

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.

AUG 14 1935

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

Do not use this space.

22061

1. PLACE OF DEATH

County Barry Registration District No. 29
Township Knox Creek Primary Registration District No. 5038
City (No. St. Ward)

File No. _____
Registered No. 36

2. FULL NAME

Haidee L. Preddy

(a) Residence, No. _____ St. _____ Ward. _____
(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 <u>F. M.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Preddy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-23-1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>9</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to July 26, 1935, 1935
I last saw her alive on July 26, 1935. Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: 33

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify None
(Signed) Dean M. Salzer M. D.
Cassville, Mo. (Address)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

FATHER
13. NAME Emmanuel Linville
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, North Carolina

MOTHER
15. MAIDEN NAME Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown North Carolina

17. INFORMANT (ADDRESS) J. L. Cassville, Sr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE 7/28, 1935

19. UNDERTAKER (ADDRESS) W. K. ... Cassville, Mo.

20. FILED July 29, 1935 J. S. W. Reuman Registrar.
A. R.

