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02/28/2025

REGISTRATION DISTRICT NO. **1610**

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
**607133**

REGISTERED NUMBER: **1610**  
DECEASED NAME: **HARVEY E. WAGLEY**  
SEX: **MALE**  
DATE OF BIRTH: **14 AUGUST 1909**  
DATE OF DEATH: **22 APRIL 1996**

COUNTY OF DEATH: **COOK**  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**  
AGE LAST BIRTHDAY: **86**  
DATE OF BIRTH: **14 AUGUST 1909**

HOSPITAL OR OTHER INSTITUTION: **OUR LADY OF THE RESURRECTION**  
STREET AND RESIDENCE: **STELLA JASZCZOR PRINT SHOP**  
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO**

BIRTHPLACE: **CHICAGO, ILLINOIS**  
BIRTH DATE: **14 AUGUST 1909**  
EDUCATION: **7**  
CITY: **CHICAGO**

SOCIAL SECURITY NUMBER: **350-28-1074**  
OCCUPATION: **OWNER PRINTER**  
MOTHER: **MAMIE**

RESIDENCE: **3242 NORDICA**  
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO**  
COUNTY: **COOK**

FATHER: **PERLE WAGLEY**  
MOTHER: **MAMIE**  
MOTHER-MADE: **YES**

PERMANENT HOME: **3242 NORDICA CHICAGO, ILL. 60634**

RELATIONSHIP: **WIFE**

WAS CONCERN OR MEDICAL EXAMINER NOTIFIED? **YES**

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DATE OF OPERATION: **200**

MAJOR FINDINGS OF OPERATION: **Central artery**

CAUSE OF DEATH: **Central artery**

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CAUSE OF DEATH: **Central artery**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

APR 24 1996

I, **SNOWLA YVE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO**, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFIED COPY VALID WHEN MULTICOLOR OR SIGNATURE SEAL IS AFFIXED.



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