

# CERTIFICATE OF DEATH

JUL 24 1926

State of North Dakota  
Bureau of Vital Statistics

1. Place of Death  
 County Mercer  
 Township 142 R88 or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_

TRANSCRIBED				
VERIFIED	State of North Dakota	Local Registered No.	20	
PUNCHED				
CERTIFIED				
CLERICAL				
St.				
City				
Ward				

2. Full Name Charles W. Abbey  
 (a) Residence. No. \_\_\_\_\_  
 (Usual place of abode)

Ward. \_\_\_\_\_  
 (If non-resident, give city or town and State)  
 Length of residence in city or town where death occurred 18 Years, \_\_\_\_\_ months, \_\_\_\_\_ days  
 How long in the United States, if of foreign birth \_\_\_\_\_ Years, \_\_\_\_\_ months, \_\_\_\_\_ days

### PERSONAL AND STATISTICAL PARTICULARS

3. Sex M | 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 Lora Abbey  
 6. Date of Birth (month, day, and year) Aug 10th 1863  
 7. Age 63 Years | Months 8 | Days 25 | If \_\_\_\_\_ 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Occupation of Deceased  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

### MEDICAL CERTIFICATE OF DEATH 1926

16. Date of Death (month, day, and year) \_\_\_\_\_ 19\_\_\_\_

17. I HEREBY CERTIFY, That I attended deceased from March 5th, 1926 to March 26, 1926  
 that I last saw him alive on March 5, 1926  
 and that death occurred, on the date stated, at 7 P. m.

The CAUSE OF DEATH\* was as follows:  
Fractured skull  
automobile track turning  
over at a sharp turn  
4 hours (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY \_\_\_\_\_  
 (Secondary) \_\_\_\_\_  
 \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J.P. Rasmussen M. D.  
 (Address) \_\_\_\_\_

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental or Homicidal. (See reverse side for Additional space.)

19. Place of Burial, Cremation or Removal Rosehill cemetery Date of Burial 3/10 1926

20. Undertaker Horsbison Address 308 2nd

(c) Name of employer Owner

9. Birthplace (city or town) Wisconsin  
 (State or Country)

10. Name of Father Chas Abbey

11. Birthplace of Father (city or town) England  
 (State or country)

12. Maiden Name of Mother Sedles

13. Birthplace of Mother (city or town) England  
 (State or country)

14. Informant Curie Abbey  
 (Address)

15. Filed 3/5 23 Dolsch Registrar.

PARENTS