

Kampsen, Infant of John & Eleanore 1918 - 1918

FORM V - 1-9-08 2-29-18		Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		25052
1 PLACE OF DEATH County <u>Hector</u>		Registration District No. <u>500</u>		File No.
Vot. Prec. <u>2</u>		Primary Registration District No. <u>2290</u>		Registered No. <u>1856</u>
Ino. Town		(No. <u>3012 Howell St.</u> St. <u>5</u> Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
City <u>Livingston</u>		2 FULL NAME <u>Infant Kampson</u>		
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 <u>Child</u>	16 DATE OF DEATH <u>Oct 15, 1918</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Oct 15, 1918</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from 191....., to 191....., that I last saw him alive on <u>Oct 15</u> , 191....., and that death occurred on the date stated above at <u>6</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> (Duration)..... yrs..... mos..... ds.	
7 AGE yrs..... mos..... ds. IF LESS than 1 day... hrs. or 10 min.?			Contributory (SECONDARY)..... (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)			(Signed) <u>J. H. Schumier</u> M. D. <u>10/16, 1918</u> (Address) <u>116 E. 2nd</u>	
9 BIRTHPLACE (State or country) <u>Livingston Ky</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
PARENTS	10 NAME OF FATHER <u>John Kampson</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?		
	11 BIRTHPLACE OF FATHER (State or country) <u>Livingston Ky</u>	Former or usual residence		
	12 MAIDEN NAME OF MOTHER <u>Eleanore Treutkamp</u>	19 PLACE OF BURIAL OR REMOVAL <u>St Stephens</u> DATE OF BURIAL <u>Oct 16, 1918</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Hector S. Ky</u>	20 UNDERTAKER <u>John N. Muddenden</u> ADDRESS <u>Livingston Ky</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Kampson</u> (Address) <u>3012 Howell St</u>				15 File <u>Oct 16, 1918</u> <u>J. H. Schumier</u> REGISTRAR
11-3194				