REC'D OCT 18 1938

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

33059
Do not use this space.

1. PLACE OF DEATH
(a) County Pike
(b) Township Indian
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 686
Primary Registration District No. 5914
Registered No.

2. PRINT FULL NAME JOHNIE RAY FOX 2 A M
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, NONE hrs. or NONE min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Pike County Mo

FATHER
13. NAME Richard Fox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County Mo

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

17. INFORMANT (ADDRESS) Rob W. Fox - Richard - Curryville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Vandalia Mo DATE Aug 29 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W S Waters Vandalia
20. FILED Sept 6 1938 Gene Hendrix Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 28 1938
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 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
STILL BORN	
ASPHYXIATED	

Other contributory causes of importance:

Name of operation NONE Date of
What test confirmed diagnosis? Was there an autopsy? NO
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? NO
If so, specify
(Signed) W. B. Wilcoxen, M. D.
(Address) Bowling Green Mo.

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. ... in plain terms, so that it may be properly classified.

RECEIVED
District Health Officer No. 10
District File Number 10-38-317
Date Filed 10-2-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.