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V Dennis Wardle

DEC 18 1979

CLERK-RECORDER
San Bernardino County, Calif.

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS			121
1. PLACE OF DEATH: Dist. No. <u>3662</u>		LOCAL REGISTERED NO. <u>10</u>	
COUNTY OF <u>San Bernardino</u> STANDARD CERTIFICATE OF DEATH			
CITY, TOWN OR RURAL DISTRICT OF <u>Parker Dam, Calif.</u>		STREET AND NO. _____	
2. FULL NAME <u>John Jerome Reider</u>		IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO. _____	
RESIDENCE: No. <u>1951 Raymond Ave</u>		IF NON-RESIDENT, GIVE ST. CITY OR TOWN, AND STATE <u>Los Angeles, Calif.</u>	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) <u>Married</u>	22. DATE OF DEATH <u>March 23rd, 1938.</u>
5A. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE <u>Unknown</u>			23. MEDICAL CERTIFICATE OF DEATH
6. DATE OF BIRTH <u>Unknown</u>			I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____ TO _____; THAT I LAST SAW H. _____ ALIVE ON _____ AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF _____ M.
7. AGE <u>43</u> YR. _____ MO. _____ DAYS. IF LESS THAN ONE DAY _____ HRS. _____ MIN.	8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Miner</u>		24. CORONER'S CERTIFICATE OF DEATH
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC.	10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MO. AND YR.) _____		I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN <u>Inquiry</u> INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO H. <u>18</u> DEATH ON THE DATE STATED ABOVE.
12. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u>		THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS:	
STATE OR COUNTRY <u>Unknown</u>		<u>Acute Alcoholism</u>	
13. NAME <u>Unknown</u>		<u>Arteriosclerosis, thoracic aorta</u>	
14. BIRTHPLACE (CITY OR TOWN) <u>"</u>		DATE OF ONSET _____	
STATE OR COUNTRY <u>"</u>		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____	
15. MAIDEN NAME <u>Unknown</u>		IF OPERATION, DATE OF _____ WAS THERE AN AUTOPSY? <u>Yes</u>	
16. BIRTHPLACE (CITY OR TOWN) <u>"</u>		CONDITION FOR WHICH PERFORMED <u>death unattended</u>	
STATE OR COUNTRY <u>"</u>		NAME LABORATORY TEST _____ CONFIRMING DIAGNOSIS _____	
17. LENGTH OF RESIDENCE		25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:	
A. CITY, TOWN OR RURAL DISTRICT OF DEATH <u>1</u> YRS. _____ MOS. _____ DAYS	B. IN CALIFORNIA <u>Unknown</u> YRS. _____ MOS. _____ DAYS		ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
C. IN U.S., IF OF FOREIGN BIRTH _____ YRS. _____ MOS. _____ DAYS	18. INFORMANT (SIGNATURE) <u>Hal Oxnivad</u>		INJURED AT _____ CITY OR TOWN OF _____ COUNTY AND STATE OF _____
ADDRESS <u>Vidal, Calif.</u>		DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? _____	
19. BURIAL, CREMATION OR REMOVAL? <u>Removal</u>		MANNER OF INJURY _____ NATURE OF INJURY _____	
PLACE <u>Los Angeles, Calif</u> WRITE THE WORD DATE <u>3/25/38</u>		26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY <u>No</u>	
20. EMBALMER { LICENSE No. <u>2264</u> SIGNATURE <u>H. R. Chapman</u>		27. SIGNATURE <u>Harry A. Tyerman</u> M.D.	
FUNERAL DIRECTOR <u>H. R. Chapman</u>		ADDRESS <u>Needles, Calif.</u> PHYSICIAN, AUTOPSY SURGEON	
ADDRESS <u>Needles, Calif.</u>		28. WHEN REQUIRED BY LAW <u>R E Williams by H Oxnivad</u> CORONER	
21. FILED <u>3/31/38</u> <u>V V Fenton M D</u> by <u>J B Wilkin</u> LOCAL REGISTRAR		COUNTY OF <u>San Bernardino</u>	