

1 PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

225 5440

CERTIFICATE OF DEATH

County: **Genesee**

Township:

Village:

City: **Flint**

No. **810** **Mason St.** 5th. Ward

2 FULL NAME: **Frank VanSlyke**
810 MASON St.

5th.

3 Residence No. (Last place of abode):

No. Ward

(If non-resident give city or town and state)

Length of residence in city or town where death occurred

How long in U. S. if foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX: **Male**
4 Color or Race: **White**
5 Single, Married, Widowed or Divorced (If married give name of spouse): **Widower**

10 DATE OF DEATH: **May 8, 1926**

6 If married, widowed or divorced: **WIDOWED of HUSBAND of late WIFE of **Hollie VanSlyke****

11 I HEREBY CERTIFY that I attended deceased from **April 22** to **May 8, 1926** that I last saw him/her on **May 8, 1926** and that death occurred on the date stated above at **8:00 PM**

8 DATE OF BIRTH: **November 28, 1845**

The CAUSE OF DEATH was as follows:

7 AGE: **80** Years **5** Months **10** Days

Cerebral hemorrhage

9 OCCUPATION OF DECEASED: (a) Trade, profession or particular kind of work: **FARMER**

CONTRIBUTORY (Secondary): **arterio sclerosis**

(b) General nature of industry, business, or establishment in which employed (or employer): **Retired**

12 Where was disease contracted? **None**

13 BIRTHPLACE (city or town; state or country): **Flint Township Michigan**

13 Where was disease contracted? **None**

10 NAME OF FATHER: **William VanSlyke**

14 Did an operation precede death? **No** Date of: **None**

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

15 Was there an autopsy? **No**

12 MOTHER NAME OF MOTHER: **Elizabeth Rogers**

16 What test confirmed diagnosis? **None**

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

17 (Signed) **J. D. Taylor** M.D.

18 State the Disease, Cause, Date, or its death from which Cause, state (1) Marks and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (Use reverse side for further instructions.)

14 Informant: **George W. Taylor**

19 PLACE OF BURIAL, CREMATION, OR REMOVAL: **Avondale Cemetery**

Address: **810 Mason St.**

Date of Burial: **May 11, 1926**

20 Undertaker: **Edward A. Loss & Co.** Flint