

1. PLACE OF DEATH

County GeneseeTownship Flint

Village _____

City _____

(No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

25 42

CERTIFICATE OF DEATH

MAR 5 1921

Registered No. 32. FULL NAME Margaret Sheldon(a) Residence. No. Flint Twp Genesee County St. _____ Ward _____

(Usual place of abode.)

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 19 yrs. _____ mos. _____ ds. (If non-resident give city or town and state.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 Color or Race white 5 Single, Married, Widowed or Divorced (WRITE the word.) married5a If married, widowed, or divorced HUSBAND of Warren Sheldon (or) WIFE of _____6 DATE OF BIRTH (Month, day and year.) Feb. 22 18557 AGE Years 65 Months 11 Days 21 If LESS than 1 day, hrs. _____ OR min. _____

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Waterford Mich10 NAME OF FATHER James Pollock11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland12 MAIDEN NAME OF MOTHER Susan Parkhurst13 BIRTHPLACE OF MOTHER (city or town) (state or country) Michigan14 Informant J. T. Sheldon (Address) Flint Twp Genesee Co15 Filed Feb 18 1921 Ernest Meff Registrar.

MEDICAL CERTIFICATE OF DEATH

1921

16 DATE OF DEATH (Month, day and year) February 13 192117 I HEREBY CERTIFY, That I attended deceased from July 13-21, 1921, to July 13, 1921 that I last saw her alive on July 13, 1921 and that death occurred on the date stated above at 5 P. M.

The CAUSE OF DEATH* was as follows:

Traumatism by fall / 22
(accidental fall out
stairway)(duration) _____ yrs. _____ mos. 1 ds.

CONTRIBUTORY (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? noWhat test confirmed diagnosis? (Signed) Ray Morrison M. D.July 14, 1921 Address Flint, Mich.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bristol Cemetery Date of Burial 2/16/2120. UNDERTAKER Jennings McKinney Co Address Flint Mich