

Christ Episcopal Church Cemetery Inventory

Lot Number: 53 Space: G

State and Water Streets, Dover DE 19903

Find A Grave # 271905194

Name: **Dybeck, Ruth (Doibrek)**

Birth date: June 12, 1898 in Sweden Death date: October 3, 1918 Burial Date: October 4, 1918 Age: 28

Spouse:

Children:

Parents: Swain Alfred Dybeck (Doibrek) and Sophia Mathilda S. Forsman Dybeck

Siblings: Charles L. Dybeck (b. abt. 1883, Sweden); Alfreda or Alfredia (Freda) Dybeck (b. abt. June, 1896-7 in NJ); possibly Helen Dybeck

Residence:

Cause of death/Burial/Obituary: Influenza – possibly Spanish Flu; see Kellogg letter below; was in nurse’s training

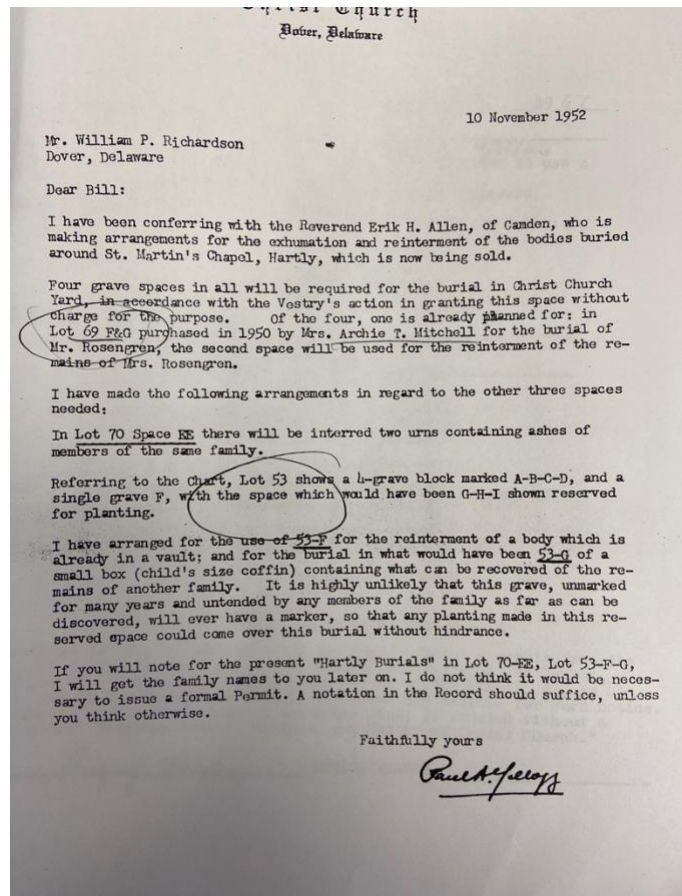
Originally buried in St. Martin’s Chapel Yard, 3 vaults moved and reinterred in 1952; 53 F1 & 2, 53G, 53 H1 & 2

Service/occupation information:

Officiate:

Lot Owner: St. Martin’s Chapel Yard, Hartly

NO MARKER – 3 VAULTS in 53 F, G, H



Inventory date: February 8, 2020 Recorder: Marcia Waters

Death certificate retrieved from ancestry.com on January 22, 2023
 Possible death from Spanish Flu

RETURN TO THE PROPER LOCAL REGISTRAR.

1750 2051

STATE OF DELAWARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County New Castle

Hundred _____
 or Village _____
 or City Wilmington No. Del Hospital 7 Ward _____

2 FULL NAME Ruth Dybeck Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.) 10

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	6 DATE OF DEATH <u>Oct 24</u> , 19 <u>18</u> (Month) (Day) (Year)
7 DATE OF BIRTH <u>6 12 1898</u> (Month) (Day) (Year)	8 AGE <u>28</u> yrs. <u>12</u> mos. <u>19</u> ds. If less than 1 day, hrs. or min.	7 I HEREBY CERTIFY, That I attended deceased from <u>Sept 26, 1918</u> , to <u>Oct 3, 1918</u> (Month) (Day) (Year) (Month) (Day) (Year)	
9 OCCUPATION (a) Trade, profession, or particular kind of work <u>Nurse in Drury</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Del Hospital</u>		8 that I last saw <u>her</u> alive on <u>Oct 3</u> , 19 <u>18</u> (Day) (Month) (Year)	
10 BIRTHPLACE (State or country) <u>Sweden</u>		9 and that death occurred, on the date stated above, of <u>the</u> A. M. P. M.	
11 NAME OF FATHER <u>Sven A Dybeck</u>		10 The CAUSE OF DEATH * was as follows: <u>Influenza</u>	
12 BIRTHPLACE OF FATHER (State or country) <u>Sweden</u>		11 (Duration) _____ yrs. _____ mos. <u>7</u> ds.	
13 MAIDEN NAME OF MOTHER <u>Sofia M. J. Jorman</u>		Contributory <u>Broncho-Pneumonia</u>	
14 BIRTHPLACE OF MOTHER (State or country) <u>Sweden</u>		Secondary _____ (Duration) _____ yrs. _____ mos. _____ ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Family</u>		(Signed) <u>Paul P. Smith</u> M. D.	
(Address) _____		_____, 19____ (Address)	
15 _____, 19____ LOCAL SUB-REGISTRAR		* State the Disease Causing Death, or, in deaths from Violent Causes, State (1) Cause of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
16 _____, 19____ LOCAL REGISTRAR		12 LENGTH OF RESIDENCE (For Hospital, Institution, Transient, or Recent Residents) As per _____ yrs. _____ mos. _____ ds. In the <u>24</u> State <u>DE</u> yrs. _____ mos. _____ ds. Where was disease contracted, If not at place of death? Former or usual residence <u>Hartley, DE</u>	
		13 PLACE OF BURIAL OR REMOVAL <u>Hartley Del</u> DATE OF BURIAL <u>Oct 4</u> , 19 <u>18</u>	
		14 UNDERTAKER <u>Marshall G. Gearing</u> ADDRESS <u>Wilmington</u>	

MARGIN RESERVE FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. A INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH EXACTLY. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.