

DEC 20 1936

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

Do not use this space.

41705

## 1. PLACE OF DEATH

County Jackson  
Township Warrensburg  
City Warrensburg (No. ....)

Registration District No. 431  
Primary Registration District No. 3023

File No. ....  
Registered No. 139  
St. .... Ward

## 2. FULL NAME

Cora Lee Sallton

(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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe.</u>	4. COLOR OR RACE <u>W</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>Jas Sallton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 8, 1878</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>10</u>	DAYS <u>—</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>at Home</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 .....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington Mo.</u>				
FATHER	13. NAME <u>Nesmond Alkire</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Tizzy Robertson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Leroy Sallton, Warrensburg, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warrensburg, Mo.</u> DATE <u>Nov 10, 1936</u>				
19. UNDERTAKER (ADDRESS) <u>L. S. Human, Warrensburg, Mo.</u>				
20. FILED <u>Nov. 9, 1936</u> <u>Eva Bentley</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1-, 1926, to 11-8-, 1936  
I last saw him alive on 11-8-, 1936 Death is said to have occurred on the date stated above, at 12:20 P.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of rt Breast Date of onset 1934  
50  
Other contributory causes of importance:  
Metastatic Breasts

Name of operation Removal of Breast Date of 1935  
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) R. F. McKesing, M. D.  
(Address) Warrensburg, 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.

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the land described in the foregoing instrument.  
 The land described in the foregoing instrument is situated  
 in the County of [County Name], State of [State Name], and  
 is more particularly described as follows: [Description of land]  
 The land described in the foregoing instrument is owned by  
 [Owner Name], who is the holder of the title to the same.  
 The land described in the foregoing instrument is subject to  
 the following conditions, covenants, and restrictions:  
 [List of conditions, covenants, and restrictions]  
 The land described in the foregoing instrument is subject to  
 the following conditions, covenants, and restrictions:  
 [List of conditions, covenants, and restrictions]  
 The land described in the foregoing instrument is subject to  
 the following conditions, covenants, and restrictions:  
 [List of conditions, covenants, and restrictions]