

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

PLACE OF DEATH

County NewtonVol. No. 2Registration District No. 580File No. 8213Registered No. 8213

Ino. Town

Primary Registration District No. 2290City Covington(No. 17 Ely St St. 6 Ward)

(If death occurred in a hospital or institution, give its name instead of street and number.)

FULL NAME Paul H. Schriber

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

 1 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)

 16 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 mo. 25 ds.
 IF LESS than 1 day... hrs.

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

 8 OCCUPATION
 (a) Trade, profession, or particular kind of work... Policeman
 (b) General nature of industry, business or establishment in which employed (or employer)

and that death occurred on the date stated above at.....m. The CAUSE OF DEATH* was as follows:

 9 BIRTHPLACE (State or country) Ky.
Accident by pistol shot through head while temporarily insane
 (Duration)..... yrs..... mos..... ds.

 10 NAME OF FATHER Wm. Schriber

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

 11 BIRTHPLACE OF FATHER (State or country) Ky.

 (Signed)..... F. P. Riffle

12 MAIDEN NAME OF MOTHER

Mar 28, 1916 (Address)..... Eastman

13 BIRTHPLACE OF MOTHER (State or country)

*INDICATE 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

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

 (Informant) Mrs. Marie Schriber

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

 (Address) 1910 Jefferson Court

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

 15 Date Apr 29, 1916 Registrar J. Schriber

 19 Place of usual residence... 1910 Jefferson Ave

 19 PLACE OF BURIAL OR REMOVAL Highland DATE OF BURIAL 3/30 1916

 20 UNDERTAKER John Paul ADDRESS Newport Ky