

Bornhorn, Dorothy May 1910 - 1910

CITY OF COVINGTON, KY.
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH.

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]
[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of COVINGTON. (No. 32 E 11 St. 1 Ward.) Registered No. 79.285

No. _____ FULL NAME Dorothy May Bornhorn

INCOMPLETE RECORDS WILL NOT BE RECEIVED BY THE HEALTH OFFICER.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR <u>White</u>	DATE OF DEATH <u>May 13</u> 19 <u>10</u> (Month) (Day) (Year)	DO NOT USE LEAD PENCIL. ONLY INK ONES WILL BE RECEIVED.
DATE OF BIRTH <u>April 16 - 1910</u> (Month) (Day) (Year)	AGE <u>2</u> Years, <u>8</u> months, <u>28</u> days	I HEREBY CERTIFY, That I have attended deceased from <u>April 6</u> 19 <u>10</u> to <u>May 12</u> 19 <u>10</u> that I last saw h <u>alive</u> on <u>May 12</u> 19 <u>10</u> , and that death occurred, on the date stated above, at <u>3</u> P. M. The CAUSE OF DEATH was as follows: <u>Infant pneumonia</u> <u>let.</u>	
SINGLE, MARRIED, WIDOWED, OR DIVORCED	BIRTHPLACE (State or county) <u>Covington Ky</u>	<u>434</u> (DURATION) _____ DAYS	
NAME OF FATHER <u>Paul Bornhorn</u>	BIRTHPLACE OF FATHER (State or county) <u>Covington Ky</u>	Contributory _____ (DURATION) _____ DAYS	
MAIDEN NAME OF MOTHER <u>Cora Bishop</u>	BIRTHPLACE OF MOTHER (State or county) <u>Ohio</u>	(Signed) <u>Cushing</u> M. D. <u>5-14/10</u> (Address) <u>Covington Ky</u>	
OCCUPATION _____	THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF (Informant) <u>Paul Bornhorn</u> (Address) <u>32 E 11 St Cor</u> Filed _____ 190 _____ Registrar	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents. Former or Usual Residence _____ How long at Place of Death? _____ Days Where was disease contracted, If not at place of death? _____ PLACE OF BURIAL OR REMOVAL <u>Linden grove</u> DATE OF BURIAL <u>May 14</u> 19 <u>10</u> UNDERTAKER ADDRESS <u>HLINNE MANN X MOORE 31 E. 11. St</u>	

RULE 1.--State Board of Health.--Transportation by public conveyance of bodies of persons dead of small-pox, diphtheria, membranous croup, Asiatic cholera, typhus or yellow fever is forbidden.

TELEPHONE OF HEALTH OFFICER, SOUTH 427.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.