

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

B

1 PLACE OF DEATH. DIST. No. 1903 (To be inserted by Registrar)

California State Board of Health BUREAU OF VITAL STATISTICS

State Index No.

County of LOS ANGELES

STANDARD CERTIFICATE OF DEATH

Local Registered No. 701

City of LONG BEACH

(No. 1465 Pine Ave., St.; Ward)

or Rural Registration District

2 FULL NAME Charlotte Gardner

If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18a and 18b.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

16 DATE OF DEATH Sept. 23 1922 (Month) (Day) (Year)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William Gardner

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16 1922 to Sept. 21 1922

8 DATE OF BIRTH Aug. 31 1891 (Month) (Day) (Year)

18 I last saw her alive on Sept. 21 1922 and that death occurred on the date stated above at 12:00 P.M. The CAUSE OF DEATH was as follows: (Pneumonia)

7 AGE 91 years 0 months 27 days

9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

10 BIRTHPLACE (State or country city or town) Scotland

19 Cause of Death: Myocarditis (Duration) years months 5 days

11 NAME OF FATHER John Davidson

12 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

13 MAIDEN NAME OF MOTHER Anne Smith

14 BIRTHPLACE OF MOTHER (city or town) (State or country) West Indies

15a LENGTH OF RESIDENCE At Place of Death 16 years months days (Primary registration district) (If nonresident, give city or town and state) Long Beach, Cal. In California 20 years months days

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dr. Charlotte G. Hawk (Address) Green River, Wyo.

18b Where was disease contracted if not at place of death? Did an operation precede death? No Date of No Was there an autopsy? What test confirmed diagnosis? Physical Examination (Signed) H.H. McCoy M. D. 9-23 19 22 (Address) 1st Nat'l Bank

19 PLACE OF BURIAL OR REMOVAL Colfax, Iowa DATE OF BURIAL 9-25 1922

20 UNDERTAKER Patterson & McQuilkin EMBALMER'S LICENSE No. ADDRESS Long Beach, Cal. 1519

16 Filed 19 9-23 19 22 G.E. McDonald Subregistrar Reg. D. Registrar or Deputy

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

Dean Logan DEAN C. LOGAN Registrar-Recorder/County Clerk

AUG 15 2012



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

