

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

**PLACE OF DEATH**

County Jasper  
Township Galena  
or  
Village Central City  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. \_\_\_\_\_

44  
2007  
5569

File No. \_\_\_\_\_

29533

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

395

[If death occurred in a hospital or institution, give its NAME instead of street and number]

**FULL NAME** Martha G. Whiteaker

**PERSONAL AND STATISTICAL PARTICULARS**

<b>SEX</b> <u>Female</u>	<b>COLOR OR RACE</b> <u>White</u>	<b>SINGLE MARRIED WIDOWED OR DIVORCED</b> <u>Single</u> (Write the word)
<b>DATE OF BIRTH</b> <u>September 5, 1888</u> (Month) (Day) (Year)		
<b>AGE</b> <u>26</u> yrs. <u>2</u> mos. <u>2</u> ds.	<b>IF LESS than</b> 1 day, ___ hrs. or ___ min.?	
<b>OCCUPATION</b> (a) Trade, profession, or particular kind of work <u>House-work</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
<b>BIRTHPLACE</b> (City or town, State or foreign country) <u>Aidmore Ind Tex</u>		
<b>PARENTS</b>	<b>NAME OF FATHER</b> <u>Walter Whiteaker</u>	
	<b>BIRTHPLACE OF FATHER</b> (City or town, State or foreign country) <u>Red River Co. Tex</u>	
	<b>MAIDEN NAME OF MOTHER</b> <u>Marcella Payne</u>	
	<b>BIRTHPLACE OF MOTHER</b> (City or town, State or foreign country) <u>Tayette Co. Tex</u>	

**MEDICAL CERTIFICATE OF DEATH**

**DATE OF DEATH** September 10, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 8, 1914, to Sept 10, 1914, that I last saw her alive on Sept 10, 1914 and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH\* was as follows:  
Dysentery  
122 B  
12-9  
Contributors Impaction Bowels  
(SECONDARY) (Duration) yrs. mos. ds. 3 ds.

(Signed) E. J. Jones M. D.  
Sept 11, 1914 (Address) Galena Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

**LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted  
If not at place of death?  
Former or usual residence \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) The Martha Bangle  
(ADDRESS) Galena, Mo. R.F.D. 2

Filed Sept 12, 1914 A. M. Gregg  
REGISTRAR

**PLACE OF BURIAL OR REMOVAL**  
Hairman Cem

**DATE OF BURIAL**  
9-13-1914

**UNDERTAKER**  
J. W. Whyll

**ADDRESS**  
Joplin 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.

