

## 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

## CERTIFICATE OF DEATH

Registered No. 8

APR 8 1920

2. FULL NAME Carlton E. Sheldon(a) Residence No. Flint Twp. St., Ward \_\_\_\_\_

(Usual place of abode.)

(If non-resident give city or town and state.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced Married  
(WRITE the word.)6 If married, widowed, or divorced  
HUSBAND of Bertha Sheldon  
(or) WIFE ofDATE OF BIRTH (Month, day and year.) December 23rd, 1895AGE Years Months Days If LESS than 1 day, hrs. OR min.  
26 2 13 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)

(c) Name of employer \_\_\_\_\_

BIRTHPLACE (city or town) (State or country) Michigan10 NAME OF FATHER Frank Sheldon11 BIRTHPLACE OF FATHER (city or town) (State or country) Michigan12 MAIDEN NAME OF MOTHER Elizabeth Baker13 BIRTHPLACE OF MOTHER (city or town) (state or country) Canada4 Informant Warren Sheldon  
(Address) Flint Twp. Mich5 Filed Mar 9 1920 Ernest Ruff  
Registrar.

## STATE OF MICHIGAN

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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) March 6th, 192017 I HEREBY CERTIFY, That I attended deceased from March 4, 1920, to March 6th, 1920 that I last saw him alive on March 6th, 1920 and that death occurred on the date stated above at 3 P. M.

The CAUSE OF DEATH\* was as follows:

Acute Appendicitis  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) R. A. Morish, M. D.Mar. 9, 1920, 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 Date of Burial

Bristol Cemetery Mar. 9 1920

20. UNDERTAKER Address

Dodds-Dumanois Col Flint, Mich.