

268 1. PLACE OF DEATH

County St. Clair

Township or Road Dist. }

Incorp. Town or Village or

City

Lebanon  
Lebanon

Registration Dist. No.	<u>863</u>
Primary Dist. No.	<u>3648</u>

STATE OF ILLINOIS  
State Board of Health - Bureau of Vital Statistics

ORIGINAL

STANDARD  
CERTIFICATE OF DEATH

29490

Registered No. 16

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

2. FULL NAME Thomas Brooks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <input checked="" type="checkbox"/> Male	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
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6. DATE OF BIRTH Oct - 1847  
(Month) (Day) (Year)

7. AGE 74  
If LESS than 1 day, hrs. OR min.

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

9. BIRTHPLACE (State or country) Missouri

PARENTS	10. NAME OF FATHER <u>Dart Knorr</u>
	11. BIRTHPLACE OF FATHER (State or country) <u>1.</u>
	12. MAIDEN NAME OF MOTHER <u>" "</u>
	13. BIRTHPLACE OF MOTHER (State or country) <u>" "</u>

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

15. Filed Sept. 12, 1921 by C. W. Robinson Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Sept 10 1921  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1921 to Sept 10, 1921, that I last saw him alive on Sept 10, 1921 and that death occurred, on the date stated above, at 4 P.M.  
The CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhage

Contributory (Secondary) Hardening of Liver  
(Duration) yrs. mos. da.  
(Signed) W. B. Eldridge M. D.  
(Address) Lebanon, Ill.  
Date Sept 12, 1921 Telephone \_\_\_\_\_

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. da. 12 yrs. mos. da.  
Where was disease contracted, if not at place of death?  
Place or usual residence Lebanon, Ill. C. W. Robinson

19. PLACE OF BURIAL OR REMOVAL Open Burial DATE OF BURIAL Sept 12, 1921

20. UMBERTAKER Lebanon, Ill. ADDRESS Lebanon, Ill.

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

375M-10-24-16 P3395  
N. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
Has decedent ever served in military or naval service?