AUG 22 1929

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

Do not use this space.

23691

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 123
City Kirksville Mo (No. Asa Hospital St. Ward)

2. FULL NAME Ella Pipkin Fragier
(a) Residence. No. St., Ward. Gallitos 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): S.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20-1899
7. AGE: YEARS 30 — MONTHS 1 — DAYS 27 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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) Davis Co. Mo.

PARENTS
10. NAME OF FATHER G. W. Fragier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virg
12. MAIDEN NAME OF MOTHER Annie Houghton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virg

14. INFORMANT G. W. Fragier (Address) Gallatin Mo
15. FILED 7/18, 1929 C. Becker Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1929
17. I HEREBY CERTIFY, That I attended deceased from July 9, 1929, to July 17, 1929 that I last saw her alive on July 17, 1929, and that death occurred, on the date stated above, at 7:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Complications following operation for Sinus Infection
Many years (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1048 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 10-1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A C Hardy, M. D.
19 (Address) "

*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: James Port — DATE OF BURIAL: 7/19 1929
20. UNDERTAKER: Summers & Son — ADDRESS: Kville

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.

1929- 7-17
1899- 5 20
30-1-27