THE LOST SON

迷失的儿子

——美国纽约警察局长自述

[美] 伯纳德·B·克里克

本书荣登《纽约时报》、亚马逊图书网畅销书榜

他曾亲手处理“9·11”恐怖事件

他是美国警界著名铁腕人物

他被布什总统提名为国土安全部长

群众出版社

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迷失的儿子

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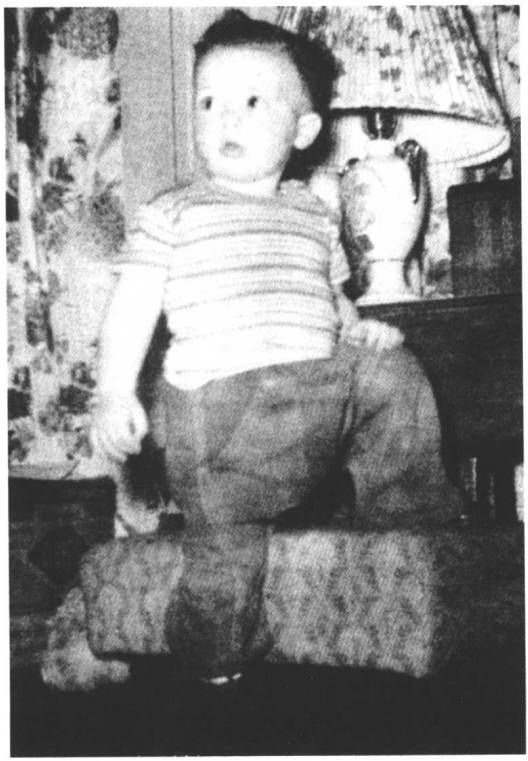
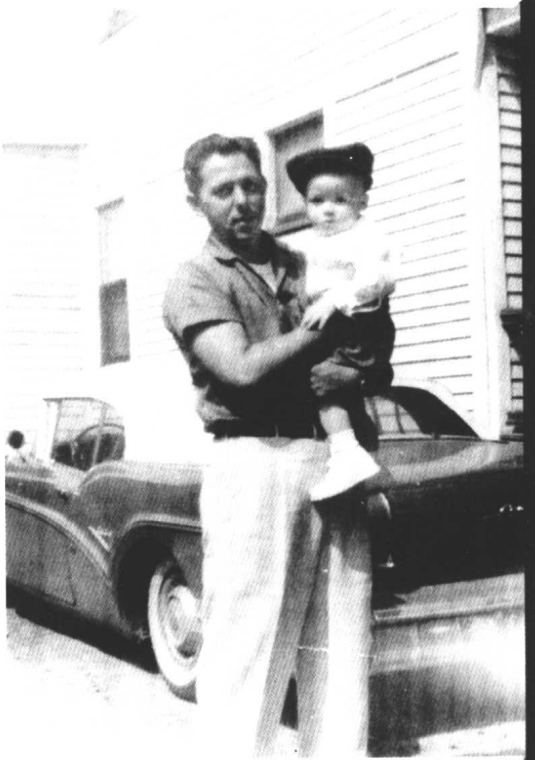
朋友们说，我是一个快乐宝贝

我和妹妹泰莉和维佳



两岁时的我



我和舅舅罗伯特 - 巴雷

左上图：　乔治舅舅和怀孕中的母亲帕德瑞拉

右上图：罗伯特舅舅和父亲，摄于1956年8月

左图：克里克一家摄于1973年（顺时针方向由左至右）：我，泰莉，维佳，父亲，母亲克拉拉，弟弟多恩

八年级同学合影，我站在最左侧


PATRICIA J. KERIK
1930 — 1964

XEROX COPY

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. ______ Primary Reg. Dist. No. 4501

State File No. ______ Registrar's No. 576

1. PLACE OF DEATH
a. COUNTY: Licking
b. CITY, VILLAGE, OR LOCATION: Newark
c. LENGTH OF STAY IN 1b: DOA
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Newark Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ohio
b. COUNTY: Licking
c. CITY, VILLAGE, OR LOCATION: Newark
d. STREET ADDRESS: 194½ E. Main St.
e. IS RESIDENCE INSIDE CITY LIMITS? YES [X] NO [ ]
f. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT) First, Middle, Last: Patricia Joann Bailey Curtis

4. DATE OF DEATH Month Day Year: Dec 14, 1964

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 3/1/30
9. AGE (In years last birthday): 34 — If Under 1 Year: Months, Days — If Under 24 Hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Faye Rodney Bailey
14. MOTHER'S MAIDEN NAME: Dorothy Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S NAME, Address: Bernard Bailey-Columbus, O.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 12-14-64
Conditions, if any which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) [illegible] — 12-13-64
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): [illegible]

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): [illegible]
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, VILLAGE, OR LOCATION — COUNTY — STATE

21. I attended the deceased from D.O.A. to [illegible] and last saw her/him alive on D.O.A.
Death occurred at ______ m on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature], MD
22b. ADDRESS: [illegible]
22c. DATE SIGNED: 12-16-64

23a. BURIAL, CREMATION. (Specify): Burial
23b. DATE: 12/18/64
23c. NAME OF CEMETERY OR CREMATORY: Forest Grove Cemetery
23d. LOCATION (City, town, or county) (State): Madison Co. Ohio

24. NAME OF EMBALMER: R.M.Warthen (LIC. NO.) 4885 A
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] (LIC. NO.) 5136

26. FUNERAL FIRM AND ADDRESS (STREET NO.) (CITY) (STATE): Criss Brothers, Inc. 179 Granville St., Newark, Ohio

27. DATE REC'D BY LOCAL REG.: 12-21-64
28. REGISTRAR'S SIGNATURE: Margaret Chacmar
29. DATE REC'D BY SUB-REGISTRAR:
30. SUB-REGISTRAR'S SIGNATURE: [illegible]

我母亲的死亡证明

I HEREBY CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE OFFICE OF THE NEWARK BOARD OF HEALTH, NEWARK, OHIO 43055

DATE: June 12, 2001

Sharon Dalton
LOCAL REGISTRAR
Registration District #4501

1975 年摄于韩国

在韩国时执勤

在前往韩国太古军犬训练学校途中

摄于 1983 年。保安小组在沙特阿拉伯利雅德 · 法塞尔国王医院

1990年9月24日，接受前警察局长李·布朗的任命，升任三级侦探