

Kampsen, Willemina 1895 - 1895

This Blank is required to be filled out and furnished to the Health Officer before a Burial Permit will be issued.

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE,

(To be filled out and signed by the Physician.)

576

Name of Deceased... *Willemina Kampsen*

Color... *White* Sex... *Female* Age... *2 weeks*

Married, Single, Widow or Widower.....

Duration of Last Illness.....

Date of Death... *Oct 12 " 95*

Cause of Death, { Remote or Predisposing... *Colitis*

{ Immediate... *Spasms*

Dr. Zimmerman M. D.

Undertaker's Certificate in Relation to Deceased.

Undertakers are especially requested to have Blanks filled out in full.

Occupation.....

Place of Birth... *City*

Residence... *9 " Ward West 12 " Street No 215*

Tenement or Private Residence.....

Time of Residence in the City... *Since birth*

Place of Previous Residence.....

When a Minor, { Name of Mother... *Hanson Kampsen*

{ Name of Father... *Joseph*

Nativity of { Mother... *American*

{ Father.....

Place of Intended Interment... *Mount of God*

Date of Intended Interment... *Oct 14 / 95*

Zimmerman Undertaker.

Date of Certificate..... Residence.....

BURIAL PERMITS can be obtained at the Health Office during the Week, bet. the hours of 9 A. M. and 12 M., and 1 to 5 P. M.