

P. H. of Name Jack Leon Ruby

Associates

Name _____ Address _____

Type of Association _____ Business Address _____

Name _____ Address _____

Type of Association _____ Business Address _____

Name _____ Address _____

Type of Association _____ Business Address _____

Criminal Record

DPD No. _____

City & State	Name & Number	Date	Charge	Disposition

School

Grade School Smith Grammar School Year ? Location Blue Island & Washburn Chicago, Illinois Kedzie and 5th Ave.

High School Marshall High School Year 2 years Location Chicago, Illinois

College None Year _____ Location _____

Hospital Interne None Year _____ Location _____

Narcotics Information

Amount and type of Narcotics seized _____

Date and place of initial use of Narcotics _____

First type of Drug used _____ Drug now using _____

Reason for initial use of Drug _____

Attempted Narcotics Cures

Place _____ Date _____ Voluntary _____ Completed _____

Place _____ Date _____ Voluntary _____ Completed _____

Place _____ Date _____ Voluntary _____ Completed _____

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