

Bornhorn, Adeline Kleymeier 1878 - 1936

Kentucky Post - August 20, 1936

Mrs. Adeline K. Bornhorn  
 Funeral services for Mrs. Adeline Bornhorn, 3150 Beech avenue, Covington, will be held at the Henry Linneman & Sons funeral home, Covington, Saturday at 9:30 a. m. with Requiem High Mass at Holy Cross Church at 10 a. m. Burial will be in Mother of God Cemetery. She was 61.  
 Mrs. Bornhorn died Wednesday at her home. She leaves her husband, Henry Bornhorn, three sons, Paul, John J. and Robert Bornhorn, and two daughters, Mrs. Lucille Smith and Miss Ruth Bornhorn, all of Covington.

Form V. S. 1-A  
**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
 County Norton  
 City Covington (No. 790 St. 2290 Ward)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Adeline Bornhorn  
 (a) Residence, No. 3150 Beech Ave St. 2290 Ward 2290  
 (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 F. 4. COLOR OR RACE W. 5. Single, Married, Widowed, Divorced (write the word) Married  
 5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John H. Bornhorn  
 6. DATE OF BIRTH Nov. 30, 1874  
 7. AGE Years 61 Months 8 Days 20 If LESS than 1 day..... hr. or..... min.  
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House Work  
 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE Covington Ky  
 13. NAME Adeline Kleymeier  
 14. BIRTHPLACE Germany  
 15. MAIDEN NAME Dora Weber  
 16. BIRTHPLACE " "  
 17. INFORMANT John H. Bornhorn  
 (Address) 3150 Beech Ave  
 18. BURIAL, CREMATION, OR REMOVAL  
 Place Mother of God Date 8/22/36 1936  
 19. UNDERTAKER Henry Linneman & Sons  
 (Address) Covington Ky  
 20. FILED Aug. 20, 1936 Mrs. H. C. O'Neil Registrar (Address) Covington, Ky

MEDICAL CERTIFICATE OF DEATH  
 21. DATE OF DEATH Aug 19, 1936  
 22. I HEREBY CERTIFY That I attended deceased from May 20, 1936 to Aug 19, 1936  
 I last saw her alive on Aug 19, 1936, death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance in order of onset were as follows:  
Brain Tumor (left) Date of onset 7  
Rolandic Area 97  
 Contributory causes of importance not related to principal cause:  
none  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? W Was there an autopsy? W  
 23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? W 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) Philip H. Hooper, M. D.  
Coppin Bldg. Cor. Ky  
Covington, Ky

Dr. 22362  
 File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.