

J.R.R.

JAN 15 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

38729

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township

Primary Registration District No. 3007

City Poplar Bluff, Mo. (No.     )

City, Jail

File No.

Registered No. 247

St.      Ward     

2. FULL NAME Floyd F. Brantley

(a) Residence, No.      St.      Ward. Pocahontas, Ark.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1907

7. AGE YEARS About 28 MONTHS      DAYS      If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm-hand.

9. Industry or business in which work was done, as silk mill, 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) Arkansas

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Maggie Sisson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Morton Brantley Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brockett, Ark DATE 12/4/35 19.

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED 12-3 1935 O.C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1935

22. I HEREBY CERTIFY, That I viewed attended deceased from     , 19    , to     , 19    .

I last saw him alive on 1m, 19    . Death is said to have occurred on the date stated above, at 4:45 m. P. M.

The principal cause of death and related causes of importance were as follows:

Poison-liquor.

Date of case

12/1/35

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Other contributory causes of importance:

Name of operation MA Date of       
What test confirmed diagnosis? MO. Was there an autopsy? MO.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 12/1/35

Where did injury occur? Poplar Bluff, MO. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place.  
Manner of injury Hemorrhage caused by liquor  
Nature of injury Poison liquor.

24. Was disease or injury in any way related to occupation of deceased? no.

If so, specify     

(Signed) Richard H. Brown M.D.

(Address) Poplar Bluff

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

