

Write Plainly with Unfading Ink—This is a Permanent Record.

County Cheygan  
Township \_\_\_\_\_  
Village Madison City  
City \_\_\_\_\_

MICHIGAN  
DEPARTMENT OF STATE  
LANSING  
VITAL STATISTICS DIVISION.  
CERTIFICATE AND RECORD OF DEATH.

OF the Registrar above number  
each of these records received  
in space below, beginning with  
April 1st of each year.  
5  
1902  
MICH  
REGISTERED NO. 3

Full name James P. Mueller Date of death 

MONTH	DAY	YEAR
<u>May</u>	<u>27</u>	<u>1902</u>

Place of birth \_\_\_\_\_ Sex Male Color White

Single, married, widowed or divorced married  
(If married, age at first marriage 27 years. Age 78 years, 4 months, 22 days.

Parent of 3 children, of whom \_\_\_\_\_ Birthplace (State or country) Freedom N.Y.

Occupation Carpenter  
Name of father John Mueller Birthplace of father (State or country) Michigan  
Name of mother Easter Hicks Birthplace of mother (State or country) \_\_\_\_\_

Date of burial or removal March 25 1902

Place of burial or removal Plainsville Mich

Signature of undertaker C. H. Zimmerman Address of undertaker Madison City

Certificate of Reporter.  
The personal and family particulars herein given relative to deceased are true to the best of my knowledge and belief. Witness my hand this 27 day of March 1902  
(Signed) A. L. Stenroos  
(Address) Madison Mich

Medical Certificate of Cause of Death.

I hereby certify that I attended deceased from March 1 1902 to March 27 1902  
that I last saw him alive on March 27 1902, that he died on March 27 1902  
about 9 o'clock PM. I certify that to the best of my knowledge and belief the CAUSE OF DEATH was as

hereunder written:  
DISEASE CAUSING DEATH Senility 154  
Immediate cause of death \_\_\_\_\_  
Contributory causes or complications, if any \_\_\_\_\_  
Post-mortem \_\_\_\_\_

\*In case of a Violent Death, state (1) mode of injury and whether accidental, suicidal or homicidal; (2) what was the nature of the injury and the immediate cause of death; (3) contributory causes or conditions, e. g. septicemia. Also whether operation was performed, etc. In deaths from tuberculosis, cancer, etc., always specify what organ or part of the body was affected. In septicemia, give cause, especially if purpural.  
Witness my hand this 27 day of March 1902  
(Signature of physician, health officer or coroner) George E. Brady M. D.  
(Address) \_\_\_\_\_