STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. 67-034769

BIRTH NO.

REGISTRAR'S NO. 6991

1. PLACE OF DEATH a. COUNTY: Dade | CODE NO.: 23xxx
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Florida b. COUNTY: Dade

b. CITY, TOWN, OR LOCATION: Rural
c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒
c. CITY, TOWN, OR LOCATION: Rural
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): DOA Baptist Hospital
d. STREET ADDRESS: 13320 S W 83rd. Court

3. NAME OF DECEASED (Type or print) First: James Middle: Emory Last: Foxx
4. DATE OF DEATH Month Day Year: July 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Oct. 22 1907
9. AGE (In years last birthday): 59 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professional Player
10b. KIND OF BUSINESS OR INDUSTRY: Baseball
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Samuel Dell Foxx
14. MOTHER'S MAIDEN NAME: Mattie S. Smith

16. SOCIAL SECURITY NO.: 031-01-7232
17. INFORMANT'S SIGNATURE: Nanci A. Canaday (signature) Address: 12125 S W 186th. St. Miami, Florida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Asphyxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Impaction of bolus of meat in pharynx
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. (Probably) ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Victim choked on a piece of meat.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: ABT 6:20 PM 7/21/67

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Residence
20f. CITY, TOWN, OR LOCATION: Unincorporated COUNTY: Dade STATE: Fla.

21. ~~XXXXXXXXXXXXXXXXXXXXXX~~ XX ~~XXXXXXXXXXXXXXXXX~~ her/him
Death ~~XXXXXX~~ pronounced 6:40 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: (signature) Degree or title: M.D.
22b. ADDRESS: MEDICAL EXAMINER'S OFFICE
22c. DATE SIGNED: 7/22/67

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 25 1967
23c. NAME OF CEMETERY OR CREMATORY: Flagler Cemetery
23d. LOCATION (City, town, or county) (State): Miami, Dade Co. Florida

24. FUNERAL DIRECTOR'S SIGNATURE: Raymond L. Edwards (signature) ADDRESS: Van Orsdel Bird Road Mortuary
25. DATE RECD. BY LOCAL REG.: JUL 24 1967
26. REGISTRAR'S SIGNATURE: (signature)