

1 PLACE OF DEATH
 County Monroe
 Township Flint
 Village.....
 City.....

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics
CERTIFICATE OF DEATH

25 2813
 Register No. 16

2 FULL NAME Sarah Sheldon
 a) Residence No. Jenning Rd. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Widowed

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

6 DATE OF BIRTH (Month, day and year) Aug 7 1847

7 AGE Years Months Days If LESS than 1 day... hrs. OR... min.
80 | 9 | 4

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Michigan

10 NAME OF FATHER Will Van Slyke

11 BIRTHPLACE OF FATHER (city or town) (state or country) New York

12 MAIDEN NAME OF MOTHER Elizabeth Rogers

13 BIRTHPLACE OF MOTHER (city or town) (state or country) New York

14 Informant Earl Sheldon
 (Address) Flint Mich

15 Filed May 24 1928 W. H. O'Connell Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 11 1928

17 I HEREBY CERTIFY, That I attended deceased from May 6 1928, to May 11 1928, that I last saw her alive on May 11 1928 and that death occurred on the date stated above at 530 A.

The CAUSE OF DEATH* was as follows:
Influenza, Broncho-Pneumonia

duration) yrs. mos. ds. 11

CONTRIBUTORY (Secondary) Senility
 (duration) yrs. mos. ds.

18 Where was disease contracted
 If not at place of death?.....

Did an operation precede death? no Date of.....

Was there an autopsy? no

What test confirmed diagnosis? Smear finding
 (Signed) W. H. Credille M. D.

5-12 1928 Address 2712 East a rd.

*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

Bristol Cemetery
 29 UNDERTAKER Dodds Dumanois

Date of Burial

May 13 1928
 Address Flint Mich

Credille