

Heskamp, Mary Frederieka Busse 1867 - 1917

Kentucky Post – January 19, 1917

Mrs. Heskamp Is Taken By Death

Mrs. Mary Frederieka Heskamp, 49, of 19th and Russell streets, Covington, mother of Joseph Heskamp, an employe of the Covington city engineer's office, died at her home Friday morning from a complication of diseases.

She is survived by her widower, Henry J. Heskamp, and six children, Henry Jr., Joseph, Marie, Louis, Herminé and Angela.

The funeral will be held Monday at 8:30 a. m. from St. Augustus church, Covington. Burial will be in Mother of God cemetery.



Heskamp, Mary Frederieka Busse 1867 - 1917

FORM V 9 1-0004 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Adair Co

Vol. Fot. Registration District No. 100

inc. Town Primary Registration District No. 220

City Cromington Ky (No. 5 E. on 191st Russell St. Ward) 5

2 FULL NAME Mary Frederieka Heskamp

File No. 76
Registered No. 76
If death occurred in a hospital or institution, give its NAME (instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>	16 DATE OF DEATH <u>Jan 18, 1917</u>	
6 DATE OF BIRTH <u>Nov 25, 1867</u>			17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows: <u>Chronic Nephritis</u> <u>with Endocarditis</u>	
7 AGE <u>49</u> yrs. <u>1</u> mos. <u>15</u> ds. IF LESS than 1 day... hrs. or... min.?			(Duration).... yrs.... mos.... ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Home Nil</u> (b) General nature of industry business or establishment in which employed (or employer)			Contributory (SECONDARY)..... (Duration).... yrs.... mos.... ds.	
9 BIRTHPLACE (State or country) <u>Cromington Ky</u>			(Signed) <u>Jno G Malloy</u> , M. D. 191____ (Address).....	
PARENTS	10 NAME OF FATHER <u>J J Busse</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
	11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death.... yrs.... mos.... ds. in the State.... yrs.... mos.... ds. Where was disease contracted, if not at place of death?		
	12 MAIDEN NAME OF MOTHER <u>Mary Beidarkach</u>	Former or usual residence		
13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>			19 PLACE OF BURIAL OR REMOVAL <u>Wagon of York</u>	DATE OF BURIAL <u>1/22, 1917</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>H G Heskamp</u> (Address) <u>191st Russell</u>			20 UNDERTAKER <u>J. L. Lamm</u>	ADDRESS <u>191st Russell</u>
15 Filed <u>Jan 20, 1917</u> <u>J. L. Lamm</u> REGISTRAR				

11-7-14