

PLACE OF DEATH

STATE OF MICHIGAN



County of St Ignace

Department of State—Division of Vital Statistics

Township of \_\_\_\_\_

CERTIFICATE OF DEATH

Village of \_\_\_\_\_

City of St Ignace (No. Marley St.; 4 Ward)

FULL NAME William Brooks

If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR White

DATE OF DEATH (Month) May (Day) 17 (Year) 1906

DATE OF BIRTH (Month) May (Day) 10 (Year) 1825

I HEREBY CERTIFY, That I attended deceased from May 1st, 1906, to May 17, 1906, that I last saw him alive on May 17, 1906, and that death occurred, on the date stated above, at 7 P.M. The CAUSE OF DEATH was as follows:

AGE 81 years, 7 months, 7 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

Chronic Bronchitis

AGE AT MARRIAGE, NUMBER OF CHILDREN { If married, age at (first) marriage 24 years Parent of 3 children, of whom 3 are living

BIRTHPLACE (State or country) N. York

(SIGNED) F. E. Dresser M. D.

NAME OF FATHER Bildad Brooks

BIRTHPLACE OF FATHER (State or country) N. York

MAIDEN NAME OF MOTHER H. Woodward

BIRTHPLACE OF MOTHER (State or country) N. York

OCCUPATION Retired Merchant

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. B. Brooks

(Address) St Ignace Mich

CONTRIBUTORY AI (Address) St Ignace Mich

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents: Former or usual residence \_\_\_\_\_ How long at place of death? \_\_\_\_\_ Days Where was disease contracted, if not at place of death? \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL St Ignace DATE OF BURIAL May 20 1906

ADDRESS St Ignace

Filed May 19 1906 G. J. Gemme Registrar