

Bornhorn, Agnes Deters 1848 - 1916

FORM V - 1-9068 2-29-12

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Campbell  
Vol. Fol. 2090 Registration District No. 180  
Inc. Town Newport Primary Registration District No. 2090  
City Newport (No. 1076 John St St. 6 Ward)

File No. 625  
Registered No. 65  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Agnes Bornhorn

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**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
(Write the word)

6 DATE OF BIRTH Dec 25, 1848  
(Month) (Day) (Year)

7 AGE 67 yrs. 1 mos. 4 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work. none  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Germany

PARENTS

10 NAME OF FATHER Henry Deters  
11 BIRTHPLACE OF FATHER (State or country) Germany  
12 MAIDEN NAME OF MOTHER Eliz Weinsche  
13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Eliz Weinsche  
(Address) 1076 John St. City

15 FILED Jan 30, 1916 John Todd, Reg. M. D.

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**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Jan 29, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1916 to Jan 29, 1916, that I last saw him alive on Jan 28, 1916, and that death occurred on the date stated above at 1076 John St. m. The CAUSE OF DEATH\* was as follows:  
La Grippe  
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) Arnie Bornhorst  
(Duration) ... yrs. ... mos. ... ds.

(Signed) John J. Russell M. D.  
1/30, 1916 (Address) Newport, Ky

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mothers & Gods DATE OF BURIAL Feb 1, 1916

20 UNDERTAKER John J. Russell Co ADDRESS Newport, Ky

11-3184

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.