

STATE OF COLORADO  
UNITED STATES OF AMERICA

I CERTIFY THIS DOCUMENT IS A TRUE AND CORRECT COPY  
OF THE ORIGINAL RECORD IN MY CUSTODY. ISSUED

JUN 9 1971

COLORADO DEPARTMENT  
OF HEALTH  
DENVER, COLORADO

*Russell Davis*  
RUSSELL J. DAVIS  
STATE REGISTRAR

STATE OF COLORADO  
STANDARD CERTIFICATE OF DEATH  
BUREAU OF VITAL STATISTICS

3457

1. PLACE OF DEATH

County Denver

File No. \_\_\_\_\_

Town \_\_\_\_\_ Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

or City Denver No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Lesser

(a) Residence No. 3249 W. Fairview Word \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

(b) Length of residence in city or town where death occurred yes. no. (c) How long in U. S. if foreign birth? yes. no. (d)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

6. DATE OF DEATH (month, day and year) April 12 1934

7. If married, widowed or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

8. I HEREBY CERTIFY, that I attended (according to) \_\_\_\_\_

9. DATE OF BIRTH (month, day, and year) July 30, 1904

9. That I last saw John Lesser alive on April 11, 1934  
That death occurred, on the date stated above, at \_\_\_\_\_

10. AGE Years 29 Months 8 Days 13 11. BY \_\_\_\_\_ Cause of death \_\_\_\_\_

10. The following cause of death and related cause of importance 108  
Chronic Bronchitis Date of onset 1931

12. Trade, profession, or particular kind of work done, or occupation (employer, handicraft, etc.) Laborer  
13. Industry or business in which death occurred, or other work, or other kind of work, etc.  
14. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 15. Total time (years) spent in this occupation \_\_\_\_\_

11. Other satisfactory causes of importance: \_\_\_\_\_  
Place of operation \_\_\_\_\_ Date of \_\_\_\_\_  
State cause requiring relief by operation \_\_\_\_\_

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) Colorado

12. What test confirmed diagnosis? Clinical. Was there an autopsy? \_\_\_\_\_

17. NAME OF FATHER Henry Lesser

13. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

18. BIRTHPLACE OF FATHER \_\_\_\_\_ (State, city or town) Canada

14. Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place.

19. MOTHER NAME OF MOTHER Catherine Schisler

15. Nature of injury \_\_\_\_\_

20. BIRTHPLACE OF MOTHER \_\_\_\_\_ (State, city or town) Canada

16. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

21. Informant Virginia Parker (Address) 1155 California

17. Signature of injury \_\_\_\_\_

22. BURIAL, CREMATION, OR REMOVAL Place Riverside Date 4-14-34

18. Name of injury \_\_\_\_\_

23. UNDERTAKER Oliver Mortuaries

19. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

24. FILLED 1 by Anna S. [unclear]

20. (Signed) Robert B. Davis M.D.  
(Seal) 637 Republic Bldg