

2477

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 78

Registrar's No. 94

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location Gila General Hospital
 (If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 5 days; In Community 33 yrs.; In Arizona 38 years
 (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Globe
 (If outside city limits also write RURAL)

(d) Street No. _____; (e) Citizen of foreign country (Yes or No) No
 If Yes, which country _____

3. (a) FULL NAME John Ernfred Ringberg (b) If Veteran name war No (c) Social Security No. No

4. Sex Male 5 Race White 6. (a) Single, married, widowed or divorced Married
 White Indian Negro Oriental White

6. (b) Name of husband or wife Mary Louise Ringberg 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased April 17th 1873
 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 9 If less than one day
 hrs. _____ min. _____

9. Birthplace Sweden
 (City, town or county) (State or Country)

10. Usual Occupation Stationary Engineer, retired

11. Industry or Business _____

Father { 12. Name Ringberg
 13. Birthplace Sweden
 (City, town or county) (State or Country)

Mother { 14. Maiden Name ?
 15. Birthplace Sweden
 (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs. Katherine Stewart autopsy none
 (b) Address Globe, Arizona

17. (a) Burial, Cremation or Removal Burial
 (b) Place Globe, Arizona (c) Date 10/28/45

18. (a) Embalmer's Signature Fred H. Jones
 (b) Funeral Director Fred H. Jones
 (c) Address Globe, Arizona

19. (a) Dec. 7-45
 (Date received Local Registrar)

(b) Gene Waullee
 (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 26th 1945
 TIME (Hour and minute) 12:55 AM M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage DURATION Instant

Due to Arteriosclerosis with hypertension

Due to Myocarditis

Other conditions Senility
 (Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

PHYSICIAN
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Raymond Brown M. D.
 Address Yuma Arizona Date signed 12-3-45