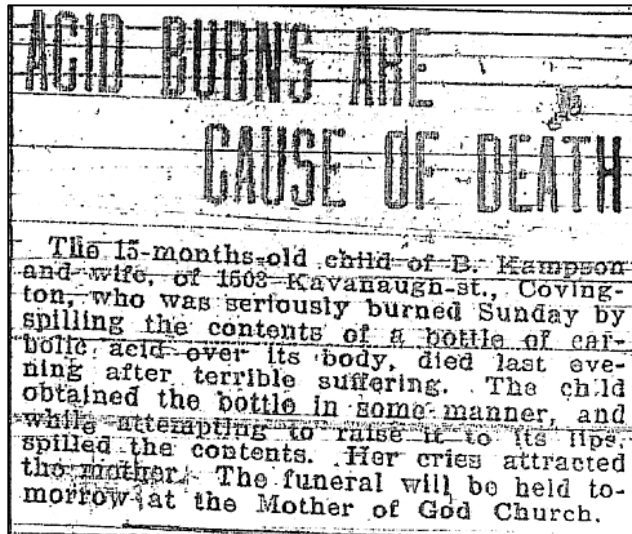


DEPARTMENT OF HEALTH, CITY OF COVINGTON.	
No	7631
Report of a BIRTH, Attended by	
Date	Dec 29 th 1915 189
Signature	F. W. Fischer
Address	1120 Madison Ave
Name of Child.	Infant Kampson.
Sex.	Female
Color or Race.	White
Date of Birth.	Nov. 29 th 1915.
Place of Birth.	1515 Sparanough St.
Ward.	
Full Name of Father.	Frank Kampson.
Father's Residence.	1505 Sparanough St.
Father's Birthplace.	Germany.
Father's Occupation.	
Full Name of Mother.	Anna Kampson.
Mother's Residence.	1505 Sparanough St.
Mother's Maiden Name.	Anna Fischer.
Mother's Birthplace.	Germany.
Remarks.	28 4:8

Kampsen, Mildred Mary 1905 - 1907

Kentucky Post - March 26, 1907



**CITY OF COVINGTON, KY.
DEPARTMENT OF HEALTH.
BUREAU OF VITAL STATISTICS.**

No. 21951

No. 2865

CERTIFICATE OF DEATH.

1.—Full name of deceased Methilda maria Kampsen 216

2.—*White, ~~Yellow~~ ~~Black~~ ~~Latin~~ 3.—*Male. Female. 4.—Age 1 years 4 months _____ days.

5.—*Single, Married, Widower, Widow, Divorced. 6.—Occupation _____

7.—Place of birth City 8.—If foreign born, how long in U. S. _____ years.

9.—How long resident in city _____ years. 10.—Father's Name Frank Kampsen

11.—Father's Birthplace Germany 12.— (a) Mother's Name Anna

(b) If deceased is a married woman—Maiden Name _____

13.—Mother's birthplace _____

14.—Place of death, No. 1505 Kavenau st

15.—Place of Residence, No. _____

16.—*Private. ~~Tenement~~. ~~Public Institution~~. 17.—Date of death March 25 1907

18.—Cause of death, } Remote or Predisposing Accidental taking of Carbolic Acid

 } Immediate pernuria with convulsions

19.—Duration of last illness 24 hours 20.—I certify that I attended the above named in his last illness

21.—Date of interment March 27 1907 A.M. _____ P.M. _____ M. D. _____

22.—Place of interment Mother of Gods Address 1056 Russell St

Name of Undertaker Willen Hugenberg Covington Ky

DRAW A LINE THROUGH WORDS NOT REQUIRED.