

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

PLACE OF DEATH. DIST. No. 1908
 (To be inserted by Registrar)
 County of Los Angeles
 City or Town of Monrovia
 or Rural Registration District

California State Board of Health
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF DEATH

State Index No. _____
 Local Registered No. 140

3274

(No. Pottengers San St.; _____ Ward)

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

FULL NAME Garland Stahl

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>
SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	
DATE OF BIRTH <u>April 13 1879</u> (Month) (Day) (Year)	
AGE <u>43</u> years <u>5</u> months <u>5</u> days If LESS than 1 day, ____ hrs. or ____ min.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Banker</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	
BIRTHPLACE (State or country city or town) <u>Illinois</u>	
PARENTS	NAME OF FATHER <u>Henry Stahl</u>
	BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ohio</u>
	MAIDEN NAME OF MOTHER <u>Eliz Ebej</u>
	BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ill.</u>
LENGTH OF RESIDENCE (At Place of Death (Primary registration district) If nonresident, give city or town and state) <u>5</u> years <u>13</u> months <u>13</u> days In California <u>5</u> years <u>13</u> months <u>13</u> days How long in U.S., if of foreign birth? _____ years _____ months _____ days	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Pottenger San</u> (Address) <u>Monrovia, California</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Sept. 18 1922</u> (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from <u>4/6 1922 to 9/18 1922</u> that I last saw him alive on <u>9/18 1922</u> and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis 31</u> <u>with Tuberculosis Laryngitis</u> (Duration) <u>2</u> years _____ months _____ days Contributory _____ (Duration) _____ years _____ months _____ days
Where was disease contracted if not at place of death? <u>Unknown</u> Did an operation precede death? <u>NO</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>T. Bac</u> (Signed) <u>L. P. Bittner</u> M. D. <u>9/18 1922</u> (Address) <u>Monrovia, Cal.</u>	PLACE OF BURIAL OR REMOVAL <u>Chicago, Ill</u> DATE OF BURIAL <u>Sept. 21 1922</u>

*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.)
UNDERTAKER Napal Record Company **EMBALMER'S LICENSE No.** _____
ADDRESS Monrovia, Cal. 201

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 REGISTERED OFFICER Lewis R. 1922
 REGISTRAR OR DEPUTY