

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

Do not use this space.

1. PLACE OF DEATH Jan 21 1936

County Warren  
Township Wood  
City Mill Grove (No. ....)

Registration District No. 908  
Primary Registration District No. 6223

File No. 4364  
Registered No. 81  
St. .... Ward)

2. FULL NAME John Franklin Foxworth  
(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 17 yrs. 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Idea Foxworth  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1863  
7. AGE YEARS 72 MONTHS 8 DAYS 0 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Davis Co Va

FATHER  
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER  
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Idea Foxworth  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Creek DATE 1-5-1936

19. UNDERTAKER (ADDRESS) Walter J. Hume  
Geo Stapp

20. FILED 1-5-1936 Service Mortuary  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 - 1935 to Jan 3 - 1936  
I last saw him alive on Dec 29 - 1935. Death is said to have occurred on the date stated above, at 7:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Pericarditis  
AKW  
Other contributory causes of importance:  
Date of onset

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) W. H. ..., M. D.  
(Address) W. H. ...

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.

