


1877

Box 1, Folder 3 Bowling Green, Kentucky - Death Records, Ba-BI

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Levi L. Bacon 1907

1

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 *Levi L. Bacon*

2. Sex *male* 3. Color *white* 4. Age *80 yrs*

5. Married or single *widower*

6. Date of death *June - 14 - 1907*

7. Cause of death *Senility.*

8. Duration of last illness *Sunday*

Dr. McBracken M. D.

Residence *city*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Mass*

11. Residence *West Chestnut & 13th* Ward No.....

12. Time of residence in the city *50 yrs -*

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

14. Place of intended interment *Fairview*

15. Date of intended interment *June - 16 - 1907*

Alway Payne Undertaker.

Date of Certificate..... Residence.....

Lucy A. Bacon 1905

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 *Lucy A. Bacon*
2. Sex *female* 3. Color *white* 4. Age *77*
5. Married or single *married*
6. Date of death *March 4 1905*
7. Cause of death *Intestinal obstruction*
8. Duration of last illness *five days*
A. H. M. Craven, M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Mass*
11. Residence *W. Chestnut* 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 *April 6 1905*
Samuel Dyer, Undertaker.
Date of Certificate _____ Residence _____

W. E. Bacon 1901

3

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 W. E. Bacon
2. Sex male 3. Color white 4. Age 33 yrs
5. Married or single single
6. Date of death March - 11 - 1901
7. Cause of death Chronic Bright's Disease
8. Duration of last illness several months
Residence Dr. Miller & Brown M. D. per J. Brown

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "
10. Place of birth city
11. Residence E. Street Ward No. 1
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 March - 12 - 1901
J. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Francis Badgett 1893

529

4

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 Francis Badgett
 2. Sex Female 3. Color Col. 4. Age 35 yrs
 5. Married or single Married
 6. Date of Death July 21st 1893
 7. Cause of Death Unshakrroued
 8. Duration of last Illness _____
Dr. Burgett, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth Kentucky
 11. Residence Kentucky Street Ward No. 3
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother _____
 Name of Father Geo. Baggett
 14. Place of intended Interment Mt. Zion Cem.
 15. Date of intended Interment July 21st 1893
Frank C. Good & Co., Undertaker.
 Date of Certificate _____ Residence _____

Eugene A. Bagby

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

RETURN OF A DEATH.

1304

Physician's Certificate Preparatory to Burial.

1. Name of deceased Eugene A Bagby
2. Sex Male 3. Color White 4. Age 73 yrs
5. Married or Single Widower
6. Date of death DEC 22 1912
7. Cause of death Bronch Pneumonia
8. Duration of last illness Five days
W P Corbin, M. D.
Residence GERARD & GERARD.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Shawgo, Ky
11. Residence W. Chestnut 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 LOUISVILLE, KY. LOUISVILLE, KY.
15. Date of intended interment Dec. 24/1912
GERARD & GERARD., Undertaker.
Date of Certificate DEC 23 1912 Residence BOWLING GREEN, KY

Henry Vivian Bailey 1907

6

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

RETURN OF A DEATH.

964

Physician's Certificate Preparatory to Burial.

1. Name of deceased Henry Vivian Bailey
2. Sex male 3. Color white 4. Age 6 months
5. Married or single.....
6. Date of death July 6 1907
7. Cause of death Inanition
8. Duration of last illness seven weeks
W. Stamer M. D.
Residence city

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth city
11. Residence Church St Ward No.....
12. Time of residence in the city life
13. When a minor { Name of mother Frazer Bailey
Name of father H Vivian Bailey
14. Place of intended interment St Joseph Church
15. Date of intended interment July 7 1907
W. Hawley Payne Undertaker.
Date of Certificate..... Residence.....

John B. Bailey 1903

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 *John B. Bailey*

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

5. Married or single *Married*

6. Date of death *Sept. 22nd 1903*

7. Cause of death *Heart Disease*

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 *Adams 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 *Fairview Cemetery*

15. Date of intended interment *Sept. 23rd 1903*

Gerard and Gerard, Undertaker.

Date of Certificate *Sept 23/1903* Residence _____

Katie Bailey 1881

8

This Constitutes ONE CERTIFICATE to be used in CONNECTION WITH A BURIAL PERMIT

8

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Katie Bailey*

2. Sex *female* 3. Color *white* 4. Age *3 months*

5. Married or Single _____

6. Date of Death *Oct. 4th 1881*

7. Cause of Death *Cholera Infantum*

8. Duration of last Illness _____

T. J. + G. E. Townsend M. D.
Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *B Green*

11. Residence *Meane Street* Ward No *3^d*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Maggie Bailey*
Name of Father *J. R. Bailey*

14. Place of intended Interment *Wt Olynt*

15. Date of intended Interment *Oct 5th 1881*

J. C. Grand Undertaker.

Date of Certificate *Oct 5th 1881* Residence _____

Democrat Job Print

Mary Elizabeth Bailey 1912

9

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

RETURN OF A DEATH.

1201

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Mary Elizabeth Bailey
2. Sex Female 3. Color White 4. Age 14 yrs
5. Married or Single Single
6. Date of death June 15/1912
7. Cause of death Tuberculosis
8. Duration of last illness _____

T. O. Helms, M. D.
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Bowling Green, Ky.
11. Residence Mar " " " Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother Mrs. Chas. Goodman
 Name of Father Jno B. Bailey (Dead)
14. Place of intended interment Fairview, Cemetery
15. Date of intended interment June 16" 1912.

GERARD & GERARD.

June 16/12, Undertaker.
 Date of Certificate June 16/12 Residence BOWLING GREEN, KY

Child of Sarah Bailey 1908

10

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

RETURN OF A DEATH.

380

Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of Sarah Bailey
 2. Sex Female 3. Color Col 4. Age 4 y's
 5. Married or single —
 6. Date of death June 17 / 08
 7. Cause of death Burned
 8. Duration of last illness About 12 hours

 _____ M. D.
 Residence Bowling Green, Ky -

Undertaker's Certificate in Relation to Deceased.

9. Occupation —
 10. Place of birth Bowling Green
 11. Residence College St Ward No. 2
 12. Time of residence in the city Life
 13. When a minor { Name of mother Sarah Bailey
 { Name of father Ben maner
 14. Place of intended interment Mt. Tabor in country
 15. Date of intended interment June 17 - 07

 _____ Undertaker.
 Date of Certificate June 17 - 07 Residence _____

Sarah M. Bailey 1900

11

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 M. Bailey
2. Sex female 3. Color white 4. Age 47 yrs
5. Married or single married
6. Date of death consumption
7. Cause of death consumption
8. Duration of last illness 3 months
Dr. J. P. G. W. P. Orlewight M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Canada
11. Residence Key + 13th 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 St. Obert
15. Date of intended interment Jan 15 1900
J. Hawey Payne Undertaker.
Date of Certificate _____ Residence _____

Thomas Bailey 1900

53 12

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 Bailey
2. Sex Male 3. Color Black 4. Age 40 years
5. Married or single Married
6. Date of death April 1 - 1900
7. Cause of death Pneumonia
8. Duration of last illness One week
V. D. Forbe, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Rail road
10. Place of birth Rockfield
11. Residence Bowling Green Ward No. 2
12. Time of residence in the City. Three years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment near Rockfield
15. Date of intended interment April 2nd 1900
J. E. Kuykendall, Undertaker.
Date of Certificate June 24 1900 Residence Bowling Green
Kentucky 815 State St

Thomas Bailey 1909

131

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

RETURN OF A DEATH.

641

Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas Bailey
2. Sex Male 3. Color White 4. Age 56 yrs.
5. Married or Single _____
6. Date of death July 27" 1909.
7. Cause of death Cirrhosis of the Liver
8. Duration of last illness _____
L. D. Hudson, M. D.
Residence Nashville Tenn

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
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 28" 1909
GERARD & GERARD, Undertaker.
Date of Certificate July 28/09 Residence _____

Thomas Bailey 1909

Railroad.

TRANSPORTATION OF CORPSE.
TENNESSEE STATE BOARD OF EMBALMERS
PHYSICIAN'S OR CORONER'S CERTIFICATE

Name of Deceased Thomas Bailey Date of Death July 27 19 09
(If minor, give parents' name also.)

Hour of Death 5 P. M. Age 56 Years Months Days

Place of Death City Hospital Nashville Tenn

Cause of Death Cirrhosis of Liver

I hereby certify that the above is true to the best of my knowledge and belief.

L. D. Hudson M. D. or Coroner.

Residence City Hospital County of Davison State of Alabama

PERMIT OF LOCAL BOARD OF HEALTH.

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the City of Nashville County of Davison
(City or Town.)

State of Tenn the 28 day of July 1909

Permission is hereby given B. G. Jones holder of Embalmer's License No. 139
 to remove for burial at Bowlinggreen in the county of Warren
 State of Ky the body of Thomas Baily
 who died at Nashville County of Davison State of Tenn
 on the 27 day of July 1909 Aged 56 Years Months Days
 and Mrs. Elizabeth Hamby is hereby authorized to accompany said remains.

Signed W. E. Hebbitt Health Officer or Sec'y Board of Health.

RULE 1. The transportation of bodies dead of small-pox, or bubonic plague is absolutely forbidden.

THE ABOVE IS TO BE GIVEN TO THE PERSON ACCOMPANYING.

Tom Baily 1894

659 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 Tom Baily
2. Sex Male 3. Color Blk 4. Age 25(1)
5. Married or single Single
6. Date of Death Aug 30/94
7. Cause of Death Phthisis Pulmonalis
8. Duration of last Illness _____

A. D. Porter, M. D.
Residence Bowling Green, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Kanawha 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 Mt Moriah Cem
15. Date of intended Interment Aug 31/94
F. B. Guard & Sons, Undertaker.
Date of Certificate Aug 30/94 Residence _____

E. S. Baird 1908

15

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

RETURN OF A DEATH.

399

Physician's Certificate Preparatory to Burial.

1. Name of deceased E. S. Baird Baird
2. Sex Male 3. Color White 4. Age 48 yrs.
5. Married or single Married.
6. Date of death Feb. 9 " 1908
7. Cause of death Pneumonia.
8. Duration of last illness several weeks
F. D. Cartwright M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Carpenter
10. Place of birth Melcat, Mo
11. Residence Woodford St. Bowling Green, Ky 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 Feb. 11 " 1908
GERARD & GERARD. Undertaker.
Date of Certificate Feb. 10 " 08 Residence BOWLING GREEN, KY

America Baker 1897

1087 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 America Baker

2. Sex Female 3. Color Blk 4. Age 47 yrs

5. Married or single Married

6. Date of Death DEC 27th 1897

7. Cause of Death Heart Disease

8. Duration of last Illness _____

J. H. Stone, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence Center 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 W. M. Monahan, Com

15. Date of intended Interment Dec 28th 1897

Guard & Guard, Undertaker.

Date of Certificate Dec 27/98 Residence _____

Child of Annie Baker 1901

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 *Child of Annie Baker*

2. Sex *female* 3. Color *black* 4. Age _____

5. Married or single _____

6. Date of Death *May - 13 - 1901 -*

7. Cause of Death *Still Born*

8. Duration of last illness _____

St. W. Coomber _____, M. D.

Residence *State St.* _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Buckeye Tenn 14*

11. Residence *Cedar St* Ward No. *2nd*

12. Time of Residence in the City _____

13. When a Minor } Name of Mother *Annie Baker*
 } Name of Father _____

14. Place of intended Interment *County Cemetery*

15. Date of intended Interment *May - 14 - 1901*

Edward O. Howard, Undertaker.

Date of Certificate _____ Residence _____

Child of Mary Baker 1892

421 19

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 Mary Baker*
2. Sex _____ 3. Color *Blk.* 4. Age _____
5. Married or Single *Single*
6. Date of Death *July 6"/1892.*
7. Cause of Death *Premature Labor*
8. Duration of last Illness _____

D. S. Winstead, M. D.
Residence *Borling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City.*
11. Residence _____ Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Mary Baker.*
 } Name of Father _____
14. Place of intended Interment *County Cem*
15. Date of intended Interment *July 7"/92*
H. C. Grand, Undertaker.
Date of Certificate *July 7"/92* Residence _____

Child of Mary Baker 1894

628 20

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 Mary Baker*
2. Sex *Female* 3. Color *Pink* 4. Age *1 yr*
5. Married or single *Single*
6. Date of Death *June 11" 194.*
7. Cause of Death *Peritonitis*
8. Duration of last Illness *Three months*
J. G. Mudgett, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Ky street* . Ward No. *3 rd*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Mary Baker*
Name of Father _____
14. Place of intended Interment *County Line*
15. Date of intended Interment *June 12" 194*
F. S. Mudgett & Son Undertaker.
Date of Certificate *June 12" 194* Residence _____

Peter Baker 1879

21

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 Baker*
2. Sex *male* 3. Color *Black* 4. Age *23*
5. Married or Single *Single*
6. Date of Death *OCT. 9 1879*
7. Cause of Death *The free use of Whisky*
8. Duration of last Illness *four days*

C. G. Ornel, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Edmanson Co*
11. Residence *Summit 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 *Col Cent*
15. Date of intended Interment *OCT 10th 79*

Frank Oberard, Undertaker.

Date of Certificate *OCT 10th 79* Residence _____

Democrat Print.

Walter B. Baker 1908

22

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

RETURN OF A DEATH.

570

Physician's Certificate Preparatory to Burial.

1. Name of deceased Walter B Baker
2. Sex Male 3. Color White 4. Age 64
5. Married or single Married
6. Date of death Aug 24 1908
7. Cause of death Paralysed
8. Duration of last illness 1 year
Residence Wm A Boyd M. D.
Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth Ind
11. Residence Warren County 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
15. Date of intended interment Aug 25 08
J H Payne (Wife) Undertaker.
Date of Certificate Aug 25 Residence City

Willie Baker 1881

21 3

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 *Willie Baker*

2. Sex *male* . 3. Color *black* 4. Age *10 mos*

5. Married or Single *0*

6. Date of Death *Aug 15th 1881*

7. Cause of Death *Cholera Infantum*

8. Duration of last Illness *One week*

J. J. Townsend, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *0*

10. Place of Birth *Bowling Green Ky*

11. Residence *do do* Ward No *4*

12. Time of Residence in the City *since birth*

13. When a Minor { Name of Mother *Cynthia Thompson*
Name of Father *Landy Baker*

14. Place of intended Interment *Cal - County*

15. Date of intended Interment *Aug 15 - 81*

Frank Leonard, Undertaker.

Date of Certificate *Aug 15th* Residence *B - Green*

Democrat Job Print

Lula Balanger 1891

284 24

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 Balanger*
2. Sex *Female* 3. Color *Color* 4. Age *14 years*
5. Married or Single *single*
6. Date of Death *May 18/91*
7. Cause of Death *Consumption*
8. Duration of last Illness *2 months*
H. P. Corwin, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation _____
10. Place of Birth *Edmason CO*
11. Residence *Pauling Green* Ward No. *2 ward*
12. Time of Residence in the City *2 years*
13. When a Minor. } Name of Mother *Francis Balanger*
 } Name of Father *Ben Balanger*
14. Place of intended Interment *W. Mexico*
15. Date of intended Interment *May 18/91*
Orather Small, Undertaker.
Date of Certificate *May 18/91* Residence _____

Allen Balch 1892

386

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 *Allen Balch*
2. Sex *Male* . 3. Color *White* . 4. Age *14 years*
5. Married or Single *Single*
6. Date of Death *Feb 24th 1892*
7. Cause of Death *Acute Bright's Disease*
8. Duration of last Illness *3 months*
A. Wright, M. D.
Residence *Burley Run 19*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *B. Run*
11. Residence *" "* Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Mrs Clyde Balch*
 } Name of Father *Arthur "*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Feb 25th 1892*
A. E. Howard, Undertaker.
Date of Certificate *Feb 24th 1892* Residence _____

Arther Balch 1893

492 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 Arther Balch
2. Sex Male 3. Color White 4. Age 46 yrs.
5. Married or single Married
6. Date of Death Mar 18th 1893
7. Cause of Death Apoplexy
8. Duration of last Illness 2 days last attack
Sabryke, M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Conductor
10. Place of Birth _____
11. Residence State 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 Hairoview Cemetery
15. Date of intended Interment Mar 19th 1893
J. G. Grand & Co. Undertaker.
Date of Certificate Mar 29th 1893 Residence City

Martha Baldwin 1893

27

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—

Baldwin

1. Name of deceased *Mrs. Martha Baldwin*

2. Sex *female* . 3. Color *white* . 4. Age *76*

5. Married or Single *widow*

6. Date of Death *Dec 11 1893*

7. Cause of Death *Paralysis*

8. Duration of last Illness _____

Mulliken *B. H. Mulliken* M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Mississippi Mississippi*

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

12. Time of Residence in the City *Years*

13. When a Minor.) Name of Mother _____
) Name of Father _____

14. Place of intended Interment *Canton Mass*

15. Date of intended Interment _____

Prather & Payne, Undertaker.

Date of Certificate _____ Residence _____

Shipped Dec 11 1893

Sallie Ball 1891

335 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 Sallie Ball
2. Sex female 3. Color Cal 4. Age 34
5. Married or Single Married
6. Date of Death Oct 23 1891
7. Cause of Death Typhoid Fever
8. Duration of last Illness 10 weeks
B. H. Mulliken M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeeper
10. Place of Birth Hartsville Tenn
11. Residence City Ward No 4th
12. Time of Residence in the City 6 years
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Mt Moriah
15. Date of intended Interment Oct 25th 1891
Prather & Payne Undertaker.
Date of Certificate Oct 24 . Residence City

Infants of Fenton & Lou Ballanger 1908

29

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

RETURN OF A DEATH.

434

Physician's Certificate Preparatory to Burial.

1. Name of deceased Infants of Fenton & Lou Ballanger

2. Sex male female 3. Color 4. Age

5. Married or single

6. Date of death Apr. 4/08

7. Cause of death Premature birth

8. Duration of last illness

 M. D.

Residence 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

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

14. Place of intended interment mt Moreah

15. Date of intended interment April 6/08

GERARD & GERARD Undertaker.

Date of Certificate Residence BOWLING GREEN, KY

Cornelius Ballinger 1891

371 - 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.—

Ballinger

1. Name of deceased Cornelius Ballinger
2. Sex boy 3. Color Black 4. Age 6 mo
5. Married or Single _____
6. Date of Death Dec 1st 1891
7. Cause of Death Consumption
8. Duration of last Illness 4 months
W. W. Boyer
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth city
11. Residence city . Ward No. 2
12. Time of Residence in the City _____
13. When a Minor.) Name of Mother Francis Ballinger
) Name of Father Ben Ballinger
14. Place of intended Interment Ant. Cemetery
15. Date of intended Interment Dec 2nd 1891
Prather Boyer, Undertaker.
Date of Certificate _____ Residence _____

Rebecca J. Balsh 1899

31

Out of City 50 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 Mr Rebecca J Balsh
 2. Sex female 3. Color white 4. Age 56 yrs
 5. Married or single widow
 6. Date of death July 25 1899
 7. Cause of death Apoplexy
 8. Duration of last illness 2 years
 M. D. 3

S. J. Hillisip
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation ---
 10. Place of birth ---
 11. Residence State bet 8th + 9th + 2nd Ave. 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 Thomas Cemetery
 15. Date of intended interment July 26 1899
J. Hawley Payne Undertaker.
 Date of Certificate _____ Residence _____

James F. Bandy 1912

32

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

RETURN OF A DEATH.

1183

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased James F. Bandy
2. Sex male 3. Color white 4. Age 64
5. Married or single married
6. Date of death April 17 1912
7. Cause of death Pneumonia
8. Duration of last illness 5 days

H. M. Martin M. D.
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation carpenter
10. Place of birth Dempsey County Ky
11. Residence Bowling Green Ky Ward No. _____
12. Time of residence in the City. 4 yrs

13. When a minor { Name of Mother _____
 { Name of Father _____

14. Place of intended interment Farrum Cem
15. Date of intended interment April 18 1912

Enoch Kelly Undertaker.
Residence B. M. Ky

Date of Certificate _____

Child of Louis Bandy 1899

33

~~44~~ 45

~~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 Child (Bandy)
2. Sex female 3. Color white 4. Age 16 mo
5. Married or single _____
6. Date of death July - 2 - 1899
7. Cause of death Cholera Infantum
8. Duration of last illness 4 weeks
9. M. D. Tom W. Stone M. D.
Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth city
11. Residence High St Ward No. _____
12. Time of residence in the City up
13. When a minor } Name of Mother _____
 } Name of Father Louis Bandy
14. Place of intended interment Highview Cem
15. Date of intended interment July 2 1899
Harvey Payne, Undertaker.
Date of Certificate _____, Residence _____

Emmet Barbee 1893

510 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 Emmet Barbee
2. Sex Male 3. Color Blk 4. Age 7 mo
5. Married or single _____
6. Date of Death Apr 10 / 1902
7. Cause of Death measles
8. Duration of last Illness 2 weeks
W. P. Corlwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth city
11. Residence E Chestnut Ward No. 1st
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Hester Barbee
Name of Father Hills
14. Place of intended Interment Mt Moriah
15. Date of intended Interment Apr 11 / 1902
F. C. Guard Undertaker.
Date of Certificate _____ Residence _____

Infant of Willis & Hester Barbee 1894

35

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 Barbee
2. Sex _____ 3. Color Black 4. Age 3 weeks
5. Married or single _____
6. Date of Death July 13 1894
7. Cause of Death _____
8. Duration of last Illness _____
no physician. Mother died 1 week before
_____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence Indianola St Ward No. 1
12. Time of Residence in the City Life
13. When a Minor } Name of Mother Hester Barbee
 } Name of Father Willis Barbee
14. Place of intended Interment West Moreah
15. Date of intended Interment July 13 1894
Franklin Payne, Undertaker.
Date of Certificate July 1894 Residence City

Chris Barber 1912

36

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

RETURN OF A DEATH.

1162

Physician's Certificate Preparatory to Burial.

1. Name of deceased Chris Barber
2. Sex male 3. Color white 4. Age 40
5. Married or Single Married
6. Date of death March 1, 1912
7. Cause of death Tuberculosis
8. Duration of last illness 5 months

T. O. Heine, M. D.
Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth Warren County
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 Fairview Cem
15. Date of intended interment March 2, 1912

E. S. Kelly, Undertaker.

Date of Certificate _____ Residence B. Ky.

Mary Barber 1901

37

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 Barber*
2. Sex *Female* 3. Color *White* 4. Age *55 y 6*
5. Married or single *Widow*
6. Date of death *July 14/1901.*
7. Cause of death *La Grippe*
8. Duration of last illness _____
W. K. Francis, M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Tennessee*
11. Residence *Burkes Alley.* 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 *July 15/1901.*
Edward T. Edward, Undertaker.
Date of Certificate *July 15/1901* Residence _____

Hester Barbee 1894

645 38

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 *Hester Barbee Barbee*
2. Sex *female* 3. Color *Blk* 4. Age *22*
5. Married or single *Married*
6. Date of Death *June 30 1894*
7. Cause of Death *Blood poison*
8. Duration of last Illness *About two weeks*
D. *Murphy* *G. N. Murphy*, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Simpson Co*
11. Residence *Hugh St* Ward No. *1*
12. Time of Residence in the City *4 yrs about*
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Wt Moriah Cem -*
15. Date of intended Interment *July 1st 1894*
Patrick Payne, Undertaker.
Date of Certificate _____ Residence _____

John Barclay 1894

629 39

is 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 Barclay
2. Sex Male 3. Color Blk. 4. Age 32 yrs
5. Married or single Single
6. Date of Death June 12"/194
7. Cause of Death Consumption
8. Duration of last Illness _____

J. W. Coville, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Bowling Green Ky.
11. Residence 2nd 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 13"/194
F. C. Gerard & Son Undertaker.
Date of Certificate June 13"/194 Residence City

John Barclay 1894

629 39

is 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 Barclay
2. Sex Male 3. Color Blk 4. Age 32 yrs
5. Married or single Single
6. Date of Death June 12"/194
7. Cause of Death Consumption
8. Duration of last Illness _____

J. W. Coville, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Bowling Green Ky.
11. Residence 2nd 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 13"/194
J. C. Gerard & Son Undertaker.
Date of Certificate June 13"/194 Residence City

Joseph W. Barclay 1913

40

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

RETURN OF A DEATH.

1407

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Joseph W Barclay
2. Sex Male 3. Color white 4. Age 83 yrs
5. Married or single married
6. Date of death May 31 1913
7. Cause of death Cerebral Hemiplegia
8. Duration of last illness 15 minutes

F O Keardon M. D.
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Mechanic
10. Place of birth Warren County
11. Residence Bowling Green Ward No. _____
12. Time of residence in the City. many years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Farmers Cemetery
15. Date of intended interment June 2 1913

Leasch McQuinn, Undertaker.
Date of Certificate June 2 1913 Residence B Green

Mathis Barclay 1891

340 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 Mathias Barclay
2. Sex by . 3. Color W . 4. Age 11 mo
5. Married or Single _____
6. Date of Death Oct 24th 1891
7. Cause of Death Scroffolo
8. Duration of last Illness _____

Wm. H. McCoy M. D.
Residence Hammond

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth at _____
11. Residence Michigan street Ward No. ?
12. Time of Residence in the City _____
13. When a Minor.) Name of Mother Mollie Smith
) Name of Father _____
14. Place of intended Interment Cong. Cem.
15. Date of intended Interment Oct 25th 1891
J. C. Brown, Undertaker.
Date of Certificate Oct 26th 1891 Residence _____

Sarah P. Barclay 1911

48

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

RETURN OF A DEATH.

460

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Sarah P. Barclay
2. Sex Female 3. Color White 4. Age 70 yrs
5. Married or Single Married
6. Date of death Jan 23-
7. Cause of death Pneumonia as per Hospital Certificate
8. Duration of last illness _____
E. A. Guard M.D.
Residence Funeral Director

Undertaker's Certificate in Relation to Deceased.

9. Occupation Widow
10. Place of birth Ky
11. Residence Pembroke 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 Farmer Cemetery
15. Date of intended interment Jan 25-1911
Guard Undertaker.
Date of Certificate 1/24-1911 Residence City

Anna Bard 1879

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 *Anna Bard Bard*

2. Sex *female* 3. Color *white* 4. Age *15 yrs*

5. Married or Single _____

6. Date of Death *Aug 2 1879*

7. Cause of Death *diphtheria infantum*

8. Duration of last Illness *10 days or two weeks*
of A. Briggs M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Madison & Green Street*

11. Residence _____ Ward No. *2^d 2nd*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Anna Bard*
Name of Father *James Bard*

14. Place of intended Interment *Aug 3^d*

15. Date of intended Interment " "

Frank C. Good, Undertaker.

Date of Certificate *Aug 3^d* Residence _____

Democrat Print.

Mary Nolen Bard 1879

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 *Mary Nolen Bard*
2. Sex *female* 3. Color *white* 4. Age *6 years*
5. Married or Single *Single*
6. Date of Death *June 8 1879*
7. Cause of Death *Tumor of bowels*
8. Duration of last Illness *3 months*

J. A. Briggs, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bowling Green Ky*
11. Residence _____ Ward No. *P 2*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Nancy Bard*
Name of Father *James* II
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Jun 8th 1879*

Frank Oberard, Undertaker.
Date of Certificate _____ Residence _____

Democrat Print.

Mrs. John Bardemaker 1898

45

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 John Bardemaker*
2. Sex *Female* 3. Color *White* 4. Age *30 yrs*
5. Married or single *Married*
6. Date of Death *April - 22 - 1898*
7. Cause of Death *Nervous Prostration*
8. Duration of last illness *One day*
G. N. Murphy, M. D.
Residence *B. S. Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co*
11. Residence *Potter St* Ward No. *3rd*
12. Time of Residence in the City *Life Time*
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *St Joseph*
15. Date of intended Interment _____
Edward & Leonard Undertaker.
Date of Certificate *April 23/98* Residence *College St*

Pressly H. Barker 1894

46

Autoftown

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 *Pressly H. Barker*
2. Sex *Male* 3. Color *white* 4. Age *60 yrs*
5. Married or Single *Married*
6. Date of Death *Feb 9th 1894*
7. Cause of Death *Concussion brain*
8. Duration of Last Illness *2 wks*

B. H. Mulliken, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Logan County*
11. Residence *City St* 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 *Sulphur Springs*
15. Date of intended Interment *Feb 10 1894*

Prather & Payne, Undertaker.

Date of Certificate _____ Residence _____

Shipped to Manchester

Samuel Barker 1892

Out of town 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 *Samuel Barker*

2. Sex *Male* . 3. Color *White* . 4. Age *79*

5. Married or Single *Married*

6. Date of Death *Sept - 24 - 1892*

7. Cause of Death *Traumatic Injury*

8. Duration of last Illness _____

W. W. Dowling M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Virginia*

11. Residence *City* Ward No. *1*

12. Time of Residence in the City *2 years*

13. When a Minor. } Name of Mother _____
 } Name of Father _____

14. Place of intended Interment *Columbus*

15. Date of intended Interment *Sept - 25 - 1892*
Walter Payne Undertaker.

Date of Certificate _____ Residence _____

Mattie F. Barlow 1910

48

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

RETURN OF A DEATH.

803

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss. Mattie F. Barlow
2. Sex Female 3. Color White 4. Age 63 yrs.
5. Married or single Single
6. Date of death Apr. 25th 1910.
7. Cause of death Hemorrhage of lungs
8. Duration of last illness long standing
Dr. W. C. Atchess M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Monroe, Co. Ky.
11. Residence Clay St. Ward No. 2
12. Time of residence in the city 6 yrs.
13. When a minor { Name of mother _____
Name of father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment April 26 1910
GERARD & GERARD Undertaker.
Date of Certificate Apr. 25/1910 Residence _____

Catherine Barner 1912

49

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

RETURN OF A DEATH.

1157.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Catherine Barner.
2. Sex Female 3. Color White 4. Age 83 yrs.
5. Married or Single Widow
6. Date of death Mar. 5" 1917
7. Cause of death Senility
8. Duration of last illness 4 weeks
J. W. Stone, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren, Co
11. Residence Cemetery Pike 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 Mar. 6" 1917
GERARD & GERARD, Undertaker.
Date of Certificate Mar. 6" 1917 Residence _____

Emma Ellen Barnes 1906

501

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

RETURN OF A DEATH.

116

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs. Emma E. Barnes.
2. Sex Female 3. Color White 4. Age 31
5. Married ~~single~~ Wife of Robt. Barnes
6. Date of death Oct. 17th 1906.
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness _____

Residence W. W. Porter M. D.
Springfield Tenn

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Springfield 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 Oct. 19th 1906

GERARD & GERARD. , Undertaker.

Date of Certificate Oct 19 - 1906 Residence _____

Emma Ellen Barnes 1906

TRANSPORTATION OF CORPSE.

Transit Permit No. H194
(GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased Mrs. Emma Ellen Barnes Date of Death Oct. 17th 06
(If a minor, give parents' name also)

Hour of Death 7.45 P.M. Age 31 Years 8 Months - Days

Place of death Springfield, Tenn. Cause of death Pulmonary Tuberculosis
which is a _____ disease.
(Communicable or non-communicable.)

I hereby certify that the above is true to the best of my knowledge and belief.

Dr. W. W. Porter M. D. or Coroner.

Residence: Springfield County of Robertson State of Tenn.

PERMIT OF LOCAL BOARD OF HEALTH.

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the Town of Springfield County of Robertson
(City or township.)

State of Tenn. on the 18th day of Oct. 1906

Permission is hereby given Henry & Bell Undertaker or Embalmer,
to remove for burial at Bowling Green in the County of Warren
State of Kentucky the body of Mrs. Emma Ellen Barnes
who died at Springfield County of Robertson State of Tenn.
on the 17th day of Oct. 1906 Aged 31 Years 8 Months - Days,
and Robert Barnes is hereby authorized to accompany said remains.

(SEAL.) Signed Dr. W. W. Porter Health Officer.

50-21

Corinne Barnett 1907

51

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

RETURN OF A DEATH.

274

Physician's Certificate Preparatory to Burial.

1. Name of deceased Corinne Barnett
2. Sex female 3. Color Black 4. Age 17 yrs
5. Married or single single
6. Date of death June 2, 1907
7. Cause of death Pneumonia
8. Duration of last illness 10 days
V. E. Tygett M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth City
11. Residence Indiana St Ward No.....
12. Time of residence in the city Life
13. When a minor { Name of mother Estelle Barnett
Name of father Henry Barnett
14. Place of intended interment Wt Abroad
15. Date of intended interment June 4 - 1907
Howey Payne Undertaker.
Date of Certificate..... Residence.....

Daniel Barnett 1898

1091 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 Daniel Barnett
Infant Barnett

2. Sex male 3. Color Black 4. Age 68

5. Married or single single

6. Date of death Jan - 19 - 1898

7. Cause of death Chronic Bright's Disease

8. Duration of last illness Old

Dr. O. D. P. O. D. Palmer M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation laborer

10. Place of birth Warren County

11. Residence Hope 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 St. Moriah

15. Date of intended interment Jan 20 1898

L. Hawley Payne Undertaker.

Date of Certificate _____ Residence _____

Edwown Barnett 1912

53

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.

1175
1. Name of deceased *Edwown Barnett*
2. Sex *Male* 3. Color *Black* 4. Age *1 Year*
5. Married or single *Single*
6. Date of death *March 13 1912*
7. Cause of death *Tuberculosis*
8. Duration of last illness *5 months*
Residence *W. J. A. Buggs M. D.*
Evansville Tenn

Undertaker's Certificate in Relation to Deceased.

9. Occupation *None*
10. Place of birth *ky*
11. Residence *128-10th* Ward No. *2*
12. Time of residence in the city *1 yr*
13. When a minor { Name of mother *Maple Barnett*
Name of father *Joe Brown*
14. Place of intended interment *Mt Mariah*
15. Date of intended interment *Evansville* Undertaker.
Date of Certificate *MAR 25 1912* Residence *City*

Infant of Henry & Stella Barnett 1897

1003

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

RETURN OF A DEATH.

54

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Infant Barnett
2. Sex female 3. Color blk 4. Age 1 mo
5. Married or single _____
6. Date of Death March 16 1897
7. Cause of Death _____
8. Duration of last Illness _____

Dr. Stone T. W. Stone, M. D.
Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth city
11. Residence 11th St Ward No. 1
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Stella Barnett
 { Name of Father Henry Barnett
14. Place of intended Interment West Union
15. Date of intended Interment June 18-97
Robert H. Payne, Undertaker.
Date of Certificate _____ Residence _____

Maggie Barnett 1912

55

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

RETURN OF A DEATH.

1195

Physician's Certificate Preparatory to Burial.

1. Name of deceased Maggie Barnett
2. Sex Female 3. Color Black 4. Age 21 yrs.
5. Married or Single Single
6. Date of death MAY 26 1912
7. Cause of death Tuberculosis
8. Duration of last illness Six months

W. A. Briggs, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Franklin, Ky.
11. Residence 10th St. Ward No. 2
12. Time of residence in the city 4 yrs.
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Franklin, Ky.
15. Date of intended interment May 28th 1912

GERARD & GERARD.
_____, Undertaker.

Date of Certificate May 27/12. Residence BOWLING GREEN, KY

Richard Barnett 1900

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 Richard Barnett
2. Sex male 3. Color BLK 4. Age 8 mo
5. Married or single _____
6. Date of death Aug 20 1900
7. Cause of death _____
8. Duration of last illness _____

Dr Hambr Dr Hambr M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City Logan Co
11. Residence Lower 10th St. Ward No. 3
12. Time of residence in the City _____
13. When a minor } Name of Mother Ella Barnett
 } Name of Father Richard Barnett
14. Place of intended interment St Moriah
15. Date of intended interment Aug 20th 1900

Andrew Payne Undertaker.
Date of Certificate _____ Residence _____

Mary A. Barra 1896

923 57

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 Mary A. Barra
2. Sex Female 3. Color White 4. Age 76
5. Married or single Single
6. Date of Death Aug 9th 1896
7. Cause of Death Inflammation of Stomach
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 10th Street Ward No. 1st
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 Cem.
15. Date of intended Interment AUG 10 1896
J. L. Lewis & Co., Undertaker.
Date of Certificate AUG 10 1896 Residence _____

William K. Barre 1906

582

This Constitutes One Certificate

RETURN

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased William K. Barre
2. Sex Male 3. Color White 4. Age 76
5. Married or single Single
6. Date of death Infirmities of old age Aug 12/06.
7. Cause of death Infirmities of old age.
8. Duration of last illness Did in Confederate Home.

Pruss Valley Ky. No Dis. Certificate accompanied this Body. M. D.

Residence BOWLING GREEN, KY

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Warren Co.
11. Residence BOWLING GREEN, KY Ward No. 1
12. Time of residence in the City. Many years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery.
15. Date of intended interment AUG 14 1906

GERARD & GERARD., Undertaker.

Date of Certificate AUG 14 1906 Residence BOWLING GREEN, KY

William K. Barre 1906

58-1

SHIPPING PASTER

—OF THE—


NO. 1582

STATE BOARD OF EMBALMING OF KENTUCKY

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 Kentucky, approved March 22nd, 1904, we have, after strict examination, granted to M. A. Stoess of Beard County of Oldham a license numbered 232 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.

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 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.

STATE BOARD OF EMBALMING OF KENTUCKY.



R. L. Shannon SECRETARY,
SHELBYVILLE, KY.

CERTIFICATE OF UNDERTAKER.

I Hereby Certify, That the enclosed remains of William K. Barre who died of Infirmities of Old Age consigned to Enguerrand Gerard Town of Barling Green State of Kentucky, 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 at Denver, Col., October 15th, 1897. The number of my license is No. 232

Place of Business _____ City of Beard State of Kentucky.

Signed M. A. Stoess
SHIPPING UNDERTAKER.

William K. Barre 1906

MSS 293
B1F3

RULES OF THE

American Association of General Baggage Agents for the Transportation of the Dead.

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

RULE 1.—The transportation of bodies dead of smallpox, Asiatic cholera, yellow fever, typhus fever, or bubonic plague is absolutely prohibited.

RULE 2.—The bodies of those who have died of diphtheria (membraneous croup), scarlet fever (scarlatina, scarlet rash), glanders, leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity disinfection with an approved disinfectant fluid. (b) disinfecting and stopping all orifices with absorbent cotton, and (c) washing the body with alcohol, all of which must be done **by an embalmer, holding certificate as such, approved by the State Board of Health or other Health authority.** After being disinfected as above, such body shall be enveloped in a layer of cotton not less than one inch thick, wrapped in a sheet and bandaged and encased in an air-tight zinc, tin, copper or lead 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 encased in a strong coffin or casket and said coffin or casket encased in an air-tight zinc, copper or tin case, all joints and seams hermetically sealed and all enclosed in a strong outside wooden box.

RULE 3.—The bodies of those dead of typhoid fever, puerperal fever, erysipelas, tuberculosis and measles, or other dangerous and communicable diseases, other than those specified in Rules 1 and 2, may be received for transportation when prepared for shipment by filling cavity with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton, and enveloping the body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged and encased in an air-tight coffin or casket. In all other cases, that this shall apply only to bodies which can reach their destination within forty-eight hours from time of death. In all other cases, the body shall be prepared for transportation in conformity with Rule 2. But when the body has been prepared for shipment by being thoroughly disinfected **by an embalmer holding a certificate as in Rule 2,** the air-tight sealing may be dispensed with.

RULE 4.—The bodies of those dead of diseases that are not contagious or infectious or communicable, may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box; provided, they reach their destination within thirty hours from time of death. If the body cannot reach its destination within thirty hours from time of death, it must be prepared for shipment by being thoroughly disinfected with an approved disinfectant, washing the exterior of the body with same, stopping all orifices with absorbent cotton and enveloping the body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged, and encased in an air-tight coffin or casket. But when the body has been prepared for shipment by being thoroughly disinfected **by an embalmer holding a certificate as in Rule 2,** the air-tight sealing may be dispensed with.

RULE 5.—In cases of contagious, infectious and communicable diseases, the 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; and before selling passage ticket agents shall carefully examine the transit permit and note the name of the passenger in charge, and of any other proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit in such cases shall specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule No. 2 notice must be sent by telegraph to health officer at destination, advising the date and train on which the body may be expected. This notice must be sent by or in the name of the health officer at the initial point, and is to enable the health officer at destination to take all necessary precautions at that point.

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, health officer's permit for removal, **undertaker's certificate,** name of deceased, date and hour of death, age, place of death, cause of death, and if of a contagious, infectious, or communicable nature, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule No. 2, the names of those authorized by the health authorities to accompany the body. The transit permit must be made in duplicate, and the signatures 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 pasted on the coffin box. 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 was made.

RULE 7.—When dead bodies are shipped by express the whole original transit permit shall be pasted upon the outside box and the duplicate forwarded by the 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; all such disinterred remains shall be enclosed in a hermetically sealed (soldered) zinc, tin or copper lined coffin or box. Bodies deposited in receiving vaults shall be treated and considered the same as buried bodies.

Catherine Barrett 1881

30 59

This Constitutes ONE CERTIFICATE to be re... y Clerk for a BURIAL PERMIT

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Catherine Barrett Barrett*

2. Sex *Female* 3. Color *White* 4. Age *34 yrs*

5. Married or Single *Married*

6. Date of Death *Sept 5th 1881*

7. Cause of Death *Prostration from an over dose of Senna*

8. Duration of last Illness *Four days*

J. W. McCormack M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Ireland*

11. Residence *Mecanic Street* Ward No *2*

12. Time of Residence in the City *1 Year*

13. When a Minor { Name of Mother _____
Name of Father _____

14. Place of intended Interment *Catholic Cem*

15. Date of intended Interment *Sept 6th 1881*

H. C. Howard Undertaker.

Date of Certificate *Sept 5th 81* Residence _____

Democrat Job Print

Hildegard Barriger 1881

13

This Constitutes ONE CERTIFICATE for a Burial Permit

60

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Hildegard Barriger*

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

5. Married or Single *Single*

6. Date of Death *Oct 19th 1881*

7. Cause of Death *Cholera Infantum*

8. Duration of last Illness *Six weeks*

S. C. Porter M. D.

Residence *Bartonsville*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Blyden*

11. Residence *Main Street* Ward No *1*

12. Time of Residence in the City

13. When a Minor { Name of Mother *Mrs Blanch Barriger*
Name of Father *Mr S. D. Barriger*

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Oct 21st 1881*

H. C. Gerard Undertaker.

Date of Certificate *Oct 21st 81* Residence

Democrat Job Print

Lucy Barriger 1913

61

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

RETURN OF A DEATH.

1358

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lucy Barriger
2. Sex Female 3. Color White 4. Age 13 yrs
5. Married or single Single
6. Date of death MAR 8 1913
7. Cause of death Tumor of brain
8. Duration of last illness 2 to 2 1/2 yrs
Dr. H. Blackburn M. D.
Residence Bowling Green, Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Kentucky
11. Residence Ward Rockfield, Ky Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother Mrs. Joe Barriger
Name of father Joe Barriger
14. Place of intended interment Carrington Cemetery
15. Date of intended interment March 9 1913
GERARD & GERARD. Undertaker.
Date of Certificate Mar. 8/1913. Residence Bowling Green, K

Rosie Barriger 1912

68

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

RETURN OF A DEATH.

1182

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Rosie Barriger.
 2. Sex Female 3. Color White 4. Age 43 yrs
 5. Married or single Widow
 6. Date of death Apr. 16th 1914.
 7. Cause of death Mitral insufficiency
 8. Duration of last illness 2 years

 _____ M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren Co., Ky
 11. Residence Payson 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 Fairview Cemetery
 15. Date of intended interment Apr. 18th 1914
GERARD & GERARD. Undertaker.
BOWLING GREEN, KY
 Date of Certificate Apr. 17/1914 Residence _____

Lula Barrow 1907

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

63

RETURN OF A DEATH.

446

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Lula Barrow*

2. Sex *Female* 3. Color *White* 4. Age *19 yrs*

5. Married or single *Married*

6. Date of death *June 18/1907*

7. Cause of death *Disorder of the Liver.*

8. Duration of last illness *seven weeks*

..... M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Mulenburg Ky.*

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

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

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

14. Place of intended interment *Sumner Ky.*

15. Date of intended interment *June 19/07*

GERARD & GERARD. Undertaker.

Date of Certificate *June 18/07* Residence *ROWLING GREEN, KY*

898

John Barry 1900

29 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 *John Barry*

2. Sex *Male* 3. Color *White* 4. Age *78*

5. Married or single *Married*

6. Date of death *April 10/1900*

7. Cause of death *~~Pneumonia~~ Chronic Bronchitis*

8. Duration of last illness _____

B. A. Mulliken M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Road worker*

10. Place of birth *Ireland*

11. Residence *Pottu Street* Ward No. *9*

12. Time of residence in the City _____

13. When a minor } Name of Mother _____
 } Name of Father _____

14. Place of intended interment *St Josephs, Care*

15. Date of intended interment *Apr. 11/1900.*

Gerard and Gerard Undertaker.

Date of Certificate *4/11/1900* Residence _____

Joseph Barry 1879

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 *Joseph Barry*
2. Sex *Male* 3. Color *White* 4. Age *15 months*
5. Married or Single *Single*
6. Date of Death *Aug 29th 1879*
7. Cause of Death *Diphtheria*
8. Duration of last Illness *Two days*

S. S. Phuman, M. D.
Residence *Burlington Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ Ward No. *5*
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.

Kate Barry 1904

666

♦ ♦ 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 Kate Barry
2. Sex Female 3. Color White 4. Age _____
5. Married or Single Single
6. Date of death Aug. 6" 1904
7. Cause of death Consumption
8. Duration of last illness _____
G. B. Huddle, M. D.
Residence City

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Bowling Green Ky.
11. Residence Potter 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 St. Josephs Cemetery
15. Date of intended interment Aug 8" 04 Aug 8" 04
Guard and Guard, Undertaker.
Date of Certificate Aug 6" 04 Residence _____

John Bates 1896

885 / 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 John Bates
 2. Sex male 3. Color BLK 4. Age 18 mo
 5. Married or single _____
 6. Date of Death May 2 / 96
 7. Cause of Death Broncho-Pneumonia
 8. Duration of last Illness _____

Dr. P. W. ... W. W. ..., M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth My St
 11. Residence city Ward No. 3
 12. Time of Residence in the City life
 13. When a Minor { Name of Mother _____
 Name of Father John Bates
 14. Place of intended Interment County Ground
 15. Date of intended Interment May 2 / 96
W. W. ..., Undertaker.

Date of Certificate _____ . Residence _____

Child of Nora Baucom 1901

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.

Baucom

1. Name of deceased Child of Nora Baucom
2. Sex — 3. Color Black 4. Age Stillborn
5. Married or single —
6. Date of death Aug - 12 - 1901
7. Cause of death Still Born
8. Duration of last illness _____

J. B. Huger, Ch. M. D.
Residence Center St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Bonny Glen Ky
11. Residence Ky 85 Ward No. 3
12. Time of residence in the City. _____
13. When a minor { Name of Mother Nora Baucom
 { Name of Father _____
14. Place of intended interment County Cem
15. Date of intended interment Aug - 12 - 1901
Guard, Guard, Undertaker.

Date of Certificate _____ Residence _____

George Allen Baulch 1907

69

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

RETURN OF A DEATH.

179

Physician's Certificate Preparatory to Burial.

1. Name of deceased George Allen Baulch
2. Sex Male 3. Color White 4. Age 1 yr.
5. Married or single Single
6. Date of death July 25 '07
7. Cause of death Measles
8. Duration of last illness HP Catarrh M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth South Linnell Farm
11. Residence Main St Ward No. 3
12. Time of residence in the city 6 months
13. When a minor { Name of mother Jm Baulch
Name of father Mr Jm Baulch
14. Place of intended interment South Linnell Farm
15. Date of intended interment July 26-07
GERARD & GERARD Undertaker.
Date of Certificate July 25/07 Residence BOWLING GREEN, KY

William D. Bearce 1882

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 *W^m D Bearce Bearce*
 2. Sex *Male* . 3. Color *White* 4. Age *66 years*
 5. Married or Single *Married*
 6. Date of Death *Jun 19th 1882*
 7. Cause of Death *Paralysis*
 8. Duration of last Illness *5 or 6 days*
- A. A. Knight*, M. D.
Residence *Bonney Grove Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Mass Mechanic*
 10. Place of Birth *Boston Mass*
 11. Residence *Spring St* . 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 *Jun 20th 1882*
- Frank Johnson*, Undertaker.
- Date of Certificate *Jun 19th 82* Residence

Democrat Job Print

Willie Bearce 1878

71

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 *Willie Bearce*

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

5. Married or Single *Single*

6. Date of Death *Jan 12th 1878*

7. Cause of Death *congestion of Lungs*

8. Duration of last Illness *Three days*

Abingth, M. D.

Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *BS*

11. Residence *BS* Ward No. *1*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Bettie Bearce*
Name of Father *John Bearce*

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Jan 15th 1878*

Wobberand Undertaker.

Date of Certificate _____ Residence _____

Pantagraph Print.

Infant of Dote & Nanie Beard 1893

496 72

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 Dote Beard*
2. Sex *Male* 3. Color *White* 4. Age *2 Days*
5. Married or single _____
6. Date of Death *March 31*
7. Cause of Death *Bruno enter*
8. Duration of last Illness *3 Days*
H. P. Conquest, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Woodfort Street (City)*
11. Residence *Woodfort Street* Ward No. _____
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Nanie Beard*
Name of Father *Dote Beard*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *April 1st 1893*
H. C. Grand & Bro, Undertaker.
Date of Certificate *March 31* Residence _____

Mary Beard 1894

5921 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 Beard*

2. Sex *female* . 3. Color *white* 4. Age *64*

5. Married or Single *married*.

6. Date of Death *Jan 31 1894*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *Eight days*

W. W. Bowling, M. D.

Residence *Bowling Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Housekeeper*

10. Place of Birth *Kentucky*

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

12. Time of Residence in the City *2 years*

13. When a Minor.) Name of Mother _____
) Name of Father _____

14. Place of intended Interment *Farmers Lane*

15. Date of intended Interment *Feb 1 1894*

Pratt & Payne, Undertaker.

Date of Certificate *Feb - 1 - 94*. Residence *city of Bowling Green*

Child of Nannie Beard 1897

1033 74

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 Nannie Beard.*
2. Sex *male* 3. Color *Black* 4. Age *7 months*
5. Married or single _____
6. Date of Death *July - 20 - 1897.*
7. Cause of Death *Injunctive disease*
8. Duration of last illness *one week*
W R Francis, M. D.
Residence *College St 325*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bonhing Linn Ky.*
11. Residence *Portage Railroad* Ward No. *3rd*
12. Time of Residence in the City *Life time*
13. When a Minor { Name of Mother *Nannie Beard*
Name of Father _____
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *July - 21 - 1897*
F. L. Beard & Co., Undertaker.
Date of Certificate *July 21/97.* Residence *College St.*

Child of Richard Beasley 1896

929 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 *Child of Richard Beasley* *Beasley*
2. Sex *Male* 3. Color *White* 4. Age *4 days*
5. Married or single _____
6. Date of Death *Aug 17th*
7. Cause of Death *Spasms*
8. Duration of last illness *3 days*
J. J. Demaree, M. D.
Residence *1019 Adams St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Plank Walk* Ward No. _____
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Lucy Beasley*
Name of Father *Richard Beasley*
14. Place of intended Interment *Not Mined*
15. Date of intended Interment *Aug 18th - 96*
Telegraph & M..., Undertaker.
Date of Certificate _____ Residence _____

Child of J. Henry Beatty 1900

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 *Child of J. Henry Beatty*
2. Sex *Female* 3. Color *White* 4. Age *7 mo*
5. Married or single *Single*
6. Date of death *Oct 27, 1900*
7. Cause of death *Whooping Cough.*
8. Duration of last illness
B. H. Melliker, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *Main Street* Ward No. _____
12. Time of residence in the City _____
13. When a minor } Name of Mother *Mrs J. H. Beatty*
 } Name of Father *R. H. Beatty*
14. Place of intended interment *European Cemetery*
15. Date of intended interment *Oct 28, 1900.*
Guard and Guard Undertaker.
Date of Certificate *Oct 27, 1900.* Residence _____

E. L. Beauchamp 1898

1095 77

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 E. L. Beauchamp
2. Sex Male 3. Color Blk 4. Age 30
5. Married or single Married
6. Date of Death Jan 27th 1898
7. Cause of Death Hemorrhage
8. Duration of last Illness _____
C. D. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation School Teacher
10. Place of Birth _____
11. Residence E. Chestnut 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 Moriah
15. Date of intended Interment January 28th 1898
Edward & Edward, Undertaker.
Date of Certificate Jan. 28th 98 Residence City

Hiram L. Beauchamp 1881

10 78

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 Hiram L. Beauchamp
2. Sex Male . 3. Color White 4. Age 47 years
5. Married or Single Married
6. Date of Death Jan 15 1881
7. Cause of Death Disease of the liver
8. Duration of last Illness 4 months

L. C. Porter, M. D.
Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Lawyer
10. Place of Birth Paducah Ky
11. Residence _____ . Ward No 22
12. Time of Residence in the City 9 years
13. When a Minor { Name of Mother _____
 { Name of Father _____
14. Place of intended Interment Furrow Cent
15. Date of intended Interment Jan 20

H. L. Beauchamp Undertaker.
Date of Certificate Jan 15 Residence _____

Democrat Job Print

Mrs. Josiah Beck 1906

79

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

RETURN OF A DEATH.

X 129

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Josiah Beck*

2. Sex *Female* 3. Color *White* 4. Age *59 yrs*

5. Married or single *Widow*

6. Date of death *Nov 19th 1906*

7. Cause of death *Pneumonia*

8. Duration of last illness *Ten days*

W. A. Briggs, M. D.

Residence **BOWLING GREEN, KY**

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth _____

11. Residence *Barry Street* Ward No. _____

12. Time of residence in the City. _____

13. When a minor { Name of Mother _____
 { Name of Father _____

14. Place of intended interment **NOV 21 1906** *Barren River Church*

15. Date of intended interment **NOV 21 1906**

GERARD & GERARD., Undertaker.

Date of Certificate **NOV 21 1906** Residence **BOWLING GREEN, KY**

Mary Beck 1904

20

♦ ♦ 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 Beck*

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

5. Married or Single *Single*

6. Date of death *Sept. 1st 04.*

7. Cause of death *Intestinal Poison*

8. Duration of last illness *several days*

Tom. W. Stair, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Montgomery, Ala.*

11. Residence *Church St* Ward No. *3*

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

13. When a minor { Name of Mother *Mrs. Lilly Beck*
Name of Father *W. L. Beck*

14. Place of intended interment *Montgomery Ala.*

15. Date of intended interment *Sept 9th 04.*

Guard & Guard, Undertaker.

Date of Certificate *Sept. 2-04* Residence _____

Melvin Beck 1908

#532 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 Melvin Beck
2. Sex m 3. Color wh 4. Age _____
5. Married or single _____
6. Date of death Sept. 28 / 08
7. Cause of death Cerebral Haemorrhage
8. Duration of last illness Two days
Oct. 10th M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Upholsterer
10. Place of birth Warren County
11. Residence Cor. 3rd & Chestnut Ward No. 2
12. Time of residence in the City. Twenty five yrs.
13. When a minor { Name of Mother Mary Beck
Name of Father _____
14. Place of intended interment Mt. Mariah Cem.
15. Date of intended interment Sept. 30 - 1908
J. E. Kuykendall Undertaker.
Date of Certificate Sept 30 08 Residence _____
7th College St.

Mrs. George M. Bedinger 1897

1016 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.

Bedinger

1. Name of deceased *Mrs. Geo M. Bedinger*
2. Sex *Female* 3. Color *white* 4. Age *35 yrs*
5. Married or single *Married*
6. Date of Death *May - 28 - 1897*
7. Cause of Death *Consumption*
8. Duration of last Illness *Two years*

Wm. D. [Signature], M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

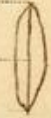
9. Occupation _____
10. Place of Birth *Cumler Co. Virginia*
11. Residence *Chestnut St.* Ward No. *1st*
12. Time of Residence in the City *Three years*

13. When a Minor { Name of Mother _____
 { Name of Father _____

14. Place of intended Interment *Fauncer Co*
15. Date of intended Interment _____

File Guard & Co., Undertaker.

Date of Certificate *May 26/97* Residence _____



W. H. Behele 1900

30 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 *W. H. Behele* *Behele?*
2. Sex *Male* 3. Color *White* 4. Age *60*
5. Married or single *Married*
6. Date of death *Apr 11/1900*
7. Cause of death *Asthma*
8. Duration of last illness _____
J. E. Meredith M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence _____ 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 *Allen County Ky.*
15. Date of intended interment *Apr 12/1900.*
Guard & Guard Undertaker.
Date of Certificate *4/12/1900* Residence _____

Annie Bell 1893

576 84

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 Bell
2. Sex female 3. Color Black 4. Age 1 yr
5. Married or Single _____
6. Date of Death Dec 20 1893
7. Cause of Death not found
8. Duration of last Illness _____
2 Weeks J. H. Knight, M. D.
Residence Ch. Co.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City Glasgow Ky
11. Residence 6th St Ward No. _____
12. Time of Residence in the City 1 yr
13. When a Minor:) Name of Mother Annie Bell
) Name of Father Emus Bell
14. Place of intended Interment Mt Meriah
15. Date of intended Interment _____
Robert Payne, Undertaker.
Date of Certificate _____ Residence _____

Bessie Bell 1898

1153 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 Bessie Bell.
2. Sex Female 3. Color Blk. 4. Age 12 yrs
5. Married or single Single.
6. Date of death July 10" 1898
7. Cause of death Consumption
8. Duration of last illness _____
G. N. Murphy M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Warren County
11. Residence E. Chestnut St. Ward No. 1
12. Time of residence in the City _____
13. When a minor } Name of Mother Angelina Bell
 } Name of Father Richard Bell
14. Place of intended interment County Cemetery
15. Date of intended interment July 11" 98.
Edward D. Guard Undertaker.
Date of Certificate July 11" 98. Residence _____

Eugene Bell 1901

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 *Eugene Bell*
2. Sex *Male* 3. Color *Blk* 4. Age *22*
5. Married or single *Single*
6. Date of death *Apr 27/1901*
7. Cause of death *Consumption*
8. Duration of last illness _____
J. H. Blackburn, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *Judithwala 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 *County Cemetery*
15. Date of intended interment *April 28/1901*
Grack & Girard, Undertaker.
Date of Certificate *Apr 28/1901* Residence _____

Richard Bell 1899

~~36~~ ³⁶ *County Grounds* 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 *Richard Bell*
2. Sex *male* 3. Color *col.* 4. Age *83 yrs*
5. Married or single *married*
6. Date of death *May 22 1899*
7. Cause of death *obstruction of bowels*
8. Duration of last illness *Five days*
Dr. Francis *W. R. Francis* M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *6th & RR* Ward No. _____
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *County Grounds*
15. Date of intended interment *May 23 1899*
Lawrence Payne Undertaker.
Date of Certificate _____ Residence _____

S. C. Bell 1913

88

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

RETURN OF A DEATH.

1354

Physician's Certificate Preparatory to Burial.

1. Name of deceased S. C. Bell -
 2. Sex male 3. Color white 4. Age 52 yrs.
 5. Married or single Married.
 6. Date of death Mar. 4, 1913
 7. Cause of death apoplexy,
 8. Duration of last illness octays.
H. H. Allen, M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
 10. Place of birth Kentucky
 11. Residence St. Joseph's Hospital 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 Grove, Ky
 15. Date of intended interment Mar. 5, 1913
GERARD & GERARD Undertaker.
 Date of Certificate MAR 4 - 1913 Residence Bowling Green, Ky

Harry Bemry 1911

89

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

RETURN OF A DEATH.

465

Physician's Certificate Preparatory to Burial.

1. Name of deceased Harry Bemry Bemry
2. Sex Male 3. Color Black 4. Age 35
5. Married or Single Married
6. Date of death Feb. 5 - 1911
7. Cause of death Stab Waudie Heart Masper Certificate
8. Duration of last illness Ed. G. Gward, Funeral Director, M.D.
Residence 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 _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment M. Mariah Semtery
15. Date of intended interment Feb. 7 - 11
GERARD & GERARD., Undertaker.
Date of Certificate Feb 6 - 11 Residence City

Cathern Keel Benedict 1913

90

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

RETURN OF A DEATH.

1374

Physician's Certificate Preparatory to Burial.

1. Name of deceased Cathern Keel Benedict
2. Sex female 3. Color Col. 4. Age 10 mo.
5. Married or single Single
6. Date of death April 12 - 1913.
7. Cause of death Cerebral Paralysis
8. Duration of last illness Eighteen days
- Signature J. D. Fother M. D.
- Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Bowling Green Ky.
11. Residence In Alley off 4th Broadway Ward No.
12. Time of residence in the city Life
13. When a minor { Name of mother Etta Benedict
Name of father J. F. Benedict
14. Place of intended interment Mt. Moriah Cem.
15. Date of intended interment April 14 - 1913.
- Signature J. E. Kuykendall Undertaker.
- Date of Certificate April 14 - 1913 Residence cor. 7 + College St
Bowling Green Ky.

Mrs. Pehr Bengtsson 1907

91

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

RETURN OF A DEATH.

293

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Pehr Bengtsson Bengtsson
2. Sex Female
3. Color White
4. Age 49 yrs.
5. Married or single Married
6. Date of death Aug 15" 1907
7. Cause of death Paralysis
8. Duration of last illness Tom W. Stone M. D.

Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Pulasky Co. Ky
11. Residence Kentucky 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 Fairview Cemetery
15. Date of intended interment Aug. 16" 1907

GERARD & GERARD Undertaker.

Date of Certificate Aug. 16" 1907 Residence BOWLING GREEN, KY

J. Lowery Bennett 1909

92

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

RETURN OF A DEATH.

1571

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. Lowery Bennett
 2. Sex Male 3. Color White 4. Age 29
 5. Married or single Married
 6. Date of death Jan 27/09
 7. Cause of death Typhoid fever
 8. Duration of last illness Two weeks
 J. W. Tasey D.O.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Teacher
 10. Place of birth Davis County Ky
 11. Residence Bowling Green Ky Ward No. Cent Street
 12. Time of residence in the city Several yrs
 13. When a minor { Name of mother _____
 Name of father J. H. Bennett
 14. Place of intended interment Fairview Cem
 15. Date of intended interment Jan 28 1909
Amber & Davis Undertaker.
 Date of Certificate JAN 28 1909 Residence B G Ky

J. M. Bent 1893

589 93

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 Rev. J. M. Bent
2. Sex Male 3. Color White 4. Age 52 yrs
5. Married or single Married
6. Date of Death December 27th 1893
7. Cause of Death Hemiplegia
8. Duration of last Illness _____
H. P. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Minister of the Gospel
10. Place of Birth _____
11. Residence 12th & Center St Ward No. 3rd
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 December, 29th 1893
A. C. Gerard & Bro., Undertaker.
Date of Certificate Dec 28/93 Residence City,

Olivia and Martha Bent 1889

94

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 *Olivia Bent* *Martha Bent*
2. Sex *Female*
3. Color *White*
4. Age *80 + 58 yrs*
5. Married or single *Widow & Maid*
6. Date of death
7. Cause of death *Old age & Pneumonia*
8. Duration of last illness

Physician Dead M.D.

Residence *Springfield Mo*

signed by undertaker

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth
11. Residence *Springfield 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 Cem*
15. Date of intended interment *Oct - 7 - 1907*

Shawley Payne Undertaker.

Date of Certificate Residence

Mrs. J. Berry 1904

95

☛ ☛ 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. H. Berry
2. Sex Female 3. Color White 4. Age 40 yrs.
5. Married or Single Married
6. Date of death Oct. 29th 04.
7. Cause of death Blood Poison
8. Duration of last illness _____
J. H. Blackburn, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren, Kentucky
11. Residence 14th & Indianola, St Ward No. 1
12. Time of residence in the city several yrs.
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Warren, Kentucky
15. Date of intended interment Oct 30th 04.
Guard and Guard, Undertaker.
Date of Certificate Oct. 30th 04. Residence _____

James Barry 1909

96

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

RETURN OF A DEATH.

581

Physician's Certificate Preparatory to Burial.

1. Name of deceased James Barry Barry

2. Sex Male 3. Color White 4. Age 63 about

5. Married or single Supposed to be Widower

6. Date of death Feb. 25-1909

7. Cause of death Morphine Poison.

8. Duration of last illness 16 Hours.

F. D. Shearon M. D.

Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Cook

10. Place of birth.....

11. Residence 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 Fairview Cemetery

15. Date of intended interment Feb. 26-1909

GERARD & GERARD. Undertaker.
BOWLING GREEN, KY

Date of Certificate Feb 26-1909 Residence.....

Nora Bertram 1898

97

~~A~~ ~~X~~ 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 Miss Nora Bertram Bertram
2. Sex female 3. Color white 4. Age 18 yrs
5. Married or single single
6. Date of death Jan 28 1898
7. Cause of death Pneumonia
8. Duration of last illness 2 weeks
Dr Meredith J. S. Meredith, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Glasgow Ky
11. Residence Hugh St Ward No. 2
12. Time of residence in the City 1 year
13. When a minor } Name of Mother _____
 } Name of Father G. B. Bertram
14. Place of intended interment Larview Cem
15. Date of intended interment Jan 29 1898
Hawley Ryan, Undertaker.

Date of Certificate _____ Residence _____

Elizabeth Betcher 1911

98

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

RETURN OF A DEATH.

1911

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Elizabeth Betcher
2. Sex Female 3. Color White 4. Age _____
5. Married or Single Married
6. Date of death Nov 27" 1911.
7. Cause of death Eclampsia as per Vital Statistics
8. Duration of last illness _____
E. A. Grand Funeral Director, M. D.
Residence B. Green, Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren, Co. Ky
11. Residence Alexandria Va 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. 30" 1911
GERARD & GERARD, Undertaker.
Date of Certificate Nov 30" 1911. Residence _____

Leoni Beterer 1894

612 99

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.

1. Name of deceased Leoni Beterer Beterer
2. Sex Female 3. Color White 4. Age 27 years
5. Married or single Single
6. Date of Death March 23^d 94
7. Cause of Death Bronchitis
8. Duration of last Illness 10 days

_____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth city
11. Residence 6th & State Ward No. _____
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Mary Beterer
Name of Father August "
14. Place of intended Interment St Jos Cem
15. Date of intended Interment March 24th 94

_____, Undertaker.

Date of Certificate _____ Residence _____

Moses Betournay 1905

106

* * 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 *Moses Betournay Bertournay*

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

5. Married or Single *Single*

6. Date of death *July 18/05*

7. Cause of death *Diabetes with Complication*

8. Duration of last illness _____

Wm. A. Briggs., M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Canada*

11. Residence *College St* Ward No. *8*

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 19 '05*

Garard & Garard, Undertaker.

Date of Certificate *July 19/05.* Residence _____

James H. Bevill 1894

599

101

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 James H. Bevill
2. Sex male 3. Color White 4. Age 68
5. Married or single Married
6. Date of Death Jan 10th 1894
7. Cause of Death Apoplexy
8. Duration of last Illness 3 days
Geo. P. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Clerk
10. Place of Birth Virginia
11. Residence My Street Ward No. 3rd
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 12th 1894
J. C. Leonard & Bro., Undertaker.
Date of Certificate _____ Residence _____

Child of A. F. & Mollie Bewley 1908

108

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

RETURN OF A DEATH.

568

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of A. F. Bewley*
2. Sex *Male* 3. Color *White* 4. Age *2 yrs.*
5. ~~Married or single~~
6. Date of death *Aug 18" 1908*
7. Cause of death *Dead Inten Colitis*
8. Duration of last illness *Wm A Briggs.* M. D.
BOWLING GREEN, KY
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *BOWLING GREEN, KY*
11. Residence *3rd St.* *BOWLING GREEN, KY* Ward No. *1*
12. Time of residence in the city *2 yrs.*
13. When a minor { Name of mother *Mrs Mollie Bewley*
Name of father *A. F. Bewley*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Aug. 19" 1908*
GERARD & GERARD. Undertaker.
AUG 18 1908
Date of Certificate Residence *BOWLING GREEN, KY*

Jesse Bewley 1905

103

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 *Jesse Bewley*
2. Sex *Male* 3. Color *White* 4. Age *65 yrs*
5. Married or Single *Married*
6. Date of death *December 1, 1905*
7. Cause of death *Bright's Disease*
8. Duration of last illness _____
E. A. Chung, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence *E. 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 *Bethel Church, Warren Co.*
15. Date of intended interment *Dec 7, 1905*
Genard & Genard, Undertaker.
Date of Certificate *Dec 7, 1905* Residence _____

Child of Carin Bibb 1880

104

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 Bibb
2. Sex female 3. Color Copper 4. Age dead Born
5. Married or Single _____
6. Date of Death Nov 5th 1880
7. Cause of Death unknown
8. Duration of last Illness _____

C. K. O'Neal M. D.

Residence 3^d Ward

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence McLane Street Ward No. 3^d
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Carin Bibb
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____

F. L. Jordan , Undertaker.

Date of Certificate Nov 4th 1880 Residence _____

Democrat Print.

Charles Henry Bibb 1878

105

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 *Charles Henry Bibb*
 2. Sex *Male* 3. Color *Copper* 4. Age *11 Months & 8 days*
 5. Married or Single *Single*
 6. Date of Death *May 30th 1878*
 7. Cause of Death *Hemorrhage from the Lungs*
 8. Duration of last Illness *Three Months*
- C. K. O'neal*, M. D.
Residence *on Shelby Street*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Bowling Green*
 11. Residence *" "* Ward No. *2*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother *Eveline Bibb*
 { Name of Father *James* *"*
 14. Place of intended Interment *Col Cemetery*
 15. Date of intended Interment *May 31st 1878*
- J. W. O'Connell* Undertaker.
Date of Certificate *May 31st 78* Residence _____

Pantagraph Print.

Clara Bibb 1894

648 06

This Constitutes One Certificate to _____ rned to the City Clerk for a Burial Permit.

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Clara Bibb.
2. Sex Female 3. Color Blk. 4. Age 15 yrs
5. Married or single Single
6. Date of Death July 11"/94.
7. Cause of Death Consumption
8. Duration of last Illness About one year
G. N. Murphy, M. D.
Residence Bowling Green, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Bowling Green Ky
11. Residence Center st. Ward No. 2
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Everline Bibb
Name of Father James
14. Place of intended Interment St Monach
15. Date of intended Interment July 12"/94
E. F. C. Guard, Undertaker.
Date of Certificate July 12/94 Residence _____

Ella Bibb 1879

1072

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Ella Bibb

2. Sex Female 3. Color Black 4. Age 12 years

5. Married or Single Single

6. Date of Death March 27th 1879

7. Cause of Death Consumption

8. Duration of last Illness _____

R. C. Thomas, M. D.

Residence _____

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 _____

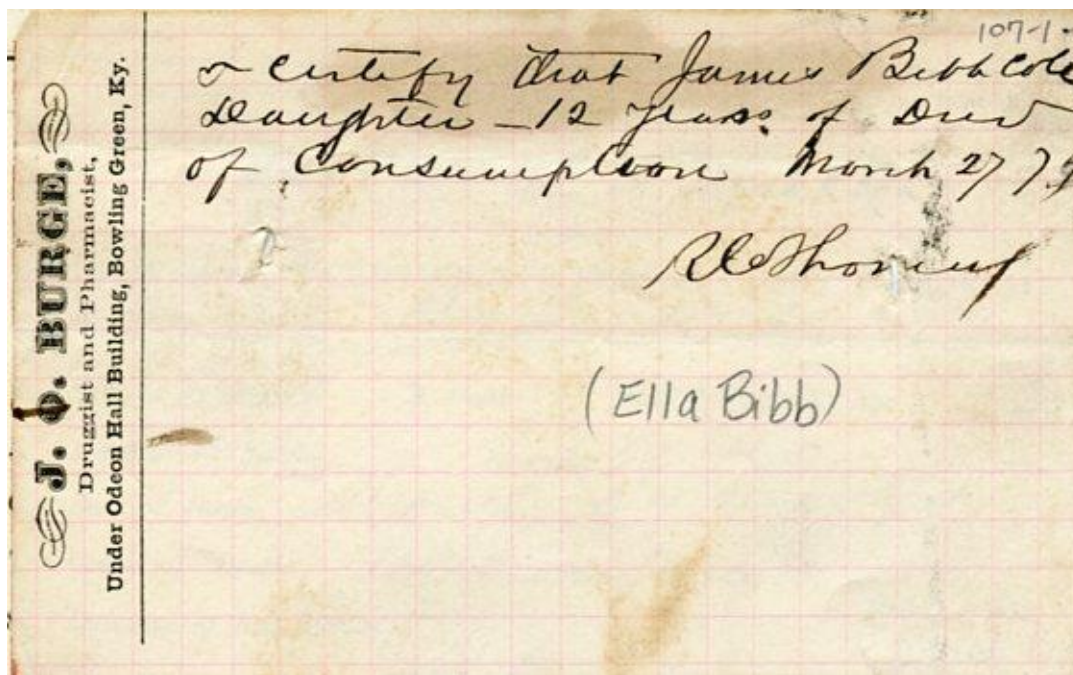
15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Democrat Print.

Ella Bibb 1879



James E. Biggerstaff 1912

108

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

RETURN OF A DEATH.

1173

Physician's Certificate Preparatory to Burial.

1. Name of deceased James E. Biggerstaff Biggerstaff
 2. Sex Male
 3. Color White
 4. Age 58 yrs.
 5. Married or single Married
 6. Date of death March 23rd 1912.
 7. Cause of death Myocardial insufficiency
 8. Duration of last illness 4 years
 A. T. McCombs M. D.
 Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Madison Co. Ky
 11. Residence Smiths Grove Ky. Ward No. 1
 12. Time of residence in the city nine days.
 13. When a minor { Name of mother _____
 { Name of father _____
 14. Place of intended interment Smiths Grove Ky
 15. Date of intended interment March 24th 1912
GERARD & GERARD Undertaker.
 Date of Certificate March 23rd 1912. Residence BOWLING GREEN. KY

Lummie Bilby 1905

109

♦ ♦ 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 Lummie Bilby
2. Sex Male 3. Color White 4. Age 12 yrs.
5. Married or Single Single
6. Date of death Aug 9 "05
7. Cause of death Drowned
8. Duration of last illness _____
H. Gray, Cor. Warren Co., M.D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Logan Co.
11. Residence 10th St Ward No. 2
12. Time of residence in the city _____
13. When a minor { Name of Mother Mrs. G. C. Bilby
Name of Father G. C. Bilby
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Aug 10 "05
Guard & Guard, Undertaker.
Date of Certificate Aug 9/05 Residence _____

No Name Infant of Rob Bitners 1881

110

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 *No Name Infant of Rob Bitners*
2. Sex *Female* . 3. Color *White* 4. Age *infant*
5. Married or Single _____
6. Date of Death *Nov 27th 1881*
7. Cause of Death *Born Dead*
8. Duration of last Illness _____

_____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ 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 _____
15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Democrat Job Print

Gus a Bittner 1892

970

111

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.

Bittner

1. Name of deceased *Gus A Bittner*

2. Sex *Male* 3. Color *White* 4. Age *37 yrs*

5. Married or single *Married*

6. Date of Death *Dec 11/1892*

7. Cause of Death *Brain disease*

8. Duration of last Illness *Six months*

A. P. Cortwright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Louisville, Kentucky*

11. Residence *State 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 *St Josephs Cem*

15. Date of intended Interment *Dec 12/92*

A. C. Guard *Hess*, Undertaker.

Date of Certificate *Dec 11/92* Residence *City*

Josephine A. Bittner (1908)

112

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

RETURN OF A DEATH.

536

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Josephine Bittner*
2. Sex *Female* 3. Color *White* 4. Age *65*
5. Married or single *Widow*
6. Date of death *Oct 23*
7. Cause of death *Heart failure*
8. Duration of last illness *three days*
J. W. Stones, M. D.
Residence *Bell Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *Bowling Green Ky* Ward No. *Church Street*
12. Time of residence in the City. *a number of years*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *St Josephs Cmn*
15. Date of intended interment *Oct 26*
Enochs + Janis, Undertaker.
Date of Certificate *Oct 24* Residence *Bell Ky*

William Bittner 1882

113

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 *Wm Bittner Bittner*
 2. Sex *Male* . 3. Color *White* 4. Age *15 years*
 5. Married or Single *Single*
 6. Date of Death *Nov 27th 1882*
 7. Cause of Death *Tetanus from extensive Burn*
 8. Duration of last Illness *About 10 days*
- McCormack & Wright* M. D.
Residence *State & Summer sts - B. G. Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *B. G.*
 11. Residence *Church* . Ward No *3^d*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother *Josephine Bittner*
Name of Father *Robt* " "
 14. Place of intended Interment *Catholic Court*
 15. Date of intended Interment *Nov 28th 1882*
- A. Leonard* , Undertaker.
- Date of Certificate *Nov 27th 1882* Residence _____

Democrat Job Print

Alice Blackburn 1898

1142

114

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 Blackburn
2. Sex Female 3. Color Blk. 4. Age 40
5. Married or single married
6. Date of death June 20 98
7. Cause of death Drowned.
8. Duration of last illness _____

B. L. Queen M.D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Banks Alley 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 W. L. Martin
15. Date of intended interment June 22 98

Thos. L. Payne, Undertaker.
Date of Certificate _____ Residence _____

Child of Daisy Blackburn 1893

494 115

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 Daisy Blackburn*
2. Sex *Male* 3. Color *Blk* 4. Age *3 mo*
5. Married or single *Single*
6. Date of Death *Mar 24/93*
7. Cause of Death *Convulsions*
8. Duration of last Illness _____
W. R. Francis, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *E. Chestnut* Ward No. *1st*
12. Time of Residence in the City *3 months*
13. When a Minor { Name of Mother *Daisy Blackburn*
Name of Father _____
14. Place of intended Interment *Mt Moriah Cem*
15. Date of intended Interment *Mar 25/93*
H. C. Grand & Sons, Undertaker.
Date of Certificate _____ Residence _____

Elizabeth Henry Blackburn 1877

116

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 Henry Blackburn*

2. Sex *Female* 3. Color *white* 4. Age *54 years 1 month*

5. Married or Single *Married Widow*

6. Date of Death *December 13th 1877*

7. Cause of Death *Phthisis with bulbar disease of the heart*

8. Duration of last Illness _____

R. C. Thomas, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence *Bowling Green* Ward No. *3rd*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother _____
Name of Father _____

14. Place of intended Interment *Old Cemetery*

15. Date of intended Interment *Dec 14th 1877*

Date of Certificate *Dec 13th 77* *J. W. Johnson* Undertaker.
Residence _____

Pantagraph Print.

Child of Erwin & Hester Blackburn 1879

117

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 Blackburn

2. Sex Male 3. Color Black 4. Age 2 mo

5. Married or Single _____

6. Date of Death July 1st 1879

7. Cause of Death Sick from birth

8. Duration of last Illness _____

Now _____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth BG

11. Residence _____, Ward No. 2

12. Time of Residence in the City _____

13. When a Minor { Name of Mother Hester Blackburn
 { Name of Father Erwin " "

14. Place of intended Interment Col. Cem

15. Date of intended Interment July 1st

Frank C. Howard _____, Undertaker.

Date of Certificate _____, Residence _____

Democrat Print.

Herbert Blackburn 1893

573 118

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 Herbert Blackburn
2. Sex Male . 3. Color Black . 4. Age 4 yrs
5. Married or Single Single
6. Date of Death Nov 10 1893
7. Cause of Death Gastro-enteritis
8. Duration of last Illness 10 days
J. P. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Logan County Ky
11. Residence Elephant Ward No. 2
12. Time of Residence in the City life
13. When a Minor. } Name of Mother Minnie Blackburn
 } Name of Father Ewing Blackburn
14. Place of intended Interment at home
15. Date of intended Interment Nov 12 1893
Prather Payne, Undertaker.
Date of Certificate _____ Residence _____

Hester Blackburn 1879

119

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 *Hester Blackburn*
- 2. Sex *Female* 3. Color *Blk* 4. Age *26*
- 5. Married or Single *Married*
- 6. Date of Death *April 28th 79*
- 7. Cause of Death *Purpural Eruptions*
- 8. Duration of last Illness *2 days*

Dr. M. G. Taylor, M. D.
 Residence *Sci Mingo*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation *None*
 - 10. Place of Birth *T. S.*
 - 11. Residence *Main Street* Ward No. *3^d*
 - 12. Time of Residence in the City
 - 13. When a Minor { Name of Mother _____
Name of Father _____
 - 14. Place of intended Interment *Col Cemetery*
 - 15. Date of intended Interment *April 28th 79*
- J. W. G. G. G.*, Undertaker.

Date of Certificate _____ Residence _____

Democrat Print.

Maude Blackburn 1900

120

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 Maude Blackburn
2. Sex female 3. Color Blk 4. Age 17 yrs
5. Married or single single
6. Date of death Dec 9 1900
7. Cause of death _____
8. Duration of last illness _____

Dr. H. M. Mc Dr. Hammett M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence Burk Alley Ward No. _____
12. Time of residence in the City life
13. When a minor } Name of Mother _____
 } Name of Father Mary Blackburn
14. Place of intended interment W. H. Monahan
15. Date of intended interment Dec 10 1900

J. Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

Millie Blackburn 1881

121

22

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 Millie Blackburn

2. Sex Female 3. Color Black 4. Age 18 Mo

5. Married or Single X

6. Date of Death Aug 14th 1881

7. Cause of Death Cholera Infantum

8. Duration of last Illness 4 weeks

W. C. ... M. D.

Residence _____

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 Job Print

Sheb Blackburn 1892

389 122

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 *Sheb Blackburn*
2. Sex *Male* . 3. Color *W* . 4. Age *31 years*
5. Married or Single *Married*
6. Date of Death *March 8th 1892*
7. Cause of Death *Lagrip*
8. Duration of last Illness *two months*
J. F. McElroy, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *High Ave* . 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 *County Court*
15. Date of intended Interment *Feb 9th 92*
John Howard, Undertaker.
Date of Certificate _____ . Residence _____

Silas Blackburn 1898

1099 123

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 Silas Blackburn
2. Sex Male 3. Color W 4. Age about 65 yrs
5. Married or single Single
6. Date of Death Feb 5 " 1898
7. Cause of Death Pneumonia
8. Duration of last Illness _____

J. E. Meredith, M. D.
Residence Quincy

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Warren County
11. Residence Adams St 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 St. Moriah Cem.
15. Date of intended Interment Feb 6 " 1898

Gerard & Gerard, Undertaker.

Date of Certificate Feb 5/98 Residence City

William F. Blackwell 1911

124

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

RETURN OF A DEATH.

1000

Physician's Certificate Preparatory to Burial.

1. Name of deceased *William F. Blackwell*

2. Sex *Male* 3. Color *White* 4. Age *22 yrs.*

5. Married or Single *Single*

6. Date of death *Apr. 17" 1911*

7. Cause of death *Typhoid Fever*

8. Duration of last illness *About three weeks*

Fred S. Cartwright, M. D.
BOWLING GREEN, KY

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *BOWLING GREEN, KY*

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

12. Time of residence in the city *22 yrs*

13. When a minor { Name of Mother _____
Name of Father _____

14. Place of intended interment *St. Joseph's Cemetery*

15. Date of intended interment *Apr. 19" 1911*

GERARD & GERARD.

_____, Undertaker.

Date of Certificate *Apr. 17/1911* Residence *BOWLING GREEN, KY*

Rebecca Winifred Blake 1893

570 125

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 *Rebecca Winifred Blake*
2. Sex *female* 3. Color *white* 4. Age *13*
5. Married or Single _____
6. Date of Death *Nov 2 93*
7. Cause of Death *Gastritis*
8. Duration of last Illness *five weeks*
D. J. Millsaps, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Kansas*
11. Residence *man* Ward No. *1*
12. Time of Residence in the City *7 months*
13. When a Minor. } Name of Mother *Josephine Blake*
 } Name of Father *R E Blake*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Nov 8 1893*
Pratt & Pym, Undertaker.
Date of Certificate _____ Residence _____

Hettie South Blakely 1910

126

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

RETURN OF A DEATH.

873

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Hettie South Blakely
2. Sex Female 3. Color White 4. Age 56
5. Married or single Widow
6. Date of death Aug 5 1910
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness Several months
C. S. Dowell M. D.
Residence 1142 College St

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Bowling Green Ohio
11. Residence do do Ward No. _____
12. Time of residence in the city Life time
13. When a minor { Name of mother _____
 { Name of father _____
14. Place of intended interment Farrview Cem
15. Date of intended interment Aug 6 1910
Carroll Kelley Undertaker.
Date of Certificate AUG 15 1910 Residence Beg Ky

J Percy D. Blakely 1910

127

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

RETURN OF A DEATH.

883

Physician's Certificate Preparatory to Burial.

1. Name of deceased J Percy D Blakely
2. Sex male 3. Color white 4. Age 28
5. Married or Single Single
6. Date of death Aug 22 1910
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness None
F. W. Stone, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation Real Estate
10. Place of birth Bowling Green Ky
11. Residence _____ Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother Hettie South Blakely
Name of Father Dr WH " "
14. Place of intended interment Fairview Cem
15. Date of intended interment Aug 23 1910
Enoch Kelley, Undertaker.
Date of Certificate Aug 24 1910 Residence Barney

John South Blakely 1904

128

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 South Blakely
2. Sex male 3. Color white 4. Age 29 yrs
5. Married or single single
6. Date of death May 15th 1904
7. Cause of death Miliary Tuberculosis
8. Duration of last illness _____
John H. Blackburn, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Canada
11. Residence 124 & 12th St Ward No. _____
12. Time of residence in the City. years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Burial
15. Date of intended interment May 18 1904
A. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

W. H. Blakely 1910

129

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

RETURN OF A DEATH.

757

Physician's Certificate Preparatory to Burial.

1. Name of deceased Dr. W. H. Blakely
2. Sex Male 3. Color White 4. Age 69
5. Married or Single Married
6. Date of death Jan'y 25th 1910
7. Cause of death Acute Indigestion
8. Duration of last illness Sudden
S. H. South, M. D.
Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Real Estate
10. Place of birth Floyd County
11. Residence Bowling Green Ky Ward No. _____
12. Time of residence in the city 37 years
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan'y. 27th '10
Morris Enoch Undertaker.
Date of Certificate Jan'y. 26th '10 Residence Bowling Green Ky

Will H. Blakely 1912

130

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

RETURN OF A DEATH.

1280

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Will H Blakely
2. Sex Male 3. Color white 4. Age 28
5. Married or single Married
6. Date of death Oct 28 1912
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness _____

A B Cook, M. D.
Residence Nashville Tenn

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Real Estate
10. Place of birth Warren Bowtaylor Tenn
11. Residence Nashville Ward No. _____
12. Time of residence in the City about one month
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Farrar
15. Date of intended interment Oct 30 1912

Essock & Miller Undertaker.
Date of Certificate _____ Residence B Run
Exact Duplicate of Transit
Permit
Filed in state Bd of Health

Willie Blakely 1912

131

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

RETURN OF A DEATH.

1193

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Willie Blakely
 2. Sex Male 3. Color White 4. Age 31
 5. Married or single Single
 6. Date of death May 20 1912
 7. Cause of death _____
 8. Duration of last illness _____
- McLennan Smith, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Bowling Green
 11. Residence " " " " Ward No. _____
 12. Time of residence in the City Life
 13. When a minor { Name of Mother Mrs Lulu Blakely
Name of Father Wm " "
 14. Place of intended interment Farmers Cem
 15. Date of intended interment May 20 1912
- Essack Kellert, Undertaker.
Date of Certificate _____ Residence 1315 107

Earl Blakeman 1901

132

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 Earl Blakeman
2. Sex Male 3. Color white 4. Age 15 mo
5. Married or single Single
6. Date of death June 12 1901
7. Cause of death Colera Infantum
8. Duration of last illness 3 days
Sam W. Stone, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence College St Ward No. _____
12. Time of residence in the City. Life
13. When a minor { Name of Mother Lora Blakeman
Name of Father Ray Blakeman
14. Place of intended interment Emmet Grove Ky
15. Date of intended interment June 13 1901

T. HAWLEY PAYNE, Undertaker.
Funeral Director & Embalmer
Hawling Green Ky
Residence _____

Date of Certificate _____

Roy Blakeman 1907

133

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

RETURN OF A DEATH.

287

Physician's Certificate Preparatory to Burial.

1. Name of deceased Roy Blakeman *Blakeman*

2. Sex male 3. Color white 4. Age 38 yr

5. Married or single married

6. Date of death July - 25 - 07

7. Cause of death Ruptured Blood Vessel

8. Duration of last illness.....

J. M. Gray Coroner M. D.
Residence W.C.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Traveling Salesman

10. Place of birth.....

11. Residence Clark St Ward No.....

12. Time of residence in the city years

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

14. Place of intended interment Smith Grave

15. Date of intended interment July - 26 - 1907

Harold Payne Undertaker.

Date of Certificate..... Residence.....

Child of General Blakley Jr. 1900

14 134

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 General Blakley Jr.
2. Sex Male 3. Color Blk. 4. Age 5 hours.
5. Married or single single
6. Date of death Feb 12 1900.
7. Cause of death Inanition
8. Duration of last illness _____
_____ M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence E. Chestnut St. Ward No. 1
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father General Blakley Jr.
14. Place of intended interment Put Moriah Cem.
15. Date of intended interment Feb 12 1900.
Gayard T Gayard, Undertaker.
Date of Certificate Feb 12 1900. Residence _____

Child of C. Bland 1878

135

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

RETURN OF A DEATH.

Child of C. Bland
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Bland

2. Sex Male 3. Color Black 4. Age one day

5. Married or Single Single

6. Date of Death May 10th

7. Cause of Death unknown

8. Duration of last Illness one day

Dr M. Blufford, M. D.
Residence Per Statute

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Bowling Green

11. Residence Bridge St. Ward No. 3rd

12. Time of Residence in the City One day

13. When a Minor { Name of Mother C. Bland
Name of Father _____

14. Place of intended Interment (Col) Cemetery

15. Date of intended Interment May 10th 78

Date of Certificate May 10th 78 Residence State St

J. W. Strickland Undertaker
Bowling Green Ky

Pantagraph Print.

Corrilla Bland 1908

136

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

RETURN OF A DEATH.

488

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Corrilla Bland*
2. Sex *Female* 3. Color *White* 4. Age *86 yrs.*
5. Married or single *Widow*
6. Date of death *JUL 9 1908*
7. Cause of death *Apoplexy*
8. Duration of last illness *J. W. Stover* M. D.
Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth.....
11. Residence *W. Chestnut 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 *LOUISVILLE, KY.*
15. Date of intended interment *JUL 10 1908*
GERARD & GERARD. Undertaker.
Date of Certificate *July 9th 1908* Residence *BOWLING GREEN, KY.*

852224
2718

J. W. Bland 1909

137

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

RETURN OF A DEATH.

634

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. W. Bland
2. Sex male 3. Color Col 4. Age 50 yrs
5. Married or single married
6. Date of death May 26 - 1909
7. Cause of death Tuberculosis with hemorrhage
8. Duration of last illness about a year
J. W. Willis M. D.
Residence Branching Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Cook
10. Place of birth Simpson County
11. Residence 34 Chestnut St Ward No. 2
12. Time of residence in the city About 30 yrs
13. When a minor { Name of mother
 { Name of father
14. Place of intended interment mt. moriah Cemetery
15. Date of intended interment May 28 - 1909
J. E. Kuykendall Undertaker.
Date of Certificate May 28 - 09 Residence
7 College St.

Jackson Bland 1880

138

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 *Jackson Bland*

2. Sex *Male* 3. Colored 4. Age *5 years*

5. ~~Married or~~ Single

6. Date of Death *Aug. 3rd 1880.*

7. Cause of Death *Mumps*

8. Duration of last Illness *Several days (more or less)*

H. P. Cartwright, M. D.
Residence *Chestnut St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ 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 _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Democrat Print.

John W. Blankenship 1911

139

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

RETURN OF A DEATH.

1117

Physician's Certificate Preparatory to Burial.

1. Name of deceased John W. Blankenship
2. Sex Male 3. Color White 4. Age 56
5. Married or Single Married
6. Date of death Dec 11 1911
7. Cause of death Dysentery
8. Duration of last illness 10 weeks

T. D. Helms, M. D.
Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Carpenter
10. Place of birth Kentucky
11. Residence Bowling Green Ward No. _____
12. Time of residence in the city 7 years
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Farrum Cem
15. Date of intended interment Dec 12 1911

Carroll Kelly, Undertaker.
Date of Certificate _____ Residence Bowling Green

Florence Oldham Bledsoe 1905

140

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. *Bledsoe*

1. Name of deceased *Florence Oldham Bledsoe*
2. Sex *female* 3. Color *white* 4. Age *25 yrs*
5. Married or single *married*
6. Date of death *Sept 5 1905*
7. Cause of death *Tuberculosis*
8. Duration of last illness *months*

J. D. Bledsoe Sr, M. D.
Residence *Milan Tenn*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Tenn*
11. Residence *My St bet 12+13* 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 *Milan Tenn*
15. Date of intended interment *Sept 6 1905*
Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

James Buchanan Bledsoe 1905

141

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 *James Buchanan Bledsoe*
2. Sex *male* 3. Color *white* 4. Age *5 mo*
5. Married or single *single*
6. Date of death *May 10th 1905*
7. Cause of death *Tuberculo-meningitic*
8. Duration of last illness *many months*
T. W. Starn, M. D.
Residence *College St city*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *[Signature]*
10. Place of birth *city*
11. Residence *Main St* Ward No. *2*
12. Time of residence in the City. *life*
13. When a minor { Name of Mother *Florence Bledsoe*
Name of Father *J. D. Bledsoe*
14. Place of intended interment *Wilson Tunnel*
15. Date of intended interment *May 11 1905*
J. Harold Payne, Undertaker.
Date of Certificate _____ Residence _____

Liza Blewett

142

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 *Liza Blewett*

2. Sex *Female* 3. Color *Drk* 4. Age *70 Years*

5. Married or Single _____

6. Date of Death *Oct 23*

7. Cause of Death *Old Age*

8. Duration of last Illness *Several Months*
Wm Claypool, 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 _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Democrat Job Print

Nora Blewett 1893

505 505 143

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 *Nora Blewett*
2. Sex *Female* 3. Color *col* 4. Age *17 yrs*
5. Married or Single *Single*
6. Date of Death *Jan 20 1893*
7. Cause of Death *Per. of Smallpox*
8. Duration of last Illness *Some time*
H. B. Mough, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Housekeeper*
10. Place of Birth *Simpson Co*
11. Residence *City* Ward No. *300*
12. Time of Residence in the City *2 years*
13. When a Minor. } Name of Mother *Malisa Blewett*
 } Name of Father *Murietta Blewett*
14. Place of intended Interment *Mt Moriah*
15. Date of intended Interment *Jan. 22 1893*
Robert Payne, Undertaker.
Date of Certificate _____ . Residence *City*

Carrie Blewit 1905

144

* * 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 *Carrie Stewart Blewit*

2. Sex *Female* 3. Color *Blk.* 4. Age *29*

5. Married or Single *Single.*

6. Date of death *May 2nd 05*

7. Cause of death *Heart Disease*

8. Duration of last illness

Jno. E. Gray, Coroner, M. D.
Warren Co.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth

11. Residence *Gretna 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 *Rockfield, Ky*

15. Date of intended interment *May 4 05*

David & David, Undertaker.

Date of Certificate *May 3/05* Residence

Easter Blewitt 1891

271 45

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 *Easter Blewitt*
2. Sex *Female* . 3. Color *Blk* . 4. Age *85*
5. Married or Single *Single*
6. Date of Death *March 19th 1891*
7. Cause of Death *Pleurisy*
8. Duration of last Illness *1 week*
Allenpike M. D.
Residence *City*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation _____
10. Place of Birth *Kentucky*
11. Residence *4th 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 Vernon*
15. Date of intended Interment *March 20th 1891*
Frank Leonard Undertaker.
Date of Certificate *March 19th* . Residence _____

Annie Bluit 1900

42 146

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 Bluit
2. Sex Female 3. Color black 4. Age 25 yrs
5. Married or single Single
6. Date of death May 8 - 1900
7. Cause of death _____
8. Duration of last illness Two months

_____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation seep
10. Place of birth Warren Co
11. Residence B. G. Hope St Ward No. 13
12. Time of residence in the City. Three years
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Mt Mariah
15. Date of intended interment May 9 - 1900.

J. E. Hughlandall, Undertaker.

Date of Certificate June 4 - 1900 Residence Dawling
Green 815 State St

Charity Bly 1906

147

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 *Charity Bly*
 2. Sex *female* 3. Color *black* 4. Age *60*
 5. Married or single *married*
 6. Date of death *march 5 - 1906*
 7. Cause of death *pneumonia*
 8. Duration of last illness *five days*
J. E. Dorton M. D.
- Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation *housekeeping*
 10. Place of birth _____
 11. Residence *River bend* Ward No. _____
 12. Time of residence in the city *14 years*
 13. When a minor { Name of mother _____
Name of father _____
 14. Place of intended interment *at Mt. Tabor*
 15. Date of intended interment *march 6 - 1906*
J. E. Dorton Undertaker.
- Date of Certificate *march 9 1906* Residence *Cor 45*
College St.

James Bly 1896

Out of town 148

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 *James Bly*
2. Sex *Male* 3. Color *Blk* 4. Age *20 yrs*
5. Married or single *single*
6. Date of Death *Mar 2nd 1896*
7. Cause of Death *Consumption*
8. Duration of last Illness _____
G. H. Murphy, M. D.
Residence *city*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *2nd 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. Tabor Warren Co*
15. Date of intended Interment *Mar 5th 1896*
F. C. Guard Undertaker.
Date of Certificate *Mar 7th 1896* Residence _____