OCT 31 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30892

1. PLACE OF DEATH
County St Charles — Registration District No. 786 — File No.
Township Portage des Sioux — Primary Registration District No. 5497 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Kampmann
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Kampmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 27 - 1855

7. AGE: YEARS 75 — MONTHS 1 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Martin Knobbe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Elizabeth Sullentrop
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Leo Kampmann
(Address) RR#4 St Charles Mo

15. FILED Sep 30, 1930 C. A. Barnard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 28th 1930

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1930, to Sept 28, 1930 that I last saw her alive on Sept, 1930, and that death occurred, on the date stated above, at 6.30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis and Endocarditis with vegetation
92 A
92 B
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Ascitis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs
(Signed) B. P. Wentker, M. D.
9/29, 1930 (Address) St. Charles Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Peters Cemetery — DATE OF BURIAL: Oct 1 1930

20. UNDERTAKER: W. Hallmeyer & Sons Co — ADDRESS: St Charles Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.