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CERTIFICATE OF DEATH

STATE FILE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1200 - 530

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: Harold	1b. MIDDLE NAME: Benjamin	1c. LAST NAME: Reed Sr.	2a. DATE OF DEATH: July 27, 1972 — 2b. HOUR: 6:10 A. M.
3. SEX: male	4. COLOR OR RACE: cauc.	5. BIRTHPLACE: Kansas	6. DATE OF BIRTH: Jan. 12, 1907 — 7. AGE: 65 YEARS
8. NAME AND BIRTHPLACE OF FATHER: John Bell Reed, Ill.		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Alice S. Erret, unk.	
10. CITIZEN OF WHAT COUNTRY: USA	11. SOCIAL SECURITY NUMBER: 715-07-0800	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: married	13. NAME OF SURVIVING SPOUSE: Lela Mae Reed
14. LAST OCCUPATION: machinist	15. NUMBER OF YEARS IN THIS OCCUPATION: 2	16. NAME OF LAST EMPLOYING COMPANY OR FIRM: Twin Harbors	17. KIND OF INDUSTRY OR BUSINESS: Lumbering

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: DOA Redwood Mem. Hospital	18b. STREET ADDRESS: Rennen Dr.	18c. INSIDE CITY CORPORATE LIMITS: no
18d. CITY OR TOWN: Fortuna	18e. COUNTY: Humboldt	18f. LENGTH OF STAY IN COUNTY OF DEATH: 2½ YEARS — IN CALIFORNIA: 32 YEARS

USUAL RESIDENCE

19a. USUAL RESIDENCE—STREET ADDRESS: Star Rt 124 W	19b. INSIDE CITY CORPORATE LIMITS: no	20. NAME AND MAILING ADDRESS OF INFORMANT: Harold Reed Jr., 1894 Douglas Rd., McKinleyville, Calif.
19c. CITY OR TOWN: Bridgeville	19d. COUNTY: Humboldt	19e. STATE: California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: investigation — 21b. PHYSICIAN: — 21c. SIGNATURE: Edward L. Nielson Coroner, Russell W. Allen assistant — 21d. DATE SIGNED: 7-28-72 — ADDRESS: Eureka, California 95501

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: burial — 22b. DATE: 7-31-1972 — 23. NAME OF CEMETERY OR CREMATORY: Hayfork Cemetery — 24. EMBALMER—SIGNATURE: Carl E. Bollatz — LICENSE NUMBER: 5870

25. NAME OF FUNERAL DIRECTOR: Paul's Chapel Inc. — 26. IF NOT CERTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER: --------- — 27. LOCAL REGISTRAR—SIGNATURE: Robert G Hampton M.D./omB — 28. DATE ACCEPTED FOR REGISTRATION: 28 JUL 1972

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Asphyxiation

DUE TO OR AS A CONSEQUENCE OF (B) House Fire

DUE TO OR AS A CONSEQUENCE OF (C)

30. PART II. OTHER SIGNIFICANT CONDITIONS — 32a. AUTOPSY: YES — 32b. YES

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: Accident — 34. PLACE OF INJURY: Mobile Home — 35. INJURY AT WORK: No — 36a. DATE OF INJURY: July 27, 1972 — 36b. HOUR: Approx 3 a m

37a. PLACE OF INJURY: Twin Harbors Trailer Court, Dinsmore, CA. — 37b. DISTANCE FROM PLACE OF INJURY TO RESIDENCE: 0 MILES — 38. Yes — 39. Yes

40. DESCRIBE HOW INJURY OCCURRED: Vic. exited and returned to mobile home to retrieve trousers and was asphyxiated

STATE REGISTRAR: A. B. C. D. E. F.

Ret: Buchanan Kirby, 1024 Maria Ave, Spring Valley Ca 92077

State of Oregon, County of Klamath ss.

I hereby certify that the within instrument was received and filed for record on the 14th day of January, 1977, at 3:07 o'clock P M. and recorded on Page 761 in Book M 77 Records of DEEDS of said County.

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy

Fee $ 3.00

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

Robert G Hampton, M.D. — SIGNATURE OF CERTIFYING OFFICIAL

Health Officer — OFFICIAL TITLE

Eureka, CA 95501 — PLACE OF CERTIFICATION

DATE OF CERTIFICATION

Deputy Registrar/ Olive M Bryan

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

(REV. 11-1-70) FORM VS-199
47816-450 11-70 20M OSP