

Kampsen, August 1900 - 1900

CITY OF COVINGTON, KY.
DEPARTMENT OF HEALTH. No. 14497
 No. 18 BUREAU OF VITAL STATISTICS.
CERTIFICATE OF DEATH. 458

1.—Full name of deceased, *August Kampson*
 2.—*White, ~~Colored~~. 3.—*Male, ~~Female~~. 4.—Age, _____ years, _____ months, _____ days.
 5.—*Single, ~~Married~~, ~~Widower~~, ~~Widow~~. 6.—Occupation, _____
 7.—Place of birth, *Covington, Ky.* 8.—If foreign born, how long in U. S., *Months 3, days _____*
 9.—How long resident in city, *Month 3, days _____* 10.—Father's Name, *Joseph Kampson*
 11.—Father's birthplace, *Germany* 12.—Mother's Name, *Theresa Kampson*
 13.—Mother's birthplace, *Kentucky*
 14.—Place of death, No. *215 N. 12 St.* Ward, _____
 15.—Place of Residence, No. _____ Ward, _____
 16.—Private, Tenement, Public Institution. 17.—Date of death, *Aug. 1, 1900*
 18.—Cause of death. { Remote or Predisposing, *Malaria*
 { Immediate, *Cholera*
 19.—Duration of last illness, _____ 20.—I certify that I attended the above named in his last illness.
 21.—Date of interment, *Aug. 2* 1900, _____ P.M. _____ M. D.
 22.—Place of interment, *Mother Gods* Address, *1056 Russell St.*
 Name of Undertaker, *Linnemann & Moore* *Covington, Ky.*

*DRAW A LINE THROUGH WORDS NOT REQUIRED.