

Kampsen, Bernard Henry 1856 - 1932

Kentucky Post – March 23, 1932

KAMPSEN—Bernard, beloved husband of Bernadina Kampsen (nee Herzog), Tuesday, March 22, 1932, age 74 years, at the residence, 1846 Euclid-av, Covington, Ky. Funeral Monday, March 28, at 8:30 a. m. from the late residence. Solemn requiem high mass at St. Augustine Church at 9 a. m. Interment Mother of God Cemetery.

Kentucky Post – March 24, 1932

CARPENTER DIES

3-24-1932 Ky Post
Retired Contractor Was Na-
tive of Germany

Bernard Kampsen, 75, retired carpenter-contractor, died late Tuesday at his residence, 1846 Euclid-av, Covington. He was a native of Germany and had lived in Covington for the past 50 years.

He is survived by his widow, Mrs. Bernadina Herzog Kampsen; two sons, Bernard H. and Joseph Kampsen; two daughters, Mrs. Ben Klosterman and Miss Rose Kampsen; two brothers, Joseph and Frank Kampsen; one sister, living in Germany; also 12 grandchildren and two great-grandchildren.

Kampsen was a member of the St. Augustine Workmen's Society and a member of the German Pioneer Society. Funeral services will be held at 8:30 a. m. Monday at the residence, followed by requiem high mass at St. Augustine Church at 9 a. m. Rev. Leo G. Kampsen, a nephew of the deceased, will officiate at the mass. Burial will be in Mother of God Cemetery. John N. Middendorf is in charge of the funeral.



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Form V. H. 1-A-80m-6-17-31

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

No. *Schurman*
6792 ✓

1. PLACE OF DEATH
County Madison Registration District No. 790 File No. _____
City Lexington (No. _____ St. _____ Ward _____) Registered No. _____
Primary Registration District No. 2290

2. FULL NAME Bernard Kampsen
(If death occurred in a hospital or institution, give the NAME instead of street and number)

(a) Residence No. 1846 Euclid Ave. St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH <u>March 22</u> , 19 <u>32</u>	
6. If married, widowed, or divorced (write name of husband or wife) <u>Henrietta Kampsen</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>March 22</u> , 19 <u>32</u> to <u>March 22</u> , 19 <u>32</u> . I last saw him live on <u>March 19</u> , 19 <u>32</u> . Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Bronchial Asthma</u> Date of onset _____ <u>(chronic)</u> <u>93</u>	
7. AGE Years <u>74</u> Months <u>9</u> Days <u>13</u> If less than 1 day _____ hrs. or _____ min.					Contributory causes of importance not related to principal cause: <u>Myocardial Infarct</u> 19 <u>28</u>	
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.					Name of operation <u>None</u> Date of _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					What test confirmed diagnosis? _____ Was there an autopsy? _____	
10. Date deceased last worked at this occupation (month and year)					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
11. Total time (years) spent in this occupation					Manner of injury _____	
12. BIRTHPLACE <u>Germany</u>					Nature of injury _____	
13. NAME <u>Bernard Kampsen</u>					24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
14. BIRTHPLACE <u>Germany</u>					(Signed) <u>J. Schurman</u> M. D. <u>Corcoran Ky</u>	
15. MAIDEN NAME <u>Henrietta Kampsen</u>					(Address) _____	
16. BIRTHPLACE <u>Germany</u>						
17. INFORMANT <u>Mrs. Henrietta Kampsen</u> (Address) <u>1846 Euclid Ave.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt. Vernon Home</u> Date <u>March 23</u> 19 <u>32</u>						
19. UNDERTAKER <u>John H. Maddox</u> (Address) <u>217 Main St.</u>						
20. FILED <u>Mar 23 1932</u>						