

Bornhorn, Henry Clemens 1864 - 1932

Kentucky Post - February 24, 1932

BARNHORN—Clem.—beloved brother of Mrs. Mary Lyons, of Covington, Ky., Sunday, Feb. 21, 1932, age 67 years. Funeral Wednesday, Feb. 24, from the John J. Radel Co. funeral home, 822 York-st., Newport, with requiem high mass at St. Mary's Cathedral at 9 a. m. Interment in Mother of God Cemetery.

Form V. B. 1-A-50m-1-18-31

3986

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Kenton Registration District No. 790 File No. _____
City Covington (No. St. Elizabeth Hospital) Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Clem Barnhorn
(a) Residence, No. 122 Pearl St. Covington, Ky. (If nonresident, give city or town and State)
(Usual place of abode) (If foreign birth? yrs. mos. ds.)

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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	6. DATE OF BIRTH <u>Mar. 25 - 1864</u>		21. DATE OF DEATH <u>Feb. 21, 1932</u>	22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____ I last saw him live on <u>Feb. 17, 1932</u> , 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: <u>Chr. Myocarditis</u> <u>Cerebral Edema</u> <u>935</u> <u>Senescent Cardiac-Renal Disease</u> <u>Chr. Arthritis</u>
7. AGE <u>67</u>			8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Carriage</u>		Contributory causes of importance not related to principal cause: <u>Senescent Cardiac-Renal Disease</u> <u>Chr. Arthritis</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>C. N. C. Steel Cast. Co.</u>			10. Date deceased last worked at this occupation (month and year)		Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
11. Total time (years) spent in this occupation			12. BIRTHPLACE <u>Kentucky</u>		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.	
13. BIRTHPLACE <u>Kentucky</u>			13. NAME <u>Clement Barnhorn</u>		Manner of injury _____ Nature of injury _____	
14. BIRTHPLACE <u>Germany</u>			14. BIRTHPLACE <u>Germany</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
15. MAIDEN NAME <u>Ely Dickman</u>			15. MAIDEN NAME <u>Ely Dickman</u>		Signed <u>D. J. Delice</u> M. D. (Address) <u>St. Elis. Hosp. Covington, Ky.</u>	
16. BIRTHPLACE <u>Germany</u>			16. BIRTHPLACE <u>Germany</u>		17. INFORMANT <u>Mrs. Mary Lyons</u> (Address) <u>1248 Thibault Ave. C.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mother of God</u> Date <u>Feb. 24, 1932</u>			18. BURIAL, CREMATION, OR REMOVAL Place <u>Mother of God</u> Date <u>Feb. 24, 1932</u>		19. UNDERTAKER <u>John J. Radel Co.</u> (Address) <u>722 York St. Newport, Ky.</u>	
19. UNDERTAKER <u>John J. Radel Co.</u> (Address) <u>722 York St. Newport, Ky.</u>			20. FILED <u>Feb. 24, 1932</u>		20. FILED <u>Feb. 24, 1932</u>	

Should be carefully completed. 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.