

Bornhorn, Maria Imig 1851 - 1925

Kentucky Post - March 2, 1925

BORNHORN—Mary M. (nee Emig), widow of the late Herman Bornhorn, at the residence of her son, John Bornhorn, 4310 DeCoursey-av, Latonia, Ky., Sunday, March 1, 1925, aged 73 years. Funeral from above residence Wednesday, March 4, 1925, at 8:30 a. m. Requiem high mass at St. Joseph's Church at 9 a. m. Interment Mother of God Cemetery.

300m-8-11-23
1 PAGE OF DEATH

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

County Kenton
Vol. No. 76
Reg. District No. 790
Inc. Town
City Covington (No. 4310 DeCoursey Avest., 5 Ward)

File No. 703
Registered No. 238
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary M. Bornhorn

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX F.	4 COLOR OR RACE W.	5 Single Married Widowed or Divorced (Write the word) Widowed	16 DATE OF DEATH Mar 1-1925 (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Mar 14th 1851</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 14</u> , 192 <u>4</u> , to <u>March 1</u> , 192 <u>4</u> , that I last saw h. <u>W.</u> alive on <u>Feb 26</u> , 192 <u>4</u> , and that death occurred on the date stated above at <u>11</u> a. m.	
7 AGE <u>73</u> yrs. <u>11</u> mos. <u>14</u> ds. IF LESS than 1 day... hrs. or... min?			The CAUSE OF DEATH* was as follows: <u>Cerebral Apoplexy</u> <u>concomitant of heart</u> (Duration) <u>2</u> yrs. mos. ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Retired</u> (b) General nature of industry, business or establishment in which employed (or employer)			Contributory (Secondary) (Signed) <u>H. F. ...</u> M. D. <u>Mar 2, 1924</u> (Address) <u>1616 Park Ave</u>	
9 BIRTHPLACE (State or country) <u>Ohio</u>			*State the Disease Causing Death, or, in deaths from violent causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
10 NAME OF FATHER <u>John Emig</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence	
11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u>			19 PLACE OF BURIAL OR REMOVAL <u>Mother of Gods</u>	
12 MAIDEN NAME OF MOTHER <u>Don't Know</u>			DATE OF BURIAL <u>Mar 4th 1925</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>			20 UNDERTAKER <u>Innenmann Sons</u> ADDRESS <u>25 E. 11th St</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Bornhorn</u> (Address) <u>4310 DeCoursey Ave</u>				
15 File <u>Mar 3</u> , 192 <u>5</u> <u>J. P. Riffe</u> Registrar				

11-5194

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. See instructions on back of certificate.