

I PLACE OF DEATH
 County Kalamazoo
 Township Charleston
 Village Camp Custer
 City _____

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics

JUN - 6 '18

CERTIFICATE OF DEATH

Registered No. 98

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

2 FULL NAME Pvt. Clyde H. Muchler, Co A, 329 F A NA

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH (Month, day and year.) Feb 27, 1896

7 AGE Years Months Days If LESS than 1 day, hrs. OR, min.
22 2 10

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Soldier
 (b) General nature of industry, business, or establishment in which employed (or employer) Soldier NA
 (c) Name of employer _____

9 BIRTHPLACE (city or town) (State or country) Flint, Michigan

10 NAME OF FATHER William Muchler

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

12 MAIDEN NAME OF MOTHER Amy Tupper

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Flint, Michigan

14 Informant W. G. Muchler (Address) Flint Mich.

15 Filed May 14, 1918 Registrar W. D. Farley

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) May 9 1918

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1918, to May 9, 1918

that I last saw him alive on May 9, 1918 and that death occurred on the date stated above at 7:45 AM

The CAUSE OF DEATH* was as follows:
Measles (May 1/18); Broncho-pneumonia, right lower lobe (May 7/18); Pleurisy, acute, suppurative, right (May 8/18). (Thoracentesis, May 8/18- No anesthetic)
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted? If not at place of death? _____

Did an operation precede death? Yes Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) W. Wood Lieut. Col. M.C.N.A. Comdg.
May 9 1918 Address Base Hosp. Camp Custer, Battle Creek, Michigan

*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 Flint, Michigan Date of Burial May 10th 1918

2 UNDERTAKER W. D. Farley, Battle Creek, Michigan Address _____

PARENTS