

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

Do not use this space.

31006

**1. PLACE OF DEATH**

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City St. Louis Mo. (No. Barnes Hospital)

File No. ....

Registered No. 8731

St. ....

Ward) .....

**2. FULL NAME** Archie Spuelin Jones

(a) Residence, No. .... St. 12 Ward. Mountain View Mo.

(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? 3 yrs. ....

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Madge Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 1 - 1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>X</u>
	DAYS <u>27</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>Ret Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>107A 82B</u>	
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>Carterville Mo</u>		
FATHER	13. NAME <u>Elisha Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Sizemore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Jack Bower Carterville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carbondale Ill</u> DATE <u>Sept 30 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Hoffman Und Co Carbondale Ill</u>		
20. FILED <u>Max C. Starker Registrar</u>		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 9 - 28 - 1932

**22. I HEREBY CERTIFY,** That I attended deceased from 9 - 13 - 1932 to 9 - 28 - 1932

I last saw him alive on 9 - 28 - 1932 Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

Principium

Date of onset  
9-2-32

Other contributory causes of importance:  
Thrombosis of middle Cerebral Artery, rt. ?  
Bronchopneumonia, Rt. & Lt. ?

**23. Name of operation** Excision of Thrombus of Artery Date of operation .....

**What test confirmed diagnosis?** ..... Was there an autopsy? Yes

**23. If death was due to external causes (violence), fill in also the following:**

Accident, suicide, or homicide? ..... Date of injury .....

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?**

If so, specify .....

(Signed) E. W. Brown M. D.  
(Address) Barnes Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

L. NO. 2.

