

# Certified Record of Death

State of Michigan }  
County of Delta } ss.

1. Date of Death \_\_\_\_\_ JANUARY 13, 1915 \_\_\_\_\_  
2. Full Name of Deceased \_\_\_\_\_ BERTHAL THEO. RONNEBERG \_\_\_\_\_  
3. Male or Female \_\_\_\_\_ MALE \_\_\_\_\_  
4. Color \_\_\_\_\_ WHITE \_\_\_\_\_  
5. Married, Single, Widow or Widower \_\_\_\_\_ MARRIED \_\_\_\_\_  
6. Age \_\_\_\_\_ 51 YEARS, 7 MONTHS, 14 DAYS \_\_\_\_\_  
7. Place of Death \_\_\_\_\_ ESCANABA, MICHIGAN \_\_\_\_\_  
8. Disease or Cause of Death \_\_\_\_\_ DIABETIS \_\_\_\_\_  
9. Birthplace \_\_\_\_\_ NORWAY \_\_\_\_\_  
10. Occupation \_\_\_\_\_ PAINTER \_\_\_\_\_  
11. Name of Father \_\_\_\_\_ ANDRES GRESEN \_\_\_\_\_  
12. Birthplace \_\_\_\_\_ NORWAY \_\_\_\_\_  
13. Name of Mother \_\_\_\_\_ UNKNOWN \_\_\_\_\_  
14. Birthplace \_\_\_\_\_ NORWAY \_\_\_\_\_  
15. Date of Record \_\_\_\_\_ APRIL 02, 1915 \_\_\_\_\_

I, Wallace C. Thorsen, Clerk of the County of Delta and of the Circuit Court thereof, the same being a Court of Record and having a Seal, DO HEREBY CERTIFY, that I have compared the foregoing copy of Record of Death of \_\_\_\_\_ BERTHAL THEO. RONNEBERG \_\_\_\_\_ with the original record of said Death now remaining in my office, and have found the said copy a correct transcript therefrom and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal  
of said Circuit Court, this \_\_\_\_\_ 31ST \_\_\_\_\_  
day of \_\_\_\_\_ JANUARY \_\_\_\_\_ A.D., \_\_\_\_\_ 1915 \_\_\_\_\_

Wallace C. Thorsen Clerk  
WALLACE C. THORSEN

By \_\_\_\_\_ Dep. Clerk