

Dr. Jefferson, 1005 Lamon Bank Bldg.

1 PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No. 22514984

County Genesee

Township _____

Village _____

City Flint

(No. Hurley Hospital St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

Register No. 471

2 FULL NAME Norman Sheldon

(a) Residence No. 920 Church St. 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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word) Widower

21. DATE OF DEATH (month, day, and year) April 16 1933

5a If married, widowed or divorced HUSBAND of Minnie Sheldon (or) WIFE of

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933 to April 16, 1933. I last saw him alive on April 6, 1933, death is said to have occurred on the date stated above, at 5:23a.m.

6 DATE OF BIRTH (Month, day and year) May 1 1860

The principal cause of death and related causes of importance were as follows:

7 AGE Years Months Days If LESS than 1 day hrs. OR min. 72 11 15

Anger and flight leg DURATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consumers Power Co.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: leg

12. BIRTHPLACE (city or town) Flint (State or country) Michigan.

13. NAME John Sheldon

If operation, date of 4/3-33

14. BIRTHPLACE (city or town) New York (State or country)

Condition for which performed Anger and leg

15. MAIDEN NAME Charlotte Estes

Organ or part affected Right leg

16. BIRTHPLACE (city or town) New York (State or country)

Was there laboratory test? Yes Autopsy? Yes

17. INFORMANT Mrs Mary Richards (Address) 920 Church St. Flint.

In case of violence state if accident, homicide or suicide

18. BURIAL, CREMATION, OR REMOVAL Place Bristol Cem. Date April 18 1933

Where did injury occur? Consumers Power Office (Specify city, county or state)

19. UNDERTAKER H. J. Gray, M. (Address) Flint Michigan

In industry, home or public place? Office

20. FILED 4-17-33 19 C. J. Scavarda, M.D. Registrar.

Was disease or injury related to occupation of deceased? Yes

Signed H. J. Gray, M.D.

Address Flint Mich.