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Mary Bohne 1906

TES OF THE INDIANA STATE BOARD OF HEALTH GOVERNING.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Moss. Marry Bohns 2. Sex Finals 3. Color White 4. Age 34. 5. Married or single Marriey. MAY = 3. 1906
1. Name of deceased Man. Many John 4. Age 34.
2. Sex Junio 3. Color Will 4. Age 3 4.
5. Married or single MAY =3 1906
5. Married or single MAY = 3 1906 6. Date of death Armenta Paratica. 7. Cause of death Armenta Paratica.
8. Duration of last illness 4 yrs
GERARD & GERARD, , N. W.
Residence BOWLING GREEN, KY.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
ONDERIARIES CERTIFICITE IN RECEION TO DECENSES.
9. Occupation
10. Place of birth Mo 11. Residence Intrainapolis Jul Ward No
11. Residence Indianapolis Just Ward No
12. Time of residence in the City.
13. When a minor Name of Mother
14. Place of intended interment Fairwire Connetty
MAX = 4 1906
GERARD & GERARD., Undertaker.
Date of Certificate MAY -4 1906 Residence ROWLING GREEN, KY

Mary Bohne 1906

DRIGINAL.	Transit Permit No.
	Railroad. FORM
TRANSPO	ORTATION OF CORPSE
	NA STATE BOARD OF HEALTH.
	Control of the Contro
and to shall be a ball to a	CIAN'S OR CORONER'S CERTIFICATE.
Name of Deceased MCV9	Bohnl Date of Death 3-3-06
Iour of Death / 2 W. My Age	Years Months Days
Tace of Death & Sulval Justas	al Hospital Cause of Death Wentuka Parelile
hich is a NON-COMMUNICABLE	disease.
	to the best of my knowledge and belief.
period of the self-of-	1 Hoffman M. D. or Cyroner.
desidence Jusane Hospi	lol County of housely State of Incl.
DEDM	IT OF LOCAL BOARD OF HEALTH.
	Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.
In the CITY (City or Township.)	of INDIANAPOLIS, County of MARION
tate of INDIANA	fon the 4 day of how
ermission is hereby given (Call	holder of Embalmer's Perpet No. 44
remove for burial at Bound	my - Thelyin the Country of Wassen
tate of Almulter	the body of
ho died at INDIANAPOLIST	County of MARILIN State of INDIANA
the day of how	Aged 3 Y Years Months Days,
ad 201211) ()	is hereby anthorized to accompany said remains.
[SEAL]	Signed Cugette Guerrer Health Officer.
The Paris Is and statisfication of bodies dead of	small-pox, Asiatic cholera, yellow fever, typhus fever or bubonic plague, is absolutely forbidden.

Mary Bohne 1906

RULES OF THE INDIANA STATE BOARD OF HEALTH GOVERNING THE TRANSPORTATION OF THE DEAD.

These Rules apply equally to all Common Carriers, and, having been duly adopted and properly published, have the full force of Law.

CORONIERS CERTIFICATE

Rule 1. The transportation of bodies dead of Small-pox, Asiatic cholera, Yellow fever, Typhus fever or Bubonic plague is absolutely forbidden.

Rule 2. The bodies of these who have died of diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), glanders, anthrax, or loprosyshall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfectant duit, (b) disinfecting and stopping of all critices with absorber toton, and (c) washing the body with the disinfectant, all of schick sust be done by an embalment, boding a certificate as such, approved by the State Boart of Embalment. After being disinfected as above, such body shall be enveloped in a layer of cotton not less than one inch thick, completely wrapped in a sheet and bandaged and encased in an air-tight zinc, tin, copper or lead-lined codin or iron casket, all joints and seams hermetically soldered, and all enclosed in a strong, tight, wooden box. Or, the body being prepared for shipment by the disinfecting and wrapping as above, may be placed in a strong outside wooden box. Nothing in this Rule shall apply to oolies shipped for dissection under the law governing the Indiana Anatomical Boart. In case a body is shipped by order of sails Beard it may be done according to the approval of the health officer at the point of shipment.

Rule 3. The bodies of those dead of typhoid fever, puerperal fever, crysipelas, tuberculosis and measles, or other dangerous communicable

according to the approval of the health officer at the point of shipment.

RELE 3. The bodies of those dead of typhoid fever, purperal fever, crysipelas, tuberculosis and measles, or other dangerous communicable diseases other than those specified in Rules I and 2, may be received for transportation when prepared for shipment by filling cavities with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton, and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged and encosed is an anti-fight cogling or casket. Provided, that this shall apply only to bodies which can reach their destination suithin forty-cipht hours from time of death. In all other cases such bodies shall be prepared for transportation in conformity with Rule 2. But when the body has been prepared for shipment by being thoroughly disinfected by an embalmen holding a certificate as in Rule 2, the air-flight senting may be dispensed with.

cotton not less than one inch thick, and all wrapped in a sneet and abunged nature. In all other cases such bodies shall be prepared for transportation in conformity wilk Rule 2. But when the body has been prepared for shipment by being theroughly disinfected by an embalmer holding a certificate as in Rule 2, the contraction of the district sealing and be dispensed with.

Rule 4. The bodies of those dead of diseases that are not contagious, infectious or communicable, may be received for transportation when membalmed by arterial and cavity injection with an approved disinfectant and encased in a sound coffin or casket and enclosed in a strong outside wooden box, provided they reach their destination within forty-eight hours from the time of death. It must be prepared for shipment by illing and provided they reach their destination within forty-eight hours from the time of death.

Rune 5 of central must be prepared for shipment by illing and interest and bandaged, and encased in an air-light coffin or casket. But when the body has been prepared for shipment by being thoroughly disinfected by an actual bandaged, and encased in an air-light coffin or casket. But when the body has been prepared for shipment by being thoroughly disinfected by an embalment holding a certificate as in Rule 2, the cotton werapping and air-tight scaling may be dispensed with.

Rune 5. In cases of contagions, infectious or communicable diseases, the body must not be accompanied by persons or articles which have been expected to the infection of the disease, unless certified by the Health Officer as having being persons or articles which have been expected to the infection of the disease, unless certified by the Health Officer as having be entry persons to accompany the body, and see that all necessary precautions have been taken to prevent the appearance of the passenger, in charge, and any others proposing to accompany the body, and see that the initial point, and is to enable the Health Officer at destination, advising the distance and

William Booker 1911

* * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased William Booker
2 Sexmall 3. Color white 4 Age 30
5. Married or Single Married
6. Date of death 200 9 19/1
7. Cause of death Heart Trauble
8. Duration of last illness 2 Weeks
Residence Baulingthem 1/2
- The state of the
Undertaker's Certificate in Relation to Deceased.
9. Occupation Brokenson
10. Place of birth Calumbia Terra
11. Residence Banking Brew Howard No.
12. Time of residence in the city
13. When a minor \{ Name of Mother
Name of Father
20
15. Date of intended interment
Date of Certificate Residence Bulling

Mrs. Charles G. Boone 1904

**1	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit: * *
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	multilan & Barres B.
1.	Name of deceased
2.	Sex finall 3. Color While 4. Age 38 yes
	Married or Single
	Date of death Sept 11"04
7.	Cause of death Worksump was
8.	Duration of last illness J. M. Morcuston
	, м. р.
	Residence
	Residence Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
10.	Undertaker's Certificate in Relation to Deceased. Occupation
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth August Art
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. 31
10.11.12.13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. 21 Time of residence in the city When a minor Name of Mother
10.11.12.13.14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. 21 Time of residence in the city When a minor Name of Mother Name of Father
10.11.12.13.14.15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. 21 Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Single 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10.11.12.13.14.15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. 31 Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Suparior Suparior Finance Date of intended interment Suparior Su
10.11.12.13.14.15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. 21 Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Single 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Ella Boone 1911

4-1
* 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 Mrs. Ella Boone
2. Sex Farnals Married 4. Age 40 yrs.
5. Married or Single
6. Date of death (1914)
7. Cause of death Calcinna of Liver, as pull, Dtalishes
8. Duration of last illness Coll Junual Finance Viscotias
Bowling Spring My
Residence -
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth furthery
11. Residence Tonis villa fly Ward No.
12. Time of residence in the city
13. When a minor \{ Name of Mother
(Name of Father / Wish has Denus lang
14. Place of intended interment will. 27"1911,
GERARD & GERARD.
Date of Certificate July 27/19!! Residence , Undertaker.

Ella Boone 1911

Form	PLAGE OF DEATH		of Rentucky Transit Permit No.
Stat	of Kentucky.		VITAL STATISTICS
Cour	Noll-	GERTIFIGA	TE OF DEATH
uui		- G	Ja 9 [If death c
City	of SA	(No pers	St.; Ward) hospital or give its NAMI street and nu
	FULL NAME COL	a Doone	
	Personal and Statistica		Medical Certificate of Death
SE	4 COLOR OR RACE	5 Single, Married, Married, Widowed,	16 DATE OF DEATH
1	h off	or Diverces (WRITE the word)	(Month) [Day]
6 DA	E OF BIRTH	oh On og	17 I HEREBY CERTIFY, That I attended deces
200	(Month	(Day) (Year	0 ,911 1/11 1.91
7 AG		yrsda	June 1, 191 , to filled 9 h
8 00	CUPATION //	,	1/0/2
0.815	THPLACE / STURE	work	and that death occurred, on date stated above, at
	tate or country)		The CAUSE OF DEATH* was as follows:
1	10 NAME OF ()	0	
	Thew	Stevens	Carrinoma got sull
22	11 BIRTHPLACE OF FATHER		
PARENTS	(State or country)	1	
PAB	12 MAIDEN NAME OF MOTHER	16.	Contributory
	18 BIRTHPLACE	nur	(Secondary) (Duration) VIS mo
	OF MOTHER (State or country)	1	01/12/1
141	HE ABOVE IS TRUE TO THE BEST OF THE K	NOWLEDGE AND BELIEF OF	(Signed) Ly July 199
(Informant). John S. S.	The second	, 191 (Address)
	(Address)	Larra of Changer	18 LENGTH OF RESIDENCE (For Buspitals, Institutions, Translants or Rece
15 8	LAGE WHERE REMAINS ARE TO BE SENT	DATE OF SHIPMENT	At place In the of deathyrsmosds. Stateyrsme
SHH	PING UNDERTAKER	NA J	Where was disease contracted, If not at place of death?
1	(1 Blowned)	49815-119	Former or
FIRM	NAME /	ADDRESS	usual residence

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 Ethil Brown
2. Sex Generale. 3. Color White 4. Age & years.
5. Married or Single Lung W.
6. Date of Death Snar 2 1" 1891.
7. Cause of Death Juphthura
8. Duration of last Illness with twill down,
D. D. Mrieght, M. D.
Residence Dowling Jun 14
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence / thatteet . Ward No 3 20
12. Time of Residence in the City
13. When a Minor. Name of Mother Marley Brown
14. Place of intended Interment
15. Date of intended Interment far 2 2 //89/.
Date of Certificate har 21"/9/ Residence City,

Susie Borden 1903

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 Borden
1. Name of deceased frair Borden
2. Sex female 3. Color while. 4. Age E5
5. Married or single
6. Date of death
7. Cause of death Sufercular Athers.
8. Duration of last illness
7D.C. One D. Carlinght, M. D.
Residence A - A - Tagget
1 sowing lorder.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
DIDENTAREAS CENTIFICATE IN ALEATION TO DECLASED.
9. Occupation
10. Place of birth
11. Residence Woolen hulle Ward No.
12. Time of residence in the City.
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment farview town
15. Date of intended interment Ood 1 - 1903
T. HAWLEY PAYNE. , Undertaker.
Date of Certificate Bowling Residence Ky.

Infant of Bert Borrone

7-3
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Infant's But Bourne 2. Sex 3. Color butter 4. Age vlays 5. Married or single Sungle 6. Date of death butter butter 7. Cause of death butters
7. Cause of death 2. S. Duration of last illness
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence // Ward No,
13. When a minor Name of Mother Mus, But Borrows Name of Fathery
14. Place of intended interment Styles Community 15. Date of intended interment July, 13"06 GERARD & GERARD. , Undertaker.
Date of Certificate July 13/04 Residence BOWLING GREEN, KY

Infant of Bert Borrone

7	(Issued by the State Board of Health of Tennessee.)	0
	TRANSPORTATION OF CORPSE. Transit Permit No.	
29	(GIVE STATION NO.)	
+	PHYSICIAN'S OR CORONER'S CERTIFICATE. Name of deceased Male Infant, Mr 7 Mrs Bert Barone Date of Death July 12 1906 Hour of Death 4 M. Age Wears Months 3 Days Place of death Paris Irm. Cause of death Consultion which is a Moon-Communicable disease.	
	which is a Moon Communicable of my disease. I hereby certify that the above is true to the best of my knowledge and belief. Y. Alternating M. D. or Coroner. Residence Parus County of Huny State of Lewe,	

Charles Borrone 1896

953
This 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 thill 4. Age 8 yes
5. Married or single Dingle.
6. Date of Death 9 ch 22"/1896.
7. Cause of Death Meningitis
8. Duration of last Illness One Manch
Elymnstana, M. D.
Residence College ST
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Oily
11. Residence adaish Stull Ward No. 2"
12. Time of Residence in the City & yrs.
Name of Mother Nie. A. Bonne
Name of Father P. Borrowe.
14. Place of intended Interment St. Docto his Cumuling
15. Date of intended Interment Och, 219"/1896.
F. G. Guard VI Ble, Undertaker.
Date of Certificate Och. 22"/96 Residence

Joe J Barrone 1909

0#6/2 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 for Barrious 2. Sex Malia S. Color While 4. Age 3 H 5. Married or single Single 6. Date of death Substitutions. 7. Cause of death Substitutions. 8. Duration of last illness M. D. Residence 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 Man R Brands
13. When a minor Name of mother Mus. & Borrows Ducs."
14. Place of intended interment of Justiphs, Cumulary
15. Date of intended interment 1984,9"1909.
Date of Certificate ON 8/1909. Residence. Undertaker.

Joe J. Borrone 1909

	se or Disinterment.
MONTGOMERY, ALA.,	190
I Hereby Certify, That the body ot.	named in the transit permit ha
been prepared by me for transportation by being	a duin all ropes of
(Signed	Undertaker.
COUNTY OF MONTGOMERY On thisday of	······································
personally appearedto me known	, and made oath and says that al
	, and made oath and says that al
	or annual description of the French

BODY	No. 22/ 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.	1
ACCOMPANT THE	Permission is hereby given TRANSIT PERMIT OFFICE OF PHYSICIAN 1909	
	color While sex Male Age: 34 years months days, who died at Muntginny ala in a let RR.	
S DESTINA	on the 7 May of Mills 190, the cause of death being which is a disease, and a	
TO II	Transit Permit being asked for burial at Buling Sucin	oq
	Name of Undertaker or person in charge of the Transit. Signed N T Signed City Physician.	100
0	Swk Undertaking (la) By A W Grass Junes	

R. Barrone 1908

10
This 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 Borroug 2. Sex 3. Color White 4. Age 5. Married or single Married 6. Date of death Paralysis 7. Cause of death 8. Duration of last illness 6. Luddly M. D.
Residence BOWLING COPEN, KY
9. Occupation Muchant 10. Place of birth Laure St. 11. Residence Manuel St. Ward No. 3
11. Residence Atlants St Ward No. 3
12. Time of residence in the city 29 410.
13. When a minor Name of mother Name of father of Tanadala Constitution
14. Place of intended interment duy, 14"1908
Date of Certificate Aug 18/08 Residence BOWLING GREEN, K

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.
2 Family
1. Name of deceased Mas Francis Bougous 2. Sex Jernal . 3. Color Whit . 4. Age 70 Jeans 5. Married or Single Mancel
5 Married or Single Meserced
6. Date of Death June 4th 1891
7. Cause of Death Bryth Lisves
8. Duration of last Illness Diy week
St & Corliving AMD.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Grandy 11. Residence & Stuff Ward No. 32
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment St Joseph Court
15. Date of intended Interment June 62/891
Glo Lourd, Undertaker.
Date of Certificate Jun 6 291. 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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased my LE Boullon
1. Name of deceased Mrs JE Y Boullon 2. Sex France 3. Color White 4. Age 36
5. Married or single Married
6. Date of death Mch. 17th. 1910
7. Cause of death but the Cerebrul pressure
8. Duration of last illness four moults
W. C. Stotter 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 Harrier County
15. Date of intended interment Mch 18th 1910
Date of Certificate MCh 1910 Residence Buch

Anna C. Bousman 1909

13
₹ This 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 Annal, O. Bousman, 2. Sex Funals 3. Color Into 4. Age II No., 5. Married or Single Dings. 6. Date of death MAY 28 1909 7. Cause of death Control Costilio 8. Duration of last illness No. BOWLING GREEN, AT Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth BOWLING GREEN, KY
11. Residence ford ford St. BOWLING GREEN Ward No.
12. Time of residence in the city // number
13. When a minor Name of Mother Mss, Auna, Bousman Name of Father J. Bousman
14. Place of intended interment Prairwiew Cemetery
15. Date of intended interment May, 99"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.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Infant of Gerus Dowew 2. Sex Male 3. Color White 4. Age Shrs 5. Married or single Single - 6. Date of death Phone 22 - 08 7. Cause of death Premature birth 8. Duration of last illness Most Blackburn, M. D. Residence Bawling Freen The
UNDESTRUCTE CESTERATE IN DELATION TO DEPERCED
9. Occupation 10. Place of birth Bowley Grant Ward No.
11. Residence // Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father Lines Bowton
14. Place of intended interment
15. Date of intended interment from 22 T. H. Payme Wife, Undertaker.
Date of Certificate June 22. Residence Bowling Gran

Joseph A. Bowles 1911

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Jaseph a Bawle Boules
2. Sex Moly 3. Color White. 4. Age 43
5. Married or Single Massed
6. Date of death 2001/10 14/1
7. Cause of death Pulmanny Tuberculing
8. Duration of last illness one year
Soff antio , M. D.
Residence Bowlinghum 12
Undertaker's Certificate in Relation to Deceased.
9. Occupation Hornist maker
10. Place of birth Kentucky
11. Residence Banling Green Ward No.
12. Time of residence in the city.
13. When a minor Name of Mother Name of Father
14 Place of intended internet Gld Uma inc
15. Date of intended interment Pray 11 1911
15. Date of intended interment Many 1 1911 Exacts Mulling Undertaker.
Date of Certificate Residence By

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.
m B
1. Name of deceased //arvin flywins
2. Sex Malk 3., Color 4. Age \$ 4.
5. Married or single DMAY 14 1007
6. Date of death MAY 14 1907
7. Cause of death
8. Duration of last illness. Shu HB lackburn M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Wanten 60
11. Residence 14 th TImbola 85 Ward No.
12. Time of residence in the city
13. When a minor Name of mother Mus Sol. Bowles
(Name of father of the Marrie Married)
14. Place of intended interment May 15"07
15. Date of intended interment GERARD & GERARD Undertaker.
MAY 1 (1007
Date of Certificate MAT 14 190/ Residence OWLING GREEN, AT
\$56.22 M.V.
B ELL

Paul Bowles 1905

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of decoased Paul Bourfes
2 Sex Male 3. Colog Miller 4. Age 16
5. Married or Single Dungles 6. Date of death Duc 10" 1905
7. Cause of death Slive
8. Duration of last illness fine Gray, Common flouren Cy.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth January Country
11. Residence
13. When a minor Name of Mother Name of Father
14. Place of intended interment has Hargon kunter Ky
15. Date of intended interment Out of June of Undertaker.
Date of Certificate Number 05. Residence.

Sarah Bowles 1898

1170	18
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit	
RETURN OF A DEATH	
SUVERIOR CENTICIPATE DEPARTORY TO DIDITE	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Sarah Bowles!	
2. Sextemale 3. Color Blk . 4. Age 253 yrs	
5. Married or single Hydrow 6. Date of death Sept. 15198	
7. Cause of death Exclessy	
8. Duration of last illness	
Eth Mouthy M.	D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
AND THE PROPERTY OF THE PROPER	
9. Occupation	
11. Residence Part, Street Ward No. / 2	h
11. Residence Park, Ward No. 12. Time of residence in the City	
Name of Mother	
On I h.	_
14. Place of intended interment My Mondh, Some	
15. Date of intended interment & the 16, 79.	er.
Date of Certificate Sept. 16"98 Residence	

Mary Bowlin 1878

	19
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
The second	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	1. Name of Desert Mary Bowlin
	2. Sex Fishale 3. Color Black . 4. Age 21
	5. Married or Single Married
-	6. Date of Death Sept 14
1	7. Cause of Death Consumption
	8. Duration of last Illness Fine months
1	I Fi Me Elroy . M. D.
	Residence Grider Strat but State
	Summer
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation Wife
	10. Place of Birth Simpson County
	11. Residence Michanic St. Ward No. 32
	12. Time of Residence in the City Three Gear
	13. When a Minor Name of Mother Name of Father
	Name of Father
	14. Place of intended Interment Cal Centley
Total American	15. Date of intended Interment Sept 13 78
	Stricklee Undertaker.
1	Date of Certificate Select 14 18 Residence State Sh
	Bowley Green Miles Mi
	Democrat Print.

Duncan Bowlin 1880

	1.
This Constitutes ONE CERTIFICATE to be returned to the City Cler	rk for a BURIAL PERMIT.
RETURN OF A DE.	ATH.
P	
PHYSICIAN'S CERTIFICATE PREPARATO	ORY TO BURIAL.
1. Name of Decased Duncan Bowle	ug
2. Sex male 3. color BUR	. 4. Age 19 Your
5. Married or Single	
6. Date of Death June 26	
7. Cause of Death Consumption	
8. Duration of last Illness of months	
	Craw, M. D.
	, м. в.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATI	ON TO DECEASED.
9. Occupation	
10. Place of Birth	
11. Residence	. Ward No. 3
12. Time of Residence in the City	
(Name of Methon Oggania	1. Broken
13. When a Minor Name of Mother Cas chied	ca volucing
Name of Father	+
14. Place of intended Interment Co (lit	7
15. Date of intended Interment Mus 267	~
716 Ge an	, Undertaker.
Date of Certificate Jun 26th 80. Residence	
	Democrat Print.

R. L. Bowlin 1891

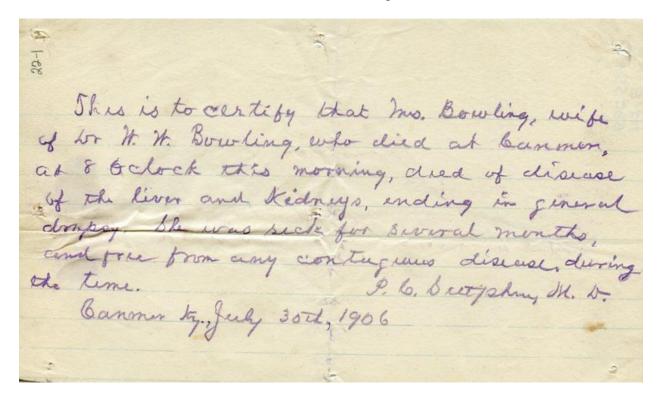
315)
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
BETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Re, Le Baruling
1. Name of deceased le, Le Basuling 2. Sex mail 3. Color White 4. Age 18 year
5. Married or Single Single
6. Date of Death July 19/91
7. Cause of Death Enthous Herren
8. Duration of last Illness
on gungha that be an
Residentedly Mulling Per
EVAPATIVENS SERTIFICATE IN DELITION TO DESCRIP
9. Occupation School Los
10. Place of Birth harse care &
11. Residence Broad way Ward No perst
12. Time of Residence in the City 2 years
13. When a Minor. Name of Mother Ermin Rasoling
) Name of Father de Walling
14. Place of intended Interment Have been com
15. Date of intended Interment July 7/8/ Cutter a malle & Undertaker.
Date of Certificate Residence

Mrs. Dr. W. W. Bowling 1906

Mrs. Dr. W.W. Bowling 22-3		
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.		
RETUIN DEATH.		
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.		
1. Name of deceased May Jav. White Bowling 2. Sex Fanale. 3. Color 4. Age 58 5. Married or single Married 6. Date of death Junior Supple 7. Cause of death Junior Supple 8. Duration of last illness 9. Lawrence Lawrence Ry N. D. Residence Lawrence Ry		
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.		
9. Occupation		
10. Place of birth Hart County		
11. Residence Gamus My Ward No. —		
12. Time of residence in the City.		
13. When a minor Name of Mother Name of Father		
14. Place of intended interment Fairview Canally		
Date of Certificate July 31/06 Residence Cuty.		

Warren County, Kentucky Death Records, Box 1, Folder 4 (Bo to Bri)

Mrs. Dr. W. W. Bowling 1906



Bertha Bowman 1892

471	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 Butha Bown an	
2. Sex Junaly 3, Color Blil. 4. Age Lyss	
5. Married or Single Jungle	
6. Date of Death Dec 29 797	
7. Cause of Death	
8. Duration of last Illness	
EVOLUTION W. D.	
Residence Story	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9 Occupation 7	
10. Place of Birth Central City	
11. Residence / 2 sturt Ward No / 24	
12. Time of Residence in the City 4da	
13. When a Minor. Name of Mother Lewis 4	_
Name of Father Lewis "	
14. Place of intended Interment Mt The our of	
15. Date of intended Interment, Les 30 4/92.	
J. L. Turary., Undertaker.	
Date of Certificate DC 29/92. Residence City	

Child of W. S. Bowman 1905

2} ₹ ₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹		
RETURN OF A DEATH.		
Physician's Certificate Preparatory to Burial.		
1. Name of deceased Child A 11. Downan		
2. Sex Finals 3. Color White 4. Age Vlay S.		
5. Married or Single Suight.		
6. Date of death 1000, 14"05.		
7. Cause of death Christian Gun		
8. Duration of last illness & Rulangord		
, M. D.		
Residence		
Undertaker's Certificate in Relation to Deceased.		
9. Occupation 10. Place of birth buty		
11. Residence Adarles St. Ward No.		
12. Time of residence in the city-		
(Name of Mother J. Bornnaw.		
13. When a minor Name of Father W. S. Bowaw		
14. Place of intended interment factorism Country		
15. Date of intended interment May, 25 ps		
May v4/ Undertaker.		
Date of Certificate Residence		

Andrew L. Boyd 1881

	This 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 & Boyd
2.	Sex male . 3. Color, white . 4. Age & months
5.	Married or Single Ingle
6.	Date of Death Luty 25th 1881
	Cause of Death Cholers Infantum
	Duration of last Illness Ino weeks
0.	Le Corler . M.D.
	Residence Barolingfren / Ly
	Residence I some way four 19
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9.	Occupation
9.	Occupation
9. 0. 1.	Occupation Place of Birth Residence Ward No 3
9. 0. 1.	Occupation Place of Birth Residence Ward No 3 ⁻¹ Time of Residence in the City
9. 0.	Occupation Place of Birth Residence Ward No 3 Time of Residence in the City When a Minor { Name of Mother When a Minor { Name of Mother
9. 0. 1. 12.	Occupation Place of Birth Residence Ward No 3 Time of Residence in the City (Name of Mother
9. 0. 11.	Occupation Place of Birth Residence Ward No 3** Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
9. 0. 11. 12.	Occupation Place of Birth Residence Ward No 3** Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment
9. 0. 11. 12. 13.	Occupation Place of Birth Residence Ward No 3** Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
9. 0. 11. 12. 13.	Occupation Place of Birth Residence Ward No 3** Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment

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 Bryd.	
2. Sex Blk . 3. Color frimale. 4. Age Jonno	
5. Married or single Single	
6. Date of Death Oct. 25/96	
7. Cause of Death Annaganul	
8. Duration of last Illness	
Jo Maredot, M. D.	
Residence 19 Stevle St	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Milmgville My	
11. Residence Sweeth this Ward No. 2 and	
12. Time of Residence in the City 30 days.	
13. When a Minor Name of Mother Cellal Brys.	
Name of Father NO. 10144	
14. Place of intended Interment MA Mulicik Cenn	_
15. Date of intended Interment Oct 16" 196.	
F. G. Gerard Moro., Undertaker.	
Date of Certificate W. 1996 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 Boyl 2. Sex Gener 3. Color Ollo. 4. Age 1410	1
5. Married or single lengte 6. Date of death Augmel99	
7. Cause of death Franction	
8. Duration of last illness O. Dorler M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation City City	
I. Residence . Ward No	
12. Time of residence in the City Stelling Name of Mother Kenry Boyes 13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
) Name of Father	
14. Place of intended interment MT. moveah	
15. Date of intended interment Aug Januard . Undertaker	
Date of Certificate Aug 2699 Residence	
	- Charles

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 Stills Boyd
2. Sex female 3. Color Mulatto . 4. Age Three years
5. Married or Single Lingle
6. Date of Death Lebrusy 23
7. Cause of Death Combulaions
8. Duration of last Illness In Pheello
1. Wilker 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. 2 ml
12. Time of Residence in the City . Four Gear
13. When a Minor Name of Mother Hamer Boyd
Name of Father
14. Place of intended Interment Col. Cometery
15. Date of intended Interment Frefy 2H"19
Trickles, Undertaker.
Date of Certificate Leby 2 7 19 Residence Man N.
Bowling Green My - Democrat Print.

Georgina Boyeth 1897

, Outsinelity	29	
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.		
RETURN OF A DEATH.		
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.		
1. Name of deceased Mrs Lingua Boyeth 2. Sex Funall 3. Color A hile. 4. Age 55 yel 5. Married or single Mahow		
6. Date of Death July 30" 1897. 7. Cause of Death Exhaus Will		
8. Duration of last Illness A, M = Cormack, M. D. Residence		
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.		
9. Occupation 10. Place of Birth Mass sase fish 11. Residence of Man Share fish 12. Time of Residence in the City Manual No. / 13. When a Minor Name of Mother 14. Place of intended Interment Sallis Moiss, 15. Date of intended Interment Man 1997 16. Samuel 1997 17. Date of Certificate first 3/9 Residence Date of Certificate first 3/9 Residence		

Child of A. H. Brachey 1898

1136
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
TETOTH OF TO BETTE
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Child of A. Brachey. 2. Sex 3. Color White . 4. Age
2. Sex 3. Color Mhill . 4. Age — —] —
5. Married or single Single.
6. Date of death June 3"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. Celly
11. Residence // // Ward No. 2
12. Time of residence in the City
Name of Mother Mrs, Brachey. Name of Father, A. H. Brachey
Name of Father A, St. Josephis, Cemely,
(h // /
15. Date of intended interment June 9"98 June & Lucis & Undertaker.
Date of Certificate June 3"98, Residence

Mrs. A. H. Brachey 1898

1148
This 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 fins XX Bruchey, 2. Sex fundle 3. Color White. 4. Age 20 yrs
5. Married or single Marriel 4. Age 20 yrs
6. Date of death June 26 198
7. Cause of death Inflamation, Sinnach Burch
8. Duration of last illness & A M , O ,
J. D. Mught M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Blownfield Try.
11. Residence Adams Sh . Ward No. 7
12. Time of residence in the City Name of Mother
Name of Mother Name of Father
14. Place of intended interment Blownfull Sty.
15. Date of intended interment June 28" 98.
Human Sund . Undertaker.
Date of Certificate MMI 1/19.8, Residence

Fannie Brackan 1893

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 Ammee Brachan
	2. Sextemple 3. Color Blk1. 4. Age 6 mo.
	6. Date of Death Aug 27"/93.
	7. Cause of Death Outgown any yearenlos
	8. Duration of last Illness for mouths 6
	Residence Donling Green Fen
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation
	11. Residence 2 2 stuel . Ward No. 126
	12. Time of Residence in the City
	13. When a Minor Name of Mother Flouries Brackar Name of Father harting
	14. Place of intended Interment County Leave,
	15. Date of intended Interment Aug. 27"/93 Ale Gerard & Brd, Undertaker.
	Date of Certificat Aug 27 73. Residence Certify

Harry L. Bracken 1894

615
This Constitutes One Certificate to be 1 .nrned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Harry & Bracken
2. Sex male . 3. Color Mehite . 4. Age 3 weeks
5. Married or single Jugle
6. Date of Death april 24th 1894
7. Cause of Death Canullius
8. Duration of last Illness
BAMullellen, M. D.
Residence /
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Berreur 724.
11. Residence Mare St Ward No. 4 Th
12. Time of Residence in the City I weeks
Name of Mother L. a. Branken
13. When a Minor Name of Father R. F. Brocken
14. Place of intended Interment Palkoul My.
15. Date of intended Interment Apr 26 1/94
The live of the
NI. ATL
Date of Certificate Will De G. 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.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Lev Lewis Bracken
2. Sex male. 3. Color Bluek. 4. Age 4 mo
5. Married or single
6. Date of death Dec - 28 - 07
7. Cause of death surfer parity suffocation
8. Duration of last illness
Residence Coroner V. G
Residence Coronic (17, Ca
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth C
11. Residence ally het 11 to 12 th Ward No.
12. Time of residence in the City.
13. When a minor Name of Mother Light Brack Name of Father
1. My -: 16 -1
14. Place of intended interment 200 (2007) 15. Date of intended interment 200-27-07
Mawley Longram, Undertaker.
Date of Certificate . Residence .

Infant of Matt & Florence Bracken 1896

848
This 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 dingant Backen
2. Sex more . 3. Color Block 4. Age 8 mk
5. Married or single
6. Date of Death Fry 18 1896
7. Cause of Death Doucker
8. Duration of last Illness
or A. F. Rodgenso.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Try At Ward No. 3
12. Time of Residence in the City
Name of Mother Horner Bruck
Name of Father Wat Brocken
14. Place of intended Interment Motherinah County
15. Date of intended Interment Febry 12 1856
Privile Pyn, Undertaker.
Date of Certificate Residence
Residence

Pete Bracken 1908

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
DUNCHERANS CERTIFICATE DREPARATORY TO DUDIN
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased It Brocken Backen
2 Sex Male . 3. Color Blook . 4. Age 50
5. Married or single Morrie 6 -
6. Date of death aug 6" 1908 7. Cause of death Frisch
8. Duration of last illness / Week
Fortand, M.D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Lobora
10. Place of birth 11. Residence 6 best Clash t State. Ward No.
II. Momento S
12. Time of residence in the City.
13. When a minor Name of Mother
Name of Father 14. Place of intended interment
14. Place of intended interment 11. 11. 11. 11. 11. 11. 11. 11. 11. 11
Date of Certificate and 6 - Residence Bally
Date of Certificate Constitution of the Studence Constitution of the Stude

Allen Bradford

This	Constitutes	ONE CERT	TIFICATE t	o be ret	arned to	the City C	lerk for	a BURIA	L PERMIT.
R	EI	a a	RN	0	F A	a	E	LT	H.
	PHYSIC	IAN'S	CERTIF	ICATE	PREPA	ARATOI	RY TO	BURL	AL.
1. I	Vame of					1		10	adle
2. 5	iex Mi	le	3.	Color	Bla	lek.	4. A	ge 2	6
5. 1	Married or	Single	Lu	rale					
	Date of De			10	pt				The second second second
7. (Cause of 1	Death	leon	su	mp	lion	3		
8. 1	Duration o	f last Ill	ness d	ene	ral	20	wn	its	>
				- 0	lle	Sh	ymi	as .	, M. D.
			Resident	ce		187	m	-	
U	NDERTA	KER'S	CERTI	FICATI	E IN RI	ELATIO	N TO	DECE.	ASED.
9.	Occupation								
10.	Place of Bi	rth					Circumstance		
11.	Residence_						I	Vard A	0. 2
12.	Time of K	esidence	in the C	ity					
13.	When a M	THOY -	Name of						
		(1	Vame of	Father_	-				The state of the s
14.	Place of in	tended I	nterment				- 48505		
15. 1	Date of in	tended I	nterment						ni 1075an 1911 - 1
D .	6.6.46				***************************************				Undertaker.
Date o	of Certifica	ite				Reside	nce		- 10 11-
					***************************************			Pa	ntagraph Print.

Capt. Henry Bradley 1897

1036
This 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 leaph Henry Bradley
2. Sex male . 3. Color while . 4. Age 4/yr
5. Married or single Married
6. Date of Death July - 3/- 1897
7. Cause of Death Gordenne felicit
8. Duration of last Illness . B. Mnghh , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DEGEASED.
9. Occupation Railroader Conductor
10. Place of Birth Clarkerick Term.
11. Residence Chestrut, Dt. Ward No. 1 th
12. Time of Residence in the City Liveral Gears
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Flavrey Em
15. Date of intended Interment Que - 1- 1897
Flathard Bis, Undertaker.
Date of Certificate aug-1/97. Residence College St

Child of Irvine Bradley 1897

47	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 Iron Bradley 2. Sex female. 3. Color while. 4. Age 4 days	
2. Sex finale. 3. Color while. 4. Age 4 days	_
5. Married or single	
6. Date of Death Clug - 3/- 1887	
7. Cause of Death Commelsion	
8. Duration of last Illness # glays	
WR Francis, M. D.	
Residence 325 College sh	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth BY/Ky.	
11. Residence 202 Stuck . Ward No. 2 -de	
12. Time of Residence in the City L.	
13. When a Minor Name of Mother Thany Keradley Name of Father Tribe "	
14. Place of intended Interment Casholic Com	
15. Date of intended Interment aug - 31-1897	
Grand & Grand, Undertaker.	
Date of Certificate Residence	

Larkin Bradley 1892

	10
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
D+1110	
1. Name of deceased Landling Iradley	1
2. Sex Shale 3. Color It hill . 4. Age 75 year	N,
5. Married or Single Married	
6. Date of Death Jany 29"/1892,	
7. Cause of Death Wall deasese	
8. Duration of last Illness	
# P. Cortangle, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Jodd Quenty	
11. Residence & dans Stuck Ward No. 3 st	
12. Time of Residence in the City Just	
13. When a Minor. Name of Mother/	
Name of Father	
14. Place of intended Interment	
15. Date of intended Interment any 1892	
Traffic Grow, Undertaker.	
Date of Certificate Jan 29/92 Residence Coliny	

Phillip Bradley 1892

447
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN CF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Phillip Bradley
2. Sex Male 3. Color Blk . 4. Age, 72
5. Married or Single Muriel
6. Date of Death 1892
7. Cause of Death
8. Duration of last Illness , M. D. Residence , M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Jaberer
10. Place of Birth down
11. Residence Ward No. 3
12. Time of Residence in the City 2 ava
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment It Mondo
15. Date of intended Interment 8156 25 1852
Crather Hoypul, Undertaker.
Date of Certificate . Residence

Mary Barker Bradly

	42
This C	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
P	ETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	me of deceased mary Training Budly
	Finall 3. Color Cul 4. Age 85 of 90
	rried or single Wild
	0 0 0 0 14
	te of death fully seed and
	ration of last illness Regard Weeks
o. Du	62 Pontes M.D.
	Residence By
	Residence
	Undertaker's Certificate in Relation to Deceased.
9. 00	ecupation
	ace of birth
	esidence Bauling Heren Ward No.
	me of residence in the city
	(Name of mother
13. W	hen a minor Name of father
14. Pl	ace of intended interment mt manahou
15. Da	ate of intended interment July 8th
	Mangis 96, machindertaker.
Date of	Certificate Luly Residence BYKY
= = = = = = = = = = = = = = = = = = = =	7 0
·	

R. W. Brandell 1903

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	2 Brandell
1.	Name of deceased R N. Burdece
2.	Sex male. 3. Color or heli. 4. Age 56
	Married or single modawer
	Date of death 29 1903
	Cause of death about of Liver -
	Duration of last illness 0. 140 l. l.
w	B Groff Blockburn M. D. Residence Dowling breen the
	Residence Sowing real
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Place of birth
	Residence / / Ward No.
12.	Time of residence in the City.
3.	When a minor Name of Mother Name of Father
4.	Place of intended interment Fairview Eur
	Date of intended interment Sept 30-1903
	T. HAWLEY PAYNE, Undertaker
	of Certificate Bowlines defice Ey.

William Brannon 1908

44
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
William Brannon
1. Name of deceased White 54 405
2. Sex Color 4. Age 4. Age
5. Married or single Duy 6 "08
7. Cause of death Cancer of the face
8. Duration of last illness savard minutes
6 A June
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
Sous Mill Mars
9. Occupation Saw Mill Man
10. Place of birth Warmays Will, Warmilson Ward No.
12. Time of residence in the city
(Name of mother.
13. When a minor Name of father 1
14. Place of intended interment Dr. Josephs. Camalany
15. Date of intended interment.
Date of Certificate and 7/08. Residence WLING GREEN, XY.

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	+
2. Sex Male 3. Color Mhile. 4. Age 45	yel
6. Date of death October, 12" 1898,	
7. Cause of death Neart duases	
8. Duration of last illness & M. Coonsels.	M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
11. Residence Guilev Sh Ward No.	2 20
12. Time of residence in the City	
Name of Mother Name of Father	
14. Place of intended interment	unery.
15. Date of intended interment Och 19 19 8 Legath and General, Un	ndertaker.
Date of Certificate Wor 11/98. Residence	

Joseph Brashear 1892

432) 4	le
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Joseph Brun hour	
2. Sex Male . 3. Color Whit . 4. Age 78	
5. Married or Single Maund	
6. Date of Death Quy 57 1892	
7. Cause of Death Chair But the Irend	
8. Duration of last Illness Line stay **Parameter, M. D.	
Calumptet, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Centucty 11. Residence Blyum Ward No 1	
12. Time of Residence in the City /5 months	
13. When a Minor. Name of Mother Name of Father	
14. Place of intended Interment Hours	
15. Date of intended Interment Our 72/892	
Glamon , Undertaker.	
Date of Certificate	

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 Ass. Thung Praches
2. Sex Hursle 3. Color this 4. Age 38 40
5. Married or Single Surgle
6. Date of Death 1002/1/92
7. Cause of Death Agelory There
8. Duration of last Inness & American
Residence, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Marren Junely
11. Residence College Micel Ward No 2 =
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Intermen Harrow Course
15. Date of intended Interment 150, 6892
J. C. J. Undertaker.
Date of Certificate 10028/97. Residence

Richard L. Brashear 1911

9 48
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
R. L. PA Low B
1. Name of deceased Wilham A Blus how
2. Sex 3. Color 7 4. Age 60 410.
5. Married or Single
6. Date of death Nov. 18"1911.
7. Cause of death Upo flery
8. Duration of last illness / 5 / Maje
BOWLING GREEN, KY
Residence 80 W LINE GASSING A.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmer
Wasser W.
Mrs B. Spran Ay
11. Residence
12. Time of residence in the city
13. When a minor Name of Mother Name of Father
14. Place of intended interment Sauvien Cemetery
15. Date of intended interment
GERARD & GERARD , Undertaker.
Date of Certificate Nov. 19"1911. Residence Letty

Samuel I. Brashear 1903

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
RETERIT OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
O Brashear
1. Name of deceased Samuel From Bracken
2. Sex mall . 3. Color . 4. Age S 772
5. Married or single 6. Date of death Off 13-1903
7. Cause of death & fother a
8. Duration of last illness
22.m J. E. Mendeth M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Farine Ove
11. Residence Farroier Ow Ward No.
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father 6. W. Brashian
14. Place of intended interment Fairness Com
15. Date of intended interment Sex -13 - 1903
Date of Certificate T. HAWLEY PAYNE, Undertaker. Funeral Director & Embalmer. Bown Residence Ky.

F. M. Breeding 1905

2. Sex. Married or single	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
1. Name of deceased	RETURN OF A DEATH.
2. Sex	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
2. Sex	Zn. B. Greeding
5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the City. 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Annual of Mother 18. Date of intended interment 18. Date of intended interment 19. Occupation 19. Occupation 19. Occupation 10. Place of birth 11. Residence 12. Name of Mother 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Undertaker.	1. Name of deceased from the same of the s
6. Date of death 7. Cause of death 8. Duration of last illness UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment Windertaker.	2. Sex Mary . 3. Color while 1 4. Age 78 yr
7. Cause of death 8. Duration of last illness UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father. 14. Place of intended interment 15. Date of intended interment Hall Many Company (Undertaker.)	5. Married or single Married
8. Duration of last illness UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment M. D. Residence Ward No, 16. Variable of Mother Name of Father 17. Undertaker.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment 16. Undertaker.	7. Cause of death Office Head Throat
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Undertaker.	15/10/
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. When a minor Name of Mother 18. When a minor Name of Father 19. Occupation 19. Occupation 10. Place of birth 11. Residence 12. Ward No. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Undertaker.	A P
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Undertaker.	Residence
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Undertaker.	
10. Place of birth 11. Residence Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Undertaker.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. Place of birth 11. Residence Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Undertaker.	
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 Name of Intended Interned Intended Interment Name of Intended Interned Intended Interned Intended Interned Intended Intended Interned Intended Intende	9. Occupation Of The Alexander
12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Vindertaker.	10. Place of birth
Name of Mother Name of Father Name of intended interment Name of Father Name of Wother Name of Mother Name of Father Na	11. Residence & Ward No.
Name of Father 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Date of intended interment 18. Date of intended interment	12. Time of residence in the City.
14. Place of intended interment 15. Date of intended interment 17. Undertaker.	
i5. Date of intended interment Andreway Bay , Undertaker.	Name of Father
Halveny Bay -, Undertaker.	14. Place of intended interment Janvara 6 1971-
	15. Date of intended interment
Date of Certificate Residence	Ktallvengtagn, Undertaker.
	Date of Certificate Residence

James H. Breeding 1912

51
This Constitutes One Certificate to be Returned to the City Clerk for a Burian-Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased fas A Bryanfung 2. Sex 3, Color Thill 4. Age 2 mg/s 5. Married or single Sungla 6. Date of death Sungla 7. Cause of death Sungla 8. Duration of last illness
Residence B. Gran M. D. Residence B. Gran M. D. Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Baum Coff 11. Residence Workhard James City Ward No./
11. Residence Morkhrun Hunsa City Ward No.
12. Time of residence in the city y mmus
11. Residence Ward No
14. Place of intended interment
Date of Certificate And 1917 Residence.

Mary Breeding 1877

	52
This Constitutes ONE CERTIFICATE to be returned to the C	ity Clerk for a BURIAL PERMIT.
RE-URN OF A	DEATH.
PHYS JAN'S CERTIFICATE PREPARA	TODY PUBLA
1. Name of Deceased Many Drushu	
2. Sex Frank 3. Color White	
5. Married or Single Lungh	7 - 28
6. Date of Death Arr. 24thy 877_	- AK
7. Cause of Death Premmin	
8. Duration of last Illness W Jugs	,
Yester 90	W.Commell, M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELA	TION TO DECEASED.
9. Occupation	
10. Place of Birth	
11. Residence	Ward No. 2 and
12. Time of Residence in the City	
13. When a Minor { Name of Mother Name of Father Na	
A SAN - CASSA-TIM MANAGEMENT	
14. Place of intended Interment	
15. Date of intended Interment	To the control of the
Date of Certificate Re	. Undertaker.
Ne	Suichte.

Sarah Breeding 1910

53
* This Constitutes One Certificate to be Retained to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
445
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. Larah Burding. 2. Sex Figural 3. Color Whole 4. Age 83 yrs.
2. Sex Figural 3. Color White 4. Age 83 yrs.
5. Married or Single Wislow.
6. Date of death Dec 21" 1910.
7. Cause of death Fracture Surgered Neck of Frame. 8. Duration of last illness Five weeks
8. Duration of last illness Five weeks
2n, melonmale, M.D.
Residence Backtung Grant 14
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Adair, Low, Ky 11. Residence Gight, St. Ward No.
10. Place of birth www, tow, 104
11. Residence Oyur, Br. Ward No.
12. Time of residence in the city
13. When a minor Name of Mother
13. When a minor { Name of Mother Name of Father
13. When a minor { Name of Mother Name of Father
13. When a minor { Name of Mother Name of Father 14. Place of intended interment fluviorism bruntary here 13." 19.10
13. When a minor {Name of Mother
13. When a minor {Name of Mother
13. When a minor { Name of Mother

54-1
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 his Elizabeth Break. 2. Sex Famale 3. Color thits 4. Age 80 yrs. 5. Married or single Willow. 6. Date of death Grans Heart Drawns 7. Cause of death Grans Heart Drawns 8. Duration of last illness M. D. Residence Learnington My
Undertaker's Certificate in Relation to Deceased.
9. Occupation House Kerbur
9. Occupation House Kerbar 10. Place of birth Nach County.
Next land to
10. Place of birth Nact Country. 11. Residence Sorryten, Sty. Ward No. 12. Time of residence in the city.
10. Place of birth Nach Country. 11. Residence Ward No. 12. Time of residence in the city. 13. When a minor Name of mother. Name of father.
10. Place of birth Nact Country. 11. Residence Sorry ten, Sty. Ward No. 12. Time of residence in the city. (Name of mother.
10. Place of birth Nach Country. 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. Fairwiew Cemetery. 15. Date of intended interment. Faty, 28" 1980.
10. Place of birth Nath Country. 11. Residence Sorry ton, My, Ward No. 12. Time of residence in the city. 13. When a minor Name of mother. Name of father. 14. Place of intended interment. Fayrew Cemetery.
10. Place of birth Nath Country. 11. Residence Strongton, My Ward No. 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment Fairner Cemetery 15. Date of intended interment Fairner GERARD & GERARD Undertaker.
10. Place of birth Nath Country. 11. Residence Strongton, My Ward No. 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment Fairner Cemetery 15. Date of intended interment Fairner GERARD & GERARD Undertaker.

OHIO STATE E	BOARD OF HEALTH
TRANSPORTAT	ION OF CORPSE
Transit Per	mit No. /622
PHYSICIAN'S OR C	ORONER'S CERTIFICATE
81 , 12	Date # 190 /
Name of Deceased Malette Drew	Sex Color
Place of Death County	County State
Date of Death (Township, Village or City.)	Hour of Death
Cause of Death.	Duration Day
Contributory Causes of Death fund Pen	Duration Day
Age: Years Months	Days
Occupation	Single, Married, Widowed, Divorce (Cross out all but answer required.)
	e or Country.) Birthplace of Father
Name of Father. Maiden Name of Mother.	Birthplace of Mother (State or Country.)
	INFORMATION (State or Country.)
	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 m	y knowledge and belief.
1	M. D. or Coroner.
Residence About County of	State of Z
PERMIT OF	LOCAL REGISTRAR
This Permit must be properly signed, and	with Physician's Certificate presented to the Railroad
or Express agen	t before body can be shipped.
In the (Clar. Village or Township.) State of	26 day of Feb. 180
Permission is hereby given to remove for burial at	only breen,
in the County of	State of Ky
the body of telepatet Overt	0
who died at Coveryto in the Count	y of State of Cy
on the 26 day of Fly 190	Aged years months da
The cause of death being	which is a communicable disease
To be accompanied by A. C. L. L. L. L. Rurs 1. The transportation 61 bodies dead of smallpox of	or bubonic plague from one state, territory, district or province to another,

OHIO STATE E	BOARD OF HEALTH
TRANSPORTAT	ION OF CORPSE
Transit Per	mit No. /622
PHYSICIAN'S OR C	ORONER'S CERTIFICATE
81 , 12	Date # 190 /
Name of Deceased Malette Drew	Sex Color
Place of Death County	County State
Date of Death (Township, Village or City.)	Hour of Death
Cause of Death.	Duration Day
Contributory Causes of Death fund Pen	Duration Day
Age: Years Months	Days
Occupation	Single, Married, Widowed, Divorce (Cross out all but answer required.)
	e or Country.) Birthplace of Father
Name of Father. Maiden Name of Mother.	Birthplace of Mother (State or Country.)
	INFORMATION (State or Country.)
	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 m	y knowledge and belief.
1	M. D. or Coroner.
Residence About County of	State of Z
PERMIT OF	LOCAL REGISTRAR
This Permit must be properly signed, and	with Physician's Certificate presented to the Railroad
or Express agen	t before body can be shipped.
In the (Clar. Village or Township.) State of	26 day of Feb. 180
Permission is hereby given to remove for burial at	only breen,
in the County of	State of Ky
the body of telepatet Overt	0
who died at Coveryto in the Count	y of State of Cy
on the 26 day of Fly 190	Aged years months da
The cause of death being	which is a communicable disease
To be accompanied by A. C. L. L. L. L. Rurs 1. The transportation 61 bodies dead of smallpox of	or bubonic plague from one state, territory, district or province to another,

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). RULE 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhoid fever, diphtheria (membraneous croup), searlot fever (scarlatina, scarlet rash), crysipelas, 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, tinc, topper, or lead-lined coffin or iron casket, all joints and seams hermetically scaled, 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.

The leading of these dead from any cause not stated in Pule 2 may be received for transportation when encased in a

Rull 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 fast-ened, 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 slapment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight scaling and benefits with earlier may be disconsed with 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 renoval, 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 deate and transit permit shall b 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 collin 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.

Tule 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 Retuined to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased W. D. Bruss. 2. Sexual 4. Age 55 yrs. 4. Age 55 yrs.
1. Name of deceased W. D. Bruss. 2. Sex Walk 3, Color While 4. Age 55 yrs. 5. Married or single Widowas. 6. Date of death July, vo" of in Lonisvilly Hy. 7. Cause of death Smoth in dumbing bolon
8. Duration of last illness E.J. Gund M. D.
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Governgton Ky. 11. Residence Animatela Kylovington Ky Ward No.
10. Place of birth growing to Ky boung ton Ky
11. Residence Ward No. Ward No. Ward No.
13. When a minor Name of mother Name of father
14. Place of intended interment
15. Date of intended interment fully WY/07.
Date of Certificate July 11"07. Residence BOWLING GREEN, KY
e de la companya della companya della companya della companya de la companya della companya dell

W. D. Brent 1907

OHIO STATE BOARD OF HEALTH
TRANSPORTATION OF CORPSE
TRANSIT PERMIT NO. 3.5.7
TRANSIT TERMIT NO
PHYSICIAN'S OR CORONER'S CERTIFICATE
Date Market 190
Name of Deceased Color Color County Sex Management State
Date of Death (Towaship, Village or City) Hour of Death
Cause of Death Duration Days.
Contributory Cause of Death
Age: Years Days
Occupation Single, Married, Widowed, Divorced. (Cross out all but answer required.)
Place of Birth
Name of Father Birthplace of Father
Maiden Name of Mother
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.
e faller lim, M. D. or Goroner.
Residence County of County of State of May
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, Villiage or Township.)
State of day of a large state of lar
Permission is hereby given to remove for burial at.
in the County of State of State of
who died at . O
on the
The cause of death being
To be accompanied by Mary & Notests J. G. J. asscort
Rule 1. The transportation of bodies dead of smallpox or bubonic place from one-site, territory district or provinct to the dear, is absolutely forbidden. Signed
Enganeer 17. Francisco III Proposition 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.

W. D. Brent 1907

KULES AND REGULATIONS OF THE UNIO STATE BOARD OF HEALTH GOVERN 55-2 ING THE TRANSPORTATION OF DEAD BODIES.

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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), crysipelas, 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 crifices 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 heining disinfected as above, such health he anyelessed in a layer of device ton, not less than one inch thick come.

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 coston 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 hairs thoroughly disinfected by a linear and analyced by a linear and analyced by a linear and analyced and directed in Rule 2, the air-tight seeling and 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 pread 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 discase, 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 name of those anthorized by the health applications to accommany the body. Also the undertaken's certificate as to bour the body health applications of the diseases specified in Rule 2, the name ease, 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.

3. But a few wholes are shipped by averages a transit permit as described in Rule 5, must be made out in duplicate. The

Rule 6. When bodies are shipped by express, a transit permit, as described in Rule 5, must be made out in duplicate. The indertaker'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 lelivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sen by the forwarding express agent to the secretary of the state or provincial board of health of the state or province from which ship near twas made.

Rule 7. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public realth, 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 corps sconsigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same must be wrappen a woolen blanket thoroughly saturated with a 1:1000 solution of corrosive sublimate, and enclosed in an hermetically soldered inc, tin, or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buriet odies, when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2, provided shipment take lace within thirty days from the time of death. The shipment of bodies prepared in the manner above directed by licensed emalmers from receiving vaults may be made within thirty days from time of death without having to obtain permission from the ealth authorities of the locality to which the body is consigned, provided the cause of death was not any of the diseases named it tale 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 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.

MSS 393

Attest: C. O.

Adopted June 22nd, 1904.

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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Inbut Brig nahan, Orientale 2. Sex Marie 3. Color White 4. Age 18 yrs. 5. Married or single Maurid 6. Date of death Cancus of Stomach 7. Cause of death Cancus of Stomach 8. Duration of last illness symmetry would Residence B. Leven Ly Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth filaud 11. Residence / Struct 12. Time of residence in the city 55 yrs. Name of mother Name of father
14. Place of intended interment Dt Josephs Ormulary
Date of Certificate 1917. Residence BOWLING GREEN, KY
WES 243

Mary D. Brewer 1910

	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.
	Name of deceased Mary Il Bruns. Sex Janual 3. Color Blk 4. Age 17 yrs.
1.	Name of deceased Mary W. Bruns. Sex Thursday 3. Color Blk 4. Age 17 yrs.
	manne
 6. 	Married or Single Date of death July 3 "1910.
7.	Cause of death Phthisis,
8.	Duration of last illness a bout 3 months
17%	L'Wrillis, M.D.
	Residence # 131/2 main st.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	Occupation
9. 10.	Occupation Haure County
10.	Occupation Place of birth Haurus levunty Residence Journsville / Ward No.
10. 11. 12.	Occupation Place of birth Residence for was because Ward No. Time of residence in the city (Name of Mother
10. 11.	Occupation Place of birth Residence for residence in the city When a minor Name of Mother Ward No.
10. 11. 12.	Occupation Place of birth Residence for was because Ward No. Time of residence in the city (Name of Mother
10.11.12.13.	Occupation Place of birth Residence for residence in the city When a minor Name of Mother Name of Father Municipal Community
10.11.12.13.14.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of Mother Name of Father Name of intended interment Name of intended in
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Warswills Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Manual Fluxasian
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence for residence in the city When a minor Name of Mother Name of Father Place of intended interment Multiple 1910 M
10. 11. 12. 13. 14.	Occupation Place of birth Residence for residence in the city When a minor Name of Mother Name of Father Place of intended interment Multiple 1910 M

Child of Henry & Laura Brewington 1909

#723
This 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 Strang Brangton 2. Sex Marx 3. Color Whith 4. Age Ma. 5. Married or single Single 6. Date of death 18" 1909 7. Cause of death 2 1909 8. Duration of last illness Residence Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Warrn County
9. Occupation 10. Place of birth Warrn County 11. Residence " " Ward No.
9. Occupation 10. Place of birth Warrn County 11. Residence // Ward No. 12. Time of residence in the city Name of mother Mrs. Laura Brunnigton Name of father Harry Brunnigton Name of father Harry Brunnigton
9. Occupation 10. Place of birth Warrn County 11. Residence // // Ward No. 12. Time of residence in the city 13. When a minor Name of mother Many Brannington Name of father Many Brannington Name of father Many Brannington Name of intended interment Harry Brannington Office of the city Brannington Name of father Many Brannington Name of father Many Brannington Name of intended interment
9. Occupation 10. Place of birth Warrn County 11. Residence // Ward No. 12. Time of residence in the city Name of mother Mrs. Laura Brunnigton Name of father Harry Brunnigton Name of father Harry Brunnigton

Ben Bridges 1913

59
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Bine Brillgin
2. Sex male. 3. Color While. 4. Age 40
5. Married or single Manuel
6. Date of death Mar 7, 1913
7. Cause of death Cuberoulasso
8. Duration of last illness several months of larger
M= Arguiggo , M. D. Residence B-5-54
Residence 00 0
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Harmer
10. Place of birth My.
11. Residence Bauling True Ward No.
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Conunty Currelly,
15. Date of intended interment Mar 8, 1913
Undertaker.
Date of Certificate May 8, 1923 Residence

Carl Briggs 1891

This Constitu	utes ONE CERTIFICATE to be	City Clerk for a BURIAL PERMIT
1	RETURN OF	A DEATH.
PHYSICL	AN'S CERTIFICATE PE	REPARATORY TO-BURIAL.
1. Name of Dec	reased Carl	Brygs Driggs
2. Sex Ma		
5. Married or S	0	
	0 0 127	T1891.
6. Date of Death	/ /	and in
7. Cause of Dec	1	ring
8. Duration of l	last Illness X	uys De lamit
		Many M. D.
	Residence	soming new 19
 11. Residence 12. Time of Residence 13. When a Minute 14. Place of inte 	Name of Father Tan	19 months
10 Place of Birt. 11. Residence 12. Time of Residence 13. When a Minute. 14. Place of inte	idence in the City or \{ Name of Mother of Name of Father of State of Stat	logge Brggs

Hallie Briggs 1882

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased Hollie By 95 2. Sex funds 3. Color White 4. Age 8 mos 5. Married or Single 6. Date of Death 1 2 1882 7. Cause of Death Alleria 1884
1. Name of Deceased Heallie Braggs 2. Sex funds . 3. Color White 4. Age 8 mon 5. Married or Single 6. Date of Death Ly 2 1882
2. Sex final . 3. Color White 4. Age 8 mon 5. Married or Single
5. Married or Single 6. Date of Death July 2 1882
6. Date of Death July 2 1882
f - 1
1. Cause of Death
8. Duration of last Illness & surel moule M. I
7
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
1. Residence Sun Street . Ward No 2
1. Residence Guen Street . Ward No 2
2. Time of Residence in the City
(Name of Mother Mrs J. a. Briggs
3. When a Minor Name of Mother Mis J. W. Onggs Name of Father James Amigys M. D
5. Date of intended Interment July 3-1882
Flegoria , Undertake
Date of Certificate Isl 3 Residence
Place of intended Interment fully 3-1882 The Grand Court Undertake

Harriet Briggs 1881

1	This Constitutes ONE CERTIFICATE to be return
	RETURN OF A DEATH.
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Handson Property of the Control
	Sex formed. 3. Color white 4. Age 41
	Married or Single
	Cause of Death General Sebelity descure of bone
	Duration of last Illness 4 M.D. Residence Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
0	Place of Birth Residence Shun Shul . Ward No 2 and
2.	Time of Residence in the City
13.	When a Minor { Name of Mother Name of Father
14.	Place of intended Interment former Cent
15.	Date of intended Interment 1889, Undertaker.
Da	te of Certificate Jun 27 23.1 Residence
	Democrat Job Print

John M. Briggs M. D. 1882

This County, CAN CO.	-
This 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. Imags mb	
2. Sex Male . 3. Color White 4. Age 84 year	.0
5. Married or Single Single	
6. Date of Death Offil 26=1882	
7. Cause of Death Deld Of	
8. Duration of last Illness	
ABrigas M.I	,
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Physician	
10 Place of Birth Vergenia	
1. Residence Thun Shit Ward No 2	
2. Time of Residence in the City	
3. When a Minor Name of Mother	
3. When a Minor { Name of Mother Name of Father	
4. Place of intended Interment Four our Cent	
5. Date of intended Interment april 274/882	1
Fran 16 Corard Undertaker.	
Date of Certificate 25 2 Residence	
Democrat Job Print	

John S. Briggs M. D. 1905

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased John S. Briggs Med. 2. Sex Malv. 3. Color Whole 4. Age 36, yea.
5. Married or Single Single. 6. Date of death Max 18"05.
7. Cause of death Brain Hewer 8. Duration of last illness
Residence , M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Courter, 11. Residence 8 " 8 Courter, Ward No. 2
12. Time of residence in the city. Name of Mother Name of Father.
14. Place of intended interment Mar. 19"1905. 15. Date of intended interment Mar. 19"1905.
Date of Certificate Mav. 19"05, Residence City

Joseph Briggs 1910

Laura Briggs 1898

1/89	leh
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit	
RETURN OF A DEATH	
TOTAL OF IT BEILLY	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased ama Brigge 2. Samale 3. Color Blk 4. Age 29 14	
2. Samuele 3. Color Olk 4. Age 29 19	DE.
5. Married or single Small	
6. Date of death Couls uniphion 7. Cause of death Couls uniphion	
8 Duration of last illness	
O. D. Porter M.	D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Cowling Journ	is y
1. Residence Could Ward No. 2	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Mt Mariah 15. Date of intended interment Oct 10 1898	
15. Date of intended interment Oct 10 1898 Useful Undertak	cer.
Date of Certificate Oct 9,/98 Residence	

Nora Briggs 1896

977
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mis. Mora Bonggo. 2. Sextunale 3. Color Blk. 4. Age 67 yrs. 5. Married or single Hudan 6. Date of Death Many 8/96. 7. Cause of Death Manvinge of Lange. 8. Duration of last Illness E. St Porter arch Co. Residence of Harrier Co.
9. Occupation 10. Place of Birth
11. Residence 2 nd struck Ward No.
12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment Mh. Munich 15. Date of intended Interment Ang 9/96. H. Sucard ITBundertaker. Date of Certificate My 8/96 Residence

Vivian Briggs 1899

X 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 Munch 29 1859
7. Cause of death 1 the menungation 8. Duration of last illness 3 mounts
HIPE IT P C orlunght M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Carly 11. Residence & Chestunt . Ward No. Z
12. Time of residence in the City
13. When a minor Name of Mother Ala Briggs Name of Father Sal Briggs
14. Place of intended interment
15. Date of intended interment 30/88, Undertaker.
Date of Certificate Residence

Walter Briggs 1879

		69	
		This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	
No. of Control of Control		RETURN OF A DEATH.	
		PHYSICIAN'S CERTIFICATE PREPARATORY D BURIAL.	
	1.	Name of Deceased Walter Briggs	
	2.	Sex Male 3. Color Black . 4. Age / gear	
	5.	Married or Single Ling 6	
- Street,	6.	Date of Death Ang 10 1879	
-	7.	Cause of Death Bysentery	
	8.	Duration of last Illness on week	
		I Fillio Elray M. D.	
		Residence	
		UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	9.	Occupation Occupation	
		Place of Birth	
	11.	12	
	12.	Time of Residence in the City	
	- CONT. 1	(Name of Mother	
	13.	When a Minor { Name of Mother	
	14.	Place of intended Interment	
	15.	Date of intended Interment	
No. of Persons		, Undertaker.	Ť
1	D	ate of Certificate Residence	
*			
		Democrat Print	1

William Briggs 1893

516))
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
Name of deceased thinam Bright	
2. Sex Male 3 Color Blk Age 7/-in	
5. Married or single Marriel	
6. Date of Death June 12"/93	
7. Cause of Death Cousmuptine	
8. Duration of last Illness	
on Mar John M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence 2 2 m struet Ward No. 1 at	
12. Time of Residence in the City	
13. When a Minor Name of Mother	
Name of Father	
14. Place of intended Interment 12 Mouth Com	-
15. Date of intended Interment 11111 14/93,	
Undertaker.	
Date of Certificate 193/9 Residence	

Wright Briggs 1900

	0 1
Th	tis 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 Hught Briggs
2.	Sex Male J. Color Blk 4. Age Hot yes
5.	Sex Maly 3. Color Blk 4. Age Hot yes Married or single Married Date of death September, 18" 1900
7.	Cause of death Asthma
8.	Duration of last illness
	O, N, Forlary M. D.
	Residence 044
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Wagnery 60
10.	Place of birth Arangu 60 Residence 1 1 St, Ward No. 1
1.	Time of residence in the City
13.	When a minor Name of Mother Name of Father Managh
14.	Place of intended interment Aunt 19 1900.
15.	Date of intended interment Junary . Undertaker.
Dat	e of Certificate Sept. 19/1900 . Residence
	9

Rebecca M. Bright 1897

This 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 Our Religion M. Bught
2. Sextimal. 3. Color And 4. Age Go years
5. Married or single Willow
6. Date of Death Alburary 2 /1897
7. Cause of Death Panler
8. Duration of last Illness summer with.
Sman J. Pullsif., M. D.
Residence Culy
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Doursona,
11. Residence Quellege Mitth 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 Farmul Ounling
15. Date of intended Interment Fully 9 1877,
J. J. Juna Plano, Undertaker.
Date of Certificate Fully 3/94. Residence PMy.

W. A. Briley 1907

RETURN OF A DEATH. Physician's Certificate Preparatory to Burial. W. Q. R.
Physician's Certificate Preparatory to Burial.
W Q R . 1
1. Name of deceased 2. Sex Man 3. Color 4. Age 5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness M. D. Residence 6. M. D. Residence 6. M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmer 10. Place of birth Neuron S coefficiallies Kry 11. Residence Ward No.
12. Time of residence in the city 13. When a minor Name of mother S. Briller Name of father S. Briller
14. Place of intended interment Bruch Grant Grant Tourse 15. Date of intended interment Jarry 29 1909 Undertaker.
Date of Certificate 1 = \$ 9 - 9/. Residence. Allund 1 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Mrs.L. H. Brink 1891

3021
This 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 decensed Ins LA Bruck)
1. Name of deceased med LA Bruck 2. Sex Francis Color White. 4. Age 28 yrd
5. Married or Single Manuel
6. Date of Death July 7"/1891 7. Cause of Death Varbenculous & Ving 8.
S. Duration of last Illness
Residence State It.
Residence Viato Vi
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Junivasce 11. Residence Jan stuck Ward No. 2 2d
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Farroccio Cerulary
15. Date of intended Interment 4. C. Guard, Undertaker. Date of Certificate July 7"/9/. Residence
Date of Certificate July 7"/9/. Residence

S. S. Brink 1893

573)
This 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 Admink
2. Sex Male 3. Color white . 4. Age
5. Married or Single Wistower
6. Date of Death November 19 1893
7. Cause of Death Consinttion
8. Duration of last Illness
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Anaiss Lt . Ward No Z
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Tairveen Court
15. Date of intended Interment Nov 20 1873 Practive Payer, Undertaker.
Date of Certificate Residence

Charlotte Brinson 1896

\$ my Dabon Country 1 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 leparolite Bruson
2. Sex finale 3. Color Cot . 4. Age 96-yrs
5. Married or single man
6. Date of Death AUG 10 1896
7. Cause of Death Faraly sus
8. Duration of last Illness Afrancis, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Bauen Co. Kulucky 11. Residence Thru year lotting. Ward No. of mod
12. Time of Residence in the City Thru Years.
13. When a Minor Name of Mother
Name of Father
14. Place of intended Interment Mr. Takov
15. Date of intended Interment AUG 11 1896
Date of Certificate AUG 10 1896 Residence 10 84

Sarah J. Brite 1899

101
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Mars Saruh & Brite,
2. Sex Francis 3. Color White 4. Age 75 yrs 5. Married or single William
6. Date of death Juny 3" 1899,
7. Cause of death Dropery.
8. Duration of last illness A. C. Wught M. D.
Residence St. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Banen County,
11. Residence State Street Ward No. 2 mg
12. Time of residence in the City Name of Mother
13. When a minor \ Name of Father
14. Place of intended interment Rainview Country
15. Date of intended interment Jany 5" 1899 Undertaker.
Date of Certificate John 5 1/899 Residence

Mary E. Brizandine 1911

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 E. Bugandins 2. Sex Frances 2. Color thiste 4. Age 43 yrs.
2. Sex former Color thiste 4. Age 43 yrs.
5. Married or Single Duy W
6. Date of death July 27"/9/1.
7. Cause of death Carcinoma Cervicis Uteri
8. Duration of last illness About 1 yr -
Most Blackbun, M. D.
Residence 119 State 5X
Undertaker's Certificate in Relation to Deceased.
9. Occupation Losan January
10. Place of birth Mann phis Cunting the
11. Residence Ward No.
12. Time of residence in the city.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Fairview Comology
15. Date of intended interment June 28" 1911
Grand Hannel, Undertaker.
Date of Certificate 1997 Residence