

Kentucky Post - November 15, 1939

**Paul Bornhorn, 71,
Retired, Succumbs
Was Race Horse,
Boxing Enthusiast**

Paul Bornhorn, a retired employe of the Michaels Art Bronze Co., Covington, died Tuesday at Jewish Hospital, Cincinnati. He was 71.

Mr. Bornhorn was nationally known as a chicken fancier and was prominently identified in boxing and race horse circles.

After 20 years service with the bronze firm, he retired about 10 years ago. He lived at 724 Greenup street, Covington.

Services will be held at 2 p. m. Friday at the Linnemann funeral home. Burial will be in Highland Cemetery.

He leaves his widow, Mrs. Cora Bishop Bornhorn, and a daughter, Mrs. Cora Southard.

Bornhorn, Paul 1868 - 1939

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

310
1 PLACE OF DEATH
County Hamilton Registration District No. 494 File No. 66085
Township _____ Primary Registration District No. 8227 Registered No. 6110
or Village 311 No. Jewish Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Cincinnati (If nonresident give city or town and State) NY

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.

2 FULL NAME Paul F. Bornhorn Did Deceased Serve in _____
U. S. Navy or Army No.
(a) Residence. No. 724 Greenup St., 10 Ward. Cincinnati Ky.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M.</u>	4. COLOR or RACE <u>Wh.</u>	5. SINGLE, MARRIED, Write the word Widowed or Divorced <u>Married</u>			21. DATE OF DEATH (month, day, and year) <u>11-14-1939</u>	
5a. If Married, Widowed, or Divorced Husband of (or) Wife of <u>Eva Bishop</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 14</u> , 1939, to <u>Nov 14</u> , 1939.		
6. DATE OF BIRTH (month, day, and year) <u>Feb 15 1868</u>				I last saw h. m. alive on <u>Nov 14</u> , 1939, death is said to have occurred on the date stated above at <u>10:15 P.M.</u>		
7. AGE (years) Months Days <u>71</u> <u>8</u> <u>24</u>		If LESS than 1 day _____ hrs. _____ min.		7731		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brass Worker</u>				The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:		Date of onset
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Michael's Park Bridge</u>				<u>Brachial cleft carcinoma</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 1929</u> occupation <u>454</u>				<u>lymphatic with erosion to Coronary Artery + Es sanguination</u>		
11. Total time (years) spent in this occupation _____				CONTRIBUTORY CAUSES OF importance not related to principal cause:		
12. BIRTHPLACE (city or town) (State or country) <u>Cincinnati Ky.</u>				<u>Melanoma to Spleen + axillary lymph nodes</u>		
13. NAME <u>John Bornhorn</u>				Name of operation _____ Date of _____		
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>		
15. MAIDEN NAME <u>Mary Keitz</u>				23. If death was due to external causes (violence) fill in also the following:		
16. BIRTHPLACE (city or town) (State or country) <u>Covington Ky.</u>				Accident, suicide, or homicide? _____ Date of injury _____ 19____		
17. INFORMANT (Signature of and Address) <u>Eva Bornhorn 724 Greenup St.</u>				Where did injury occur? _____ (Specify city or town, county, and State)		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Highland</u> Date <u>Nov 17</u> 1939				Specify whether injury occurred in industry, in home, or in public place.		
19. FUNERAL FIRM <u>J. J. Zimmerman & Sons</u>				Manner of injury _____		
19a. BURIED BY <u>J. J. Zimmerman & Sons</u> Lic. No. <u>1422</u>				Nature of injury _____		
19b. EMBALMER <u>J. J. Zimmerman</u> Lic. No. <u>1422</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>		
20. FILED <u>NOV 16 1939</u>				If so, specify _____ (Signed) <u>Archib. Fine</u> M. D.		
				Date _____ 1939 Address <u>707 Race</u>		

Registrar. Joe Black