

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

Do not use this space.

8328

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 100  
 City St. Louis (No. St. Johns Hospital St. \_\_\_\_\_ Ward)  
 Registered No. 1980

**2. FULL NAME**

Elizabeth Jane Gibbons  
 (a) Residence. No. 4925 Weber Pl St. 13 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Gibbons

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 | 4 | 10 | \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Jefferson City  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Albion Helliker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotland  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT R. A. Gibbons  
 (Address) 4925 Weber Place St. Louis Mo

15. FILED 11 1929 May C. Vankly REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-26-29, 1929, to 2-11, 1929, that I last saw her alive on 2-10-29, 1929, and that death occurred, on the date stated above, at 4:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Leukemia 72A  
50  
 (duration) yrs. 1/2 mos. da.

CONTRIBUTORY (SECONDARY) None  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood Differential Count  
 (Signed) J. J. Hayward, M. D.  
2-11, 1929 (Address) 3720 Washington

\*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 Calvary Cemetery DATE OF BURIAL 2-13-29

20. UNDERTAKER Weick Bros 2201 Colwood ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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