

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052019046953

CERTIFICATE OF DEATH

3201919010486

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

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

Signature of Registrar in purple ink.

Director of Public Health and Registrar

DATE ISSUED MAR 13 2019

Barcode and number *100012955*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Signature of Registrar in purple ink.

Director of Public Health and Registrar

DATE ISSUED MAR 13 2019

Barcode and number *100012956*

