STATE OF MICHIGAN, county of genesee

I, George G. Dunn, Clerk of the County of Genesee and of the Circuit Court thereof, the same being a court having a seal, do hereby certify that

lowing is a copy of the record of death of ____William Van Slyke ______now remaining in my office, and the whole thereof, vi

Record Number	Date of Death			FULL NAME OF THE DECEASED	Male or	White, Black,	Married Single Widow or Widower	AGE			W 100 00 0010
	Menth	Day	Year	FULL NAME OF THE DECEASED	Fem.	mulatto, Etc.	Widow or Widower	Years	Months	Days	PLACE OF DEATH
1891	May	4	1874	William Van Slyke	M	W	Married	64	11	5	Flint
	MAY	29	1809								Į.

DISEASE OR CAUSE OF DEATH	BIRTHPLACE	ACCUPATION:	PA	A		
DISEASE OF CAUSE OF DEATH	BIRTHPLACE	OCCUPATION	Names	memma Resident	DATE OF RECORD	
Liver Complaint	New York	Fermer	Peter VanSlyke	Michigan	June 12, 1875	
			Elizabeth VanSlyke	Dead		

In Testimony Whereof, I have hereunto set my hand and affixed the seal of Said Circuit Court, the______15th_

of January A. D. 19 75

GEORGE G. DUNN, Clerk,

By Bonnie Hall Deputy

rt

Record #1891