

Kampsen, Lawrence B 1893 - 1898

BUREAU OF VITAL STATISTICS,
CERTIFICATE OF DEATH.

429

Full name of deceased, Lawrence B. Kampson

White, ~~Colored~~. 3.—*Male, ~~Female~~. 4.—Age, _____ years, 5 months, _____ days.

Single, Married, Widower, Widow. 6.—Occupation, _____

Place of birth, Cambridge, Mass. 8.—If foreign born, how long in U. S. since life years.

How long resident in city, since life years. 10.—Father's name, Joseph Kampson

Father's birthplace, Germany 12.—Mother's name, Therese Kampson

Mother's birthplace, Living County, N. H.

Place of death, No. # 215 Jr 12 St St Ward, 5-4

Place of Residence, No. # 215 " " " " Ward, 5-4

Private, Tenement, Public Institution, 17.—Date of death, July 20, 1898 A. M.

Cause of death, { Remote or Predisposing measles
Immediate cholera infantum ✓

Duration of last illness, 8 or 10 days 20.—I certify that I attended the person above named in its last illness.

Date of interment, July 21, 1898 A. M. M. W. Campbell M. D.

Place of interment, Mother of Gods Cemetery Address, 115 So. 8th St.

Name of Undertaker, Funerary Home

* DRAW A LINE THROUGH WORDS NOT REQUIRED.