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

JAN 20 1937

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

Do not use this space.

45115

1. PLACE OF DEATH
County Jackson — Registration District No. 403
Township Brooking — Primary Registration District No. 5557
City ~~Hickman Mills~~ (No. 8115 Merriwood Rd. ?R.R.2 St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Hazel Ethel DeBore
(a) Residence, No. 8115 Merriwood Rd. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Henry DeBore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1896

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
40	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Nov. 1936
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emporia Kansas

FATHER
13. NAME Scipio Romeo Gorrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ft. Wayne Indiana

MOTHER
15. MAIDEN NAME Mary C. Cummings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lima Ohio

17. INFORMANT Henry DeBore
(ADDRESS) 8115 Merriwood Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill, K.C.K. DATE 12/14/36, 19

19. UNDERTAKER Geo. H. Long
(ADDRESS) Kansas City, Kansas

20. FILED 12-14, 1936 D.M. Eubank M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 19..., to Dec. 11, 1936
I last saw her alive on 36 Dec. 11, 1936 Death is said to have occurred on the date stated above, at 11:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation due to Mitral Stenosis.	1930
Other contributory causes of importance: acute Rheumatic Fever.	1930

Name of operation None Date of ----
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) D.M. Eubank, M. D.
(Address) Raytown, Mo.

JUN 27 1951

Dr. D. M. Eubanks
Raytheon, Inc.