

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Cuyahoga 81
 Township of Cleveland Registration District No. 8116 File No. 7522
 or
 Village of _____ Primary Registration District No. _____ Registered No. _____
 or
 City of Cleveland (No. 7808 Franklin St., 1 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
 FULL NAME Martin Muller

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH August 22, 1852
 (Month) (Day) (Year)

7 AGE 63 yrs. 2 mos. 5 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer) Coal

9 BIRTHPLACE (State or country) Ohio

10 NAME OF FATHER John Muller

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER Celia Gallagher

13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Cecilia B Muller

(Address) 7808 Franklin

15 Filed OCT 29 1915 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 27, 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 25, 1915, to Oct 27, 1915, that I last saw him alive on Oct 27, 1915, and that death occurred, on the date stated above, at 9 pm.
 The CAUSE OF DEATH* was as follows:

Angina pectoris
 (Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) arteriosclerosis
 (Duration) yrs. mos. ds.

(Signed) J. Gallagher, M. D.
Oct 28, 1915 (Address) 611 Franklin

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, 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?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL St. Joseph's Cem. DATE OF BURIAL Oct 30, 1915

20 UNDERTAKER St. Mary's Co. ADDRESS 7308 Detroit Ave.