

**CERTIFICATION OF VITAL RECORD**  
**OFFICE OF CLERK-RECORDER**  
**COUNTY OF ALAMEDA**  
 OAKLAND, CALIFORNIA

3052013245211

**CERTIFICATE OF DEATH**

3201301008821

STATE FILE NUMBER		CERTIFICATE OF DEATH				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT- FIRST (Given)		2. MIDDLE		3. LAST (Family)			
JAHJ		KELIS		MCMATH			
4. DATE OF BIRTH mm/dd/yyyy							
10/24/2000		5. AGE Yrs		6. SEX		F	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SROP (at Time of Death)	
CA		C03-03-03		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		NEVER MARRIED	
13. EDUCATION - Highest Level/Degrees		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED	
07		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AFRICAN AMERICAN		STUDENT	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)				19. YEARS IN OCCUPATION			
E.C. REEMS ACADEMY				7			
20. DECEDENT'S RESIDENCE (Street and number, or location)							
2742 75TH AVE							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		25. STATE/FOREIGN COUNTRY	
OAKLAND		ALAMEDA		94605		CA	
26. INFORMANT'S NAME, RELATIONSHIP				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)			
NAILAH WINKFIELD, MOTHER				2742 75TH, OAKLAND, CA 94605			
28. NAME OF SURVIVING SPOUSE/SROP--FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
MILTON		DELMAR		MCMATH			
31. NAME OF FATHER/PARENT--FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE	
LATASHA		NAILAH		SPEARS		MI	
35. NAME OF MOTHER/PARENT--FIRST		36. MIDDLE		37. LAST (BIRTH NAME)		38. BIRTH STATE	
LATASHA		NAILAH		SPEARS		CA	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION					
01/06/2014		UNKNOWN 3237 ARNOLD AVE, SALINA, KS 67401					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER				43. LICENSE NUMBER	
REMOVAL		NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
LATASHA SPEARS-WINKFELD		NONE		MUNTU DAVIS, M.D.		01/03/2014	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
CHILDREN'S HOSPITAL		<input checked="" type="checkbox"/> TP <input type="checkbox"/> ERVOP <input type="checkbox"/> SOA		<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY			
ALAMEDA		747 52ND STREET		OAKLAND			
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?				109. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the chain of events -- disease, injury, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				Time Interval Between Onset and Death	
(A) PENDING INVESTIGATION		INVS				2013-03628	
(B)		(E) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				(F) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(C)		(F) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				(G) YES <input type="checkbox"/> NO <input type="checkbox"/>	
(D)		(G) YES <input type="checkbox"/> NO <input type="checkbox"/>				(H) YES <input type="checkbox"/> NO <input type="checkbox"/>	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107							
NONE							
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)						112. IF FEMALE, PREGNANT IN LAST YEAR?	
NO						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		114. SIGNATURE AND TITLE OF CERTIFIER				115. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive					
(A) mm/dd/yyyy		(B) mm/dd/yyyy		116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. INJURED AT WORK?		120. INJURY DATE mm/dd/yyyy		121. HOUR (24 Hour)	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
JESSICA D HORN		01/03/2014		JESSICA D HORN, DEPUTY CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH.#		CEMETER TRACT	

INFORMATIONAL - NOT A VALID DOCUMENT TO ESTABLISH IDENTITY



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CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

*Patricia O'Connell*  
PATRICK O'CONNELL  
ALAMEDA COUNTY CLERK-RECORDER

DATE ISSUED **JAN 13 2014**

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

**EXHIBIT**

