

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

Do not use this space.

30155

1. PLACE OF DEATH U.S. Vet. Hospital

County Jackson Registration District No. 399 File No. 3908
Township Kaw Primary Registration District No. 1002 Registered No. 3908
City Kansas City (No. U.S. Veterans Hospital) St. Mo. Ward

2. FULL NAME DERRY, Henry Lester

C. 1,284,745 VB

(a) Residence. No. Alba, Missouri St. Mo. Ward. Pvt. 1st. Co. 3rd BN 164 DB
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

Mrs. Ida Derry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 30, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 11 28

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) Unknown
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT U.S. Veterans Hospital Records,
(Address) Kansas City, Missouri

15. FILED 9/29/30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 28, 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1930 to Sept. 28, 1930 that I last saw him alive on Sept. 28, 1930, and that death occurred, on the date stated above, at 5:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

V. H. D. Mitral Insufficiency

CONTRIBUTORY (SECONDARY) 90% or more
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam.

(Signed) Henry A. Dykes M. D.
Henry A. Dykes, Med. Officer in Charge
U.S.V. Hosp. Kansas City, Mo.

*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 Alba, Missouri DATE OF BURIAL 9/29/30

20. UNDERTAKER Freeman Mortuary, 104 W 42nd St ADDRESS

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.

