

## PLACE OF DEATH

County Genesee

Township \_\_\_\_\_

or \_\_\_\_\_

Village \_\_\_\_\_

or \_\_\_\_\_

City Flint(No. 128 W. TobiasSt.; 3 Ward)'FULL NAME Harold W. Muchler

## STATE OF MICHIGAN

Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 208679  
JUN 5 1915  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDDED, OR DIVORCED (Write the word)DATE OF BIRTH Sept. 27 1912  
(Month) (Day) (Year)AGE 2 yrs. 8 mos. 3 ds. OR 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.?OCCUPATION None  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) MichiganPARENTS NAME OF FATHER Samuel MuchlerBIRTHPLACE OF FATHER (State or country) MichiganMAIDEN NAME OF MOTHER Maud HobsonBIRTHPLACE OF MOTHER (State or country) Michigan

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Samuel Muchler(Address) Flint, MichiganFiled June 1, 1915 D. E. Newcomb  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 30 1915, 1915  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from May 20, 1915, to May 30, 1915, that I last saw him alive on May 30, 1915, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH\* was as follows:  
Leukemia (acute)Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 40 ds.(Signed) D. B. Juckley  
M.D. 6/1, 1915 (Address) Flint, Mich.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAVELERS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death?  
Farmer or usual residence \_\_\_\_\_PLACE OF BURIAL OR REMOVAL Bristol, Genesee Co. DATE OF BURIAL June 1<sup>st</sup> 1915UNDERTAKER Jennings-McKinney Co. ADDRESS Flint Mich.