

CERTIFICATE OF VITAL RECORD

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County TulsaTownship orVillage 72-687

Registration

List No. 219

Primary

Dist. No. 24

Oklahoma State Board of Health

BUREAU OF VITAL STATISTICS

Oklahoma City, Oklahoma

Register No. 108City TulsaNo. 100

Street

(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 George Jeffery (descendant, if an unnamed child, the surname, preceded by "unnamed")

PERSONAL AND STATISTICAL PARTICULARS

3. Sex <u>Male</u>	4. Color or Race, as white, negro, Indian, Chinese, Japanese or other. <u>Colored</u>	5. Single, Married, Widowed or divorced. <u>Single</u>
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6. DATE OF BIRTH <u>June 1</u>	, 19 <u>21</u>		
(Month)	(Day)	(Year)	
(Year)			

7. AGE <u>1</u>	If less than one day <u>1</u> yrs. <u>0</u> mos. <u>0</u> days.
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8. OCCUPATION <u>None</u>	(a) Trade, profession or particular kind of work <u>None</u>
	(b) General nature of industry, business or establishment in which employed (or employer). <u>None</u>

9. BIRTH PLACE <u>None</u>	At least state or foreign country if known.
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10. NAME OF FATHER <u>None</u>	
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11. BIRTH PLACE OF FATHER <u>None</u>	At least state or foreign country if known.
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12. MAIDEN NAME OF MOTHER <u>None</u>	
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13. BIRTH PLACE OF MOTHER <u>None</u>	At least state or foreign country if known.
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14. The above is true to the best of my knowledge.	Informant <u>None</u>
	Address <u>None</u>

15. Filed <u>6-2</u> 19 <u>21</u>	Register <u>George B. Tracy</u>
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NOTICE: Name of physician should be clearly supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION, PHYSICIAN, and cause of death should be furnished by local registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 1, 1921

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY that I attended deceased, From None, 1921, to None, 1921, that I saw him alive on None, 1921, and that death occurred on the date stated above at None m.

THE CAUSE OF DEATH, "Was as follows:

Gun shot Wound, 173
 (Duration) 1 yrs. 0 mos. 0 days.
 (Cause) Homicide (Pistol) 1 yrs. 0 mos. 0 days.

(Signed) F. C. Tracy, M. D.
 (Address) 2117 Euclid Blvd

"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 None yrs. 0 mos. 0 days.In the State None yrs. 0 mos. 0 days.

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

Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL Oak Lawn Date of20. UNDERTAKER Mowbray Mort. Co. Burial 6-14-21Address Tulsa, Okla.