

DIRECTORS

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JNO. G. MATTOG, JR. ALBERT E. BOYNTON
J. E. OLMSTED GEO. A. VAN SMITH

JAMES A. JOHNSTON, WARDEN
K. T. PIETRZAK, SECRETARY

CALIFORNIA STATE PRISON
AT SAN QUENTIN

April 21, 1924.

FILED

APR 22 1924

CLERKS OFFICE
S. C. PRISON

IN REPLYING PLEASE


REFER TO FILE 36494

To the Honorable,
The State Board of Prison Directors,
San Quentin, California.

Gentlemen:

In accordance with the law, and the judgement of the Superior Court in and for the County of Los Angeles, State of California, Convict No. 36494, William Bringhamst, who was received here June 3, 1922, under sentence of death, was executed within the walls of this prison to-day, April 21, 1924, at 10:27 o'clock in the forenoon.

Respectfully yours,


Warden.

JAJLF

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CALIFORNIA STATE PRISON

AT SAN QUENTIN

IN REPLYING PLEASE
REFER TO FILE _____

April 17, 1924.

Monday, April 21st, 1924, at 10 A.M.

is the time set for the execution of
William A. Bringhamst, No. 36494, and
Willard Thompson, No. 36499, and in confor-
mity with the law governing, I send you this
notification and ask you to be present as
witness. Bring this letter with you as it
cannot be used by any other person.

JAJ:K

Warden

36494

Hon. Friend W. Richardson, Governor.
Hon. U.S. Webb, Attorney General
Hon. F.E. Olmstead
Hon. Geo. A. Van Smith
Editor, The United Press S.F.
The Daily News "
The Associated Press S.F.
The Examiner "
The Call "
The S.F. Bulletin "
The Chronicle "
The Tribune Oakland
The Post Enquirer "

Dr. F.B. McElroy, Olympic Club, S.F.
Dr. Billings Angel Island, Calif.
Dr. F.W. Jones San Rafael
Dr. U.S. Abbott Richmond
Dr. Chas. R. Blake, Richmond
Dr. W.W. Fraser, "
Dr. Herbert M. Evans, Dep't. of Anatomy, Univ. of Calif., Berkeley
Sheriff Frank Barnett, Oakland
Tom Finn, S.F.
J.J. Keating, San Rafael
R.R. Veale, Martinez
Chief of Police, D.J. O'Brien, S.F.
Oakland, Calif.
Richmond,
Alameda

Mr. Pete Roggero,
342 Mason Street,
% Hotel Charles, S. F.

Mr. H. Smith,
1690 California St., S. F.

Mr. G. Ryker,
1690 California St., S. F.

Mr. August A. Vollmer, Chief of Police, L.A.
Mr. Ronald A. Abbey, B. of I. ~~XXXX~~ Police Dep't., Berkeley

Wm. I. Traeger, Sheriff, L.A.
Asa Keyes, Dist. Atty. "
Editor, L.A. Examiner
The Times
L.A. Express
Tribune
Herald
Record

Illustrated Herald, S. F.

Hon. Pat R. Parker, Bridgeport
Mr. Chas. Newman, Curran Theatre, S.F.
L.H. Smith, P.O. Box 272, Eureka
Peter Vellenzer, 429 Gough Street, S.F.
R.L. Sholty, Hollenbeck Heights Police Station, L.A.
Police Lieutenant George Gibson, L.A.
" " H.A. Jackson "
Dr. M.E. Mooslin, 1811 Fillmore Street, S.F.
Edmund Farnum, Sutter Hotel, S.F.
Harry Thorne, 301 So. Hill Street, L.A.
R.T. Walters, Att't. L.A.
J.S. Rosin, Att'y. L.A.
J.O. Reavis, % M.R. Kirkwood, Dean, Stanford University, Palo Alto.
Dr. Howard Morrill, Fitzhugh Building, S.F.
Dr. Albert J. Houston, 350 Post Street, S.F.
Dr. Walter Scott Franklin, Fitzhugh Building, S.F.
Dr. Harold Brunn, Union Square Building, S.F.
George N. Montgomery 917 So. Olive Street, L.A.
W.J. Lee, 284 Turk Street, S.F.
R. Fulton Oxford Hotel, Oakland
Wm. Anderson 324 Sanchez St. S. F.

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

PLACE OF DEATH. Dist. No. _____
 (To be inserted by Registrar)
 County of Marin State Index No. _____
 City or San Quentin BUREAU OF VITAL STATISTICS Local Registered No. _____
 Town of _____
 or Rural Regis- (No. 36191 St.; _____ Ward)
 tration District California (If death occurred in a
 hospital or institution, give
 its NAME (instead of street
 and number and fill out
 Nos. 18a and 18b.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
1 SEX Male	2 COLOR OR RACE White	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married	4 DATE OF DEATH April 21st, 1924 <small>(Month) (Day) (Year)</small>		
5 If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			17 I HEREBY CERTIFY, That I attended deceased from June 3rd, 19 22 to April 21st, 19 24		
6 DATE OF BIRTH January 17th 1886 <small>(Month) (Day) (Year)</small>			that I last saw h. im alive on April 21st, 1924		
7 AGE 38 years 3 months 5 days or min. <small>If LESS than 1 day, _____ hrs.</small>			and that death occurred on the date stated above at 10-27 A.M.		
8 OCCUPATION (a) Trade, profession, or particular kind of work Electrician (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer _____			The CAUSE OF DEATH* was as follows: Fracture of Neck (Legal Execution)		
9 BIRTHPLACE (State or country city or town) Utah			_____ <small>(Duration) _____ years _____ months _____ days</small>		
PARENTS	10 NAME OF FATHER John H. Bringham		Contributory _____		
	11 BIRTHPLACE OF FATHER (city or town) Salt Lake City <small>(State or country)</small>		_____ <small>(Duration) _____ years _____ months _____ days</small>		
	12 MAIDEN NAME OF MOTHER Unknown		18 Where was disease contracted if not at place of death? _____		
	13 BIRTHPLACE OF MOTHER (city or town) Unknown <small>(State or country)</small>		Did an operation precede death? _____ Date of _____		
14 LENGTH OF RESIDENCE At Place of Death 1 years 10 months 18 days <small>(Primary registration district) (If nonresident, give city or town and state)</small> In California 7 years _____ months _____ days How long in U.S., if of foreign birth: _____ years _____ months _____ days			Was there an autopsy? No		
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dr. L.L. Stanley M.D. <small>(Address) San Quentin, California.</small>			What test confirmed diagnosis? _____		
Filed _____ 19 _____ Subregistrar			(Signed) J.P. Stanley M.D. 4-21-24 (Address) San Quentin Calif		
Filed _____ 19 _____ Registrar or Deputy			*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.)		
			19 PLACE OF BURIAL OR REMOVAL Mr. Oliver Cremation DATE OF BURIAL April 23 1924		
			20 UNDERTAKER Ashley & McMillan EMBALMER'S LICENSE No. 78		
			ADDRESS Henry & 6th Ave		

INSTRUCTIONS

1. THIS IS A LEGAL DOCUMENT. IT IS A PERMANENT RECORD.
2. This certificate must bear the ACTUAL SIGNATURES of the Physician, the Undertaker, the Informant and the Registrar. Typewritten and rubber stamp signatures are not legal.
3. All information called for on this certificate must be given. Read the printed matter carefully. If an item is unknown DO NOT leave it blank—write the word "unknown." If the exact age is not known give the APPROXIMATE AGE.
4. Fill out the certificate (except signatures) with typewriter, if possible. Otherwise WRITE PLAINLY with black ink. Be careful in spelling names.
5. THE PHYSICIAN last in attendance upon the deceased must execute the medical portion of the death certificate and must, within fifteen hours after the death occurs, either deliver it to the attending undertaker or deposit it at the place of death.
6. THE UNDERTAKER must see that the death certificate is completed and must file it with the local registrar of the district in which the death occurred within five days and before embalming or disposing of the remains.
7. STATEMENT OF CAUSE OF DEATH. The cause of death is the primary affection with reference to time and causation. Conditions or symptoms which result or arise from a disease should not be given as the cause of death. These terminal conditions are secondary to the primary cause and should be listed under "Contributory."
Example No. 1. Cause of death, measles, duration 29 days. Contributory, bronchopneumonia, 10 days.
Example No. 2. Cause of death, chronic myocarditis, 3 years. Contributory, acute dilatation of the heart, 1 day.
Example No. 3. Cause of death, fracture of hip (accidental fall) 15 days. Contributory, hypostatic pneumonia, 3 days.
Example No. 4. Cause of death, scarlet fever, 30 days. Contributory, acute nephritis, 3 days.
Example No. 5. Cause of death, cancer of the stomach (pylorus) over 1 year. Contributory, peritonitis following perforation, 4 days.

DURATION is important and should always be stated.

TUBERCULOSIS: State organ or part of body affected. If more than one, state which was first affected.

SARCOMA-CARCINOMA, etc.: State primary seat of the disease. Avoid "Tumor" for malignant growths.

NEPHRITIS: State whether interstitial or parenchymatous and whether acute or chronic. Acute nephritis unqualified is not satisfactory. For females of child bearing age state whether or not nephritis was associated with pregnancy.

PUERPERAL diseases must be so qualified. "Puerperal peritonitis," "Puerperal septicemia," etc.

SEPTICEMIA: State origin or cause of septicemia.

GOITRE: State whether Exophthalmic or not.

ENCEPHALITIS: State whether Lethargic or otherwise.

CEREBROSPINAL MENINGITIS: If Meningococcic so state, as "Meningococcic Meningitis." (Cerebrospinal fever or Epidemic Cerebrospinal Meningitis.)

OPERATION: Always state the condition for the relief of which the operation was undertaken. If exploratory, so state.

VIOLENCE: Always state means of injury and whether probably ACCIDENTAL, HOMICIDAL, or SUICIDAL.

Example: Gunshot wound, accidental.

Example: Accidental drowning.

Example: Asphyxiation, illuminating gas, suicide.

BURNS: State how burns were received, particularly if in a burning building.

CALIFORNIA STATE BOARD OF HEALTH

Bureau of Vital Statistics