INDIANA STATE BOARD OF HEALTH

Division of Vital Records

CERTIFICATE OF DEATH

Local No. 697

Death No. 37707

1. PLACE OF DEATH
a. COUNTY: Lake 243
b. CITY OR TOWN (If outside corporate limits, write RURAL): Hammond
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Margarets Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Indiana
b. COUNTY: Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL): Hammond 245
d. STREET ADDRESS (If rural, give location): 542 Erie S t

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) E c. (Last) Gilboe

4. DATE OF DEATH (Month) (Day) (Year): Dec 1, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 4 1897

9. AGE (In years): 52 — If under 1 year: Months 9, Days 27, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Manager

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): So. Chicago Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Gilboe

14. MOTHER'S MAIDEN NAME: Josephine Bertrand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. INFORMANT (NAME AND ADDRESS): Mrs. M. Gilboe Hammond Ind

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Atherosclerosis

DUE TO (c): Coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

✓

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. fatal attack lasted about 24 hours.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 0 4 11 - 0 12 - — —

20. AUTOPSY? Yes ☒ No ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐

21f. HOW DID INJURY OCCUR?

22a. ATTENDING PHYSICIAN

I certify that I attended the deceased from 11 30 19 41 to Dec 1 19 41 and that death occurred at 2 m. M from causes stated and on above date.

22b. HEALTH OFFICER

I certify that I investigated cause of death of deceased and find that death occurred at _____ M from causes stated and on above date.

23a. Signature of Attending Physician or Health Officer: J M Beck MD

23b. ADDRESS: Hammond

23c. DATE SIGNED: 12-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 12-5-49

24c. NAME OF CEMETERY OR CREMATORY: Calvary

24d. LOCATION: Gary Indiana

DATE REC'D BY LOCAL HEALTH OFFICER: 12-3-49

SIGNATURE OF HEALTH OFFICER: T. A. Musacchio M.D.

25. FUNERAL DIRECTOR: Geo. A. Burns

ADDRESS: Hammond Indian

SBH 4-24-2