

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

213 5527

CERTIFICATE OF DEATH

Register No. 298

1 PLACE OF DEATH

County Calhoun

Township _____

Village _____

City Battle Creek

(No. 77 Warren St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles S. Muchler

(a) Residence No. _____ (Usual place of abode) St., Ward _____ (If non-resident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Phoebe Muchler

6 DATE OF BIRTH (Month, day and year) May 3, 1860.

7 AGE Years 70 Months 1 Days 4 If LESS than 1 day hrs. OR min.

8 OCCUPATION OF DECEASED Retired (Yardmaster) (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Railroad (c) Name of employer. Grand Trunk

9 BIRTHPLACE (city or town) (State or country) New York

10 NAME OF FATHER Wm. Muchler

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Rose Shoup

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Jersey

14 Informant Mrs. Phoebe Muchler, (Address) 77 Warren Street.

15 Filed June 9 1930 A. A. H. H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 7, 1930.

17 I HEREBY CERTIFY, that I attended deceased from Oct 16, 1929, to June 7, 1930 that I last saw him alive on June 6, 1930 and that death occurred on the date stated above at 3:15 p. m.

The CAUSE OF DEATH* was as follows:

Pericardial Aneurysm

CONTRIBUTORY (Secondary) Mitral insufficiency (duration) 1 yrs. mos. ds.

18 Where was disease contracted

If not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) C. C. Landon, M. D.

June 9, 1930, Address Battle Creek

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

(See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery

Date of Burial

June 10, 1930

20 UNDERTAKER

L ANDRE (FARLEY CO) BATTLE CREEK