

APR 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11688
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
(b) Township Lindy Primary Registration District No. 5526
(c) City or City (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lee Otis Brantly

(a) Residence, No. Portageville, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iva Brantly
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 3, 1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 4 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murry Ky

FATHER 13. NAME John Brantly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murry, Ky

MOTHER 15. MAIDEN NAME Margarett Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murry, Ky

17. INFORMANT (ADDRESS) Wiley Hankins

18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Bayou DATE 4-2-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. S. Smith
Crautsville Mo.

20. FILED 4-6 1939 Mary W. Cook
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr., 1, 39
22. I HEREBY CERTIFY, That I attended deceased from Mar., 31, 1939, 19____, to Apr., 1, 39, 19____.
I last saw him alive on Apr., 1, 39, 19____. Death is said to have occurred on the date stated above, at 8-15 A.M.
The principal cause of death and related causes of importance were as follows:
Influenza Mar., 26, 39 Date of onset

Other contributory causes of importance:

Bronch-pneumonia

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. A. Reuber, M. D.
Portageville, Mo.
(Address) _____

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Noel C. Dean

Licensed Embalmer No. *3941*

P. O. Address.....

Courthouseville, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.