF. CHECKED BY	
ARMY <input checked="" type="checkbox"/>	NAVY <input type="checkbox"/>	MARINE <input type="checkbox"/>	MALE <input type="checkbox"/>	DATE SEPARATED	
ENLISTED MAN <input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>	2 Feb 46		VERIFIED DATE
ENTERED SERVICE AT		WHERE SEPARATED		TYPE SEPARATION	
Chgo		Ft Sheridan		hon	
TYPE OF PROOF OF SERVICE		DRAFT BOARD CITY		DATE CERTIFIED	
Dis 1		DRAFT BOARD NO.		AMOUNT CERTIFIED	
DOMESTIC SER. CLAIMED		FOREIGN SER. CLAIMED		337,67	
33 MO.	20 DAYS	MO.	DAYS		

NAME		PRIVOZNIK, JAMES F.		CLAIM NUMBER	
PRESENT ADDRESS		Mother		SERVICE SERIAL NO.	
CITY AND STATE		Cook		COUNTY	
ADDRESS WHEN ENTERED SERVICE		ACKMT DATE		DATE SER. STARTED	
CITY AND STATE		DATE SER. STARTED		VERIF. CHECKED BY	
ARMY <input checked="" type="checkbox"/>	NAVY <input type="checkbox"/>	MARINE <input type="checkbox"/>	MALE <input type="checkbox"/>	DATE SEPARATED	
ENLISTED MAN <input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>	Death		VERIFIED DATE
ENTERED SERVICE AT		WHERE SEPARATED		DATE CERTIFIED	
Chgo.		DRAFT BOARD CITY		4-12-48	
TYPE OF PROOF OF SERVICE		DRAFT BOARD NO.		AMOUNT CERTIFIED	
WD Letter		4-12-48		2900.00	
DOMESTIC SER. CLAIMED		FOREIGN SER. CLAIMED			
MO.	DAYS	MO.	DAYS		

NAME		PRIVOZNIK Louis J		CLAIM NUMBER	
PRESENT ADDRESS		2112 S 56th Ave		SERVICE SERIAL NO.	
CITY AND STATE		Cook		COUNTY	
ADDRESS WHEN ENTERED SERVICE		ACKMT DATE		DATE SER. STARTED	
Cicero III		30 Jan 43		VERIF. CHECKED BY	
CITY AND STATE		DATE SER. STARTED		EXAMINED DATE	
Cicero III		3-24		3-24	
ARMY <input checked="" type="checkbox"/>	NAVY <input type="checkbox"/>	MARINE <input type="checkbox"/>	MALE <input type="checkbox"/>	VERIF. CHECKED BY	
ENLISTED MAN <input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>	11 Jan 46		VERIFIED DATE
ENTERED SERVICE AT		WHERE SEPARATED		DATE CERTIFIED	
Chgo		Camp Grant		4-1	
TYPE OF PROOF OF SERVICE		DRAFT BOARD CITY		AMOUNT CERTIFIED	
Dis 1		DRAFT BOARD NO.		396.67	
DOMESTIC SER. CLAIMED		FOREIGN SER. CLAIMED			
15 MO.	15 DAYS	MO.	DAYS		

Form No. 4—For All BENEFICIARIES Service-Connected Deaths

Beneficiaries living
IN COOK COUNTY

MAIL Applications to:
SERVICE RECOGNITION BOARD
218 West Monroe Street
Chicago 6, Illinois

STATE OF ILLINOIS
SERVICE RECOGNITION BOARD

Governor DWIGHT H. GREEN, Chairman
RICHARD YATES ROWE, Treasurer
LEO M. BOYLE, Secretary

Beneficiaries living
OUTSIDE COOK COUNTY

MAIL Applications to:
SERVICE RECOGNITION BOARD
301 West Adams Street
Springfield, Illinois

APPLICATION FOR VETERANS COMPENSATION

Must be Filed with Board prior to July 1st, 1949

DO NOT FILL THIS OUT UNTIL YOU HAVE STUDIED INSTRUCTIONS CAREFULLY

I/we Mary Privoznik

am/~~we~~ the (here insert relationship to deceased Veteran) mother (step) of

James

Frank

Privoznik

First Name

Middle Name

Last Name

Serial Number

deceased

hereby make... application for compensation under the "Act to provide payment of compensation to certain persons who served with the military or naval forces of the United States prior to, or in the recent war with Germany, Italy, Japan and other nations, etc.", and in support of such application make(s) the following statement:

CLAIM NUMBER

707064

← LEAVE BLANK

1. Deceased entered into the Armed Service of the United States on Tenth February 1943 at

Day

Month

Year

Chicago

Cook

Illinois

entering into Army

City

County

State

2. That at the time of his entering service he was a bonafide resident of the State of Illinois living at 3124

Number

S. Ridgeway Ave., Chicago

Cook

residing at said address with mother

Street

City

County

(See Instructions)

3. If the deceased did not enter Service in the State of Illinois, state the reasons; how long out of State and his address at time of such entry. does not apply

4. State below the names and addresses of wife or husband, child or children, mother, father, person standing in loco parentis, if any, and brothers and sisters. If there are none or any are dead or ineligible, so state.

James Privoznik, (deceased) father. Kristy Privosnik, (deceased) mother,

Mary Privoznik, step-mother claimant and nearest of kin, Leroy Privoznik,
half brother.

NOT MARRIED - NO - CHILDREN -

(See Instructions)

5. I/~~we~~ have made no other claim in any other State or am/~~we~~ I/~~we~~ the assignee or assignees of a bonafide claimant.

Mary Privoznik

Signature

Mary Privoznik

Signature

Signature

Signature

Signature

INSTRUCTIONS

This form will be filled in by typewriter, or printed in ink. LEAVE NO BLANK SPACES.

The beneficiary or beneficiaries, whether husband or wife, child or children, mother, father, person standing in loco parentis, brothers and sisters, must make claim on the foregoing form and complete the same in detail accompanying it with the necessary information and proof to establish the claim. Payment of a claim is predicated upon the residence of the deceased Veteran in Illinois; his death being service-connected and the proper degree of relationship of the claimant toward him.

The application commences with three blank lines. The name of the claimant will be inserted immediately after the words I/We; if there be more than one claimant, that is, more than one child, or more than one brother or sister, then the names of all such children of the deceased or brothers or sisters of the deceased must be inserted. The degree of relationship, such as "wife" or "brothers and sisters" of the claimants will be inserted in the next blank space. The FULL name of the deceased Veteran through whom this claim is made will be inserted in the next blank space.

The claims of minor beneficiaries will be prepared by the duly qualified guardian; claim of incompetents will be prepared by the duly qualified conservator.

Relative to paragraph 1; date and place of entry into service will be inserted by the claimant. After the words "entering into" insert Branch of Service that is, "Army," "Navy," "Marine Corps," or whatever branch of the Armed Services the deceased Veteran entered.

In reference to paragraph 2; insert in the first blank line the proper address of the deceased at the time of his entering Service. In the next blank space insert the relationship of those with whom he resided to the deceased, such as "Wife and children." If the deceased did not live with relatives so state.

With reference to paragraph 3; give information called for in detail. If question does not apply to this case so state.

With reference to paragraph 4; in these blank lines insert the names and addresses as called for even though such persons may not be living or entitled to make a claim. Designate the relationship of each person to the deceased. Name, address of claimant will be inserted here also. If the spouse of the deceased Veteran was divorced so state.

I. HUSBAND OR WIFE making application must prove:

- a. Death of person rendering service (photostatic or certified copy of official notification of death should be attached).
- b. Marriage of the parties, and that such marriage existed at the time of death of persons through whom claim is made.

II. CHILD OR CHILDREN making application must prove:

- a. Death of person rendering service (See I a, above).
- b. Marriage of deceased and other parent of child or children.
- c. That surviving spouse is dead, or was divorced (certified copy of death certificate or divorce decree shall be attached).

III. MOTHER, FATHER making application must prove:

- a. Death of person rendering service (See I a, above).
- b. That such person was unmarried, or if married that spouse of such person is dead or was divorced. (See II c, above).
- c. That if such person is married there were no children, or if there were children, all are dead. (Photostatic copy of Death certificate, must be attached).
- d. If FATHER is applicant that Mother is dead. (Photostatic copy of death certificate must be attached.)
- e. That the deceased upon whose service claim is made was the son or daughter of the claimant. (Photostatic copy of Birth certificate).

IV. PERSON STANDING IN LOCO PARENTIS must prove:

- a. That he or she stood in relation of parent toward the person rendering service and comply with III above.

V. BROTHERS OR SISTERS must prove:

- a. See I a, above.
- b. and c, same as III above.
- d. That both the Mother and Father of the person rendering service are dead, and that no one stood in relation of parent to the person through whom the claim is made (Photostatic copies of Death certificates will suffice to prove death; affidavits of responsible persons having knowledge of the facts should be sufficient to show that no one stood in loco parentis toward the deceased Veteran).
- e. Relationship of brother or sister existed between the applicant or applicants and person rendering service (affidavits of responsible persons may accompany the application).

IN ALL CASES: Not less than two (2) affidavits of reputable citizens having a knowledge of all the facts essential to show that the claimant is the proper person to receive compensation under this Act may be submitted.

EXTRACT OF LAW

ARTICLE I

Section 1-2. * * * * *, if any person died while serving in the military or naval forces of the United States on or after September 16, 1940 and prior to September 3, 1945 and his death was service-connected, his survivors as hereinbefore designated and in the order named shall be paid nine hundred dollars (\$900.00), regardless of the length of his service.

STATE OF

Illinois
Cook

SS.

County of

This

27th

day of

June

A. D., 19

personally appeared before me

Mary

Privoznik (step-mother)

known to me to be the person or persons who executed the above fore-

going application and being first duly sworn on oath depose *S* and say *S* that the answers and statements therein made are true to the best of *his* (her) (~~their~~) knowledge and belief.

[SEAL]

My commission expires

April 6 - 1948

Joe R. Gregory
Notary Public

STATE OF

Illinois
Cook

SS.

County of

This

9th

day of

Feb

A. D., 19

personally appeared before me

Mary Privoznik

known to me to be the person or persons who executed the above fore-

going application and being first duly sworn on oath depose *S* and say *S* that the answers and statements therein made are true to the best of *his* (her) (~~their~~) knowledge and belief.

[SEAL]

My commission expires

5/4/50

John J. Ryan
Notary Public

APPLICANT MUST NOT FILL IN SPACE BELOW

Claim Number

707064

Name **Mary Privoznik**

Address **3124 S. Ridgeway Avenue
Chicago, Illinois**

Checked by

[Signature]

Approved by

[Signature]

Allowed by

Chester L. Fordney

Computed by

[Signature]

Extended by

[Signature]

TOTAL AMOUNT DUE

\$9.00

Checked by

Paid Voucher No.

Name

Address

Name

Address

Name

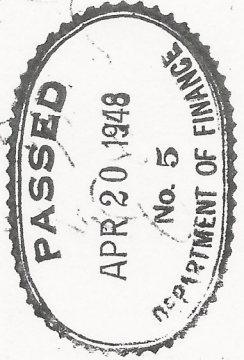
Address

Name

Address

Name

Address



DO NOT DETACH THIS PORTION FROM ABOVE CHECK No.V-B 609648

VETERAN OR BENEFICIARY MUST SIGN STATEMENT BELOW - OTHERWISE CHECK WILL NOT BE PAID BY STATE TREASURER.
THIS STATEMENT MUST NOT BE DETACHED FROM THE CHECK ABOVE AND CHECK MUST BE ENDORSED ON BACK AS INDICATED.

I certify that I was honorably discharged or separated from the Military or Naval Service of the United States of America and that I have served more than sixty days between September 16, 1940 and September 3, 1945. I further certify that while serving in the Military or Naval Service of the United States I did not work as a civilian at civilian pay, and that I did not receive a bonus or compensation of a like nature as provided by Illinois World War II Compensation Act. I further certify that I am legally entitled to payment as evidenced by this voucher, and in accordance with Illinois World War II Compensation Act.

PAY TO THE CREDIT OF AN ENEMY:

CLAIM NUMBER

707064

WORLD WAR II

MAY 3 '48 1368

Signed

Mary Dzwigowski Ben of J. F. Dzwigowski

Veteran or Beneficiary

SERVICE RECOGNITION BONUS SERVICE

ADD-SSS

3124 So Ridgeway Ave

Serial Number

707064

STATE OF ILLINOIS - AUDITOR OF PUBLIC ACCOUNTS

1945

ILLINOIS SERVICE RECOGNITION BOARD
218 WEST MONROE STREET
CHICAGO, ILLINOIS

VERIFICATION FILE COPY

609648

NAME PRIVOZNIK, JAMES F.		CLAIM NUMBER 707064	CHECKED BY <i>[Signature]</i>	NAME IF CLAIM FILED BY OTHER PRIVOZNIK, MARY
PRESENT ADDRESS Mother		SERVICE SERIAL NO. ██████████	DATE CHECKED 3/23/48	ADDRESS 3124 S. Ridgeway Ave.
CITY AND STATE		COUNTY Cook	EXAMINED BY <i>[Signature]</i>	CITY AND STATE Chgo. Ill.
ADDRESS WHEN ENTERED SERVICE		ACK'M'T DATE	EXAMINED DATE 4/1/48	RELATIONSHIP OF CLAIMANT Mother
CITY AND STATE		DATE SER. STARTED	VERIF. REQ'D DATE	REASON FILED
ARMY <input checked="" type="checkbox"/> NAVY <input type="checkbox"/> MARINE <input type="checkbox"/> MALE <input checked="" type="checkbox"/> ENLISTED MAN <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> FEMALE <input type="checkbox"/>		DATE SEPARATED	VERIF. CHECKED BY	VERIFICATION SENT TO
ENTERED SERVICE AT Chgo.		TYPE SEPARATION Death	VERIFIED DATE	ADDRESS
WHERE SEPARATED		DRAFT BOARD CITY	DATE CERTIFIED 4/12/48	
TYPE OF PROOF OF SERVICE WD- Letter 0		DRAFT BOARD NO.	AMOUNT CERTIFIED \$ 900	
DOMESTIC SERV. CLAIMED MO. DAYS		FOREIGN SERV. CLAIMED MO. DAYS		

COMPUTATION

	TOTAL			FOREIGN	
Year	Months	Days	Months	Days	
1940	_____	_____	_____	_____	
1941	_____	_____	_____	_____	
1942	_____	_____	_____	_____	
1943	_____	_____	_____	_____	
1944	_____	_____	_____	_____	
1945	=====	=====	=====	=====	
	=====	=====	=====	=====	

Lost time.. _____

Total - less
lost time.. =====

Total Months Amount Days Amount
Creditable
Service.... _____

Foreign
Service.... _____

Domestic
Service.... _____

COMPUTED BY: _____

EXTENDED BY: _____

REVIEW: _____

Total Amount Due
Foreign Service _____

Total Amount Due
Domestic Service _____

Total Amount Due _____

VERIFICATION DEPARTMENT
Work Sheet

C _____

ScreeningOriginal

Sent to correspondence

Sent to service and residence

Sent to questionable claims

Re-submitted

Sent to correspondence

Sent to service and residence

Sent to questionable claims

InitialsDateVerification of Service and ResidenceOriginal

Sent to correspondence

Sent to questionable claims

Rejected and sent to questionable claims

Sent to computation and extension

Re-submitted

Sent to correspondence

Sent to questionable claims

Sent to computation and extension

Questionable ClaimsOriginal

Sent to computation and extension

Sent to service and residence

Sent to correspondence

Sent to Doubtful Claims Department

Rejected and sent to correspondence

Re-submitted

Sent to computation and extension

Sent to correspondence

Sent to Doubtful Claims Department

Rejected and sent to correspondence

Computation and Extension

Sent to correspondence

Sent to questionable claims

Sent to review and certification

Review and Certification

Reviewed for residence and service

Reviewed for computation and extension

Certified for payment

Sent to questionable claims

Rejected and returned to section

on _____ for re-checking

STATE OF ILLINOIS)
COUNTY OF C O O K) SS.

ANNE FRICKE

being first duly

sworn on oath deposes and says that:

1. He/She has been informed that Mary Privoznik has filed an Application for Veterans Compensation with the Service Recognition Board predicated on the service-connected death of James Frank Privoznik and that said Application has been assigned Claim Number C-707064.
2. He/She has read the affidavit statement signed by Mary Privoznik on the 26 day of FEBRUARY, 1948, relative to the relationship of the said Mary Privoznik to the said James Frank Privoznik, Deceased.
3. He/She has known the said Mary Privoznik for a period of 30 years and has known the said James Frank Privoznik for a period of 16 years and knows that at the time of his entry into service he had resided in Illinois for 21 years living at 3126 S Millard Ave Chicago for 13 years and at 3124 S Ridgeway Ave. for 3 years; that at the time of his entry into service he was employed by Crane Company attended school at Gary Elementary & Farragut High located at 3000 S Ridgeway Ave. 2356 S Spaulding
4. He/She is familiar with the relationship between the said Mary Privoznik and the said James Frank Privoznik and that each and every statement made by the said Mary Privoznik in the said affidavit statement executed by her on the 26 day of February, 1948 is true.

This affidavit is made for the purpose of inducing the Service Recognition Board to allow the said Claim.

Anne Fricke

Subscribed and sworn to
before me this 26 day of

February, A. D. 1948

Anne Marie Kolibaly
Notary Public

STATE OF ILLINOIS)
) SS.
COUNTY OF C O O K)

MARY KLUK

being first duly

sworn on oath deposes and says that:

1. He/She has been informed that Mary Privoznik has filed an Application for Veterans Compensation with the Service Recognition Board predicated on the service-connected death of James Frank Privoznik and that said Application has been assigned Claim Number C-707064.
2. He/She has read the affidavit statement signed by Mary Privoznik on the 26 day of February, 1948, relative to the relationship of the said Mary Privoznik to the said James Frank Privoznik, Deceased.
3. He/She has known the said Mary Privoznik for a period of 39 years and has known the said James Frank Privoznik for a period of 16 years and knows that at the time of his entry into service he had resided in Illinois for 21 years living at 3126 S Millard Ave. for 13 years and at 3124 S Ridgeway Ave. for 3 years; that at the time of his entry into service he was employed by Crane Company attended school at Gary Elementary & Farragut High located at 3000 S Ridgeway Ave. 2356 S Spaulding
4. He/She is familiar with the relationship between the said Mary Privoznik and the said James Frank Privoznik and that each and every statement made by the said Mary Privoznik in the said affidavit statement executed by her on the 26 day of February, 1948 is true.

This affidavit is made for the purpose of inducing the Service Recognition Board to allow the said Claim.

Mary Kluk

Subscribed and sworn to

before me this 26 day of

February, A. D. 1948

Anna Marie Kotrbale
Notary Public

STATE OF ILLINOIS)
) SS.
COUNTY OF C O O K)

MARY PRIVOZNIK, being first duly sworn on oath deposes
and says that:

1. She has filed an Application for Veterans Compensation predicated on the military service of James Frank Privoznik, Deceased, and that said Application has been assigned Claim No. C-707064.
2. The said James Frank Privoznik was born on the 30th day of July, 1921 in the City of Chicago, County of Cook and State of Illinois; that his father was James Privoznik and his mother was Kristy Privoznik; that the said Kristy Privoznik died on the 16th day of March, 1928.
3. On October 10, 1928 the said James Privoznik was married to the affiant and from that date she and her husband, the natural father of the decedent maintained a home for the decedent until June 14, 1933, the date on which the said James Privoznik died; from the date of the death of the said James Privoznik, the affiant assumed the responsibility of caring for the said James Frank Privoznik, furnishing to him food, clothing and shelter, exercising parental control and guidance and showing to him that same degree of love and affection as is normally shown by a parent to a natural child; that no other person, persons or institutions furnished monies to the affiant or furnished any support in kind; that the said James Frank Privoznik showed to the affiant that same degree of love and affection as is normally shown to a natural parent by his natural son and that this relationship continued to and including the time the said James Frank Privoznik entered military service.
4. The said James Frank Privoznik was never married and had no children.

This affidavit is made for the purpose of inducing the Service Recognition Board to allow said Claim.

(M.P.) Mary Privoznik
Mary Privoznik

Subscribed and sworn to
before me this 26th day

of February A. D. 1948. Anna Marie Kotrbaly
Notary Public

Subscribed and sworn
before me this 22nd day of Mar, 1948

Subscribed and sworn to
before me this 8th day of
March 1948.

Anna Marie Kotrbaly
Notary Public

State of Illinois }
County of Cook } SS.

Anna Fricke 3152 So. Ridgeway Ave.
Chicago, Illinois a Housewife.

being first duly sworn, deposes and says that she was acquainted with the within named deceased service man for a period of 16 years; that the said service man is dead; that the said service man was unmarried; that the applicant herein is the step mother of said deceased; that said deceased was in the military service of the United States during World War II, and was the person he is represented to have been in this application; that the applicant is the identical person she represents herself to be.

Anna Fricke
signature of affiant

On this 30th day of June 1947, before me personally appeared the above *Anna Fricke* to me known to be the person who executed the above statement and being first duly sworn on oath deposes and says that the above statements are true.

Joseph F. Salvada Jr.
Notary Public

My commission expires March 17, 1951

State of Illinois }
County of Cook } SS.

Mary Kluk 3150 So. Ridgeway Ave.
Chicago, Illinois a Housewife.

being first duly sworn, deposes and says that she was acquainted with the within named deceased service man for a period of 16 years; that the said service man is dead; that the said service man was unmarried; that the applicant herein is the step mother of said deceased; that said deceased was in the military service of the United States during World War II, and was the person he is represented to have been in this application; that the applicant is the identical person she represents herself to be.

Mary Kluk

Signature of Affiant

On this 30th day of June 1947, before me personally appeared the above Mary Kluk to me known to be the person who executed the above statement and being first duly sworn on oath deposes and says that the above statements are true.

Joseph F. Valvoda Jr.
Notary Public

My commission expires March 17, 1951

March 19, 1948

In reply refer to
Claim #C707064-B4

Mrs. Mary Privoznik
3124 S. Ridgeway Avenue
Chicago, Illinois

Dear Mrs. Privoznik:

We again find it necessary to return the affidavit which we prepared for you.

Please sign the affidavit as "Mary Privoznik" in ink, have your signature acknowledged before a Notary Public and return the affidavit to us.

Sincerely yours,

Chester L. Fordney,
Deputy Director

CLP:JUN
jh
Encl.

March 17, 1948

In reply refer to
Claim #C-707064-B4

Mrs. Mary Privoznik
3124 S. Ridgeway Avenue
Chicago, Illinois

Dear Mrs. Privoznik:

We again find it necessary to return the affidavit which we prepared for you.

Will you be good enough to sign as "Mary Privoznik" in ink, have your signature acknowledged before a Notary Public and return the affidavit to us.

Sincerely yours,

Chester L. Fordney,
Deputy Director

CLF:JJH
jh
Encl.

March 6, 1948

In reply refer to
Claim #6707064-B4

Mrs. Mary Privoznik
3124 S. Ridgeway Avenue
Chicago, Illinois

Dear Mrs. Privoznik:

We are returning herewith the affidavit which we prepared for you and which you had notarized as of February 26, 1948.

We wish to call attention to the fact that you did not sign it on the line indicated. Please sign it as "Mary Privoznik" and have your signature notarized again.

We will be unable to take further action on this matter pending receipt of this affidavit.

Sincerely yours,

Chester L. Fordney,
Deputy Director

CLF:JH
jh
Encl.

February 24, 1948

In reply refer to
Claim #C707064-B4

Mrs. Mary Privoznik
3124 S. Ridgeway Avenue
Chicago, Illinois

Dear Mrs. Privoznik:

Enclosed herewith is the affidavit, which we have prepared, setting forth the facts relative to your relationship to James Frank Privoznik, Deceased. If the affidavit is correct, please sign it on the line indicated by your initials in pencil as "Mary Privoznik", have it notarized and return it to us.

We are also enclosing 2 affidavits to be completed by 2 persons having knowledge of the facts sought to be established. We suggest that you make available to the persons who will sign these affidavits, the statement mentioned above, inasmuch as it is necessary for the parties to represent that they have "...read the affidavit statement signed by Mary Privoznik...". Upon completion, execution and notarization, please return these affidavits to us.

Sincerely yours,

CLF:JAH
jh
Encl.

Chester L. Fordney,
Deputy Director

February 2, 1948

Madam:
~~XXXXXX~~

C-707064-B4

Please come into this office on
Monday, February 9, 1948 at
4:00 P. M.
the
4th floor.

CLP:JJH
jh

121

~~1st~~
~~Birth~~ ✓
Father Dec
Mother

2-28-1911

~~2~~

(1) Birth of Mon

(2) 2d Marriage
Cent.

(3) Appr-to

(4) 1st of death

40 - ~~10~~ - 28
30 - 7 - 21

10 - 2 - 7

interviewed
on 2/9/48 we are
to send efforts

MICHAEL J. FLYNN
COUNTY CLERK
BUREAU OF VITAL STATISTICS—140 NORTH LA SALLE ST.
CHICAGO 2, ILLINOIS

Follow ✓

1. PLACE OF DEATH		Registration	STATE OF ILLINOIS	
County of <u>Cook</u>		District No. <u>3104</u>	ORIGINAL	
City of <u>Chicago</u>		Primary District No. <u>3104</u>	Department of Public Health—Division of Vital Statistics	
Village, Township, or Precinct <u>Chicago</u>		City, Precinct, or District No. <u>3104</u>	STANDARD CERTIFICATE OF DEATH	
Street and Number, No. <u>3126 S. Milwaukee St.</u>		Ward <u>30</u>	Registered No. <u>16192</u>	
(If death occurred in a hospital or institution, give the NAME thereof and number.)		Age <u>30</u> Years	Date of Death <u>6/14/33</u>	
Length of residence in city or town where death occurred <u>3</u> yrs. <u>9</u> mos. <u>3</u> ds.		How long in U. S. if alien <u>3</u> yrs. <u>9</u> mos. <u>3</u> ds.	25. <u>30</u> Years	
2. FULL NAME <u>JAMES PRUVORNIK</u>		(If death occurred in a hospital or institution, give the NAME thereof and number.)		
(a) Residence No. <u>3126 S. Milwaukee St.</u>		(b) Place of birth <u>Poland</u>		
PERSONAL AND STATISTICAL PARTICULARS				
1. SEX <u>Male</u>	2. COLOR OR RACE <u>White</u>	3. MARRIAGE <u>Married</u>	4. DATE OF BIRTH <u>8-15-1897</u>	
5. HUSBAND'S NAME <u>Marie</u>		6. DATE OF DEATH <u>6-14-33</u>		
7. AGE <u>35</u> Years		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS OCCUPATION <u>Tailor</u>		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS WITH MILE, SAW MILL, BANK, ETC. <u>Quetta</u>		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION <u>6-13-33</u>		
11. BIRTHPLACE (city or town) <u>Chicago</u>		12. NAME <u>Vaclav Pruvnik</u>		
13. BIRTHPLACE (city or town) <u>Poland</u>		14. MAIDEN NAME <u>Marie Pruvnik</u>		
15. BIRTHPLACE (city or town) <u>Poland</u>		16. PLACE OF BIRTH <u>Poland</u>		
17. INFORMANT <u>W. J. Mason</u>		18. PLACE OF BURIAL <u>Bellevue Hospital</u>		
P. O. Address <u>Chicago</u>		19. DATE <u>June 16, 1933</u>		
20. UNDERTAKER <u>Frank Pruvnik</u>		21. ADDRESS <u>25-44 S. Crawford St. Chicago</u>		
(Personal signature with pen and ink)		(Personal signature with pen and ink)		
(Print name, if any)		(Print name, if any)		
MEDICAL CERTIFICATE OF DEATH				
22. I HEREBY CERTIFY, That I attended deceased from <u>2-1-33</u> to <u>6-14-33</u>				
I last saw him <u>6-14-33</u> at <u>25-44 S. Crawford St.</u> death is said to have occurred on the date stated above, at <u>25-44 S. Crawford St.</u>				
The principal cause of death and related causes of importance were as follows:				
<u>Maligant Degeneration of the Heart</u>				
<u>Chronic Hypertension</u>				
<u>Coronary Sclerosis</u>				
Other contributory causes of importance:				
23. Was an operation performed? <u>No</u> Date of <u>6-14-33</u>				
For what disease or injury? <u>No</u>				
Was there an autopsy? <u>No</u>				
What test confirmed diagnosis? <u>Chemical</u>				
24. If a communicable disease, where contracted? <u>No</u>				
Was disease in any way related to occupation of deceased? <u>No</u>				
If so, specify how: <u>No</u>				
(Signed) <u>Lester A. Rishard</u> M. D.				
Address <u>Cook County Hospital</u>				
Date <u>6/14/33</u> 1933 <u>Chicago</u>				
*N. B.—State the disease causing death. All cases of death from "violence, casualty or any undue means" must be referred to the coroner See Section 10 Coroner's Act.				
25. Filed <u>June 14</u> 1933 <u>PM 7:40</u> Registrar.				
P. O. Address <u>Chicago</u>				

STATE OF ILLINOIS, 1933
County of Cook, 155

I, MICHAEL J. FLYNN, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Michael J. Flynn
County Clerk

WILLIAM E. DEVER
MAYOR

CITY OF CHICAGO
DEPARTMENT OF HEALTH

HERMANN BUNDESEN, M.D.
COMMISSIONER OF HEALTH

Notification of Birth Registration

This is to advise you that there is recorded under File No. 3166
in the Department of Health of Chicago, Illinois, a Record of Birth
of James Frank Hoover Sex Male
Born on July 20 1904 at 2401 S. Howard St.
CHICAGO, ILLINOIS
Name of father James H. Hoover
Name of mother Esther Kelley 3008 S. Howard St.
Birth attended by Walden Nam ADDRESS 2401 S. Howard St.



Hermann B. Bundesen M.D.

COMMISSIONER OF HEALTH

MICHAEL J. FLYNN
COUNTY CLERK
BUREAU OF VITAL STATISTICS - 160 NORTH LA SALLE ST
CHICAGO 3, ILLINOIS

FORM 44



Marriage License

1212730

Oct. 15-1928

No any Person Legally Authorized to Solemnize Marriage.
GREETING:

Marriage may be Celebrated, in the County of Cook and State of Illinois,
between Mr. James Piroznik of Chicago, in the County of Cook and
State of Illinois, of the age of 31 years, and Mrs. Mae Halak
of Chicago, in the County of Cook and State of Illinois, of the age of _____ years.

Witness, Robert M. Sweitzer, County Clerk of the County of Cook, and the Seal thereof,
at my office in Chicago, this _____ day of _____, A. D. 1928

The Person who Solemnizes Marriage is cautioned against making any changes in this License.

STATE OF ILLINOIS, }
COUNTY OF COOK, } S.S.

I,

(NAME OF PERSON OFFICIATING)

a

(OFFICIAL TITLE)

hereby certify that Mr. James Piroznik and Mrs. Mae Halak
were united in Marriage by me at Chicago in the County of Cook and State of Illinois,
on the 16 day of October, 1928

(The Names in this certificate must
be identical with Names in above License)

(SIGNATURE AND OFFICIAL TITLE)

Address

N. B.— This License, with certificate of marriage properly made, must (within 30 days) be returned to the COUNTY CLERK, by the person who performed the marriage ceremony.

STATE OF ILLINOIS, }
COUNTY OF COOK, } S.S.

I, MICHAEL J. FLYNN, County Clerk of the County of Cook, in the State aforesaid, and
Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct
copy of the original Record and certificate of said marriage as it appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the Seal of the County of Cook, in my office in the City of Chicago,
this _____ day of _____, 1928

Michael J. Flynn

DEPARTMENT OF HEALTH. CITY OF CHICAGO

Series No.

BUREAU OF VITAL STATISTICS

Registered No.

Registration
Dist. No. 304
*Township
*Road Dist.
*Village
*City
*Primary
Dist. No. 304
(Cancel the three terms not applicable other P. O. address).
Street and Number, Name Chicago

STATE OF ILLINOIS ORIGINAL
Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Registered No. 8339
(Consecutive No.)

23 Cook County

Ward, (If death occurred in hospital or institution, give its name instead of ward and number)

Ward, (If non-resident give city or town and state)
37 B

2. FULL NAME Christine Perovnik

(a) Residence No. 3159 1/2 Thurgateway

Usual place of abode

Length of residence in city or town where death occurred

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6a. If married, widowed or divorced
HUSBAND of (or) WIFE of James

6. DATE OF BIRTH December 8, 1899

7. AGE Years 28 Months 2 Days 12 (Year)
If less than 1 day, hr. min. sec.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9. BIRTHPLACE (city or town) Chicago
(State or Country) Illinois

10. NAME OF FATHER Frank

11. BIRTHPLACE OF FATHER (City or Town) Chicago
(State or Country) Illinois

12. MAIDEN NAME OF MOTHER Mary

13. BIRTHPLACE OF MOTHER (City or Town) Chicago
(State or Country) Illinois

14. INFORMANT Dr. J. H. H. H.
(Print name and address)

P. O. Address 1234 N. Dearborn St. Chicago, Ill.

15. Filed March 19, 1928

P. O. Address Chicago, Ill.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, year) Mar - 16 - 1928

17. I HEREBY CERTIFY, That I attended the deceased from Mar 3 - 1928 to Mar 16 - 1928

that I last saw him alive on Mar 16 - 1928

and that death occurred, on the date stated above, at Chicago

The CAUSE OF DEATH was as follows:
Unlabeled malignant tuberculosis

(Duration) 1 yrs. 4 mos. 4 ds.

CONTRIBUTORY (Secondary) Brachial Pneumonia

(Duration) 1 yrs. 4 mos. 4 ds.

18. Where was disease contracted, if not at place of death?
not known

Was an operation performed? no Date of no

For what disease or injury? no

Was there an autopsy? yes

What test confirmed diagnosis? Clinical exam

(Signed) Frank H. H.

Address Cook County Hospital

Date Mar 16 - 1928 Telephone 4960

*N. B.—State the disease causing death. All cases of death from violence, casualty, or any undue means must be referred to the coroner. See Section 10, Coroner's Act.

19. PLACE OF BURIAL Chicago

Cemetery Washington National

Location Chicago

County Cook State Ill

20. UNDERTAKER Frank H. H.

Address 2544 N. Dearborn

Personal signature with pen and ink

(firm name, if any)

STATE OF ILLINOIS, COUNTY OF COOK, } SS
CITY OF CHICAGO

I, M. O. HECKARD, M. D., Registrar of Vital Statistics of the City of Chicago, do hereby certify that the foregoing is a true copy of the records kept by me in pursuance of the laws of the State of Illinois and ordinances of said city.

In witness whereof, I have hereunto set my hand and the seal of the

DEPARTMENT OF HEALTH, this 19 day of Mar 1928

SEAL

M. O. Heckard
M. D.
Registrar of Vital Statistics

ORIGINAL WHITE FORM V. S. NO. 4 MUST BE USED. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. Also 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.
V. S. 4
34-5000-1-28

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

IN REPLY REFER TO:

AG 201 Privoznik, James F.
PC-N ETC0023

30 January 1945

Mrs. Mary Privoznik
3124 South Ridgeway Avenue
Chicago, Illinois

Dear Mrs. Privoznik:


It is with regret that I am writing to confirm the recent telegram informing you of the death of your son, Private First Class James F. Privoznik, 36,640,529, Infantry, who was killed in action on 11 January 1945 in Luxembourg.

I fully understand your desire to learn as much as possible regarding the circumstances leading to his death. Recently provisions were made whereby there will be sent directly to the emergency addressee or the next of kin a letter containing further information about each person who dies overseas in the service of our country, and if this letter has not already been received, it may be expected soon.

I know the sorrow this message has brought you and it is my hope that in time the knowledge of his heroic service to his country, even unto death, may be of sustaining comfort to you.

I extend to you my deepest sympathy.

Sincerely yours,


J. A. ULIO
Major General
The Adjutant General

1 Inclosure
Bulletin of Information