


1877

Box 1, Folder 4 Bowling Green, Kentucky - Death Records, Bo-Bri

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Recommended Citation

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Mary Bohne 1906

111

LES OF THE INDIANA STATE BOARD OF HEALTH GOVERNING
TRANSPORTATION OF

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Mary Bohne*
2. Sex *Female* 3. Color *White* 4. Age *34*
5. Married or single *Married*
6. Date of death *MAY -3 1906*
7. Cause of death *Septic Parotitis*
8. Duration of last illness *4 yrs*
GERARD & GERARD. *H. D.*
Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Mo*
11. Residence *Indianapolis Ind* Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *MAY -4 1906*
GERARD & GERARD. Undertaker.
Date of Certificate *MAY -4 1906* Residence *BOWLING GREEN, KY*

Mary Bohne 1906

ORIGINAL. Transit Permit No. _____

Railroad. _____

FORM E

TRANSPORTATION OF CORPSE.
INDIANA STATE BOARD OF HEALTH.

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of Deceased Mary Bohne Date of Death 5-3-06
 Hour of Death 12 A. M. Age 34 Years Months Days
 Place of Death Central Insane Hospital Cause of Death Dementia Paralytica
 which is a NON-COMMUNICABLE disease.
(Communicable or non-communicable.)

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

Residence Insane Hospital County of Marion State of Ind.
 _____ Hoffman M. D. or Coroner.

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

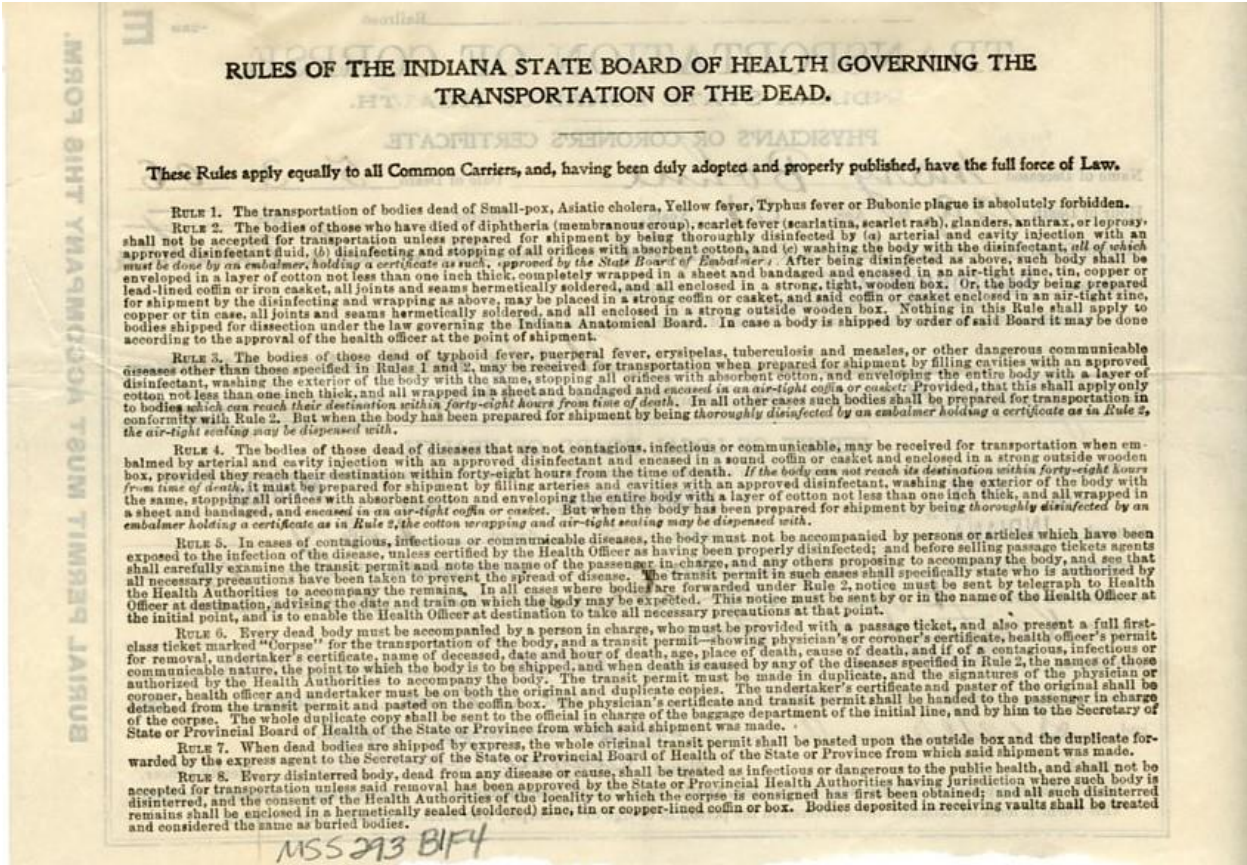
In the CITY of INDIANAPOLIS, County of MARION
(City or Township.)
 State of INDIANA on the 4 day of May
 Permission is hereby given Callahan holder of Embalmer's Permit No. 74
 to remove for burial at Bowling-Green in the County of Warren
 State of Kentucky the body of _____
 who died at INDIANAPOLIS County of MARION State of INDIANA
 on the 3 day of May Aged 34 Years Months Days,
 and Sister is hereby authorized to accompany said remains.

[SEAL] Signed Eugene Buckler Health Officer.

RULE 1. The transportation of bodies dead of small-pox, Asiatic cholera, yellow fever, typhus fever or bubonic plague, is absolutely forbidden.
 This Form E must be detached and delivered to the person in charge of the corpse, who must also have a burial permit.

BURIAL PERMIT MUST ACCOMPANY THIS FORM.

Mary Bohne 1906



William Booker 1911

2

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

RETURN OF A DEATH.

1105

Physician's Certificate Preparatory to Burial.

1. Name of deceased William Booker
2. Sex male 3. Color white 4. Age 30
5. Married or Single married
6. Date of death Nov 9 1911
7. Cause of death Heart Trouble
8. Duration of last illness 2 Weeks
Wm A Bragg, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Bookman
10. Place of birth Columbia Tenn
11. Residence Bowling Green Ky Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Columbia Tenn
15. Date of intended interment Nov 10 1911
Craddock Kelly, Undertaker.
Date of Certificate _____ Residence Bowling Green Ky

Mrs. Charles G. Boone 1904

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 *Mrs. Chas. G. Boone Boone*

2. Sex *Female* 3. Color *White* 4. Age *38 yrs*

5. Married or Single *Married*

6. Date of death *Sept. 11 "04*

7. Cause of death *Consumption*

8. Duration of last illness *8 W. Counts*, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Warren County*

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

12. Time of residence in the city _____

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

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

15. Date of intended interment *Sept 12 "04*

Edward T. Grand, Undertaker.

Date of Certificate *Sept. 11 "04* Residence _____

Ella Boone 1911

4-1

1052

* * 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. Ella Boone Ella Boone

2. Sex Female

3. Color White

4. Age 40 yrs.

5. Married or Single Married

6. Date of death July 26th 1911

7. Cause of death Carcinoma of Liver, as per V. Stathis's

8. Duration of last illness E. J. Grand, Funeral Director
Residence Brookings Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Kentucky

11. Residence Louisville Ky Ward No. _____

12. Time of residence in the city _____

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

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

15. Date of intended interment July 27th 1911.

GERARD & GERARD.

_____, Undertaker.

Date of Certificate July 27/1911 Residence _____

Ella Boone 1911

4-2

(Always write with ink) **TRANSPORTATION OF CORPSE**

Form V. S. 65. 18M. 1-15-11 Commonwealth of Kentucky Transit Permit No. _____
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 State of Kentucky,
 County of Jeff
 City of Jeff (No. First & T St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Ella Boone

Personal and Statistical Particulars			Medical Certificate of Death
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed, or Divorced (WRITE the word) <u>M</u>	16 DATE OF DEATH <u>July 24</u> , 1911 (Month) (Day) (Year)
6 DATE OF BIRTH <u>Mar 20</u> , 1871 (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 24</u> , 1911, to <u>July 26</u> , 1911, that I last saw her alive on <u>July 25</u> , 1911, and that death occurred, on date stated above, at <u>4:00</u> p.m. The CAUSE OF DEATH* was as follows: <u>Carcinoma of Liver</u>
7 AGE <u>40</u> yrs. mos. ds.			
8 OCCUPATION <u>House work</u>			Contributory..... (Secondary).....
9 BIRTHPLACE (State or country) <u>Ky</u>			(Duration)..... yrs..... mos..... ds.
PARENTS	10 NAME OF FATHER <u>John Stevens</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>I don't know</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>	
	14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) <u>Ella Boone</u> (Address) <u>Jefferson Street</u>		(Signed) <u>W. H. Clemons</u> , M. D. 191 (Address) <u>419 O Street</u>
15 PLACE WHERE REMAINS ARE TO BE SENT <u>Crematorium Green Ky</u>	DATE OF SHIPMENT <u>July 27</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds. Where was disease contracted, if not at place of death? _____ Former or usual residence.....	
SHIPPING UNDERTAKER <u>W. H. Blomsted</u>		FIRM NAME _____ ADDRESS _____	

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If the body is to be buried within the State of Kentucky, the Receiving Undertaker will detach the Transit Permit at this portion and deliver it to the sexton or other persons in charge of the cemetery or burial ground where burial takes place.

Ethel Boone 1891

272 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 *Ethel Boone*
2. Sex *Female* 3. Color *White* 4. Age *5 years*
5. Married or Single *Single*
6. Date of Death *Mar 21 " 1891.*
7. Cause of Death *Diphtheria*
8. Duration of last Illness *About twelve days.*
D. D. Knight, M. D.
Residence *Bombay, Tenn.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth _____
11. Residence *11th street* . Ward No *3rd*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Mary Boone*
 } Name of Father *Charley Boone*
14. Place of intended Interment _____
15. Date of intended Interment *Mar 23 " 1891.*
Frank R. Goad Undertaker.
Date of Certificate *Mar 21 " 1891* Residence *City.*

Susie Borden 1903

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 6

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Susie Borden

2. Sex female 3. Color white 4. Age 25

5. Married or single single

6. Date of death Sept 30 1903

7. Cause of death Tubercular Phthisis

8. Duration of last illness 7 D.C.

Fred S. Cartwright, M. D.
Residence Bowling Green, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth _____

11. Residence Woolen Mills Ward No. _____

12. Time of residence in the City. _____

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

14. Place of intended interment Fairview Cem

15. Date of intended interment Oct 1 - 1903

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

Date of Certificate _____

Infant of Bert Borrone

7-2

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Bert Borrone* *Borrone*
2. Sex _____ 3. Color *White* 4. Age *7 days*
5. Married or single *Single*
6. Date of death *July 12/06.*
7. Cause of death *convulsions*
8. Duration of last illness _____

_____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Paris Tennessee*
11. Residence " " Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Mrs. Bert Borrone*
Name of Father *Bert Borrone*
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *July 13/06*

GERARD & GERARD. _____, Undertaker.

Date of Certificate *July 13/06.* Residence *BOWLING GREEN, KY*

Infant of Bert Borrone

7-1
#68

(Issued by the State Board of Health of Tennessee.)

TRANSPORTATION OF CORPSE.
Transit Permit No. _____
(GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased Male Infant - Mr & Mrs Bert Borrone Date of Death July 12th 1906
(If a minor, give parents' name also)

Hour of Death 4 P. M. Age --- Years --- Months 3 Days

Place of death Paris Tenn. Cause of death Convulsion

which is a Non-Communicable disease.
(Communicable or non-communicable.)

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

G. D. Abernethy M. D. or Coroner.

Residence Paris County of Henry State of Tenn.

Charles Borrone 1896

953 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 *Charles Borrone*
2. Sex *Male* 3. Color *White* 4. Age *8 yrs*
5. Married or single *Single*
6. Date of Death *Oct 22"/1896.*
7. Cause of Death *Meningitis*
8. Duration of last Illness *One month*
C. G. Grinstead, M. D.
Residence *College St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Adams Street* Ward No. *2nd*
12. Time of Residence in the City *8 yrs.*
13. When a Minor } Name of Mother *Mrs. R. Borrone*
 } Name of Father *R. Borrone*
14. Place of intended Interment *St. Joseph's Cemetery*
15. Date of intended Interment *Oct. 23"/1896.*
F. G. Guard Undertaker.
Date of Certificate *Oct. 22"/96* Residence *City*

Joe J Barrone 1909

#612 9-1

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Joe J Barrone*
2. Sex *Male*
3. Color *White*
4. Age *34*
5. Married or single *Single*
6. Date of death *Apr. 7th 1909*
7. Cause of death *Tuberculosis.*
8. Duration of last illness

G. Gail M. D.
Residence *Montgomery St.* **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth
11. Residence *Adams Street* Ward No. *3*
12. Time of residence in the city
13. When a minor { Name of mother *Mrs. R Barrone*
Name of father *R Barrone "Dad."*
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *Apr. 9th 1909.*

GERARD & GERARD. Undertaker.
BOWLING GREEN, KY

Date of Certificate *Apr. 8/1909.* Residence

Joe J. Borrone 1909

MISS 293
BIF4

UNDERTAKER'S AFFIDAVIT—In case of Infections of Contagious Disease or Disinterment.

MONTGOMERY, ALA., 190.....

I Hereby Certify, That the body of named in the transit permit has been prepared by me for transportation by being

(Signed Undertaker.

STATE OF ALABAMA, }
COUNTY OF MONTGOMERY }

On this day of, A. D. 190....., before me a (Notary Public, Justice of the Peace), in and for the County and State aforesaid, personally appeared to me known, and made oath and says that all the statements contained in the foregoing are true.

Sworn and subscribed to before me this day of 190.....

SEAL

116

SANITARY DEPARTMENT,
MONTGOMERY, ALA
(To be issued by City Physician or County Board of Health.)

R. R. AGENTS AND ALL OTHER CARRIERS SEE BACK OF PERMIT.

No. 221

TRANSIT PERMIT

OFFICE OF
CITY PHYSICIAN April 7 1909

Permission is hereby given to remove the remains of Joe J. Borrone
color white, sex male Age: 34 years months days,
who died at Montgomery Ala. on A. & L. R.R.
on the 7 day of April 190....., the cause of death being
Tuberculosis which is a disease, and a

Transit Permit being asked for burial at Boling Green
in the State of Ky

Name of Undertaker or person in charge of the Transit. Leak Undertaking Co. Signed Dr. J. Stone City Physician.

Name of Medical Attendant or Coroner. By A. W. Crossman

THIS PERMIT MUST IN ALL CASES ACCOMPANY THE BODY TO ITS DESTINATION.

R. Barrone 1908

10

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

RETURN OF A DEATH.

503

Physician's Certificate Preparatory to Burial.

1. Name of deceased R. Barrone
2. Sex Male
3. Color White
4. Age 65 yrs
5. Married or single Married
6. Date of death Aug. 12th 1908
7. Cause of death Paralysis
8. Duration of last illness G. E. Huddell M. D.

Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Merchant
10. Place of birth Genova Italy
11. Residence Adams St Ward No. 3
12. Time of residence in the city 29 yrs.
13. When a minor { Name of mother _____
Name of father _____
14. Place of intended interment St. Josephs Cemetery
15. Date of intended interment Aug. 14th 1908

GERARD & GERARD. Undertaker.

Date of Certificate Aug 13/08 Residence BOWLING GREEN, KY

685-20
1718

Francis Bougoies 1891

296

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 Francis Bougoies*
2. Sex *Female* . 3. Color *White* . 4. Age *70 years*
5. Married or Single *Widowed*
6. Date of Death *June 4th 1891*
7. Cause of Death *Bright Disease*
8. Duration of last Illness *Six weeks*
H. P. Costwright M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Germany*
11. Residence *8th Street* Ward No. *3^d*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *St Joseph's Court*
15. Date of intended Interment *June 6th 1891*
H. W. Inwood, Undertaker.
Date of Certificate *June 6th 1891* . Residence _____

Mrs. J. E. Boulton 1910

12

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

RETURN OF A DEATH.

788

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs J E Boulton*

2. Sex *Female* 3. Color *White* 4. Age *36*

5. Married or single *married*

6. Date of death *Mch 17th 1910*

7. Cause of death *Exhaustion cerebral pressure*

8. Duration of last illness *four months*

W C Stottner M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *Warren County*

11. Residence *Warren County* Ward No.....

12. Time of residence in the city

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Mch 18th 1910*

Masrus Evans Undertaker.

Date of Certificate *Mch 1910* Residence *Polgreen Ky*

Anna C. Bousman 1909

13

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

RETURN OF A DEATH.

133

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Anna C. Bousman*
 2. Sex *Female* 3. Color *White* 4. Age *11 mo.*
 5. Married or Single *Single*
 6. Date of death **MAY 28 1909**
 7. Cause of death *Intest - Colitis*
 8. Duration of last illness _____
 _____, M. D.
 Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth **BOWLING GREEN, KY**
 11. Residence *Woodford St.* **BOWLING GREEN, KY** Ward No. _____
 12. Time of residence in the city *11 months*
 13. When a minor { Name of Mother *Mrs. Anna Bousman*
 Name of Father *J. N. Bousman*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *May 29 1909*
GERARD & GERARD, Undertaker.
 Date of Certificate **MAY 28 1909** Residence _____

Infant of Geris Bowen

14

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

RETURN OF A DEATH.

479

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Infant of Geris Bowen
2. Sex Male 3. Color White 4. Age 3hrs
5. Married or single Single
6. Date of death June 22 - 08
7. Cause of death Premature birth
8. Duration of last illness _____

Wm. H. Blackburn, M. D.
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Bowling Green
11. Residence " " Ward No. _____
12. Time of residence in the City. _____

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

14. Place of intended interment of a room
15. Date of intended interment June 22

T. H. Payne's Wife, Undertaker.

Date of Certificate June 22 Residence Bowling Green Ky

Joseph A. Bowles 1911

15

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

RETURN OF A DEATH.

1012

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joseph A. Bowles Bowles
2. Sex male 3. Color white 4. Age 43
5. Married or Single married
6. Date of death May 10 1911
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness one year
Signature J. B. Martin, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Hornet Maker
10. Place of birth Kentucky
11. Residence Bowling Green Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Old Union
15. Date of intended interment May 11 1911
Signature Essie Kelly Undertaker.
Date of Certificate _____ Residence Bowling Green

Marvin Bowles

16

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Marvin Bowles

2. Sex Male 3. Color White 4. Age 8 yrs

5. Married or single Single

6. Date of death MAY 14 1907

7. Cause of death Dysentery

8. Duration of last illness John H Blackburn M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth Warren Co

11. Residence 14th & Indola St Ward No. 1

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

13. When a minor { Name of mother Mrs J. A. Bowles
Name of father J. A. Bowles

14. Place of intended interment Old Union Burying

15. Date of intended interment May 15 1907

GERARD & GERARD Undertaker.

Date of Certificate MAY 14 1907 Residence BOWLING GREEN, KY

EPG 2214
1918

1907

Paul Bowles 1905

17

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Paul Bowles
2. Sex Male 3. Color White 4. Age 26
5. Married or Single Single
6. Date of death Dec 10 " 1905
7. Cause of death Slit
8. Duration of last illness few hours
J. E. Gray, Coroner of Warren Co., M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren County
11. Residence " " Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Near Glasgow Junction Ky
15. Date of intended interment Dec 11 " 05
Osgood A. Grant, Undertaker.
Date of Certificate Dec 16 " 05 Residence _____

Sarah Bowles 1898

1175 18

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

RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Sarah Bowles*

2. Sex *Female* 3. Color *Blk* 4. Age *53 yrs*

5. Married or single *Widow*

6. Date of death *Sept. 15 1898*

7. Cause of death *Epilepsy*

8. Duration of last illness _____

G. H. Murphy M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth _____

11. Residence *Pop. Street* Ward No. *1st*

12. Time of residence in the City _____

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

14. Place of intended interment *Mt. Moriah, Cum*

15. Date of intended interment *Sept. 16 1898.*

Gerard and Gerard, Undertaker.

Date of Certificate *Sept. 16 1898* Residence _____

Mary Bowlin 1878

19

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mary Bowlin*

2. Sex *Female* 3. Color *Black* 4. Age *21*

5. Married or Single *Married*

6. Date of Death *Sep 5 14*

7. Cause of Death *Consumption*

8. Duration of last Illness *Five months*

J. F. McCray, M. D.

Residence *Grider Street* *but State of*
Sumner

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Wife*

10. Place of Birth *Simpson County*

11. Residence *Mechanic St.* Ward No. *3rd*

12. Time of Residence in the City *Three Years*

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

14. Place of intended Interment *Cal. Cemetery*

15. Date of intended Interment *Sept 13 '78*

"Stricklee", Undertaker.

Date of Certificate *Sept 14 '78* Residence *State St*
Bowling Green Ky

Democrat Print.

Duncan Bowlin 1880

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. 20

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Duncan Bowling*
2. Sex *Male* 3. Color *Blk* 4. Age *19 Years*
5. Married or Single _____
6. Date of Death *June 26*
7. Cause of Death *Consumption*
8. Duration of last Illness *7 months*
No Physician, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ Ward No. *32*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Cascinda Bowling*
Name of Father _____
14. Place of intended Interment *Col Court*
15. Date of intended Interment *June 26th*
Hobbs and, Undertaker.
Date of Certificate *June 26th 80.* Residence _____

Democrat Print.

R. L. Bowlin 1891

21

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *R. L. Bowlin*

2. Sex *male* 3. Color *white* 4. Age *18 year*

5. Married or Single *single*

6. Date of Death *July 19/91*

7. Cause of Death *Diphtheria Fever*

8. Duration of last Illness *3 weeks*

Residence *City Health Officer*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *schoolboy*

10. Place of Birth *horse cave Ky*

11. Residence *Broadway* Ward No. *first*

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

13. When a Minor. } Name of Mother *Erminia Bowlin*
 } Name of Father *J. Bowlin*

14. Place of intended Interment *Harrison Cem*

15. Date of intended Interment *July 17/91*

Cuthbertson Undertaker.

Date of Certificate _____ Residence _____

Mrs. Dr. W. W. Bowling 1906

Mrs. Dr. W. W. Bowling 22-2

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

RETURN OF DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs. Dr. W. W. Bowling
2. Sex Female 3. Color White 4. Age 58
5. Married or single Married
6. Date of death July 30, 1906
7. Cause of death General Dypsy -
8. Duration of last illness _____
P. G. Sutphen _____ M. D.
Residence Cannons, Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Hart County
11. Residence Cannons Ky Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment July 31, 1906
Gerard & Grand _____ Undertaker.
Date of Certificate July 31/06 Residence City.

Mrs. Dr. W. W. Bowling 1906

22-1
This is to certify that Mrs. Bowling, wife
of Dr. W. W. Bowling, who died at Canover,
at 8 o'clock this morning, died of disease
of the liver and kidneys, ending in general
dropsy. She was sick for several months,
and free from any contagious disease during
the time. P. C. Bretzshus, M. D.
Canover Ky., July 30th, 1906

Bertha Bowman 1892

23

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 *Bertha Bowman*

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

5. Married or Single *Single*

6. Date of Death *Dec 29 '92*

7. Cause of Death *Scrub*

8. Duration of last Illness *Scrub*

M. D.

Residence *Central City*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Central City*

11. Residence *2nd street* Ward No. *1st*

12. Time of Residence in the City *4 da*

13. When a Minor. } Name of Mother *Jennie Bowman*
 } Name of Father *Lewis*

14. Place of intended Interment *Mt Zion ch*

15. Date of intended Interment *Dec 30 '92*
F. C. Guandy, Undertaker.

Date of Certificate *Dec 29 '92* Residence *City*

Child of W. S. Bowman 1905

24

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of W. S. Bowman*

2. Sex *Female* 3. Color *White* 4. Age *7 days.*

5. Married or Single *Single.*

6. Date of death *May, 24 "05.*

7. Cause of death *Premature Birth*

8. Duration of last illness *G. F. Rutherford*, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *City*

11. Residence *Adams St.* Ward No. *7*

12. Time of residence in the city _____

13. When a minor { Name of Mother *Mrs. W. S. Bowman.*
Name of Father *W. S. Bowman*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *May, 25 "05*

Grand and Grand, Undertaker.

Date of Certificate *May, 24/05.* Residence _____

Andrew L. Boyd 1881

13 25

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Andrew L. Boyd*

2. Sex *Male* . 3. Color *white* . 4. Age *8 months*

5. Married or Single *Single*

6. Date of Death *July 25th 1881*

7. Cause of Death *Cholera Infantum*

8. Duration of last Illness *Two weeks*

P. C. Porter, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ 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 _____

15. Date of intended Interment _____

Undertaker.

Date of Certificate _____ Residence _____

Democrat Job Print

Child of George & Ella Boyd 1896

955 26

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Geo Boyd* *Boyd*

2. Sex *Blk* 3. Color *Female* 4. Age *20 mo*

5. Married or single *Single*

6. Date of Death *Oct. 25/96*

7. Cause of Death *Overexhaustion*

8. Duration of last Illness _____

J. B. Meredith, M. D.

Residence *719 State St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Wartonsville Ky*

11. Residence *Smith street* Ward No. *2nd*

12. Time of Residence in the City *30 days*

13. When a Minor { Name of Mother *Ella Boyd*
Name of Father *Geo. Boyd*

14. Place of intended Interment *Wt Methodist Cem*

15. Date of intended Interment *Oct 26" / 96.*

H. C. Gerard & Bro., Undertaker.

Date of Certificate *Oct. 26/96* Residence _____

Child of Henry Boyd 1899

68 27

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 Henry Boyd
2. Sex Female 3. Color White 4. Age 14 years
5. Married or single Single
6. Date of death Aug 26/99
7. Cause of death Transition
8. Duration of last illness _____
_____ J. D. Taylor M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation City School
10. Place of birth City
11. Residence _____ Ward No. _____
12. Time of residence in the City Lifetime
13. When a minor } Name of Mother Henry Boyd
 } Name of Father _____
14. Place of intended interment Mt. Moreah
15. Date of intended interment Aug 27/99
Garard and Garard Undertaker.
Date of Certificate Aug 26/99 Residence _____

Stella Boyd 1879

28

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Stella Boyd*
- 2. Sex *Female* 3. Color *Mulatto* 4. Age *Three years*
- 5. Married or Single *Single*
- 6. Date of Death *February 23^d*
- 7. Cause of Death *Convulsions*
- 8. Duration of last Illness *Two Weeks*

W. P. Williams, M. D.

Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
- 10. Place of Birth *Bowling Green Ky*
- 11. Residence *Mechanic St.* Ward No. *2nd*
- 12. Time of Residence in the City *Four Years*
- 13. When a Minor { Name of Mother *Hamer Boyd*
Name of Father
- 14. Place of intended Interment *Col. Cemetery*
- 15. Date of intended Interment *July 24th '79*

"Strickles", Undertaker.

Date of Certificate *July 24th '79* Residence *Main St. Bowling Green Ky*

Democrat Print.

Georgina Boyeth 1897

29

Outsacality

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 *Ms Georgina Boyeth*
2. Sex *Female* 3. Color *White* 4. Age *55 yrs*
5. Married or single *Widow*
6. Date of Death *July 30th 1897.*
7. Cause of Death *Exhaustion*
8. Duration of last Illness _____

J. A. Mc² Cormack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Mississippi*
11. Residence *High street* Ward No. *1*
12. Time of Residence in the City *Three weeks*
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Saltus, Miss.*
15. Date of intended Interment *Aug 1st 97.*
A. C. Guard & Co, Undertaker.
Date of Certificate *July 31/97* Residence _____

Child of A. H. Brachey 1898

1136 30

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of A. H. Brachey.*
2. Sex _____ 3. Color *White* 4. Age *--1--*
5. Married or single *Single.*
6. Date of death *June 3rd 1898*
7. Cause of death *Premature Birth*
8. Duration of last illness _____
J. B. Wright M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Adams St. City*
11. Residence *" "* Ward No. *7*
12. Time of residence in the City _____
13. When a minor } Name of Mother *Mrs. Brachey.*
 } Name of Father *A. H. Brachey*
14. Place of intended interment *St. Joseph's Cemetery.*
15. Date of intended interment *June 3rd 1898*
Guard & Guard, Undertaker.
Date of Certificate *June 3rd 1898.* Residence _____

Mrs. A. H. Brachey 1898

1148 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 Mrs A. H. Brachey.
2. Sex Female 3. Color White 4. Age 20 yrs
5. Married or single Married
6. Date of death June 24th 98
7. Cause of death Inflammation, Stomach & Bowels
8. Duration of last illness _____
J. B. Knight M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Blountfield Ky.
11. Residence Adams St Ward No. 2
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Blountfield Ky.
15. Date of intended interment June 28th 98.
Guard & Guard . Undertaker.
Date of Certificate June 27/98, Residence _____

Fannie Brackan 1893

339 38

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Fannie Brackan*

2. Sex *Female* 3. Color *Blk.* 4. Age *6 mo.*

5. Married or single *Single*

6. Date of Death *Aug. 27 '93.*

7. Cause of Death *Pulmonary Tuberculosis*

8. Duration of last Illness *two months*

S. J. Mills, M. D.
Residence *Working Green Key*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

11. Residence *2nd street* . Ward No. *12th*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Florence Brackan*
Name of Father *Mathis* "

14. Place of intended Interment *County Cem.*

15. Date of intended Interment *Aug. 27 '93*

A. C. Gerard & Bro., Undertaker.

Date of Certificate *Aug 27 '93.* Residence *City*

Harry L. Bracken 1894

615 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.

Bracken

1. Name of deceased *Harry L Bracken*

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

5. Married or single *Single*

6. Date of Death *April 24th 1894*

7. Cause of Death *Convulsions*

8. Duration of last Illness _____

B. H. Milliken, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Berea Ky.*

11. Residence *Main St* Ward No. *4th*

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

13. When a Minor { Name of Mother *Mrs. L. A. Bracken*
Name of Father *R. F. Bracken*

14. Place of intended Interment *Palmer Ky.*

15. Date of intended Interment *Apr 26th 94*

F. C. Gerard & Co, Undertaker.

Date of Certificate *Apr 25th 94* Residence _____

George Lewis Bracken 1907

34

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

RETURN OF A DEATH.

369

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Geo Lewis Bracken
 2. Sex male 3. Color Black 4. Age 4 mo
 5. Married or single single
 6. Date of death Dec - 28 - 07
 7. Cause of death sudden family suffocation
 8. Duration of last illness none

Geo B. Gray, M. D.
 Residence Cornwell W. Va

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth city
 11. Residence ally bet 11th + 12th High + Lexington Ward No. _____
 12. Time of residence in the City. life
 13. When a minor { Name of Mother Higgie Bracken
 Name of Father _____
 14. Place of intended interment Mt Moriah (county)
 15. Date of intended interment Dec-29-07

A. Hawley Payne, Undertaker.
 Date of Certificate _____ Residence _____

Infant of Matt & Florence Bracken 1896

848 35

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant Bracken*

2. Sex *male* 3. Color *Black* 4. Age *8 mks*

5. Married or single _____

6. Date of Death *July 18 1896*

7. Cause of Death *Blauchitis*

8. Duration of last Illness _____

D.R. *J. F. Rodgers* M.D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *city*

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

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Florence Bracken*
Name of Father *Matt Bracken*

14. Place of intended Interment *West Norwich (County)*

15. Date of intended Interment *July 17 1896*

Bracken & Dyer Undertaker.

Date of Certificate _____ Residence _____

Pete Bracken 1908

36

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

RETURN OF A DEATH.

499

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Pete Bracken Bracken
 2. Sex Male 3. Color Black 4. Age 50
 5. Married or single married
 6. Date of death aug. 6" 1908
 7. Cause of death Grippe
 8. Duration of last illness 1 week
F. D. Riddon, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer
 10. Place of birth _____
 11. Residence 6th bet Chest & State Ward No. _____
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment mt. marion
 15. Date of intended interment aug. 7-08
J. H. Payne, Undertaker.
 Date of Certificate Aug 6- Residence Billy

Allen Bradford

37

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Allen Bradford Bradford*

2. Sex *Male* 3. Color *Black* 4. Age *26*

5. Married or Single *Single*

6. Date of Death *12th Sept*

7. Cause of Death *Consumption*

8. Duration of last Illness *Several months*

Dr. Thomas, M. D.
Residence *Plym*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ Ward No. *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

Undertaker.

Date of Certificate _____ Residence _____

Pantagraph Print.

Capt. Henry Bradley 1897

1036 38

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Capt Henry Bradley
2. Sex male 3. Color white 4. Age 41 yrs
5. Married or single married
6. Date of Death July - 31 - 1897
7. Cause of Death Consumption
8. Duration of last Illness _____
J. B. Huggins, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Railroad Conductor
10. Place of Birth Clarksville Tenn.
11. Residence Chestnut St. Ward No. 1st
12. Time of Residence in the City Several years
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment Farrum Cem
15. Date of intended Interment Aug - 1 - 1897
F. B. Huggins, Undertaker.
Date of Certificate Aug - 1 / 97 Residence College St

Child of Irvine Bradley 1897

1047 39

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 Irvine Bradley*

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

5. Married or single _____

6. Date of Death *Aug - 31 - 1897*

7. Cause of Death *Convulsion*

8. Duration of last Illness *4 days*

W R Francis, M. D.

Residence *325 College St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Bell Co.*

11. Residence *7th St* Ward No. *2nd*

12. Time of Residence in the City *life time*

13. When a Minor } Name of Mother *Mary Bradley*
 } Name of Father *Irvine* " "

14. Place of intended Interment *Catholic Cem*

15. Date of intended Interment *Aug - 31 - 1897*

Grand & Grand, Undertaker.

Date of Certificate _____ Residence _____

Larkin Bradley 1892

40

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Larkin Bradley*
2. Sex *Male* 3. Color *White* 4. Age *75 years.*
5. Married or Single *Married*
6. Date of Death *Jan'y 29th / 1892.*
7. Cause of Death *Heart disease*
8. Duration of last Illness *None*
H. P. Conington, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Todd County*
11. Residence *Adams Street Ward No. 3rd*
12. Time of Residence in the City *8 yrs*
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment *Jan'y 1892*
Frank P. Grand Undertaker.
Date of Certificate *Jan 29/92* Residence *City*

Phillip Bradley 1892

447

41

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

1. Name of deceased *Phillip Bradley*

2. Sex *Male* 3. Color *Blk* 4. Age, *72*

5. Married or Single *Married*

6. Date of Death *Sept 24 1892*

7. Cause of Death _____

8. Duration of last Illness *Months*

W. H. Payne, M. D.

Residence *City*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *laborer*

10. Place of Birth *Leone*

11. Residence *City* Ward No. *3*

12. Time of Residence in the City *years*

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

14. Place of intended Interment *Mt Moriah*

15. Date of intended Interment *Sept 25 1892*

Cratten & Payne, Undertaker.

Date of Certificate *City* Residence _____

Mary Barker Bradley

42

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

RETURN OF A DEATH.

662

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mary Barker Bradley
 2. Sex Female 3. Color W 4. Age 85 or 90
 5. Married or single wid
 6. Date of death July 8th
 7. Cause of death old age
 8. Duration of last illness several weeks
O. D. Porter M. D.
 Residence Bell

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth.....
 11. Residence Bowling Green Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment mt manahan
 15. Date of intended interment July 8th
Manolis G. Enock Undertaker.
 Date of Certificate July 8 Residence Bell

R. W. Brandell 1903

43

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 R. W. Brandell
2. Sex male 3. Color white 4. Age 56
5. Married or single widower
6. Date of death Sept 29 1903
7. Cause of death Abscess of Liver
8. Duration of last illness _____

J. W. B. Geo. H. Blackburn, M. D.
Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence 10th St Ward No. 1
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment Sept 30 - 1903

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

Date of Certificate _____

William Brannon 1908

44

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

RETURN OF A DEATH.

500

Physician's Certificate Preparatory to Burial.

1. Name of deceased William Brannon
 2. Sex Male 3. Color White 4. Age 57 yrs
 5. Married or single Single
 6. Date of death Aug. 6 "08
 7. Cause of death Cancer of the face
 8. Duration of last illness several months
E. A. Gerard

M. D.

Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Saw Mill Man
 10. Place of birth Canada
 11. Residence Galloways Mill, Harrods Co Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment St. Josephs. Cemetery
 15. Date of intended interment Aug 8 "08
GERARD & GERARD. Undertaker.
 Date of Certificate Aug 7/08. Residence BOWLING GREEN, KY.

Henry C. Brant 1898

1190 45

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

RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Henry C. Brant
2. Sex Male 3. Color White 4. Age 45 yrs
5. Married or single Married
6. Date of death October, 12th 1898.
7. Cause of death Heart disease
8. Duration of last illness _____
J. H. Coombs. M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Quincy St. Ward No. 2nd
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment St. Josephs Cemetery.
15. Date of intended interment Oct. 13th 98
August and Guard, Undertaker.
Date of Certificate Oct 14/98 Residence _____

Joseph Brashear 1892

432 46

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.—

Brashear

1. Name of deceased *Joseph Brunhauer*
2. Sex *Male* . 3. Color *White* . 4. Age *78*
5. Married or Single *Married*
6. Date of Death *Aug 5th 1892*
7. Cause of Death *Chronic Bright's Disease*
8. Duration of last Illness *Seven days*
H. P. Colvin, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Kentucky*
11. Residence *Brun* Ward No. *1*
12. Time of Residence in the City *15 months*
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Fairview*
15. Date of intended Interment *Aug 7th 1892*
H. C. Grundy, Undertaker.
Date of Certificate _____ . Residence _____

Miss. Nancy Brashear 1892

469 47

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Miss Nancy Brashear*
2. Sex *Female* 3. Color *White* 4. Age *38 yrs*
5. Married or Single *Single*
6. Date of Death *Nov 27/92*
7. Cause of Death *Typhoid Fever*
8. Duration of last Illness *2 months*
D. J. Mills, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *College Street* Ward No *229*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Warren County*
15. Date of intended Interment *Nov. 1892*
J. C. Givens, Undertaker.
Date of Certificate *Nov 28/92* . Residence *City*

Richard L. Brashear 1911

48

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

RETURN OF A DEATH.

1102

Physician's Certificate Preparatory to Burial.

1. Name of deceased Richard L. Brashear
2. Sex Male
3. Color White
4. Age 60 yrs.
5. Married or Single Married
6. Date of death Nov. 18" 1911.
7. Cause of death Apoplexy
8. Duration of last illness 15 Days

J. H. Casey D.O., M.D.
Residence ROWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth Harrison Co
11. Residence Mar B. Green Ky Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Green Cemetery
15. Date of intended interment Nov. 19" 1911

GERARD & GERARD Undertaker.
Date of Certificate Nov. 19" 1911. Residence City

Samuel I. Brashear 1903

49

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Samuel I. Brashear* *Brashear*

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

5. Married or single *single*

6. Date of death *Oct 13 - 1903*

7. Cause of death *Diphtheria*

8. Duration of last illness

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *[Redacted]*

10. Place of birth *Fairview Ave*

11. Residence *Fairview Ave* Ward No. _____

12. Time of residence in the City. *life*

13. When a minor { Name of Mother _____
 { Name of Father *C. W. Brashear*

14. Place of intended interment *Fairview Ave*

15. Date of intended interment *Oct - 13 - 1903*

T. HAWLEY PAYNE, Undertaker.
Funeral Director & Embalmer.
Residence *Bowling Green, Ky.*

Date of Certificate _____

F. M. Breeding 1905

50

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 F. M. Breeding *Breeding*

2. Sex male 3. Color white 4. Age 78 yrs

5. Married or single married

6. Date of death Sept 17 1905

7. Cause of death Organic Heart trouble

8. Duration of last illness 1 week

A. J. M. Bynack M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Carpenter

10. Place of birth _____

11. Residence Christman St Ward No. _____

12. Time of residence in the City. _____

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

14. Place of intended interment Fairview Cem

15. Date of intended interment Sept 29 1905

Halvey Payne, Undertaker.

Date of Certificate _____ Residence _____

James H. Breeding 1912

51

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

RETURN OF A DEATH.

1237

Physician's Certificate Preparatory to Burial.

1. Name of deceased Jas A Breeding
2. Sex Male 3. Color White 4. Age 2 yrs
5. Married or single Single
6. Date of death Sept 1" 1912
7. Cause of death Drowned in Gassan River
8. Duration of last illness.....

Jos E Gray M. D.
 Residence B. Graham Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Baum Co Ky
11. Residence Morehead, Iowa City Ward No. 1
12. Time of residence in the city 8 months
13. When a minor { Name of mother Mrs. A Breeding
 { Name of father Jos A
14. Place of intended interment Clasgon, Kentucky
15. Date of intended interment Sept. 2" 1912

GERARD & GERARD Undertaker.

Date of Certificate Sept. 2" 1912 Residence.....

Mary Breeding 1877

52

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mary Breeding.*
2. Sex *Female* 3. Color *White* 4. Age *10 Yrs.*
5. Married or Single *Single*
6. Date of Death *Nov. 27th 1877*
7. Cause of Death *Pneumonia*
8. Duration of last Illness *10 days*

John W. Lammick, M. D.
Residence *"*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
 { Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____

Undertaker. _____

Date of Certificate _____ Residence _____

Sarah Breeding 1910

53

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

RETURN OF A DEATH.

945

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Sarah Breeding
2. Sex Female 3. Color White 4. Age 83 yrs.
5. Married or Single Widow
6. Date of death Dec 21" 1910.
7. Cause of death Fracture Surgical Neck of Femur
8. Duration of last illness Five weeks

J. M. McCormack, M. D.
Residence Breeding Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Adair, Ga. Ky
11. Residence Eight St. Ward No. 1
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Dec 23" 1910
Guard & Guard, Undertaker.
Date of Certificate Dec 22/1910. Residence _____

Elizabeth Brent 1910

54-1

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

RETURN OF A DEATH.

777

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Elizabeth Brent.*
2. Sex *Female* 3. Color *White* 4. Age *80 yrs.*
5. Married or single *Widow.*
6. Date of death *July 26/1910*
7. Cause of death *Organic Heart Disease*
8. Duration of last illness *6.6 Weeks* M. D.
Residence *Lovington Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *House Keeper*
10. Place of birth *Hart County*
11. Residence *Lovington, Ky.* Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of mother _____
Name of father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *July 28th 1910.*
GERARD & GERARD Undertaker.
Date of Certificate *July 28/1910.* Residence _____

Elizabeth Brent 1910

542

(ORIGINAL) Form B. H.—15-50M-10-15-08.

OHIO STATE BOARD OF HEALTH TRANSPORTATION OF CORPSE

Transit Permit No. 1622

PHYSICIAN'S OR CORONER'S CERTIFICATE

Name of Deceased Elizabeth Brent Date Feb 26 1910
 Sex Female Color White
 Place of Death Covington County Warren State Ky
 (Township, Village or City.)
 Date of Death Feb 26 Hour of Death _____
 Cause of Death Organic heart disease Duration _____ Days.
 Contributory Causes of Death _____ Duration _____ Days.
 Age: Years 80 Months _____ Days _____
 Occupation Widow Single, Married, Widowed, Divorced.
 (Cross out all but answer required.)
 Place of Birth W. Va (State or Country.)
 Name of Father _____ Birthplace of Father W. Va (State or Country.)
 Maiden Name of Mother _____ Birthplace of Mother W. Va (State or Country.)

SPECIAL INFORMATION

(Only for hospitals, institutions or recent residents.)

Former or Usual Residence _____
 How Long at Place of Death? _____
 Where was the Disease Contracted if not at Place of Death? _____
 I hereby certify that the above is true to the best of my knowledge and belief.
 Signature [Signature] M. D. or Coroner.
 Residence Covington County of Warren State of Ky

PERMIT OF LOCAL REGISTRAR

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

In the City of Covington County of Warren
 (City, Village or Township.)
 State of Ky on the 26 day of Feb 1910
 Permission is hereby given to remove for burial at Bowling Green
 in the County of Warren State of Ky
 the body of Elizabeth Brent
 who died at Covington in the County of Warren State of Ky
 on the 26 day of Feb 1910 Aged 80 years _____ months _____ days.
 The cause of death being Organic heart disease which is a } communicable { disease.
 To be accompanied by Urgel Williams as escort. } non-communicable {
 RULE 1. The transportation of bodies dead of smallpox or bubonic plague from one state, territory, district or province to another, is absolutely forbidden.
 Signed [Signature] Local Registrar.

A WHITE BLANK is only to be used when death did not result from any of the following diseases, to-wit: Asiatic cholera, yellow fever, typhoid fever, diphtheria (inoculans), scarlet fever (scarlatina), scarlet rash, erysipelas, glanders, purpura, fever, anthrax, leprosy and when the body has not been distributed.

151 B
6685M

Elizabeth Brent 1910

542

(ORIGINAL) Form B. H.—15-50M-10-15-08.

OHIO STATE BOARD OF HEALTH TRANSPORTATION OF CORPSE

Transit Permit No. 1622

PHYSICIAN'S OR CORONER'S CERTIFICATE

Name of Deceased Elizabeth Brent Date Feb 26 1910
 Sex Female Color White
 Place of Death Covington County Warren State Ky
 (Township, Village or City.)
 Date of Death Feb 26 Hour of Death _____
 Cause of Death Organic heart disease Duration _____ Days.
 Contributory Causes of Death _____ Duration _____ Days.
 Age: Years 80 Months _____ Days _____
 Occupation Widow Single, Married, Widowed, Divorced.
 (Cross out all but answer required.)
 Place of Birth W. Va (State or Country.)
 Name of Father _____ Birthplace of Father _____ (State or Country.)
 Maiden Name of Mother _____ Birthplace of Mother _____ (State or Country.)

SPECIAL INFORMATION

(Only for hospitals, institutions or recent residents.)

Former or Usual Residence _____
 How Long at Place of Death? _____
 Where was the Disease Contracted if not at Place of Death? _____
 I hereby certify that the above is true to the best of my knowledge and belief.
 Residence Covington County of Warren State of Ky
 _____ M. D. or Coroner.

PERMIT OF LOCAL REGISTRAR

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

In the City of Covington County of _____
 (City, Village or Township.)
 State of Ky on the 26 day of Feb 1910
 Permission is hereby given to remove for burial at Bowling Green
 in the County of _____ State of Ky
 the body of Elizabeth Brent
 who died at Covington in the County of _____ State of Ky
 on the 26 day of Feb 1910 Aged 80 years _____ months _____ days.
 The cause of death being Organic heart disease which is a } communicable { disease.
 To be accompanied by Urgel Williams as escort. } non-communicable {
 RULE 1. The transportation of bodies dead of smallpox or bubonic plague from one state, territory, district or province to another, is absolutely forbidden.
 Signed Urgel Williams Local Registrar.

A WHITE BLANK is only to be used when death did not result from any of the following diseases, to-wit: Asiatic cholera, yellow fever, typhoid fever, diphtheria (toxicobutanic group), scarlet fever (scarlatina, scarlet rash), erysipelas, glanders, purpura febrilis, fever, anthrax, leprosy and when the body has not been distributed.

151 B
6685M

Elizabeth Brent 1910

Rules and Regulations of the Ohio State Board of Health Governing the Transportation of Dead Bodies.

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

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

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

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

RULE 4. In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected.

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

RULE 5. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "Corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The transit permit must be made in duplicate, and the signature of physician or coroner, local registrar, and undertaker, must be on both the original and duplicate copies. The undertaker's or registrar's certificate and paster of the original shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the secretary of the state or provincial board of health of the state or province from which shipment is made.

RULE 6. When bodies are shipped by express, a transit permit, as described in Rule 5, must be made out in duplicate. The undertaker's certificate and paster of the original shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express way-bill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sent by the forwarding express agent to the secretary of the state or provincial board of health of the state or province from which shipment was made.

RULE 7. 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 authority having jurisdiction where such body is disinterred, and the consent of the health authority of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same must be wrapped in a woolen blanket thoroughly saturated with a 1:1000 solution of corrosive sublimate, and enclosed in an hermetically soldered zinc, tin, or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies, when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2, provided shipment takes place within thirty days from the time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within thirty days from time of death without having to obtain permission from the health authorities of the locality to which the body is consigned, provided the cause of death was not any of the diseases named in Rule 2. After thirty days the casket or coffin box containing said body must be enclosed in an hermetically soldered box.

RULE 8. All rules and parts of rules conflicting with these rules are hereby repealed.

RULE 9. These rules shall take effect and be in force on and after September 1st, 1904.

Adopted June 22, 1904.

Attest: C. O. PROBST, M. D., SECRETARY.

W. D. Brent 1907

55-1

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

RETURN OF A DEATH.

1907

Physician's Certificate Preparatory to Burial.

1. Name of deceased W. D. Brent
 2. Sex Male 3. Color White 4. Age 55 yrs.
 5. Married or single Widow
 6. Date of death July 20th 07 in Louisville Ky.
 7. Cause of death Growth in descending colon
 8. Duration of last illness.....
E. J. Gerard M.D.
 Residence..... **BOWLING GREEN, KY.**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Covington Ky.
 11. Residence Louisville Ky. Covington Ky. Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment July 27th 07.
GERARD & GERARD Undertaker.
 Date of Certificate July 21st 07. Residence **BOWLING GREEN, KY**

W. D. Brent 1907

OHIO STATE BOARD OF HEALTH
TRANSPORTATION OF CORPSE

TRANSIT PERMIT NO. 337

~~~~~  
**PHYSICIAN'S OR CORONER'S CERTIFICATE**

Name of Deceased Wm D. Brent Date Quit July 21 1907  
Sex male Color oc  
Place of Death Compton County Henton State Ky  
(Township, Village or City)  
Date of Death July 20 Hour of Death \_\_\_\_\_  
Cause of Death stroke in descending Duration \_\_\_\_\_ Days.  
Contributory Cause of Death \_\_\_\_\_ Duration \_\_\_\_\_ Days.  
Age: Years \_\_\_\_\_ Months 7 Days \_\_\_\_\_  
Occupation \_\_\_\_\_  Single,  Married,  Widowed,  Divorced.  
(Cross out all but answer required.)  
Place of Birth \_\_\_\_\_ (State or Country.)  
Name of Father \_\_\_\_\_ Birthplace of Father \_\_\_\_\_ (State or Country.)  
Maiden Name of Mother \_\_\_\_\_ Birthplace of Mother \_\_\_\_\_ (State or Country.)

**SPECIAL INFORMATION**  
(Only for hospitals, institutions or recent residents.)

Former or Usual Residence \_\_\_\_\_  
How long at Place of Death? \_\_\_\_\_  
Where was the Disease Contracted if not at Place of Death? \_\_\_\_\_  
I hereby certify that the above is true to the best of my knowledge and belief.

Residence Compton County of Henton State of Ky M. D. or Coroner. J. H. ...

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**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 body can be shipped.

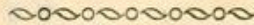
In the City of Compton County of Henton  
(City, Village or Township.)  
State of Ky on the 21 day of July 1907  
Permission is hereby given to remove for burial at Bowling Green  
in the County of Henton State of Kentucky  
the body of Wm D. Brent  
who died at Compton in the County of Henton State of Kentucky  
on the 21 day of July 1907 Aged 50 years 7 months 7 days.  
The cause of death being stroke in descending which is a {  communicable } disease.  
To be accompanied by Mary E. Roberts Paul E. Allen M.D. as escort  
RULE 1. The transportation of bodies dead of smallpox or bubonic plague from one state, territory, district or province to another, is absolutely forbidden.

Signed Paul E. Allen M.D. Health Officer.

W. D. Brent 1907

**RULES AND REGULATIONS OF THE OHIO STATE BOARD OF HEALTH GOVERNING THE TRANSPORTATION OF DEAD BODIES.**

55-2



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

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

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

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

**RULE 4.** In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected.

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

**RULE 5.** Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "Corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and, when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The transit permit must be made in duplicate, and the signature of physician or coroner, health officer, and undertaker, must be on both the original and duplicate copies. The undertaker's or registrar's certificate and paster of the original shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the secretary of the state or provincial board of health of the state or province from which shipment is made.

**RULE 6.** When bodies are shipped by express, a transit permit, as described in Rule 5, must be made out in duplicate. The undertaker's certificate and paster of the original shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express way-bill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sent by the forwarding express agent to the secretary of the state or provincial board of health of the state or province from which shipment was made.

**RULE 7.** 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 authority having jurisdiction where such body is disinterred, and the consent of the health authority of the locality to which the corpse consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same must be wrapped in a woolen blanket thoroughly saturated with a 1:1000 solution of corrosive sublimate, and enclosed in an hermetically soldered zinc, tin, or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies, when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2, provided shipment take place within thirty days from the time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within thirty days from time of death without having to obtain permission from the health authorities of the locality to which the body is consigned, provided the cause of death was not any of the diseases named in Rule 2. After thirty days the casket or coffin box containing said body must be enclosed in an hermetically soldered box.

**RULE 8.** All rules and parts of rules conflicting with these rules are hereby repealed.

**RULE 9.** These rules shall take effect and be in force on and after September 1st, 1904.

Adopted June 22nd, 1904.

MSS 293  
B1F4

Attest: C. O. PROBST, M. D., SECRETARY.

Herbert Bresnahan 1907

56

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

# RETURN OF A DEATH.

1907

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Hubert Bresnahan, Bresnahan  
 2. Sex Male 3. Color White 4. Age 78 yro.  
 5. Married or single Married  
 6. Date of death Apr. 28/07.  
 7. Cause of death Cancer of Stomach  
 8. Duration of last illness several weeks  
 Signature A. J. McConnel M. D.  
 Residence B. Grundy

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Ireland  
 11. Residence 1st Street Ward No. 2  
 12. Time of residence in the city 55 yro.  
 13. When a minor { Name of mother.....  
                           Name of father.....  
 14. Place of intended interment St Josephs Cemetery  
 15. Date of intended interment Apr. 30<sup>th</sup> 07.  
GERARD & GERARD Undertaker.  
 Date of Certificate Apr 29/07. Residence BOWLING GREEN, KY

APR 29 1907

Mary D. Brewer 1910

57

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

## RETURN OF A DEATH.

853

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mary D. Brewer,  
2. Sex Female 3. Color Blk 4. Age 17 yrs.  
5. Married or Single Married  
6. Date of death July 3<sup>rd</sup> 1910.  
7. Cause of death Phthisis.  
8. Duration of last illness about 3 months  
J. W. Killis, M. D.  
Residence #13 1/2 Main St.

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

9. Occupation \_\_\_\_\_  
10. Place of birth Warren County  
11. Residence Journaeville Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Mt. Moriah Cemetery.  
15. Date of intended interment July 4<sup>th</sup> 1910.  
Garard & Garard, Undertaker.  
Date of Certificate July 3/1910. Residence \_\_\_\_\_

Child of Henry & Laura Brewington 1909

#723 58

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

## RETURN OF A DEATH.

723

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

1. Name of deceased Child of Henry Brewington *Brewington*

2. Sex Male 3. Color White 4. Age 8 Mos.

5. Married or single Single

6. Date of death Nov 18" 1909.

7. Cause of death Gastroenteritis.

8. Duration of last illness V. E. Lyman & E. N. Hall. M. D.

Residence BOWLING GREEN, KY

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

9. Occupation Warren County

10. Place of birth Warren County

11. Residence " " Ward No. .....

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

13. When a minor { Name of mother Mrs. Laura Brewington  
Name of father Henry Brewington

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Nov 20" 1909.

GERARD & GERARD. Undertaker.

Date of Certificate Nov. 19/09 Residence BOWLING GREEN, KY

SPG 22M  
PT 10

Ben Bridges 1913

59

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

## RETURN OF A DEATH.

1357

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Ben Bridges*  
2. Sex *male* 3. Color *White* 4. Age *40*  
5. Married or single *married*  
6. Date of death *Mar 7, 1913*  
7. Cause of death *Tuberculosis*  
8. Duration of last illness *several months or longer*  
*W. A. Briggs*, M. D.  
Residence *B-9 - Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Farmer*  
10. Place of birth *Ky.*  
11. Residence *Bowling Green* Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Seventy Cemetery*  
15. Date of intended interment *Mar 8, 1913*  
*EMERS & McGINNIS*, Undertaker.  
Date of Certificate *Mar 8, 1913* Residence ~~\_\_\_\_\_~~

Carl Briggs 1891

12 60

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Carl Briggs Briggs

2. Sex Male      3. Color White      4. Age 19 months

5. Married or Single Single

6. Date of Death July 16<sup>th</sup> 1891

7. Cause of Death Dysentery

8. Duration of last Illness 8 wks

Subright M. D.

Residence Bowling Green Ky

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth Bowling Green Ky

11. Residence "      "      Ward No 1

12. Time of Residence in the City 19 months

13. When a Minor { Name of Mother Lizzie Briggs  
                          { Name of Father "

14. Place of intended Interment Fairview Cem

15. Date of intended Interment July 16<sup>th</sup> 1891

Frank C. Kellerman, Undertaker.

Date of Certificate July 16<sup>th</sup> 91      Residence \_\_\_\_\_

Democrat Job Print



Hallie Briggs 1882

61

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 *Hallie Briggs*

2. Sex *Female* . 3. Color *White* 4. Age *8 mo 4 da*

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

6. Date of Death *July 2 1882*

7. Cause of Death *Dysentery*

8. Duration of last Illness *several months*

*J. A. Briggs* M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Bowling Green Ky*

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

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

13. When a Minor { Name of Mother *Mrs J. A. Briggs*  
Name of Father *James A. Briggs M D*

14. Place of intended Interment *Harwood Cem*

15. Date of intended Interment *July 3<sup>o</sup> 1882*

*H. Leonard* , Undertaker.

Date of Certificate *July 3<sup>o</sup>* . Residence \_\_\_\_\_

Democrat Job Print

Harriet Briggs 1881

19 62

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 Harriet Briggs

2. Sex female . 3. Color white 4. Age 81

5. Married or Single married

6. Date of Death Jan 27

7. Cause of Death General debility & disease of bowels

8. Duration of last Illness 4 months

J A Briggs, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

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

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

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

14. Place of intended Interment Fairview Cem

15. Date of intended Interment Jan 28<sup>th</sup> 1881

Frank K. Williams, Undertaker.

Date of Certificate Jan 27<sup>th</sup> 1881 Residence \_\_\_\_\_

Democrat Job Print

John M. Briggs M. D. 1882

63

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John M. Briggs M.D.*

2. Sex *Male* . 3. Color *White* 4. Age *84 years*

5. Married or Single *Single*

6. Date of Death *April 26<sup>th</sup> 1882*

7. Cause of Death *Old age*

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

*J. A. Briggs* , M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Physician*

10. Place of Birth *Virginia*

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

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

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *April 27<sup>th</sup> 1882*

*Frank K. Leonard* , Undertaker.

Date of Certificate *April 25<sup>th</sup> 82* Residence \_\_\_\_\_

Democrat Job Print

John S. Briggs M. D. 1905

64

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

## RETURN OF A DEATH.

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

1. Name of deceased John S. Briggs, M.D.  
2. Sex Male 3. Color White 4. Age 36 yrs.  
5. Married or Single Single  
6. Date of death Mar. 18" 05.  
7. Cause of death Brain Fever  
8. Duration of last illness \_\_\_\_\_  
J. C. Meredith, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of birth City  
11. Residence 8<sup>th</sup> & Center Ward No. 2  
12. Time of residence in the city Lifetime  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Mar. 19" 1905  
Gerard and Grand, Undertaker.  
Date of Certificate Mar. 19" 05. Residence City

Joseph Briggs 1910

65

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

## RETURN OF A DEATH.

767

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Joseph Briggs  
2. Sex male 3. Color Cal 4. Age 5-7 yrs  
5. Married or single married  
6. Date of death Feb. 12 - 1910  
7. Cause of death Interstitial Nephritis  
8. Duration of last illness About 3 months  
R. O. Smith, M. D.  
Residence Bowling Green, Ky

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

9. Occupation Barber  
10. Place of birth Bowling Green  
11. Residence Resident at time of death was living at Ward No. 5  
12. Time of residence in the City. Butler Co.  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Mt. Maria Cemetery  
15. Date of intended interment Feb. 14 - 1910  
J. E. Ray Undertaker.  
Date of Certificate Feb. 14, 1910 Residence Cor. 7th & College St.

Laura Briggs 1898

1189 66

**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 Laura Briggs  
2. Sex Female 3. Color Blk 4. Age 29 yrs  
5. Married or single Single  
6. Date of death October 9, 1898  
7. Cause of death Consumption  
8. Duration of last illness \_\_\_\_\_  
O. D. Porter M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Bowling Green Ky  
11. Residence Chestnut St Ward No. 2nd  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Mt Moriah  
15. Date of intended interment Oct 10, 1898  
Gerald & Guard Undertaker.  
Date of Certificate Oct 9, 198 Residence \_\_\_\_\_

Nora Briggs 1896

977 67

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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1. Name of deceased Mrs. Nora Briggs.  
2. Sex Female 3. Color Blk. 4. Age 67 yrs.  
5. Married or single Widow  
6. Date of Death Aug 8/96.  
7. Cause of Death Emphysema of Lungs.  
8. Duration of last illness \_\_\_\_\_  
E. H. Porter, M.D., Cor.  
Residence of Warren Co.

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence 2nd street Ward No. \_\_\_\_\_  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment Mt. Moriah  
15. Date of intended Interment Aug 9/96.  
F. S. Guard 173rd Undertaker.  
Date of Certificate Aug 8/96. Residence \_\_\_\_\_

Vivian Briggs 1899

68

~~2~~ ~~18~~ ~~18~~

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Vivian Briggs

2. Sex male 3. Color Black 4. Age 9 mo

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

6. Date of death March 29 1899

7. Cause of death Tubercular meningitis

8. Duration of last illness 3 months

H.P.C. W.D. Cortwright M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth City

11. Residence E Chestnut Ward No. 2

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

13. When a minor { Name of Mother Jula Briggs  
Name of Father Ed Briggs

14. Place of intended interment W of Moriah

15. Date of intended interment March 30 1899

Howley Payne, Undertaker.

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



Walter Briggs 1879

69

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 Walter Briggs

2. Sex Male      3. Color Black      4. Age 1 year

5. Married or Single Single

6. Date of Death Aug 10 1879

7. Cause of Death by smothering

8. Duration of last Illness one week

J. H. McCray M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence \_\_\_\_\_ Ward No. 13

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.

William Briggs 1893

516 70

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased William Briggs  
2. Sex Male 3. Color Blk 4. Age 71 yrs  
5. Married or single Married  
6. Date of Death June 12<sup>th</sup> 1903  
7. Cause of Death Consumption  
8. Duration of last Illness \_\_\_\_\_

G. H. Murphy, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence 2<sup>nd</sup> St Ward No. 1<sup>st</sup>  
12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment St. Monica Cem  
15. Date of intended Interment June 14/93  
J. C. Smith & Sons, Undertaker.

Date of Certificate June 13/93 Residence \_\_\_\_\_

Wright Briggs 1900

7

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

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## RETURN OF A DEATH

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Wright Briggs*

2. Sex *Male* 3. Color *Blk* 4. Age *45 yrs*

5. Married or single *Married*

6. Date of death *September 18<sup>th</sup> 1900*

7. Cause of death *Asthma*

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

*D. N. Portney* M. D.

Residence *City*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *Warren Co*

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

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

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

14. Place of intended interment *Int. Moriah Cemetery*

15. Date of intended interment *Sept 19<sup>th</sup> 1900.*

*Guyard T. Guyard* , Undertaker.

Date of Certificate *Sept. 19/1900* Residence \_\_\_\_\_

Rebecca M. Bright 1897

985 78  
**This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.**

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Rebecca M. Bright*  
2. Sex *Female* 3. Color *White* 4. Age *50 years*  
5. Married or single *Widow*  
6. Date of Death *February 2<sup>d</sup> / 1897*  
7. Cause of Death *Cancer*  
8. Duration of last illness *several months*  
*Sarah J. Murrup.*, M. D.  
Residence *City*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Louisiana*  
11. Residence *College street* Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended Interment *Warren County*  
15. Date of intended Interment *July 3<sup>d</sup> / 1897*  
*F. G. Gerard & Bro.*, Undertaker.  
Date of Certificate *July 3/97*. Residence *City*

W. A. Briley 1907

73

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

## RETURN OF A DEATH.

*Brought to Clerk Feb 9-1907*

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

1. Name of deceased *W. A. Briley*

2. Sex *male* 3. Color *white* 4. Age *28 yrs*

5. Married or single *Married*

6. Date of death *Jan - 27 - 1907*

7. Cause of death *La Grippe*

8. Duration of last illness *2 or 3 w<sup>ks</sup>*

*A. T. McCormack* M. D.

Residence *city*

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

9. Occupation *Farmer*

10. Place of birth *near Scottsville Ky*

11. Residence *" "* Ward No. *" "*

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

13. When a minor { Name of mother *C. J. Briley*  
Name of father *J. W. Briley*

14. Place of intended interment *Bowling Green - <sup>Fleming</sup> ~~Fleming~~*

15. Date of intended interment *January 29 1907*

Undertaker.

Date of Certificate *Jan 29-07* Residence *City*

*A. H. Satterfield*

Mrs. L. H. Brink 1891

302 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 *Mrs L A Brink*  
2. Sex *Female* 3. Color *White* 4. Age *28 yrs*  
5. Married or Single *Married*  
6. Date of Death *July 7<sup>th</sup> / 1891*  
7. Cause of Death *Tuberculosis of Lungs*  
8. Duration of last illness \_\_\_\_\_  
C. S. Stetter, M. D.  
Residence *State St.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Tennessee*  
11. Residence *7<sup>th</sup> street* Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment \_\_\_\_\_  
*H. C. Guard*, Undertaker.  
Date of Certificate *July 7<sup>th</sup> / 91.* Residence \_\_\_\_\_

S. S. Brink 1893

573 75

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

1. Name of deceased S. S. Brink

2. Sex Male      3. Color white      4. Age \_\_\_\_\_

5. Married or Single Widower

6. Date of Death November 19 1893

7. Cause of Death Consumption

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

Mundeth      B. H. Milliken, M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

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

10. Place of Birth Eng

11. Residence Main St      Ward No. 2

12. Time of Residence in the City years

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

14. Place of intended Interment Fairview Cem

15. Date of intended Interment Nov 20 1893

Pracht's Payor, Undertaker.

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

Charlotte Brinson 1896

#4 Mt. Vernon County 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 Charlotte Brinson  
 2. Sex Female 3. Color col 4. Age 96 yrs  
 5. Married or single mdm  
 6. Date of Death AUG 10 1896  
 7. Cause of Death Paralysis  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth Bauman Co. Kentucky  
 11. Residence Three years Cottage Ward No. 2nd  
 12. Time of Residence in the City Three years  
 13. When a Minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended Interment Mt. Vernon  
 15. Date of intended Interment AUG 11 1896

\_\_\_\_\_, Undertaker.  
 Date of Certificate AUG 10 1896 Residence 10 87



Sarah J. Brite 1899

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 *Mrs Sarah J Brite,*  
2. Sex *Female* 3. Color *White* 4. Age *75 yrs*  
5. Married or single *Widow*  
6. Date of death *Jan 3" 1899,*  
7. Cause of death *Dropsy.*  
8. Duration of last illness \_\_\_\_\_  
*A. C. Knight* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Barren County,*  
11. Residence *State Street* Ward No. *2<sup>nd</sup>*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Jan 5" 1899*  
*Leard & Leard* , Undertaker.  
Date of Certificate *Jan 5" 1899* Residence \_\_\_\_\_

Mary E. Brizandine 1911

78

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

## RETURN OF A DEATH.

1036

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mary E. Brizandine  
2. Sex Female 3. Color White 4. Age 43 yrs.  
5. Married or Single Single  
6. Date of death June 27 1911.  
7. Cause of death Carcinoma Cervicis Uteri  
8. Duration of last illness About 1 yr.  
Dr. H. Blackburn, M. D.  
Residence 1119 State St.

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

9. Occupation \_\_\_\_\_  
10. Place of birth Logan County,  
11. Residence Manphis Junction, Ky. Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment June 28 1911  
Edward J. Linnard, Undertaker.  
Date of Certificate June 27 1911. Residence \_\_\_\_\_