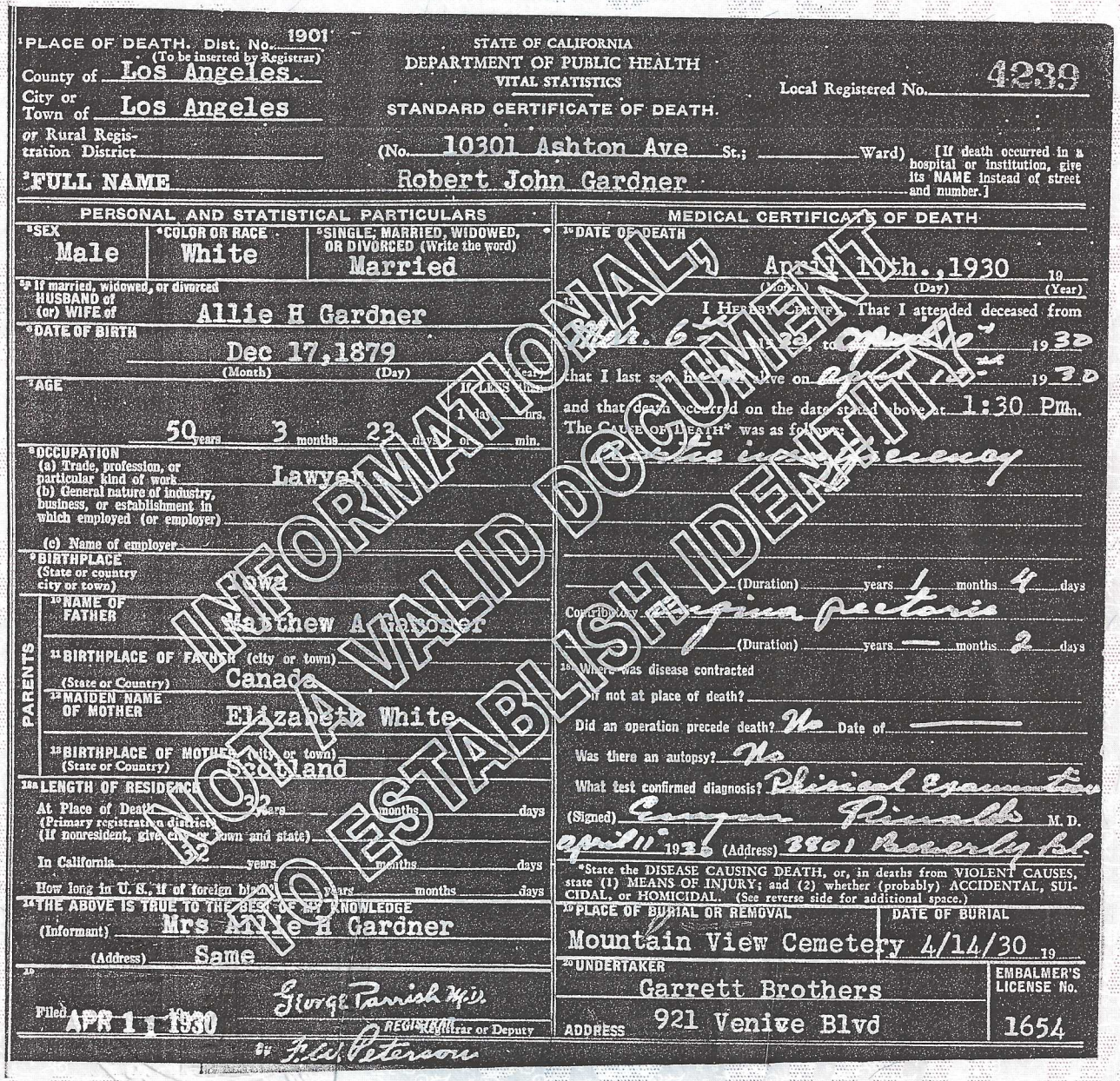
STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR–RECORDER/COUNTY CLERK



STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH.

1 PLACE OF DEATH. Dist. No. 1901 (To be inserted by Registrar)
County of Los Angeles.
City or Town of Los Angeles
or Rural Registration District
Local Registered No. 4239
(No. 10301 Ashton Ave St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Robert John Gardner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Allie H Gardner
6 DATE OF BIRTH: Dec 17, 1879 (Month) (Day) (Year)
7 AGE: 50 years 3 months 23 days If LESS than 1 day hrs. or min.
8 OCCUPATION (a) Trade, profession, or particular kind of work: Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
9 BIRTHPLACE (State or country city or town): Iowa

PARENTS
10 NAME OF FATHER: Matthew A Gardner
11 BIRTHPLACE OF FATHER (city or town) (State or Country): Canada
12 MAIDEN NAME OF MOTHER: Elizabeth White
13 BIRTHPLACE OF MOTHER (city or town) (State or Country): Scotland

14a LENGTH OF RESIDENCE
At Place of Death: 32 years months days
(Primary registration district)
(If nonresident, give city or town and state)
In California: 32 years months days
How long in U. S., if of foreign birth: years months days

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Mrs Allie H Gardner
(Address): Same

15 Filed APR 1 1930
George Parrish M.D.
REGISTRAR (Registrar or Deputy)
by F.H. Peterson

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 10th., 1930 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from March 6th 1930 to April 10th 1930
that I last saw he alive on April 10th 1930
and that death occurred on the date stated above at 1:30 Pm.
The CAUSE OF DEATH* was as follows: Cardiac insufficiency

(Duration) years 1 months 4 days
Contributory Angina pectoris
(Duration) years months 2 days
18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical examination
(Signed) Eugene Parrish M. D.
April 11 1930 (Address) 3801 Beverly Blvd.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: Mountain View Cemetery
DATE OF BURIAL: 4/14/30
20 UNDERTAKER: Garrett Brothers
ADDRESS: 921 Venice Blvd
EMBALMER'S LICENSE No.: 1654

INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

AUG 15 2012

DEAN C. LOGAN
Registrar-Recorder/County Clerk

001820399

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.
PBNCO (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE