

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

Do not use this space.

*HLB [unclear]
19176.5 [unclear]*

File No. _____
Registered No. 49
St. _____ Ward _____

1. PLACE OF DEATH
36 County Franklin Registration District No. 297
8 Township _____ Primary Registration District No. 2016
7 City Washington (No. _____ St. _____ Ward _____)

2. FULL NAME Henry W. Kampschroeder,
(a) Residence. No. 427 W. Third St., St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 56 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** married.
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1875

7. AGE **YEARS** **MONTHS** **DAYS** **If LESS than 1 day, _____ hrs. or _____ min.**
56 10 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Corn Cob Pipe Worker
(b) General nature of industry, business, or establishment in which employed (or employer) 58
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Washington, Mo.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Fred Kampschroeder.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany, 10
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Josephine Silvers.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia. 2
(STATE OR COUNTRY) _____

14. INFORMANT Mrs. Maud Kampschroeder.
(Address) 427 W. Third St.,

15. June 10, 1932 O. L. Mumm
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 - 1932

17. I HEREBY CERTIFY, That I attended deceased from May 18 - 1932 to June 9 - 1932, and that I last saw him alive on June 9 - 1932, and that death occurred, on the date stated above, at 4:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophic Hepatic Cirrhosis -
124B
124B (duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) none yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ⓪
IF NOT AT PLACE OF DEATH

⓪ DID AN OPERATION PRECEDE DEATH. no DATE OF r

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) 149 May M. D.

June 10 - 1932 (Address) Washington 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 Presbyterian Cemetery June 11, 1932
DATE OF BURIAL

20. UNDERTAKER Otto & Co., Washington, Mo.
ADDRESS

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

JUL 22 1932

