

WRITE PLAINLY WITH UNFADING INK. N. B.—Every item of information should be carefully supplied. AGE should be stated 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.

1. PLACE OF DEATH
County TULSA
Township _____
or
Village _____

Registration
Dist. No. 72253
Primary
Dist. No. 7204

Supplemental Certificate of Death
CERTIFICATE OF DEATH
to Oklahoma State Board of Health

BUREAU OF VITAL STATISTICS

Oklahoma City, Okla.

Register No. 609A

City TULSA No. 414 Street E Archer Ward _____
(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" John White

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male 4. Color or Race, as white, or black, mulatto or other negro, Chinese, Japanese or other White 5. Single, Married, Widowed or Divorced Married
Write the word

6. DATE OF BIRTH

(Month) (Day) (Year)

7. AGE

33 yrs. about mos. days

If less than one day _____ hrs. or _____ mins.

8. OCCUPATION worked at Yuma
(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 SC.

10. NAME OF FATHER

about white

11. BIRTHPLACE OF FATHER

At least state or foreign country if known NC.

12. MAIDEN NAME OF MOTHER

Lacy

13. BIRTH PLACE OF MOTHER

At least state or foreign country if known unknown

14. The above is true to the best of my knowledge.

Informant Fannie White

Address Tulsa

15. Filed 3-14-1925

Jane Horseshoe Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

6-1- 1921
(Month) (Day) (Year)

17. I, HEREBY CERTIFY that I attended deceased

From _____, 19____ to _____, 19____

that I saw him dead at (6-1-1921) and that death occurred on the date stated above at at Undertakers m.

THE CAUSE OF DEATH *Was as follows 173

SSW. Riot victim

Barney Gibson

(Duration) _____ yrs. _____ mos. _____ days

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ days

(Signed) Identified by City Sheriff

3-13 1925 (Address) City of Tulsa

*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

Oklahoma Date of Burial 6-1-1921

20. UNDERTAKER

Stanley McCann Address Tulsa



D05121873

This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

Kelly M. Baker

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

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