

1. PLACE OF DEATH

County Calhoun

Township _____

Village _____

City Battle Creek

MICHIGAN DEPARTMENT OF HEALTH

Bureau of Records and Statistics

CERTIFICATE OF DEATH

State Office No.

21310892

Register No. 388(No. 77 Warren St., Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Phoebe Muchler

(a) Residence No. _____ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (WRITE the word) Widowed5a. If married, widowed or divorced HUSBAND of Charles G. Muchler (or) WIFE of6. DATE OF BIRTH (Month, day and year) Dec 21 18657. AGE Years 73 Months 6 Days 27 IF LESS than 1 day hrs. OR min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Listwell (State or country) Ontario13. NAME Alex Balance14. BIRTHPLACE (city or town) Ontario (State or country)15. MAIDEN NAME Ann16. BIRTHPLACE (city or town) Ontario (State or country)17. INFORMANT Mrs. Emma Matthews (Address) 56 Clay Street18. BURIAL, CREMATION, OR REINTERMENT Place Oak Hill Cemetery Date July 20, 193919. UNDERTAKER FARLEY CO. Fred C. Myers (Address) Battle Creek20. FILED July 19, 1939 N. D. Hoyt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jul 18, 193922. I HEREBY CERTIFY, That I attended deceased from July 10, 1939, to July 18, 1939I last saw her alive on July 16, 1939; death is said to have occurred on the date stated above, at 3:30 a. m. The principal cause of death and related causes of importance were as follows:Cancer intestines

Duration

Other contributory causes of importance:

Arteriosclerosis

If operation, date of _____

Condition for which performed _____

Organ or part affected IntestinesWas 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 C. C. Larson Address Battle Creek, Mich