SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson 2
Township Kaw 1
City K. C. Mo. (No. Ambassador Hotel St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 29790
Registered No. 5220

2. FULL NAME Mrs. Marguerite Beckham Pearson
(a) Residence, No. Ambassador Hotel 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
235	54	11	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.
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) Kansas City, Mo.

FATHER
13. NAME Jas. H. Beckham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.

MOTHER
15. MAIDEN NAME Mary White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.

17. INFORMANT Harrel B. Pearson
(ADDRESS) Ambassador Hotel, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Aug. 18 37

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED Aug 17, 1937 M. M. Crouch
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1937 to Aug 16, 1937
I last saw her alive on Aug. 16, 1937. Death is said to have occurred on the date stated above at 12:17 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the tonsil with metastasis to the neck and mediastinum.	1935
45	

Other contributory causes of importance:
Cachexia.

Name of operation None Date of
What test confirmed diagnosis? Biopsy 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) Kip Robinson M.D.
(Address) 928 Professional Bldg. Kansas City, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

X9314

Kip Robinson
Prof. Bldg. Ha 4-79
1103 Grand 12 - 4:30