

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

Do not use this space.

13676

1. PLACE OF DEATH

County De Kalb Registration District No. 4161
 Township Wood Park Primary Registration District No. 269
 City Union Star (No. _____) St. _____ Ward _____

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

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 North 4th

15. FILED 1/4 1931 E. M. Wagner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. 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. Rockwell 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.

MAY 28 1931
 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.

