

Bornhorn, Rosa Jansen 1868 - 1927

Kentucky Post - April 12, 1927

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.

Form V. S. 1-56m-10-23-25

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

1 PLACE OF DEATH  
County Franklin

2 FULL NAME Rosa Bornhorn  
(a) Residence. No. 4452 Delaney ave St. Franklin Ward. 2  
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.

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

6a If married, widowed, or divorced HUSBAND of Henry Bornhorn (or) WIFE of

6 DATE OF BIRTH April 30, 1867 (Month) (Day) (Year)

7 AGE 59 yrs. 11 mos. 10 ds. IF LESS than 1 day..... hrs. or..... min?

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

9 BIRTHPLACE (city or town) Franklin (State or country) Mo

PARENTS  
10 NAME OF FATHER Henry Jansen  
11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)  
12 MAIDEN NAME OF MOTHER Leontine  
13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 (Informant) Henry Bornhorn (address) 4452 Delaney ave

15 Filed 4/12/27 19 27 Registrar J. H. Huffer

16 MEDICAL CERTIFICATE OF DEATH  
16 DATE OF DEATH April 10, 1927 (Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Apr 3, 1927 to Apr 10, 1927, that I last saw her alive on April 10, 1927 and that death occurred on the date stated above at 2:20 PM.  
The CAUSE OF DEATH was as follows:  
Acute Nephritis  
Contributory Pneumonia (Secondary)  
(Duration) 7 yrs. 4 mos. 4 ds.

18 WHERE WAS DISEASE CONTRACTED  
If not at place of death?  
Did an operation precede death? Date of  
Was there an autopsy?  
What test confirmed diagnosis?  
(Signed) Dr. P. H. Solger M. D.  
4/10, 1927 (Address) Rocky

\*State the Disease Causing Death, or, in deaths from Violent Cause, 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 Waller's of Gosh DATE OF BURIAL April 13, 1927  
20 UNDERTAKEN W. J. Jansen ADDRESS Low