

1877

## Box 1, Folder 2 Bowling Green, Kentucky - Death Records, A

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Frances G. Aaron, 1896

868

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Frances G. Aaron*  
2. Sex *Female* 3. Color *White* 4. Age *7 yrs.*  
5. Married or single *Single*  
6. Date of Death *Mar. 27/1896*  
7. Cause of Death *Burn*  
8. Duration of last Illness *2 1/2 hours*  
*Chinitian*, M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Simpson Co.*  
11. Residence *7th street* Ward No. *2nd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother *Mrs Mary Aaron*  
                          } Name of Father *S. L. Aaron*  
14. Place of intended Interment *St Josephs Cemetery*  
15. Date of intended Interment *Mar 28/96.*  
*F. C. Guard & Bro.*, Undertaker.  
Date of Certificate *Mar 27/96* Residence *City*

Child of S. L. Aaron, 1898

1247

2

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Child of S. L. Aaron.  
2. Sex \_\_\_\_\_ 3. Color White 4. Age 21 mo  
5. Married or single Single  
6. Date of death DEC 27<sup>th</sup> 98  
7. Cause of death Marasmus  
8. Duration of last illness \_\_\_\_\_

John McC. Connick M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth City  
11. Residence Adams St Ward No. 2  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother Mrs Mary Aaron.  
                          } Name of Father S. L. Aaron  
14. Place of intended interment St. Josephs Cem.  
15. Date of intended interment DEC 27<sup>th</sup> 1898.

Guard & Guard Undertaker.  
Date of Certificate DEC. 27/98. Residence \_\_\_\_\_

Child of Stephen L. Aaron, 1895

1829

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Stephen L. Aaron*  
2. Sex *Male* 3. Color *White* 4. Age *19 mo.*  
5. Married or single *Single*  
6. Date of Death *Jan'y 2/95*  
7. Cause of Death *Pneumonia*  
8. Duration of last illness *Eight days*  
*J. F. Rodriguez*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Tennessee*  
11. Residence *6 Lay street* Ward No. *4*  
12. Time of Residence in the City *nine months*  
13. When a Minor { Name of Mother *Mrs. Mary Aaron*  
Name of Father *S. L. Aaron*  
14. Place of intended Interment *S. L. Josephs Cemetery*  
15. Date of intended Interment *Jan'y 3/1895*  
*F. B. Edward & Co*, Undertaker.  
Date of Certificate *Jan'y 4/95* Residence \_\_\_\_\_

Harley H. Able, 1910

44

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

867

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased *Harley H. Able*
2. Sex *Male*      3. Color *White*      4. Age *38 yrs*
5. Married or single *Single*
6. Date of death *Aug 6-1910*
7. Cause of death *Cerebros of Liver*
8. Duration of last illness

*F. J. Meredith* M. D.  
Residence.....

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation.....
10. Place of birth.....
11. Residence *St Louis mo*      Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother.....  
                          { Name of father.....
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Aug-9-1910*

*GERARD & GERARD* Undertaker.

Date of Certificate *Aug 9-1910*      Residence *City*

Harley H. Able, 1910

Form V. S. 6.

STATE OF MISSOURI  
State Board of Health  
Bureau of Vital Statistics  
BURIAL OR REMOVAL PERMIT

County \_\_\_\_\_  
Township \_\_\_\_\_  
OR  
Village \_\_\_\_\_  
OR  
City ST. LOUIS

Permit No. 6360.  
Reg. Dist. No. 791

Full name Harley H. Able Age 38-1-13 Sex M Color W  
Disease causing death Carcinoma of liver  
Place of burial \_\_\_\_\_  
OR  
Removal to Bowling Green via \_\_\_\_\_  
Undertaker M. H. Alexander Address 2835 Olive

A certificate of death having been filed in my office in accordance with the Laws of Missouri, I hereby authorize the Removal (Burial or Removal) of the body of said deceased person, as stated above.

Dated AUG - 2 1910 19\_\_\_\_ Registrar's name W. H. [Signature]

Burial permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the removal permit, the body must be accompanied with a transit permit.

Sexton's signature \_\_\_\_\_ Date of interment \_\_\_\_\_ 19\_\_\_\_

This permit must be indorsed by the sexton and returned to the Local Registrar in his district within ten days.

Joseph L. Ackerman, 1879

5

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Joseph L. Ackerman*

2. Sex *Male* 3. Color *White* 4. Age *5 1/2 months*

5. Married or Single *Single*

6. Date of Death *Aug 31<sup>st</sup> 1879*

7. Cause of Death *Intestinal Irritation*

8. Duration of last Illness *Three weeks*

*Blair*, M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *Bowling Green Ky*

11. Residence *Chestnut East* . Ward No. *2*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother *Bess Ackerman*  
Name of Father *Peter " "*

14. Place of intended Interment *Catholic Cem*

15. Date of intended Interment *Sept 1<sup>st</sup> 1879*

Date of Certificate *Sept 1<sup>st</sup> 1879* Residence \_\_\_\_\_ Undertaker. *F. G. Leonard*

Pantagraph Print.

Peter Ackerman, 1909

#613 6

☛ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ☛

## RETURN OF A DEATH.

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased *Peter Ackerman*

2. Sex *Male* 3. Color *White* 4. Age *67*

5. Married or Single *Widower*

6. Date of death *April 8 - 1909*

7. Cause of death *Heart Disease*

8. Duration of last illness \_\_\_\_\_

*Dr Stone*, M. D.

Residence \_\_\_\_\_

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation *Merchant*

10. Place of birth *St Joseph Ind.*

11. Residence *College St* Ward No. *2*

12. Time of residence in the city \_\_\_\_\_

13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended interment *St Joseph Cemetery*

15. Date of intended interment *April 10 - 09*

**GERARD & GERARD**, Undertaker.

Date of Certificate *April 9 - 09* Residence *City*



Mrs. Peter Ackerman, 1898

1100 7

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Mrs Peter Ackerman  
2. Sex Female 3. Color White 4. Age 54  
5. Married or single Married  
6. Date of death February 9 1898  
7. Cause of death Valvular disease of heart  
8. Duration of last illness Several months  
At length M. D.  
Residence Burdinbury Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth County Cork, Ireland  
11. Residence College St Ward No. 2  
12. Time of residence in the City Thirty Three Yrs  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment St. Josephs  
15. Date of intended interment Feb 11 1898  
Gerard Gerard Undertaker.  
Date of Certificate Feb 10 Residence College.

Allie Price Adams, 1896

896/ 8

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Allie Price Adams  
2. Sex Male 3. Color white 4. Age 3 mo  
5. Married or single \_\_\_\_\_  
6. Date of Death Jun 5 1896  
7. Cause of Death Subacute meningitis  
8. Duration of last Illness 3 weeks  
HPC \_\_\_\_\_ W. P. Cozwright, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth city  
11. Residence Clay 7 Ward No. 3  
12. Time of Residence in the City life  
13. When a Minor { Name of Mother Leta W Adams  
Name of Father E. H. Adams  
14. Place of intended Interment Fairview Cem  
15. Date of intended Interment Jun 6 1896  
Prather & Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Caroline E. Adams, 1903

9

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs. Caroline E. Adams.  
2. Sex Female 3. Color White 4. Age 82 yrs  
5. Married or single Married  
6. Date of death Oct. 25" 1903  
7. Cause of death Paralysis  
8. Duration of last illness \_\_\_\_\_  
Dr. Isaac Brown, \_\_\_\_\_, M. D.  
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Bowling Green, Ky  
11. Residence State St Ward No. 1  
12. Time of residence in the City. Lifetime  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Oct. 25" 1903  
Samuel T. Giraud, \_\_\_\_\_, Undertaker.  
Date of Certificate Oct. 24/1903. Residence \_\_\_\_\_

Infant of E. H. Adams, 1893

502

10

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of E. H. Adams*  
2. Sex *Male* 3. Color *White* 4. Age *2 da*  
5. Married or single *single*  
6. Date of Death *Apr 8/93*  
7. Cause of Death *Inanition*  
8. Duration of last Illness \_\_\_\_\_  
\_\_\_\_\_, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Clay street* Ward No. *4<sup>th</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Mrs E. H. Adams*  
Name of Father *E. H. Adams*  
14. Place of intended Interment *Fairview Cem,*  
15. Date of intended Interment *Apr 9"/93,*  
*F. C. Grand + Bid*, Undertaker.  
Date of Certificate *Apr 9"/93,* Residence *City*

George B. Adams, 1912

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

1141

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Geo. B. Adams  
 2. Sex Male 3. Color White 4. Age 58 yrs  
 5. Married or Single Married  
 6. Date of death Jan'y 14" 1912  
 7. Cause of death Compression of Brain, as per Shipping Certificate  
 8. Duration of last illness \_\_\_\_\_  
C. A. Gerard, Funeral Director, M.D.  
 Residence B. Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth 30 WLING GREEN, KY.  
 11. Residence Birmingham Ala. Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Jan'y. 16" 1912.  
GERARD & GERARD, Undertaker.  
 Date of Certificate Jan. 16" 1912. Residence 30 WLING GREEN, KY.

Vital Statistics for original

J. E. Adams, 1891

*Out of town*

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. 12

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

1. Name of deceased *J. E. Adams*  
2. Sex *Male* . 3. Color *White* . 4. Age *21 years*  
5. Married or Single *Single*  
6. Date of Death *Sept 17<sup>th</sup> 1891*  
7. Cause of Death *Entire Fever*  
8. Duration of last Illness *20 days*  
*Salmon*, M. D.  
Residence *B. P. 17*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Brakeman*  
10. Place of Birth *Warren County*  
11. Residence *6<sup>th</sup> Street* . Ward No. *3<sup>rd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father *Joseph Adams*  
14. Place of intended Interment *Polkville*  
15. Date of intended Interment *Sept 17<sup>th</sup> 1891*  
*Frank Adams*, Undertaker.  
Date of Certificate *Sept 17<sup>th</sup> 1891* . Residence \_\_\_\_\_

J. S. Adams, 1881

16

This Constitutes ONE CERTIFICATE to be filled out by the City Clerk for a BURIAL PERMIT

13

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *J S Adams*

2. Sex *Male* 3. Color *White* 4. Age *30 years*

5. Married or Single *Married*

6. Date of Death *Aug 2<sup>nd</sup> 1881*

7. Cause of Death *Run over by cars*

8. Duration of last Illness *~~2 hours~~ 2 hours*  
*Health Officer, M. D.*

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Switchman*

10. Place of Birth *Bowling Green Ky*

11. Residence *Mecanic Street* Ward No *32*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Aug 3<sup>rd</sup> 1881*

*H. G. ...* Undertaker.

Date of Certificate *Aug 3<sup>rd</sup> 81* Residence \_\_\_\_\_

Democrat Job Print

John C. Adams, 1906

#139 14

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *John C. Adams.*  
2. Sex *Male* 3. Color *White* 4. Age *76.*  
5. Married or single *Married.*  
6. Date of death *DEC 17 1906*  
7. Cause of death *Uremic Poison*  
8. Duration of last illness *S. H. Coombs.* M. D.  
Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Farmer.*  
10. Place of birth *Warren County*  
11. Residence *W. Chestnut St.* Ward No. *1*  
12. Time of residence in the city *several years*  
13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Dec 18" 1906.*  
*GERARD & GERARD* Undertaker.  
Date of Certificate *DEC 17 1906* Residence *BOWLING GREEN, KY*

89200  
2712



Monroe T. Adams, 1907

15

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

266

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Monroe T. Adams  
 2. Sex Male 3. Color White 4. Age 3 1/2 Months  
 5. Married or single Single  
 6. Date of death July 10<sup>th</sup> 07  
 7. Cause of death Inanition  
 8. Duration of last illness.....  
J. W. Stour M. D.  
 Residence Bowling Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth City  
 11. Residence 12<sup>th</sup> St. Ward No. 2  
 12. Time of residence in the city Life time  
 13. When a minor { Name of mother Mrs. Sallie M. Adams  
 Name of father Rev. G. P. Adams  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment July 11/07.  
GERARD & GERARD. Undertaker.  
 Date of Certificate July 10/07 Residence BOWLING GREEN, KY

SPC 234  
5718

L. T. Adams, 1893

584

16

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *L. T. Adams.*

2. Sex *Male* 3. Color *White* 4. Age *47 yrs*

5. Married or single *Married*

6. Date of Death *Dec. 17<sup>th</sup> 1893.*

7. Cause of Death *Paralysis Approp. tely.*

8. Duration of last Illness \_\_\_\_\_

*H. P. Cartwright*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *Bowling Green Ky.*

11. Residence *State Street* Ward No. *2<sup>nd</sup>*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment *Freewill Cem.*

15. Date of intended Interment *Dec. 18<sup>th</sup> 1893*

*J. B. Guind & Bro*, Undertaker.

Date of Certificate *Dec 18/93* Residence \_\_\_\_\_

Sarah J. Adams, 1894

627 17

This Constitutes One Certificate to be returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Sarah J. Adams*  
2. Sex *Female* 3. Color *Blk* 4. Age *abt. 55 yrs*  
5. Married or single *Widow*  
6. Date of Death *June 8/94*  
7. Cause of Death *Amurism.*  
8. Duration of last Illness \_\_\_\_\_

*J. E. Meredith*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren Co.*  
11. Residence *1st Street* Ward No. *1st*  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment *Mt Moriah*  
15. Date of intended Interment *June 9/94.*  
*F. C. Burdard & Co.*, Undertaker.

Date of Certificate *June 9/94* Residence \_\_\_\_\_

Mrs. W. N. Adams, 1907

18

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs W. N. Adams*  
 2. Sex *Female* 3. Color *White* 4. Age *36.*  
 5. Married or single *Married*  
 6. Date of death *MAR 17 1907* *Mar 17 "07.*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness *J. N. Stone* M. D.  
 Residence *BOWLING GREEN, KY.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Transylvania*  
 11. Residence *Adams St* *BOWLING GREEN, KY.* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment *Hartsville, Tenn*  
 15. Date of intended interment *Mar 19 "1907*  
*GERARD & GERARD*.....Undertaker.  
 Date of Certificate *Mar 18/07* Residence *BOWLING GREEN, KY*

Georgia B. Addington, 1881

18 19

This Constitutes ONE CERTIFICATE of the City Clerk for a BURIAL PERMIT

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *George B. Addley Tom Addington*
2. Sex *Female*      3. Color *White*      4. Age *12 years*
5. Married or Single *Single*
6. Date of Death *Aug 9<sup>th</sup> 1881*
7. Cause of Death *Heart and Liver disease*
8. Duration of last Illness *nearly four years.*

*F. J. Townsend* M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of Birth *Georgia*
11. Residence *Green Street*      Ward No *1*
12. Time of Residence in the City *12 months*
13. When a Minor { Name of Mother *Mary Jane Addington*  
Name of Father *J. S. "*
14. Place of intended Interment *Heavenly Aint*
15. Date of intended Interment *Aug 10<sup>th</sup> 1881*

*F. J. Townsend* Undertaker.

Date of Certificate *Aug 9<sup>th</sup> 1881*      Residence \_\_\_\_\_

Democrat Job Print

Mrs. Robert Adkinson, 1894

660 80

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Robt. Adkinson*  
2. Sex *Female* 3. Color *White* 4. Age *36 yrs*  
5. Married or single *Married*  
6. Date of Death *Aug 27/94.*  
7. Cause of Death *Natural disease of the heart.*  
8. Duration of last Illness \_\_\_\_\_  
*A. C. Knight*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *Woodford St.* Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Aug 28/94*  
*J. C. Shepard*, Undertaker.  
Date of Certificate *Aug 28/94* Residence \_\_\_\_\_

Joe Age (Agee), 1910

21

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

403

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Joe Agee  
 2. Sex Male 3. Color White 4. Age 33  
 5. Married or Single Married  
 6. Date of death Oct 8-1910  
 7. Cause of death Injury  
 8. Duration of last illness About fourteen hours.  
Fred D. Cartwright, M. D.  
 Residence B. G. Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation R. W. Foreman  
 10. Place of birth Shelby Ky  
 11. Residence Shelby Ky Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Shelby Ky  
 15. Date of intended interment Oct 9-1910  
Samuel Grand Undertaker.  
 Date of Certificate Oct 8-1910 Residence City

Mrs. Mary Age (Agee), 1911

22

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

1026

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary Agee
2. Sex Female
3. Color White
4. Age 78 yrs
5. Married or Single Married
6. Date of death June 8<sup>th</sup> 1911
7. Cause of death Tuberculosis
8. Duration of last illness \_\_\_\_\_

W. J. Briggs, M. D.  
Residence B. Green Ky

### Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_
10. Place of birth Barren County Ky
11. Residence Bowling Green, 13<sup>th</sup> & Center St Ward No. 2
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment Warr Glasgow Junction, Ky
15. Date of intended interment June 9<sup>th</sup> 1911

Grand Guard Undertaker  
Date of Certificate June 9<sup>th</sup> 1911 Residence B. Green Ky



Robert Age (Agee), 1911

23

\* \* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. \* \*

## RETURN OF A DEATH.

7048

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Robert Agee  
2. Sex male 3. Color white 4. Age 14 mo  
5. Married or Single single  
6. Date of death July 13-1911  
7. Cause of death typhoid  
8. Duration of last illness 20 days

Wm. J. Briggs, M. D.  
Residence Berlin Ky

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation none  
10. Place of birth Ky  
11. Residence 4th & Center Ward No. 2  
12. Time of residence in the city 3 weeks  
13. When a minor { Name of Mother Jo Agee  
                          { Name of Father Ala Agee  
14. Place of intended interment Glasgow First  
15. Date of intended interment July 14-1911

Richard Bernard, Undertaker.  
Date of Certificate July 14-11 Residence Citi

Infant of Thomas Age (Agee), 1910

94

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

933

### Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of Thos. Agee.*  
2. Sex *Female* 3. Color *White* 4. Age *1 week*  
5. Married or Single *single*  
6. Date of death *Dec. 2/1910.*  
7. Cause of death *Premature birth*  
8. Duration of last illness *seven days*  
*W. A. Briggs*, M. D.  
Residence \_\_\_\_\_

### Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
10. Place of birth *Bowling Green Ky*  
11. Residence *4th & Center* Ward No. *2*  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother *Mrs. Lela Agee.*  
Name of Father *Thos Agee.*  
14. Place of intended interment *Glasgow Junction, Ky*  
15. Date of intended interment *Dec. 3<sup>rd</sup> 1910*  
*Garard & Garard*, Undertaker.  
Date of Certificate *Dec. 3<sup>rd</sup> 1910* Residence \_\_\_\_\_

Rex William Albitz, 1878

25

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE, PREPARATORY TO BURIAL.

1. Name of Deceased *Rex William Albitz*
2. Sex *Male*      3. Color *White*      4. Age *2 1/2 months*
5. Married or Single
6. Date of Death *22<sup>nd</sup> Dec 1878*
7. Cause of Death *Congestion of the liver & stomach*
8. Duration of last Illness *Ten days*

*R. C. Thomas*, M. D.

Residence *Bowling Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Bowling Green*
11. Residence *Adams St.*      Ward No. *3<sup>rd</sup>*
12. Time of Residence in the City *Two months & 1/2*
13. When a Minor { Name of Mother *E. A. Albitz*  
Name of Father *V. S. Albitz*
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Dec 23<sup>rd</sup> 78*

*Strickles*, Undertaker.

Date of Certificate *Dec 23<sup>rd</sup>*      Residence *State*  
*St B Green Ky*

Democrat Print.

John Alderson, 1900

26

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased John Alderson  
2. Sex male 3. Color white 4. Age 55 yrs  
5. Married or single single  
6. Date of death Dec - 22 - 1900  
7. Cause of death Complication of Diseases  
8. Duration of last illness Two Weeks  
Dr. M. R. Francis M. D.  
Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer  
10. Place of birth Warren County - Ky  
11. Residence Main St Ward No. \_\_\_\_\_  
12. Time of residence in the City Several years  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Boels Chappel  
15. Date of intended interment Dec - 23 - 1900  
Edward T. Leonard, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Child of Frank (Francis) T. Alexander, 1908

27-1

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

483

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Child of <sup>Francis</sup> Frank T. Alexander  
2. Sex Female 3. Color White 4. Age 6 yrs.  
5. Married or single Single  
6. Date of death July 5<sup>th</sup> 1908  
7. Cause of death Accidental Burns  
8. Duration of last illness Few hours  
J. H. Baker M. D.  
Residence LOUISVILLE, KY.

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation.....  
10. Place of birth BOWLING GREEN, KY  
11. Residence LOUISVILLE, KY. Ward No.....  
12. Time of residence in the city.....  
13. When a minor { Name of mother Mrs Frank Alexander  
Name of father Frank Alexander  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment July 6<sup>th</sup> 1908  
GERARD & GERARD Undertaker.  
Date of Certificate July 6<sup>th</sup> 08 Residence BOWLING GREEN, KY

Child of Frank (Francis) T. Alexander, 1908

372

(Always write with ink.)

**TRANSIT PERMIT.**

**TRANSPORTATION OF CORPSE.**  
**KENTUCKY STATE DEPARTMENT OF HEALTH.**

Transit Permit No. 6864

**PERMIT OF LOCAL BOARD OF HEALTH.**  
**Department of Health, State of Kentucky.**

*This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent before a body can be shipped.*

In the City of Louisville County of Jefferson  
 State of Kentucky, on this 6<sup>th</sup> day of July 1908.

Permission is hereby given Lee E. Cralle holder of Embalmer's License No. 49  
 to remove for burial at Bowling Green County of Ky  
 State of Ky the body of Francis Alexander  
 who died at Louisville County of Jefferson  
 on the 5 day of July 1908 at 4:30 AM. Aged 6 years 0 months and 0 days,  
 the cause of death being Accidental Burns a Non-Communicable disease requiring  
 shipment under Rule No. 3 of the Rules of the Kentucky State Department of Health for the Transportation of the dead  
 as printed on the back of this Permit.

Name of person in charge of Transit. Frank T. Alexander

Signed T. H. Baker  
 Registrar of Records of the Department of Health  
 of the State of Kentucky

Phil Smit

*This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.*

MSS 293  
B1F2

**TRANSPORTATION RULES**

APPROVED AND ADOPTED BY THE AMERICAN ASSOCIATION OF GENERAL BAGGAGE AGENTS, THE CONFERENCE OF STATE AND PROVINCIAL BOARDS OF HEALTH, AND THE NATIONAL FUNERAL DIRECTORS' ASSOCIATION.

**RULE 1.** The transportation of bodies dead of smallpox and bubonic plague, from one state, territory, district or province to another, is absolutely prohibited.

**RULE 2.** The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria, (membranous croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an embalmer holding a certificate as such, issued by the State or Provincial Board of Health, or other state or provincial authority provided for by law.

After being disinfected as above, such bodies shall be enveloped in a layer of dry cotton not less than one inch thick, completely wrapped in a sheet securely fastened and encased in an air-tight zinc, copper or lead-lined coffin, or iron casket, all joints and seams hermetically sealed, and all enclosed in a strong, tight wooden box, or the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, encased in an air-tight zinc, copper or tin lined box, all joints and seams hermetically soldered.

For interstate transportation under this rule only embalmers holding a license issued or approved by the State or Provincial Board of Health, or other state or provincial authority provided by law, after examination, shall be recognized as competent to prepare such bodies for shipment.

**RULE 3.** The bodies of those dead of typhoid fever, paratyphoid fever, tuberculosis or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket, or air-tight metal-lined box, provided that this shall apply only to bodies which can reach their destination within 20 hours from time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2, when air-tight sealing and bandaging with cotton may be dispensed with.

**RULE 4.** The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from time of death. If the body cannot reach its destination within 20 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

**RULE 5.** In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected.

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping embalmer to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

**RULE 6.** Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The transit permit must be made in duplicate, and the signature of the physician or coroner, health officer and undertaker must be on both the original and duplicate copies. The undertaker's certificate and paster of the original shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be handed to the passenger in charge of the baggage department of the initial line, and by him to the secretary of the State or Provincial Board of Health of the state or province from which said shipment is made.

**RULE 7.** When bodies are shipped by express a transit permit as described in Rule 6 must be made out in duplicate. The undertaker's certificate and paster of the original shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express waybill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sent by the forwarding express agent to the secretary of the State or Provincial Board of Health of the state or province from which said shipment was made.

**RULE 8.** Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1:1000 solution of corrosive sublimate, and enclosed in a hermetically soldered zinc, tin or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 3 or 5 (according to the nature of the disease causing death), provided shipment takes place within 20 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 20 days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After 20 days the casket or coffin box containing said body must be enclosed in a hermetically soldered box.

**RULE 9.** All rules and parts of rules conflicting with these rules are hereby repealed.

Mrs. Frank Alexander, 1904

28

\* \* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. \* \*

## RETURN OF A DEATH.

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased *Mrs Frank Alexander*  
2. Sex *Female* 3. Color *White* 4. Age *43*  
5. Married or Single *Married*  
6. Date of death *May 22 1904*  
7. Cause of death *Complication following measles*  
8. Duration of last illness \_\_\_\_\_  
*W. R. Francis*, M. D.  
Residence \_\_\_\_\_

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence \_\_\_\_\_ Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *May 23 1904*  
*Edward J. Edward*, Undertaker.  
Date of Certificate *May 22 1904* Residence \_\_\_\_\_

Mrs. J. E. Alexander, 1904

29

♦ ♦ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♦ ♦

## RETURN OF A DEATH.

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Mrs. J. E. Alexander

2. Sex Female 3. Color White 4. Age 62 yrs

5. Married or Single Married

6. Date of death Oct. 27<sup>th</sup> '04.

7. Cause of death Mes- Serotitis,

8. Duration of last illness \_\_\_\_\_

W. R. Francis, M. D.

Residence B. Green Ky.

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_

10. Place of birth Simpson, Co.

11. Residence 1<sup>st</sup> street Ward No. 2

12. Time of residence in the city 3 yrs.

13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Oct 28<sup>th</sup> '04.

Edward J. Grand, Undertaker.

Date of Certificate Oct 27<sup>th</sup> '04 Residence \_\_\_\_\_



Martha S. Alexander, 1906

#69 30

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Martha S. Alexander  
2. Sex female 3. Color white 4. Age 61 yrs  
5. Married or single widow  
6. Date of death July - 19 - 1906  
7. Cause of death Dysentery  
8. Duration of last illness 10 days  
H. P. Livingston, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth County  
11. Residence College St Ward No. \_\_\_\_\_  
12. Time of residence in the City. 25 yrs  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Farmers Corn  
15. Date of intended interment July 21 - 1906  
Hawley Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Norbonne L. Alexander, 1899

31

~~12~~      ~~15~~      15

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Norbonne L. Alexander*  
 2. Sex *Male*      3. Color *White*      4. Age *21 yrs*  
 5. Married or single *Married*  
 6. Date of death *July 24" 1899.*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness \_\_\_\_\_

*Geo. R. Leintworth M.D.*  
 Residence *Brooklyn*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence *State Street*      Ward No. *2nd*  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *July 26" 99.*

*Leopold & Leonard* Undertaker.  
 Date of Certificate *July 25/99.*      Residence \_\_\_\_\_

Mrs. B. M. Allen, No date

(Form 2. Adopted by Board July 3, 1895.)

32

# SHIPPING PASTER

OF THE

No. 572 Series E.

## ALABAMA STATE BOARD OF EMBALMING,

Which, having been duly adopted and properly published, have the force of law.

**To Whom This May Come:** By virtue of the authority vested in us by an Act to regulate the practice of Embalming in the State of Alabama, approved December 12th, 1894, we have, after strict examination, granted to Samuel J. Doran of Birmingham County of Jefferson a license numbered 5492 to practice the art of Embalming, and.....he has given a pledge not to paste this paster on the box of any corpse shipped unless the same has been thoroughly Arterially Embalmed and otherwise prepared in accordance with the rules of the State Board of Health and American Association of General Baggage Agents now in force.

Baggagemen, Undertakers or other persons receiving the enclosed Corpse in bad condition will confer a great favor by filling out the attached coupon, giving license number and full particulars, and forward the same to the undersigned—when on proof of a violation of pledge, or *incompetent work*, his license will be revoked by the Board at once.






SECT'Y,  
 MONTGOMERY, ALA.

PRESIDENT,  
 MOBILE, ALA.

---

### CERTIFICATE OF UNDERTAKER

I Herely Certify, That the enclosed remains of Mrs B M Allen who died of Grand Caecitis consigned to C. H. Allen Town of Bowling Green of Ky, has been prepared and Arterially Embalmed as required by the State Board of Embalming, and in accordance with the rules as printed on the back of this paster, which were adopted by the American Association of General Baggage Agents, the National Board of Health and the National Funeral Directors Associations of 1904. The number of my license is No. 5492.

Place of Business 2210 - 2nd Ave City of Bham State of Alabama.

Signed Lige Lacy SHIPPING UNDERTAKER.

Mrs. B. M. Allen, No date

**TRANSPORTATION RULES**

Approved and Adopted by the American Association of General Baggage Agents, the Conference of State and Provincial Boards of Health, and the National Funeral Directors' Association.

**THESE RULES HAVING BEEN DULY ADOPTED AND PROPERLY PUBLISHED, HAVE THE FORCE OF LAW.**

Rule 1. The transportation of bodies dead of small pox and bubonic plague, from one state, territory, district or province to another, is absolutely prohibited.

Rule 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and, (c) washing the body with the disinfectant, all of which must be done by an embalmer holding a certificate as such, issued by the state or provincial board of health, or other state or provincial authority provided for by law.

After being disinfected as above, such bodies shall be enveloped in a layer of dry cotton not less than one inch thick, completely wrapped in a sheet securely fastened and encased in an air-tight zinc, copper or lead-lined coffin, or iron casket, all joints and seams hermetically sealed, and all enclosed in a strong, tight wooden box, or the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, encased in an air-tight zinc, copper or tin-lined box, all joints and seams hermetically soldered.

For interstate transportation under this rule, only embalmers holding a license issued or approved by the state or provincial boards of health, or other state or provincial authority provided by law, after examination, shall be recognized as competent to prepare such bodies for shipment.

Rule 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket, or air-tight metal-lined box, provided that this shall apply only to bodies which can reach their destination within 24 hours from time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2, when air-tight sealing and bandaging with cotton may be dispensed with.

Rule 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from the time of death. If the body cannot reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

Rule 5. In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected. Before selling ticket, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

Rule 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The transit permit must be made in duplicate, and the signature of the physician or coroner, health officer and undertaker must be on both the original and duplicate copies. The undertaker's certificate and paster of the original shall be detached from the transit permit, and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the secretary of the state or provincial board of health of the state or province from which said shipment is made.

Rule 7. When bodies are shipped by express a transit permit as described in Rule 6 must be made out in duplicate. The undertaker's certificate and paster of the original shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express waybill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sent by the forwarding express agent to the secretary of the state or provincial board of health of the state or province from which said shipment was made.

Rule 8. Every disinterred body, dead from any disease or cause shall be treated as infectious or dangerous to the public health and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 3-1666 solution of corrosive sublimate, and enclosed in a hermetically soldered zinc, tin or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from the time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 30 days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After 30 days the casket or coffin box containing said body must be enclosed in a hermetically soldered box.

Rule 9. All rules and parts of rules conflicting with these rules are hereby repealed.

MSS 293 B1F2

Child of C. H. Allen, 1897

1064 33

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of C. H. Allen*  
2. Sex *Male* 3. Color *White* 4. Age *2 mo*  
5. Married or single *single*  
6. Date of Death *Oct. 8<sup>th</sup> 97.*  
7. Cause of Death *Blue Disease*  
8. Duration of last Illness \_\_\_\_\_

*H. O. Cartwright*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *12<sup>th</sup> Street* . Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Mrs. Sarah Allen*  
Name of Father *C. H. Allen*  
14. Place of intended Interment *Farrar Cem.*  
15. Date of intended Interment *Oct. 8<sup>th</sup> 97.*  
*Guard & Guard*, Undertaker.  
Date of Certificate *Oct. 8/97* . Residence \_\_\_\_\_

Child of C. H. Allen, 1901

34

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of C. H. Allen.*  
2. Sex \_\_\_\_\_ 3. Color *White* 4. Age *2 wks*  
5. Married or single *Single*  
6. Date of death *July 6 "1901.*  
7. Cause of death *Cholera Infantum*  
8. Duration of last illness \_\_\_\_\_  
*G. H. Murphy, M.D.*  
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *High Street* Ward No. *1*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother *Mrs. C. H. Allen.*  
Name of Father *C. H. Allen*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *July 6 "1901*  
*Guard and Guard* Undertaker.  
Date of Certificate *July 6/1901.* Residence \_\_\_\_\_

Mrs. Charles D. Allen, 1910

35

♦ ♦ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♦ ♦

## RETURN OF A DEATH.

926

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Charles D. Allen

2. Sex Female 3. Color White 4. Age 80 yrs.

5. Married or Single Married

6. Date of death Nov. 6" 1910.

7. Cause of death \_\_\_\_\_

8. Duration of last illness \_\_\_\_\_

\_\_\_\_\_, M. D.

Residence \_\_\_\_\_

### Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_

10. Place of birth Greensburg, Ky

11. Residence Birmingham Ala. Ward No. \_\_\_\_\_

12. Time of residence in the city \_\_\_\_\_

13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Nov. 8" 1910.

Date of Certificate Nov. 8" 1910 Residence Gerard & Gerard, Undertaker. Bowling Green Ky

Charley Stowe Allen, 1907

36

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Charley Stowe Allen  
 2. Sex male 3. Color white 4. Age 59 yrs  
 5. Married or single married  
 6. Date of death June - 22 - 1907  
 7. Cause of death Tuberculosis of bowels  
 8. Duration of last illness Months.  
 Residence No 7 South M. D. 0.  
City of

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Merchant  
 10. Place of birth City  
 11. Residence State St - Ward No. ....  
 12. Time of residence in the city Life  
 13. When a minor { Name of mother .....  
                           { Name of father .....  
 14. Place of intended interment Fairview Cem  
 15. Date of intended interment June 24 1907  
Howey Payne Undertaker.  
 Date of Certificate ..... Residence .....



Elizabeth Allen, 1903

59

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Elizabeth Allen  
2. Sex female . 3. Color white . 4. Age 94 yrs  
5. Married or single married  
6. Date of death April - 21 - 1903  
7. Cause of death Pneumonia  
8. Duration of last illness 3 or 4 weeks  
Thor W. Stearn , M. D.  
Residence 210 St city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Barren County  
11. Residence West High St Ward No. 1  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Barren County  
15. Date of intended interment \_\_\_\_\_

T. HAWLEY PAYNE,  
Funeral Director & Embalmer, Undertaker.  
Boonville, Ky.  
Residence \_\_\_\_\_

Date of Certificate \_\_\_\_\_

Jennie Allen, 1908

38

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

530

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Jennie*  
*Mrs. Jennie Allen*

2. Sex *Female* 3. Color *White* 4. Age *72 yrs.*

5. Married or single *Widow of Rev. J. W. Allen*

6. Date of death *Nov. 2<sup>nd</sup> 1908*

7. Cause of death *Paralysis*

8. Duration of last illness

*H. P. Eastwright* M. D.

Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *Milton Ky.*

11. Residence *11<sup>th</sup> St. Bowling Green Ky* Ward No. *1*

12. Time of residence in the city *several weeks*

13. When a minor { Name of mother  
Name of father

14. Place of intended interment *Milton Ky.*

15. Date of intended interment *Nov. 5<sup>th</sup> 1908.*

**GERARD & GERARD** Undertaker.

Date of Certificate *Nov. 4, 1908.* Residence **BOWLING GREEN, KY**

*Mrs. Allen is the Mother of Mrs. E. J. Faustargnach  
Wife of the Pastor of the Christian Church of  
Bowling Green Ky*

Joseph D. Allen, 1891

273 39

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Per

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Joseph D. Allen.*  
2. Sex *Male* 3. Color *White* 4. Age *70 years*  
5. Married or Single *Married*  
6. Date of Death *March 25<sup>th</sup> / 1891.*  
7. Cause of Death *Carcinoma Ventriculi*  
8. Duration of last Illness *15 years*  
*W. H. Buckley M. D.*  
Residence *Rowling Kentucky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Mass.*  
11. Residence *State street* Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City *Forty four years*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Mar 27<sup>th</sup> / 1891.*  
*J. C. Guach* Undertaker.  
Date of Certificate *Mar 26 / 91.* Residence *City*

Louisa W. Allen, 1905

40

☛ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ☛

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Louisa W. Allen*  
2. Sex *Female* 3. Color *White* 4. Age *81 yrs*  
5. Married or Single *Widow of the late J. D. Allen*  
6. Date of death *Aug 13 '05*  
7. Cause of death *Congestive, incident to old age.*  
8. Duration of last illness *several days*  
*John F. South D. O. M. D.*  
Residence *Bowling Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
10. Place of birth *Amherst Mass.*  
11. Residence *State St* Ward No. *1*  
12. Time of residence in the city *58 yrs*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Aug 15 '05.*  
*Grand & Grand* \_\_\_\_\_, Undertaker.  
Date of Certificate *Aug 13/05* Residence \_\_\_\_\_

Lula Bell Allen, 1891

313 41

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Lula Bell Allen*

2. Sex *Female* . 3. Color *Blk* . 4. Age *20 y<sup>rs</sup>*

5. Married or Single *Single*

6. Date of Death *July 17<sup>th</sup> 1891*

7. Cause of Death *Phtisis Pulmonalis*

8. Duration of last Illness *7 weeks*

*S. J. Watkins*, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_

10. Place of Birth *Warren County*

11. Residence *10<sup>th</sup> Street* . Ward No. *3<sup>d</sup>*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. } Name of Mother *Martha Allen*  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment *Mt Moriah*

15. Date of intended Interment *July 18<sup>th</sup> 1891*

*A. H. Givens*, Undertaker.

Date of Certificate *July 17<sup>th</sup>* . Residence \_\_\_\_\_

Mary Lelia Allen, 1905

42

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mary Lelia Allen*  
2. Sex *female* 3. Color *white* 4. Age *14 mo*  
5. Married or single *single*  
6. Date of death *June 11 1905*  
7. Cause of death *meningitis*  
8. Duration of last illness *5 weeks*  
*Stone* *D. W. Stone*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *11th St* Ward No. \_\_\_\_\_  
12. Time of residence in the City *life*  
13. When a minor { Name of Mother *Lillian Allen*  
                          { Name of Father *John Allen*  
14. Place of intended interment *Fairview Cem*  
15. Date of intended interment *June 12 1905*  
*Stawley* Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Dr. N. P. Allen, 1909

43

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

578

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Dr. N. P. Allen.  
 2. Sex Male 3. Color White 4. Age 79 yrs.  
 5. Married or single Married  
 6. Date of death Feb. 15" 1909.  
 7. Cause of death Infirmities due to old age  
 8. Duration of last illness one month  
B. S. Ruthanford M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Physician  
 10. Place of birth  
 11. Residence Park St Bowling Green Ky Ward No. 1.  
 12. Time of residence in the city  
 13. When a minor { Name of mother  
                           Name of father  
 14. Place of intended interment Smiths Green Ky  
 15. Date of intended interment Feb. 16" 1909  
GERARD & GERARD. Undertaker.  
 Date of Certificate Feb. 15" 1909. Residence BOWLING GREEN, KY

Tom Allen, 1899

66 44

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Tom Allen  
2. Sex male 3. Color W.C. 4. Age 45 year  
5. Married or single married  
6. Date of death Aug 12/99  
7. Cause of death Consumption  
8. Duration of last illness \_\_\_\_\_

J. S. Porter M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer  
10. Place of birth Warren Co., Ky  
11. Residence 3 Ward No. 2  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment W. M. Monahan Cemetery  
15. Date of intended interment Aug 12/99  
Garard & Garard Undertaker.  
Date of Certificate Aug 12/99 Residence \_\_\_\_\_



Louisa Allender, 1894

45

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. ?

\_\_\_\_\_ Allender

1. Name of deceased Louisa Allender

2. Sex female 3. Color Blk 4. Age 22

5. Married or single married

6. Date of Death July 14 1894

7. Cause of Death Murdered. Throat Cut

8. Duration of last Illness \_\_\_\_\_

C. A. Munkel Cor W. Co., M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation \_\_\_\_\_

10. Place of Birth Logan County

11. Residence Sty St Ward No. 3

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment County Grounds North of  
Union

15. Date of intended Interment July 14 1894

Pratt & Payne, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

\_\_\_\_\_

Mrs. Allensworth, 1878

46

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.

1. Name of Deceased *Mrs Allensworth*

2. Sex *Female* 3. Color *Black* 4. Age *89*

5. Married or Single *Widow*

6. Date of Death *July 31<sup>st</sup> 1878*

7. Cause of Death *old age*

8. Duration of last Illness *Two weeks*

*Albright*, M. D.  
Residence *Boyle County*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence *Blount* Ward No. *2*

12. Time of Residence in the City *3 weeks*

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment *Col Cemetery*

15. Date of intended Interment *July August 7<sup>th</sup> 1878*

Date of Certificate *Aug 1 1878* Residence \_\_\_\_\_ Undertaker. *John Howard*

Pantagraph Print.

Child of Eliza Allison, 1896

993 47

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Eliza Allison*  
2. Sex *Female* 3. Color *W* 4. Age *4 mo*  
5. Married or single *Single*  
6. Date of Death *Dec 15/96*  
7. Cause of Death *Inanition*  
8. Duration of last Illness \_\_\_\_\_  
*O D Porter*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Hope street* Ward No. *8*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother *Eliza Allison*  
                          } Name of Father *Dead*  
14. Place of intended Interment *Wm. Morrison*  
15. Date of intended Interment *Dec 15/96*  
*H. G. Guard*, Undertaker.  
Date of Certificate *Dec 15/96* Residence \_\_\_\_\_

Hannah Allison, 1910

48

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

898

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Hannah Allison*
2. Sex *Female* Color *White*
4. Age *65 yrs.*
5. Married or Single *Widow*
6. Date of death *Sept. 27" 1910.*
7. Cause of death *congestive chill*
8. Duration of last illness *very short time*

*J. J. Duncan*, M. D.  
 Residence *Boarding House*  
*Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_
  10. Place of birth \_\_\_\_\_
  11. Residence *Salafield,* Ward No. \_\_\_\_\_
  12. Time of residence in the city \_\_\_\_\_
  13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_
  14. Place of intended interment *St. Josephs, Amstary*
  15. Date of intended interment *Sept. 28" 1910.*
- Edward J. Leonard*, Undertaker.  
 Date of Certificate *Sept. 28/1910* Residence \_\_\_\_\_

Hervey (Henry) Allison, 1896

97 v 49

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Henry Allison

2. Sex Male 3. Color Blk 4. Age 22 yrs

5. Married or single Married

6. Date of Death Dec 14 - 1896.

7. Cause of Death Consumption

8. Duration of last Illness \_\_\_\_\_

O. D. Porter, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth Russellville Ky

11. Residence Hope street Ward No. 3

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment Mt Moriah Cem.

15. Date of intended Interment Dec 15/96

A. B. Guard Undertaker.

Date of Certificate Dec 15/96 Residence \_\_\_\_\_

John Allison, 1896

909 50

**This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.**

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## RETURN OF A DEATH.

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**PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.**

1. Name of deceased John Allison  
2. Sex Male 3. Color Blk 4. Age 47  
5. Married or single Married  
6. Date of Death June 27, 1896.  
7. Cause of Death Cholera Morbus  
8. Duration of last Illness \_\_\_\_\_  
\_\_\_\_\_ , M. D.  
Residence City.

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**UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.**

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence Hope Street Ward No. 4  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended Interment St. Moriah Church  
15. Date of intended Interment June 28, 1896.  
J. C. Guard & Bro., Undertaker.  
Date of Certificate June 28, 1896. Residence \_\_\_\_\_

Mattey Almond, 1908

51

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

442

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Mattey Almond Almond  
 2. Sex Female 3. Color White 4. Age 68 yrs.  
 5. Married or single Single  
 6. Date of death Apr. 18<sup>th</sup> 1908  
 7. Cause of death Cancer  
 8. Duration of last illness J. H. Stone M. D.  
 Residence ROWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Traveller  
 10. Place of birth Nashville Tenn  
 11. Residence Nashville Tenn Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of mother \_\_\_\_\_  
 { Name of father \_\_\_\_\_  
 14. Place of intended interment LOUISVILLE, KY.  
 15. Date of intended interment Apr 18<sup>th</sup> 1908  
GERARD & GERARD. Undertaker.  
 Date of Certificate Apr 18<sup>th</sup> 1908. Residence ROWLING GREEN, KY

William Amos, No Date

52

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *William Amos*

2. Sex *Male*      3. Color *Blk*      4. Age *25*

5. ~~Married~~ or Single

6. Date of Death *April 26*

7. Cause of Death *Inflammation of the Brain*

8. Duration of last Illness *2 Days*

*W. McClaypool*, M. D.  
Residence *Blyden Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence \_\_\_\_\_ . Ward No. *2*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Print.



Dillard Anderson, 1878

53

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.

### RETURN OF A DEATH.

Dillard  
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Dillard Anderson*  
2. Sex *Male*      3. Color *White*      4. Age *58 years*  
5. Married ~~or~~ *Single*  
6. Date of Death *August 28*  
7. Cause of Death *Pneumonia Pulmonalis*  
8. Duration of last Illness *Several months*

*Wm Claypool, M. D.*  
Residence *B Cran Ky.*

#### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Allen County*  
11. Residence \_\_\_\_\_ Ward No. *1*  
12. Time of Residence in the City *6 years*  
13. When a Minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended Interment *Harvey County*  
15. Date of intended Interment *Aug 29<sup>th</sup> 78*

*Wm Claypool*, Undertaker.  
Date of Certificate *Aug 29<sup>th</sup>*      Residence \_\_\_\_\_

Democrat Print.

Fred Anderson, 1901

54

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Fred Anderson*  
2. Sex *male* . 3. Color *Black*. 4. Age *70 yrs*  
5. Married or single *married*  
6. Date of death *March 12 1901*  
7. Cause of death *Dropsy*  
8. Duration of last illness \_\_\_\_\_

*O.D.P.* \_\_\_\_\_ *O.S. Torker* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *Lower Main St-* Ward No. *3*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Mt. Moriah*  
15. Date of intended interment *March 14-1901*  
*Stawley* Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Gertrude, Anderson, 1910

55

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

(925) 925

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Gertrude Anderson  
 2. Sex Female 3. Color White 4. Age 48 yrs.  
 5. Married or Single Single  
 6. Date of death Nov. 4" 1910.  
 7. Cause of death Incomplete obstruction of bowels due to post oper-  
ative adhesions and floating kidney  
 8. Duration of last illness 4 months

W. W. Thomas, M. D.  
 Residence Burton 15

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Memphis Tennessee  
 11. Residence State St. Ward No. 1  
 12. Time of residence in the city 32 yrs.  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Nov. 6" 1910  
Harold Gerard, Undertaker.  
 Date of Certificate Nov. 5/1910 Residence \_\_\_\_\_

Mrs. H. W. Anderson, 1908

#423- 56

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. H. W. Anderson*  
2. Sex *female* 3. Color *white* 4. Age *70 yrs.*  
5. Married or single *widow*  
6. Date of death *March - 19 - 1908*  
7. Cause of death *Paralysis*  
8. Duration of last illness *240 years -*  
*A. T. McComick* M. D.  
Residence *City.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*  
10. Place of birth *City*  
11. Residence *State 6<sup>th</sup> 12 + 13<sup>th</sup> st* Ward No. \_\_\_\_\_  
12. Time of residence in the City. *lif*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *March 21<sup>st</sup> 1908*  
*Hawley Payne* Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Ivie Anderson, 1910

57

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

875

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Ivie Anderson*  
 2. Sex *Female* 3. Color *White* 4. Age *14 Mo.*  
 5. Married or Single *Single*  
 6. Date of death *Aug. 14" 1910.*  
 7. Cause of death *Enterocolitis*  
 8. Duration of last illness *several weeks*  
 \_\_\_\_\_, M. D.  
 Residence *1134 Lee St*  
*Bowling Green Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Bowling Green Ky*  
 11. Residence *4th St.* Ward No. *2*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother *Mrs. Betty Anderson*  
 Name of Father *W.E. Anderson.*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Aug. 15/1910.*  
 \_\_\_\_\_, Undertaker.  
*GERARD & GERARD*  
 Date of Certificate *Aug. 15/1910* Residence \_\_\_\_\_

John Anderson, 1891

358 58

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John Anderson*  
2. Sex *Male* 3. Color *White* 4. Age *22*  
5. Married or Single *Married*  
6. Date of Death *Dec 8<sup>th</sup>*  
7. Cause of Death *Inflammation of Brain*  
8. Duration of last Illness \_\_\_\_\_  
Residence *J. E. Murchison M. D.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Tenn*  
11. Residence *First Street* Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
14. Place of intended Interment *Harmon Cemetery*  
15. Date of intended Interment *Dec 9<sup>th</sup> 1891*  
*Frank C. Gind*, Undertaker.  
Date of Certificate *Dec 9<sup>th</sup> 91* Residence \_\_\_\_\_

Nannie (Nanner) Anderson, 1892

466 59

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

*Nanner*

1. Name of deceased *Nanner Anderson*  
2. Sex *female* 3. Color *White* 4. Age *24*  
5. Married or Single *Single*  
6. Date of Death *Nov 17<sup>th</sup> 92*  
7. Cause of Death *Peritonitis*  
8. Duration of last Illness *No mark*

*J. F. Duncan*, M. D.  
Residence *Corinth, Tenn*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Cumberland Co*  
11. Residence *Main Street* . Ward No. *4*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Court*  
15. Date of intended Interment *Nov 18<sup>th</sup> 92*  
*J. C. Gandy*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Spood Anderson, 1900

60

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Spood Anderson*  
2. Sex *male* 3. Color *white* 4. Age *68*  
5. Married or single *married*  
6. Date of death *Sept 18 1900*  
7. Cause of death *Valvular Disease Heart*  
8. Duration of last illness \_\_\_\_\_  
*G.M.M.* *J. N. Murphy* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Laborer*  
10. Place of birth \_\_\_\_\_  
11. Residence *Woolen Mill* Ward No. \_\_\_\_\_  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cem*  
15. Date of intended interment *Sept 19 1900*  
*T. Hawes Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



William H. Anderson, 1912

61

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

1145

### Physician's Certificate Preparatory to Burial.

1. Name of deceased William H. Anderson,  
2. Sex Male 3. Color White 4. Age 64 yrs.  
5. Married or Single Married  
6. Date of death July, 11 " 1912.  
7. Cause of death Bright's disease  
8. Duration of last illness Two or three years  
B. S. Rutherford, M. D.  
Residence Bowling Green Ky

### Undertaker's Certificate in Relation to Deceased.

9. Occupation Laborer  
10. Place of birth Mousovia  
11. Residence 942, Clay St Ward No. 3  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Japanese Cemetery  
15. Date of intended interment July, 12 " 1912.  
GERARD & GERARD., Undertaker.  
Date of Certificate July, 12 " 1912 Residence BOWLING GREEN, KY

Zoulde Anderson, 1907

19 68

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss. Zoulde Anderson*  
2. Sex *Female* 3. Color *White* 4. Age *14 yrs*  
5. Married or ~~single~~  
6. Date of death *Aug 29" 1907.*  
7. Cause of death *Typhoid Pneumonia.*  
8. Duration of last illness  
*B. S. Rutherford* M. D.  
Residence *HOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation  
10. Place of birth *Warren Co.*  
11. Residence *12th & Center St.* Ward No. *1*  
12. Time of residence in the city  
13. When a minor { Name of mother *Mrs. Lora Anderson*  
Name of father *Wm Anderson*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Aug 29" 1907.*  
*GERARD & GERARD* Undertaker.  
Date of Certificate *Aug 29/07.* Residence *HOWLING GREEN, KY.*

Andy Anthony, 1908

163

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

4907  
Physician's Certificate Preparatory to Burial.

1. Name of deceased Andy Anthony  
2. Sex male 3. Color col. 4. Age 46  
5. Married or single Single  
6. Date of death July 21 - 1908  
7. Cause of death Tuberculosis  
8. Duration of last illness 5 or 6 months

V. E. Sygnet M. D.  
Residence 1223 Center St  
Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Laborer  
10. Place of birth  
11. Residence Cor 10th Center St Ward No. 3  
12. Time of residence in the city  
13. When a minor { Name of mother  
Name of father  
14. Place of intended interment Mt. Meriah Cem.  
15. Date of intended interment Aug. 1 - 1908  
J. E. Mykendale Undertaker.  
Date of Certificate Aug. 1 08 Residence 7th College St

Annie Anthony, 1897

1052V 64

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Annie Anthony*

2. Sex *Female* 3. Color *Blk.* 4. Age *31 yrs.*

5. Married or single \_\_\_\_\_

6. Date of Death *Sept. 19" 1897.*

7. Cause of Death *Heart failure*

8. Duration of last Illness \_\_\_\_\_

*H.P. Cartwright*, M. D.

Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence *Main Street* . Ward No. *1<sup>st</sup>*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment *Mt Moriah*

15. Date of intended Interment *Sept 19" 1897.*

*Guard and Guard*, Undertaker.

Date of Certificate *Sept. 19" 97.* Residence *City*

Perry Anthony, 1903

65

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Perry Anthony  
2. Sex Male 3. Color BW 4. Age 62 yrs  
5. Married or single Married  
6. Date of death July 1<sup>st</sup> 1903.  
7. Cause of death Water Amosch & Pneumonia  
8. Duration of last illness \_\_\_\_\_  
Residence Provington Kentucky, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Warren County  
11. Residence 10<sup>th</sup> Street Ward No. 3.  
12. Time of residence in the City. several months  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Not Moriah Cemetery  
15. Date of intended interment July 2<sup>nd</sup> 1903.  
David and Guard, Undertaker.  
Date of Certificate Jan 1<sup>st</sup> 1903 Residence \_\_\_\_\_

Sarah E. Armitage, 1911

666

♦ ♦ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♦ ♦

## RETURN OF A DEATH.

1106

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Sarah E. Armitage  
2. Sex Female 3. Color White 4. Age 80 yrs.  
5. Married or Single Widow  
6. Date of death Nov. 27<sup>th</sup> 1911.  
7. Cause of death Pneumonia.  
8. Duration of last illness 2770 hours.  
H. P. Cartwright, M. D.  
Residence Bowling Green Ky.

### Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper  
10. Place of birth Bowling Green Ky.  
11. Residence Main St. Ward No. 1  
12. Time of residence in the city Life time  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Nov. 28<sup>th</sup> 1911.  
GERARD & GERARD., Undertaker.  
Date of Certificate Nov. 27<sup>th</sup> 1911. Residence \_\_\_\_\_

Mary A. Armstrong, 1905

67

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Mary A. Armstrong*  
 2. Sex *Female* 3. Color *White* 4. Age *79 yrs*  
 5. Married or Single *Widow*  
 6. Date of death *Feb 27" 1905*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Simpson Co.*  
 11. Residence *Center St* Ward No. *2*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Simpson, Co. mty*  
 15. Date of intended interment *Feb 28" 1905*  
*Gerard and Gerard*, Undertaker.  
 Date of Certificate *Feb 27 1905* Residence \_\_\_\_\_  
*Mrs Armstrong is the Mother of*  
*James T. Offutt.*

Infant of Minnie Arnett, 1907

68

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased *Infant of Minnie Arnett*  
2. Sex *Male* 3. Color *White* 4. Age *—*  
5. ~~Married or~~ single  
6. Date of death *June 20<sup>th</sup> 1907*  
7. Cause of death *Premature Birth*  
8. Duration of last illness *W. H. Buggs* M. D.  
Residence *B. Green Ky*

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation  
10. Place of birth *city*  
11. Residence *Adams St.* Ward No. *2*  
12. Time of residence in the city  
13. When a minor { Name of mother *Minnie Arnett*  
Name of father *—*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *June 20<sup>th</sup> 1907.*  
**GERARD & GERARD** Undertaker.  
Date of Certificate *June 20<sup>th</sup> 07.* Residence **BOWLING GREEN, KY**



Infant of William Arnett, 1908

69

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

489

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased *Infant of Wm Arnett.*

2. Sex *Female* 3. Color *White* 4. Age *—*

5. Married or single *single*

6. Date of death *July 12/1908*

7. Cause of death *Still Born*

8. Duration of last illness *J. E. Murdith* M. D.  
Residence *BOWLING GREEN, KY*

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation .....

10. Place of birth *BOWLING GREEN, KY*

11. Residence *near Brattland ing* Ward No. ....

12. Time of residence in the city .....

13. When a minor { Name of mother *Mrs. Ross Arnett*  
Name of father *Wm Arnett.*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *July 17/08.*

*GERARD & GERARD* Undertaker.

Date of Certificate *July 17/08* Residence *BOWLING GREEN, KY*

John M. Arnold, 1878

70

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased John M. Arnold Arnold  
2. Sex Male 3. Color White 4. Age 60 years  
5. Married or Single Married  
6. Date of Death June 8/78  
7. Cause of Death Tubo. Dis. of Heart  
8. Duration of last Illness Four Years  
Dr. J. M. McCormack, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Merchant  
10. Place of Birth \_\_\_\_\_  
11. Residence Bowling Green Ward No. 1  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment Fairview Cemetery  
15. Date of intended Interment June 9<sup>th</sup> 1878  
Prob. Ground Undertaker.  
Date of Certificate June 8<sup>th</sup> 1878 Residence \_\_\_\_\_

Pantagraph Print.

Tilford Arnold, 1912

71

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

1196

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Tilford Arnold*  
 2. Sex *Male* 3. Color *Col* 4. Age *about 75*  
 5. Married or single *married*  
 6. Date of death *May 24 1912*  
 7. Cause of death \_\_\_\_\_  
 8. Duration of last illness *Apr. 12 to May 23 - 1912*  
 \_\_\_\_\_, M. D.  
 Residence *Bowling Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *carpenter*  
 10. Place of birth *Logan County Ky*  
 11. Residence *Bowling Green* " Ward No. \_\_\_\_\_  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           Name of Father \_\_\_\_\_  
 14. Place of intended interment *MT Mariah*  
 15. Date of intended interment *May 25 1912*  
*Essaiah Kelly*, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence *BH Ky*

William Arnold, 1891

78

*Out of town*

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

1. Name of deceased *William Arnold*

2. Sex *Male* 3. Color *Blk.* 4. Age *6 yrs*

5. Married or Single ~~Married~~ *Married*

6. Date of Death *May 21 - 1891,*

7. Cause of Death *Consumption*

8. Duration of last Illness *Three months*

*J. F. McElly, M. D.*

Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_

10. Place of Birth *Russvill Ky.*

11. Residence *Jonesville* Ward No. *3* *Ed.*

12. Time of Residence in the City *one month*

13. When a Minor. } Name of Mother \_\_\_\_\_  
 } Name of Father \_\_\_\_\_

14. Place of intended Interment *Russvill Ky.*

15. Date of intended Interment *May 22 / 1891,*

*F. C. Gifford*, Undertaker.

Date of Certificate *May 21/91.* Residence \_\_\_\_\_

Mrs. Mary S. Asher, 1904

73

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased *Mrs. Mary S. Asher.*

2. Sex *Female*

3. Color *White*

4. Age *87 yrs.*

5. Married or Single *Widow of Chas. Asher.*

6. Date of death *Dec. 13 "04*

7. Cause of death *Cerebral Hemorrhage*

8. Duration of last illness \_\_\_\_\_

*Sarah J. Miller*, M. D.

Residence \_\_\_\_\_

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_

10. Place of birth *Virginia.*

11. Residence *State St.* Ward No. *1*

12. Time of residence in the city *our year*

13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Dec 15 "04*

*Grand and Grand*, Undertaker.

Date of Certificate *Dec 14/04* Residence \_\_\_\_\_

Mrs. Elizabeth A. Ashford, 1913

74

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

1340

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Elizabeth A. Ashford Ashford  
 2. Sex Female 3. Color White 4. Age 73 yrs  
 5. Married or single Married  
 6. Date of death July 22/13.  
 7. Cause of death Pneumonia  
 8. Duration of last illness 4 days  
T. W. Stone M. D.  
 Residence Bowling Green, Ky.

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### Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Tenn  
 11. Residence College St. Ward No. 2  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of mother \_\_\_\_\_  
                           { Name of father \_\_\_\_\_  
 14. Place of intended interment Prospect Tenn.  
 15. Date of intended interment July 23" 1913.  
GERARD & GERARD. Undertaker.  
 Date of Certificate July 22/13 Residence Bowling Green, Ky.

Mrs. Callie Askew, 1896

897 75

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Callie Askew.*  
2. Sex *Female* 3. Color *White* 4. Age *35 yrs.*  
5. Married or single *Married.*  
6. Date of Death *June 19<sup>th</sup> / 96.*  
7. Cause of Death *Flux*  
8. Duration of last Illness \_\_\_\_\_  
*A. P. Cartwright*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *Center Street* Ward No. *2*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *June 20 / 96.*  
*F. C. Leonard & Bro.*, Undertaker.  
Date of Certificate *June 20 / 96.* Residence \_\_\_\_\_

Mrs. Aspley, 1892

379. 76

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Aspley Aspley*  
2. Sex *Female* . 3. Color *White* . 4. Age *65*  
5. Married or Single *Married*  
6. Date of Death *Jan 25<sup>th</sup> 1892*  
7. Cause of Death *Senescence*  
8. Duration of last Illness \_\_\_\_\_  
*J E Purcell* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Kentucky*  
11. Residence *East Chestnut* . Ward No. *1st*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Hairview Cem*  
15. Date of intended Interment *Jan 26<sup>th</sup> 1892*  
*W. H. Grand*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Lizzie Atchison, 1911

77-1

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

1040

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Lizzie Atchison  
2. Sex Female 3. Color White 4. Age 52  
5. Married or Single Single  
6. Date of death July 3-1911  
7. Cause of death Pemicious Anovena  
8. Duration of last illness \_\_\_\_\_  
E. A. Grand Funeral Director, M.D.  
Residence \_\_\_\_\_

### Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
10. Place of birth City  
11. Residence Nashville Tenn Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment July 5-1911  
Grand & Grand, Undertaker.  
Date of Certificate July 5-11 Residence City

Lizzie Atchison, 1911

ELL

STATE OF WISCONSIN  
**BURIAL PERMIT**  
Penalty for Burying Without a Permit \$20-\$200.

\_\_\_\_\_ *Keenasha Wis July 3 1911* \_\_\_\_\_  
(City, Township or Village.)

A satisfactory certificate of death having been furnished to me, as required by the laws of this State, permission is hereby given for the burial of *Lizzie Atchison* who died at *Somers* in the county of *Keenasha* on *July 3* 1911; the cause of death being *Pneumonia*

Place of burial *Bowling Green Wyo*

(Signed by) \_\_\_\_\_ *Thomas Hansen* \_\_\_\_\_  
Sub-Registrar Somers, Wis.  
(Sexton)

Undertaker or person in charge. *Hansen Undertaking Co.*

(Name of Cemetery.) \_\_\_\_\_

This permit must be delivered to the keeper of the cemetery where the burial occurs, and should be endorsed by him and returned to the local registrar of his district.

MSS 293  
B1F2

STATE OF WISCONSIN  
**BURIAL PERMIT**

**NOTICE TO UNDERTAKERS.** The undertaker must have a certificate of death properly filled out with the personal and statistical facts required by law. The certificate must then be presented to the attending physician for his certificate of the cause of death and then filed with the local registrar of the district where the death occurred.

**BURIAL PERMITS AND REMOVAL PERMITS.** Section 1022-41-3. The undertaker shall deliver the burial permit to the sexton or person in charge of the place of burial before interring the body, or attach the removal permit to the box containing the corpse, when shipped by any transportation company, to accompany same to destination, when it shall be accepted by the sexton as authority for the interment of the body.

**COPY OF DEATH CERTIFICATE TO ACCOMPANY TRANSIT PERMIT.** Section 1022-43. In case the interment or other disposition of the body is to be made in some registration district other than that in which the death occurred, a complete copy of the certificate of death shall be attached to and made a part of the permit.

**DUTY OF SEXTONS.** Section 1022-44. No sexton or person in charge of any premises in which interments are made shall inter or permit the interment of any body unless it is accompanied by a burial, removal or transit permit as herein provided.

**SEXTONS TO RETURN PERMITS TO LOCAL REGISTRARS.** Section 1022-45. Each sexton or person in charge of any burial ground shall indorse upon the permit the date of the interment, over his signature, and shall return all permits, so indorsed, to the local registrar of his district within thirty days from the date of interment.

Mrs. Mary E. Atchison, 1911

781

950

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary E. Atchison
2. Sex Female 3. Color White 4. Age 78 yrs
5. Married or Single Married
6. Date of death Jan. 12" 1911.
7. Cause of death Heart disease as per Shipping Certificate
8. Duration of last illness \_\_\_\_\_

Ernest A. Gerard (M. D.)  
 Funeral Director  
 Residence Bowling Green Ky

### Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_
10. Place of birth Warren County
11. Residence Nashville, Tennessee Ward No. \_\_\_\_\_
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment Fairview Cemetery
15. Date of intended interment January 13" 1911.

GERARD & GERARD, Undertaker.

Date of Certificate Jan 13" 1911. Residence \_\_\_\_\_

Mrs. Mary E. Atchison, 1911

**TRANSIT PERMIT No. \_\_\_\_\_ CERTIFICATE OF UNDERTAKER.**

I (or we) hereby certify that the accompanying dead body of *Mrs. Mary Elizabeth Atchison*  
 (If a minor, give parents' name also.)

Consigned to *Bowling Green*....., in the County of *Warren*....., State of *Ky*  
 and who died of *Heart Disease (Angina)*.....

has been prepared for transportation by an Embalmer holding License No. *100*..... in conformity with Rule No. *4*.....  
 of the Transportation Rules.

Shipping Embalmer *W. S. Cook*..... License No. *100*..... Shipping Undertaker **COOK-GEAR-SWEENEY CO.**  
 (Firm Name) **135 7th. Ave. N.**  
**NASHVILLE, TENN.**

Address **135 7th. Ave. N.**..... Address **NASHVILLE, TENN.**.....

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Station Baggage men must enter hereon a description of the ticket, the exact route, and VIA WHAT JUNCTIONAL POINTS THE TICKET READS, which is held by the passenger in charge of the remains.

**SPECIAL INSTRUCTIONS**—A burial case containing a corpse must not be received for transportation unless the person in charge of the remains presents a certificate of the attending physician or coroner, a Permit from the Board of Health and an Undertaker's Certificate that the body has been prepared for burial according to the law of the State. Neither will it be received if any fluids or offensive odors are escaping from the case. AGENTS will DETACH the CERTIFICATE and THIS PASTER at the perforation and tack them securely on the end of the box before shipping.

Date *Jan 13<sup>th</sup> 1911*.....

From **NASHVILLE, TENN.** to *Bowling Green*..... State of *Ky*  
 No. of Ticket of Escort *16782*..... Form No. of Ticket of Escort *card*  
 No. of Corpse Ticket *16780*..... Form No. of Corpse Ticket *card*

Via *L. & N.*..... R. R. To *Bowling Green Ky*  
 Via ..... R. R. To .....  
 Via ..... R. R. To .....  
 Via ..... R. R. To .....

Name of passenger in charge *W. S. Cook*..... Place of Residence **NASHVILLE, TENN.**  
 Signed *W. S. Cook*..... Station B. M.

**ISSUED BY TENNESSEE STATE BOARD OF EMBALMERS.**

886

Dr. W. A. Atchison, 1911

79

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

1121

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Dr. W. A. Atchison  
 2. Sex Male 3. Color White 4. Age 80 y 4 m  
 5. Married or Single Widower  
 6. Date of death Dec. 18<sup>th</sup> 1911.  
 7. Cause of death Angina Pectoris as per  
Vital Statistics  
 8. Duration of last illness \_\_\_\_\_  
Engene A. Gerard, Funeral Director  
 Residence B. Green, Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Physician  
 10. Place of birth HOWLING GREEN, KY  
 11. Residence Nashville, Tenn. Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 { Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Dec. 19<sup>th</sup> 1911.  
GERARD & GERARD, Undertaker.  
 Date of Certificate Dec. 19<sup>th</sup> 1911. Residence BOWLING GREEN, KY

Original filed in Bureau of Vital Statistics

Henry C. Atkinson, 1907

80

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Henry C. Atkinson  
2. Sex male 3. Color white 4. Age 65 yrs.  
5. Married or single married  
6. Date of death Feb - 19 - 1907  
7. Cause of death Asthma  
8. Duration of last illness months  
C. A. Campbell, M. D.  
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "  
10. Place of birth Jamesboro Tenn  
11. Residence Chestnut St 12 & 13. Ward No. \_\_\_\_\_  
12. Time of residence in the City. 3 or 4 weeks  
13. When a minor { Name of Mother Martha B Atkinson  
                          { Name of Father William Atkinson  
14. Place of intended interment Franklin St  
15. Date of intended interment Feb 20 1907.  
Hawley Payne Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Nelly M. Atkinson, 1880

81

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Nelly M Atkinson*

2. Sex *Female* 3. Color *white* 4. Age *18 months*

5. Married or Single \_\_\_\_\_

6. Date of Death *August 30<sup>th</sup> 1880*

7. Cause of Death *Scalded*

8. Duration of last Illness *9 days*

*L. C. Porter*, M. D.

Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_ Name \_\_\_\_\_

10. Place of Birth *Bowling Green Ky*

11. Residence *Bowling Green Ky* Ward No. *2*

12. Time of Residence in the City *18 months*

13. When a Minor { Name of Mother *Mrs B. B. Atkinson*  
Name of Father *R. B. Atkinson*

14. Place of intended Interment *Fair View Cemetery*

15. Date of intended Interment *Aug 31 st - 1880*

*Wm. C. Gerard* Undertaker.

Date of Certificate *Aug 31 st - 1880* Residence \_\_\_\_\_

Democrat Print.

Thomas Atkinson, 1879

82

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Thomas Atkinson*

2. Sex *Male* 3. Color *White* 4. Age *64*

5. Married or Single *Married*

6. Date of Death *May 2<sup>nd</sup> 1879*

7. Cause of Death *Gangrene*

8. Duration of last Illness *4 months,*  
*Blotely & Lippincott, M. D.*  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Machinist*

10. Place of Birth *England*

11. Residence *State St.* Ward No. *2<sup>nd</sup>*

12. Time of Residence in the City *45 years*

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *May 4<sup>th</sup> 1879*

*John Egan* Undertaker.  
Residence

Date of Certificate \_\_\_\_\_

Democrat Print.



Mrs. Thomas Atkinson, 1879

83

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mrs. Thomas Atkinson*
2. Sex *Female*      3. Color *white*      4. Age *—*
5. Married or Single *Married*
6. Date of Death *January 11<sup>th</sup> 1879*
7. Cause of Death *Cancer*
8. Duration of last Illness *many months*

*R. C. Thomas*, M. D.

Residence *Green St. Ky. Joe.*

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth
11. Residence      .      Ward No.
12. Time of Residence in the City
13. When a Minor { Name of Mother  
                              Name of Father
14. Place of intended Interment
15. Date of intended Interment

\_\_\_\_\_, Undertaker.

Date of Certificate      .      Residence

Democrat Print.

Mrs. F. H. Aull, 1909

84

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

620

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs. F. H. Aull  
2. Sex Female 3. Color White 4. Age 41  
5. Married or single Married  
6. Date of death April 29th 1909  
7. Cause of death Gallstone with Complications  
8. Duration of last illness \_\_\_\_\_

H. P. Leartum M. D.  
Residence Main St Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence \_\_\_\_\_ Ward No. \_\_\_\_\_  
12. Time of residence in the City. 10 years  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment April 30-1909

Morris & Enochs, Undertaker.  
Date of Certificate April 30-09 Residence Bowling Green Ky

Henry Hudson Austin, 1905

85

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Henry Hudson Austin*  
 2. Sex *Male* 3. Color *White* 4. Age *5 yr.*  
 5. Married or Single *Single*  
 6. Date of death *Dec 18 '05*  
 7. Cause of death *Meningitis*  
 8. Duration of last illness  
*B. H. Tygart*, M. D.  
 Residence

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth *Warren Co*  
 11. Residence *5th & Park St* Ward No. *1*  
 12. Time of residence in the city *over year*  
 13. When a minor { Name of Mother *Mrs. Jas Austin*  
 Name of Father *Jas Austin*  
 14. Place of intended interment *Broken Creek Church*  
 15. Date of intended interment *Dec 19 '05*  
*Gerald J. Guaid*, Undertaker.  
 Date of Certificate *Dec 18/05* Residence

Will Austin, 1832

403 86

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Will Austin  
2. Sex Male 3. Color col 4. Age 25  
5. Married or Single Married  
6. Date of Death Apr 27<sup>th</sup> 1852  
7. Cause of Death Phthisis  
8. Duration of last Illness 6 months  
Dr. W. S. Galt M. D.  
Residence Lawrenceburg, Kentucky

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation Laborer  
10. Place of Birth city  
11. Residence Delapfeld Ward No. 4  
12. Time of Residence in the City life  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
14. Place of intended Interment Int Parish  
15. Date of intended Interment Apr 22 1852  
Cothren & Payne, Undertaker.  
Date of Certificate Apr 27 Residence city

Alice Ayers, 1901

87

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Alice Ayers*  
2. Sex *Female* 3. Color *White* 4. Age *48 yrs*  
5. Married or single *Single*  
6. Date of death *November 6, 1901.*  
7. Cause of death *Nephritis.*  
8. Duration of last illness \_\_\_\_\_  
*B L Collins Casover*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Allen County*  
11. Residence *Rayland Park* Ward No. *3*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Nov 7/1901*  
*Guard & Guard*, Undertaker.  
Date of Certificate *Nov 7/1901* Residence \_\_\_\_\_