	- Co	200	¬ C	ERTIFIC	CATE C	F DEA	TH					9 -	
LOCAL FILE NUMBER Michigan Department of Public Health STATE FILE NUMBER													
	DECEASED NAME FIRST		MIDDLE			LAST	LAST SEX		DATE OF DEATH (MONTH, DAY, YEAR)				
	ı. Maude		M.	She	ldon	don		2. F 3		26-197	73		
	RACE WHITE, NEGRO, AMERICAN INDIAN,		AGE-LAST UNDER 1 YEAR		UNDER 1 DAY					COUNTY OF DEATH			
DECEASED	4. White So. 89			RS) MOS. DAYS HOURS MIN. YEA			-1884		Genesee				
	CITY, VILLAGE, OR TOW	INSIDE CITY LIMITS	HOSPITAL OR OTHER INSTITUTION			TION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
	7b. Flint Township 7c.			n. No									
	STATE OF BIRTH (IF NOT IN	CITIZEN OF WH	AT COUNTRY		VER MARRIED,		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)						
RE DECEASED	8. Michigan		, USA		WIDOWED DIVORCED (SPEC		n.	n. None					
). IF DEATH JRRED IN			WORKING LIFE, EV	ATION (GIVE KIND (OF WORK DONE D	URING MOST OF	KIND OF BUSINESS OR INDUSTRY						
SENCE BEFORE	12. 375-52-7294	Housewife Housewife				13b. None							
ISSION.	RESIDENCE—STATE		CITY, VILLAG			(SPECIFY YI	STREET AND	AND NUMBER					
	>140. Michigan	14b. Gene	esee	14c. Fli	nt Town	ship	14d. NO		4e. G-106	9 Bal	lenger	Hwy.	
PARENTS	15. 16.												
	INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)												
	Melvin L. Sheldon				17b. 5110 School St., Swartz Creek, N					, Mic		48473	
	PART I. DEATH	DEATH WAS CAUSED BY:					[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					XIMATE INTERVAL ONSET AND DEATH	
(a) Arteriosclerotic Heart Disease											у.	yrs.	
	CONDITIONS, IF ANY,			eralized	arterio	scleros	sis						
WHICH GAVE RISE TO (b)													
CAUSE	STATING THE UNDER- LYING CAUSE LAST	(-)											
CAOSE	PART II. OTHER SIGNIFICA	NT CONDITIC	ONS: CONDITIONS	S CONTRIBUTING TO	DEATH BUT NOT B	THATED TO CAUSE	CIVEN IN BAR		AUI	OPSY	IF YES WED	FINDINGS CON-	
				o convincento	DEATH BUT NOT K	ELATED TO CAUSE	GIVEN IN PAR	11(0)	(YES	OR NO)	SIDERED IN D	ETERMINING CAUSE	
	Diabetes 198. NO 199.										T () ITEM 18)		
	(SPECIFY				_		HOOK! OCC	ORRED	THE HAIGHE O		TARTTORTAR	, II, IIEM 107	
	INJURY AT WORK PL	ACE OF INJU	RY AT HOME, FARM	, STREET, FACTORY,	LOCATION	M. 20d.	REET OR R.F.D.	NO., CITY O	OR TOWN, STAT	E)			
	(SPECIFY YES OR NO) OF	FICE BLDG., ETC.	. (SPECIFY)		20g.								
	CERTIFICATION— MONTH		YEAR	MONTH DAY		D LAST SAW HIM.	HER ALIVE ON	I DID/DII	NOT VIEW THE	DEATH OF	CURRED' AT TH	IE PLACE, ON THE	
	PHYSICIAN:	1	969 10	9 - 26 -	73	9 25	73 YEAR	BODY AFT	er death.	(HOUR)		AND, TO THE BEST	
*	21a. DECEASED FROM CERTIFICATION—MEDICAL E	XAMINER OR	CORONER: ON I	THE BASIS OF THE	HOUR OF DE		E DECEDENT W			21e.	M. 10 T	E CAUSE(S) STATED.	
<i>j</i>	EXAMINATION OF THE BODY AND	OR THE INVEST	CAUSE(S) STATED.	PINION,			MONTH	DA		YEAR	HOUR		
	CERTIFIER—NAME (TYPE OR PR	INT)		Ţ;	SIGNATURE_	M. 22b		DEG	REE_OR TITLE			M.	
CERTIFIER	23a. Donald R. H	larris				nald R.			M.D.		-29-73		
	TIFIER 23a. Donald R. Harris M.D. 23b. S/ Donald R. Harris M.D. 23c/9-29-73 STREET OR R.F.D. NO. 23d. 23d. S/ Donald R. Harris M.D. 23c/9-29-73 STREET OR R.F.D. NO. 21P 23d. S/ Donald R. Harris M.D. 23c/9-29-73 STREET OR R.F.D. NO. 21P 23d. S/ Donald R. Harris M.D. 23c/9-29-73												
	BURIAL, CREMATION, REMO	VAL	CEMETERY OR	CREMATORY-NA	AME				LLAGE, TW	OR COL	JNTY STA	TE	
	240. Burial			tol Cemet	ery	240	Flint	Town	ship.	Michi	gan		
BURIAL	DATE (MONTH, DAY 24d. 9-29-1973			ME-NAME AND	ADDRESS (STREET OR R.F.D	. NO., CITY O	R TOWN, ST	ATE, ZIP)				
B-36 8-68	FUNERAL DIRECTOR—SIGNA	TURE	25a. Bend.	Le-Sharp REGISTR	FUNETAL AR—SIGNATUR	nome,	Swartz	cree			48473 OCAL REGISTR	AR .	
300M	25b. Roger L.	. Sharp			George		ι, .	psr	26b.	10-2		""	