FORM V S 1-500M 2-29-12

1 PLACE OF DEATH

County Kenton

Vot. Pct. 2

Inc. Town

City Covington

2 FULL NAME Edward Hohnhorst

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 580

Primary Registration District No. 2290

(No. St Elizabeth Hosp St. 6 Ward)

File No. 8473

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W.

5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan 31 (Month) (Day), 1885 (Year)

7 AGE: 31 yrs. 1 mos. 25 ds.

IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Ky.

PARENTS

10 NAME OF FATHER: Wm Hohnhorst

11 BIRTHPLACE OF FATHER (State or country): Ky

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (State or country):

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

(Informant) Mrs Ignatia Hohnhorst

(Address) 1910 Jefferson Cook

15 Filed Mch 29, 1916 J B Schmiring REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mar 28 (Month) (Day), 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased

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:

Auricular Fibrillation Cerebral Hemorrhage Strangulation Dilatation of the Heart Contributory

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. P. Kirtley Coroner

May 30 191 6 (Address) Erlanger Ky.

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

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

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

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

Former or usual residence 1910 Jefferson Ave

19 PLACE OF BURIAL OR REMOVAL: Highland

DATE OF BURIAL: 3/30, 191 6

20 UNDERTAKER: John J Gadel Co

ADDRESS: Newport Ky

11—3184