

Westkamp, Elizabeth Henrietta Bornhorn 1886 - 1932

Kentucky Post - December 22, 1932

ELIZABETH WESTKAMP
 Funeral services for Mrs. Elizabeth Westkamp, 46, who died Wednesday at her home, 312 W. Eighth-st, Newport, with requiem high-mass at Corpus Christi Church at 8 a. m. She is survived by her husband, Henry Westkamp; six children, Henrietta, Frances, Delorida, Luella, Virginia and Clefus, and a sister, Mrs. Mary Steackley.

Form V. S. 1-A-75m-3-30-32

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

File No. 27945
 Registered No. 345

1. PLACE OF DEATH
 County Campbell
 Vet. Pot. 2091
 Inc. Town _____
 City Newport (No. _____ St. 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Elizabeth Westkamp
 (a) Residence No. 312 W. 8th St. Newport Ky (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 of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) married
 6a. If married, widowed, or divorced HUSBAND or (or) WIFE of Henry Westkamp
 6. DATE OF BIRTH Apr 18 - 1886
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. 46

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____

12. BIRTHPLACE Covington, Ky.
 13. NAME Louisa Bornhorn
 14. BIRTHPLACE Covington, Ky.
 15. MAIDEN NAME Sadie Deeter
 16. BIRTHPLACE Covington, Ky.
 17. INFORMANT Henry Westkamp
 (Address) 312 W. 8th St. Newport, Ky.
 18. BURIAL CREMATION OR REMOVAL Interment of body Dec 23 1932
 19. UNDERTAKER Thos. John J. Lohel, C.
 (Address) Newport, Ky.
 20. FILED Dec 23, 1932 John Todd, M.D. (Address) 33 E. 8th St. Newport Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 21, 1932
 22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Dec, 1932. I last saw her alive on Dec 15, 1932, death is said to have occurred on the date stated above, at 1:30 p.m. The principal cause of death and related causes of importance in order of onset were as follows:
Severe carcinoma of left breast - metastases Date of onset Jan 1930
50
 Contributory causes of importance not related to principal cause:

 Name of operation Radical Ampu Date of July 1932
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in the following: Accident, suicide, or homicide? _____ date of injury _____ 19 _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____ (Signed) J. P. Dawson, M. D. (Address) 33 E. 8th St. Newport Ky.