

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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County *Way*
Township *Bushwood*
City *Beckham* (No.)

Registration District No. *744*
Primary Registration District No. *3035*

File No. *10122*
Registered No. *34*
St. Ward)

2. FULL NAME

Norma Ann Pedoshie

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>mar 3, 1934</i>		
7. AGE	YEARS <i>0</i>	MONTHS <i>0</i>
	DAYS <i>9</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Infant</i>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Beckham Missouri</i>	
	13. NAME <i>Robert Pedoshie</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Marceline Missouri</i>	
	15. MAIDEN NAME <i>Louise Hymelaki</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Beckham Missouri</i>	
	17. INFORMANT (ADDRESS) <i>Robert Pedoshie Beckham Missouri</i>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Sunnyvale</i> DATE <i>April 13, 1934</i>	
19. UNDERTAKER (ADDRESS) <i>Beckham Missouri</i>		
20. FILED <i>4-9-34</i> <i>E. E. Hay</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 12, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 9, 1934* to *Mar 12, 1934*
I last saw *her* alive on *Mar 10, 1934*. Death is said to have occurred on the date stated above, at *9-a*.
The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia
107A
Other contributory causes of importance:
107A

Name of operation Date of
What test confirmed diagnosis? *Stained* Was there an autopsy? *Y*

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) *E. E. Hay*, M. D.
(Address) *Beckham Mo*

