

Kampsen, Infant of Earl & Marion 1933 - 1933

16874

Form V. S. 1-2-10m-6-17-31

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

1. PLACE OF DEATH
County Kenton File No. _____
City Covington Registration District No. 790 Registered No. _____
Primary Registration District No. 2280

2. FULL NAME Infant Kampsen
(a) Residence No. 1519 St. Clair St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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>M</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed, Divorced, or (Specify the ward) <u>Child</u>		21. DATE OF DEATH <u>July 10</u> , 19 <u>33</u>	
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Child</u>				22. I HEREBY CERTIFY That I attended deceased from <u>July 10</u> , 19 <u>33</u> to <u>July 10</u> , 19 <u>33</u> I last saw <u>Child</u> alive on _____, 19____, 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>Still Born Premature</u>	
7. AGE <u>Seven</u> Years <u>July</u> Months <u>10</u> Days If LESS than 1 day.....hrs. or.....min.				Date of onset	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				Contributory causes of importance not related to principal cause:	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				Name of operation _____ Date of _____	
10. Date deceased last worked at this occupation (month and year)				What test confirmed diagnosis? _____ Was there an autopsy? _____	
11. Total time (years) spent in this occupation				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.	
12. BIRTHPLACE <u>St. Elizabeth Hospital Covington</u>				Manner of injury _____	
13. NAME <u>Earl Kampsen</u>				Nature of injury _____	
14. BIRTHPLACE <u>Covington Ky</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
15. MAIDEN NAME <u>Marion Johanneman</u>				Signed <u>Paul O. Keshaw, M.D.</u>	
16. BIRTHPLACE <u>Cincinnati Ohio</u>				(Address) <u>Covington, Ky.</u>	
17. INFORMANT <u>Earl Kampsen</u>					
(Address) <u>1519 St. Clair St. Covington</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Mary's</u> Date <u>7/10</u> , 19 <u>33</u>					
19. UNDERTAKER <u>J. H. W. Mitchell</u>					
(Address) <u>117 Main St. Covington Ky</u>					
20. FILED <u>July 10</u> , 19 <u>33</u> <u>Mrs. H. C. Offutt</u>					

Main certificate to be filed on back of certificate.