

**GERMAN UNION CEMETERY**  
**THREE-GENERATION GENEALOGY**

*Created By: Ronald R. Prinzing*

Surname: **ABEL**

Given Name: **DORA**

Middle Name If Any:

Gender: **FEMALE**

Date of Birth: **MARCH 10, 1866**

Place of Birth: **BRIDGEWATER TOWNSHIP – RICE COUNTY – MINNESOTA**

Date of Death: **NOVEMBER 22, 1880**

Place of Death: **LESTER, MINNESOTA – FOREST TOWNSHIP – RICE COUNTY**

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –  
MINNESOTA** Plot Number: **54a**

Father: **JOHN ABEL**

Other Possible Spelling of Given Name: **JOHANN**

Date of Birth: **APRIL 1838**

Place of Birth: **ZERNSDORF, SHERIN GERMANY**

Date of Death: **MARCH 12, 1903**

Place of Death: **FOREST TOWNSHIP – RICE COUNTY – MINNESOTA**

Place of Burial: **MARCH 15, 1903 – GERMAN UNION CEMETERY – FOREST TOWNSHIP –  
RICE COUNTY – MINNESOTA** Plot Number: **53e**

Mother: **ELIZABETH SOPHIA DORA BOHME**

Interred Name: **ABEL**

Birth Date: **JUNE 1840**

Place of Birth: **GERMANY**

Place of Death: **MARCH 16, 1902**

Place of Death: **FOREST TOWNSHIP – RICE COUNTY – MINNESOTA**

Place of Burial: **GERMAN UNION CEMETERY – FOREST TOWNSHIP – RICE COUNTY –  
MINNESOTA** Plot Number: **53c**

Marital Status: **NEVER MARRIED**

Children: **NONE**

**NOTE: Some records may show the place of death to be in LESTER, MINNESOTA that was a small settlement in western Forest Township that no longer exists.**

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**OBITUARY**

Last Name: **ABEL**

First Name: **DORA**

Middle Name or Initial:

News Paper: **FARIBAULT REPUBLICAN – FARIBAULT, MINNESOTA**

Date: **DECEMBER 1, 1880**

DIED, OF DIPHTHERIA ON MONDAY, NOV. 22, LAST. AGED 14 YEARS. CHILD OF MR. ABEL. MR. ABEL HAD FIVE CHILDREN SICK AT ONE TIME WITH THE TERRIBLE DISEASE. TWO OTHERS HAVE RECOVERED, AND THE YOUNGEST CHILD WAS STILL VERY ILL ON TUESDAY.

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C E R T I F I C A T E   O F   D E A T H

STATE OF MINNESOTA  
COUNTY OF RICE

CERTIFICATE NO: A-48-23

Deceased Information.....

NAME: DORA ABEL

DATE OF DEATH: NOVEMBER 22, 1880

DATE FILED: DECEMBER 31, 1880

DATE OF BIRTH: NOT GIVEN

SOCIAL SECURITY NO: NOT GIVEN

PLACE OF DEATH: FOREST TOWNSHIP  
RICE, MINNESOTA

USUAL RESIDENCE: FOREST TOWNSHIP  
RICE, MINNESOTA

PLACE OF BIRTH: BRIDGEWATER TOWNSHIP  
RICE, MINNESOTA

MANNER OF DEATH: NATURAL

GENDER: FEMALE

CAUSE OF DEATH: DYPTHERIA

MARITAL STATUS: NEVER MARRIED

SPOUSE:

Mother.....

NAME: ELIZABETH (NOT GIVEN)

Father.....

NAME: JOHN ABEL

I, MEREDITH TRUMAN, ACTING COUNTY RECORDER IN AND FOR THE COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE LEGAL DEATH RECORD ON FILE AND OF RECORD IN MY OFFICE.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said office at FARIBAULT, MINNESOTA, this SEVENTEENTH DAY OF MAY, 1994

MEREDITH TRUMAN

By

*Pam Melchert*  
COUNTY RECORDER  
*Deputy*

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**ABEL, DORA – ABEL, HENRY – ABEL, ANNA – ABEL, MATILDA**

**BROTHER and SISTERS**