

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

Do not use this space.

3741

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis, Mo. Sanitarium

File No. 7 344
 Registered No. 7 344
 St. 13 Ward

2. FULL NAME

Elizabeth Gibbs
 (a) Residence, No. 18230 East Prairie 13 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edward G. Gibbs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
55 4 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Jefferson
 (STATE OR COUNTRY) North Carolina

PARENTS
 10. NAME OF FATHER Hardin Sullivan
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) North Carolina
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Carolina
 (STATE OR COUNTRY)

14. INFORMANT Dr. Joseph A. Scopelitte
 (Address) St. Louis City Sanitarium

15. FILED Jan - 7 1929
Max C. Starker
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1928, to Jan 6, 1929 that I last saw him alive on Jan 6, 1929, and that death occurred, on the date stated above, at 1:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Broncho-pneumonia

107A
 (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) 100W
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Joseph A. Scopelitte M. D.

1/6 1929 (Address) St. Louis City Sanitarium

*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

Bristol Tenn DATE OF BURIAL 1/8 1929

20. UNDERTAKER

W. A. Stockwell ADDRESS 2117 So. E. Grand

K. E.—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.

WRITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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