

## COUNTY OF LOS ANGELES

## DEPARTMENT OF HEALTH SERVICES

3052009085414

STATE FILE NUMBER

1.1

## PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

3200919027107

LOCAL REGISTRATOR NUMBER

 BIRTH  DEATH  FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

## PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A NAME—FIRST MICHAEL	1B MIDDLE JOSEPH	1C LAST JACKSON	2 SEX M
	3 DATE OF EVENT—MMDDCCYY 08/25/2009	4 CITY OF EVENT LOS ANGELES	5 COUNTY OF EVENT LOS ANGELES	2 OF 2

## PART II STATEMENT OF CORRECTIONS

6 CERTIFICATE ITEM NUMBER	7 INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8 INFORMATION AS IT SHOULD APPEAR
107A	DEFERRED	ACUTE PROPOFOL INTOXICATION
107AT	-	UNKNOWN
112	-	BENZODIAZEPINE EFFECT
119	--	HOMICIDE
120		NO
121		08/25/2009
122		UNK
123		RESIDENCE
124		INTRAVENOUS INJECTION BY ANOTHER
125		100 NORTH CAROLWOOD DRIVE, LOS ANGELES, CA 90077

INFORMATIONAL DOCUMENT  
NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

9 SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER

10 DATE SIGNED—MMDDCCYY  
08/31/200911 TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER  
DME12 ADDRESS—STREET AND NUMBER  
1104 NORTH MISSION ROAD13 CITY  
LOS ANGELES14 STATE  
CA15 ZIP CODE  
90033

STATE/LOCAL REGISTRAR USE ONLY

16 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR

17. DATE ACCEPTED FOR REGISTRATION—MMDDCCYY  
08/31/2009

\*109007168\*

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

*Jonathan E. Fielding MD*  
VD

DATE ISSUED

SEP - 3 2009

Director of Health Services and Registrar

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

