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

Do not use this space.

32406

1. PLACE OF DEATH
County ST. LOUIS COUNTY Registration District No. 790 File No.
Township ~~S. KINLOCH PARK~~ Central Primary Registration District No. 6033 Registered No.
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME SALLIE MILLER.
(a) Residence. No. St., Ward. S. Kinloch Park 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? yrs. mos. ds.

OCT 26 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: COL
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: JOHN MILLER

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: ABOUT 46. YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISS.

PARENTS
10. NAME OF FATHER: THOMAS HAED.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): MISS.
12. MAIDEN NAME OF MOTHER: PATSY. TERREL.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): VA.

14. INFORMANT: John Miller
(Address) S Kinloch Park.

15. FILED Sept 15, 1931 R. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 11 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 10:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental burns of seven-eighths skin surface of body
181 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Infection of right arm (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH South Kinloch Park
DID AN OPERATION PRECEDE DEATH? No. DATE OF
0 WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) John O'Connell, M. D.
9/14 1931 (Address) Coroner of St. Louis Co.

*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: Washington Park
DATE OF BURIAL: 9/16 1931

20. UNDERTAKER: Emmett Toney Co. S. Kinloch
ADDRESS

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County St Louis — Registration District No. 790
Township — Primary Registration District No. 6033
City Clayton (No. ..., ..., St. ..., Ward)

File No. ...
Registered No. ...

2. FULL NAME Sallie Miller

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) ... (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) ... (STATE OR COUNTRY)

17. INFORMANT ... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ..., 19...

19. UNDERTAKER ... (ADDRESS)

20. FILED Sep 15, 1931 K. W. Sullivan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental burns	7
seven-eighths skin	7
surface of body	7

Other contributory causes of importance:
Infection of right arm

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
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) ..., M. D.
(Address) ...

SUPPLEMENTARY

OVER

N.B. ... ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... CAUSE ... DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-32406

The woman had rubbed gasolene on her arm for skin — Got up out of bed and in bending her arm over a coal oil lamp, her clothing caught fire —

The house did <u>not</u> burn up —