

1 PLACE OF DEATH

County Genesee
 Township Flint
 Village _____

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics
 CERTIFICATE OF DEATH

Stat: Office No.
 25 4178

Register No. 40

City _____ (No. 4289 Torrey Rd. St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Warren Sheldon

(a) Residence No. R. D. # 1, 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 81 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed or divorced
 HUSBAND of Margaret Pollock
 (or) WIFE of

6 DATE OF BIRTH (Month, day and year) May 18, 1843

7 AGE Years 88 Months 1 Days _____ If LESS than 1 day _____ hrs. OR _____ min.

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

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

10. Date deceased last work at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME John Sheldon

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

15. MAIDEN NAME Charlotte Estes

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

17. INFORMANT Frank Sheldon
 (Address) R. D. # 1, Flint, Mich

18. BURIAL, CREMATION, OR REMOVAL
 Place Bristol Cem. Date June 21, 1931

19. UNDERTAKER Algoe-Gundry Co.
 (Address) Flint, Mich

20. FILED 6/22, 1931 J. R. DeWay
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1931 to June 18, 1931

I last saw him alive on June 19, 1931, death is said to have occurred on the date stated above, at 3:45 p.m.

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

Thrombosis -
coronary vessels DURATION 1 day

Other contributory causes of importance:

General arterio -
sclerosis -

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? no Autopsy? no

In case of violence state if accident, homicide or suicide. _____

Where did injury occur? _____
 (Specify city, county or state)

In industry, home or public place? _____

Was disease or injury related to occupation of deceased? noSigned J. R. DeWay M. D.Address Flint, Mich.