

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County NewtonWot. Pot. 2Registration District No. 580File No. 8373Registered No. 8373Inc. Town CovingtonPrimary Registration District No. 2290City Covington(No. 11 Clk. St. 6 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Edw. H. Hohnhorst

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF DEATH Mar 28, 1916
(Month) (Day) (Year)6 DATE OF BIRTH Jan 31, 1885
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

7 AGE 31 yrs. 1 mos. 25 ds. IF LESS than 1 day... hrs. or... min.?

from....., 191....., to....., 191.....,

that I last saw h.... alive on....., 191.....,

and that death occurred on the date stated above

at..... m. The CAUSE OF DEATH* was as follows:

8 OCCUPATION
(a) Trade, profession, or particular kind of work. Policeman
(b) General nature of industry business or establishment in which employed (or employer)Suicide by pistol shot through head while temporarily insane.
(Duration)..... yrs..... mos..... ds.9 BIRTHPLACE (State or country) Ky.

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.

10 NAME OF FATHER Wm. Hohnhorst11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Signed) J. P. Ruffel
Mar 29, 1916 (Address) Covington

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Maria Hohnhorst
(Address) 1910 Jefferson Court

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death..... yrs..... mos..... ds. State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 1910 Jefferson Ave15 Filed Mar 29, 1916 J. B. Schmring REGISTRAR19 PLACE OF BURIAL OR REMOVAL Highland DATE OF BURIAL 3/30, 191620 UNDERTAKER John J. Duce ADDRESS Newport Ky