

Creighton, Rose Mary 1922 - 1923

Kentucky Post - November 7, 1923

**CREIGHTON**—Rose Mary, aged 1 year 8 months 15 days, beloved daughter of Loretta Creighton (nee Bornhorn) and the late Clifford Creighton, at the residence, 4452 Decoursey av. South Covington, Ky., Tuesday, Nov. 6, 1923. Funeral from above residence Thursday, Nov. 8, at 1:45 p. m., with blessing at Holy Cross Church at 2 p. m. Interment Mother of God Cemetery.

Form V. S. 2-300m-4-19-19

1 PLACE OF DEATH  
 County Kenton

Vol. Pat. K Registration District No. 790

Inc. Town \_\_\_\_\_ Primary Registration District No. 2290

City Covington (No. 4452 De Coursey St., 5 Ward)

2 FULL NAME Rose Mary Creighton

File No. 28435  
 Registered No. 1084  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb. 22 1922  
 (Month) (Day) (Year)

7 AGE 1 yrs. 8 mos. 14 ds. IF LESS than 1 day or min?

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

9 BIRTHPLACE (State or country) Covington Ky.

PARENTS

10 NAME OF FATHER Clifford Creighton

11 BIRTHPLACE OF FATHER (State or country) Covington Ky.

12 MAIDEN NAME OF MOTHER Loretta Bornhorn

13 BIRTHPLACE OF MOTHER (State or country) Covington Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Loretta Creighton  
 (Address) 4452 Decoursey

15 Filled Nov 8 1923 J.P. Riffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 6th. 1923  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 3, 1923, to Nov 6, 1923,  
 that I last saw her alive on Nov 5, 1923,  
 and that death occurred on the date stated above at 6 a.m.  
 The CAUSE OF DEATH was as follows:  
Lobar Pneumonia  
 (Duration) 3 yrs. 2 mos. 2 ds.

Contributory (Secondary) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) Philip W. Dargatzis M. D.  
1176 1923 (Address) 721 Madison

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 at place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Mother Of Gods DATE OF BURIAL Nov. 9th. 1923

20 UNDERTAKER H. Linnemann & Sons. ADDRESS 25 E. 11th. St

11-3184

state CAUSE OF DEATH in plain text so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.