

PLACE OF DEATH  
 County of Genesee  
 Township of Mundy  
 or  
 Village of \_\_\_\_\_  
 or  
 City of Flint (No. \_\_\_\_\_)

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics  
**CERTIFICATE OF DEATH**

513

Registered No. 11

(If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.)

FULL NAME Wm B Vanslyke

ST. Flint Ward

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)  
Jan 5 1856

AGE  
73 years, 6 months, 14 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED

Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN  
 { If married, age at (first) marriage 24 years  
 { Parent of 5 children, of whom 5 are living

BIRTHPLACE (State or country)

New York

NAME OF FATHER

Wm Vanslyke

BIRTHPLACE OF FATHER (State or country)

New York

MAIDEN NAME OF MOTHER

Elizabeth Rogers

BIRTHPLACE OF MOTHER (State or country)

New York

OCCUPATION

None

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) C. J. Loud

(Address) Flint Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)  
July 20 1909

I HEREBY CERTIFY, That I attended deceased from June 1, 1909, to July 20, 1909, that I last saw her alive on July 15, 1909, and that death occurred, on the date stated above, at 2 P. M.  
 The CAUSE OF DEATH was as follows:

Grand Paralysis  
W B

Contributory \_\_\_\_\_

(Signed) C. W. Kunk M. D.

July 22 1909 (Address) Flint Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:  
 Former or usual residence \_\_\_\_\_ How long at place of death? \_\_\_\_\_ Days

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

PLACE OF BURIAL OR REMOVAL Bristol Cemetery DATE OF BURIAL July 22 1909

UNDERTAKER A. W. Dodds, Co ADDRESS Flint Mich

Filed July 21 1909 A. W. Dodds, Sec. S. W. L. S. Y.  
Aug 3 1909 Eugene C. Allen Registrar