

PLACE OF DEATH  
 County *Washtenaw*  
 Township *Sylvan*  
 or VILLAGE *Chelsea*  
 or City

STATE OF MICHIGAN  
 Department of State—Division of Vital Statistics

CERTIFICATE OF DEATH

SEP 11 1911

Registered No. *15*

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

FULL NAME *Clare Brooks*

**PERSONAL AND STATISTICAL PARTICULARS**

SEX *Male* COLOR OF HAIR *White* MARRIAGE *Single*  
(Write the word)

DATE OF BIRTH *July 14 1910*  
(Month) (Day) (Year)

AGE *1* yr. *20* mo. *20* da. *00* hr.  
IF LESS than 1 day, hrs. or min.

OCCUPATION  
 (A) Trade, profession or particular kind of work  
 (B) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE *Chelsea Mich*  
(State or country)

NAME OF FATHER *Howard Brooks*

BIRTHPLACE OF FATHER *Michigan*  
(State or country)

Maiden Name of Mother *Kurietta Heber*

BIRTHPLACE OF MOTHER *Michigan*  
(State or country)

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH *Aug 4 1911*  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *July 30, 1911* to *Aug 4 1911*, that I last saw him alive on *Aug 4 1911*, and that death occurred, on the date stated above, at *4 P. m.*

The CAUSE OF DEATH\* was as follows:  
*Typhoid*  
 X *Intestinal Obstruction*

(Duration) yrs. mo. *5* da.

Contributory (Secondary) (Duration) yrs. mo. da.

Signature *S. F. Brook* M. D.  
 Date *Aug 5 1911* (Address) *Chelsea*

\*State the DISEASE CAUSING DEATH, or its death from VICARIOUS CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  
 At place of death yrs. mo. da. State yrs. mo. da.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) *H. S. Brooks*  
 (Address) *Chelsea Mich*

PLACE OF BURIAL OR REMOVAL *Oak Hill (Chelsea Mich)* DATE OF BURIAL *Aug 7 1911*

REGISTRAR *J. S. Hoff + Son* ADDRESS *Chelsea Mich*