

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. 6638

City of LOS ANGELES

District _____

(No. 2400 B S Hope 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 Elizabeth W. Gardner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widow
(Write the word)

6a HUSBAND OF _____

6b WIFE OF _____

7 DATE OF BIRTH

December 14 1883
(Month) (Day) (Year)

8 AGE

65 years 10 months 15 days
1 day _____ hrs. _____ min.

9 OCCUPATION

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

10 BIRTHPLACE

(State or country)

Scotland

11 NAME OF FATHER

White

12 BIRTHPLACE OF FATHER

(State or country)

Scotland

13 MAIDEN NAME OF MOTHER

Gardner

14 BIRTHPLACE OF MOTHER

(State or country)

Scotland

15a LENGTH OF RESIDENCE

At Place of Death _____ years _____ months _____ days
(Primary registration district)

In California 23 years _____ months _____ days

16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R J Gardner

(Address) 887 Waterloo St

17

Filed _____ 1919 L. M. POWERS, M. D. Subregistrar

REGISTRAR

Filed Nov 1 1919 By J. B. Sifig Registrar or Deputy

Deputy

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 30 1919
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from

Oct 18 to Oct 30 1919

that I last saw him alive on Oct 30 1919

and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Brain hemorrhage

(Duration) _____ years _____ months _____ days

(Duration) _____ years _____ months _____ days

State whether attributed to dangerous or insanitary conditions of employment

(Signed) M R Toland M. D.

Oct 31 1919 (Address) 410 Inver 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.

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

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

Former or usual residence Santa Ana Cal City _____ State _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mt View Cem Pasadena Nov 1 1919

20 UNDERTAKER

Garnett & Co. EMBALMER'S LICENSE No. 707

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
* 001820405 *

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE