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

Do not use this space.

File No. 19382

Registered No. 40

Registration District No. 297

Primary Registration District No. 3016

1. PLACE OF DEATH

36 County Franklin

8 Township Washington

7 City Washington, Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME C. F. Kampschroeder.

(a) Residence, No. W. Eatalba Ave., St., 4th Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 75 yrs. X mos. X ds.

JUL 21 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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) Anna Mary Bottemueller (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14th, 1850

7. AGE: Years 82 | Months 6 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - - - - -

10. Date deceased last worked at this occupation (month and year) - - - -

11. Total time (years) spent in this occupation 65 yrs.

10 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Fred C. Kampschroeder,

10 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Unknown.

10 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT E. H. Kampschroeder. (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Peter's Evangelical Cemetery. PLACE Washington, Mo. DATE June 18, 1933

19. UNDERTAKER Nieburg and Vitt, Inc. (ADDRESS) Washington, Mo.

20. FILED June 17, 1933 C. L. Meinsch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan. 3, 1933 to June 14, 1933

I last saw him alive on June 14, 1933 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan. 2 1933
9:45	

Other contributory causes of importance: None

Name of operation No. Date of -

What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify -

(Signed) J. D. Maupin M. D.

(Address) Washington 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.

WRITE PLAINLY, WITH UNFADING INK, WITH A PENCIL NOT RECEIVED