

1 PLACE OF DEATH
 County Wayne
 Township

MICHIGAN DEPARTMENT OF HEALTH
 Division of Vital Statistics
CERTIFICATE OF DEATH

g-58286014
 Register No. 9516

City Detroit (No. St. Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME Lucy Muchales Mills
 a) Residence No. 1614 Howard St., Ward

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 Color or Race White
 5 Single, Married, Widowed or Divorced (*Write the word*) Widowed
 5a If married, widowed or divorced HUSBAND of (or) WIFE of Late William Mills
 6 DATE OF BIRTH (Month, day and year) May 21 1861
 7 AGE Years Months Days If LESS than 1 day ... hrs. OR ... min.
66 2 2

8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work

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

10 NAME OF FATHER William Muchales

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

12 MAIDEN NAME OF MOTHER Roseann Shoup

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

14 Informant Mrs. P. Muchales
 (Address) 1614 Howard St.

15 Filed 4-27-27 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) July 23 1927

17 HEREBY CERTIFY, That I attended deceased from Mar 27, 1927, to July 23, 1927 that I last saw him alive on July 23, 1927 and that death occurred on the day stated above at 8 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma, stomach
(cardiac end)
 (duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary) Perforation of stomach
 (duration) ... yrs. ... mos. 18 hrs

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! X-ray study

(Signed) Jos. L. Hammond M. D.
July 24, 1927 Address 4604 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.) 2568

19 PLACE OF BURIAL, CREMATION, OR REMOVAL
Flinch Mich.

Date of Burial
7/26 1927

20 UNDERTAKER
R. S. Tenney

Address
Detroit

JUL 25 1927