

Moeller, Mary Anna Bornhorn 1858 - 1935

Kentucky Post - March 4, 1935

MOELLER—Mary Anna (nee Bornhorn), widow of Herman J. Miller, Saturday, March 2, 1935, at the residence, 5 Pleasant Ridge av., Ft. Mitchell, Ky., age 76 years. Funeral Wednesday, March 6, at 9:30 a. m. from the late residence. Solemn requiem high mass at Blessed Sacrament Church at 10 a. m. Interment Mother of God's Cemetery.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should 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.

Dr. Sinsley #109

Form V. B. 1-A—50m—6-17-31

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

1. PLACE OF DEATH  
County Newton

Vol. Pat. \_\_\_\_\_ Registration District No. 791

Ino. Town Fort Mitchell Primary Registration District No. 2820

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Anna Moeller

(a) Residence, No. 5 Pleasant Ridge Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>		21. DATE OF DEATH <u>March 2</u> , 19 <u>35</u>	
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Herman J. Moeller</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 30</u> , 19 <u>34</u> to <u>March 2</u> , 19 <u>35</u> . I last saw her alive on <u>March 2</u> , 19 <u>35</u> ; death is said to have occurred on the date stated above, at <u>7:01</u> a. m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Sensility</u>	
6. DATE OF BIRTH <u>September 3, 1858</u>				Date of onset	
7. AGE Years <u>76</u> Months <u>5</u> Days <u>22</u>		If LESS than 1 day ..... hrs. or ..... min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>					
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Contributory causes of importance not related to principal cause:	
12. BIRTHPLACE <u>Cincinnati Ohio</u>					
13. NAME <u>Henry Bornhorn</u>				Name of operation _____ Date of _____	
14. BIRTHPLACE <u>Germany</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Unknown</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____	
16. BIRTHPLACE <u>Unknown</u>				Where did injury occur? (Specify city or town, county, and State)	
17. INFORMANT <u>Miss H. Sinsley Moeller</u> (Address) <u>5 Pleasant Ridge</u>				Specify whether injury occurred in industry, in home, or in public place.	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mother of God</u> Date <u>March 6, 1935</u>				Manner of injury _____	
19. UNDERTAKER <u>John H. Mackintosh</u> (Address) <u>117 W. Main St. Cov. Ky.</u>				Nature of injury _____	
20. FILED <u>Mar 5 1935</u> <u>P. C. Williamson</u> Registrar				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
				(Signed) <u>O. Sinsley</u> M. D. (Address) <u>Fort Mitchell Ky.</u>	