

DEPARTMENT OF HEALTH, COVINGTON, KY.

No. 1490

Report of a BIRTH, attended by

Signature Mrs. E. H. H. H. H.

Date 13 Sept 1902 Address 19 E. H. H.

Name of Child	<u>Elizabeth D. L.</u>
Sex	<u>Female</u>
Color or Race	<u>White</u>
Date of Birth	<u>13 Sept</u>
Place of Birth	<u>1533 Woodburn</u>
Ward	
Full Name of Father	<u>Joseph Kemphaus</u>
Father's Residence	<u>1533 Woodburn</u>
Father's Birthplace	<u>Madison Ind.</u>
Father's Occupation	<u>Plumber</u>
Full Name of Mother	<u>Elizabeth</u>
Mother's Residence	<u>1533 Woodburn</u>
Mother's Maiden Name	<u>White</u>
Mother's Birthplace	<u>Cal.</u>
REMARKS	<u>409</u>

Kemphaus, Dorothy 1905 - 1927

Kentucky Post – February 19, 1927

KEMPHAUS—Dorothy, beloved daughter of Mr. and Mrs. Joseph Kemphaus (nee Koehne), Friday, Feb. 18, 1927, at the residence, 1542 St. Clair-st. Covington, Ky., aged 21 years. Funeral Tuesday, Feb. 22, at 7 a. m. from the late residence. Requiem high mass at 7:30 a. m. at St. Augustine Church. Interment in Mother of God Cemetery. —4



Kemphaus, Dorothy 1905 - 1927

Form V. S. 1-125m-6-19-18		COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		File No. 2054106	
1 PLACE OF DEATH County <u>Butcher</u>		Registration District No. <u>790</u>		Registered No. _____	
2 FULL NAME <u>Dorothy Kemphaus</u>		Primary Registration District No. <u>2290</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
Inc. Town _____		(No. <u>1542 St. Louis</u> St., _____ Ward)			
City <u>Cumington</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>single</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>Feb 18</u> 192 <u>7</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>Sept 13</u> - 190 <u>6</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____, 192 <u>7</u> , to _____, 192 <u>7</u> , that I last saw h. _____ alive on _____, 192 <u>7</u> , and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows: <u>Leukemia-Splenitis</u> (Duration) _____ yrs. _____ mos. _____ ds.		
7 AGE <u>21</u> yrs. <u>5</u> mos. <u>5</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____			(Signed) <u>P. X. Jacobs</u> , M. D. <u>Feb 21, 1927</u> (Address) <u>225 E. Main St. Cumington Ky</u> *State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.		
9 BIRTHPLACE (State or country) <u>Cumington Ky</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____		
PARENTS	10 NAME OF FATHER <u>Joseph Kemphaus</u>		If not at place of death? _____ Former or usual residence _____		
	11 BIRTHPLACE OF FATHER (State or country) <u>Cumington Ky</u>		19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL <u>Feb 22, 1927</u>		
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Malone</u>		20 UNDERTAKER <u>Wm. N. Maddox</u> ADDRESS _____		
	13 BIRTHPLACE OF MOTHER (State or country) <u>Cumington Ky</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Joseph Kemphaus</u> (Address) <u>1542 St. Louis</u>			15 Filed <u>Feb 21, 1927</u> <u>J. P. Riffe</u> Registrar		
11-3184			<u>Cumington Ky</u>		