

*Kampsen, Elizabeth M Roemer 1825 - 1911*

Kentucky Post - August 8, 1911

Elizabeth Kampson, 86, died yesterday at St. Elizabeth's Hospital, after a lingering illness. She was a pioneer resident of Covington. The body was removed to her late home, 232 West Sixteenth-st. The funeral will be held with services tomorrow morning at St. Aloysius Church.

FORM No. 1-1004-1-10-11. Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Madison  
Reg. Dist. No. 580 File No. 21336  
Vol. 218 Registration District No. 580 Registered No. 671  
Inc. Town Covington Primary Registration Dist. No. 2290  
City Covington (Name of Hospital, Dispensary, or other place where death occurred, if applicable, give its NAME, including of street and number.)  
2 FULL NAME Eliza M. Kampsen 262 W 13th St

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widow</u>	10 DATE OF DEATH <u>Aug. 7<sup>th</sup></u> , 191 <u>1</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>July 17</u> , 18 <u>25</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>July 12</u> , 191 <u>1</u> , to <u>Aug 7<sup>th</sup></u> , 191 <u>1</u> , that I last saw h. <u>er</u> alive on <u>Aug 7</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>1:05 P.</u>	
7 AGE <u>86</u> yrs. <u>11</u> mos. <u>21</u> da.			The CAUSE OF DEATH* was as follows: <u>Chronic Myocarditis</u> (Duration) ..... yrs. .... mos. .... da.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory <u>Arterio-sclerosis + Chronic</u> <u>myocarditis</u> (Duration) ..... yrs. .... mos. .... da.	
9 BIRTHPLACE (State or country) <u>Germany</u>			(Signed) <u>E. H. B. Schuman</u> , M. D. <u>Aug. 7</u> , 191 <u>1</u> . (Address) <u>St. Elizabeth</u>	
PARENTS	10 NAME OF FATHER <u>Fernan</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	State the DISEASE CAUSING DEATH, or, in death due to VIOLENCE, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.	
	12 MAIDEN NAME OF MOTHER <u>Mary Roemer</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>	(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place ..... yrs. .... mos. .... da. In the State ..... yrs. .... mos. .... da.	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Birney Kampsen</u> (Address) <u>262 W 13th St</u>			Where was disease contracted, if not at place of death? Former or usual residence
15 Filed <u>Aug 7</u> , 191 <u>1</u> . <u>J. W. ...</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Mother of Gods</u>	DATE OF BURIAL <u>Aug 8</u> , 191 <u>1</u>
			20 UNDERTAKER <u>John N. ...</u>	ADDRESS <u>...</u>

11-8184