

Kampsen, Anna Angela Elizabeth 1904 - 1908

**DEPARTMENT OF HEALTH, CITY OF COVINGTON.**

3542

Report of a BIRTH, Attended by

Signature *John M. Blum M.D.*

Date *June 15 1904* Address *1056 Russell St.*

Sex.	<i>Female</i>
Color or Race.	<i>White</i>
Date of Birth.	<i>May 10th 1904</i>
Place of Birth.	<i>20 Berry St.</i>
Ward.	<i>Tenth.</i>
Full Name of Father.	<i>Jac. Bernk Kampsen</i>
Father's Residence.	<i>20 Berry St.</i>
Father's Birthplace.	<i>Germany.</i>
Father's Occupation.	<i>Carpenter.</i>
Full Name of Mother.	<i>Mary Anna Kampsen</i>
Mother's Residence.	<i>20 Berry St.</i>
Mother's Maiden Name.	<i>Mary Anna Kloosterman</i>
Mother's Birthplace.	<i>Covington Ky.</i>
Remarks.	

355

Kentucky Post - February 22, 1908

**DEATHS OF A WEEK**

Health Officer Brinker, of Covington, reported only 11 deaths for the past week. There were 30 last week. They are as follows: Infant Dowton, infant poisoning; B. J. Murphy, 68, typhoid; Mary Hoedeker, 62, erysipelas; Michael McSherry, 78, nephritis; Julia Buchard, 43, sarcoma; Francisco Pablo, 35, pulmonary tuberculosis; Samuel Bird, 44, typhoid; William Hahn, 61, tuberculosis; Henry Kullback, 34, tuberculosis; Bernard Lochen, 63, hepatitis; Angela Kampsen, 4, scarletina.

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

No. *V3126*

No. *2582*

**CERTIFICATE OF DEATH.** **152**

1.—Full name of deceased *Angela Kampsen*

2.—\*White, ~~Black~~, ~~Indian~~. 3.—Male. Female.

4.—Age *4* years \_\_\_\_\_ months \_\_\_\_\_ days.

5.—\*Single, ~~Married~~, ~~Widower~~, ~~Widow~~, ~~Divorced~~.

6.—Occupation \_\_\_\_\_

7.—Place of birth *City*

8.—If foreign born, how long in U. S. \_\_\_\_\_ years.

9.—How long resident in city *Life* years.

10.—Father's Name *Joseph Kampsen*

11.—Father's Birthplace *Germany*

12.— { a) Mother's Name *Mary* ..  
 b) If deceased is a married woman — Maiden Name \_\_\_\_\_

13.—Mother's birthplace *City*

14.—Place of death, No. *1825 Holman*

15.—Place of Residence, No. \_\_\_\_\_

16.—\*Private. ~~Tenement~~. ~~Public Institution~~.

17.—Date of death *February 20 1908*

18.—Cause of death, { Remote or Predisposing *Scarletina*  
 Immediate *Diphtheritic Rhinitis*

19.—Duration of last illness *8 days*

20.—I certify that I attended the above named in ~~his~~ last illness

21.—Date of interment *February 21* 190*8* A.M. \_\_\_\_\_ P.M. *John W. Blane, M. D.*

22.—Place of interment *Mother of God* Address *1056 Russell St*

Name of Undertaker *W. H. & Hugenberg* *Covington Ky.*

\*\* DRAW A LINE THROUGH WORDS NOT REQUIRED.