Kentucky Post – December 6, 1924

BORNHORN—Joseph C., beloved husband of Anna Bornhorn (nee Kreke), at his home, 1528 Garrard-st, Covington, Ky., Friday, Dec. 5, 1924, aged 67 years. Due notice of funeral.

Form V. S. 3-30m-4-11-25

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

D. C. Maley

38030

File No.

County Kenton
Vet. Pct. F
Registration District No. 790
Registered No. 1257
Inc. Town
Primary Registration District No. 7290
City Covington (No.) 1528 Garrard St St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph C. Bornhorn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.
4 COLOR OR RACE: W.
5 Single, Married, Widowed or Divorced (Write the word): Married
6 DATE OF BIRTH: May 14th 1857 (Month) (Day) (Year)
7 AGE: 67 yrs. 6 mos. 21 ds. If LESS than 1 day ..... hrs. or ..... min?
8 OCCUPATION
(a) Trade, profession or particular kind of work: Packer
(b) General nature of industry, business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Covington, Ky
PARENTS
10 NAME OF FATHER: Clemens Bornhorn
11 BIRTHPLACE OF FATHER (State or country): Germany
12 MAIDEN NAME OF MOTHER: Elizabeth Dickmann
13 BIRTHPLACE OF MOTHER (State or country): Germany
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anna Bornhorn
(Address) 1528 Garrard St
15 Filed Dec 8, 1924 J P Riffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 5th 1924 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1924, to Dec 5, 1924, that I last saw alive on Dec 5, 1924, and that death occurred on the date stated above at ..... m.
The CAUSE OF DEATH* was as follows:
Mitral insufficiency
(Duration) ..... yrs. ..... mos. ..... ds.
Contributory (Secondary) Pulmonary Tuberculosis
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) C. M. O'Malley, M. D.
Dec 6 1924 (Address) Covington 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: Mother of Gods — DATE OF BURIAL: Dec 9th, 1924
20 UNDERTAKER: H Linnemann Sons — ADDRESS: 25 E 11th St

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. See instructions on back of certificate.

11—2184