

Kampsen, Infant of John & Eleanore 1915 - 1915

D. J. Ben Eckman

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Kenton

2 Vot. Pot. g Registration District No. 280 File No. 27522

3 Ino. Town Springton Primary Registration District No. 2490 Registered No. 5487

4 City Springton (No. 90 Howell St. St. 5 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

5 FULL NAME Infant Kampsen

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
6 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>Nov 10 1915</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Nov 10 1915</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <u>Nov 10 1915</u> to <u>Nov 10 1915</u> , 191 <u>5</u> , that I last saw her alive on <u>Nov 10 1915</u> , 191 <u>5</u> , and that death occurred on the date stated above at <u>11:00</u> a.m. The CAUSE OF DEATH was as follows: <u>Perinatal birth</u>	
7 AGE yrs. mos. ds. IF LESS than 1 day 12 hrs. or .. min.?			(Duration) yrs. mos. ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) <u>None</u>			Contributory (SECONDARY) (Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) <u>Springton Ky</u>			(Signed) <u>D. J. Ben Eckman</u> M. D. <u>4-11-15</u> , 191 <u>5</u> (Address) <u>City</u>	
PARENTS	10 NAME OF FATHER <u>John Kampsen</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSING DEATH (1) MEANS OF INJURY AND PLACE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)	
	11 BIRTHPLACE OF FATHER (State or country) <u>Springton Ky</u>		At place of death yrs. mos. ds. State yrs. mos. ds.	
	12 MAIDEN NAME OF MOTHER <u>Eleanore Treubay</u>		Where was disease contracted, if not at place of death? Former or usual residence	
13 OF MOTHER (State or country) <u>Kenton Ky</u>		19 PLACE OF BURIAL OR REMOVAL <u>St Stephens</u>		DATE OF BURIAL <u>Nov 10 1915</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Kampsen</u> (Address) <u>90 Howell St</u>			20 UNDERTAKER <u>John Whidquand</u>	
15 Filed <u>Nov 11 1915</u> <u>J. B. Schumring</u> REGISTRAR			ADDRESS <u>10019</u>	

11-2194