STATE OF CALLEORNIA A CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

	3052011089231 STATE FILE NUMBER		USE BLACK INK ONLY	ICATE OF DEATH STATE OF CALIFORNIA NO ERASURES, WHITEOUTS OF ALTERATION VS-114(REV 3706)		32011190 LOCAL REGISTRA	TION NUMBER	
	1. NAME OF DECEDENT- FIRST (Given) 2.		2. MIDDLE AMBER	3. LAST (Fámily) DAVIS				
1	AKA, ALSO KNOWN AS – Include full AK MIA AMBER DAVIS Y	'ARD		4. DATE OF BIRTH ME 07/25/1974	36	Months Days	Hours Minu	6. SEX F
33 B.	B. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SEC	YES	X NO UNK MARK		05/10/2011	0	939
П	3. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR (7. USUAL OCCUPATION - Type of work	YES	SPANIC/LATINO(A)/SPANISH? 1 yes, see		AN AMERICAL In grocery store, road const	N		S IN OCCUPATION
h	PLUS SIZE MODEL		101 1111	DELING			1	3
2	21. CITY KEW GARDENS		22: COUNTY/PROVINCE QUEENS	23. ZIP CODE 11415	24. YEARS IN CO	UNTY 25. STATE/FORE	IGN COUNTRY	
	26. INFORMANT'S NAME, RELATIONSH		8	27 INFORMANT'S MAII ING ADDRE	SS (Street and number, or n	rural route number, city or to	own, state and zip)	
_	MICHAEL YARD, HU 28, NAME OF SURVIVING SPOUSE/SRE MICHAEL	2222	28. MIDDLE	30. LAS	(BIRTH NAME)		45	
	31. NAME OF FATHER/PARENT-FIRST		32. MIDDLE	33 LAS	TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P	1/2/	34. B NY	IRTH STATE
	35. NAME OF MOTHER/PARENT-FIRST		36. MIDDLE MAE	BISI	(BURTHINAME)		38 B	RIHETATE
AL REGISTION	39. DISPOSITION DATE mm/dd/copy 05/16/2011 41. TYPE OF DISPOSITION(S) TR/BU 44. NAME OF FUNERAL ESTABLISHME HARRISON-ROSS M	NT.	45 LIGENSE	RE OF EMPA MEA. NUMBER 46. SIGNATURE OF CO.			48, LICENSI 47, DATE 10	nm/dd/ccyy
	101. PLACE OF DEATH	ORIDANI	FD551	102. IF HOSPITAL	SPECIFY ONE 103	, IF OTHER THAN HOSPI	AL, SPECIFY ONE	2011
	KAISER FOUNDATO	105 PACILITY AD	AL DILLAC AVENUE OLLAC AVENUE	ID (Street and number, delocation)	ÉRVOP DOA	06. CITY	NGELES	Ott
	107. CAUSE OF DEATH IMMEDIATE CAUSE (A) DEFER (Final disease or condition resulting in death) (B) Sequentially light leading to (State) on Line A Enter UNDERLYING	Enter the chain of eve as cardiac arrest, resp RRED	dissission spans of complications and complications with a complete complet	Of set derectly countied seeuth. DO NO	orjustements orbits such	Time Marval Be Onset and De (AT) (BT)	2011-03 109. BIOPSY YES	N. N. MBER 3250 PERFORMED? Y PERFORMED
	CAUSE (disease or injury that initiated the events (D)		3511			(DT)		TERMINING CAUS
	112. OTHER SIGNIFICANT CONDITIONS NONE 113. WAS OPERATION PERMORMED IN						113A. IF FEMALE, PRES	BNANT IN LAST YE
	NO 114. I CERTIFY THAT TO THE BEST OF MY KN			4.00		116, LICENSE	YES UMBER 117, DAT	NO X UN
CERTIFICATION	AT THE HOUR, DATE, AND PLACE STATED FR	OM THE CAUSES STATED Decedent Last Seen Aliv mm/dd/ccyy		CIAN'S NAME, MAILING ADDRESS,				2 HOUR (24 H
	119. I CERTIFY THAT IN MY OPINION DEATH MANNER OF DEATH 123. PLACE OF INJURY (e.g., home, co	Accident Ho	micide Suicide X Pending.	AUSES STATED. 220 Could not be determined.	YES NO.	UNK 121. INJURY D	N E mrivod/ccyy 12	Z. NOUK (Z4 H
	124, DESCRIBE HOW INJURY OCCUR 125, LOCATION OF INJURY (Street and							
	126. SIGNATURE OF CORONER / DEP		-A 12		PPE NAME, TITLE OF COP			NER
	TE A B	C	D E			FAX AUTH.#		CENSUS TRA

Director of Public Health and Registrar

Department of Public Health if it bears the Registrar's signature in purple ink.

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

DATE ISSUED

