

PLACE OF DEATH
County of Genesee
Township of Blind
or
Village of
or
City of (No. _____ St.; _____ Ward)

STATE OF MICHIGAN
Department of State—Division of Vital Statistics

333

CERTIFICATE OF DEATH

FEB 6 1908

Registered No. 18

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Wm. Mueller

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) DEC (Day) 20 (Year) 1932

AGE 75 years, 11 months, 8 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage _____ years
Parent of 2 children, of whom 1 are living

BIRTHPLACE (State or country) New York

NAME OF FATHER Andrew Mueller

BIRTHPLACE OF FATHER (State or country) New York

MAIDEN NAME OF MOTHER Bulka Zimmerman

BIRTHPLACE OF MOTHER (State or country) New York

OCCUPATION Farmer

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF
(Informant) Herman Mueller

(Address) Blind Mich

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) Dec (Day) 3 (Year) 1907

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1907, to Dec 3, 1907, that I last saw him alive on Dec 2, 1907, and that death occurred, on the date stated above, at 1250 A.M.
The CAUSE OF DEATH was as follows:

Uremic Poisoning

170 (duration) 10 days

Contributory Chronic Nephritis

(Signed) James H. Roberts M. D.
1206 1907 (Address) State Creek

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Social Residents:
Former or usual residence _____ How long at place of death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Bristol Ave DATE OF BURIAL DEC 6 1907

UNDERTAKER A. W. Dods ADDRESS Blind Mich

Filed DEC 6 1907 A. W. Dods