

PLACE OF DEATH

STATE OF MICHIGAN

292

County of Genesee

Department of State—Division of Vital Statistics

Township of Genesee

CERTIFICATE OF DEATH

Village of \_\_\_\_\_

or \_\_\_\_\_

City of \_\_\_\_\_

(No. 2)Registered No. 18FULL NAME Charles Mueller

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

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Male</u>	COLOR <u>White</u>		
DATE OF BIRTH (Month) (Day) (Year) <u>Nov</u> <u>1</u> <u>1841</u>	AGE <u>53</u> years, <u>10</u> months, <u>18</u> days		
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>			
AGE AT MARRIAGE, NUMBER OF CHILD- If married, age at (first) marriage <u>27</u> years Parent of <u>2</u> children, of whom <u>2</u> are living			
BIRTHPLACE (State or country) <u>New York</u>			
NAME OF FATHER <u>Daniel Mueller</u>			
BIRTHPLACE OF FATHER (State or country) <u>New York</u>			
MAIDEN NAME OF MOTHER <u>Sam'l M. - Small</u>			
BIRTHPLACE OF MOTHER (State or country) <u>New York</u>			
OCCUPATION <u>Laborer</u>			
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF			
Informant <u>Mrs. L. Mueller</u>			
(Address) <u>Flint Mich.</u>			

MEDICAL CERTIFICATE OF DEATH			
DATE OF DEATH (Month) (Day) (Year) <u>Sept</u> <u>19</u> <u>1904</u>	I HEREBY CERTIFY, That I attended deceased from <u>Sept 19, 1904</u> to <u>Sept 19, 1904</u> , that I last saw him alive on _____, 190____, and that death occurred, on the date stated above, at <u>10 P.</u> M.		
The CAUSE OF DEATH was as follows: <u>"Valvular disease of Heart"</u> <u>was not under treatment</u> <u>fell dead in bed</u> (duration) <u>79</u> days			
Contributory _____ (duration) _____ days			
(Signed) <u>A. J. Case</u> M. D. <u>Flint Mich.</u> (Address) <u>205 First St. Flint</u>			
SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recal 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 <u>Bristol Cem.</u>	DATE OF BURIAL <u>Sept 22</u> 190 <u>4</u>		
UNDERTAKER <u>W. M. Sodde</u>	ADDRESS <u>Flint Mich.</u>		
Filed <u>Sept 21</u> 190 <u>4</u> <u>W. M. Sodde</u> Registrar <u>Flint Mich.</u>			