

1 PLACE OF DEATH  
 County Lonia  
 Township Berlin  
 Village.....

MICHIGAN DEPARTMENT OF HEALTH  
 Division of Vital Statistics

34 966

CERTIFICATE OF DEATH

Register No. 47

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

2 FULL NAME Thomas Brooks

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (Write the word) Divorced

5a If married, widowed or divorced HUSBAND of (or) WIFE of Anna Brooks

6 DATE OF BIRTH (Month, day and year) Nov - 22 - 1855

7 AGE Years Months Days If LESS than 1 day .... hrs. OR ... min.  
67 11 2

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

9 BIRTHPLACE (city or town) (state or country) Mich.

10 NAME OF FATHER William Brooks

11 BIRTHPLACE OF FATHER (city or town) (state or country) N. Y.

12 MAIDEN NAME OF MOTHER Mary Hastings

13 BIRTHPLACE OF MOTHER (city or town) (state or country) England

14 Informant Chas. Gates  
 (Address) Lonia Mich.

15 Filed No. 2 1923 P. Young  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) Oct 24 1923

17 HEREBY CERTIFY, That I attended deceased from Oct 1, 1923, to Oct 23, 1923, that I last saw him alive on Oct 23, 1923, and that death occurred on the date stated above at 2a m.

The CAUSE OF DEATH\* was as follows:  
Chromia Myocarditis  
Chronic Mitral Insufficiency  
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) 90  
 (duration) yrs. mos. ds.

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

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?  
 (Signed) John J. McLean M. D.  
10-20, 1923, Address Lonia

\*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.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Date of Burial

Lonia C. Farm Oct 26 1923

20 UNDERTAKER Address  
W. Ed. Sussman Lonia