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1877

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

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Levi L. Bacon 1907

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.
Las & Bacon
1. Name of deceased and a color which 4. Age &
2. Sex male 3. Color White 4. Age &
6. Date of death 9 - 14 - 1807
7. Cause of death Senal bility .
8. Duration of last illness show day
Dr Molenaden M. D.
Residence City
//-
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence West Chestruit + 13 the Ward No.
12. Time of residence in the city 50 yrs =
13. When a minor Name of mother
( Name of father
15. Date of intended interment June -16 - 1907
Han and Undertaker.
Date of Certificate Residence

Lucy A. Bacon 1905

This Constitutes One	Certificate to be Returned to the Cit	y Clerk for a Burial Permit.
RETUR	RN OF A	DEATH.
PHYSIC	AN'S CERTIFICATE PREPARATOR	Y TO BURIAL.
1. Name of deceased		y a Bacan
2. Sofunk .	3. Color while	<u>     4. Age 77</u>
5. Married or single		1
6. Date of death		1 1905
		struction .
8. Duration of last illu	ness tring a	ays.
· · · · · ·	H.N.M.	Gratan , M. I
	Residence Court	ing Some Ky
		,
UNDERTAK	KER'S CERTIFICATE IN RELATION	N TO DECEASED.
9. Occupation	2.	
10. Place of birth	Mart -	
11. Residence	chuturt	Ward No,
12. Time of residence in		- dual an
	me of Mother	
	me of Father	in ten
<ol> <li>Place of intended in</li> <li>Date of intended in</li> </ol>	Care +-	6 1895
to. Date of intended	And	a Condertake
	e Vante	idence
Date of Certificate	Alesi	MCHCC
		An and the second s

#### W. E. Bacon 1901

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 M. E. Bacon
2. Sex male. 3. Color arlule. 4. Age 33 yr
5. Married or single
6. Date of death March - 11 - 1901
7. Cause of death Chronic Bright Christians
8. Duration of last illness elveral untille
Besidence
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence & Cherchurt - Ward No, /
12. Time of residence in the City.
13. When a minor $\begin{cases} Name of Mother \\ Name of Father \\ \end{cases}$
14. Place of intended interment Jammen Com
15. Date of intended interment flanch -12-1901
Hawley Pary me, Undertaker.
Le Carlos Capana terraines, Charlinger
Date of Certificate Residence

	Feancis Badgett 1893
5	29 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 France Badytt
	2. Sex franch 3. Color Color. 4. Age 35 years 5. Married or single Marca
	6. Date of Death July 211-1893
	7. Cause of Death Duing how mounts 8. Duration of last Illness
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation
	11. Residence Kentucty Stut Ward No. 3
	12. Time of Residence in the City
.•	13. When a Minor Name of Mother Name of Father Bagget
	14. Place of intended Interment Mit Monal Ceant
	15. Date of intended Interment July 211-31893 Arual Chrond Mrs, Undertaker.
	Date of Certificate Residence
•	
-	

Eugene A. Bagby

	RETURN OF A DEATH.
	1304
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Engrue A Bag by Sex Male 3 Color White 4. Age 7.3 yrs
2.	Sex Male 3 Color White 4. Age 73 yrs
5.	Married or Single
6.	Date of death DEC 221912
7.	Cause of death Branch Preumony
8.	Duration of last illness. The daugh
	Vtp Cortury M. D.
	Residence GERARD & GERARD.
	Undertaker's Certificate in Relation to Deceased.
9.	
9.	
- 1999 - 1999	Occupation
10.	Occupation
10. 11. 12.	Occupation
10. 11.	Occupation
10. 11. 12. 13.	Occupation Jang on My Place of birth Jang on My Residence N. Christmuth fft Residence in the city. Time of residence in the city. When a minor Name of Mother Name of Father. Place of intended interment
10. 11. 12. 13.	Occupation
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Jung ow, My Place of birth Jung ow, My Residence W. Chustmark M Residence in the city. Ward No. / Time of residence in the city. Ward No. / Name of Father. / Date of intended interment Mark Mark Mark Mark Mark Mark Mark Mark
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation

Henry Vivian Bailey 1907

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 Ann him him Barly 2. Sex Male 3. Color White 4. Age & make 5. Married or single 6. Date of death May 6 1807 7. Cause of death Manufican 8. Duration of last illness Anna 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 Frence Bailey Name of father Wiyiam Bailey
14. Place of intended interment Joseph Cent 15. Date of intended interment
Date of Certificate

John B. Bailey 1903

•
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 decented there, B, Byilay, 2. Sex Male 3. Color Mile 4. Age
1. Name of deceased and in the internet internet in the internet
2. Sex Matter 3. Color 4. Age 5. Married or single Married
5. Married or single Seft W"1903 6. Date of death Seft W"1903
7. Cause of death Aral Deasese
8. Duration of last illness
All Carlweight, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Goveling June by Ward No. 3
11. Residence Adams ST Ward No, 3
12. Time of residence in the City.
13. When a minor Name of Mother
Facwind Canaling
14. Place of intended interment Sept. 23"19"3
Guard and Guard, Undertaker.
Date of Certificate Sept 33/1903 Residence

Katie Bailey 1881

	8		8
Ī	This Constitutes ONE CERTIFICATE to be 16.	a BURIAL PERMIT	
	RETURN OF A L	DEATH.	
	PHYSICIAN'S CERTIFICATE PREPAR 1. Name of Deceased Katie Bailey		
	2. Sex female 3. Color white	4. Age 35 months	
	5. Married or Single 6. Date of Death Oct. 4th 1881		
	7. Vause of Death Cholera Infan	turn	
*	8. Duration of last Illness		
		ing Green, Ry	
	UNDERTAKER'S CERTIFICATE IN REI	ATION TO DECEASED.	
	9. Occupation 10 Place of Birth B Green		
	11. Residence Mecanic Street	Ward No 30	
	12. Time of Residence in the City	Baily	
	12. Time of Residence in the City 13. When a Minor Name of Mother More Name of Father	Bailey	
	14. Place of intended Interment	The 1981	
	15. Date of intended Interment	Undertaker.	
	Date of Certificate Oct 5-1881.	Residence	
		Democrat Job Print	

Mary Elizabeth Bailey 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased White White
2.	Sexu. J. Color 4. Age
5.	
6.	Date of death fun 15/19/12
7.	Cause of death Inbrulores
8.	Duration of last illness
	TO Helin, M. D.
	Residence Bowling Green Ky
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Bouling Gran, My.
11.	Residence // // // Ward No.
12.	Time of residence in the city
	When a minor { Name of Mother The Chans, Sont min
13.	When a minor Name of Father fur B. Bailay (Nrad
14.	Place of intended interment Harving Cumulary
15.	Date of intended interment funn, 16 1912,
Date	GERARD & GERARD. , Undertaker. e of Certificate funt, 16/12, Residence BOWLING GREEN. KY

Child of Sarah Bailey 1908

D 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 Chill of Sarah Bailey. 2. Sex I male 3. Color Col 4. Age 4 45
<ol> <li>5. Married or single</li> <li>6. Date of death Jun 19/08</li> <li>7. Cause of death Burnad</li> </ol>
8. Duration of last illness. about 12 hours Valuter M. D. Residence Bowting Jun By -
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Burling Green
11. Residence College St. Ward No. 2
12. Time of residence in the city
13. When a minor Name of mother Surah Bailey Name of father Rin many
14. Place of intended interment mp. Takor me cumptry
15. Date of intended interment fax. 17 - 07 J.E. Kungkendall Undertaker.
15. Date of intended interment fax. 7 - 0.7 J.E. MuglundallUndertaker. Date of Certificate Jun. 17 - 07. Residence
15. Date of intended interment fax. 17-0.7 J.E. Muchtendall Undertaker. Date of Certificate fun. 17+07. Residence 74. College St.
Date of Certificate June, 17 07. Residence

Sarah M. Bailey 1900

6
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Sarah - Mu Barly
1. Name of deceased Sarah-In Barley 2. Sex frunce. 3. Color white 4. Age #7 your
5. Married or single - Married
6. Date of death Cancerption
7. Cause of death Comments
Dr. 94.P.C. WPCortwyhr M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
O
9. Occupation 10. Place of birth Game by
r. Residence They + 18 the LI- Ward No.
12. Time of residence in the City
13. When a minor Name of Mother Name of Father
14. Place of intended interment <u>Met-Obout</u>
15. Date of intended interment Jan 15 1900 Howey Day - Undertaker.
followey Day - Undertaker.
Date of Certificate Residence

Thomas Bailey 1900

_	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.
	Name of deceased Thomas Barley
	Sex male. 3. Color place. 4. Age HO - 4.
2.	Sex made, 3. Color plant, 4. Age de gast
5. 6.	Data of death $Aaa = 1 - 1.0$ of
7	Date of death Aperil 1- 1902 Cause of death Meumonice
	Duration of last illness Our week
~	O. D. Porte, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Rail Road
10.	Occupation Rail And Place of birth Rechtfeeld
10. 11.	Occupation <u>Rail and</u> Place of birth <u>Rochfeeld</u> Residence Browling Inch Ward No, <u>2</u>
10. 11.	Occupation <u>Rail Residence</u> Place of birth <u>Residence</u> Ward No, <u>2</u> Time of residence in the City. <u>Three</u> years
10. 11. 12. 13.	Occupation     Rail Residence       Place of birth     Residence       Residence     Residence in the City.       Time of residence in the City.     Phase       When a minor     Name of Mother       Name of Father     Name of Father
10. 11. 12. 13.	Occupation     Rail Residence       Place of birth     Residence       Residence     Residence in the City.       Time of residence in the City.     Phase       When a minor     Name of Mother       Name of Father     Name of Father
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>	Occupation       Real Radio         Place of birth       Residence         Residence       Residence in the City.         Time of residence in the City.       Phase         When a minor       Name of Mother         Name of Father       Place of intended interment
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation       Rail Residence         Place of birth       Residence         Residence       Bowling Anula         Ward No, 2         Time of residence in the City.       Ward No, 2         When a minor       Name of Mother         Name of Father       Place of intended interment         Place of intended interment       Aland Rackfueld         Date of intended interment       Appril 2400 grade         L.E. Muttandard, Undertaker.
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation       Rail Residence         Place of birth       Residence         Residence       Bowling Anula         Ward No, 2         Time of residence in the City.       Ward No, 2         When a minor       Name of Mother         Name of Father       Place of intended interment         Place of intended interment       Aland Rackfueld         Date of intended interment       Appril 2400 grade         L.E. Muttandard, Undertaker.
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation       Rail Reading         Place of birth       Residence         Residence       Bowling Anule         Ward No,       2         Time of residence in the City.       Phase         When a minor       Name of Mother         Name of Father       Place of intended interment         Place of intended interment       Alage Rackfull         Date of intended interment       Alage Alage

Thomas Bailey 1909

	13-
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Thomas Bailey 2. Sex Maler 3. Color White 4. Age 56.7	
5. Married or Single	
6. Date of death July 27" 1909. 7. Cause of death Cirrosis of the Liver	
8. Duration of last illness.	
Residence Washville Jum	. D.
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth 11. Residence Nashwilly June Ward No.	
12. Time of residence in the city	
13. When a minor { Name of Mother	
14. Place of intended interment Fairview Cemetery	
15. Date of intended interment fully NS"1909	
Date of Certificate July 18/09 Residence	iker.

Thomas Bailey 1909

## Warren County, Kentucky Death Records, Box 1, Folder 3 (Ba to Bl)

fell	Railroad.
TRANSPORTAT	TION OF CORPSE.
DHVSICIAN'S OD	E BOARD OF EMBALMERS
Vinishing TI	CORONER'S CERTIFICATE
(If minor, give parents' pame a	Iso.) Date of Death family 27 19 07
Hour of Death 5 P. M. Age 56	iso.) Date of Death Janley 27 19 07 Vears Months Days
Prace of Death Le put the Concer frank and Station	handle Jem
Cause of Death City have as M	Luce
I hereby certify that the above is true to the best	of my knowledge and belief.
e-1 1. 1	L. D.H. dreve M. D. or Coroner.
Residence Ct ty A current and C	ounty of Doreichter State of <u>Gladesterne</u>
PERMIT OF LOCA	L BOARD OF HEALTH.
	sysician's Certificate presented to the Railroad or Express
Agent before	a body can be shipped.
In the (City or Town.)	of Nashville County of Davison
Permission is hereby given h 9 -	he 28 day of July 1909 19 holder of Embalmer's License No. 13.9 in the county of Warren
to remove for burial at Bowlinggreen	in the county of Warren
Line b sty of	THE DELTY
who died at Nashville County of	Bate of
and Mrs. Elizabeth Hamby	is hereby authorized to accompany said remains.
RULE 1. The transportation of bodies dead of small-pox, or buboni	Health Officer or Sec'y Board of Health.
and the second se	N TO THE PERSON ACCOMPANYING.
A STATE OF	TO THE PERSON ACCOMPANIING.

Tom Baily 1894

659 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 <i>Jom Baily</i> 2. Sex Male 3. Color Bilk 4. Age 35(2) 5. Married or single <i>Single</i> 6. Date of Death <i>Aug.</i> 304 7. Cause of Death <i>Phthiasis Pulmonalia</i> 8. Duration of last Illness <i>M. Porlin</i> , M. D. Residence <i>Bowlinglyun, Ky</i> .
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth <i>Hance</i> 60. 11. Residence <i>Mance struct</i> . Ward No. 4 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment <i>MA Mourah bew</i> 15. Date of intended Interment <i>Aug 31 "/94</i> <i>Ab Guard HBw</i> , Undertaker. Date of Certificate <i>Mug 3/9/94</i> Residence

#### E. S. Baird 1908

This Constitutes One Certificate to be Ret. ed to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
ES Read Band
1. Name of declased . I. Variation Church 2. Sex Mall Munuch. 4. Age 48 40.
5. Married or singly Manual.
6. Date of death Jury, 9 1900
7. Cause of death Onumber with 8. Duration of last illness Strenge with the Canturight
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation Carpanter if
10. Place of birth ford St. O Grean Hy
11. Residence Ward No Ward No Ward No
( Name of mother
13. When a minor Name of father
14. Place of intended interment
15. Date of intended interment Jury, 11 1908
Date of Certificate July 10"/08 Residence80WLING GREEN, KY

America Baker 1897

1017	6
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Amund Barley	
2. Sex Funale 3. Color My . 4. Age 47 1/10	
5. Married or single Married	
6. Date of Death NEC 27 1897.	
7. Cause of Death Areach Dearciac	
8. Duration of last Illness	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence Junter Stuch. Ward No. 2nd	
12. Time of Residence in the City	
Name of Mother	
13. When a Minor Name of Father	
14. Place of intended Interment MA Mount, Quit	/
15. Date of intended Interment DEU28"1897	
Gund Y Gunn, Undertaker.	
Date of Certificate DEU27/98 Residence	

Child of Annie Baker1901

REIT	URN OF A DEATH.
PHYSICI	IAN'S CERTIFICATE PREPARATORY TO BURIAL.
· Name of Assess	sed child of anna Baker
2. Sex for the second	
5. Married or singl	le
6. Date of Death	May -13 - 1901 -
7. Cause of Death.	
8. Duration of last	Str Combo - , M. D
	Residence State St
UNDEDTAK	
ONDERIAN	KER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation	Bl ef 14
10. Place of Birth	the St Ward No. 2 me
2. Time of Reside	
When a Minar	Name of Mother Annu Bakun - Name of Father
5. when a minor	Name of Father
	led Interment Country Country
5. Date of intended	d Interment May -14 - 1901 Verand Strand, Undertaker
Date of Certificate	Residence

Child of Mary Baker 1892

421 8 19
'This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Infant of Mary Baker 2. Sex 3. Color Blk, . 4. Age
2. Sex 3. Color Blk, . 4. Age
5. Married or Single Sugle
6. Date of Death July, 6"/1892.
7. Cause of Death & Peruature Labor
8. Duration of last Illness N. D. N. Wino teach, M. D. Residence Bornfung Frem Ky
9. Occupation 10. Place of Birth City,
11. Residence
12. Time of Residence in the City
13. When a Minor. Name of Mother Mary Saker,
14. Place of intended Interment County Cen
15. Date of intended Interment fully 71/92
Date of Certificate fully 7/92, Residence

Child of Mary Baker 1894

62.8 This Constitutes One Certificate to be arned 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 futuale 3. Color Pelk. 4. Age 1 42
5. Married or single 6. Date of Death fime 11"/94.
7. Cause of Death fruite
8. Duration of last Illness the Mucht
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Ully 11. Residence My Shull . Ward No. 3 M
12. Time of Residence in the City
13. When a Minor Name of Mother Mary Baker
14. Place of intended Interment County lever
15. Date of intended Interment, June 12°/94 H. C. Muard H. Burgendertaker.
Date of Certificate mile 2/2 Residence
·

Peter Baker 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
2. 5. 6. 7.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Sex male 3. Color Black 4. Age 23 Married or Single Date of Death Of 9 1979 Cause of Death The two free mar of Whicky Duration of last Illness four days
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Place of Birth Educuson Co
11.	Residence Aunun Street . Ward No. 2
12.	
	When a Minor { Name of Mother
14.	Place of intended Interment Col Cent
15.	Date of intended Interment Det 10 79 Hrank Coberard, Undertaker.
D	ate of Certificate OCA 10 <sup>72</sup> 79. Residence
-	Democrat Print.

Walter B. Baker 1908

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Inysician's Certificate Treparatory to Durial.
1.	Name of deceased Walter B. Boker
2.	Sex Make 3. Color White 4. Age 64
5.	Married or single Married
6.	Date of death ang 24. 1988.
7.	Cause of death Por aly Did
8.	Duration of last illness / 4 Car
	Mm a Broyd M.
	Residence Browling Gurns
	Undertaker's Certificate in Relation to Deceased.
9	. Occupation Farmer
10	
11	. Residence Harren Courtes Ward No.
12	· · · · · · · · · · · · · · · · · · ·
13	. When a minor Name of mother
	( Name of father
14	
15	
	I Hayan (Unfe) Undertak
Da	ate of Certificate ang 21 - Residence

Willie Baker 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
1	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Willin Balkin
	Sex quale . 3. Color black 4. Age 10 heres
5.	Married or Single
6.	Date of Death Aug 15-The 18th
	Cause of Death Cholina Infantion
8.	Duration of last Illness On bout
	Résidence Bruling Frun
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation Develop Luce of Birth Birthing Luce Man
	Residence de Lo. Ward No
	Time of Residence in the City Lince hinthe
13.	When a Minor Name of Mother Gunthia Thomps Name of Father Candy Bally
14.	Place of intended Interment Cl_Cent
15.	Date of intended Interment Aug 15 S/ Frank Perand, Undertaker.
De	ate of Certificate Ay 15th Residence B_ Lun
	C Democrat Job Print

Lula Balanger 1891

2.84 24
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
1. Name of deceased Incla Balanges
2. Sex Humart. 3. Color Calara. 4. Age 14 years
5. Married or Single Angle
6. Date of Death may 15/91
7. Cause of Death Conscientifica
8. Duration of last Illness 2 months
AP Corture ghl. M. D.
Residence
9. Occupation
10. Place of Birth Edmason Co
11. Residence Builing Green. Ward No 2 mund
12. Time of Residence in the City 2 gears
13. When a Minor. Name of Mother Francis Balanger
14. Place of intended Interment Moneries
15. Date of intended Interment May 18/9/ Justice mail of , Undertaker.
Date of Certificate dray 18191 Residence
the same second statement of the second s

Allen Balch 1892

386 25 This Constitutes one Certificate to be Ret, ned 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 yrs 5. Married or Single Single 6. Date of Death Feb 247-3 1892 7. Cause of Death Acute Brights Desens 8. Duration of last Illness <u>3</u> mm/h Achight, M. D. Residence Burling hum 19 -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Byun Ward No. 127 11. Residence // // 12. Time of Residence in the City\_\_\_\_ 13. When a Minor. } Name of Mother Mus Clyde Balch Name of Father Author " 14. Place of intended Interment Fournin Out 15. Date of intended Interment Fil 25-31892 Housand, Undertaker. Date of Certificate Ful 24 Pg2 Residence

Arther Balch 1893

H92) This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	26
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Arther Balch	_
2. Sex Male . 3, Color Athite 4. Age 46 yrs.	
5. Married or single Married	
6. Date of Death Mar 18 193	
7. Cause of Death Apropleyy	
8. Duration of last Illness 2 doub lust alleelle	
Quint M. D.	
Residence CUG -	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Conductor	
10. Place of Birth H H H	
11. Residence Mar Sturt Ward No.	
12. Time of Residence in the City	
13. When a Minor Name of Mother	
Name of Father Anioien Comete	in
14. Place of intended Interment Mar 19/193	_
Adderson Bio-Undertaker.	
Date of Certificate av 99 193 Residence billy	

Martha Baldwin 1893

27 Dut This Constitu ertificate to be Returned to the City Clerk for a Burial Permit. RETURN 13 DETATE PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.-Balden 1. Name of deceased Mrs Marthue Buldmin 2. Sex famale N. 3. Color while . 4. Age 76 5. Married or Single midan 6. Date of Death 7. Cause of Death / 8. Duration of last IMness Ken M. D. mullisan Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. -----97 Occupation 10. Place of Birth Musich 11. Residence 11 the Let . Ward No 12. Time of Residence in the City Juan 13. When a Minor. Name of Mother Solution Solution Solution (Normal Solution Solution) (Normal Solution Solution) (Normal Solution) (Nor 14. Place of intended Interment Canton Care 15. Date of intended Interment Crother & Paymer, Undertaker. Date of Certificate Residence Del 11 1893

#### Warren County, Kentucky Death Records, Box 1, Folder 3 (Ba to Bl)

Sallie Ball 1891

-335 - 28_
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,
TRANS ALAR A READ WARDER
RETURN OF A DEATH.
1. Name of deceased Sallie Ball
2. Sex female 3. Color Cal 4. Age 34
5. Married or Single Channel
6. Date of Death CCA 23 1821
7. Cause of Death Lyphaid Hever
8. Duration of last Illness 10 weeks
B H, Mulliken M. D.
Residence
9. Occupation Hansetheepser
10. Place of Birth Hartavien Lever 11. Residence City Ward No
12. Time of Residence in the City 6 years
13. When a Minor. Name of Father
14. Place of intended Interment Int Mariah
15. Date of intended Interment Or 25th 1891
Prather Hayne Undertaker.
Date of Certificate Oct 24 . Residence City

Infants of Fenton & Lou Ballanger 1908

29
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial. 1. Name of deceased My 100 Paulting Korn 2. Sex Married or single 3. Color 4. Age 4. Age 5. Married or single 6. Date of death Marrie Harrie Harr
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
14. Place of intended interment Who Woreah
$\Omega I = I R$
15. Date of intended interment 4ml 0/07
Date of Certificate

Cornelius Ballinger 1891

371- 30
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
1. Name of deceased Compline Ballinger
2. Sex boy 3. Color Black . 4. Age 6 mo
5. Married or Single
6. Date of Death Dec 12 1881
7. Cause of Death Consumption
8. Duration of last Illness 4 months
O.C. Boustine
Residence
9. Occupation
10. Place of Birth
11. Residence
12. Time of Residence in the City
13. When a Minor. Name of Mother Chances Ballinger
) Name of Father Burger 14. Place of intended Interment
15. Date of intended Interment Del 2 2 1551
Bathing Bym, Undertaker.
Date of Certificate Residence

Rebecca J. Balsh 1899

Dout of city 30 58 31
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 The Rubicea John 2. Sex funde. 3. Color while 4. Age 57 yr 5. Merried or single widow 6. Date of death Jacky 25 1895 7. Cause of death Jacky 25 1895 8. Duration of last illness for 8. Duration of last illl
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth 11. Residence Stite but 8th than. Ward No. /
<ul> <li>12. Time of residence in the City</li> <li>13. When a minor Name of Mother</li> <li>14. Place of intended interment <i>Konnance Constant</i></li> <li>15. Date of intended interment <i>Surgery</i> 26 1859</li> <li><i>Maway Pay</i> - Undertaker.</li> </ul>
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.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased James F. Bandy
1. Name of deceased James F Bandy 2. Sex maly. 3. Color White 4. Age 6 4 5. Married or single married
5. Married or single manual
6. Date of death april 17 1912
7. Cause of death <u>friender</u>
8. Duration of last illness Shars, M. D.
Residence Bouling Freen Ky
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Corporter
9. Occupation Corporation 10. Place of birth Simpson County //w 11. Residence Bawling Hum My Ward No,
12. Time of residence in the City. 4 4
13. When a minor { Name of Mother
7 1
15. Date of intended interment april 18 1910
Enorh Killy, Undertaker.
14. Place of intended interment Farmur Current 15. Date of intended interment april /8 /9/17 Emorie OKilly, Undertaker. Date of Certificate Residence BM Hz
*

Child of Louis Bandy 1899

1 × 2× - 5 33
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Child (Bandy)
2. Sex fundre 3. Color while 4. Age / 6 m D
5. Married or single 6. Date of death July - 2 - 1879
7. Cause of death Choling In Jantum 8. Duration of last illness 4 white
Touris. Jon W. Stone M. D.
Residence Callege St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Chy
11. Residence High St Ward No.
12. Time of residence in the City
13. When a minor { Name of Mother Name of Father gover Bandy
14. Place of intended interment Talkouw Cun
15. Date of intended interment uly 2 1899 Mawling Varyn, Undertaker.
Date of Certificate Residence

Emmet Barbee 1893

51) This Constitutes One Certificate to be deturned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Emuch Barbie 2. Sex male 3. Color Bly . 4. Age 7 mid -
5. Married or single 6. Date of Death Apr 10"/9.2
7. Cause of Death minunger
8. Duration of last Illness 2 with
V P Costivijfe, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Ceity
9. Occupation 10. Place of Birth Ceity 11. Residence & Chestnut
12. Time of Residence in the City
13. When a Minor Name of Mother Afistur Darky Name of Father, Millo
14. Place of intended Interment M Manah -
15. Date of intended Interment Apr 11/193
7. 6. Tu and find, Undertaker.
Date of Certificate Residence
11

Infant of Willis & Hester Barbee 1894

35
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Infant Barber 2. Sex 3. Color Black. 4. Age 3 meeter
5. Married or single 6. Date of Death Jacky / J 1894
7. Cause of Death 8. Duration of last Illness No Julyician. Mittir did I week befor. , M. D.
Residence, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence Indianala at Ward No.
13. When a Minor Name of Mother Hester Barber Name of Father Willes Barber
14. Place of intended Interment not Moreals 15. Date of intended Interment Jugly 13 1824
Date of Certificate July 194. Residence

Chris Barber 1912

ceased Char ceased Char le 3. ( Single Mark ath MCC eath Char last illness	Color Mh	eparatory 1 Port te 1911 lasis	4. Age # 0
le 3. ( Single M ath MC eath	h /	Tonte ite. 1910 lasis	
le 3. ( Single M ath MC eath	h /	ite ite 19/19 lasis	
Single Math	h /	le 19/12 lasis	
eath T	unden	1912 lasis	
eath 7	unden	191m lasis	
	s-m	lasis	
last illness	5m	/	
		ants	-
**********	•••		en M
Re	sidence R	meing	Gneen
		'	
rtaker's Cert	ificate in 1	Relation to	Deceased.
The	nos	mo	m
Bame	lung A	and	- Ward No
	7		
nor {			
*	and the second se	rum	Cyn
	ma	h21	91m
E	in	horis	las, Underta
te		Residence	1011
	and the second s		N. L. N. I. Y. Y. Y.
	ertaker's Cert n Reference in the cit, sidence in the cit, inor Name of P Name of F intended interment tended interment.	ertaker's Certificate in 1 n Munn with Warn ( Bauling) sidence in the city ( inor Name of Mother Name of Father ( Name of Father ( Name of Father ( Name of Father ( Name of Father ( )	ertaker's Certificate in Relation to A Provident Cantor arth Warn Cantor Banding Succession sidence in the city Samling Succession inor Name of Mother nor Name of Mother Name of Father hended interment Farry on tended interment Mach 2/

Mary Barber 1901

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 Barbar 2. Sex Fernala & Coar While 4. Age 55 yes 5. Married or single Wiglow 6. Date of death Fragmy 14/1901. 7. Cause of death La Supple
8. Duration of last illness MA Francis, M. D. Residence Bowling Geran Ky,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Junasce 11. Residence Durkas allay, Ward No, 3
12. Time of residence in the City
14. Place of intended interment Fairwir Century, 15. Date of intended interment Friby 15/1901, Junard V Jeward , Undertaker.
Date of Certificate 990916/1901 Residence
•

Hester Barbee 1894

645 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 Wester Barbare Barba 2. Sexamate. 3. Color Stk. 4. Age 22 5. Married or single marriell 6. Date of Death June 20 1894
7. Cause of Death Blood purson 8. Duration of last Illness about two weeks 0. Marphy J. M. Murphey, M. D. Residence Bawling hum
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Simpson Coo 11. Residence High It Ward No.
12. Time of Residence in the City 4 912 coart 13. When a Minor Name of Mother 14. Place of intended Interment Manableuu 15. Date of intended Interment July 12. 894
Date of Certificate Residence

John Barclay 1894

629
RETURN OF A DEATH.
ALIONIO OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
The law
1. Name of deceased form Ranchal
2. Sex Mall. 3. Color Dello. 4. Age 32 yrs
5. Married or single
6. Date of Death MM 12"/94
7. Cause of Death Consultant 8. Duration of last Illness
1200 0
, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Rowing Cull Ky.
11. Residence 2 24 street. Ward No. 1 25
12. Time of Residence in the City
13. When a Minor } Name of Mother
Name of Father
14. Place of intended Interment MA, March
15. Date of intended Interment plus 13 194
To Serving Hugundertaker.
Date of Certificate And 13 Residence City

John Barclay 1894

629 Fis Constitutes One Certificate to a gened to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased John Barchay 2. Sex Male. 3. Color BLC. 4. Age 32 425
5. Married or single suight 6. Date of Death MMU 12"/94
7. Cause of Death Concurption 8. Duration of last Illness
M.D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth <i>Regulation Burgers Burgers Burgers Burgers Burgers Burgers Burgers</i> 11. Residence 2 - Street Ward No. 1
13. When a Minor Name of Mother
14. Place of intended Interment MA March 15. Date of intended Interment June 13"/94 December March March 15. Date of intended Interment June 13"/94.
Date of Certificate Jul 13 "Residence City
•

Joseph W. Barclay1913

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 Jaseph WB anday 2. Sex Market. 3. Color white. 4. Age 83 pr 5. Married or single Married 6. Date of death Mary 31 1913 7. Cause of death Construction Hores 8. Duration of last illness - 15 minutes Foreigner M. D. Residence Barwing Your My
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Michanie 10. Place of birth Warren Canity 11. Residence Bowling Mun Ward No, 12. Time of residence in the City. Mary yrons
13. When a minor Name of Mother Name of Father 14. Place of intended interment Farmer Cumbany 15. Date of intended interment June 70 1913 Canoch McLinis, Undertaker.
Date of Certificate Jun V 1912 Residence B Gren

Mathis Barclay 1891

This Co	stitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
:	RETURN OF A DEATH.
1. Name	of deceased Mathias Barelag
2. Sex	by . 3. Color May . 4. Age 11 1000
	or ornary
	of Death Oct 24761891
7. Cause	of Death Scroffolo
8. Durat	on of last Illness
	Humiter Residence M. D
9. Occu	pation
	of Birth Cly
	ence Micanestur Ward No. ?
	of Residence in the City
13. Whe	a Minor. Name of Mother Mollin Smith
11 Place	) Name of Father of intended Interment
	of intended Interment act 25 h1891
10. Date	Morand . Undertaker
Date of C	

Sarah P. Barclay 1911

42
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs Davah J. Davelay
2. Sex Sunale S. Color White . 4. Age 70 400
5. Married or Single Married
6. Date of death fair 23-
7. Cause of death Much as par Configurate
8. Duration of last illness for function
Paitra Finand Develor
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Ack
10. Place of birth Ky
11. Residence Semibralie Jay Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment starwer Security
15. Date of intended interment faw 235-1911
Date of Certificate 124-1911. Residence City

Anna Bard 1879

70 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. RETURN OF A DEATH. PHYSIC AN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased Sex final, 3. Color as . A Age / mi 5. Married or Single 6. Date of Death 7. Cause of Death 8. Duration of last Illness \_\_\_\_ M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Madeson & new Shut . Ward No. 30 200 11. Residence 12. Time of Residence in the City\_ Name of Mother Anna Bard Name of Father James Bard When a Minor 13. 14. Place of intended Interment Aug 3d 15. Date of intended Interment\_ Frank C. Served, Undertaker. Democrat Print.

Mary Nolen Bard 1879

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 De eased Mary Nolen Bard 2. Sex female. 3. Color White. 4. Age 6 year 5. Married or Single Surgle 6. Date of Death func 7. Cause of Death Duration of last Illness 3 Abriggs . M. D. Residence ( UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Bowling Green Ky . Ward No. 11. Residence 12. Time of Residence in the City Name of Mother Nancy Bard Name of Father James 11 When a Minor 13. 14. Place of intended Interment Farmer Cem 15. Date of intended Interment Jun 8th 1879 Frank Cherard . Undertaker. Date of Certificate Residence Democrat Print

Mrs. John Bardemaker 1898

4
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased min John Bardemaker
2. Sex final. 3. Color white 4. Age 30yr
5. Married or single married
6. Date of Death April - 22 - 1898
7. Cause of Death Minum Prochection 8. Duration of last Illness One Lay
Residence Bally
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Nance Co
12. Time of Residence in the City Life Time
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment I Journa -
15. Date of intended Interment
Date of Certificate Auf 73/2: Residence College St
/ // / /
and the second

Pressly H. Barker 1894

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	44
RETURN OF A DEATH.	
1. Name of deceased Bessly & Barker	
2. Sex Male 3. Color marter 4. Age 60 gre 5. Married or Single Married -	_
6. Date of Death Fit 9th 1834 7. Cause of Death Concurring fram	
8. Duration Mast Illness BAMillikun, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
10 Place of Birth Lagan Country	
12. Time of Residence in the City	
13. When a Minor. } Name of Mother	
14. Place of intended Interment Interhor Springer 15. Date of intended Interment File 10 1834	
Prother Paym, Undertaker.	
Date of Certificate Residence	

Samuel Barker1892

17 AIM stitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETURN CF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL -----1. Name of deceased Samil Barker 2. Sex Maly . 3. Color While . 4. Age 19 5. Married or Single Married 6. Date of Death Sept 24-1892 7. Cause of Death Transatic Injung 8. Duration of last Illness 10.W. Dowling M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.— 9. Occupation 10. Place of Birth Wacunch 11. Residence Ward No. 12. Time of Residence in the City\_\_\_\_\_\_ in an 14. Place of intended Interment 15. Date of intended Interment Torather Vayne, Undertaker. Date of Certificate Residence

Mattie F. Barlow 1910

	9
	his 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. 2.	Name of deceased Jis, Mattin J. Barlow Sex Frundle 3. Color White 4. Age 63 yrs. Married or single Single
5.	Married or single Sugli
6.	Date of death 4/01 25"1910.
7.	Cause of death Aferry or a ge of frings
8.	Duration of last illness and allowing
	M. T. Artgy M. D.
	Residence ( Southing Green )?
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Monor, Cotty.
11.	Residence O fay St. Ward No. 2
12.	Time of residence in the city 6 7900.
10	Name of mother
13.	When a minor Name of father
14.	Place of intended interment Farryen Cemulary
15.	
	GERARD & GERARD, Undertaker.
Da	te of Certificate apr. 25/1910

Catherine Barner 1912

* * 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. Cathuring Barman.         2. Sex       3. Color       4. Age         3. Solor       4. Age         5. Married or Single       Marr. 5" 1917         6. Date of death       Marr. 5" 1917         7. Cause of death       Securitity         8. Duration of last illness       How Store Mr. Store, M. D.         Residence       Mr. Store, M. D.         Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Warring Construction Original Ward No.
11. Residence   Ward No.     12. Time of residence in the city.   Ward No.
13. When a minor { Name of Mother
14. Place of intended interment <i>Faitview Complexy</i> 15. Date of intended interment Mar, 6"1917,
Date of Certificate Mar. 6"1914, Residence

Emma Ellen Barnes 1906

5D-
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Mus Eurona, E. Barnes. 2. Sex Junal 13. Color White 4. Age 31
1. Name of deceased Mr. Cuma, G. Janus,
Will A AMAT Parus
5. Married and Set 17" 19"6.
6. Date of death Oct, 17" 19"6. 7. Cause of death Pulmonary Jubarculosis
8. Duration of last illness 11 11 2 4
Residence Spring field Trues
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 11. Residence Juing field June Ward No,
12. Time of residence in the City.
i3. When a minor Name of Mother
14. Place of intended interment Janving Country
15. Date of intended interment 004.19"1906
GERARD & GERARD, Undertaker. Date of Certificate
Date of Certificate 2419-1906 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. 17"06
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.
I hereby certify that the above is true to the best of my knowledge and belief.
Dr. W. W. Corter 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
State of Tenn. on the 18" day of Oct. 190 6
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 17" day of Oct. 1906 Aged 31 Years 8 Months _ Days,
and Robert Barnes is hereby authorized to accompany said remains.
(SEAL.) Signed Dr. N. W. Porter Health Officer.
1/9>

Corinne Barnett 1907

51
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 Forum Barnett 2. Sexfunder 3. Color Black 4. Age 17700 5. Married or single 6. Date of death 2 1907 7. Cause of death 2 1907 8. Duration of last illness 10 mm N.E. Marriet M. D. Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Manual Ward No.
12. Time of residence in the city
13. When a minor Name of mother Anthennett
14. Place of intended interment and allower the
15. Date of intended interment from 4-1901
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.	
ALIOAN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Durant Barnett	
3. Sexanale 3. Color Black 4. Age 68	
5. Married or single michan	
6. Date of death for - 19-1898	
7. Cause of death Chronie Brights Disease	
8. Duration of last illness Drop Port M. D.	
i Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Ja voner	
10. Place of birth Warne Comey	
11. Residence Hope St Ward No. 3	
12. Time of residence in the City	
13. When a minor Name of Mother	
14. Place of intended interment Interment	
15. Date of intended interment face 20 1888	
To awly Payor Undertaker	
Date of Certificate Residence	

Edwowin 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.
1 Name of deceased Edwarding Barnett
million Million M
2. Sex / and 3 Color Color 4. Age / 4. Age
6. Date of death March V3 191 W
7. Cause of death Inberentoris
8. Duration of last illness 5 months
W J. M. D.
Residence Surling Vulfy
Undertaker's Certificate in Relation to Deceased.
9. Occupation Nau
10. Place of birth
11. Residence / VF- 10th Ward No. V
1 alas
12. Time of residence in the city Maple, Bornett
13 When a minor Name of mother Mask Bornett
Name of mother Maple Barnett
13. When a minor Name of mother Mable Bornett Name of father Jobraum
13. When a minor Name of mother Mable Bornett Name of father Jobnaud 14. Place of intended interment Manuah 15. Date of intended interment Manuah Undertaker.
<ol> <li>13. When a minor Name of mother Maale Bornett</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> </ol>
13. When a minor Name of mother Mable Bornett Name of father Jobnaud 14. Place of intended interment 15. Date of intended interment Manual Undertaker.
13. When a minor Name of mother Mable Bornett Name of father Jobnaud 14. Place of intended interment 15. Date of intended interment Manual Undertaker.

Infant of Henry & Stella Barnett 1897

1003 - This Constitutes One Certificate to be Returned to the City Clerk for a Burial a
RETURN OF A DEATH. 54
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Infant Barnet
2. Sex fame. 3. Color Belk. 4. Age Inno
5. Married or single
6. Date of Death March 18 1857
7. Cause of Death
8. Duration of last Illness
De la T. W. Stone, M. D. Residence College St.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence 11 the M - Ward No.
12. Time of Residence in the City
Name of Mother Samuelt
13. When a Minor Name of Mother Summet
14. Place of intended Interment the home the
15. Date of intended Interment Ann 18- 37
- Pratting Hagen, Undertaker.
Date of Certificate, Residence

Maggie Barnett 1912

ĸ	ETURN OF A DEATH.
1.	1195 DENTIN.
	Physician's Certificate Preparatory to Burial.
1. Nam	e of deceased Maggir, Barnutt, Funale & Color Black, 4. Age 21 yrs. ried or Single
2. Sex	Funaly 3 Color Blath, 4. Age 21 yrs.
5. Mari	ied or Single Single
	of death MAY 2 6 1912
	e of death Inberentosis
	tion of last illness Dix moulds
o. Dura	W=ABush
	ME ABriggs, M. D Residence Brooking Green Ky
	Residence() at the barry grant of the
1	Undertaker's Certificate in Relation to Deceased.
9. Occu	e of birth Frankfin, Ky.
10. Place	e of birth Many M. My.
11. Resi	dence 10 the St. Ward No. 2
11. Resi	dence 10 The St. Ward No. 2
11. Resid	dence 10 2 07. Ward No. 2 e of residence in the city 4 9rd -
11. Resid	dence 10 2 01. Ward No. 2
<ol> <li>Resident</li> <li>Time</li> <li>Time</li> <li>Whe</li> </ol>	dence 10 2 07. Ward No. 2 e of residence in the city 4 9rd -
<ol> <li>Resident</li> <li>Time</li> <li>Time</li> <li>Whee</li> <li>Place</li> </ol>	dence 10 2 07. Ward No. 2 e of residence in the city 4 9 2 - n a minor { Name of Mother
<ol> <li>Resident</li> <li>Time</li> <li>Time</li> <li>Whee</li> <li>Place</li> </ol>	dence 10 2 01. Ward No. 2 e of residence in the city 4 9rd - n a minor { Name of Mother
<ol> <li>Resident</li> <li>Time</li> <li>Time</li> <li>Whe</li> <li>Place</li> <li>Date</li> </ol>	dence 10 2 01. b of residence in the city 4 9 2 - m a minor { Name of Mother Name of Father e of intended interment May 28' 1912 GERARD & GERARD. May 27/12 May 27/12 May 28' 1912 May 28'
<ol> <li>Resident</li> <li>Time</li> <li>Time</li> <li>Whee</li> <li>Place</li> </ol>	dence 10 2 01. b of residence in the city 4 9 2 - m a minor { Name of Mother Name of Father e of intended interment May 28' 1912 GERARD & GERARD. May 27/12 May 27/12 May 28' 1912 May 28'

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 Grehard Barnett
2. Sex Male 3. Color Blk 4. Age 8 mo
5. Married or single
6. Date of death ang 20 1900
7. Cause of death
8. Duration of last illness
De Hamber Dr Hambuck M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth they dog and bo
11. Residence Twin 10 the Ward No. 3
12. Time of resilience in the City
13. When a minor Name of Father Richard Bar well
14. Place of intended interment MIT Morial
15. Date of intended interment and the first of the second
Alaster Jaymen Undertaker.
Date of Certificate Residence
and the second

MSS 293 Manuscripts & Folklife Archives – Library Special Collections – Western Kentucky University

Mary A. Barra 1896 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 Whiss Marry. a. Barra 2. Sex Junale 3. Color While . 4. Age 76 5. Married or single Ingle 6. Date of Death ang 19 21896 7. Cause of Death In flamation of Stomach 8. Duration of last Illness , M. D. St.P. Cartwright Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Wane Comily Ward No. There 11. Residence 12. Time of Residence in the City Life Time Name of Mother 13. When a Minor Name of Father Fairren 14. Place of intended Interment AUG 10 1896 15. Date of intended Interment Ale Level Theo, Undertaker. Date of Certificate AUG 10 1896 Residence.

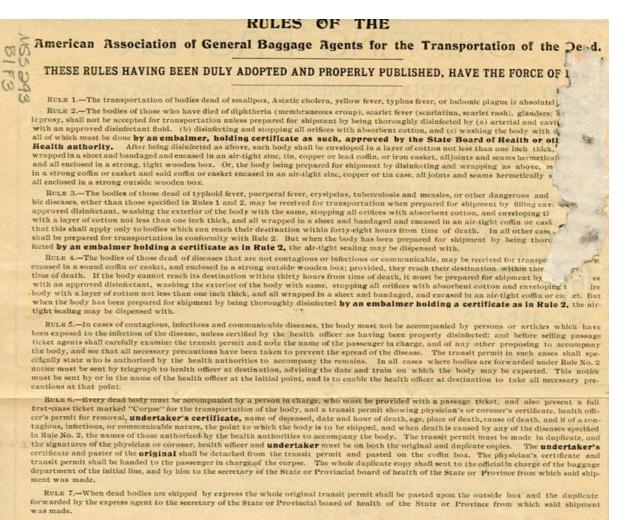
William K. Barre 1906

This Constitutes One Certifiate	58
RETUR	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
William, K. Barry	
1. Name of degeased muture , State The	
2. Sex married or single Single Augustant of Aller and Augusta	
6 Date of death when I I I I I I I I I I I I I I I I I I I	6.
7. Cause of death Infirmiters of Oly age 1	
8. Buration of last illness Dun un Componition office,	1
This Body . To Die, Cutificate accompany, M. D.	
-proved - D mong	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
BOWLING GREEN, IT Ward No.	
12. Time of residence in the City. Mary years	***
Name of Mother	
13. When a minor Name of Father	-
14. Place of intended interment Fairving Cumrtuy. AUG 14 1906	+
15. Date of intended interment	
GERARD & GERARD., Undertake	
Date of Certificate AUG 14 1906 Residence BOWLING GREEN, I	ć
	-

William K. Barre 1906

Scherenze Particle Particle Provided in the provided in t	
CERTIFICATE OF UNDERTAKER. I Hereby Certify, That the enclosed remains of Milliam & Banc, who died of Mfirmuffies O Old aff consigned to X Gragment Gera Town of Balling Leen State of Heatucky, has been prepared and Arterially Em- balmed 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. Sign Market Constrained and C	ra

## William K. Barre 1906



RULE S.-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 gealed (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

31 This Constitutes ONE CERTIFICATE to be rey Clerk for a BURIAL PERMIT RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased Callurine Barnel Bant 2. Sex Fucal 3. Color Mil 4. Age 94 70 Murred 5. Married or Single 6. Date of Death Schot Stuffs 1 7. Cause of Death Prostrations form au our Sor of Some Your days 8. Duration of last Illness A. M. Comaell M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10 Place of Birth preland 11. Residence Miccunce Stut - Ward No 2 Time of Residence in the City / Years 12. When a Minor { Name of Mother Name of Father\_\_\_\_\_ 13. 14. Place of intended Interment Catholic Que 15. Date of intended Interment, Suff 6-1881 Gerard Undertaker. Residence Date of Certificate Democrat Job Print

Hildegard Barriger 1881

This Constitutes ONE CERTIFICATE	Jierk for a BURIAL PERMIT
RETURN OF	A DEATH.
< >	- Causer
PHYSICIAN'S CERTIFICATE PH	REPARATORY TO BURIAL.
1. Name of Deceased Cildeg	1.
2. Sex Female . 3. Color Ly	hite 4. Age 2 Months
5. Married or Single	
6. Date of Death Car 19 Th	1881 2
7. Cause of Death Chaling	Infantum
8. Duration of last Illness	tiget &
	SC Chler- M.D.
Residence	andinghren
	N RELATION TO DECEASED.
9. Occupation 0. Place of Birth Muce	
MA OFF	W I N /
	Ward No
2. Time of Residence in the City	L ni IR
3. When a Minor { Name of Mother	his Blanch Baragen
Name of Father	A .'
4. Place of intended Interment	woren Cent
5. Date of intended Interment	1211-51881
102	undertaker.
Date of Certificate_ Oct 21-	%. Residence

Lucy Barriger 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Licy Barryw Sex Frinals 3. Color White 4. Age 13 yrs
2.	Sex foundly 3. Color While 4. Age 13 yrs
5.	Married or single
6.	Date of death MAR 8 2 1913
7.	Cause of death Tumor of bran
8.	Duration of last illness 2 No 11/2 m
	pro Ablochburn M. 1
	Residence Bowling meent
	Undertaker's Certificate in Relation to Deceased.
9. 10.	Occupation Place of birth Hantucky
10.	Residence Word Rockfuld, My Ward No.
11	
11. 12	lime of residence in the city
11. 12.	Time of residence in the city (Name of mother. Mus. for Gaught
	When a minor Name of mother Mus. for Baugett Name of father for Baugett
12.	When a minor Name of mother. Mus. for Barright Name of father. for Barright Place of intended interment
12. 13. 14.	When a minor Name of mother. Mrs. for Barright Name of father. for Barright Place of intended interment. Date of intended interment. March, 9"1913.
12. 13. 14.	When a minor Name of mother Name of father. for Baught Place of intended interment Date of intended interment. GERARD & GERARD. Undertake
12. 13. 14. 15.	When a minor Name of mother. Mrs. for Barright Name of father. for Barright Place of intended interment. Date of intended interment. March, 9"1913.

Rosie Barriger 1912

1	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	m. R. B.
1.	Name of deceased Me, Nour, Danight.
2.	Name of deceased Mus, Rosir, Baugar, Sex Junala Midwa 4. Age 43 yrs Married or single Widow
5.	Married or single
6.	Date of death (16/19/1/
7.	Cause of death Milral insufficence Duration of last illness 2 June 1
8.	Duration of last illness 2 quar
	Ce. M. Hall, M. D
	Residence BOWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	
10	Occupation Place of birth Residence Time of residence in the city
10 11 12	Occupation Place of birth Residence Time of residence in the city
10 11 12	Occupation Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Name of father
10 11 12	Occupation Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Ward No. 22 Ward No. 22 When a minor
10. 11. 12. 13.	Occupation Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Time of residence in the city Ward No. 7 Ward No. 7 Ward No. 7 Ward No. 7 Ward No. 7 Ward No. 7 Ward No. 7 Name of mother Name of father Place of intended interment When a minor Place of intended interment Man of Man
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Time of residence in the city Ward No. 7 Time of residence in the city When a minor Name of mother Name of father Place of intended interment Place of intended interment Date of intended interment GERARD & GERARD. Undertaker TOWLING GREEN, IN
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Time of residence in the city Ward No. 7 Time of residence in the city When a minor Name of mother Name of father Place of intended interment Place of intended interment Date of intended interment GERARD & GERARD. Undertaker TOWLING GREEN, IN
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Time of residence in the city Ward No. 7 Time of residence in the city When a minor Name of mother Name of father Place of intended interment Place of intended interment Date of intended interment GERARD & GERARD. Undertaker TOWLING GREEN, IN

Lula Barrow 1907

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 2. Sex Mus Jula Burn 3. Color White 4. Age / 9. 400 5. Married or single Manua 6. Date of death fur 18/1907/1 Liver, 7. Cause of death Drasher of the Liver, 8. Duration of last illness or way works 8. Duration of last illness of the June Manua M. Duration of last illness of the June Manual Man
M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
<ol> <li>Occupation Multipurph leo fly.</li> <li>Place of birth fath St</li> <li>Residence State St</li> <li>Time of residence in the city word Miniths Ward No. 1.</li> </ol>
13. When a minor Name of mother.
14. Place of intended interment
15. Date of intended interment from 19/07.
Date of Certificate full 18/07. Residence30.WLING. GREEN,
<u>898 200</u> 8103

John Barry 1900

29	44
This Constitutés 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 Maria 3. Color Mhile 4. Age 78 5. Married or single Married 6. Date of death April 10/1900	
6. Date of death April 10/1900 7. Cause of death Proceeding Commence Bunchilie	/
8. Duration of last illness B. H. Milliful M. D. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Roads rocked	
11. Residence Poller Street Ward No. 9	
12. Time of residence in the City 13. When a minor Name of Mother Name of Father	
Place of intended interment Splagephs, beau	
14. The of intended interment April 11/1900. Second and Gaund, Undertaker Date of Certificate <u>4/11/1900</u> . Residence	

Joseph Barry 1879

	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 hreph Barry
2;	Ser male 3. Color While . 4. Age 15 main
5.	Married or Single Right
6.	Date of Death aug 29th 1879
7.	Cause of Death Schhurge
8.	Duration of last Illness Luco days
	AB phun N. D.
	Residence Bouting Grand
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence . Ward No.
12.	Time of Residence in the City
10	When a Minor { Name of Mother
13.	When a Menor { Name of Father
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
De	ate of Certificate Residence

Kate Barry 1904

lole
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Mintates Barris
1. Name of deceased New White
2. Sex
5. Married or Single L' 1904
6. Date of death Ang, 6 1907. 7. Cause of death Consumption
8. Duration of last illness
J.C. Huddler. M.D.
Residence Kity
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Bowling Sherry Ky
11. Residence Ward No. 3. Ward No. 3.
12. Time of residence in the city
13. When a minor { Name of Mother
14. Place of intended interment Alexander bruiting
15. Date of intended interment Ang 8"04, Aug 8"04,
Ground and Friand, Undertaker.
Date of Certificate Angle "OH Residence

John Bates 1896

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 Batu 2. Sex Male 3. Color Blk. 4. Age 18 mo
5. Married or single 6. Date of Death
7. Cause of Death <u>12rophy-l'aumanna</u> 8. Duration of last Illness 2. Pm <u>U. D. Porhi</u> , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth My LT
11. Residence Ward No. 3
12. Time of Residence in the City
- 14. Place of intended Interment Cayuty month
15. Date of intended Interment May 2/3/2 hatten Pay, Undertaker.
Date of Certificate Residence

Child of Nora Baucom 1901

68
This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Child of Wora Bankar 2. Sex 3. Color Hach. 4. Age Stronom
2. Sex 3. Color Hach. 4. Age duto Dom
5. Married or single
6. Date of death // 19-12-1901 7. Cause of death Still Born
7. Cause of death     Sure isom       8. Duration of last illness
J.B. Sh.gu. Coh., M. D. Residence Centre St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Bonking Sun Ky 11. Residence Ky So Ward No. 3 ~ 8
12. Time of residence in the City.         13. When a minor         Name of Mother         Name of Father
14. Place of intended interment County Cen
15. Date of intended interment the 12-1901 Grand I Grand, Undertaker.
Date of Certificate Residence

George Allen Baulch 1907

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.
<ol> <li>Name of deceased. Harris and a line of deceased. Harris and the second of the second of</li></ol>
M. D.         Residence       BOWLING GREEN, KY         Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth South Jupurell June 11. Residence Marth St Ward No. 3 12. Time of residence in the city 6 Monthles
13. When a minor Name of mother Mr Baulch Name of father Mr Baulch
<ol> <li>Place of intended interment South Junul Junu</li> <li>Date of intended interment July 26-07.</li> </ol>
Date of Certificate July 25/27. Residence BOWLING GREEN, K

William D. Bearce 1882

	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 Who D Bicue Beance
2.	Sex Male . 3. Color White 4. Age 66 years
5.	Married or Single Maining
	Date of Death Jun 19-1882
	Cause of Death Paruly Ses
	1.1
8.	Duration of last Illness in drug Allinche, M. D.
	Residence Bonly han Ry
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9	Occupation Mass Muchunst
	Place of Birth Bistin Mass
10	
11.	Residence Spring Stiet . Ward No /
12.	Time of Residence in the City
10	Name of Mother
13.	When a Minor Name of Father
14.	Place of intended Interment Farmen Court
	Date of intended Interment June 20-1882
10.	Frenk Charcen, Undertaker.
	A altai
D	ate of Certificate Min 19 = 82. Residence

## Warren County, Kentucky Death Records, Box 1, Folder 3 (Ba to Bl)

Willie Bearce 1878

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 Willer Dearce 2. Sex Male 3. Color White 4. Age 4 months 5. Married or Single Single 6. Date of Death Jun 1297878 7. Cause of Death, bury stron of Lungs 8. Duration of last laness. There anys Residence Bruling brun Ky UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence 155 \_\_\_\_. Ward No. 12. Time of Residence in the City\_ (Name of Mother. Bettin Dereca 13. When a Minor 13. When a Minor Name of Father John Branch 14. Place of intended Interment. Humon Que 15. Date of intended Interment for 1872 1878 nobberand Undertaker. Date of Certificate \_\_\_\_ Residence Pantagraph Print

Infant of Dote & Nanie Beard 1893

H96 This Constitutes One Certificate to be Returned the City Clerk for a Burial Permit.	72
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Infant of Dotr Beard	
1. Name of deceased Infant of Dot. Beard 2. Sex Male . 3. Color White . 4. Age 2 Durje	
5. Married or single	
6. Date of Death March 31	
7. Cause of Death France buch	
8. Duration of last Illness 3 Days H. P. Corlinghe, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Woodfort Sheet (City) 11. Residence Wood fort sheet Ward No.	
11. Residence Wood fort sheet Ward No.	
12. Time of Residence in the City	
13. When a Minor Name of Mother Nance Beard Name of Father Dote Beard	
Name of Father Dole Beard	
14. Place of intended Interment Tarrbierd Cerry	
15. Date of intended Interment april 191893	
Date of Certificate March 31 - Residence	

Mary Beard 1894

73 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit, OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL -Bear 1. Name of deceased Als hrany Bearth 2. Sex female . 3. Color white 4. Age 64 5. Married or Single manuel. han 31 1894 6. Date of Death 7. Cause of Death 6 nermonia 8. Duration of last Illness Zight Days Brand y W. D. to Boundary Residence Bouchuy Frem -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. -----9. Occupation Hancekucken 10. Place of Birth Stantucky . 11. Residence Brondway St Ward No. 1 12. Time of Residence in the City Linnar 13. When a Minor,  $\begin{cases} Name & Mother \\ Name & Minor \end{cases}$ 14. Place of intended Interment Fas vere la 15. Date of intended Interment 7/2 Prather Come, Undertaker. Date of Certificate Hob - 1-9.4. Residence deiter

Child of Nannie Beard 1897

1033 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	74
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased child of namu Beard. 2. Sex male 3. Color Hack. 4. Age I mile 5. Married or single	Ð
6. Date of Death July - 20 - 1897. 7. Cause of Death July Julie Liking	
8. Duration of last Hiness Our Wirk UR Fivrences, M. D. Residence College 2432	2
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Bonhing Lun 14 - 11. Residence Portage Railwood Ward No 3 - d	_
12. Time of Residence in the City Life True 13. When a Minor Name of Mother Namue Beard Name of Father	
14. Place of intended Interment County Construction 15. Date of intended Interment July - 21 - 1897 Fleduard obser, Undertaker.	7
Date of Certificate July 21/97. Residence College St	X

Child of Richard Beasley 1896

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 Brasley 2. Sex Male. 3. Color 1311( 4. Age 4 days
5. Married or single
6. Date of Death ang 17th
7. Cause of Death Aparte
8. Duration of last Illness 3 days
A Derecer, M. D.
Residence 1019 adames SL
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Culy
11. Residence Plante Woulk Ward No.
12. Time of Residence in the City
13. When a Minor Name of Mother Rechard Brasley Name of Father Richard Brasley
Name of Father Richard Prasley
14. Place of intended Interment With Miniah
15. Date of intended Interment Aug 18'-96 Julyann Mr, 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 Children Hurry Beatty 2. Sex Jamale 3. Cour White 4. Age 7 mil	
5. Married or single Surght 6. Date of death Deft 27/1900	
7. Cause of death thor pung bough. 8. Duration of last illness BA, Milliken, M. D.	
Residence M. D	•
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth City	
11. Residence March Struck Ward No 12. Time of residence in the City	
13. When a minor Name of Mother Mult Beally Name of Father A. Beally	
14. Place of intended interment Fairburg Country	-
Date of Certificate Det, 27/1900. Residence	r.

E. L. Beauchamp 1898

1095 5	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 & Branchamp 2. Sex Mate. 3. Color Bly 4. Age 30 5. Married or single Manuel . 6. Date of Death Jan 27" 1898 7. Cause of Death Atemony 8. Duration of last Illness, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
: School Teacher	
9. Occupation & Choose Jeacher.	
11. Residence E. Chuchunk. Ward No.	
12. Time of Residence in the City	
13. When a Minor Name of Mother 14. Place of intended Interment Mc Monich. 15. Date of intended Interment January, 28" 1898.	
Lund Hund, Undertaker.	
Date of Certificate for 28 g Residence City	

Hiram L. Beauchamp 1881

	This Constitutes ONE CERTIFICATE to be retuine the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Jeran I Blauchamp
2.	Sex Male . 3. Color White 4. Age 47 year
5.	Married or Single Manued
6.	Date of Death Jan Old 184
7.	Cause of Death Disease of The liver
8.	Duration of last Illness 4 months of Com
	Le Clorler, M.D.
	Residence Boulinggreen
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Rawyon
10.	Place of Birth Padica 15
11.	Residence Ward No ?~
12.	Time of Residence in the City 9 Years
	( Name of Mother
13.	When a Minor Name of Father
14.	Place of intended Interment Farmer Curt
15.	Date of intended Interment
2019 <u>9</u> 2	Helleran Undertaker.
D	ate of Certificate Jan 195 Residence

Mrs. Josiah Beck 1906

PHYSICIANY OF REPARATORY TO BURMA.         1. Name of deceased Mms fosials Beest.         2. Sex france       3. Color White         4. Age SPYM         5. Married or single       Wardles         6. Date of death       Most 19th 19th         7. Course of death       Most 19th 19th         8. Date of death       Most 19th 19th         9. Date of death       Most 19th 19th         9. Date of death       Most 19th         9. Duration of last illness       Married Strategies         9. Duration of last illness       Married Strategies         9. Occupation       Most 19th         10. Place of birth       Name of Mother         11. Residence       Name of Mother         12. Time of residence in the City.       Name of Father         13. When a minor       Name of Father         14. Place of intended interment       Morrison Strategies St	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
<ol> <li>Name of deceased <i>Mus Josiah Becse</i></li> <li>Sex <i>Hennale</i>. 3. Color <i>White</i>. 4. Age SP. 44.</li> <li>Married or single <i>Writerd</i></li> <li>Date of death <i>Most 19th</i> 19th</li> <li>Cause of death <i>Preservation</i></li> <li>Duration of last illness <i>Jent Springs</i>. M. D. Residence BOWLING GREEN, KY</li> <li>UNDERIAKER'S CERTIFICATE IN RELATION TO DECEASED.</li> <li>9. Occupation</li> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence <i>Barry Marce</i> Ward No.</li> <li>12. Time of residence in the City.</li> <li>13. When a minor Name of Mother</li> <li>14. When a minor Name of Father</li> <li>14. Place of intended interment <u>Nov 21 1906</u> <u>GERARD &amp; GERARD</u>, Undertaker.</li> </ol>	RETURN OF A DEATH.
<ul> <li>5. Married or single Wrolen.</li> <li>6. Date of death Mod 19th 1906</li> <li>7. Cause of death Precurrenciae.</li> <li>8. Duration of last illness Jen Surgers M. J. Buffs., M. D. Residence BOWLING GREEN, KY</li> <li>UNDERIAKER'S CERTIFICATE IN RELATION TO DECEASED.</li> <li>9. Occupation</li></ul>	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
10. Place of birth	5. Married or single Wiclerd 6. Date of death Nov 19th 1906 7. Cause of death Preumanica 8. Duration of last illness Jen Lyng M. D. BOWLING GREEN, KY Residence BOWLING GREEN, KY
11. Residence       Barry March       Ward No,         12. Time of residence in the City.	
<ul> <li>i3. When a minor Name of Mother Name of Father</li> <li>14. Place of intended interment <u>NOV-211906</u> Barrin River Church</li> <li>i5. Date of intended interment <u>NOV 21 1906</u></li> <li><u>GERARD &amp; GERARD.</u>, Undertaker.</li> </ul>	
15. Date of intended interment NOV 21 1906 GERARD & GERARD, Undertaker.	12. Time of residence in the City.
15. Date of intended interment NOV 21 1906 GERARD & GERARD, Undertaker.	13. When a minor Name of Father
15. Date of intended interment NOV 21 1906 GERARD & GERARD, Undertaker.	14. Place of intended interment Nov 21 1905 Barrin River Church
	15. Date of intended interment NOV 21 1906
Date of Certificate NOV 21 1906 Residence POWLING GREEN, IT	
	Date of Certificate NOV 21 1906 Residence POWLING GREEN, KY

Mary Beck 1904

* * 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 Hundle 3. Color While 4. Age 4 gra 5. Married or Single Sungle.
6. Date of death Sapt 1" ort.
7. Cause of death October 8. Duration of last illness_ provided days Torn W Story
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Montegenerary Mard No. 3 11. Residence Church St Ward No. 3
12. Time of residence in the city_ savauldays
13. When a minor { Name of Mother
<ol> <li>Place of intended interment, Start 3" p.4.</li> <li>Date of intended interment, Start 3" p.4.</li> </ol>
Date of Certificate Supt. 2-04. Residence.

Melvin Beck 1908

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.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
PHYSICIAN'S CERTIFICATE, PREPARATORY TO BURIAL.
A A in I
1. Name of deceased Multing Beck
2. Sex 3. Color4. Age
5. Married or single 6. Date of death
7. Cause of death Meloral Harmowhage
8. Duration of last illness and the for the M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
A. TT.
9. Occupation Apphalata
10. Place of birth & arty cannot a
11. Residence Cor. If chestnut Ward No. 2
12. Time of residence in the City. Michty flict gov,
13. When a minor Name of Mother Maky Heck
14. Place of intended interment Mit march Cum
15. Date of intended interment Sept. 89-1908
J. E. Kengkenhall Undertaker.
Date of Certificate Self 2208. Residence
-77 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.
1. Name of deceased Mus. Lo m. Bidginger
2. Sex Jenale. 3. Color while 4. Age 33 yrs
5. Married or single Marrieq.
6. Date of Death May - 2 & - 1897
7. Cause of Death Conscientation.
8. Duration of last Illness ino gover.
Com M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Curther Co. Virgina
10. Place of Birth Cumpunes. I wand No. 125 -
T- II
the trute of Residence in the eng
13. When a Minor Name of Mother
14. Place of intended Interment Frankrum Em
15. Date of intended Interment
Fleduard But, Undertaker.
Date of Certificate May 24/97 Residence
/ / 17

W. H. Behele 1900

30	83
This Constitutes One Certificate to be Returned to the City Clerk for a Burial F	Permit,
RETURN OF A DEATH	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	0
1. Name of decensed M. M. Behryly B. All 2. Sex Married 3. Color While 4. Age 60 5. Married or single Married 6. Date of death Married 7. Cause of death Arthuna	ler!
5. Married or single Manuad	
6. Date of death apr 11/1900	
7. Cause of death Asthma	
8. Duration of last illness SE Margaith	
16 Maradun	M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth	
TI. Residence Ward No.	/
12. Time of residence in the City	
13. When a minor } Name of Mother	
13. When a minor S Name of Father Man County 1	Ky
14. Place of intended interment ally boundy	1.
and 17 1980.	
15. Date of intended interment apr, 12 1920.	dertaker.
Gund Trand Un	dertaker.
Gurand Tranand Un	dertaker.
Gund Trand Un	dertaker.

Annie Bell 1893

84 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit, RETURN 171 A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL -1. Name of deceased turn Bell 2. Sex france 3. Color Black. 4. Age 1010-5. Married or Single 5. Married or Single Dec 20 1833 6. Date of Death \_\_\_\_\_ 7. Cause of Death 8. Duration of last Illness Throng 11-, M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-----9. Occupation Hargon 12 10. Place of Birth 11. Residence . Ward No 12. Time of Residence in the City\_\_\_\_\_ 13. When a Minor. Name of Mother Carrie Beck Name of Father Ens Beck 14. Place of intended Interment Ant Mori 15. Date of intended Interment Pauthen Pargun, Undertaker. Date of Certificate Residence

Bessie Bell 1898

1153	
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 Bisele Bell. 2. Sex Fermile 3. Color Bly. 4. Age 12 yet	
5. Married or single Single, 6. Date of death July 10" 1898	
7. Cause of death Cours mulstin	
8. Duration of last illness I. Murphy M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Warren Committee	
11. Residence &. Chustruch Sh. Sward No. 1	
12. Time of residence in the City	
13. When a minor Name of Mothers Angelina Beer Name of Father Richard Beer	
14. Place of intended interment fully, 11" 98.	
Swand & Gund . Undertaker.	
Date of Certificate fully 11 "98 Residence	

Eugene Bell 1901

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 decorded Bugeur Gell
2. Sex march 3. Color 4. Age
5. Married or single Sugle 6. Date of death 44427/1994
7. Cause of death bound from , 8. Duration of last illness
Residence Bowling Jure
Residence for a my isrout
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth bety is St. Ward No, /
12. Time of residence in the City
13. When a minor Name of Father
14. Place of intended interment boundy Canalant 15. Date of intended interment April 28/1901
Date of Certificate April 28/1901, Residence

Richard Bell 1899

* 3 Conneggrounds on
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 fichard Bell
2. Sex male 3. Color core. 4. Age 80 fore
5. Married or single more 22 1895
6. Date of death 2000 22 000
8. Duration of last illness Fine days Dr France WR Frances M. D.
Residence Briling berman
Residence of the control of the cont
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence 6 RR
12. Time of residence in the City
13. When a minor Name of Mother Name of Father
14. Place of intended interment County France
15. Date of intended interment flary 23 1899
Haw in Vay we Undertaker.
Date of Certificate Residence

S. C. Bell 1913

8
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased S, C, Bell - 2. Sex Male 3. Color While 4. Age 5 7 44 5. Married or single Married, 6. Date of death Mar, 4, 1913 7. Cause of death Chipplergy, 8. Duration of last illness Colory of
Undertaker's Certificate in Relation to Deceased.
<ul> <li>9. Occupation January</li> <li>10. Place of birth Mutuchy</li> <li>11. Residence Jr. Jusa John Muspital Ward No. /</li> <li>12. Time of residence in the city</li> </ul>
13. When a minor Name of mother.
14. Place of intended interment
15. Date of intended interment. 11400, 5 1913
GERARD & GERARD. Undertaker. Date of Certificate MAR 4 - 1913 Residence Bowling Green.
4. 1 Stat
· · · · · · · · · · · · · · · · · · ·
in the second

Harry Bemry 1911

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 Jamy Burry Burry 2. Sex All 3. Color Black A. Age 35 3. Married or Single Marriel 6. Days of death Alls. F. 1911 7. Cause of death Mile. F. 1911 8. Duration of last illness Handlas per Certificate 8. Duration of last illness Handlas function, M. X. Residence BOWLING GREEN, KY Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence
12. Time of residence in the city
13. When a minor { Name of Mother
14. Place of intended interment Marian Junitivy
15. Date of intended interment Tit 7-11
Date of Certificate #46-11 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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Cathern Keel Benedict
2. Sexfemale 3. Color Cal. 4. Age 10 720, 5. Married or single Single
1 Di an Rhail 1h - 19/2
6. Date of death applied analysis 7. Cause of death Cerfbral Analysis 8. Duration of last illness Eighten duys
8. Duration of last lilness.
Residence Bowling gram 1's
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Bauling Greens They.
11. Residence In alley Both, 4 & Brandway Ward No.
19 Time of residence in the fits
13. When a minor Name of mother Atta Benedict
15. When a minor Name of father of for Benedict
14. Place of intended interment Mr Moriah Cenu.
15. Date of intended interment april 14-1918.
Date of Certificate Chiling-1918 Residence con,
7 + Callege St
Bauling Green They,
U.

Mrs. Pehr Bengtsson 1907

91
This Constitutes One Certificate to be Retuined to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Physician's Certificate Preparatory to Burial. Mus. Pehr. Bug Tssow. Bud 1. Name of deceased 2. Sex much 3. Color White 4. Age 49 yrs. 5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness. Jone W Store Min
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Pulasky 60. Ky 11. Residence Nauturky 57. Ward No. 2
12. Time of residence in the city    13. When a minor      Name of father
14. Place of intended interment 15. Date of intended interment 16"1907
Date of Certificate 04,16"1907. Residence BOWLING GREEN, K
• <u>6900.201</u> 6199.

## J. Lowery Bennett 1909

92
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 J. Lowry Bunnett 2. Sexpeale 3. Color White 4. Age 29
2. Sexpeale 3. Color White 4. Age 29
5. Married or single Married
6. Date of death fan 29/09
7. Cause of death Lyphoid June 8. Duration of last illness Dif ways
Ville Pary X. D.O
Residence Bouling Green Ky
/ /
Undertaker's Certificate in Relation to Deceased.
M
9. Occupation Tracher
10. Place of birth Danis Cannty 1/19 11. Residence Bowling Green 12 Ward No.
11. Residence / sources / Ward No. Ward No.
12. Time of residence in the city Second yors
13. When a minor
14. Place of intended interment Jarmin Com
15. Date of intended interment Lan 28 99
15. Date of intended interment carcha + Davis Undertaker.
Date of Certificate JAN 28 1909 Residence Byry

J. M. Bent 1893

589 6 9	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 (1, 1, 1, 1, 1) Secur 2. Sex Male 3. Color While 4. Age 52 yrs	
5. Married or single farried.	
6. Date of Death Alexandrew 271/93. 7. Cause of Death Alexandrew	
8. Duration of last Illness	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
minuter of the Gener	/
9. Occupation Musile of the Sospee	
10. Place of Birth 11. Residence 12th V Queler St Ward No. 3rd	
12. Time of Residence in the City	
13. When a Minor Name of Father	
14. Place of intended Interment Activica Coultan	7
15. Date of intended Interment December, 29"/9 A Gerard + Bro., Undertaker.	3
Date of Certificate Del 28/93 Residence Octy	

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 the there a & hartha Lent-
2. Sex funder 3. Color the 4. Age 80 + 58 gu
5. Married or single michan & Maid.
6. Date of death
7. Cause of death Old a go America
8. Duration of last illness
Residence Iminipite ho-
9. Occupation
10. Place of birth
11. Residence frighted he Ward No.
12. Time of residence in the city
13. When a minor Name of father
14. Place of intended interment Fairour Gunt
15. Date of intended interment 007 -7-1907 Mawley May Undertaker.
Date of Certificate

Mrs. J. Berry 1904

	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.
	$M_{\star} - \frac{1}{2} \frac{1}$
1.	Name of deceased
2.	Sex Frencel 3. Color While 4. Age 40 400.
5.	Married or Single Mauria
6.	Sex French 3. Color White 4. Age 40 910. Married or Single Maurich Date of death 0, 19" 0.
7.	Cause of death
8.	Duration of last illness
	Jell, Margound, M. D.
	Residence
	Undertaker's Certificate in Belation to Despaced
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	Occupation Barran Country -
	Occupation Place of birth Judianola, St. Ward No. /
10.	Occupation Place of birth Barren, County -
10. 11. 12.	Occupation Place of birth Barren, County - Place of birth Barren, County - Residence 14 & Suchairola, St. Ward No. Time of residence in the city surrently ward No.
10. 11. 12.	Occupation Place of birth Barren, County - Place of birth Barren, County - Residence 14th Suchainsla, St. Ward No. / Time of residence in the city surrently of
10. 11. 12.	Occupation Place of birth Barren, Country Place of birth Barren, Country Residence 14 & Suchainsla, St. Ward No. Time of residence in the city survively Time of residence in the city survively When a minor Name of Mother Name of Mother Name of Father Place of intended interment Barren, Country Occupation Name of Sarren, Country
10. 11. 12. 13.	Occupation Place of birth Barren, Country - Place of birth Barren, Country - Residence 14 & Suchainsla, St. Ward No. / Time of residence in the city survey ward yrs. When a minor Name of Mother Name of Mother Name of Father Manuary Moruntu
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Barren, Country Place of birth Barren, Country Residence 14 A Suchainsla, St. Ward No. Time of residence in the city survively Time of residence in the city survively When a minor Name of Mother Name of Mother Name of Mother Name of Father Place of intended interment Barren, Country Date of intended interment Cit 30" of Manual Strand Manual
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Barren, County - Place of birth Barren, County - Residence // Ward No./ Time of residence in the city surrently ward No./ Time of residence in the city surrently ward No./ When a minor Name of Mother Name of Mother Name of Father Place of intended interment Barren, County Date of intended interment wit 30" of .
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Barren, County - Place of birth Barren, County - Residence // A Subliandla, St. Ward No./ Time of residence in the city surrently ward No./ Time of residence in the city surrently ward Name of Mother When a minor Name of Mother Name of Mother Name of Father Place of intended interment Barren, County Date of intended interment Agent of Mother Manual Manual

James Barry 1909

96 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 fame Perry Sabard 2. Sex Male 3. Color White 4. Age 53 about 5. Married or single up kauf to be Widaever 6. Date of death fet. 251909 7. Cause of death Morphic Print 8. Duration of last illness Holeover M. D. Residence BOWLING OREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation Craf
10. Place of birth
11. Residence Dawling Green My 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 <b>FCF</b> . 367999 GERARD & GERARD. Undertaker. Date of Certificate FCF 76799 Date of Certificate FCF 76799 Residence
2014 2015 2015 2016 2016

Nora Bertram 1898

X X 2 91
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 Thick Nora Bentram
2. Sex ferrale 3. Color while 4. Age 18 yre
5. Married or single Lingte
6. Date of death from 28 1898
7. Cause of death Anenne once 8. Duration of last illness & Weichs
Dr hundette
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Glasgow Ky-
11. Residence High fl- Ward No. 2
12. Time of residence in the City / year
13. When a minor Name of Mother A. B. Bertmann
14. Place of intended interment annum land
14. Place of intended interment Jacob Vicent 15. Date of intended interment Jan 25 1855
15. Date of intended interment Anolythyme, Undertaker.
Date of Certificate Residence
the second s

Elizabeth Betcher 1911

* * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Perm	98 u. • •
RETURN OF A DEATH	Ι.
Physician's Certificate Preparatory to Burial.	1
1. Namer deceased Mis, Elizabeth, Bulch	
2. Set Amarine 3. Color 4. Age	
5. Married or Single	
6. Date of death 6 champsia us par Vital Stat	istic
8. Duration of last illness CAll	
6. A Junard Juneral Duric	M.D.
Residence 19. grun, Sry	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	*** *** *******
10. Place of birth Wallan, Cony	
11. Residence	·····
12. Time of residence in the city	
13. When a minor Name of Mother	
14. Place of intended interment	***
15. Date of intended interment Nov. 30"1911	
GERARD & GERARD., Under Date of Certificate	rtaker.

Leoni Beterer 1894

612 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 Reora Betre Betre
2. Sex Junal 3. Color White 4. Age 2 years
5. Married or single Suugh 6. Date of Death March 23-94
7. Cause of Death Bronshites
8. Duration of last Illness 10 Durys
Residence , M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth C.T.
11. Residence 6 de State
12. Time of Residence in the City
13. When a Minor Name of Mother Mary Bitun
14. Place of intended Interment St Jus Cent
15. Date of intended Interment March & 4-94 File Jour Py Bro, Undertaker.
Date of Certificate Residence , Undertaker.

Moses Betournay 1905

10b * * 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 Cosas Betonmay Beton 2. Sex Funder 3 Color White 4. Age 72
5. Married or Single Suight 6. Date of death July, 18/05
7. Cause of death Diabetis with Complication 8. Duration of last illness-1/
Residence , M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation hannada
10. Place of birth Country of Ward No.
12. Time of residence in the city         13. When a minor       Name of Mother         Name of Father
14. Place of intended interment July 19"05.
Date of Certificate July 19/05. Residence

James H. Bevill 1894

5992 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	101
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Jan H. Bevill,	
2. Sex Male 3. Color White 4. Age 68	
5. Married or single Manuel	
6. Date of Death Jan 10 th 1894.	
7. Cause of Death apple yes	
8. Duration of last Illness 3 daugo	
mo, P, Cartunghh, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Clerk	
10. Place of Birth Jurginia	
11. Residence Hy shut 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 Haundle Cemetery	2
15. Date of intended Interment fam 12th 1894	
Date of Certificate Residence	
	2

Child of A. F. & Mollie Bewley 1908

501
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.
Child of A.F. Bewley
1. Name of deceased Child of A.J. Jewley Maly White 1990.
2. Sex
5. Merried or single
6. Date of death ang 18 1908 Inter Colitis
7. Cause of death
8. Duration of last illness. Une ABroass.
BOWLING GREEN, KY
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth BOWLING GREEN, KY
10. Place of birth 11. Residence 3 - St. BOWLING GREEN, KY Ward No.
2 440
(Name of mother
13. When a minor Name of father A.H. Burbley
14. Place of intended interment
15. Date of intended interment aug 19 1908
GERARD & GERARD, Undertaker.
Date of Certificate AUG 18 1908 Residence BOWLING GREEN,
Date of Offinitate

MSS 293 Manuscripts & Folklife Archives – Library Special Collections – Western Kentucky University

Jesse Bewley 1905

* * 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 fisser Bury Only Malt While Inne
2. Sex Malt 3. Color While 4. Age 55/10 5. Married or Single Married 6. Date of death
6. Date of death Brights Deasurs 7. Cause of death Brights Deasurs 8. Duration of last illness
Residence , M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence , High St Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
14. Place of intended interment
15. Date of intended interment Dec 7 25 Frank Junard Frank, Undertaker.
Date of Certificate Dalmos 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.
		Name of Deceased Bruch
	- <b>Đ</b> .	Sex female. 3. Color Capper. 4. Age dead Barn Married or Single
	6.	Date of Death Now 5th 1880
	7.	Cause of Death unnone
		Duration of last Illness
		C. K. Oneulm. D.
		Residence 32 Word
1		UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9.	Occupation
	10.	Place of Birth
	11.	Residence Mcance Stut. Ward No. 3-
	12.	Time of Residence in the City
		When a Minor Name of Mother Cam Bill
-	13.	When a Minor Name of Father
	14.	Place of intended Interment
		Date of intended Interment
		Julali.
	D	ate of Contificate Market A G P :
	D	ate of Certificate JNN 4 5 Residence
		Densoerat Print.

Charles Henry Bibb 1878

105 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. RETURN OFA DEATH. PHYS. CIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased Charles Henry Bill 2. Sex\_Male .. 3. Color Copper . 4. Age 11 Month & & days 5. Married or Single Single 6. Date of Death Mary 30 161878 7. Cause of Death Hemorage from The Junges 8. Duration of last Illness Three Months le. K. Oneul, M.D. Residence on Shelly Stre UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Brulens 11. Residence Ward No. 12. Time of Residence in the City Name of Mother for lin When a Minor 13. 14. Place of intended Interment 15. Date of intended Interment Undertaker. Date of Certificate Residence Pantagraph Print

Clara Bibb 1894

06 104 This Constitutes One Certificate to rned to the City Clerk for a Burial Permit. RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 6 Lara Bibb 1. Name of deceased 4. Age 1 5 426 2. Sex Funale 3. Color /20 5. Married or single 6. Date of Death\_ 7. Cause of Death ..... 8. Duration of last Illness Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation · En 10. Place of Birth 11. Residence Outer Ward No ... 12. Time of Residence in the City Name of Mother Everlin 13. When a Minor Name of Father 14. Place of intended Interment 15. Date of intended Interment Date of Certificate esidence

Ella Bibb 1879

Bowling G A 107 RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased Ella Dik 2. Sex Demale 3. Color Black. 4. Age 12 years, anyle -5. Married or Single 6. Date of Death 7. Cause of Death Condumpo lin 8. Duration of last Illness , ihomas, M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth . Ward No. 2 11. Residence 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.

## Warren County, Kentucky Death Records, Box 1, Folder 3 (Ba to Bl)

Ella Bibb 1879

107-1 That fames Beth cole - cutify 0 Under Odeon Hall Building, Bowling Green, Ky re 2 uso 2 de an die upleon Mo BURGE. ch Druggist and Pharmacist Reshor (Ella Bibb) J.

James E. Biggerstaff 1912

This Constitutes One Certificate to be Returned	to the City Clerk for a Burial Permit.
RETURN OF	A DEATH.
Physician's Certificate Pro	
1. Name of deceased James, E. By 2. Sex Married or single, Mayure 5. Married or single, Mayure	4. Age 58 yrs.
5. Married or single Mayur 6. Date of death Mult 13"1917.	
7. Cause of death Mitral Mi	sufficience
8. Duration of last illness 4	T. M. Cormand M. D.
Residence	Doroling France
Undertaker's Certificate in	
9. Occupation	
Marroy hat MM	
10. Place of birth Manyor, led. My 11. Residence Smiths June Jo 12. Time of residence in the city wing	4. Ward No.
10. Place of birth       Mmmer, loo, My         11. Residence       muths funn         12. Time of residence in the city       mining         13. When a minor       Name of mother         13. When a minor       Name of father	Ward No. !
<ol> <li>13. When a minor Name of mother</li> <li>14. Place of intended interment Mich</li> </ol>	
13. When a minor Name of mother	24"1912 & GERARD Undertaker.
<ol> <li>13. When a minor Name of mother</li> <li>14. Place of intended interment Mich</li> </ol>	24"1912 & GERARD Undertaker.
<ol> <li>13. When a minor Name of mother</li> <li>14. Place of intended interment Mich,</li> <li>15. Date of intended interment</li> <li>Mich,</li> <li>Mich,</li> <li>Mich,</li> <li>Mich,</li> <li>Mich,</li> </ol>	Juner Sty 24" 1912
<ol> <li>13. When a minor Name of mother.</li> <li>14. Place of intended interment Mich.</li> <li>15. Date of intended interment GERARD Comparison of the second seco</li></ol>	24"1912 & GERARD Undertaker.

Lummie Bilby 1905

* * 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 Luminics Bilby 2. Sex Male Single. 5. Married or Single Single.
6. Date of death 7. Cause of death 8. Duration of last illness
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation (as. 10. Place of birth
11. Residence  11. Ward No.    12. Time of residence in the city
13. When a minor Name of Mother Mrs. 6.6. Billing
14. Place of intended interment Janview Grundlary 15. Date of intended interment aug 10"05 Frank Frank
Date of Certificate 9/05 Residence

No Name Infant of Rob Bitners 1881

This Constitutes ONE CERTIFICATE to be return	rned to the City Clerk for a BURIAL PERMIT
RETURN OF	A DEATH.
PHYSICIAN'S CERTIFICATE	PREPARATORY TO BURIAL.
1. Name of Deceased No Ma	me Infant of Rob Bitu
1. Name of Deceased No Mar 2. Sex Henrale . 3. Color	Whate 4. Age mifaul
5. Married or Single	'
6. Date of Death Nov 27"	2 1881
7. Cause of Death Bonn D	rad
8. Duration of last Illness	
	, <i>M. D.</i>
Residence	
UNDERTAKER'S CERTIFICATE	IN RELATION TO DECEASED.
9. Occupation	IN RELATION TO DECEASED.
<ul> <li>9. Occupation</li> <li>10 Place of Birth</li> </ul>	IN RELATION TO DECEASED.
9. Occupation         10 Place of Birth         11. Residence	
<ul> <li>9. Occupation</li> <li>10 Place of Birth</li> <li>11. Residence</li> <li>12. Time of Residence in the City</li> </ul>	
<ul> <li>9. Occupation</li> <li>10 Place of Birth</li> <li>11. Residence</li> <li>12. Time of Residence in the City</li></ul>	
<ul> <li>9. Occupation</li> <li>10 Place of Birth</li> <li>11. Residence</li> <li>12. Time of Residence in the City</li> <li>13. When a Minor { Name of Mother Name of Father</li> </ul>	
<ul> <li>9. Occupation</li> <li>10 Place of Birth</li> <li>11. Residence</li> <li>12. Time of Residence in the City</li> <li>13. When a Minor { Name of Mother Name of Father</li> </ul>	
<ul> <li>9. Occupation</li> <li>10 Place of Birth</li> <li>11. Residence</li> <li>12. Time of Residence in the City</li> <li>13. When a Minor { Name of Mother Name of Father</li> <li>14. Place of intended Interment</li> </ul>	
<ul> <li>9. Occupation</li> <li>10 Place of Birth</li> <li>11. Residence</li> <li>12. Time of Residence in the City</li> <li>13. When a Minor { Name of Mother Name of Father</li> <li>14. Place of intended Interment</li> </ul>	Ward No

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.
1. Name of deceased Jus A Bitter
2. Sex Male 3. Color Maile 4. Age 97 yrs
5. Married or single famile
6. Date of Death Aut 11/1892
7. Cause of Death mights discus
8. Duration of last Illness dry months A. O. Cortionis ID, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Lowis gille Kullicky
11. Residence State State Ward No. 1 Mar
12. Time of Residence in the City
13. When a Minor Name of Mother
14. Place of intended Interment A forthe fun
15. Date of intended Interment NUIL "196.
A. G. Gunna These, Undertaker.
Date of Certificate Aut/1/96 Residence

Josephine A. Bittner (1908)

112
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.
( ISBIH
1. Name of deceased Josephine Bittner 2. Sexpendel. 3. Color White 4. Age 65
5. Married or single Wilcow
6 Data of death 6 of 23
7. Cause of death Heart failur
7. Cause of death <u>Heart</u> failure 8. Duration of last illness <u>three days</u> WStone, M. D. Residence <u>SStone</u> , M. D.
Residence BLLY
, /
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 11. Residence Bawling Green Ky Ward No. Strut 12. Time of residence in the City. a number of years
12. Time of residence in the City. a namber of years
13. When a minor Name of Father
14. Place of intended interment St. Jasephs Cim i5. Date of intended interment & 2 6
i5. Date of intended interment
Enochs + Danis , Undertaker.
Date of Certificate Q 2 17 Residence Bully
*

William Bittner 1882

112 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. Name of Deceased We Billine Bit 1. 2. Sex Mala . 3. Color Whith 4. Age 15 years 5. Married or Single Jing 882 6. Date of Death\_\_\_\_ Cause of Death Setenue from udensin Bur 7. 8. Duration of last Illness about term Bummer ets. Residence State UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10 Place of Birth 73 . Ward No 30 Residence Church 11. 12. Time of Residence in the City When a Minor Name of Mother Josephin Bitten Name of Father Rolt " 13. 14. Place of intended Interment Catholic Com 15. Date of intended Interment how 281-19 \_\_\_\_\_. Undertaker. Date of Certificate The 2 - Residence Democrat Job Print

Alice Blackburn 1898

1142	114
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Po	ermit,
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Alia Blacktum	
2. Sex fance 3. Color BCK. 4. Age 40 5. Married or single mond	
5. Married or single Acconnect 6. Date of death June 20 58	
7. Cause of death Droweel.	
8. Duration of last illness	OneR
B, L Currin C	Ardina
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
to. Place of birth	,
11. Residence Buck Ceccup Ward No.	0
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father	
1. 1	
14. Place of intended interment and and 22 56	
15. Date of intended interment from 22 78	lertaker.
Date of Certificate Residence	

Child of Daisy Blackburn 1893

HIS 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 Darry Blackbur 2. Sex Male 3. Color Blk. 4. Age 3 rue 5. Married or single Lungle 6. Date of Death Mar 24/99- 7. Cause of Death Our Malson 8. Duration of last Illness
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth City 11. Residence G, Chustment Ward No. 1 24 12. Time of Residence in the City 3 months 13. When a Minor Name of Mother Daisy Blackburn 14. Place of intended Interment MA Through Chunc 15. Date of intended Interment Mar 25/93 16. Curaid Migundertaker.
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 Decersed Elizabeth Kenry Blackberry 5. Married or Single Harried Widow 6. Date of Death December 13th 1877 7. Cause of Death Philips Rules with bulmla desce 8. Duration of last Illness Residence Bowling men Ry UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Hann County 11. Residence How ling Green \_\_\_\_. Ward No. 30 12. Time of Residence in the City 13. When a Minor { Name of Mother \_\_\_\_\_\_ Name of Father \_\_\_\_\_\_ 14. Place of intended Interment Old Cecuty 15. Date of intended Interment Dec 14-10 Date of Certificate Dec 13th 77 Residence Undertaker. Pantagraph Print.

Child of Erwin & Hester Blackburn 1879

	11
This Constitutes ONE CERTIFICATE to be retu	arned to the City Clerk for a BURIAL PERMIT.
RETURN OF	A DEATH.
12	PREPARATORY TO BURIAL.
1. Name of Deceased	lackburg
2. Sex Male 3. Color	206a . 4. Age 2 mo
5. Married or Single	
6. Date of Death July 12-1 7. Cause of Death Suck	879
a set of the set of th	from brock
8. Duration of last Illness	and the second
hon	•, M. D.
Residence	and a second second second in the second
UNDERTAKER'S CERTIFICATE	IN RELATION TO DECEASED.
9. Occupation	
10. Place of Birth Bb	
11. Residence	. Ward No. 2
12. Time of Residence in the City	
Name of Mother	lester Blackhum
13. When a Minor Name of Stother	ion, / 11
14. Place of intended Interment	Cent
15. Date of intended Interment Ju	by 1st
Thou to	Charand . Undertaker.
Date of Certificate	. Residence
	Democrat Print.

Herbert Blackburn 1893

572 118 onstitutes 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 mar . 3. Color Black. 4. Age 4 yrs 5. Married or Single Angle 6. Date of Death Nor 10 1893 7. Cause of Death Jastro-Entirillo 8. Duration of last Inness 10 do Eartunght . M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation 10. Place of Birth Logan County Thy 11. Residence Elehestinto Ward No 2 12. Time of Residence in the City\_\_\_\_\_ 13. When a Minor. Name of Mother Mainie Blackburn 14. Place of intended Interment Mothing 15. Date of intended Interment Nov 12 183 3 Frather Vay me, Undertaker. Date of Certificate Residence

Hester Blackburn 1879

	This Constitutes ONE CE	RTIFICATE to be	returned to the City	Clerk for a BURIAL	PERMIT.
	RET	URN O	FAD.	EATH.	
	(			F	
Р	HYSICI#2"S CE	RTIFICAT	E PREPARA	TORY TO I	BURIAL.
1. Nan	ne of Deceased	Hester	Blac	khun.	-
2. Sex	Jemala	3. Color_	RM	. 4. Age	25
	ried or Single		~		
	e of Death als			7	
	se of Death				leurs
	ation of last Illnes		2 aug.		
0	1		fr m le		, M. D.
- Autor	64 B 4		kir m		, <i>m</i> . <i>p</i> .
- Le	Nappines	residence /	- 1 - 1	pac .	
UNI	DERTAKER'SC	ERTIFICA	E IN RELA	TION TO DI	ECEASED.
9. 1 Ocer	pation man		a anna an anna an an Anna		
10. Plac	e of Birth 73	4			
11. Resi	dence Man	~ Shin	1	Ward 1	Vo. 32
	e of Residence in				
13. Wh	en a Minor { Name Name	e of Father			
	1 mane		Col Cen	- marine and	
	e of intended Inte		21 DEN 73 196	athing	
15. Date	of intended Inte	1 1	april 2	8 79	
		mil.	Finner		, Undertaker.
Date of	Certificate		. Resi	lence	and the second second

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 Thank Blackburn	
2. Sex finince 3. Color Bell 4. Age 17 32	-
5. Married or single Light 9 1300	
7. Cause of death	
8. Duration of last illness Dr 14 m Dr Hannel M. D.	
Residence M. D.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Cray	
11. Residence Burkel Celly Ward No.	
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father Weily Blackburn	-
14. Place of intended interment The Muonah	
15. Date of intended interment Dec 10 1800 MawleyPayne Undertaker.	
Date of Certificate Residence	

Millie Blackburn 1881

22	15
This Constitutes ONE CERTIFICATE to be retu	urned to the City Clerk for a BURIAL PERMIT
RETURN OF	' A DEATH.
PHYSICIAN'S CERTIFICATE 1. Name of Deceased Mille	PREPARATORY TO BURIAL.
	Shell 4. Age the 18 M
5. Married or Single	
6. Date of Death luy 14 th	1871_
7. Cause of Death Oliolera	Intacluin
8. Duration of last Illness 4 m	MA
	M. Comuch. M. D.
Residence	
UNDERTAKER'S CERTIFICATE 9. Occupation	IN RELATION TO DECEASED.
10 Place of Birth	
11. Residence	. Ward No 2
12. Time of Residence in the City	,
13. When a Minor { Name of Mother	
13. When a Minor Name of Father	
14. Place of intended Interment	
15. Date of intended Interment	
	· Undertaker.
Date of Certificate	
wate of congroute	Residence
	Democrat Job Print

Sheb Blackburn 1892

389
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Ship Blacklum
2. Sex Male. 3. Color MMC. 4. Age 311 gran
5. Married or Single Mand
6. Date of Death March 8 1872
7. Cause of Death Lagraph
8. Duration of last Illness Tue Migueli
& Fill Etray, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Wrun Can
11. Residence My An . Ward No. 2
12. Time of Residence in the City
13. When a Minor. Name of Mother
14. Place of intended Interment County Court
15. Date of intended Interment Hill 9292, Holdonand, Undertaker.
Date of Certificate Residence

Silas Blackburn 1898

1099 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 Place burn
2. Sex Male . 3 Color My . 4. Age Wout 65 yrs 5. Married or single Juge
6. Date of Death Hull 5" 1898, 7. Cause of Death Muumonia
8. Duration of last Illness
Residence Kunnty
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Naum County
11. Residence adams S. Ward No. 12 -2
12. Time of Residence in the City
14. Place of intended Interment Ach Monich, Cum
15. Date of intended Interment Thomas 1090 . Lucid A Lucid Undertaker. Date of Certificate Subject Residence

William F. Blackwell 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Milliam & Blackwell Maler Sex P. Colog Mhiter 4. Age 22 yrs
2.	Sex Maler & Colog Matter 4. Age 2 N Mrs
5.	Married or Single
6.	Date of death
7.	Cause of death Typhoid Ferr
8.	Duration of last illness about three weeks
	Fred Carturight, M. D.
	Residence 60WLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
	SOWLING GREEN, KY
10.	
10. 11.	Place of birth State St. Ward No. 2
1990 A	Place of birth
11. 12.	Place of birth
11.	Place of birth
11. 12.	Place of birth
11. 12. 13.	Place of birth
<ol> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Place of birth
<ol> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Place of birth

Rebecca Winifred Blake 1893

125 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETUD 17 A DEATE. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.-1. Name of deceased x Rebec a Winifred Blater 3. Color marth. 4. Age \* 13 2. Sex Jan 5. Married or Single 6. Date of Death 7. Cause of Death 8. Duration of last Illness , M. D. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Kansus 11. Residence Man Ward No. 12. Time of Residence in the City\_\_\_\_\_ / months 13. When a Minor. Name of Mother Josephine M. Name of Father R & Bla 14. Place of intended Interment Farm 15. Date of intended Interment A Pan Undertaker. Date of Certificate Residence

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Hettie South Blakely 1910

		126
	т	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 by Hitter South Blokely
	2.	Married or single and un
	5./	Married or single William
	6.	Date of death any 5-19,00 ,
	7.	Cause of death Julmonasy Suberoulases
	8.	Duration of last illness Several months
		Contourel M. D.
		Residence 142 College ST
		Undertaker's Certificate in Relation to Deceased.
	0	
	9.	Occupation
	10.	Occupation Place of birth Bauly Sur 12
		Occupation Place of birth Bauly Jun 12 Residence 4 Ward No.
	10. 11. 12.	Occupation Place of birth Bauly Jun 12 Residence (1 N Ward No. Time of residence in the city Life Tin (Name of mother
*	10. 11. 12.	Occupation Place of birth Bauly Ifun 1km Residence 4 No. Time of residence in the city Life Time
•	10. 11. 12.	Occupation Place of birth Bauly Mu Mary Residence C( N Ward No. Time of residence in the city Life tim When a minor Name of mother. Name of father Place of intended interment Farmur Cum
	10. 11. 12. 13.	Occupation Place of birth Bauly Mu K Residence Time of residence in the city Life tim When a minor Name of mother Name of father Place of intended interment Farrow Cin Date of intended interment any 6 1916
~	<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Bauly Mu Mary Residence C( N Ward No. Time of residence in the city Life tim When a minor Name of mother. Name of father Place of intended interment Farmur Cum
•	<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Bauly Mu Mu Residence in the city Mard No. Time of residence in the city Life Time When a minor Name of mother. Name of mother. Name of father Place of intended interment Farrow Cur Date of intended interment My 6 1916 Euroche Kully Undertaker.
•	<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Bauly Mu Mu Residence in the city Mard No. Time of residence in the city Life Time When a minor Name of mother. Name of mother. Name of father Place of intended interment Farrow Cur Date of intended interment My 6 1916 Euroche Kully Undertaker.

J Percy D. Blakely 1910

ہے : This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. کا ج
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Rivery & Blackly
1. Name of deceased Jury & Blackly 2. Sex mile 3. Color White 4. Age 28
5. Married or Single
6. Date of death ang 22 1910 7 Cause of death Oulihow any Indusculosis
8. Duration of last illness. A mo
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Realistate
10. Place of birth Bawling Green 100
11. Residence Ward No Ward No
12. Time of residence in the city
13. When a minor { Name of Mother Hetter South Blatcely Name of Father Dr WH !!
14. Place of intended interment Farrie Augure
15. Date of intended interment any 33 1910
Enocha Killey, Undertaker.
Date of Certificate any 2 4/9/Residence Bully
1

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 in Sauch Blakely -
2. Sex male . 3. Color white . 4. Age 29 yrs
6. Date of death May # 15 1904
7. Cause of death Milian Internetor
8. Duration of last illness
Ano Hoglackoum, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTAKENS CERTIFICATE IN REDATION TO DECORDE
9. Occupation
10. Place of birth banning
11. Residence Stay of 12 to Star Ward No,
12. Time of residence in the City.
13. When a minor
Name of Father
14. Place of intended interment farmer burn
19. Date of intended interment
Hawley Cayne 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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Dr. M. It. Blakely
2. Sex Male 3. Color White 4. Age 6.9
5. Married or Single Marrie 4 6. Date of death Jany 25 the 1910
6. Date of death Jany 25th 1910
7. Cause of death a cute Indigertiese
8. Duration of last illness Sudden
Residence Bowfing Freen Ky,
Residence / Dowyung Freen 1eg,
Undertaker's Certificate in Relation to Deceased.
9. Occupation Real Estate
10. Place of birth Jrigg County
11. Residence Bouling Free they Ward No.
12. Time of residence in the city 37 Grans
(Name of Mother
Name of Father
14. Place of intended interment Furniew Cembery
15. Date of intended interment Jany. 27th 10
Marris Essach & Undertaker.
Date of Certificate Jany 2 lette 10 Residence Bouching truch

Will H. Blakely 1912

130
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Will H Blocky 2. Septial 3. Color tupet 4. Age 28 5. Married or single Married 6. Date of death OCL 28 1911 7. Cause of death Pulmonary Tuburlarice 8. Duration of last illness M. D. Residence Machine Time
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Real Estate 10. Place of birth Warren Bowtny Frey 11. Residence Mashville Ward No, 12. Time of residence in the City. about month
<ul> <li>13. When a minor Name of Mother</li> <li>13. When a minor Name of Mother</li> <li>14. Place of intended interment <i>Farmene</i></li> <li>15. Date of intended interment <i>Oct</i> 30 19m</li> <li><i>Exachor Ruller</i>, Undertaker.</li> </ul>
Date of Certificate Residence & Residence & Residence & Run Exact Duplicate of Tronsit Runt Filed in State Bd of Health

Willie Blakely 1912

11. Residence       11       1'       Ward No,         12. Time of residence in the City.       Life       1'       Ward No,         13. When a minor       Name of Mother/fun Luclas Blackly       1'         14. Place of intended interment Farmer       1'       1'         15. Date of intended interment       1'       20       19/12         15. Date of intended interment       1'       20       19/12         Image: State of intended interment       1'       20       19/12         Image: State of intended interment       1'       20       19/12         Image: State of intended interment       1'       1'       1'	131
HIGH PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Sex Musich 3. Color Whith 4. Age Stice Sex Musich 3. Color Whith 4. Age Stice Married or single Inf 6. Date of death Musich 20 / 91/2 7. Cause of death 8. Duration of last illness Mulasimult South M. D. Residence Mula South M. D. Residence Mula South M. D. Residence Mula South M. D. 10. Place of birth South Mula South M. 11. Residence 1 March M. Communication South South M. 12. Time of residence in the City. Information Solar South March Management South South March Marc	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
<ol> <li>Name of deceased Willing Blocking</li> <li>Sex Insula: 3. Color Whith: 4. Age Stice</li> <li>Married or single Inf.</li> <li>Date of death Mulf 20 1912</li> <li>Cause of death</li> <li>Duration of last illness Mulas forward, M. D. Residence</li> <li>UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.</li> <li>Occupation 10. Place of birth Bandary Manager Married No.</li> <li>Place of birth Bandary Married No.</li> <li>Time of residence in the City. Life</li> <li>When a minor Name of Mother the Jula Blocking Name of Pather William 11.</li> <li>Place of intended interment Farmer Communication of Pather William 11.</li> <li>Date of intended interment Farmer Communication of Pather Multiplace Communication of Pather Multi</li></ol>	
<ol> <li>Married or single Life 20 /9/12</li> <li>Date of death Muif 20 /9/12</li> <li>Cause of death</li></ol>	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
<ol> <li>Married or single</li></ol>	1. Name of deceased Willer Blackely
<ol> <li>Cause of death</li></ol>	2. Sextrule. 3. Color White . 4. Age Stice
<ol> <li>Cause of death</li></ol>	5. Married or single
<ol> <li>Cause of death</li></ol>	6. Date of death Mil 20 1912
Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth Bandy Humm 11. Residence ' ' ' Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother Hum Blackly 14. Place of intended interment Farmer Com 15. Date of intended interment Tarma Com Except Hull, Undertaker.	
Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth Bandy Humm 11. Residence ' ' ' Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother Hum Blackly 14. Place of intended interment Farmer Com 15. Date of intended interment Tarren Com Except Hull, Undertaker.	8. Duration of last illness
9. Occupation         10. Place of birth Bang Munn         11. Residence       1         12. Time of residence in the City.       1         13. When a minor       Name of Mother Mun Ander Blackly         14. Place of intended interment Farmer Component       1         15. Date of intended interment       1         16. Date of intended interment       1         17. Date of intended interment       1         18. Date of intended interment       1         19. Date of intended interment       1         10. Date of intended interment       1         11. Residence       1         12. Time of residence in the City.       1         13. When a minor       Name of Mother Mun Ander Blackly         14. Place of intended interment       1         15. Date of intended interment       1         16. Date of intended interment       1         17. Date of intended interment       1         18. Date of intended interment       1         19. Date of intended interment       1         10. Date of intended interment       1         11. Date of intended interment       1         12. Date of intended interment       1         13. Date of intended interment       1	mileonnaul Smith , M. D.
9. Occupation 10. Place of birth <u>Bandy Munn</u> 11. Residence 11 1' Ward No, 12. Time of residence in the City. <u>Life</u> 13. When a minor Name of Mother <u>Mun Lular Blackly</u> 14. Place of intended interment <u>Farmer</u> <u>Cun</u> 15. Date of intended interment <u>Munn</u> <u>20</u> <u>1912</u> <u>Except Mull</u> , Undertaker.	Residence
9. Occupation 10. Place of birth <u>Bandy Munn</u> 11. Residence 11 1' Ward No, 12. Time of residence in the City. <u>Life</u> 13. When a minor Name of Mother <u>Mun Lular Blackly</u> 14. Place of intended interment <u>Farmer</u> <u>Cun</u> 15. Date of intended interment <u>Munn</u> <u>20</u> <u>1912</u> <u>Except Mull</u> , Undertaker.	
9. Occupation 10. Place of birth Bandy Munn 11. Residence 11 ' Ward No, 12. Time of residence in the City. Life 13. When a minor Name of Mother Mun Lular Blackly Name of Father Winn Lular Blackly Name of Father Winn '' 14. Place of intended interment Farmer Com 15. Date of intended interment Mung 20 1912 Except Kelly, Undertaker.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED
<ol> <li>Place of birth Bandy Hump</li> <li>Residence 11 ' Ward No,</li> <li>Time of residence in the City. Life</li> <li>When a minor Name of Mother The Luclar Black by Name of Father When 11</li> <li>Place of intended interment Farmer &amp; 11</li> <li>Place of intended interment Farmer &amp; 19/12</li> <li>Date of intended interment The 20 19/12</li> <li>Earsache Kulle, Undertaker.</li> </ol>	
<ol> <li>12. Time of residence in the City. Life</li> <li>13. When a minor Name of Mother The Luclar Black ty Name of Father W 11</li> <li>14. Place of intended interment Farmer &amp; 11</li> <li>15. Date of intended interment Try 20 19/12</li> <li>Earsache Kelle, Undertaker.</li> </ol>	9. Occupation
<ol> <li>12. Time of residence in the City</li></ol>	
<ol> <li>12. Time of residence in the City</li></ol>	11. Residence // Ward No,
<ul> <li>13. When a minor Name of Mother This Lucla Black y Name of Father With 11</li> <li>14. Place of intended interment Farmer &amp; 17</li> <li>15. Date of intended interment Try 20 19/12</li> <li>Earsache Kelle, Undertaker.</li> </ul>	19 Time of residence in the City Life
14. Place of intended interment Farmer Com- 15. Date of intended interment Zny 20 19/12 Earsoch Kille, Undertaker.	12 When a miner Name of Mother This Luclar Bladely
14. Place of intended interment Farmer Com- 15. Date of intended interment Zny 20 19/12 Ersoch Kille, Undertaker.	15. When a minor Name of Father //
	14. Place of intended interment farmer Cur
	15. Date of intended interment 20 19/12
Date of Certificate Residence	Carrocho Kelle, Undertaker.
	Date of Certificate Residence

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 and Blakeman
2. Sex man. 3. Color ochili. 4. Age 15 m
5. Married or single
6. Date of death 12
7. Cause of death Color Onfantino
8. Duration of last illness 3 damage
M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Calling It Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother And Blackman
Name of Father glay
14. Place of intended interment Sunt novely
15. Date of intended interment
Banding Green Fr.
Date of Certificate Residence

Roy Blakeman 1907

	RETURN OF A DEATH.
	_2.87
	Physician's Certificate Preparatory to Burial.
	D Do Blakemen
1.	Name of deceased Agy Blakeman
2.	Sex male 3. Color while 4. Age 38 g
5.	Married or single mond
6.	Date of death high 15-0/
7.	Cause of death Raptine Blow Versel
8.	Duration of last illness
	Maray Coronorm. D
	Residence W.C.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation maling Daleanan
10.	Place of birth
11.	Residence Ward No.
12,	Time of residence in the city
13.	When a minor Name of mother
10.	Name of father
	Place of intended interment Auch mare
14.	Determine the second and the second second
	Date of intended interment
14. 15.	Date of intended interment
15.	All will ill a

Child of General Blakley Jr. 1900

14	134
This Constitutes One Certificate to be Refarmed to the City Clerk for a Burial P	ermit,
RETURN OF A DEATH	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased Children Gunnal Bloth	yh
2. Sex Mala 3. Color A. Age 5 hor 5. Married or single sugges	ers.
6. Date of death that y 12" 1902. 7. Cause of death Marmhon	
8. Duration of last illness ON North	ы. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED	
9. Occupation 10. Place of birth City 11. Residence E. Chustur St. Ward No. /	
	-
12. Time of residence in the City 13. When a minor { Name of Mother Name of Father Januar Blaklan 14. Place of intended interment Mr Moucin barn.	g fr.
15. Date of intended interment Fuly, 17/1900, Layard Flaund, Und Date of Certificate Fuly 12/1900, Residence	lertaker.

Child of C. Bland 1878

Th	135 nis Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Sex Mule . 3. Color Bluch. 4. Age Ane aug
5.	Married or Single_ Lugle
6.	Date of Death
7.	Cause of Death
8.	Duration of last Illness pre Cluy
1	Residence Res Adungte , M. D.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Place of Birth Bowling Green -
10.	Residence Bridge St. Ward No. 37
	Time of Residence in the City Oue Day
	0 0 1 0
13.	When a Minor { Name of Mother & Bland
14.	Place of intended Interment (Col) Cemetery -
1000	Date of intended Interment Mary 10" 48
	M. Strickle Por Undertaker;
Da	te of Certificate May 10" 7.8 Residence State Sh
	Pantagraph Print.

Corrilla Bland 1908

Thi	s Constitutes One Certificate	to be Returned to th	a City Clark for a Burial	136 Permit
	RETURN		DEAT	
			atory to Burial.	
1. 1	Name of deceased Mrs. X Sex Junals	Quilla 19	sland,	ALCO.
5. 1	Married or single	9 Bud	4. Age \$6	<i></i>
7. (	Cause of death Apple	V		
			BOWLING GREEN, K	
	•Undertaker's Cer	tificate in Rel	- ation to Deceased	•
9.	Occupation			
10. 11.	Place of birth Residence Willistout	a the second second		No. /
12. 13,	Time of residence in the c When a minor $\begin{cases} Name of \\ Name of \end{cases}$	mother		
14.	Place of intended interme	nt LOUISVILL	Е, КҮ.	
15.	Date of intended interme	JUL 10		
Date	of Certificate July 9		& GERARD. Un Residence WLING G	
			8	M85.2

J. W. Bland 1909

137
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 J. It Bland 2. Sex male 3. Color Col. 4. Age 50 yrs 5. Married or single married 6. Date of death married
7. Cause of death Into Augustic inith Hemorrhage 8. Duration of last illness (144) a but a year J.M. Willis M. D. Residence Blanching Kren, Ky.
Undertaker's Certificate in Relation to Deceased.
9. Occupation COUNT 10. Place of birth Angeon County 11. Residence 3 + Chustmut St Ward No. 2 12. Time of residence in the city Aburt 30 yrs
13. When a minor Name of mother
14. Place of intended interment M. march Cemetry 15. Date of intended interment may 28 - 1909. J.E. Kuykin Saa Indertaker.
Date of Certificate May 28-09. Residence. 7 L College St.

Jackson Bland 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATE.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Jackson Bland
	sex male 3. colored . 4. Age 5 year
5.	Marriel or Single
6.	Date of Death Ary. 3 2 1880.
	Cause of Death Mump
8.	Duration of last Illness Serval day mona bi
	Residence Chestmit Sh.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9	Occupation
	Place of Birth
	Residence
12.	Time of Residence in the City
	i Name at Mather
13.	When a Minor Name of Father
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
De	ate of Certificate Residence

John W. Blankenship 1911

139
* * 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 Juhn IV Blankinghup
2. Serpulle. 3. Color White 4. Age 56
5. Married or Single Mund
6. Date of death Duck // /4/
7. Cause of death Dysecutary
8. Duration of last illness 10 neceks
tothere M.D.
Residence Rouling Green 14
Undertaker's Certificate in Relation to Deceased.
9. Occupation Sonpronter
10. Place of birth Kintucky
11. Residence Bauling Juin. Ward No.
12. Time of residence in the city
13. When a minor Name of Mother
14. Place of intended interment Farmun Cum
heretorial
4 JAMIL
Date of Certificate Residence Bully

Florence Oldham Bledsoe 1905

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 Florence Oldhum Blidson
1. Name of deceased Thomas Changes and the state
2. Sexfunale 3. Color While 4. Age 25 yr 5. Married or single manual
6. Date of death Sift 5 1905
7. Cause of death Tuberenlaris
S Duration of last illness months
J. D. Blidson br . M. D
Residence Mila Lun
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Line 11 Residence Mart but 12+13 Ward No.
I I Maran
12. Time of residence in the City.
13. When a minor Name of Father
14. Place of intended interment Mighan Learn
15. Date of intended interment
Hawley ay Undertaken
Date of Certificate Residence
. 4

James Buchanan Bledsoe 1905

	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. N	ame of deceased James Buchancas Blidson
2. S	exmall. 3. Color whit. 4. Age 5 mo
5. M	Iarried or single
6. D	Date of death May 10 the 1905
7. C	ause of death In borenlo - hungilie -
	Duration of last illness may the
	M. D. Residence Callige St City
	Residence Callyest cy
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. (	Decupation
10. I	Place of birth Cuty
11. F	Residence Main St Ward No, 2
12. ]	Fime of residence in the City.
13 1	When a minor Name of Mother florence Blackor
	Name of Father 4, D, Duonio
	Place of intended interment Milan Lew
15. I	Date of intended interment gray \$ 1700
	Hawley agam, Undertaker.
Date	of Certificate Residence

Liza Blewett

	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 Ligo Bluvett Sex Demale. 3. Color Drk 4. Age of year
2.	sex Demale. 3. Color Drk 4. Age at year
5.	Married or Single
	Date of Death Oct 23
7.	Cause of Death Old Age
8.	Duration of last Illness Several monthy
	mm Clay food, M.D.
	Residence
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
<ol> <li>9.</li> <li>10</li> <li>11.</li> <li>12.</li> <li>13.</li> </ol>	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No
10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Wurd No Time of Residence in the City
10 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor { Name of Mother Name of Father
10 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
10 111. 112. 113. 114. 115.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment

Nora Blewett 1893

505 505 14	3
RETURN OF A DEATH.	
1. Name of deceased Nora Blunch 2. Sex f Male 3. Color col . 4. Age 17 yrs 5. Married or Single Single 6. Date of Death Jan 20 (858. 7. Cause of Death HANG HALS MARL 8. Duration of last Illness Me HALS Margine , M. D.	
Presidence A.C. 	
10. Place of Birth Support CO 11. Residence Leitz Ward No. 3.99	
12. Time of Residence in the City 2 Jeans 13. When a Minor. Name of Mother Malisa Bleve Name of Father Muridith Blevet	石石
14. Place of intended Interment not Monak	
15. Date of intended Interment Jan- 2 2-1853	>
Date of Certificate . Residence	

Carrie Blewit 1905

* * 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 barrier Blumich Blant 2. Sex Frunder 3. Color Blb. 4. Age 19
2. Sext 3. Color 5. Married or Single Sing W.
<ol> <li>Sex. 3. Color String L.</li> <li>Married or Single Sing L.</li> <li>Date of death May N" 05</li> <li>Cause of death High Dearway</li> </ol>
8. Duration of last illness from G. Group, Coronor, M. D.
Residence Mairin Leo.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth. 11. Residence Gruter St. Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
14. Place of intended interment Cochficiald, My
15. Date of intended interment
Date of Certificate May 3/05 Residence

Easter Blewitt 1891

2.71 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Easter Bleut
2. Sex Junah . 3. Color Blk . 4. Age 55 5. Married or Single Singh
6. Date of Death March 19-1891 7. Cause of Death Plenning
8. Duration of last Illness 1 arcelu Allenghe M. D.
Residence Lilf
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Kentucky
11. Residence 4 - Mard - Ward No. 12 12. Time of Residence in the City
13. When a Minor. Name of Father
14. Place of intended Interment March 20-1891 15. Date of intended Interment March 20-1891 Frank Concerner, Undertaker.
Date of Certificate March 1973. Residence, Undertaker.

Annie Bluit 1900

H2 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 Handle       3. Color black       4. Age Lityon         5. Married or single       Simple         6. Date of death       Margy J - Jord         7. Cause of death       Margy J - Jord         8. Duration of last illness       Marg         M. D.       Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Q. G. Noper St- Ward No, 3
12. Time of residence in the City.
13. When a minor { Name of Mother
14. Place of intended interment mariak
15 Data of internet march 9- 1900
13. Date of Intended Interment, Undertaker. Date of Certificate

Charity Bly 1906

RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased & harity Bly
1. Name of deceased & harity Bly 2. Sex fimale 3. Color black 4. Age 6.0 5. Married or single married 6. Date of death March - 1906
7. Cause of death Mumound 8. Duration of last illness. Five days , Mortin M.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Kansekeefering 10. Place of birth 11. Residence River bund Ward No
11. Residence River bund Ward No
12. Time of residence in the city   Image: Second
14. Place of intended interment at mp about
15. Date of intended interment march 6-1906 J. E. Muykin dale Undertake
Date of Certificate murch 9. 1906 Residence Our 4m Callege St

James Bly 1896

Out aftown 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 Januar Bly
2. Sex Malel 3. Color All . 4. Age 25 gra
5. Married or single single
6. Date of Death Man 2/96
7. Cause of Death Consemplian
8. Duration of last Illness
Residence letty
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Hanne County
11. Residence Ind aluch. Ward No. 1th
12. Time of Residence in the City
13. When a Minor Name of Mother
14. Place of intended Interment MA Jabor Hannel
15. Date of intended Interment Mar & 96 F.C. Buand M. Burgendertaker.
Date of Certificate Man 1966. Residence