CITY OF COVINGTON, KY.

DEPARTMENT OF HEALTH.

No. ....

No. 1441......

BUREAU OF VITAL STATISTICS.

CERTIFICATE OF DEATH.

1.—Full name of deceased, Leo Bornhorn 8

2.—*White, ~~Colored~~. 3.—*Male, ~~Female~~. 4.—Age, 8 .... years, —— months, —— days.

5.—*Single, ~~Married~~, ~~Widower~~, ~~Widow~~. 6.—Occupation, ——

7.—Place of birth, Covington Ky ..... 8.—If foreign born, how long in U. S. —— years.

9.—How long resident in city, life ...... years. 10.—Father's Name, Jos Bornhorn

11.—Father's birthplace, Covington Ky... 12.—Mother's Name, Anna "

13.—Mother's birthplace, " "

14.—Place of death, No. 15 Patton st .... Ward 6th

15.—Place of Residence, No. " " " .... Ward 6th

16.—Private, ~~Tenement~~, ~~Public Institution~~. 17.—Date of death, Jany 8/98

18.—Cause of death, { Remote or Predisposing .... / Immediate .... Pneumonia

19.—Duration of last illness, 5 days .... 20.—I certify that I attended the above named in his last illness.

21.—Date of interment, Jan 10th ...... 1898, 9 A.M. .... K.W. Walters .... M. D.

22.—Place of interment, Mother of Gods Cem .... Address 1521 Scott St.

Name of Undertaker, Linnemann & Moore .... Covington Ky.

* DRAW A LINE THROUGH WORDS NOT REQUIRED.