

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052018086798

CERTIFICATE OF DEATH

STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, RETOUCHES OR ALTERATIONS VS. 1-16-REV 3/08

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSHIP AND PARENT INFORMATION, FUNERAL DIRECTORY LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY. Includes fields for name, birth date, social security number, cause of death, and physician information.

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.



DATE ISSUED

APR 30 2018

Director of Public Health and Registrar

Handwritten signature in purple ink

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

