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State Office Use

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Local No. 59-588

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

Thurmus Wager  
248 N. Henry St.  
GARY 46403

1. PLACE OF DEATH a. COUNTY Lake		b. CITY, TOWN, OR LOCATION Gary		2. USUAL RESIDENCE (Where deceased lived if institution, almshouse before admission) a. STATE Indiana		b. COUNTY Lake	
3. NAME OF HOSPITAL OR INSTITUTION 248 North Henry St.		4. NAME OF DECEASED Thurmus Wager		5. DATE OF DEATH 5 7 59		6. SEX Male	
7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		8. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		9. IS RESIDENCE IN A VARIOUS PARTS OF CITY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		10. DATE OF BIRTH May 19 62	
11. MARRIAGE STATUS MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		12. MOTHER'S MAIDEN NAME Anna Spare		13. FATHER'S NAME Wager		14. RELATIONSHIP TO DECEASED Wife	
15. CAUSE OF DEATH Cerebral thrombosis		16. MANNER OF DEATH Natural		17. PLACE OF DEATH Home		18. CITY, TOWN, OR LOCATION Gary	
19. SIGNATURE OF HEALTH OFFICER C. J. Roubloom		20. SIGNATURE OF DECEASED Thurmus Wager		21. HEALTH OFFICER I certify that I investigated cause of death of deceased and find that death occurred at _____ M (C.R.T.) from causes stated and on above date.		22. DATE SIGNED 9-2-59	
23. NAME OF FUNERAL HOME Williams and Burns		24. NAME OF CEMETERY OR CREMATORY Ridgelawn Cemetery		25. LOCATION Gary, Indiana		26. ADDRESS Gary, Indiana	



FILED  
OCT 1 1959  
SAM ORLICH  
AUDITOR LAKE COUNTY

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
9-2-59 11 AM  
RECORDED

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FUNERAL DIRECTOR'S LICENSE No. \_\_\_\_\_

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