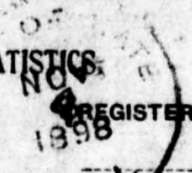


County *Genesee*
Township *Genesee*
Village
City

MICHIGAN.

DEPARTMENT OF STATE—DIVISION OF VITAL STATISTICS

CERTIFICATE AND RECORD OF DEATH.



Full name *Nellie Van Slyke* Date of death

MONTH.	DAY	YEAR.
<i>Oct</i>	<i>18</i>	<i>1898</i>

Place of death *Genesee* Sex *Female* Color *White*

Single, married, widowed or divorced

If married, age at (first) marriage *18* years. Age *44*

YEARS.	MONTHS.	DAYS.
<i>44</i>		

Parent of *3* children, of whom *2* are living. Birthplace (State or country) *New York*

Occupation *Housewife*

{ Name of father } *Alvin Pratt* { Birthplace of father (State or country) } *NY*

{ Maiden name of mother } *Mary Church* { Birthplace of mother (State or country) } *NY*

Certificate of Reporter.

The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my hand this *18* day of *Oct* 189*8*

Proposed date of burial or removal *Oct 20* 189*8*

Proposed place of burial *Arundell*

Proposed place of removal

{ Signature of undertaker } *B. Grossman* { Address of undertaker } *Hint Mich*

(Signature) *B. Grossman*
(Address) *Hint Mich*

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from *June* 189*4* to *Oct 18* 189*8*, that I last saw him alive on *Oct 1* 189*8*, that he died on *Oct 18th* 189*8*, about o'clock, M., and that to the best of my knowledge and belief the CAUSE OF DEATH was as hereunder written:

Disease causing death* *Chronic Intestinal Catarrh*
Immediate cause of death
Contributory causes or complications, if any *Stomach* ✓
Post mortem

DURATION OF EACH CAUSE.
.....
.....
.....

*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e.g., septicemia. Also whether amputation was performed, etc.

Witness my hand this *20* day of *Oct* 189*8*

{ Signature of physician, health officer or coroner } *B. L. Cleveland* M. D.
(Address) *Hint Mich*