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

Do not use this space.

File No. 13307
Registered No. 8251

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Mrs. Ellie Powell
(a) Residence. No. Bell Clair Hotel St. S. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	wh	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	44	1	18	

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

9. BIRTHPLACE (CITY OR TOWN) Ft. Scott
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER James P Nesbood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lucy Viney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Danville
(STATE OR COUNTRY) Ill.

14. INFORMANT W. E. Powell
(Address) Bell Clair Hotel

15. FILED 4/11, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to April 10, 1928, that I last saw h[illegible] alive on April 8, 1928, and that death occurred, on the date stated above, at 4:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 9 2 K
Mitral stenosis with numerous pulmonary infarcts.
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Mitral stenosis
(duration) 6 yrs. mos. ds.

18. WHERE DID DISEASE CONTRACT?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. A. Brentzel, M. D
4-11-, 1928 (Address) Medical Arts Bldg

*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	DATE OF BURIAL
Newcomer's Vault	4-12 1928
20. UNDERTAKER	ADDRESS
A. M. Newcomer's Sons	K. C. Mo

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.
THIS IS A PERMANENT RECORD