SEP 24 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26459

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph (No. Noyes Hospital. St. Ward)

File No.

Registered No. 1005

2. FULL NAME Ralph Ringer

(a) Residence. No. 319 Albamarl Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sylva Ringer.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 9, 1892.

7. AGE: Years 36 Months 1 Days ~~11~~ 10 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Soft Drinks.

(b) General nature of industry, business, or establishment in which employed (or employer): Self.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Lyons
(STATE OR COUNTRY): Nebraska.

PARENTS

10. NAME OF FATHER: Chas. Ringer.

11. BIRTHPLACE OF FATHER (CITY OR TOWN): *****
(STATE OR COUNTRY): Germany.

12. MAIDEN NAME OF MOTHER: Rachel Lilliger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Missouri.

14. INFORMANT: Mrs. Sylva Ringer.
(Address): 319 Albamarl St.

15. FILED AUG 21 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): August 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-21, 1928, to 8-19, 1928, that I last saw him alive on 8-19, 1928, and that death occurred, on the date stated above, at 9:12 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Abscess rh lung, non-tubercular metastatic abscess from gangrenous appendix removed 7-23-28
(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 117 A
(duration) ✓ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-23-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Pathological

(Signed) E. A. Gemmig, M. D

Aug. 20, 1928 (Address) Kirkpatrick Bldg.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cemetery.

DATE OF BURIAL: Aug 23 1928

20. UNDERTAKER: H. O. Sidenfaden

ADDRESS: 1802 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.