

CERTIFICATE OF DEATH.

State of North Dakota
Bureau of Vital Statistics

1 Place of Death Eddy County South Dakota State South Dakota Registered No. _____
 Township Liffany or Village _____ of _____
 City New Rockford No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number.)

1855 E 1922

Full Name Francis Thomas McCabe
 (a) Residence No. Liffany St., _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State.)
 Length of residence in city or town where death occurred 35 years, _____ months, _____ days
 How long in United States, if of foreign birth 3 years, _____ months, _____ days

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 Mary Ahearn (or) WIFE of _____
 6 Date of Birth (month, day, and year) Friday, Oct. 1847
 7 Age Years 76 Months 7 Days _____ If less than 1 day, ... hrs or ... min.
 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) himself
 (c) Name of employer _____

9 Birthplace (city or town) (State or country) Ireland
 10 Name of Father Francis McCabe
 11 Birthplace of Father (city or town) (State or country) Ireland
 12 Maiden Name of Mother Margaret Martin
 13 Birthplace of Mother (city or town) (State or country) Ireland

14 Informant Francis Thomas McCabe (Address) Liffany Sup. Branch No. 100
 15 Filed 10/35/23 J. M. Duque Registrar

MEDICAL CERTIFICATE OF DEATH

16 Date of Death (month, day, and year) 10-21/11 a.m. 1923
 17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1923, to Oct. 21, 1923 that I last saw him alive on Oct. 20, 1923 and that death occurred, on the date stated, at 11 P.M.
 The CAUSE OF DEATH* was as follows:
my death took place
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY hypertensive pneumonia (Secondary)
 (duration) _____ yrs. _____ mos. _____ ds.
 18 Where was disease contracted if not at place of death? _____
 Did an operation precede death. no Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Signed) John Crawford 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 Add. space.)

19 Place of Burial, Cremation or Removal Calvary Cemetery Date of Burial 10-23 1923
 20 Undertaker J. L. Curran Address New Rockford

F. 1855