

1 PLACE OF DEATH
County Cashoun
Township _____
Village _____

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH
213 5527

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. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <u>Male</u>	4 Color or Race <u>White</u>	5 Single, Married, Widowed or Divorced (WRITE the) <u>Married</u>		
5a If married, widowed or divorced HUSBAND of _____ (or) WIFE of <u>Phoebe Muchler</u>				
6 DATE OF BIRTH (Month, day and year) <u>May 3, 1860</u>				
7 AGE	Years	Months	Days	If LESS than 1 day hrs. OR min.
<u>70</u>		<u>1</u>	<u>4</u>	
8 OCCUPATION OF DECEASED <u>Retired (Yardmaster)</u> D				
(a) Trade, profession or particular kind of work				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Railroad</u>				
(c) Name of employer. <u>Grand Trunk</u>				
9 BIRTHPLACE (city or town) (State or country) <u>New York</u>				
10 NAME OF FATHER <u>Wm. Muchler</u>				
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>New York</u>				
12 MAIDEN NAME OF MOTHER <u>Rose Shoup</u>				
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>New Jersey</u>				

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH (Month, day and year) <u>June 7, 1930</u>	
17 I HEREBY CERTIFY, that I attended deceased from <u>Oct 16, 1929</u> to <u>June 7, 1930</u> that I last saw him alive on <u>June 6, 1930</u> and that death occurred on the date stated above at <u>3:15 p. m.</u> The CAUSE OF DEATH* was as follows: <u>Peroneous Aneurism</u> 92	
CONTRIBUTORY (Secondary) <u>Metabol inefficiency</u> (duration) _____ yrs. _____ mos. _____ ds.	
18 Where was disease contracted If not at place of death? _____ Did an operation precede death? <u>no</u> Date of _____ Was there an autopsy? <u>no</u> What test confirmed diagnosis? _____ (Signed) <u>C. C. Lawson</u> M. D. <u>June 9, 1930</u> , Address <u>Battle Creek</u>	
*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.)	

14 Informant Mrs. Phoebe Muchler,
(Address) 77 Warren Street.
15 Filed June 9 1930 P. A. Hryk Registrar.
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery Date of Burial June 10, 1930
20 UNDERTAKER L ANDRE (FARLEY CO) BATTLECREEK Address _____