

Overweïn, Elizabeth Bornhorn 1827 - 1910

Kentucky Post – November 29, 1910

Elizabeth Overweïn, 82 years, died at her home, 434 Philadelphia-st., yesterday of pneumonia. She had been a resident of Covington for over 50 years.

CITY OF COVINGTON, KY. Nov 30 - 1910

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH.

If death occurs away from USUAL RESIDENCE give facts called for under "Special Information." | If death occurred in a Hospital or Institution, give its NAME instead of street and number.

City of COVINGTON, (434 Philadelphia Ward.) Registered No. 20066

No. FULL NAME Elizabeth Overweïn

INCOMPLETE RECORDS WILL NOT BE RECEIVED BY THE HEALTH OFFICER.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX <u>Male</u> COLOR <u>White</u>	DATE OF DEATH <u>Nov 28</u> 19 <u>10</u> (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I have attended deceased from 190 to 190 that I last saw h alive on 190 and that death occurred, on the date stated above, at
AGE <u>82</u> Years, months, days	M. The CAUSE OF DEATH was as follows: <u>Chronic Nephritis</u>
SINGLE, MARRIED, WIDOWED, OR DIVORCED	(DURATION) <u>1002</u> DAYS
BIRTHPLACE (State or county) <u>Germany</u>	Contributory
NAME OF FATHER <u>Henry Bornhorn</u>	(Signed) <u>Geo. J. Molloy</u> M. D.
BIRTHPLACE OF FATHER (State or county) <u>Germany</u>	190 (Address)
MAIDEN NAME OF MOTHER <u>Elizabeth Bornhorn</u>	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
BIRTHPLACE OF MOTHER (State or county) <u>Germany</u>	Former or Usual Residence How long at Place of Death? Days
OCCUPATION <u>Nursekeeper</u>	Where was disease contracted, If not at place of death?
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	PLACE OF BURIAL OR REMOVAL <u>Waltham of Lead</u> DATE OF BURIAL <u>12/1</u> 19 <u>10</u>
(Informant) <u>Emma Overweïn</u>	UNDERTAKER <u>Thimmian Yoo</u> ADDRESS <u>31-E-11</u>
(Address) <u>434 Philadelphia</u>	
File # 190	Registrar <u>Thimmian Yoo</u>

RULE 1.--State Board of Health.--Transportation by public conveyance of bodies of persons dead of small-pox, diphtheria, membranous croup, Asiatic cholera, typhus or yellow fever is forbidden.

TELEPHONE OF HEALTH OFFICER, SOUTH 427.

DO NOT USE LEAD PENCIL. ONLY INK ONES WILL BE RECEIVED.