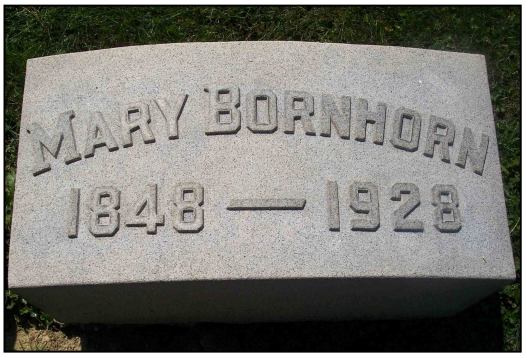
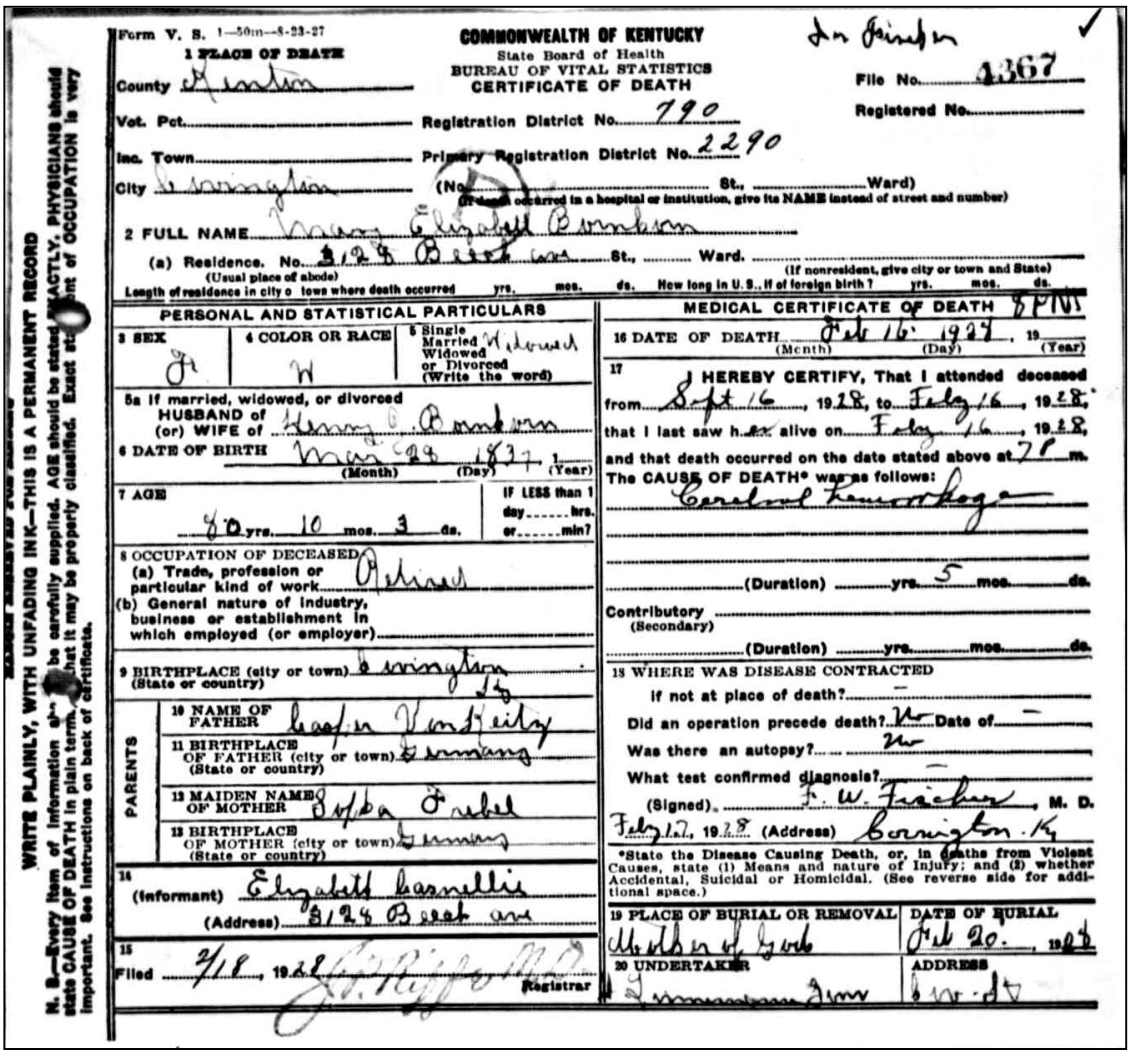
Kentucky Post – February 17, 1928

MRS. BORNHORN DIES

Mrs. Mary Elizabeth Bornhorn, 80, died Thursday at the home of her daughter, Mrs. Elizabeth Casnelli, 3123 Beech-av, Covington. Funeral services will be held Monday at 8:30 a. m. from the home, with requiem high mass at 9 a. m. at Holy Cross Church. Burial will be in Mother of God Cemetery.





Form V. S. 1—50m—8-23-27

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

File No. 1367
Registered No.

1 PLACE OF DEATH
County Kenton
Vot. Pct.
Inc. Town
City Covington (No. 129 Boone Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 790
Primary Registration District No. 2290

2 FULL NAME Mary Elizabeth Bornhorn

(a) Residence. No. 129 Boone Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city o town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 Single, Married, Widowed or Divorced (Write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry C. Bornhorn

6 DATE OF BIRTH: May 29 1847 (Month) (Day) (Year)

7 AGE: 80 yrs. 10 mos. 3 ds. IF LESS than 1 day ..... hrs. or ..... min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (city or town) (State or country): Covington Ky

PARENTS
10 NAME OF FATHER: Leopold Von Kietz
11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany
13 MAIDEN NAME OF MOTHER: Bobba Fubel
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 (Informant) Elizabeth Bassellis
(Address) 129 Boone ave

15 Filed 2/18, 1928 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 16 1928 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1928, to Feby 16, 1928, that I last saw h. alive on Feby 16, 1928, and that death occurred on the date stated above at 7 p m.
The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage
(Duration) yrs. 5 mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) F. W. Fischer, M. D.
Feby 17, 1928 (Address) Covington Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: Mother of Gods — DATE OF BURIAL: Feb 20, 1928
20 UNDERTAKER: [illegible] Simmons Sons — ADDRESS: Cov. Ky

N. B.—Every item of information above should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD