NOV 26 1930

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

Do not use this space.

1. PLACE OF DEATH

County NODAWAY — Registration District No. 620 — File No. 33659

Township SOUTH JEFFERSON — Primary Registration District No. ~~4271~~ — Registered No.

City CONCEPTION MO (No. 5822 St. Ward)

2. FULL NAME BROTHER HERMAN KAMPSHOF OSB

(a) Residence. No. — St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29-1859

7. AGE: Years 71 | Months 3 | Days — | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: —
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): —
12. MAIDEN NAME OF MOTHER: —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): —

14. INFORMANT (Address): Stephen Schappler.

15. FILED Nov 8 1930 Mabel Graham REGISTRAR
Nov. 12-30 C. P. Fryer (MEC)

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 1927, to Oct 28, 1930 that I last saw him alive on Oct 27, 1930, and that death occurred, on the date stated above, at 930 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
uremia,
137
182B
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Enlarged prostate
(duration) 3 yrs. mos. ~~4~~ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Conception Abbey
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. J. Gardiner, M. D.
, 19 (Address) Conception Jct 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: Conception Mo. — DATE OF BURIAL: 10/30 1930

20. UNDERTAKER: Conception Abbey — ADDRESS: Conception Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1. PLACE OF DEATH

County Nodaway — Registration District No. 620 — File No.

Township D. Jefferson — Primary Registration District No. 5822 — Registered No.

City (No. , St. Ward)

2. FULL NAME Brother Herman Kampshof O.S.B.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	3		

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Stephen Schappler (Address)

15. FILED Nov 30, 1930 Mabel Graham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 28 1930 to Oct 28, 1930 that I last saw b. alive on Oct 27 1930, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Enlarged prostrate

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Conception Abbey

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. J. Garding, M. D.

, 19 (Address) Conception Jct. 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	DATE OF BURIAL
Conception Mo	1/30 1930
20. UNDERTAKER	ADDRESS
Conception Abbey	

S-33659