

Kemphaus, Alexander 1841 - 1897



CITY OF COVINGTON, KY.
DEPARTMENT OF HEALTH.
BUREAU OF VITAL STATISTICS.

No. 609

CERTIFICATE OF DEATH.

1.—Full name of deceased, *Alexander Kemphaus*

2.—*White, ~~Colored~~. 3.—*Male, ~~Female~~. 4.—Age, *55* years, *10* months, *10* days.

5.—*Single, Married, ~~Widower~~, ~~Widow~~. 6.—Occupation, *Cooper*

7.—Place of birth, *Germany* 8.—If foreign born, how long in U. S. *40* years.

9.—How long resident in city, *36* years. 10.—Father's Name, _____

11.—Father's birthplace, _____ 12.—Mother's Name, _____

13.—Mother's birthplace, _____

14.—Place of death, No. *164 + May* Ward _____

15.—Place of Residence, No. _____ Ward _____

16.—Private, ~~Penitentiary~~, ~~Public Institution~~. 17.—Date of death, *July 8th 1897*

18.—Cause of death, { Remote or Predisposing, *Chorea*
Immediate, *Convulsion of Brain*

19.—Duration of last illness, *3 1/2 days* 20.—I certify that I attended the above named in *his* last illness.

21.—Date of interment, *July 10th 1897* A. M. _____ M. D. _____

22.—Place of interment, *Mother of God* Address, *214 W. 8th St.*

Name of Undertaker, *Wm. Willen & Co.*

* DRAW A LINE THROUGH WORDS NOT REQUIRED.