

Miller, Agnes Bornhorn 1883 - 1908

644

CITY OF COVINGTON, KY.  
DEPARTMENT OF HEALTH.  
BUREAU OF VITAL STATISTICS.  
CERTIFICATE OF DEATH.

No 23890  
NOV 23 1908  
831

1.—Full Name of deceased *Agnes Miller*

2.—\*White, <sup>Yellow</sup>black, <sup>Brown</sup>Indi. 3.—\*Male. Female. 4.—Age *24* years — months — days.

5.—\*Single, Married, Widower, Widow, Divorced. 6.—Occupation *House Keeper*

7.—Place of birth *Covington Ky* 8.—If foreign born, how long in U.S. *24* years.

9.—How long resident in city *24* years 10.—Father's Name *Louis Barnhorn*

11.—Father's Birthplace *Covington Ky* 12.— } a) Mother's Name *Lizzie* "  
b) If deceased is a married woman —Maiden Name —

13.—Mother's Birthplace *Covington Ky*

14.—Place of death, No. *593 Pike st Covington Ky*

15.—Place of Residence, No. —

16.—~~Private~~ Tenement. ~~Public Institution~~ 17.—Date of death *Nov 19 X 1908*

18.—Cause of death, } Remote or Predisposing *Pulmonary Tuberculosis*  
} Immediat *Exhaustion*

19.—Duration of last illness *3 months* 20.—I certify that I attended the above named in *her* last illness

21.—Date of interment *Nov 23* 1908 A.M. P.M. *4* J. Ellis M.D.

22.—Place of interment *Mother of Gods* Address *232 W 11th St.*

23.—Name of Undertaker *Lammann & Moore 316 E 7th St*

\*DRAW A LINE THROUGH WORDS NOT REQUIRED.