

Nienaber, Geneva Bornhorn 1902 - 1927

Kentucky Post - April 8, 1927

Form V. S. 1-50m-10-23-25
1 PLACE OF DEATH

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

County Henton Registration District No. 790 File No. 16190
Vet. Pat. _____ Primary Registration District No. 2290 Registered No. _____
Inc. Town _____ City Lexington (No. St. Eliza Medical St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Geneva Nienaber
(a) Residence. No. 151 E. 43 St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. (if foreign birth) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 Single Married Married Widowed Divorced (Write the word)
5a If married, widowed, or divorced HUSBAND of Albert Nienaber (or) WIFE of _____
6 DATE OF BIRTH Jan 12 1902 (Month) (Day) (Year)
7 AGE 25 yrs. 2 mos. 24 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) Lexington (State or country)

PARENTS

10 NAME OF FATHER Gene Bornhorn
11 BIRTHPLACE OF FATHER (city or town) Lexington (State or country)
12 MAIDEN NAME OF MOTHER Anna Dawson
13 BIRTHPLACE OF MOTHER (city or town) Lexington (State or country)

14 (Informant) Albert Nienaber (Address) 151 E. 43

15 Filed Apr 8, 1927 Registrar J. H. [Signature]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 6, 1927 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from April 2, 1927 to April 6, 1927 that I last saw him alive on April 5, 1927 and that death occurred on the date stated above at 3:28 p.m.
The CAUSE OF DEATH* was as follows: 148
Pulver Pneumonia
Contributory (Duration) yrs. mos. ds. 8th Mo of Pneumonia (Secondary)
(Duration) yrs. mos. ds. _____

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? at Home
Did an operation precede death? no Date of _____
Was there an autopsy? no
What was confirmed diagnosis? (Signed) Philip H. Dwyer M. D. April 7, 1927 (Address) 72 Madison
*State the Disease Causing Death, or, in deaths from Violent Causes, 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 buried in [unclear] DATE OF BURIAL April 9, 1927
20 UNDERTAKER H. J. [unclear] ADDRESS 25 E. 11

Important. See instructions on back of certificate. Exact statement of OCCUPATION is very important.