	WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORI
	ANENT
S C C C C C C C C C C C C C C C C C C C	I PERM
1	IS A
TOT !	-THIS
	INK.
MARIOTA REDENATED FOR DEVOERO	PADING
1	S
MALLE	WITH
	AINLY
	PL
	WRITE

SOCIAL SECURITY NO.

CERTIFICATE	OF	DEATH

## MICHIGAN DEPARTMENT OF HEALTH

State File No.

If veteran, name war		Bureau of Records			
FULL NAME	Edwin	Earl Sheldon		Local File No. 1385	
PLACE OF DEATH County Genesee			USUAL RESIDENCE OF DECEASED: State Michigan County Genesee		
Township			Township	Mundy	
City or village	Flin	t	City or village	F	'lint -
Name of hospital 25	32 Thoma	S	Street No	5256 S. Jennings	Rd.
Length of stay: In hospital		ital, give street address.)  76 yrs.	Citizen of foreign country?  If yes, name country		
Sex Color or Whi:	Race   Single or Div	e, Married, Widowed vorced Married	MEDICAL Nove	CERTIFICATION mber 14, 1948	, 19
Maude M. S.		Age, if anve	I hereby certify that I attend 19.48 to Nov. 15		ov. 13,
Birth date of deceased S	ep ember	12, 1872, 19	Nov. 15 1048	, 18, 1 last saw in	III MIVO OM
Age: Years   Months   76   2	2	If less than one day min.		Death is said to have occur.	Duration
Birthplace Mundy To	wp.		Immediate cause of death	A	<del></del>
Usual occupation Retired	d		Cerebral Vascula		4 wks
Industry or business				(several	-
	Shaldon			<del></del>	
g Name				-	
Name Harrison Birthplace Mundy Sar	Twp.		Other contributory causes of importance		
Maiden name	ah VanSl	yke	Arteriosclerotic	neart Dis.	yrs.
Wundy T	wp.				
E \ Birthplace			Major findings and dates:		
Informant Mrs. Geor	ge Ward		Of operations		
Address Flin	t, Michi	gan	Of autopsy		
Burial, cremation or removal	(Circle the	word which applies)			
Place Filht, Mich	nigan		In case of violence, state if a	ecident hamicide or suicide	
Cemetery Bristol	Ds	te 11-17-48 <sub>19</sub>		Date	
			Where did injury occur?		
Funeral director's D	odds Dum	anois Co.		(Specify city, county, or s	itate)
Address 901 Garland St Flint		In industry, home or public		<u> </u>	
		Was disease or injury related		no	
11-15-48.	Gear ge	Hays, M.D.	Signature Russell		
Filed 11-15-480		Local Registrar	Address 36	02 Beecher Rd.	<u> </u>