

1. PLACE OF DEATH

County Wayne

Township _____

Village _____

City Detroit

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

CERTIFICATE OF DEATH

State Office No.

206236

Register No. 1548(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Rose Muschler(a) Residence No. 1614 Howard St., Ward _____(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race White 5. Single, Married, Widowed or Divorced (WRITE the word) Widow5a. If married, widowed or divorced HUSBAND of (or) WIFE of William Muschler6. DATE OF BIRTH (Month, day and year) Jan 19-18927. AGE Years Months Days IF LESS than 1 day hrs. OR min.
94 0 23

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) (State or country) New Jersey13. NAME James Shoup14. BIRTHPLACE (city or town) (State or country) New Jersey15. MAIDEN NAME Sarah Kitheldm16. BIRTHPLACE (city or town) (State or country) unknown17. INFORMANT Algie Jundry
(Address) 703 Beach St., Flint, Mich.18. BURIAL, CREMATION, OR REMOVAL
Place Flint Date 2/9, 193619. UNDERTAKER Wm. P. Hamilton
(Address) 2687 3975 Cass

20. FILED _____, 19 _____ Registrar.

FEB 8 1936

Henry J. Simpson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 7, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Feb. 7, 1936
Last saw her alive on Feb. 6, 1936; death is saidto have occurred on the date stated above, at 5:00 P. m.
The principal cause of death and related causes of importance were as follows:acute dilatative heart Duration plus.Other contributory causes of importance: debility from cancer 7 mo.myocarditis
arteriosclerosis 2 yrs.Carcinoma face

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? _____ 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? _____

Was disease or injury related to occupation of deceased? noSigned J. J. May M.D.Address City Physician