

# CERTIFICATE OF VITAL RECORD

Place of Death

Certificate of Death

County Tulsa  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City Tulsa No. \_\_\_\_\_ Street \_\_\_\_\_

Registration  
 Dist. No. 2353  
 Primary  
 Dist. No. 7224

Oklahoma State Board of Health

BUREAU OF VITAL STATISTICS  
 Oklahoma City, Oklahoma

Register No. \_\_\_\_\_

(If death occurred in a hospital or institution, give the name instead of street and number. If an industrial camp, the name of the camp to be given.)

2. FULL NAME of decedent, if an unnamed child, the surname, preceded by "unnamed" \_\_\_\_\_  
George Jeffery

## PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male  
 4. Color or Race, as white, or Negro, mulatto (or other negro descent), or Chinese, Japanese or other. Colored  
 5. Single, Married, Widowed or divorced. \_\_\_\_\_  
 Write the word \_\_\_\_\_

6. DATE OF BIRTH \_\_\_\_\_, 19\_\_\_\_  
 (Month) (Day) (Year)

7. AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.  
 If less than one day \_\_\_\_\_ mos. \_\_\_\_\_ days.

8. OCCUPATION  
 (a) Trade, profession or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business or establishment in which employed (or employer). \_\_\_\_\_

9. BIRTH PLACE \_\_\_\_\_  
 At least state or foreign country if known.

10. NAME OF FATHER \_\_\_\_\_

11. BIRTH PLACE OF FATHER \_\_\_\_\_  
 At least state or foreign country if known.

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTH PLACE OF MOTHER \_\_\_\_\_  
 At least state or foreign country if known.

14. The above is true to the best of my knowledge.  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_

15. Filed 6-2 1921  
Dorcas B. Tracy Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 1, 1921  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased, From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date stated above at \_\_\_\_\_ m.

THE CAUSE OF DEATH, "Was as follows: 173

Gun Shot Wound,

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

(Signed) Dr. F. C. Carr M. D.

(Address) 3115 Durand Bldg.

"State the disease causing death or, in deaths from violent causes; state (1) means of injury, and (2) whether accidental, suicidal, or homicidal state whether attributed to dangerous or insanitary conditions of employment.

18. LENGTH OF RESIDENCE for Hospitals, institutions, transient or Recent Residents.

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL \_\_\_\_\_

Oak Lawn Date of Burial 6-14 1921.

20. UNDERTAKER Mowbray M. Co. Address Tulsa,

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 very important. See list of causes of death furnished by local registrar.