

## 1. PLACE OF DEATH

County Genesee  
 Township \_\_\_\_\_  
 Village \_\_\_\_\_

## MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## CERTIFICATE OF DEATH

State Office No.

22518027

City Flint(No. 201 W. Tobias St.Register No. 799

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Samuel W. Muchler(a) Residence No. 201 W. Tobias St. St., Ward \_\_\_\_\_Length of residence in city or town where death occurred 55 yrs. mos. ds. (Usual place of abode) 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) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Maud M. Hobson6. DATE OF BIRTH (Month, day and year) Sept. 11-1879

7. AGE Years Months Days IF LESS than 1 day hrs. OR min.  
55 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTH PLACE (city or town) Flint Township  
(State or country) Michigan13. NAME Alonzo Muchler14. BIRTHPLACE (city or town) New York  
(State or country)15. MAIDEN NAME Lucy Muchler16. BIRTHPLACE (city or town) New York  
(State or country)17. INFORMANT Mrs. Maud Muchler  
(Address) 201 W. Tobias St.18. BURIAL, CREMATION, OR REMOVAL  
Place Bristol Cem. Date June 29, 193519. UNDERTAKER Algal-Healy Co.  
(Address) Flint, Mich.20. FILED 6-29-35, 19 18. B. M. M. D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 27, 193522. I HEREBY CERTIFY, That I attended deceased from March 8th, 1935, to June 27th, 1935I last saw him alive on June 25th, 1935; death is saidto have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

Gastric carcinoma of fruits  
Secondary anemia  
Icthyosis

Duration

Other contributory causes of importance:

MyocarditisIf operation, date of April 14th, 1933  
Condition for which performed Definite carcinoma at the pylorusOrgan or part affected PylorusWas there laboratory test? Yes Autopsy? No.

In case of violence state if accident, homicide or suicide

Where did injury occur? \_\_\_\_\_ (Specify city, county or state)

In industry, home or public place? HomeWas disease or injury related to occupation of deceased? No.Signed Chas. B. Pink, M.D.Address Flint, Michigan