AUG 23 1929

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

Do not use this space.
14168B (2)

1. PLACE OF DEATH
County: Christian
Township: Linden
City: (No. , St. Ward)
Registration District No.: 185
Primary Registration District No.: 5-225-9
File No.:
Registered No.:

2. FULL NAME: William Houston Aleshire
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nellie Aleshire
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 24 1875
7. AGE: Years 54; Months; Days 1; If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian County Mo.
PARENTS
10. NAME OF FATHER: Willard Aleshire
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Polly Ann McDaniel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
14. INFORMANT: Alva C. Aleshire
(Address): Niva Mo.
15. FILED 7-30, 1929 Mrs. L. B. Clemens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 25 1929
17. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1929, to Apr 25, 1929 that I last saw him alive on Jan 24, 1929, and that death occurred, on the date stated above, at 6:00 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
DSA
(duration several yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) W A Watkins M. D.
Apr 26, 1929 (Address) Rogersville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pembina Cemetery
DATE OF BURIAL: Apr. 26, 1929
20. UNDERTAKER: Rogersville Undt Co
ADDRESS: Rogersville 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.

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