

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Form containing personal data, residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only sections.

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

STATE REGISTRAR, FAX AUTH.#, CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



\* I 0 0 0 2 1 7 1 8 \*

Health Officer and Registrar DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

