

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

I PLACE OF DEATH

STATE OF MICHIGAN

County Washtenaw

Department of State—Division of Vital Statistics 11120

Township \_\_\_\_\_

CERTIFICATE OF DEATH

Village \_\_\_\_\_

Registered No. 1220

City Ypsilant (No. 206 N Prospect St. 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Roy Orroy Brooks

(a) Residence No. 206 N Prospect St., Ward 5 (Usual place of abode.) (If non-resident give city or town and State.) Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) married

16 DATE OF DEATH (Month, day and year) DEC 3 - 1918 1918

5a If married, widowed, or divorced HUSBAND of Mary Brooks (or) WIFE of \_\_\_\_\_

17 I HEREBY CERTIFY, That I attended deceased from Nov - 29, 1918, to Dec. 3, 1918 that I last saw him alive on Dec 3, 1918 and that death occurred on the date stated above at 10 a.m.

6 DATE OF BIRTH (Month, day and year.) March 10 1889

The CAUSE OF DEATH\* was as follows:

7 AGE Years Months Days If LESS than 1 day, hrs. OR min. 30 8 23

The Spanish Influenza followed by Pneumonia (Broncho) (duration) yrs. mos. ds.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. machinist (b) General nature of industry, business, or establishment in which employed (or employer). water works plant (c) Name of employer. Ypsilant city

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) (State or country) Ypsilant Mich

18 Where was disease contracted If not at place of death?

10 NAME OF FATHER Delmer Brook

Did an operation precede death? Date of \_\_\_\_\_

11 BIRTHPLACE OF FATHER (city or town) (State or country) Chelsea Mich

Was there an autopsy? \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Etta Schlicht

What test confirmed diagnosis? \_\_\_\_\_

13 BIRTHPLACE OF MOTHER (city or town) (state or country) Ypsilant Mich

(Signed) J. M. [Signature] M. D. Dec 4, 1918, Address Ypsilanti, Mich

14 Informant Mrs Etta Slawson (Address) Ypsilant

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

15 Filed Dec 7, 1918 Registrar H. B. [Signature]

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Highland Cem Date of Burial Dec 5, 1918

20 UNDERTAKER Alwood R. [Signature] Address Ypsilant