

Kentucky Post - August 23, 1917

**Widow Given Estate**  
 The will of Frank Anthony Kampson was filed in the Kenton county clerk's office. He bequeaths his entire estate to his widow, Honita Kampson. Mrs. Kampson was appointed executrix.

FORM V - 1-800M 2-29-12

35553

Commonwealth of Kentucky  
 STATE DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

County Kenton File No. \_\_\_\_\_  
 Registration District No. \_\_\_\_\_ Registered No. 827  
 City Wilmington Primary Registration District No. 2792  
 No. St Elizabeth Hospital (If death occurred in a hospital or institution, give its name instead of street and number.)  
 FULL NAME Frank Anthony Kampson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M.</u>	4 COLOR OR RACE <u>W</u>	5 MARRIED <u>Married</u> Widowed Orphaned (Write the word)	16 DATE OF DEATH <u>July 29, 1917</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>June 13, 1892</u> (Month) (Day) (Year)	7 AGE <u>25</u> yrs. <u>1</u> mos. <u>16</u> ds. IF LESS than 1 day... hrs. or... min.?	8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Fireman</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>U.S. mail truck co.</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>July 17, 1917</u> , to <u>July 29, 1917</u> , that I saw him alive on <u>July 29, 1917</u> , and that death occurred on the date stated above at <u>6:15 a.m.</u> The CAUSE OF DEATH was as follows: <u>Intestinal obstruction following intestinal obstruction.</u> (Duration).... yrs.... mos.... ds.	
9 BIRTHPLACE (State or country) <u>Covington, Ky.</u>	10 NAME OF FATHER <u>Frank Kampson</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	12 MAIDEN NAME OF MOTHER <u>Pauline Wolf</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Bonita Kampson</u> (Address) <u>331 Lockwood</u>			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds. Where was disease contracted, if not at place of death? Former or usual residence <u>331 Lockwood</u> <u>Wm. Ky.</u>	
15 <u>July 31, 1917</u> <u>J. Blahmring</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>St. Mary's</u>	DATE OF BURIAL <u>Aug. 1, 1917</u>
			20 UNDERTAKER <u>John W. Huddleston</u>	ADDRESS <u>Wm. Ky.</u>

11-3184