

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

1 PLACE OF DEATH, DIST. No. \_\_\_\_\_  
(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. 5191

City of LOS ANGELES

District \_\_\_\_\_

(No. 630 N 154

St.; \_\_\_\_\_ Ward)

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

2 FULL NAME Matthew A. Gardner

### PERSONAL AND STATISTICAL PARTICULARS

### MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced married  
(Write the word)

6 DATE OF DEATH

August 9 1919  
(Month) (Day) (Year)

7a HUSBAND OF

Elizabeth

7b WIFE OF

8 DATE OF BIRTH

March 27 1887  
(Month) (Day) (Year)

9 AGE

68 years 4 months 12 days or min.

17 I HEREBY CERTIFY, That I attended deceased from Jan 22 1919, to Aug 9 1919 that I last saw him alive on Aug 9 1919 and that death occurred on the date stated above at 10:30 p.m. The CAUSE OF DEATH \* was as follows: Paralysis

10 OCCUPATION

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Garrett

11 BIRTHPLACE (State or country)

Pa.

12 NAME OF FATHER

Wm Gardner

13 BIRTHPLACE OF FATHER (State or country)

Holland

14 MAIDEN NAME OF MOTHER

Charlotte

15 BIRTHPLACE OF MOTHER (State or country)

Ireland

16a LENGTH OF RESIDENCE

At Place of Death 26 years \_\_\_\_\_ months \_\_\_\_\_ days  
(Primary registration district)

In California 26 years \_\_\_\_\_ months \_\_\_\_\_ days

16b THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert J. Gardner

(Address) City

17 Filed \_\_\_\_\_ 191\_\_\_\_ L. M. POWERS, M. D.  
By H. S. Siff Registrar

18 Filed Aug. 10th 1919 By H. S. Siff Deputy Registrar

18a (Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

18b State whether attributed to dangerous or insanitary conditions of employment \_\_\_\_\_

(Signed) M R Toland M. D.

Aug 11 1919 (Address) 40 Inwood Bldg

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state: (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18c SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL

Mt View Cem.

DATE OF BURIAL

8/12 1919

20 UNDERTAKER

Garrett & Co

EMBALMER'S LICENSE No. \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

AUG 15 2012



\* 001820404 \*

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

