

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

Do not use this space.

13676

MAY 28 1931

**1. PLACE OF DEATH**

County De Kalb Registration District No. 4161  
 Township Wool Fork Primary Registration District No. 269  
 City Union Star (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

**2. FULL NAME** Charles Elmer Martin

(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 48 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marilla Caroline Martin</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>August 31 1859</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>7</u>	DAYS <u>3</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Sabner

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Alfred, Meigs County  
 (STATE OR COUNTRY) Ohio

**10. NAME OF FATHER** George Martin

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Ohio  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Nancy Nickerson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Jeffers Plains  
 (STATE OR COUNTRY) Ohio

**14. INFORMANT** Alvora E. Clark  
 (Address) 2000 1/2 N. 4th St. Union Star

**15. FILED** 1/4 1931 E. M. Reynolds REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** April 3 1931

**17.** I HEREBY CERTIFY, That I attended deceased from March 26, 1931, to April 3, 1931, that I last saw him alive on April 3, 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Carcinoma of head of pancreas  
4 1/2 (duration) yrs. 6 mos. ds.  
 CONTRIBUTORY (SECONDARY) 4 1/2 (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?** yes

**WHAT TEST CONFIRMED DIAGNOSIS?** Microscopic metastases  
 (Signed) Futter E. Rockwood, D.O.  
 , 19 \_\_\_\_\_ (Address) Union Star

\*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** Union Star Cemetery **DATE OF BURIAL** 4-5 1931

**20. UNDERTAKER** J. H. Wilson **ADDRESS** Spring 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.

