

STATE FILE NUMBER 112		1A. NAME OF DECEDENT—FIRST John		1B. MIDDLE Howard		1C. LAST ALLRED		LOCAL REGISTRATION DISTRICT AND CEMETERY SYMBOL 2A. DATE OF DEATH (MONTH, DAY, YEAR) January 10, 1983				2B. HOUR 1725	
3. SEX Male		4. RACE/ETHNICITY White/English		5. SPANISH/SPEANIC SP		6. DATE OF BIRTH Feb. 16, 1950		7. AGE 32 YEARS		8. IN WHICH YEAR DECEASED		9. IN WHICH YEAR DECEASED	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) CA		11. NAME AND BIRTHPLACE OF FATHER James T. Allred / AZ						10. DATE MADE AND BIRTHPLACE OF MOTHER Eleanor Howe / CA					
11. COUNTRY OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 546-76-4095		13. MARITAL STATUS Never Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER DEATH DATE)						15. KIND OF INDUSTRY OR BUSINESS Restaurant	
15. PRIMARY OCCUPATION Cook		16. NUMBER OF YEARS THE OCCUPATION 3 Mo.		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) New Magoo's		18. CITY OF TOWN Los Gatos						19C. CITY OF TOWN Los Gatos	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 16935 Roberts Rd.		19B. ZIP CODE 507100		19E. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Eleanor Allred Mother 450 N. Main St. Jackson, Ca. 95642							
19D. COUNTY Santa Clara		21A. PLACE OF DEATH Good Samaritan Hospital		21B. COUNTY Santa Clara		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2425 Samaritan Drive						21D. CITY OR TOWN San Jose	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Gunshot Wounds of the Head and Chest CONDITIONS, IF ANY, WHICH CAUSE DUE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (B) (C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		27. THE OPERATION PERFORMED FOR ANY CAUSING BY ITEMS 21 OR 21" TYPE OF OPERATION Left Thoracotomy		24. WAS BIRTH REPORTED TO CORONER? Yes		25. WAS DISPOST PERFORMED? No		26. WAS AUTOPSY PERFORMED? Yes		28. DATE ENTERED 1-10-83	
28A. I CERTIFY THAT DEATH OCCURRED AT THE ADDR. DATE AND PLACE STATED FROM THE CORNER STATES. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)		28B. PHYSICIAN—THROUGHOUT AND DEGREE BY TITLE		28C. DATE ENTERED		28D. PHYSICIAN'S LICENSE NUMBER		28E. TYPE PHYSICIAN'S NAME AND ADDRESS		29. SPECIFY ACCIDENT, SUICIDE, ETC. Homicide		30. PLACE OF INJURY Residence	
31. INJURY INFORMATION 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 16935 Roberts Road, Los Gatos		32. INJURY AT WORK No		32A. DATE OF INJURY—MONTH, DAY, YEAR January 10, 1983		32B. HOUR 1345		34. DESCRIBE HOW INJURY OCCURRED (EVENTS) (IF REPORTED TO POLICE)		35. COORDED THROUGH THE LOCAL OFFICE John G. Hausen		36. COORDED THROUGH THE LOCAL OFFICE E. Heuser, M.D. Bascom, San Jose	
35A. I CERTIFY THAT DEATH OCCURRED AT THE ADDR. DATE AND PLACE STATED FROM THE CORNER STATES, AS REQUIRED BY LAW I HAVE HELD AN (CORONER-INVESTIGATION)		37. DATE—MONTH, DAY, YEAR 1/14/83		38. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM Cedar Lawn Memorial Park		39. DATE ACCEPTED BY LOCAL REGISTRAR JAN 14 1983		39A. DATE ACCEPTED BY LOCAL REGISTRAR		39B. DATE ACCEPTED BY LOCAL REGISTRAR		39C. DATE ACCEPTED BY LOCAL REGISTRAR	
40A. FINAL DISPOSITION FOR PERSON ACTING AS SUCH Cremation		40B. LICENSE NO. P-93		41. SIGNATURE—CORONER B. Hausen		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. DATE ACCEPTED BY LOCAL REGISTRAR		44. DATE ACCEPTED BY LOCAL REGISTRAR		45. DATE ACCEPTED BY LOCAL REGISTRAR	

ADDED COMMENTARY

WITHIN HOURS AFTER THE SHOOTING, BEFORE ANY INVESTIGATION HAD BEGUN, ALLRED HAD ALREADY BEEN RULED OUT BY STATE OFFICIALS AS THE "ASSAILANT" OR "CRIME PERPETRATOR"; AND LAZOR WAS ALREADY LISTED AS THE "ASSAILANT" OF ALLRED, WITHOUT CAUSE

STATE OF CALIFORNIA }
County of Santa Clara } SS.

I, BRENDA DAVIS, Recorder of the above entitled County, do hereby certify that the annexed is a full, true and correct copy of the original

Death

record in my office.

WITNESS my hand and Official Seal this 21st day of February 1983

By: [Signature]

EXHIBIT

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