

Kampsen, Joseph William 1899 - 1899

*Dr. Blau*

CITY OF COVINGTON, KY.  
**DEPARTMENT OF HEALTH.** No. ....  
 BUREAU OF VITAL STATISTICS.

688  
 CERTIFICATE OF DEATH. 49

1.—Full name of deceased, *Joseph William Kampsen*  
 2.—\*White, Colored. *3.*—\*Male, Female. 4.—Age, — years, — months, *9* days.  
 5.—\*Single, Married, Widower, Widow. 6.—Occupation, —  
 7.—Place of birth, *Covington Ky* 8.—If foreign born, how long in U. S. *9 Days*  
 9.—How long resident in city, *9 Days* 10.—Father's Name, *Joe Kampsen*  
 11.—Father's birthplace, *Germany* 12.—Mother's Name, *Theresa*  
 13.—Mother's birthplace, *Covington Ky*  
 14.—Place of death, No. *215 West 12th St* *Covington Ky* Ward  
 15.—Place of Residence, No. *11* Ward  
 16.—Private, Tenement, Public Institution. 17.—Date of death, *Jan. 16* 1899  
 18.—Cause of death, { Remote or Predisposing, *Brain affected*  
 Immediate, *Diphtheria*  
 19.—Duration of last illness, *About 3 days* 20.—I certify that I attended the above named in his last illness.  
 Date of interment, *Jan 17* 1899 M. *Geo. W. Blau* M. D.  
 Place of interment, *mother of God* Address *1056 Russell St*  
 Name of Undertaker, *Simmenmann & Moore* *Covington Ky*

\* DRAW A LINE THROUGH WORDS NOT REQUIRED.