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Manuscripts

1877

# Box 1, Folder 5 Bowling Green, Kentucky - Death Records, Bro-By

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Lee Broadus 1893

This Constitutes or	ne Certificate to be Returned to the City Clerk for a Barial Permi
TRIES	turn of a death.
	-PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of decea	ased Les Broacher
	3. Color Black 4. Age
5. Married or Sir	ngle married
	h Sept 21 1853
	h bonsumpline
8. Duration of 1	ast Illness Der val mullist
	Man March
	Residence 9799
	DERTAKER'S CERTIFICATE IN RELATION TO DECEASED. — –
9. Occupation	Labour
10. Place of Birt	
11. Residence	adam St Ward No 3
12. Time of Resi	idence in the City
13. When a Min	or Name of Mother
	) Name of Father
14. Place of inter	aded Interment ant Monah an
15. Date of inten	PAVNE
	PRATHER& INITAL, Underta
Date of Certificat	eResidence

Child of Bettie Brooks 1896

880
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
Brooke
1. Name of deceased
2. Sex
5. Married or single
6. Date of Death afric 212
7. Cause of Death from a fell of mother
8. Duration of last Illness Death white before dime
Www. Jowling, M. D.
Residence Dowhypun
UNDERTAKER'S CERTIFICATE IN RELATION TO BECEASED.
9. Occupation
10. Place of Birth Mine
11. Residence but Clay + 16 Ward No.
12. Time of Residence in the City
13. When a Minor   Name of Mother Butter Burtes
13. When a Minor Name of Father Args //
14. Place of intended Interment april 212796 With
15. Date of intended Interment Curty Cenj
13. Date of Internet Internet of Standolling Undertaker.
Date of Certificate Residence

Miss. Daisy Brooks 1891

This Constitu rned to the City Clerk for a Burial Permit. DEATRIC. 16375 ាត្ 41 PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. rok 1. Name of deceased 10 2. Sextemale Age 5. Married or Single u L 6. Date of Death 7. Cause of Death Ilen 8. Duration of last Illness M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 21 air an 11. Residence A Ward No 12. Time of Residence in the City Name of Mother 13. When a Minor. Name of Father 14. Place of intended Interment 00,20 15. Date of intended Internent 1 Endertaker. Date of Certificate Residence

Eddie Brooks 1907

Physician's Certificate Preparatory to Burial. me of deceased Edder, Buroks, Funalr, 3. Color While 4. Age 11 yrs.
me of deceased Edder, Buooks, Funder White 11110
me of deceased Colder, Buoks, Funder White 11110
Humaly While 11 110
Funally 3. Color Mill 4. Age 11 400.
Autolal
te of death MAR 2- 1907. use of death Jubuculosus
use of death Indivences is
ration of last illness
M. D.
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
ccupation lace of birth Warren Correctly esidence birty, Broadway. Ward No. / Ward Curry Charles Name of father Ward Curry Charles Mard Curry Charles Mard Curry Charles Name of mother
lace of birth Warren County
esidence laity, Broadway. Ward No.
ime of residence in the city 9 months
Name of mother Mrstar Buok
Name of father. WN. BUOOKs
ace of intended interment hakas Curl Ch, yd
h / - u h
ate of intended interment May 3"0.7
ate of intended interment May 3"07 GERARD & GERARD. Undertaker f Certificate MAR 2- 1907 Residence WLING GREEN, K

Emma Brooks 1910

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. **
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased & mma Brooks 2. Sex famale 3. Color Cal. 4. Age 22 yrs
5. Married or Single Married 6. Date of death May 2/- 1910
7. Cause of death Arter miles, from Chron, Apunchedo 8. Duration of last illness about Hands Marchelle M.D.
Residence 1 28 Jac 1 St.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Annal Keeper 10. Place of birth Bass ling Grand
11. Residence & enter All, Ward No. 9 12. Time of residence in the city During life
13. When a minor Name of Mother <u>Mothie Smilf</u> Name of Father
14. Place of intended interment Whi march Curretry 15. Date of intended interment Mary 2. 3 - 1910
Date of Certificate May 2. J. 19.10 Residence Cor
()

Goldie Brooks 1894

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Goldie Brooks
2. Sex Turiale 3. Color Blog. 4. Age 17 yrs 5. Married or single Juigle
6. Date of Death Mar 2 3"/94.
7. Cause of Death (muniplim 8. Duration of last Illness 3 m 4 m
S. d. Winstend, M. D.
Residence Droslung Grundlig
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation (Malagra Colorest
10. Place of Birth Mule Ward No. 3 24
12. Time of Residence in the City
13. When a Minor Name of Father
14. Place of intended Interment Spinleson 60
15. Date of intended interment Much 24 1/94
Date of Certificate MMZ 3 . Residence

Mrs. J W. Brooks 1907

#202 7
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
11 THR 11
1. Name of declased Ors, I provide
2. Sex Hall Manual 5. Married or single Manual
5. Married or single 6. Date of death APR 27 1907
7. Cause of death angestin of Brain
8. Duration of last illness my were harden all
Bowling GREEN, KY.
Residence DOW DING UNDER, & I
Undertaker's Certificate in Relation to Deceased.
9. Occupation Barren be
9. Occupation 10. Place of birth Barry, OB 11. Residence Greaturag, BOWLING GREEN, KY. Ward No.
12. Time of residence in the city
13. When a minor { Name of mother
(Name of father
14. Place of intended interment APR 28 1907
GERARD & GERARD Undertaker.
Date of Certificate APR 27 1907 Residence OWLING GREEN, KY
NIES 328
72418

Child of Lige & Betty Brooks 1898

1155 0	8
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased whild of Lige Broothe 2. Sex Female. 3. Color Bill 4. Age 10 min. 5. Married or single single 6. Date of death fully 13"98 7. Cause of death Public cultur Combiningtin 8. Duration of last illness 0. D. Porter M. D. Residence	u
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth City 11. Residence Adams St. Ward No. 2" 12. Time of residence in the City 13. When a minor Name of Mother Bettie Browthe Name of Father Lique Browthe 14. Place of intended interment County Counterlay 15. Date of intended interment July 14"98 15. Date of intended interment July 14"98 Undertaken Date of Certificate July 14/98 Residence City,	

Charlec C. Broome 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Chas Basonet
1. 2.	Sex Male 3. Color White 4. Age 404
4. 5.	Married or Single Married
6.	Date of death ang 23-1911
7.	TILL QA.
8.	Duration of last illness
	J.N. Shing M.D.
	Residence Queuling Sound
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation MV. Cuquier
10.	Place of birth Ence Dune
11.	Residence 1140 adams M. Ward No. 3
12.	Time of residence in the city
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Famueller
15.	Date of intended interment. Ung 24-1911
Dat	te of Certificate aug x X-// Residence att

J. W. Broonfield 1893

18.2)	D
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	e.
1. Name of deceased A. A. Brownfuld	
2. Sex Mall. 3. Color Blik - 4. Age 3 3 yrs	,
5. Married or single Manuth - 6. Date of Death Duf- 15/93.	
7. Cause of Death ansimplion	
8. Duration of last Illness	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Preacher	
10. Place of Birth Perry will Thy	
11. Residence Center Ward No. 2 and	
12. Time of Residence in the City /2 yro.	
13. When a Minor   Name of Mother	
Name of Father	
15. Date of intended Interment Dug 7-92.	
Date of Certificate Dec 16/9. Residence bity	

N. Broomfield 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 A Broomfield 2. Sex Male 3. Color White, 4. Age 14
5. Married or Single Married
6. Date of death May 23 1905 7. Cause of death Druwing
8. Duration of last illness for Elizay bason Wib Residence
Undertaker's Certificate in Relation 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
14. Place of intended interment Haiwew Constany 15. Date of intended interment May 24 1905 Genard Genard, Undertaker.
Julia Juland, Undertaker. Date of Certificate 14.04 24 1905. Residence

Rebeca Broomfield 1912

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.
01 0
1. Name of deceased Rebucca Surandueld
2. Sex find 3. Color Cal 4. Age 68
5. Married or single Manuel
6. Date of death and a set of the
7. Cause of death Proceeding The 199
8. Duration of last illness
A.M.D.
Residence Barting Sur
/ 1/3
Undertaker's Certificate in Relation to Deceased.
61 61 × × ·
9. Occupation famel Recipica
10. Place of birth
11. Residence 2. 4 / Aller Straw Ward No.
12. Time of residence in the city about 35 gro
13. When a minor Name of mother Wheek Buston
(Name of father
<ol> <li>Place of intended interment MAR Manufactor</li> <li>Date of intended interment Ore 1- 24-1912</li> </ol>
15. Date of intended internient
Nation .
Date of Certificate
p p 1 2
Chatterine the second and the factor second and the factor of the second and the

Miss Rosie Broomfield 1900

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased       Mices Rivail Brumfield         2. Sex finiale       3. Color Heach       4. Age & ###################################
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Security
10. Place of birth Bureling Gran
12. Time of residence in the City. 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment Mile Mariah 15. Date of intended interment July 1 N - 1900 Jel Stayfandree, Undertaker. Date of Certificate July 144900 Residence Resulting July 246 Stable St.
Date of Certificate July 14+900 Residence Bewling- Grow - 810- State St-

Clarence M. Brough 1909

RETURN OF A DEATH.	14 mit.	onstitutes One Certificate to be Returned to the City Clerk for a Burial P	stitutes Or	his Constit	Th
<ol> <li>Name of decersed blauncer M. Brongh</li> <li>Sex Mala 3. Color, A. Age 3.57</li> <li>Married or single Manual 4. Age 3.57</li> <li>Married or single Manual 9.79</li> <li>Date of death Manual 9.79</li> <li>Cause of death Manual 9.79</li> <li>Date of last illness Manual 9.79</li> <li>Duration of last illness Manual 9.79</li> <li>Manual 9.79</li> <li>Manual 9.79</li> <li>Married 0.70</li> <li>Marrie</li></ol>	•	ETURN OF A DEATH	ET	RE	
<ol> <li>Married or single</li> <li>Date of death full for the stand of the second stand stand</li></ol>					
<ol> <li>Married or single</li> <li>Date of death full for the stand of the second stand stand</li></ol>	920	ne of deceased Claunch My mongh Multi 3. Color, Milt 4. Age 35	Mall	Name of	1. 2.
<ol> <li>Cause of death Odd data Ouradypus</li> <li>Duration of last illness. M Baller Health Officer M. M. Science Market Science M. Residence</li> <li>Undertaker's Certificate in Relation to Deceased.</li> <li>Occupation</li> <li>Place of birth Burling thran My</li> <li>Residence A market My Ward No.</li> <li>Time of residence in the city.</li> <li>When a minor Name of mother Name of father Science Centery</li> <li>Place of intended interment. Jury 11/109</li> <li>Date of intended interment. Jury 11/109</li> </ol>			ed or sing	Married	э.
9. Occupation 10. Place of birth Burling Brand My Ward No. 11. Residence with My 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. GERARD & GERARD, Undertail 17. BOWLING OREEN.		se of death Oddiac Paralysia	of death	Cause of	7.
<ol> <li>9. Occupation</li> <li>9. Occupation</li> <li>9. Place of birth Burning Chains My</li> <li>10. Place of birth Burning Chains My</li> <li>11. Residence Lower My</li> <li>12. Time of residence in the city</li> <li>13. When a minor Name of mother</li> <li>13. When a minor Name of mother</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. Date of intended interment</li> <li>17. GERARD &amp; GERARD, Undertail Burning OREEN</li> </ol>	M. D	Louisville In South office	1011 01 123	Duratio	0.
<ol> <li>Place of birth Building Grand Ry</li> <li>Residence Low Willing Ry Ward No.</li> <li>Time of residence in the city.</li> <li>Time of residence in the city.</li> <li>When a minor Name of mother Structure Concerning</li> <li>When a minor Name of father Structure Concerning</li> <li>Place of intended interment.</li> <li>Date of intended interment.</li> <li>GERARD &amp; GERARD. Undertail BOWLING OREEN.</li> </ol>		Residence hours			
11. Residence Lorus Will My       Ward No.         12. Time of residence in the city       Ward No.         12. Time of residence in the city       Ward No.         13. When a minor Name of mother       Source         14. Place of intended interment       Source         15. Date of intended interment       Juny 1909.         16. GERARD & GERARD.       Undertail         17. Marken Bow Line OREEN.       Bow Line OREEN.					
<ol> <li>When a minor Name of mother Structure</li> <li>Name of father Structure</li> <li>Place of intended interment Jany 1909.</li> <li>Date of intended interment Jany 1909.</li> <li>GERARD &amp; GERARD. Undertail BOWLING OREEN.</li> </ol>		cupation Budden Ma	pation	Occupa	100
<ol> <li>When a minor Name of father Structure Connectery</li> <li>Place of intended interment Jany 1999.</li> <li>Date of intended interment GERARD &amp; GERARD. Undertail</li> </ol>		cupation ace of birth Bowling Chan My	ipation e of birth	Occupa Place o	10.
15. Date of intended interment farry 99" 1909. GERARD & GERARD. Undertal BOWLING GREEN.		cupation ace of birth Boundary Chran Ry sidence Lorus willto Ry Ward No	pation e of birth dence	Occupa Place o Reside	10. 11.
GERARD & GERARD, Undertal BOWLING GREEN,		cupation ace of birth Burnling Chram My sidence Lorus with My Ward No me of residence in the city hen a minor Name of mother	pation e of birth dence X e of resid	Occupa Place o Reside Time o	10. 11. 12.
BOWLING GREEN		cupation ace of birth Bouwling Chann My sidence Lows willto My ward No me of residence in the city hen a minor Name of mother Name of father Structure ace of intended interment	pation e of birth dence e of resid n a mino e of inter	Occupa Place o Reside Time o When a Place o	<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>
		cupation ace of birth Burning Charm My sidence Lows with My ward No me of residence in the city hen a minor Name of mother Name of father Same Computer ace of intended interment the of intended interment	pation e of birth dence e of resid n a mino e of inter	Occupa Place o Reside Time o When a Place o	<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>
	taker N. K	cupation ace of birth Burling Chann My sidence Lows with My ward No me of residence in the city hen a minor Name of mother Name of father Scourt ace of intended interment the of intended interment CERARD & GERARD. Unde	pation e of birth dence X e of resid m a mino e of inter e of inten	Occupa Place o Reside Time o When Place o Date o	<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>
	taker N. K	cupation ace of birth Burling Chann My sidence Lows with My ward No me of residence in the city hen a minor Name of mother Name of father Scourt ace of intended interment the of intended interment CERARD & GERARD. Unde	pation e of birth dence X e of resid m a mino e of inter e of inten	Occupa Place o Reside Time o When Place o Date o	<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>

Clarence M. Brough 1909

(Always write with ink.)	TRANSIT PERMIT.
TF	RANSPORTATION OF CORPSE.
日本によりの学校の教育	KENTUCKY STATE DEPARTMENT OF HEALTH.
	Transit Permit Not 0191
	PERMIT OF LOCAL BOARD OF HEALTH.
	Department of Health, State of Kentucky.
This Permit must be purious to the providence of the second secon	
Permission is hereby give	Ste 14
to remove for purial at !.	Dorting Gran county of APTER
State of	the bady of arting for Parrieg h.
who died at A. I.U.	
on the	i i i i i i i i i i i i i i i i i i i
the state of the second of the second state of the	ander Caralyais which is a
as printed on the back of	this Permit.
and the second subliding	a the te let
Name of person in charge	raof Transil. Signed A. C.M. If Veland of the Department of Health Registrar of Records of the Department of Health TALLAN

### TRANSPORTATION RULES

SSW/

292

OPTED BY THE AMERICAN ASSOCIATION OF GENERAL BAGGAGE AGENTS, FERRACE OF STATE AND PROVINCIAL BOARDS OF HEALTH, AND THE NATIONAL FURERAL DIRECTORS' ASSOCIATION. I transportation of bodies dead of anallpox and bubonic plague, from y, district or province to another, is absolutely prohibled. I transportation of bodies dead of Asiatic cholera, yellow fever, theria, (membranous croup), scalte fever, (scaltaina, scalter transpo-tion of leprosy, shall not be accepted for transportation un-shipment by being thoroughly disinfected by (a) arterial and cavity approved disinfecting fluid; (b) disinfection and stopping of all

being disinfected as above, such bodies shall be enveloped in a lay not less than one inch thick, complet encased in an air-tight sinc, copper o semas hermetically seamed, and all body being prepared for shipment by all joints and seams hermetically sold alteratue thanportation under this rui approved by the State or Provincial autority inch bodies for shipment. S. The bodies of those chail of typho rube to created or transportation w injection with an approved distinction. ed in an air-tight zinc, copper or tir

all joints and sea nterstate transport approved by the authority provided only embalmers holding a licen bards of Health, or other state ation, shall be recognized as con-

ot stated in Rules 2 and 3 and coffin or casket, and enng with

Rule 2 unless certified by the health officer

tickets, agents should carefully examine the transit permit and he passenger in charge, and of any others proposing to accompany that all

read of the disease. The transit perr authorized by the health authorities to lies are forwarded under Rule 2 noti halmer to the health officer, or, when thority at destination, advising the da

authority at destination, averaing ore one companied Rung 6. Every dead body must be accompanied must be provided with a passage ticket and also present "corpse" for the transportation of the body, and a tran or coroner's certificate, name of deceased, date and hour cause of death, and all offer the Association and adopted by the American Publication Association and adopted by the American Publication Institute being body.

the made backed from shall be detached from The physician's certificate the express wayful coveri-of destination to the per-of destination to the per-temport pyincial Board of Health of the

was made. RULE 8. Every disinterred body, dead from any disease or as infectious or dangerous to the public health and shall not the beam suproved by the stat s or dangerous to the public health and shall not o nless said removal has been approved by the state having jurisdiction where such body is disinterred, authorities of the locality to which the corpse is con irom receiving vault ing to obtain perm ody is consigned. dy is consigned. After 3 e enclosed in a hermetica All rules and parts of body mus RULE repealed, with these rules are hereby George Browder 1880

15 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. RETURN OFA DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased clorge Browden 3. Color VO Sex 4. Age 24 ried or Single Date of Death May 7. Cause of Death Cerementer tic ab 8. Duration of last Illness 4 mou nors or les Chos levombo Cartioright Cardon . M. D. Residence / Oowle UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation 9. 10. Place of Birth 130 loga Ward No. 2 11. Residence 12. Time of Residence in the City Name of Mother When a Minor 13. Name of Father 14. Place of intended Interment 15. Date of intended Interment Col Cum Undertaker. Date of Certificate Residence Pantagraph Print.

Robert Browder 1901

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.
About Browdar Conder
1. Name of decrised for the Drogodar Ander 2. Sex Moler 3. Color White 4. Age 6 who
( up bo look
6. Date of death funct, 43/1991, 7. Cause of death luandline
Residence Dowling Guren, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth birth Sturf Ward No. /
12. Time of residence in the City. Mrs. R. H. Gunvely
13. When a minor Name of Mother My, A. H. Guowday, Name of Fatter Ly, A. H. Guowday,
14. Place of intended interment South Carloton Ky,
and a characteristic
15. Date of intended interment fund for 1901
15. Date of intended interment fund 201901, Land Junand Undertaker.
Gerard Jurand, Undertaker.
Hundel Themask
Gerard Jurand, Undertaker.
Gerard Jurand, Undertaker.

Anna Brown 1880

	This Constitutes ONE CERTIFICATE 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 Anna Proun
	Sex remales 3. Color mulatto 4. Age 35
	Married or Single Lingle Date of Death Aver 7th
	Cause of Death Consumption
	Duration of last Illness Jum mutho
0.	101
	Hop human , M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Place of Birth Butter Butter County
11.	Residence Summer Street Ward No. L
12.	Time of Residence in the City
	Name of Mother
13.	When a Minor Name of Father
14.	Place of intended Interment Col Cent
	Date of intended Interment NN851880
	Filelann . Undertaker.
	ate of Certificate . Residence
D	

Annie Laurie Brown 1891

310	18
RETURN OF A DEATH.	it
1 7 3	
1. Name of deceased Anne Laure Brow 2. Sex Funal 3. Color White. 4. Age 4 yrs	1
5. Married or Single Lung te	
6. Date of Death July 15" /91	
7. Cause of Death Menenyitro ( Onto aculi	-1
8. Duration of last Illness The mille.	
S.A. M. Downer, N	I. D.
Residence for DOM	
9. Occupation	
10. Place of Birth billy	
11. Residence Ky, aluch Ward No. 3 2	
12. Time of Residence in the City	annen 20
13. When a Minor. Name of Mother Mis Aora, Br Name of Father B. H. Brow	own
14. Place of intended Interment Flatholic Cere	1
15. Data of intended Interment y Carrow 15.	******
15. Date of intended Interment July 16"/1891 FC Lung, Underta	kor
Date of Certificate July 15/91. Residence	

Auther L. Brown 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	athar P Bann
1.	Name of deceased
2.	Sex Marie 3. Color 4. Age
5.	Mar Julain
5.	Date of death Mar, 1910, Ba
7.	Cause of death SMU ISorm
3.	Duration of last illness. The Store M. 1
	,
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
	Occupation Branching Urgen My
10.	Place of birth Bowling yum My
10. 11.	Place of birth Bowling Guten, My Residence Broadway, ", ", Ward No.
10.	Place of birth Bowling Guton, My Residence Broadway, ", ", Ward No. Time of residence in the city My Lothorn
10. 11. 12.	Place of birth Bowling Mum, My Residence Broadway
10. 11. 12. 13.	Place of birth Browling Gutter, My Residence Broadway, "," Ward No. Time of residence in the city When a minor Name of mother Name of father. D. Burn Name of father. Commenter
10. 11. 12.	Place of birth Bowling Mum, My Residence Broadway
10. 11. 12. 13.	Place of birth Browling Gum, My Residence Browling, ",", Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment. Date of intended interment. May 8"1917,
10. 11. 12. 13. 14.	Place of birth Browling Mum, My Residence Broadway, "," Ward No. Time of residence in the city When a minor Name of mother When a minor Name of father Name of father Place of intended interment. May 8"1012

Benjamin Brown 1912

20
* * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of decensed Beilfamin 3mm 2. Sex Mar 3 Color White 4. Age 2 yrs.
2. Sex Male 30 Color White 4. Age 2 yrs.
5. Married or Single JUN 5 - 1912
6. Date of death Only 1012 7. Cause of death Only Colling
8. Duration of last illness two weeks
W T Briggs, M. D. ROWLING GREEN K
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth farmer and 11. Residence www Piker ROWLING GREEN, KY Ward No. 3
12. Time of residence in the city_22 multin
13. When a minor {Name of Mother Mus M- Brown Name of Father Brown
14. Place of intended interment fur g"191"
15. Date of intended interment funn 8"191"
GERARD & GERARD., Undertaker.
Date of Certificate funty 11/2. Residence BOWLING GREEN. KY

Charles J. Brown

RETURN OF A DEA 1/36 Physician's Certificate Preparatory to Buria A Married or single Sex 3. Color 4. Age 3 Married or single Date of death Milled by his Butter Cause of death Milled by his Butter B Duration of last illness 24 hum. B Dur	ı.
Physician's Certificate Preparatory to Buria 1. Name of deceased Chas. J. Burn, 2. Sex 3. Color Hills 4. Age 3 5. Married or single Manual 6. Date of death Jany, 8"1917. 7. Cause of death Rillard by his Burther 8. Duration of last illness 24 hum. 8. Duration of last illness 24 hum. 8. Duration of last illness 24 hum. 8. Duration of last illness 24 hum. 9. Residence Burling Structure 1. Name of death Scripticate in Relation to Decease	
1. Name of deceased Chas. J. Brown, 2. Sex Mala 3. Color White 3. Married or single 3. Color White 5. Married or single Manual 6. Date of death any 8" 1917, 7. Cause of death Millud by his Brother 8. Duration of last illness 24 hours. 8. Duration of last illness 24 hours. Residence Bowling Brown Residence Bowling Brown Residence Bowling Brown Residence in Relation to Decease	
8. Duration of last illness	
8. Duration of last illness	
8. Duration of last illness	23. 1919.
8. Duration of last illness	
8. Duration of last illness	
8. Duration of last illness	
Residence Bowling Shu Undertaker's Certificate in Relation to Deceas	Jur:
Undertaker's Certificate in Relation to Deceas	M. D.
	n. M
	,
	sed.
a:t.	
9. Occupation Family	
9. Occupation Painter 10. Place of birth Juny serv 11. Residence Marie St. Wa	
11. Residence Wa	rd No.
12. Time of residence in the city	
13. When a minor Name of mother	
( Name of father	h.
14. Place of intended interment Junivium Cumpt 15. Date of intended interment Jan, 10" 1917	6
H D C	
GERARD & GERARD.	Undertaker.
Date of Certificate free, 9"1912. Residence.	
	•••••

Clair Brown 1904

	RETURN OF A DEATH.
	RETORN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Men tatair Brown
1.	Name of deceased
2.	Sex 3. Color thill 4. Age 2 2 yes
5.	Married or Single Single.
6.	Date of death Fabricary, 77" 1904,
7.	Cause of death Doursuing Dim
8.	Duration of last illness
	Jour W. Storr Gr. M. D.
	Residence Particing Green Ry
	/ /
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Warrens County
11.	Occupation Place of birth Warren Connerty Residence Cauter & Ward No. 2
12.	Time of residence in the city 5412,
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Switchs Grove by
15.	Date of intended intergrent Fibruary 23" 1964
	Guardand Grain, Undertaker.
Date	e of Certificate Fubry 28/1944, Residence
	/////

Infant of E. Brown 1909

Th	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	579
	Physician's Certificate Preparatory to Burial.
	100000
1.	Name of deceased Natant of E. Srown
2.	Sex Male 3. Color White 4. Age 3 Wirs
5.	Married or single
6.	Date of death FEB 1 2 1909
7.	Cause of death Branche Anumania
8.	Duration of last illness. B. Parthufard M. D.
	Residence Bowling Green th
	· · · · · · · · · · · · · · · · · · ·
	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Occupation Place of birth Bauling Gren
10. 11.	Occupation Place of birth Bauly Gren Residence Sanall Hauser Bike Ward No.
10.	Occupation Place of birth Bauly Grun Residence Sanall Hauser Bike Ward No. Time of residence in the city
10. 11.	Occupation Place of birth Bauly Grun Residence Sanall Hauser Bike Ward No. Time of residence in the city
10. 11. 12. 13.	Occupation Place of birth Bauly Grun Residence Small Manus Bike Ward No. Time of residence in the city When a minor Name of mother. Name of father & Brown
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>	Occupation Place of birth Bouliny Grun Residence Small Hauss Bigs Ward No. Time of residence in the city When a minor Name of mother Name of father & Brown Place of intended interment FER 100 pump
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>	Occupation Place of birth Bauly Grun Residence Small Hauss Biks Ward No. Time of residence in the city When a minor Name of mother When a minor Name of father & Brown Place of intended interment FEB 15 1909 ENOCHS & DAVIS
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Bauliny Grun Residence Small Hauss Bir Ward No. Time of residence in the city When a minor Name of mother When a minor Name of father Brown Place of intended interment FEB 1/3 1909 ENOCHS & DAVIS
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> <li>Dat</li> </ol>	Occupation Place of birth Bamliny Grun Residence Small Hauss Biks Ward No. Time of residence in the city When a minor Name of mother When a minor Name of father Bound Name of father Bound Place of intended interment FEB 1/3 1909 ENOCHS & DAVIS Undertaker.
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> <li>Dat</li> </ol>	Occupation Place of birth Bauliny Grun Residence Small Hauss Bir Ward No. Time of residence in the city When a minor Name of mother Name of father. Baun Place of intended interment Date of intended interment EB 13 1909 ENOCHS & DAVIS Undertaker. e of Certificate. FEB 13 1909

Mrs. E. Brown 1907

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 2. Sex Marine 3. Color 4. Age N8 400 5. Married or single 6. Date of death Juby 5" 1997 6. Date of death Juby 5" 1997 7. Cause of death Jubrie first amplicated by abcusses 8. Duration of last illness M. b. Strother, M. D. Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Woodbury Ry 11. Residence // Ward No.
10. Place of birth Wood bury Ky
11. Residence // Ward No.
11. Residence // W.St. 12. Time of residence in the city Surveyor with Mard No.
13. When a minor { Name of mother
14. Place of intended interment. Faynew Cemetery
15. Date of intended interment The 1907.
GERARD & GERARD. Undertaker. Date of Certificate July 5" 1907. Residence BOWLING GREEN, KY

Ed H. Brown 1913

9
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Ed. H. Burn 2. Sex Mala 3. Color Whith 4. Age 60 yrs 5. Married or single Mich. 2" 1913. 6. Date of death Barrbral Human hage, as fun 7. Cause of death What Statis tics 8. Duration of last illness Education tics 8. Duration tics
Undertaker's Certificate in Relation to Deceased. 9. Occupation buddent 10. Place of birth this Inswith the
11. Residence Linisville My Ward No.
12. Time of residence in the city
<ol> <li>13. When a minor Name of mother.</li> <li>14. Place of intended interment Mar 5/13</li> <li>15. Date of intended interment.</li> </ol>
Date of Certificate May, 5/13. ResidenceBowling Green

Child of Frank & Mary Brown 1909

×
♥ ♥ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♥ ♥
RETURN OF A DEATH.
668
Physician's Certificate Preparatory to Burial.
1. Name of deceased Child Mrst Mary Brown
2. Sex Punal 2. Color Marter 4. Age 14 MO.
5. Married or Single Sugar
6. Date of death July 26" 1909.
7. Cause of deats Maningiths
8. Duration of last illness
Find, D. Rraydon, M. D.
Residence 9. Juhn Sty
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Paris, Jum,
9. Occupation
9. Occupation 10. Place of birth Paris, Jum, Dawner bb
<ul> <li>9. Occupation</li> <li>10. Place of birth Paris, Jum,</li> <li>11. Residence Paymer St., Ward No. 3</li> <li>12. Time of residence in the city SMp,</li> <li>(Name of Mother Mus, Mary Brown,</li> </ul>
<ul> <li>9. Occupation</li> <li>10. Place of birth Paris, Jum,</li> <li>11. Residence Paymer St., Ward No. 3</li> <li>12. Time of residence in the city SMp,</li> <li>13. When a minor Name of Mother Mrs. Mary Brown, Name of Father Frank, Brown,</li> <li>14. When a minor Name of Mother Frank, Brown,</li> <li>15. When a minor Name of Mother Frank, Brown,</li> <li>16. When a minor Name of Mother Frank, Brown,</li> </ul>
<ul> <li>9. Occupation</li> <li>10. Place of birth Paris, Jum,</li> <li>11. Residence Paymer St., Ward No. 3</li> <li>12. Time of residence in the city SMp.</li> <li>13. When a minor Name of Mother Thank, Brown,</li> <li>14. Place of intended interment St. Josephis Counting</li> </ul>
<ul> <li>9. Occupation</li> <li>10. Place of birth Paris', Jumi,</li> <li>11. Residence Paymer St., Ward No. 2</li> <li>12. Time of residence in the city SMp.</li> <li>13. When a minor Name of Mother Mrs. Mary Brown,</li> <li>14. Place of intended interment St. Josephs Country</li> <li>15. Date of intended interment St. 1994</li> </ul>
<ul> <li>9. Occupation</li> <li>10. Place of birth Daris, Jum.</li> <li>11. Residence Daris, Jum.</li> <li>12. Time of residence in the city of the daries of the city of the daries of the city of the daries of th</li></ul>
<ul> <li>9. Occupation</li> <li>10. Place of birth Paris, Jum,</li> <li>11. Residence Payment St. Ward No. 2</li> <li>12. Time of residence in the city SMp.</li> <li>13. When a minor Name of Mother Theo. Mary Brown,</li> <li>14. Place of intended interment St. Josephs Country</li> <li>15. Date of intended interment St. 1997 1999</li> </ul>
<ul> <li>9. Occupation</li> <li>10. Place of birth Daris, Jum.</li> <li>11. Residence Daris, Jum.</li> <li>12. Time of residence in the city of the daries of the city of the daries of the city of the daries of th</li></ul>
<ul> <li>9. Occupation</li> <li>10. Place of birth Daris, Jum.</li> <li>11. Residence Daris, Jum.</li> <li>12. Time of residence in the city of the daries of the city of the daries of the city of the daries of th</li></ul>

George Lee Brown 1912

27
🕈 🕈 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🕈 🕈
RETURN OF A DEATH.
_1211
Physician's Certificate Preparatory to Burial.
1 Name of dessend Georgy Lu Braum
1. Name of deceased & corg & du Graum 2. Sex Mall 3. Color White 4. Age I manth
duich
5. Married or Single Survey 6. Date of death July 8-1912
7. Cause of death Cholera chefuntum
8. Duration of last illness 5 days
W T. ARniggs ND
Residence Sauling Jour thy
Undertaker's Certificate in Relation to Deceased.
9. Occupation Nau
10. Place of birth Bacoling Green Sky
11. Residence 4 91 Cutton Ward No. 2
12. Time of residence in the city
Name of Mother Lucy & Braun
13. When a minor Name of Father Ma Bracon
14. Place of intended interment farrous Cultury
15. Date of intended interment July 9-1912
GERARD & GERARD., Undertaker.
Date of Certificate fully 9 1%. Residence OWLING GREEN. KY

Gilbert Brown 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Libert Brown 2. Sex nale 3. Color nhile 4. Age 53 yr 5. Married or single Single 6. Date of death July - 26 - 1907
7. Cause of death <u>Paralyze</u> 8. Duration of last illness <u>Lucurs</u> <i>H.A. Corturiput</i> , M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Machanic 10. Place of birth Slaven Scottland 11. Residence Frank Strange Place, Ward No, 125 12. Time of residence in the City.
<ul> <li>13. When a minor Name of Mother</li></ul>

## H. M. Brown 1907

	RETURN OF A DEATH.
	#=197
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Hill Brown
2.	Sex mule 3. Color whili 4. Age TO TV
5.	Married or single married
6.	Date of death March - 7 - 1907
7.	Cause of death Cerebral Hemore g
8.	Duration of last illness $\int da$ —
	D.A. Campberle M.D
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Blacksmith
10.	Place of birth South Corraciana
11.	Residence S Broad way Ward No.
12.	Time of residence in the city 4 9 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
13.	When a minor Name of mother
	( Name of father
14.	Place of intended interment Jan over Curd- Date of intended interment March- 5-1907
15.	Bowlas Marsace Undertakar
Det	te of Certificate Residence
Dal	e or oer uncate

Harrison Brown 1897

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	30
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Harmson Brown	_
2. Sex male . 3. Color Blk . 4. Age 10 yrs	
5. Married or single	
6. Date of Death April 15 1857 7. Cause of Death Consumpliare	
7. Cause of Death Consumpliace	
8. Duration of last Illness	
Solatur O-D. Porter, M. I	).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth 66 th	
11. Residence My LA Ward No. 3	
12. Time of Residence in the City	
Name of Mother Otta Najamu	
13. When a Minor Name of Mother Otta Maanue Name of Father Mylie Brown	_
14. Place of intended Interment MA Monah	_
15. Date of intended Interment Com (16/97	
Partien Hogunf, Undertake	r.
Date of Certificate Residence	
	1

Horace Clinton Brown 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Horace totinton Brown
1.	Name of deceased Aroun, Onymon Tomorro, Male white aus
2.	Sex Single 4. Age
5.	Married or Single Sungh
6.	Date of death Draph, Wy OL
7.	Cause of death
8.	Duration of last illness.
	A.M. Droubs, M. D
	Residence Kity
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth
11.	Residence Mullichty Dr. Ward No. 2
12.	Time of residence in the city
12.	(Name of Mother Mus, A. H. Amm
12.	Man & Hotzanal
12. 13.	When a minor Name of Mother Mus. S. H. How
12. 13.	When a minor Name of Mother Mus, S. H. Brown, Name of Father S. H. Brown, Place of intended interment Fairwicken Country
12. 13. 14.	When a minor { Name of Mother Mus, S. H.Brown, Name of Father S. H.Brown,

Jackson Brown 1904

37 * * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of decersed forekom Brown 2. Sex Maler A Color White A. Age 77 yrs 5. Married or Single Married
2. Sex Male & Color White 4. Age 77 yrs
5. Married or Single May 24"04 6. Date of death May 24"04
6. Date of death Heart Drasers
1. Cause of death
8. Duration of last illness for artwright
N. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Maine St
<ol> <li>9. Occupation</li> <li>10. Place of birth Main St.</li> <li>11. Residence</li> <li>12. Time of residence in the city pix months</li> </ol>
12. Time of residence in the city.
13. When a minor { Name of Mother
14. Place of intended interment
15. Date of intended interment May 25" 04.
Juand Jurand Undertaker
Date of Certificate May 24"04 Residence

James F. Brown 1896

852	33
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased James F. Brown	-
2. Sex Male 3. Color I hite. 4. Age 50 yrs	
5. Married or single Manuel	
6. Date of Death Fuby 27/1896.	
7. Cause of Death Mark deasese	
8. Duration of last Illness	
Bu Gullen , M. D.	-
Residence Gov. Manuel Go	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Sevtland	
11. Residence State stuck Ward No. 1 2h	-
12. Time of Residence in the City	
13. When a Minor	
Name of Father	
14. Place of intended Interment Faryver Cunit	lug
15. Date of intended Interment Heby, 48/96	
J. G. Suttern VR20; Undertaker.	
Date of Certificate SUVY J8/96 Residence	
	1

John Brown 1897

21089 34	F
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased and Brown	
2. Sex male f. 3. Color Alk. 4. Age 22 pr 5. Married or single Longe	-
6. Date of Death Dec 13 1827	
7. Cause of Death	
8. Duration of last Illness	
Coruba, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Calabama	
11. Residence Centra Rt Ward No. 3	
12. Time of Residence in the City	>
13. When a Minor Name of Mother	
Name of Father	
14. Place of intended Interment Comp frame	
15. Date of intended Interment Dec 15-087/	
rather Mayn, Undertaker.	
Z. Date of Certificate Residence	

Mrs. John M. Brown 1894

PRICIANS CERTIFICATE PREPARATORY TO BURNAL A name of deceased for first first of the first of t	5.2 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
1. Name of deceased Ass. June, M. Butown 2. Sex functed 3. Color Hutter 4. Age 39 yrs. 5. Married or single Harrier 6. Date of Death January 31 //94. 7. Cause of Death Connerse June 8. Duration of last Illness Size much Ward No. 2 10. Place of Birth June 10. Place of Birth June 11. Residence in the City Hutter yrans 12. Time of Residence in the City Hutter yrans 13. When a Minor Name of Mother 13. When a Minor Name of Father 14. Place of intended Interment Auronau Councilery 15. Date of intended Interment Auronau Councilery 16. Date of intended Interment Auronau Councilery 17. Date of intended Interment Auronau Councilery 18. Date of intended Interment Auronau Councilery 19. Date of intended I	RETURN OF A DEATH.
2. Sex funder 3. Color Hiller 4. Age 39 yrs. 5. Married or single Married 6. Date of Death farmary 31 / 04. 7. Cause of Death Connection 8. Duration of last Illness Size months W. W. M. D. Residence Banding Junn UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Joggy Co. 11. Residence in the City Multiples 12. Time of Residence in the City Multiples 13. When a Minor Name of Mother 13. When a Minor Name of Father 14. Place of intended Interment aururus Councility 15. Date of intended Interment aururus Councility 15. Date of intended Interment aururus of Mother 16. Date of intended Interment aururus Councility 17. Date of intended Interment aururus Councility 18. Date of intended Interment aururus Councility 19. Marker, Undertaker.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
10. Place of Birth 11. Residence of the City Ward No. 2" 12. Time of Residence in the City Three years 13. When a Minor Name of Mother 14. Place of intended Interment airwww burner 15. Date of intended Interment Tuby 2" 94 15. Date of intended Interment Tuby 2" 94 16. Current Tuby 2" 94 17. Current Tuby 2" 94 18. Current Tuby 2" 94 19. Current Tuby 2" 9	2. Sex fundle 3. Color Halle 4. Age 39 yrs. 5. Married or single Marcad 6. Date of Death famary 31 1/94. 7. Cause of Death Company July 8. Duration of last Illness Siz month WW Southy, M. D. Residence Bauly July
	10. Place of Birth 11. Residence of y Shull Ward No. 2" 12. Time of Residence in the City Thul yurs 13. When a Minor Name of Mother 14. Place of intended Interment airwaw Curvery 15. Date of intended Interment Fully 2"94 Helling Thul you on the second se

Kate Brown 1910

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
<ol> <li>Name of deceased Mrs. Rata Brown,</li> <li>Sex Printer 3. Color White. 4. Age 73 yrs.</li> <li>Married or single Michow</li> <li>Date of death Fridy, 12"/1910</li> <li>Cause of death Meant tumble</li> <li>Duration of last illness</li> <li>MP. Alacker M. D. Residence Helle My</li> </ol>
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence Rockfield Ry . Ward No.
12. Time of residence in the city
13. When a minor { Name of mother
14. Place of intended interment Fuby, 14" 1910.
Date of Certificate July 14"1910, Residence Undertaker.

Lena M. Brown 1881

This Constitutes ONE CERTIFICATE to be ret	JURIAL PERMIT
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREPA	
1. Name of Deceased Lena And	
2. Sex Female . 3. Color white	4. Age 11 grs
5. Married or Single Longle	
6. Date of Death Oct 27	1881
7. Cause of Death Lypho Me	livial perer
8. Duration of last Illness Three	/
Í	Fr McElroy M.D.
Residence	F
Tresmeme	
UNDERTAKER'S CERTIFICATE IN RE	LATION TO DECEASED.
9. Occupation	
0 Place of Birth	
1. Residence Papelar Stul	Ward No
2. Time of Residence in the City	
Name of Mother Ma	Ma Mour
3. When a Minor { Name of Mother Mar Name of Father Hole	in Arra
7	l. C.t
4. Place of intended Interment Part	Z
5. Date of intended Interment 09 27	1
6 Forthe	Undertaker.
Date of Certificate	Residence

Child of Lilly Brown 1897

988 5	38
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Child of Lully Brown.	-
2. Sex 3. Color Blk 4. Age	
5. Married or single	-
6. Date of Death Fully 18"/9%	-
7. Cause of Death Still Born	
8. Duration of last Illness	
J. W. Coamles , M. D	
Residence Scalth Officer	-
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	+
10. Place of Birth Pilly	-
11. Residence Kentalky stuth Ward No. 7	
12. Time of Residence in the City	4
13. When a Minor Name of Mother Filly Brown	_
13. When a Minor Name of Father	
14. Place of intended Interment forming fum.	-
15. Date of intended Interment Filly 19th 97.	
F. G. Juni (TBil., Undertaker	
Date of Certificate July 18/97. Residence	
/ · / //·	

Liza Brown 1893

Out of town 39
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased LAA Brown
2. Sexternale 3. Color Blil . 4. Age 1492
5. Married or Single Jungle,
6. Date of Death MM 25/93.
7. Cause of Death Pulmonary Cansulption
8. Duration of last Illness 3 months Johnson, M. D. Residence Boughug brucky.
9. Occupation
10. Place of Birth City ,
11. Residence Ward No 426
12. Time of Residence in the City
13. When a Minor. Name of Mother Fue Brown
14. Place of intended Interment Friender Ocke
15. Date of intended Interment 1426"/13 Journa HB, Endertaker.
Date of Certificate Au 26/93. Residence

Louis S. Brown (1908)

4
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
535
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
9
1. Name of deceased Louis & Brown
2. Sex Male. 3. Color White 4. Ago/0 mon
5. Married or single Kingle
6. Date of death Oct ~3
7. Cause of death mungeitie
8. Duration of last illness one wrig Calney Figert, M. D.
Chalney Sigert. M. D.
Residence Baufung Brun 14
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Baulangelson Ky
9. Occupation 10. Place of birth Baulungthun Ky 11. Residence Duft strut Ward No, 12. Time of residence in the City.
The state of residence at the oxy?
13. When a minor Name of Mother Ode Branner Name of Father Willis
13. When a minor Name of Father Willis 1
14. Place of intended interment Plano Farrier Ce
15. Date of intended interment Oct 24
Groch & Dance, Undertaker.
Date of Certificate Out 29 Residence Butty

Lucy Brown 1912

41 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. Liney Brown 2. Sex Funder 3 Color White 4. Age 36 yrs.
2. Sex Funale 3 Color While 4. Age 36 yrs.
6. Date of death APR 1 1912
7. Cause of death Lobor Reumenion 8. Duration of last illness 2 wills
8. Duration of last illness 2 wrcs FD Rearch M. D.
Residence Baweing Sun K
Undertaker's Certificate in Relation to Deceased.
9. Occupation House Kupur 10. Place of birth Baum, Commity
10. Place of birth Saura Commy 11. Residence Bloom full SF. Ward No. Z
12. Time of residence in the city 4 Months
13. When a minor Name of mother Name of father
14. Place of intended interment Fairmen Cometery
15. Date of intended interment GERARD & GERARD. Undertaker.
Date of Certificate APR 1 1912 BOWLING GREEN, KY Residence

Macky Brown 1894

694	42
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Macky Brown	
2. Sexfuriale 3. Color Black. 4. Age 22770 5. Married or single Angle	
6. Date of Death Dec 23 1834	
7. Cause of Death Conscription	
8. Duration of last Illness Oble O. D. Vortur, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Corty	
11. Residence My A 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 Mut Morech	
14. Place of intended Interment die 16 1899	
Brothur Payner, Undertaker.	
Date of Certificate Residence	

Maggie Brown 1892

Un23 45 This Constitutes one Certificate to be Regrand to the City Clerk for a Burial Permit. 113 B. B. L 10, BATPH. 1 PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased 2. Sex Huna 5. Married or Single 6. Date of Death ( 7. Cause of Death Jun 8. Duration of last Illness 2 recolerate D Residence 11 man IX -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.— 9. Occupation 10. Place of Birth Z ulus 11. Residence Ward No. 12. Time of Residence in the City\_ Name of Mother 13. When a Minor. Name of Fathe 14. Place of intended Interment 15. Date of intended Interment , Undertaker. Date of Certificate Residence

Marvin Courts Brown 1909

* * TI	HGU/
H	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
2. § 5. M 6. 1 7. C	Married or Single Single Date of death June 1"1909. Cause of death Organic Arart troubh,
0. 1	Duration of last illness A Post , M. D. Residence Bourling Summer Undertaker's Certificate in Relation to Deceased.
9. (	Occupation
	Place of birth BOWLING GREEN, KY Residence Udams A. BOWLING GREEN, KY Ward No
12. ]	Time of residence in the city 19 months
13. \	When a minor { Name of Mother Mus Generoice Brown Name of Father S.N. Brown
14. I	Place of intended interment
15. I	Date of intended interment fmun 2"1909.
Date (	of Certificate MUNI''09 Residence BOWLING OREEN, KY
Free	

Mollie Brown 1891

34 45 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. OF A DEATH. 1. Name of decrased Molla Brown 2. Sex Funch: 3. Color White . 4. Age 23 g 5. Married or Single Mauriel Queine For 6. Date of Death 7. Cause of Death 8. Duration of last Illness 4 Mu Residence Brifing & UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation 10. Place of Birth Percen 11. Residence adams Shut Ward No 3 12. Time of Residence in the City\_ 4 Martho 13. When a Minor. Name of Mother States, Sta 14. Place of intended Interment Harnew 15. Date of intended Interment Mm Andertaker. . Residence Date of Certificate

Child of Sofa Brown 1878

46 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. RETURN OF A DEATH. PHYS: ZAN'S CERTIFICATE PREPARATORY O BURIAL. Name of Deceased Signa ny name 2m 1. Ser Hemale 3. Color Whit 4. Age 2 mill 2 Married or Single 5. 154 6. Date of Death July 15 1178 7. Canse of Death inflamation of the brune: 8. Duration of last Illness Eight day & Phrenety J Thomas . M. D. Residence Birroly Suce 14 UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Bowling Green 10. Place of Birth Residence Below Catholick Chr. Ward No. 2 11. 12. Time of Residence in the City Jù 13. When a Minor { Name of Mother 20fa 1 Name of Father 14. Place of intended Interment 15. Date of intended Interment\_ Undertaker. Date of Certificate Residence Democrat Print.

William Brown 1911

47
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased William & Brown
2. Sex male. 3. Color White: 4. Age 5-3-
5. Married or Single Mussell
6. Date of death det 11 - 17 11
7. Cause of death Heart Disease -
8. Duration of last illness & mouth
T. O. Oteline, M. D.
Residence Bouling Gnew Kg.
Undertaker's Certificate in Relation to Deceased.
$\sim$
9. Occupation Deal. Estate a genag. 10. Place of birth Kinderchey
11 Parilana C * fr
12. Time of residence in the city Mr Ward No
13. When a minor { Name of Mother
14. Place of intended interment Farmen
15. Date of intended interment Car 12 19 11
Undertaker.
Date of Certificate and 11/9 11 Residence Barly me

Willie Brown 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 Willie Brown 2. Septate 3. Color White 4. Age Still 5. Married or single July 10 / 9/1 6. Date of death July 10 / 9/1 7. Cause of death July 10 / 9/1 8. Duration of last illness M. D. Residence Bowly July M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Bowling Frence Ward No.
12. Time of residence in the city Life Name of mother Miancie Brown
13. When a minor Name of father.
14. Place of intended interment Fairbury Curr
15. Date of intended interment. July 16 1911 Enother Undertaker.
Date of Certificate Residence BYKis

Clem Browner 1909

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
<ol> <li>Name of deceased Cluw Brown</li> <li>Sex Math 3. Color Blk 4. Age 71 400</li> <li>Married or single Married</li> <li>Date of death Married</li> <li>Date of death Miler by falling own Bluff</li> <li>Cause of death Killer by falling own Bluff</li> <li>Duration of last illness</li> <li>Men E Gray M. D.</li> <li>Residence</li> </ol>
Undertaker's Certificate in Relation to Deceased.
<ul> <li>9. Occupation</li> <li>10. Place of birth <i>Munulal</i></li> <li>11. Residence <i>Induanala</i></li> <li>12. Time of residence in the city</li> <li>13. When a minor Name of mother</li> <li>14. Place of intended interment <i>Sourchy Construction</i></li> <li>15. Date of intended interment <i>Nov. 4" 1909.</i></li> <li>16. Date of intended interment <i>Nov. 4" 1909.</i></li> <li>17. GERARD &amp; GERARD. Undertaker.</li> <li>Date of Certificate <i>Mul. 3/1909.</i></li> </ul>

Child of Charles & Georgia Browning 1907

	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 Small sheld of thes Brunning	
1. Name of deceased Small afuld of Ofroz. Brunnin 2. Sex finale 3. Color black . 4. Age	4
5. Married or single	
6. Date of death afar 2 - 07	
6. Date of death afra 2 - 07. 7. Cause of death manunhon,	
8. Duration of last illness four or five days	
7. Cause of death <u>haunhon</u> 8. Duration of last illness four or five days O. D. Porter , M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Chestrut St Ret. 47 5.	
11. Residence Chestnut St Ward No. 2	
12. Time of residence in the City.	
13. When a minor Name of Mother Learge Arwang	
Name of Father Offor Brausanty	
14. Place of intended interment Mt. morrah and	
15. Date of intended interment 0/2/2. 3- 1907.	
Jekughendall Undertaker.	
Date of Certificate Upin - 15- 0.7. Residence	
Comer y & callege St.	

Eliza Browning 1879

	2 51
	This Constitutes ONE CERTIFICATE to be returne to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
1. 2	7
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Eliza Browing
2.	Sex funater 3. Color Black . 4. Age 27 years
5.	Married or Single Sugle
6.	Date of Death Dary 28 - 19
7.	Cause of Death Ocroquita
8.	Duration of last Illness /0/100000
1	Closy -, M. D.
1 - 1	Residence Deppen
1	
1	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
and the second sec	Place of Birth D Residence Maccune Street . Ward No. 2
12.	Time of Residence in the City
13.	When a Minor { Name of Mother
	Name of Father
	Place of intended Interment Col Cem Cy
15.	Date of intended Interment far 28th 77
	In Cherry, Undertaker.
Da	te of Certificate Residence
	Ďemocrat Print.

Monroe Browning 1907

Thi	52 s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
1. 1	Physician's Certificate Preparatory to Burial. Monachmur Burny
2. S 5. M 6. I	Married or single May 24" 1907 Date of death Brights drammer
	Duration of last illness. M. D. Residence
	Undertaker's Certificate in Relation to Deceased.
10. 11.	Occupation Place of birth Residence / Maynulles Ward No. / Time of residence in the city
13.	When a minor Name of mother Name of father Place of intended interment
15.	Date of intended interment May 26 "07, GERARD & GERARD, Undertaker. of Certificate May 25/07, Residence OWLING GREEN, IN

William Brunson 1913

53
RETURN OF A DEATH.
1429
Physician's Certificate Preparatory to Burial.
24 AB
1. Name of deceased melian minung
2. Sex Male 3. Color White 4. Age 58
5. Married or single
6. Date of death fufy ~-1913
7. Cause of death Ourstrate
8. Duration of last illness
Bowling Green, Ky.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmer
A. aller (°
10. Place of birth Mar Aristan Ward No.
11. Residence // COP I       ward No
( Name of mother
13. When a minor Name of father
14. Place of intended interment Farrine Cemetery
15. Date of intended interment July 3 1913
Gerard Undertaker.
Date of Certificate July 2-13. Residence
0

Rachal Brush 1891

288 54
Th. Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
9 to 1. 1 2 1
1. Name of deceased Mrs Jachal Drush,
2. Sex Sunale 3 Color White . 4. Age 94 yrs
5. Married or Single Widow
6. Date of Death May 2/1891.
7. Cause of Death Oflage
8. Duration of last Illness 200
I A Compatible D.
Residence
9. Occupation
10. Place of Birth New Grsey
11. Residence man fluct Ward No. 1 25
12. Time of Residence in the City Jene years
13. When a Minor. Name of Mother
) Name of Father
14. Place of intended Interment Harview Country
15. Date of intended Interment May 3-9/ A. C. C. Mard Undertaker.
A' alai Tata
Date of Certificate May 2/9/. Residence City

Joseph Garland Bryan 1905

RET	URN OF A	DEATH.
Physi	cian's Certificate Prepara	tory to Burial.
	Joseph Gartan	V Bryan
1. Name of decer 2. Sex Mala	3. Color White	in whe
	1. homent	
6. Date of death	Quanting	
7. Cause of deat		
8. Duration of la	HG. Auddle	••••••••••••••••••••••••••••••••••••••
	Avula	ing Gunn, Ry
	Kesidence	
Undert	aker's Certificate in Relat	ion to Deceased.
9. Occupation	Bowlinia Herry	Ku
0. Place of birth	Bowling Gerry,	Ky
10. Place of birth	Bowling Gurn,	Ky Ward No. 2
10. Place of birth	Bowling Gurn, wordford St. ence in the city 10 whe	Ky Ward No. 2
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of reside</li> </ol>	(Name of Mother Mis.)	Ky Ward No. 2 L. Bryan.
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of reside</li> <li>When a minor</li> </ol>	Name of Mother	Ky Ward No. 2 L. Bryan. L. Bryan. J. Bryan. L. Bryan.
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of reside</li> <li>When a minor</li> <li>Place of inten</li> </ol>	Name of Mother Mis. Name of Father ded interment Cligabeth	Ky Ward No. 2 L. Bryan. L. Bryan. L. Bryan. L. Bryan. Torri, dy
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of reside</li> <li>When a minor</li> </ol>	Name of Mother Mis. Name of Father ded interment Cligabeth	Ky Ward No. 2 L. Bryan. L. Bryan. L. Bryan. L. Bryan. L. Bryan.
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of reside</li> <li>When a minor</li> <li>Place of inten</li> <li>Date of intend</li> </ol>	Name of Mother Mis. Name of Father ded interment Cligabeth	Ky Ward No. 2 K. Bryan. Bryan. J. Bryan. Torri, dy torri, dy d., Undertaker
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of reside</li> <li>When a minor</li> <li>Place of inten</li> </ol>	Name of Mother Mrs. Name of Father Inded interment Chyabeth Hed interment July 18/05 Gribard 7 Frid	Ky Ward No. 2 K. Bryan. I.

Mary G. Bryan 1905

Ste Ste
* This Constitutes One Certificate to 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 Harry h Buyan 2. Sex Fernale B. Color White 4. Age 11 miles
2. Sex Fridale B. Color Multi 4. Age 11 mile.
5. Married or Single Snigle
6. Date of death ang 4" 1905
7. Cause of death
8. Duration of last illness
Residence Bowing Gurn My
Residence 22 202 mg
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Bowling Jerren Ry 11. Residence Wardford ST Ward No. 3
10. Place of birth Wood bord St
12. Time of residence in the city 11 what Paulau
13. When a minor Name of Mother Angles Bryan
Name of Father abithtown ky
<ol> <li>Place of intended interment &amp; ugabathlow, by</li> <li>Date of intended interment aug 5" 05</li> </ol>
Gurand Jurand
Date of Certificate ang. 4/05 Residence Residence
Date of Certificate // / 00 Residence

W. H. Bryan 1904

57 * * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of decersed A. Buyan 2. Sex Male 3. Color White 4 Age 78 yes.
5. Married or Single Married
6. Date of death Man, 19, 19, 04. 7. Cause of death Manman
8. Duration of last illness- general Meddle , M. D.
Residence Justing hour Ky
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Colasburgh by
11. Residence blay DF. Ward No. 7 12. Time of residence in the city_15 months Ward No.
13. When a minor { Name of Mother
14. Place of intended interment Mar, 14" 190 H
Date of Certificate Mar 12/1904 Residence Undertaker.
Residence,

Lester Bryant 1913

58-1
This Constitutes 0 Certificate to be Returned to the City Clerk a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Lister Byant
2. Sex Mall 3. Color White 4. Age 16 /10.
5. Married or single or in the
6. Date of death fam 20" 1913
6. Date of death aspen via (as per vital Statistics) 7. Cause of death Asp hyxia (as per vital Statistics)
8. Duration of last illness & Alfurant, Furnal Anetar, 4
ROWLING GREEN, KI
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmer, 10. Place of birth Hawn, Co. My, 11. Residence Mar. Archfield, My Waram Cor Ward No.
10. Place of birth Wann, Cp. My.
10. Place of birth 11. Residence Mar Rock firth Rg Warraw Cut Ward No.
12 Time of residence in the city
12 Time of residence in the city
12. Time of residence in the city 13. When a minor Name of mother Will, Byant, Name of father
<ol> <li>12. Time of residence in the city</li> <li>13. When a minor Name of mother Will, Dyant, Name of father</li> <li>14. Place of intended interment. Failure Competency</li> </ol>
<ol> <li>12. Time of residence in the city</li> <li>13. When a minor Name of mother</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> </ol>
<ol> <li>12. Time of residence in the city</li> <li>13. When a minor</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. GERARD &amp; GERARD.</li> <li>17. Undertaker.</li> </ol>
<ol> <li>12. Time of residence in the city</li> <li>13. When a minor Name of mother</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> </ol>
<ol> <li>12. Time of residence in the city</li> <li>13. When a minor</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. GERARD &amp; GERARD.</li> <li>17. Undertaker.</li> </ol>
<ol> <li>12. Time of residence in the city</li> <li>13. When a minor</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. GERARD &amp; GERARD.</li> <li>17. Undertaker.</li> </ol>

Lester Bryant 1913

	2
Form 11 H. D -2M-1-2-12 975-12	2
Health Department of the District of Columbia	611
7/10187	-
BURIAL PERMIT Not 770	
Name of Deceased here toy aut	
Date of Death Jourd Jan 20 19/3	_
White Colored Male Female Single Married Widow Divorced	2
Occupation Farmer	
Deceased 124	
Birthplace Father Deculutorow	
Mother 201 10 25	
Place of Death OUT Net and the	
Place of Residence	-
Primar Unitation Jonumanay	4
Cause of Death Immediate asphonya	
Dyfation	k
Attending Physician & allery Nevett MA	
Permission is hereby given for the removal of the remains of the	
above named person by Undertaker Mus, furthorn	
the 21 Cemetery for interment	
on prod destaded D.	
Crottor Health Officer.	
IMPORTANT This is a duplicate of the permit issued in this case. This	
duplicate is not to be returned to the Health Officer of the District of Columbia, but must accompany the remains to their destination.	
destination.	
A market And the second of	1

Sally Ann Bryant 1908

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 Sally and Bay and 2. Sex funder 3. Color Cal 4. Age 96 ms. 5. Married or single married
2. Sex fundle 3. Color Cal 4. Age 96 ms.
5. Married or single married
6. Date of death MOV. 21-08.
7. Cause of death Mitral Jusuffurncy
8. Duration of last illness
O-L-Tortz M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Hunsherper
10. Place of birth 11. Residence Center St Ward No. 3
12. Time of residence in the city 7.0 yrs
13. When a minor { Name of mother
( Name of father
14. Place of intended interment The moriale Cernelry
15. Date of intended interment $\mathcal{WV}$ 2. 3 - 0.8
J.E. Kurfhere dall Undertaker.
Date of Certificate nov. 23-1908. Residence
Date of Certificate nov. 2.3-1908. Residence. I feallege St.

William M. Bryant 1912

(r)
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased www. William Bry with 2. Sex Mall 3. color While 4. Age 44 5. Married or single William 4. Age 44 6. Date of death March - No -1912 7. Cause of death March - No -1912 8. Duration of last illness
Jus E May M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation dances
10. Place of birth
11. Residence Alusania Ward No. 2
12. Time of residence in the city
13. When a minor Name of father.
14. Place of intended interment Rainopul Curtury
15. Date of intended interment franch 21-1912
Date of Certificate March-41-12 Residence Out

Barbara J.Bryson 1904

	DETUDNI OF A DEATH
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased There Barbare Bry oag
2.	Sex Jemak 3. Color While 4. Age 5 8 yr
	Martied or single marning
	Date of death 914 - 27-1904
	Cause of death Recenting Paraly an
а.	Duration of last illness 2 days ER Cherry, M. I
ch	my Residence have II-
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Warren Canny
11.	
12.	Time of residence in the City.
13.	When a minor { Name of Mother
14.	Place of intended interment Farmer Curry
	1 gc 19.00
15.	Haway Cayn, Undertake
15.	
15. Dat	e of Certificate Residence

Missouri C. Buchanon 1913

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
_1412
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Missaure C Buchenon
2. Sextimale 3. Color while. 4. Age 69 yrs
5. Married or single Angle 6. Date of death June 8 1913
6. Date of death from 0 1913
7. Cause of death burrow gave Bladden 8. Duration of last illness 5 days and Comment, M. D.
atmotomy, M. D.
Residence Baruling Yum
0
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
D411
9. Occupation at Home 10. Place of birth woolburn my
10. Place of birth woodown my 11. Residence Franklin 12 Ward No,
12. Time of residence in the City. 5 days
13. When a minor Name of Mother Name of Father
Name of Father
14. Place of intended interment frankling, My
14. Place of intended interment Franklin, Ky 15. Date of intended interment June 10 1913 Enoch McBurni Undertaker.
Date of Certificate fr 191919 Residence By Lun

Child of Lizzie Buck 1895

864	43
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Child & Lunge Buc	A
2. Sextremale 3. Color Bur 4. Age 7 415	)
5. Married or single Single.	
6. Date of Death Mar 25/1895	
7. Cause of Death Coursemption	
8. Duration of last Iliness	
Residence Oilly	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Symussice	
11. Residence 19th stuck Ward No. 7 nd	~
12. Time of Residence in the City	
13. When a Minor Name of Father	1
14. Place of intended Interment County Curutery,	
15. Date of intended Interment Mar 76/96	
F. C. Huand, MB10, Undertaker.	
Date of Certificate Man y J Residence	
Porta	

N. N. Buck 1898

1184	44
This Constitutes One Certificate to be Returned to the City Clerk for a Burial	Permit,
RETURN OF A DEATH	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased 1, 1, Buck 2. Sex Male 3. Color White 4. Age 49	yet.
5. Married or single Married 6. Date of death Och 6"98	
7. Cause of death Soiter,	
8. Duration of last illness A. C. Wright.	M. D.
Residence Bouling Lies	usty.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
ro. Place of birth Juneaser	P
11. Residence College Sh . Ward No.	2 200
12. Time of residence in the City	
13. When a minor Name of Mother 14. Place of intended interment Former Council	etury
15. Date of intended interprent Och 7" 1898	ndertaker.
Date of Certificate Och 7"98. Residence	

Flossie Buckberry 1900

6 1,5
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 Floren Buck berry 2. Sex female 3. Color Thite 4. Age 1240
2. Sex finale 3. Color While 4. Age 1240
5. Married or single Single 6. Date of death Oct -15 - 1900
7. Cause of death acute Lactution
8. Duration of last illness Sunaf Yar
J. A. m., Cormack, M. D. Residence Stale St
Residence Stal St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED
9. Occupation
10. Place of birth Chmay much -
1. Residence admas St Ward No. 3 nd
12. Time of residence in the City
13. When a minor Name of Mother Name of Father Nr. D. Buck burry
14. Place of intended interment <u>Climax</u> Muchagan
15. Date of intended interment act - 17 - 1900
Thank than f: Undertaker.
Date of Certificate Residence

Hugh Buckberry 1907

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased High, Juefburg 2. Sex Maler 31 Color Thilt, 4. Age 76 910.
5. Married or single Julion . 6. Date of death Drac 18/1907. 7. Cause of death Organic Heart Drases
7. Cause of death ary and Sound days 8. Duration of last illness Surveal days A. M. B. M. D.
Residence BOWLING OREEN, KT.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Ganada
11. Residence   6   Ward No.   Ward No.     12. Time of residence in the city   3   900
13. When a minor Name of mother Name of father, Michigaw.
15. Date of intended interment DUC. 31" 1987. OFRARD & GERARD. Undertaker.
Date of Certificate Die, 19/1907 Residence BOWLING GREEN, KY
and Kritucky St.

Mrs. W. D. Buckberry 1900

c //
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased All, W. R. Buckbury 2. Sex Funder 3. Color Thile . 4. Age 33 yrs
5. Married or single 11/201909 6. Date of death Nr 28/1909 7. Cause of death Odunca of the Lungs
8. Duration of last illness Mr. Consumer
Residence Bowling Grean Ky,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Climan, Mich
10. Place of birth Quarter & Adams St
12. Time of residence in the City
13. When a minor Name of Father 14. Place of intended interment Chinax Mich
15. Date of intended interment Nec 30"/1900, Garard and Gurard, Undertaker.
Date of Certificate Nac v9/1900. Residence

Child of James & Eliza Buckberry 1878

6.9 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased 1. 3. Color . Whi Sex male 1 . 4. Age X 2 Married or Single 5. enu:54 6. Date of Death Cause of Death Bellous 7. Duration of last Illness 30 hour 8. M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation arren Counte 10. Place of Birth Burevista M Ward No. Residence 11. 12. Time of Residence in the City ane 0 Name of Mother When a Minor 13. Name of Fathe 14. Place of intended Interment 15. Date of intended Interment Undertaker. Date of Certifican Residence Democrat Print. 5

J. P. Buckler 1900

•	69
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of decrased f. Thursty 2. Sex Marie 3. Color White 4. Age 21 900 5. Married or single Suight	
6. Date of death Nov. 14/1900. 7. Cause of death Enteric Frever	
8. Duration of last illness 3 daugh, J. B. Hught M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Sh Maryn Kuntucky 11. Residence St. Commbrai focadaning Ward No. 7	
12. Time of residence in the City 30 days	
13. When a minor Name of Father	
14. Place of intended interment St. Marys, Ky. 15. Date of intended interment Nov. 15/1900.	
14. The of intended interment Nov, 15/1900. Sword Harand, Undertaker Date of Certificate Nov, 14/1900. Residence	

## Joe Buckner 1912

7
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
<ol> <li>Name of deceased for Buckman</li> <li>Name of deceased for Buckman</li> <li>Sex Math 3, Color Blk 4. Age 69 yrs</li> <li>Married or Single</li> <li>Married or Single</li> <li>Date of death Subercular Caryugite:</li> <li>Duration of last illness One Year</li> </ol>
Undertaker's Certificate in Relation to Deceased.
Laborar
9. Occupation bo Ky 10. Place of birth bor ky
10. Frace of birth
13. When a minor { Name of Mother
14. Place of intended interment St. 16"1912
15. Date of intended interment. GERARD & GERARD. , Undertaker.
Date of Certificate SEP 1 5 1912 Residence
, (%)

## Richard Buckner 1890

71 stitutes one Certificate to be Returned to the City Clerk for a Burial Permit, PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased chard 2. Sex Male . 3. Color Sell . 4. Age S marrie 5. Married or Single 13- 1890. 6. Date of Death O 7. Cause of Death 8. Duration of last Illness leight months Corouch M. D. Residence 9. Occupation Do Wallen 10. Place of Birth 11. Residence Colleges Alm Ward N 12. Time of Residence in the City 13. When a Minor. Shame of Mother Name of Father. 14. Place of intended Interment\_\_\_\_ 15. Date of intended Interment ) Undertaker. V Date of Certificate M . Residence

George Buford 1908

72
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
<u>449</u>
Physician's Certificate Preparatory to Burial.
R D i i
1. Name of deceased Teorge Buford
1. Name of deceased <i>Jeorge Buford</i> 2. Sex Male 3. Color level 4. Age 30 Mm. 5. Married or single Marriel
5. Married or single Manuel
6. Date of death africe 28 1908
7. Cause of death mennomia
8. Duration of last illness Semarch wines
Juvileis M. D.
Residence BOWLING GREEN, IT
Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Laborer
10. Place of birth Jennissee
11. Residence foresville Ward No.
12. Time of residence in the city Life
( Name of mother
13. When a minor Name of father.
14. Place of intended interment Mount Mariah Curry
15. Date of intended interment Opil 29 1908
GERARD & GERARD, Undertaker.
Date of Certificate Office 28/908 Residence BOWLING GREEN, KY.
Academic and a second sec

Jesse M. Bullard 1909

73
RETURN OF A DEATH.
<u>lay 5</u> Physician's Certificate Preparatory to Burial.
1. Name of deceased Jesse M. Bullard
2. Sex Mule 3. Color White 4. Age 46
5. Married or single Marnue
5. Married or single Marrie 6. Date of death June 5 th - 1909 7. Cause of death Peritorites from Europhon Wound 8. Duration of last illness fine days SE Muddle M. D.
7. Cause of death Periloniles from Junshot Wound
8. Duration of last illness fine your grand
Bauling China The
Residence Boufing muce They
0
Undertaker's Certificate in Relation to Deceased.
9. Occupation Insurance agent
10. Place of birth - 11. Residence Dowfuig Green Ky Ward No.
11. Residence bowfing Free Hy Ward No.
12. Time of residence in the city
13. When a minor Name of father
The she was
14. Place of intended interment Naplausville 19
15. Date of intended interment funce 6" 07
Date of Certificate June 09 Residence Preue Kg

Elsie Bunch 1896

915 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Elave Bunch
2. Sex Funale 3. Color Blk. 4. Age 52 yet 5. Married or single Manuel.
6. Date of Death July, 21 "/26.
7. Cause of Death Dropsy.
8. Duration of last Iliness
, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Hanne Co. 11. Residence 4 th struck Ward No. 1 st 12. Time of Residence in the City
13. When a sind Name of Father
15. Date of intended Interment July, 22"/1896. F. & Guard MBro, Undertaker.
Date of Certificate July # 1/96, Residence 6.114.

Child of Kissia Bunch 1898

1120 15
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Child of Kierra Bunch 2. Sex Male 3. Color BUK, 4. Age 5 mo.
5. Married or single surge
6. Date of death May s go 7. Cause of death Mary sig length
8. Duration of last illness If Remander, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED
9. Occupation
10. Place of birth bity ,
11. Residence Burnan Alley Ward No. 3.
12. Time of residence in the City
13. When a minor Name of Mother Aussia Bunch
14. Place of intended interment Mr. Morrah, gum.
15. Date of intended interment May, 9"98.
15. Date of intended interment May 9"98. Suand Strand, Undertaker. Date of Certificate May 9"98 Residence

Ned Bunch 1899

-70	76
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Ald Sunch	
2. Sex Mall 3. Color DIN. 4. Age 92 110	eres
5. Married or single Manuely	
6. Date of death ang 29 1899	
7. Cause of death all all	
8. Duration of last illness S. H. Corneles hy succession In Besidence	).
Residence bity Phy success	5
Kesidence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Home	
10. Place of birth	
11. Residence Quiks alley Ward No. 2	
12. Time of residence in the City	
t3. When a minor Name of Mother Name of Father	
14. Place of intended interment Mt. Morrah	
15. Date of intended interment aug 3/ 899 Jarand Jurand, Undertake	
12.100	r.
Date of Certificate Aug. 2019 Residence	

Charlie Bundle 1896

90 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 Charlie Bundle
2. Sex Male. 3. Color While 4. Age 25 yrs.
5. Married or single Sungle
6. Date of Death July 3"/1896.
7. Cause of Death Communication
8. Duration of last Illness 5 Mers
CT hunding, M. D.
Residence Blann / 4
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Church struch Ward No. 4
12. Time of Residence in the City
13. When a Minor Name of Father
14. Place of intended Interment Storelahs Curuling
15. Date of intended Interment Mily 1896.
15. Date of intended Interment July 1896. F. C. Genand TBro., Undertaker.
Date of Certificate July 3/96, Residence

Sue Bundle 1898

1198	78
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Mars Synce Build 2. Sec Demalle 3. Color Matter 4. Age 23 yrs 5. Married or single Single 6. Date of death Inter 8/848 7. Cause of death Internal Abuss, 8. Duration of last illness One year L, F. Rodgus, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Parren County 11. Residence Church St Ward No. 3 d	-
12. Time of residence in the City Elwhylang	
13. When a minor Name of Mother	
14. Place of intended interment of faxepho liment	1
15. Date of intended interment MU 141898 Guard & Guard, Undertaker.	
Date of Certificate NAV 13/98 Residence Mitty	

Sceavy Bunn 1906

This Constitutes One Certificate to 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 Scrary Bunn 2. Sex Funda 3. Color High 5. Married or single Widow of the Late faction Burn 6. Date of death fully 7" 1906.
7. Cause of death Jox Ormuna
8. Duration of last illness J. W. Stown, M. D. Residence BOWLING GREEN, KY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Barburg Gereen My 11. Residence Cruter St Ward No, 2
<ul> <li>12. Time of residence in the City.</li> <li>13. When a minor Name of Mother</li> <li>Name of Father</li> </ul>
14. Place of intended interment July 8"1906 15. Date of intended interment July 8"1906 Juna Hugan Juna . Undertaker.
Date of Certificate July 6/1906 Residence

Child of John Bunton 1896

	URN OF A DEATH.
PHYSICI	AN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of decease	ed Infant Burton
	. 3. Color on him. 4. Age
	le <u>hy</u>
6. Date of Death	July 18 1814
7. Cause of Death.	C'
8. Duration of last	
	B L Cully Curaines
	Residence WC
UNDERTAI	KER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation	
<ol> <li>9. Occupation</li> <li>10. Place of Birth</li> </ol>	 
<ol> <li>9. Occupation</li> <li>10. Place of Birth</li> <li>11. Residence </li> </ol>	cig Handly Jack Ward No. 3
<ul> <li>9. Occupation</li> <li>10. Place of Birth</li> <li>11. Residence </li> <li>12. Time of Reside</li> </ul>	Handle Jack Ward No. 3 ence in the City light
<ul> <li>9. Occupation</li> <li>10. Place of Birth</li> <li>11. Residence </li> <li>12. Time of Reside</li> </ul>	Handle Jack Ward No. 3 ence in the City light
<ul> <li>9. Occupation</li> <li>10. Place of Birth</li> <li>11. Residence </li> <li>12. Time of Reside</li> <li>13. When a Minor</li> </ul>	Hand Jack Ward No. 3 ence in the City light Name of Mother Name of Father Jouro Buton
<ol> <li>9. Occupation</li> <li>10. Place of Birth</li> <li>11. Residence </li> <li>12. Time of Reside</li> <li>13. When a Minor</li> <li>14. Place of intend</li> </ol>	Handle Jack Ward No. 3 Handle Jack Ward No. 3 Proce in the City light Name of Mother Name of Father Jono Buton Hed Interment Junion Curre
<ol> <li>9. Occupation</li> <li>10. Place of Birth</li> <li>11. Residence </li> <li>12. Time of Reside</li> <li>13. When a Minor</li> <li>14. Place of intende</li> <li>15. Date of intende</li> </ol>	Hand Jack Ward No. 3 Hand Jack Ward No. 3 ence in the City light Name of Mother Name of Father Jone Buton led Interment Juny 18 1876
<ol> <li>9. Occupation</li> <li>10. Place of Birth</li> <li>11. Residence </li> <li>12. Time of Reside</li> <li>13. When a Minor</li> <li>14. Place of intende</li> <li>15. Date of intende</li> </ol>	Handle Jack Ward No. 3 ence in the City light Name of Mother Name of Father force Button Hed Interment Junion Curre

Lillie Bunton 1910

a a Thu	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. **
R	ETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. Na	ame of deceased Lillie Bonton Bunton
2. Se	Finale 3. Color Black . 1. Age & Weeks
5. Ma	arried or Single Ang U
6. Da	ate of death Sept-12 1910
7. Ca	use of death Inamatage
8. Du	aration of last illness. 3 Meeks
	, M. D.
	Residence Candles IA Burgerburg to
	Undertaker's Certificate in Relation to Deceased.
9. Oc	cupation
10. Pla	ace of birth 13th lenter Shulling freen sidence 13th Center stro. Ward No.
11. Re	esidence 13 T Center stro. Ward No.
12. Ti	me of residence in the city le uncelles
13. W	hen a minor Name of Mother Carrie Rey Name of Father frim Hunry Helm
14. Pla	ace of intended interment Wordburn MI Mariak
15. Da	ite of intended interment Sign - 2 1911 Guard Guard Undertaker.
Date of	Certificate <u>Sept-11910</u> . Residence

Luceal Bunton 1910

89.
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Luclal Buston
2. Sex final 3. Color Cal. 4. Age 9 400
5. Married or single
6. Date of death Jun. 02 - 1910
7. Cause of death / Munound
8. Duration of last illness In hurses , M. D.
Residence 23 Corlege of
Kesidence to ter ter
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
- 20 ar leve
9. Occupation
10. Place of birth Sind ling green Vily
11. Residence
12. Time of residence in the City life
13. When a minor Name of Mother
14. Place of intended interment Mitchell will Sum
15. Date of intended interment Jay 14 - 1910 J.E. Kuykerchall. Undertaker.
Date of Certificate fare &- Residence
7 tealings It

Mrs. C. L. Burch 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 Muster, Burch 2. Sex Finally 3. Color White 4. Age 39. 5. Married or Single Married 6. Date of death Mul 38" 0.5 7. Cause of death Caucu
8. Duration of last illness Residence Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Source, Ky. 11. Residence Church ST. Ward No. 3
12. Time of residence in the city_5 yrs     13. When a minor     Name of Mother     Name of Father
<ol> <li>Place of intended interment NWV, 19"05</li> <li>Date of intended interment NWV, 19"05</li> <li>Date of intended interment Nurvey Junach Undertaker.</li> <li>Most Aller</li> </ol>
Date of Certificate / WV-, VO/05 Residence

Cooper Duncan Burch 1903

<i>*</i>	84
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	-
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased booper, Duncan Burch, 2. Sex Male 3. Color While 4. Age 32 yrs 5. Married or single Single 6. Date of death Journary 8"1903 7. Cause of death Consumption	
8. Duration of last illness Jet, Mez Connacto, M. Residence J. Guerre My	D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
<ol> <li>9. Occupation</li> <li>10. Place of birth <i>Bocoling Junn Kg</i></li> <li>11. Residence <i>Wood felical St</i></li> <li>12. Time of residence in the City. Life time</li> </ol>	
13. When a minor Name of Mother	******
14. Place of intended interment January, 1903. 15. Date of intended interment January, 1903. Juand & Finand, Underta	ker.
Date of Certificate January 8" 1903. Residence billy	
M	

Julian Burch 1913

	RETURN OF A DEATH.
	_1401_
	Physician's Certificate Preparatory to Burial.
	Name of deceased Julian Burch Sex Male J. 3. Color Whith 4. Age 65 412. Married or single MAY 2,5 1913
1.	Name of deceased when Show I France
2.	Sex 11 Age 60 gra
5.	Married or single MAY 2.5 1913
6. -	Date of death MAY 2 5 1913 Cause of death Fractur of Shull with Concusion of the
	Cause of death June 18 Mallock
8.	Coronar of Warran Ca.
	Residence Bowling Green, Ky.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Occupation Place of birth Bowling Green, Ky.
	Deviling Croon KV
11.	Residence Ward No.
11. 12.	Time of residence in the city
12.	Time of residence in the city
	Residence     Ward No.       Time of residence in the city
12.	Residence       Ward No.         Time of residence in the city
12. 13.	Residence       Ward No.         Time of residence in the city       Ward No.         When a minor       Name of mother.         Name of father.       Name of father.         Place of intended interment.       Failwiew Cemetery.         Date of intended interment.       MAY 2.7 1913
12. 13. 14.	Residence       Ward No.         Time of residence in the city       Ward No.         When a minor       Name of mother         Name of father       Name of father         Place of intended interment       Fairwiew Cemetery

Lucinda Burch 1899

× 4 4 86
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Incuda Burch
2. Sefemale 3. Color While 4. Age 84 yrc 5. Married or single medaw
6. Date of death Cancer plan flow Taning 7. Cause of death Jan 11-95
8. Duration et last illness Meane - more than a year M. D.
Residence Hawley Porgen
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Marnen County 1. 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 farmen barren barren 15. Date of intended interment far 12 1898
It and payn. Undertaker.
Date of Certificate Residence

Child of Lulla Burch 1901

5	7
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
I. Name of deceased Child of - Lulla Burch	
1. Name of deceased Child of - Lulla Burch 2. Sex male . 3. Color Col 4. Age 7 weeks	-
5. Married or single	
6. Date of death africe -10 -1901 7. Cause of death Imatum	
8. Duration of last illness 3 mula.	
8. Duration of last illness S. W. Coonberger, M. D. Residence Health Officer	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Barly Len 14	
11. Residence Center St Ward No, 2 9	
11. Residence Center SF Ward No, 2 9 12. Time of residence in the City? Log Time (Name of Mother Lulla Born -	
12. The of residence in the City. 13. When a minor Name of Mother Lulla Ban- Name of Father $\overline{}$	
15. Date of intended interment afuk - 11 - 1901	
Luard orthoand, Undertaker.	
14. Place of intended interment $quit - 11 - 1901$ 15. Date of intended interment $quit - 11 - 1901$ Juand official S. Undertaker. Date of Certificate $quit - 11/quit$ Residence	
	2

Mary D. Burch 1912

sician's Certificate Preparatory to Burial.
1 - 10 1
Mus Mary D Burch
n The mer for TVINCE
ased Whith 65m
3. Color 4. Age 007
March, ro/1912
ast illness 4 MW
JADuncan M
SOWLING GREEN. KY
Residence
taker's Certificate in Relation to Deceased.
Warren lov Kr
adams Sr. Ward No. 2
dence in the city
or { Name of mother
Name of father
ended interment 2 May not and
nded interment
GERARD & GERARD. Underta
Manialin

B. W. Burge 1896

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	89
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased B. H. Burge 2. Sex Male . 3. Color While . 4. Age 78 yrs	
5. Married or single Audanus	
6. Date of Death Sept 4"/96. 7. Cause of Death Howows Prostration	-
8. Duration of last Iliness	
Residence Gity	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Hanne County	
11. Residence Man stuck Ward No. 7 20	
13. When a Minor Name of Mother	
14. Place of intended Interment	
15. Date of intended Interment Sight 1896 F. C. Kinand MBraundertaker. Date of Certificate Sight 4/96 Residence	
-	

Cathern Burk 1891

295	90
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
1. Name of deceased Mus Cathun Burk 2. Sex Junch 3. Color Whith . 4. Age 59700	
2. Sex funch 3. Color White . 4. Age & gove	0
5. Married or Single Manuel	
3. Date of Death him 2-21891	
7. Cause of Death Apopley 4	
8. Duration of last Illness 2 Jango,	
An michanalle. M. D.	
Residence	
9. Occupation	
10. Place of Birth Deland 11. Residence Main Short Ward No. 3 Ch	
12. Time of Residence in the City	
13. When a Minor. Name of Mother	
14. Place of intended Interment Styles Court	
15. Date of intended Interment how 474891	
Holynad, Undertaker.	
Date of Certificate Jun 3-9%. Residence	

Hannah Burk 1896

881 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mis. Atamach Buch 2. Sex Fundles. Color H hite. 4. Age 67 yrs.
5. Married or single Manuel
6. Date of Death MAM 22/1896 7. Cause of Death argund annu of huch
8. Duration of last Illness 2003 Broken "
Residence Cig
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Julant 11. Residence 7 th Stuck. Ward No. 7
12. Time of Residence in the City
13. When a Minor Name of Mother
14. Place of intended Interment Structures by 23"/96.
F. C. Suard TBroundertaker.
Date of Certificate April 2 /9. Residence

John Burk 1896

834 9	8
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased white for the	
2. Sex Male . / 3. Color Mile 4. Age	
5. Married or single Andower	
6. Date of Death farmany 9"/1896.	
7. Cause of Death Valley,	
8. Duration of last Iliness Fin or ciri grand. MMCormack, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth chuland	
11. Residence Mari Stuck Ward No. Ind	
12. Time of Residence in the City	;
13. When a Minor Name of Father	
14. Place of intended Interment Storight Curling	0
15. Date of intended Interment July 11"/1896	
Date of Certificate any 9/96 Residence	
State of the second	

Patrick J. Burke 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 Value Main / Main /
2. Sex Married or Single Mauriel 4. Age 4.
6. Date of death Mar. 5" 1903 7. Cause of death Chunic Procumption
8. Duration of last illness for Audelly
H Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Ireland Newlinglan St. n
11. Residence Ward No.
<ul> <li>12. Time of residence in the city</li></ul>
14. Place of intended interment Ar. Josephn, Canality
15. Date of intended interment Mar 15. Linut and Junand, Undertaker.
Date of Certificate Mov. 6/05, Residence.

Abe Burnam1898

1199 94
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Abe Bunand Burnem
2. Sex Maried or single Married
6. Date of death Aron 18" 189,8
7. Cause of death Paraly sus
8. Duration ef last illness O. A. Porter M. D.
Residence Milly
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
THE A MARK
11. Residence & Chushand Sh Ward No. 1 sh
12. Time of residence in the City
13. When a minor Name of Mother
14. Place of intended interment Moh Mounth Corner,
15. Date of intended interment Nov 20" 1898,
15. Date of intended interment Nov 20" 1898, Lucus Mud Lecard, Undertaker. Date of Certificate Nou, 19"98, Residence

Jim Burnam 1894

675 95
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased from Barnand 2. Sex make 3. Color Blill 4. Age 50 what
5. Married or single manuel 6. Date of Death Schtember 19 - 1894
7. Cause of Death Heart trouble 8. Duration of last Illness supposed to have deed instandly
C. G. Minkle leon W. Sep.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Laborer 10. Place of Birth Warren County Fry
11. Residence In the City
13. When a Minor Name of Father
14. Place of intended Interment hot Monrah 15. Date of intended Interment Supt 20 1894
Date of Certificate Residence
. Kesidence

John Burnam 1891

343 -	96
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1. Name of deceased John Burnan	
2. Sex Male 3. Color White . 4. Age 8/ 410	,
5. Married or Single Sungle 6. Date of Death My 32-1891	
7. Cause of Death Del age	
8. Duration of last Illness Dree your	
Ho Contingho Mi, D.	
Residence	
9. Occupation 10. Place of Birth Richmond Harticky	
11. Residence //- Strut Ward No.3	'
12. Time of Residence in the City	
) Name of Mother	
13. When a Minor. Name of Father	
14. Place of intended Interment Harnew Court	
15. Date of intended Interment Nov 5"/1891,	
Date of Certificate 100 4/191 . Residence	
6	

Child of Lallie Burnam 1896

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased child of Lallie Burnam 2. Sex Jemale 3. Color Alach 4. Age Stin Born 5. Married or single Small 6. Date of Death aug - 1 - 1896. 7. Cause of Death Allborn
8. Duration of last Iliness X AMCoorle, M. D. Residence Hahrt for UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Truth Dr. Oorhog thrundly 11. Residence Truth Dr. Ward No 3 and 12. Time of Residence in the City Lyth 13. When a Minor Name of Mother 14. Place of intended Interment Commity Cam 15. Date of intended Interment Commity Cam Substant Date of Certificate Compared Provided Provid

Mary Burman 1901

98
This Constitutes One Certificate to 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 Suman
2. Sexfunale. 3. Color BAR . 4. Age 2 m
5. Married or single
6. Date of death July 27 1901
7. Cause of death <u>mining</u>
8. Duration of last illness N.P.C. H.Canturght, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Ward So. Ward So.
12. Time of residence in the City.
13. When a minor Name of Father
14. Place of intended interment Arthuran
15. Date of intended interment may go - 150)
Havey Payre, Undertaker.
Date of Certificate Residence

Mary E. Burnem 1892

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	99
RETURN OF A DEATH.	
1. Name of deceased Mrs Mary OBurnan 2. Sex June . 3. Color Whit . 4. Age 57 year	-
5. Married or Single Wichur 6. Date of Death July 7th 1892	
7. Cause of Death Flux 8. Duration of last Illness Two Wulls	
MAN Cluy fool , M. D. Residence	
9. Occupation	
10. Place of Birth Reacting 11. Residence In the Center Ward No. 2 12. Time of Residence in the City	
13. When a Minor.	
14. Place of intended Interment Hammun Gunt	
Date of Certificate July 0-92 Residence	

Sarah Burman 1904

0 100
RETURN OF A DEATH.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Sarah Burnald
2 Ser French & Color B.K. 1 1060
5. Married or Single Willow
6. Date of death fully 75" 04.
7. Cause of death Chunce Dysentery
8. Duration of last illness
, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence O, Chastaur O Ward No.
12. Time of residence in the city
13. When a minor Name of Father
14. Place of intended interment M.F. Moual Crusting
15. Date of intended intergrent fully 76,"04.
Histard & Junand, Undertaker.
Date of Certificate fully 26 014 Residence

Sarah D. Burnam 1901

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
1. N	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
<ol> <li>So</li> <li>M</li> <li>D</li> </ol>	expressed 3. Color Malle A Age 68 910 Iarried or single Aridow of the late J. L. Ruman Date of death Mar, 24/1901,
	Pause of death <u>loftening</u> ty brann Duration of last illness <u>ferral</u> years <u>or Coorneles</u> , M. D. Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. C 10. P 11. R	Decupation Place of birth Maryan, County, Residence 6, Chastan St, Ward No, 1
12. T 13. W	Sime of residence in the City.       When a minor       Name of Mother       Name of Father
	Place of intended interment Fairwian Cumalary Date of intended interment Mar, 25/1901, Sward and Grand, Undertaker. of Certificate Mar, 24/1901, Residence
Date o	of Certificate Man, 24/1901, Residence

William Burnam 1897

1050 1 102
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Withe an Burner
2. Sex have 3. Color Black. 4. Age 3 gre
5. Married or single 6. Date of Death Sight 15 7 1857
7. Cause of Death Sont Know
8. Duration of last Illness Three weeks
Di stant see A T. W. Stone, M. D. until dyng and could not make dige mi-Residence College St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth City
11. Residence 10 th St Ward No. 3
12. Time of Residence in the City
13. When a Minor Name of Mother Sallie Bursa
Name of Father 14. Place of intended Interment InA Manal
15. Date of intended Interment Sept 16 1857
Prantum Haycon, Undertaker.
Date of Certificate Residence

J. W. Burns 1911

9 7 8 * * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial. 1. Name of deceased 2. Sex Mark 3. Color Mark 4. Age 44 yrs. 5. Married or Single
6. Date of death May Manager 7. Cause of death Pulurmany Inbureylorie as for Shifting Unitificate 8. Duration of last illness Gol Gurand Residence Broling Gurandy
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth fly 11. Residence for world ward No Ward No
12. Time of residence in the city.    13. When a minor
14. Place of intended interment Man 13" 1911, 15. Date of intended interment
Date of Certificate Mar 13/1911, Residence

Clarence Burnett 1893

561 104
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Chermic Burnett 2. Sex Theoly. 3. Color Thirty. 4. Age 20 yri.
5. Married or single hugh
6. Date of Death DCF 27/92.
7. Cause of Death of phand From mith Complections
8. Duration of last Illness
M. D.
Residence Burnelly
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Af Leave County
11. Residence Adaces A. Ward No. 3nd
12. Time of Residence in the City
13. When a Minor Name of Father
14. Place of intended Interment Farrow Curter
15. Date of intended Interment Och 28/93
Date of Certificate Oct = 7/9 Besidence

Clay Burnett 1899

37 73 105
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased by Burnets Burnets
2. Sex male 3. Color while 4. Age 8 mo
5. Married or single 6. Date of death Sept 5 1859-
7. Cause of death Chalesa Sufauture
8. Duration of last illness 5 days
TMAS, THE Stone M. D.
Residence Collegest;
UNNEDTOKED'S CEDTIFICATE IN DELATION TO DECEASED
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Cry
11. Residence Farmer Qui . Ward No. 2
12. Time of residence in the City
13. When a minor Name of Mother Munne Burnet
14. Place of intended interment Hayo Sty
15. Date of intended interment, Suppt \$ 1879
Hawen Paym, Undertaker.
Date of Certificate Residence

Perina Buenett 1891

353	106
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1. Name of deceased Perma Burnett	-
2. Sex fanale. 3. Color white 4. Age 45	
5. Married or Single Midaw	
6. Date of Death Deet 2 2 285.1	
7. Cause of Death Lyphord Strong	
8. Duration of last Illness 39 dans	
M. Paymen M. D.	
Residence	
9. Occupation House Kanger	
10. Place of Birth Clabone	
11. Residence Ward No 4	
12. Time of Residence in the City 2 700	
13. When a Minor. Name of Mother Name of Father	
14. Place of intended Interment Jammen Com	
15. Date of intended Interment Dec 720-181	
Charles Undertaker.	
Date of Certificate . Residence	
	2.2.5

Georgia A. Burningham 1901

0 107
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Georgie A. Burn han 2. Sex finale. 3. Color While . 4. Age 16 yr 5. Married or single - Ingle -
2. Sex finale. 3. Color Thile . 4. Age 16 yr
5. Married or single - Ingle -
6. Date of death March 24 - 1901
7. Cause of death <u>Muningulum</u> 8. Duration of last illness <u>Ino Mular</u>
Du F.n. Mulphy, M.D.
Residence Eghi OF
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Inform Co- 11. Residence admas of Ward No, 3 9
12 Time of residence in the City. 24
13. When a minor Name of Mother Burightan
14. Place of intended interment <u>Mart - 25 - 1501</u>
15. Date of intended interment Fairver lewly
Guard or Lunand, Undertaker.
Date of Certificate Residence

Lena Burningham 1900

801
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Lena Burningham
2. Sex fimale 3. Color While 4. Age 5 yrs
1. Name of deceased Lena Burningham 2. Sex fimale 3. Color White 4. Age 5 yrs 5. Married or single Single 6. Date of death lec-11- 1900
7. Cause of death Typhond Frence
8. Duration of last illness name
Grost Blackhum M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Simform Co - Ky
11. Residence Ward No
12. Time of residence in the City 2 yr -
12. Time of residence in the City 2 grant 13. When a minor Name of Mother Mauda Burngham Name of Father
14. Place of intended interment Francew bern
15. Date of intended interment lice - 11 - 1900
Guard Luard, Undertaker.
Date of Certificate lee -18 - 1900. Residence
7

William Burningham 1901

0 109
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased W= Bungham
2. Sex male . 3. Color White . 4. Age 35 yr
hand
5. Married or single March-22-
7. Cause of death Consumption
8. Duration of last illness <u>F.n. mulphy</u> , M. D. Residence Eight Street
Residence Eight Street
0
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTAKEN'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Labour
10 Place of birth Sumframe Co -
11. Residence adman St Ward No. 32
12. Time of residence in the City. Two years.
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Framew Cemetery
15. Date of intended interment March - 2 3 - 1901
Lucy Mund, Undertaker.
Date of Certificate March 23/gor. Residence Teuth St

Willie Burningham 1900

~	110
This Constitutes One Certificate to be Returned to the City Clerk for a Burial	Permit,
RETURN OF A DEATH	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Willie Burningham	
2. Sex Mala 3: Color Mile 4. Age 11 4 5. Married or single Single 14	
5. Married or single Surgery 6. Date of death Aouruber, 21/1900.	
7. Cause of death Tubarcula Maningetis	
8. Duration of last illness	
8. Duration et last illness A. Blackbury Residence bety	M. D.
Residence Viry	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Sun bounty Ky.	
II. Residence	9
	1
12. Time of residence in the City 9 yrv, 13. When a minor Name of Mother Mrs. Mauda, Buruun Name of Father	ghave
) Name of Father 14. Place of intended interment, Faring Country	/
15 Date of intended interment for 22/1900	
Guard and Garard U	ndertaker.
Date of Certificates Nov 22/1900, Residence	

Lettie Burr 1891

337 E III
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
A.
1. Name of deceased Letter Burn
2. Sex funch. 3. Color AMC . 4. Age 12 7 com
5. Married or Single Single
6. Date of Death Sept 193 1891
7. Cause of Death Any phone feren
8. Duration of last Illness
Ged & Kertundy M. D.
Residence
9. Occupation
10. Place of Birth Jun
11. Residence Main Sturt . Ward No. 14-
12. Time of Residence in the City Jan Buce
13 When a Miner ) Name of Mother grine 11
13. When a Minor. ) Name of Mother June 11 Name of Father
14. Place of intended Interment Mrt Manah Cent
15. Date of intended Interment Just 2121 891
Hoffword (, Undertaker.
Date of Certificate 1720 91. Residence

Charles Burrus 1909

112
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased bhas, Burns, 2. Sex Mala 3. Color 4. Age 25 44. 5. Married or single Singler 6. Date of death field by Snothen Pattanson. 7. Cause of death field by Snothen Pattanson. 8. Duration of last illness for acting bornow Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth fungueserk, 11. Residence was holler, June, 12. Time of residence in the city successful thirds Name of mother Mary Flars,
13. When a minor Name of father
<ol> <li>Place of intended interment ashwelle June,</li> <li>Date of intended interment. Nov N3" 1909.</li> <li>GERARD &amp; GERARD. Undertaker.</li> </ol>
Date of Certificate Ann, a Nog. Residence BOWLING GREEN. KY

America Burton 1896

Out of town This constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	13
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Reverien Buton 2. Sexfunan. 3. Color BlR. 4. Age 8547	2
5. Married or single Midlow 6. Date of Death affinit 124 1896 7. Cause of Death	
8. Duration of last Illness M. D. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
10. Place of Birth Ward No. 3 11. Residence Central Ward No. 3 12. Time of Residence in the City Scoral year	
13. When a Minor Name of Mother	
14. Place of intended Interment affin av 15. Date of intended Interment 15 1899 Autor Angertaker.	
Date of Certificate Residence	

Annie Mystie Burton1892

446
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased anna Mystic Buston
2. Sex fernal 3. Color marchile. 4. Age 18 mit
5. Married or Single
6. Date of Death Carry 25 1852
7. Cause of Death Chalana Infantion
8. Duration of last Illness B & Mulliker M. D.
Residence J. M. D.
Kesidence
9. Occupation
10. Place of Birth Cely
11 Residence Caly Ward No 4
12. Time of Residence in the City
13. When a Minor. Name of Mother Ablin Surlow
14. Place of intended Interment daring Com
15. Date of intended Interment Cane 26 1892
Frather glayn, Undertaker.
Date of Certificate Residence

Charles H. Burton 1901

	DETUDNI OF A DEATH
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Button
1.	Name of deceased Than 24 Burlow
2.	Sex much. 3. Color while. 4. Age // nur
	Married or single
	Date of death July 18 1901
	Cause of death
0. 8 /	Duration of last illness francing
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Curry-
11.	Residence near lige handle fact Ward No.
12.	
13.	When a minor Name of Mother Martha Burer
14.	17 ·
	Date of intended interment new 13 1901
10,	Thway ay
15.	
	te of Certificate Residence

## Warren County, Kentucky Death Records, Box 1, Folder 5 (Bro to By)

## J. L. Burton 1892

 442	116
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1. Name of deceased A Birtan	
2. Sex Male 3. Color white. 4. Age 40	
5. Married or Single 6 Married	
6. Date of Death July 5-1852	
7. Cause of Death Alux	
8. Duration of last Illness	
Milliken BAMullatere M. D	•
Řesídence	
9. Occupation Aaberry	-
10. Place of Birth	
11. Residence Advection Ward No. 4	
12. Time of Residence in the City /2 yrs	-
13. When a Minor.	
) Name of Father 14. Place of intended Interment Fairburg Cerry	
15. Date of intended Interment July 6 11 98	
Brathar Munn, Undertaker	
Date of Certificate . Residence	

E. T. Bush 1900

3 117
This Constitutes One Certificate to be Refurned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased 67. Buch
2. Sex Male 3. Color white 4. Age 677mm
5. Married or single married
6. Date of death Jan 10 1900 7. Cause of death Inght Discar
8. Duration of last illness
RiButh M. D.
Residence formeever Ga
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Fordened
10. Place of birth
11. Residence Mutron det
12. Time of residence in the City from for
13. When a minor Name of Mother Name of Father
A: - A
14. Place of intended interment and 13 18as
15. Date of intended interment
Date of Certificate Residence

Lucy B. Bush 1900

This	Constitutes One Certificate to be Returned to the City Clerk for a Burfal Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. N	ame of deceased The Long 13 Buch
2. 8	sex funch 3. Color White 4. Age 56 ym
5. N	farried or single Middow
6. I	Date of death Cort 16 1900
7. 0	Cause of death Can an
8. E	Duration of last illness
	Residence 7 Bush M.
	Residence / //
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Decupation
	Place of birth Territ
11. R	Residence Kenton near Broadway Ward No. /
	Fime of residence in the City
13. 1	When a minor Name of Mother
	Place of intended interment Fainview Come
	Date of intended interment Oct 18 1900
15. I	Hawley Hagne Undertak
Date	of Certificate Residence
Parte	

John Bush 1879

	in Cerlify that surred to the City Clerk for a BURIAL PERMIT.
	OF A DETH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased John Bush
2.	Sex Mall 3. Color While 4. Age 11 year
5.	Married or Single
6.	Date of Death March 29 4 1879, ~ Cause of Death Measet
8.	Duration of last Illness
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence Ward No. 2
12.	Time of Residence in the City
19	When a Minor { Name of Mother
10.	Name of Father
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
	ate of Certificate Residence
D	

Mary Bush 1899

- 11 24 120
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Mary Puch Buch
2. Sex Jemarez. Color Dike 4. Age Infland
5. Married or single Married
6. Date of death Slev. 28/99
7. Cause of death Consumptions
8. Duration of last illness O. N. North M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
to. Place of birth
11. Residence Chestnick Ward No. W
12. Time of residence in the City
13. When a minor Name of Mother Name of Father
14. Place of intended interment MK mor cake
15. Date of intended interment arer. 30/99, Undertaker.
Date of Certificate Acci 24/99 Residence

Paul Bush 1906

This Constitutes One Certificate to be Returned to th	e City Clerk for a Burial Permit.
RETURN OF A	DEATH.
	—
PHYSICIAN'S CERTIFICATE PREPARA	TORY TO BURIAL.
1. Name of deceased Paul	Ruch
2. Sex male 3. Color ble	
5. Married or single Single	
6. Date of death ang. 20	- 1906
	Taralysis
8. Duration of last illness about 2	
43	afortie , M. D.
Residence 1.	owheng green 14
UNDERTAKER'S CERTIFICATE IN RELAT	-
9. Occupation 10. Place of birth Barnling	-
9. Occupation 10. Place of birth Barnling 11. Residence 2 21	-
<ol> <li>9. Occupation</li></ol>	Green Ward No, 2
<ol> <li>9. Occupation</li></ol>	Green Ward No, 2
<ul> <li>9. Occupation</li></ul>	Green Ward No, 2 Ward No, 2 Ward No, 2 Ward No, 2
<ol> <li>9. Occupation</li></ol>	Green Ward No, 2 Ward No, 2 Ward No, 2 But But Mariah Came 21-1800
<ol> <li>9. Occupation</li></ol>	Green Ward No, 2 Ward No, 2 Ward No, 2 Rand Rand Mariah Came 21-1806
<ol> <li>9. Occupation</li></ol>	Green Ward No, 2 Ward No, 2 Ward No, 2 But But Mariah Came 21-1800
<ul> <li>9. Occupation</li></ul>	Green Ward No, 2 Ward
<ul> <li>9. Occupation</li></ul>	Green Ward No, 2 Ward

George Butler 1900

4/6 122 This Constitutes One Certificate to be Returned to the City Clerk for a Burfal Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Sed Butter 2. Sex male. 3. Color black. 4. Age at you 5. Married or single matriced 6. Date of death marging the first seath 7. Cause of death marging the matrices of the first seath 8. Duration of last illness of the months of the first seath of the fir
Residence
9. Occupation
11. Residence   Survey   Ward No,     12. Time of residence in the City.   Image: Comparison of the City.
13. When a minor       Name of Mother         Name of Father
i5. Date of intended interment <u>Juny 14-1900</u> <u>J. E. Flanghandrell</u> , Undertaker.
15. Date of intended interment <u>Juny</u> 14-1900 <u>J.E. Handwell</u> , Undertaker. Date of Certificate <u>June 1900</u> Residence <u>Duroling</u> <u>June Jung 5 5- State 21-</u>

George Butler 1913

2. Sex Mall 3. Color Black 4. Age 39 5. Married or single 5. Date of death 7. Cause of death 8. Duration of last illness Windertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth 11. Residence in the city 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. Place of intended interment 17. Name of father 18. When a minor Name of mother 19. Date of intended interment 19. Date of intended intermen	This Constitutes One Castilizate to be Deturned to the City Clark for a Rusial Desmit
<ul> <li>Name of deceased Surger Buller Batter</li> <li>Sex Mall</li> <li>Sex Mall</li> <li>Close of death</li> <li>Duration of last illness of the Surger S</li></ul>	
2. Sex Mall 3. Color Black 4. Age 39 5. Married or single 5. Date of death 7. Cause of death 8. Duration of last illness 8. Married of death 9. Occupation 10. Place of birth 11. Residence in the city 12. Time of residence in the city 13. When a minor 14. Name of mother 14. Place of intended interment 15. Date of intended interment 16. Place of intended interment 17. Name of father 18. When a minor 19. Date of intended interment 10. Place of intended interment 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. Marrie 18. When a minor 19. Date of intended interment 19. Date of intended in	Physician's Certificate Preparatory to Burial.
2. Sex Mall 3. Color Black 4. Age 39 5. Married or single 5. Date of death 7. Cause of death 8. Duration of last illness 8. Married of death 9. Occupation 10. Place of birth 11. Residence in the city 12. Time of residence in the city 13. When a minor 14. Name of mother 14. Place of intended interment 15. Date of intended interment 16. Place of intended interment 17. Name of father 18. When a minor 19. Date of intended interment 10. Place of intended interment 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. Marrie 18. When a minor 19. Date of intended interment 19. Date of intended in	4 <u> </u>
5. Married or single 5. Date of death 6. Date of death 7. Cause of death 7. Cause of death 7. Duration of last illness for the state of the sta	
<ul> <li>5. Date of death</li> <li>6. Cause of death</li> <li>9. Duration of last illness</li> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence</li> <li>12. Time of residence in the city</li> <li>13. When a minor</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. Date of intended interment</li> <li>17. Date of intended interment</li> <li>18. When a minor</li> <li>19. Occupation</li> <li>10. Place of intended interment</li> <li>11. Place of intended interment</li> <li>12. Date of intended interment</li> <li>13. When a minor</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. Date of intended interment</li> <li>17. When a minor</li> <li>18. When a minor</li> <li>19. Occupation</li> <li>10. Place of intended interment</li> <li>10. Place of intended interment</li> <li>11. Place of intended interment</li> <li>12. Date of intended interment</li> <li>13. When a minor</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. Date of intended interment</li> <li>17. When a minor</li> <li>18. When a minor</li> <li>19. Occupation</li> <li>10. Place of intended interment</li> <li>11. Place of intended interment</li> <li>12. When a minor</li> <li>13. When a minor</li> <li>14. Place of intended interment</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. When a minor</li> <li>17. When a minor</li> <li>18. When a minor</li> <li>19. When a minor</li> <li>19. When a minor</li> <li>19. When a minor</li> <li>19. When a minor</li> <li>10. When</li></ul>	2. Sex Male 3. Color Black 4. Age 39
<ul> <li>Cause of death August August</li></ul>	5. Married or single
8. Duration of last illness And the State	
Residence Nuclear 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 15. Date of intended interment 16. When a minor 17. Name of mother 18. When a minor 19. Name of father 19. Occupation 19. Occupation 19. Occupation 19. Occupation 10. Place of birth 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. When a minor 17. Name of mother 18. When a minor 19. Occupation 19. Occupa	7. Cause of death Julianting Subunchoff
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. Manuel Manuel Manuel Manuel 18. When a minor 19. Occupation 19. Occupation 10. Place of intended interment 10. Place of intended interment 10. Place of intended interment 11. Place of intended interment 12. Date of intended interment 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Manuel Manuel Manuel Manuel 18. Manuel Manuel Manuel 19. Manuel Manuel Manuel Manuel 19. Manuel Manuel Manuel Manuel Manuel 19. Manuel	8. Duration of last illness for and date date of any circles of
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. Manuel Manuel Manuel Manuel 18. When a minor 19. Occupation 19. Occupation 10. Place of intended interment 10. Place of intended interment 10. Place of intended interment 11. Place of intended interment 12. Date of intended interment 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Manuel Manuel Manuel Manuel 18. Manuel Manuel Manuel 19. Manuel Manuel Manuel Manuel 19. Manuel Manuel Manuel Manuel Manuel 19. Manuel	Curron Aron D.
9. Occupation 10. Place of birth 11. Residence A cauch alco Ward No. 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment Manak Constant 15. Date of intended interment Manak Constant 15. Date of intended interment Manak Constant 16. Date of intended interment Manak Constant 17. Mana of Manak Constant 18. When a minor Manak Constant 19. Occupation 19. Occu	Residence / Autur
<ul> <li>10. Place of birth <u>accus alco ward No.</u></li> <li>11. Residence <u>accus alco ward No.</u></li> <li>12. Time of residence in the city</li> <li>13. When a minor Name of mother. Name of father.</li> <li>14. Place of intended interment <u>Manual Construct</u></li> <li>15. Date of intended interment <u>Manual Construct</u></li> <li>16. Date of intended interment <u>Manual Construct</u></li> <li>17. Manual Construct</li> <li>18. When a minor <u>Manual Construct</u></li> <li>19. Date of intended interment <u>Manual Construct</u></li></ul>	Undertaker's Certificate in Relation to Deceased.
10. Place of birth 11. Residence A cause alex Ward No. 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment March Construct 15. Date of intended interment June 1913 15. Date of intended interment June 1913 16. March Construct 17. March Construct 18. When a minor March Construct 19. March C	9. Occupation
11. Residence A cauch alex Ward No. 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment March Complexe 15. Date of intended interment June 1913 Lina Genard Genard Undertaker.	1
<ul> <li>13. When a minor Name of mother. Name of father.</li> <li>14. Place of intended interment Mariak Cemulary</li> <li>15. Date of intended interment June 18/19/3</li> <li>16. Date of intended interment June 18/19/3</li> <li>17. Date of intended interment June 18/19/3</li> <li>18. Date of intended interment June 18/19/3</li> <li>19. Date of in</li></ul>	
14. Place of intended interment 15. Date of intended interment 15. Date of intended interment 15. Date of intended interment	12. Time of residence in the city
14. Place of intended interment 15. Date of intended interment 15. Date of intended interment 15. Date of intended interment	Name of mother
15. Date of intended interment June 18-1913 Rerard Gerard Undertaker.	15. When a minor
Alterand Gerar Undertaker.	14. Place of intended interment of March Cemuleu
I sen Oit	15. Date of intended interment free 1913
	Date of Certificate June 18-13. Residence City

Child of Mollie Butler 1898

1180	•		124
This Constitutes One Certificate to be I	Returned to the Cit	y Clerk for a Burial P	Permit,
RETURN C	OF A I	DEATH.	
PHYSICIAN'S CERTIFICA	TE PREPARATORY	TO BURIAL	
1. Name of deceased Child 2. Sex Prenale. 3. Color 5. Married or single Sing 6. Date of death State 7. Cause of death San 8. Duration of last illness Class Residen	1 1898 10 1898 indece	4. Age 4/12	урь м. D.
UNDERTAKER'S CERTIFI	CATE IN RELATION	TO DECEASED.	
9. Occupation 10. Place of birth 11. Residence function of the City 12. Time of residence in the City 13. When a minor Name of Mo 13. When a minor Name of Mo 14. Place of intended interment of the City 15. Date of intended interment of the City Date of Certificate of the City of the City 15. Date of the City of the Cit	other Molli her Sight 25 X Lina	Guneter	dertaker.

Stella Butler 1894

635/ 125
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF F. DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
8 to Butler
1. Name of deceased Stella Butter
2. Sex ferral. 3. Color Whit . 4. Age 3 2
5. Married or single Sinch
6. Date of Death July 35 1894
7. Cause of Death Timbor abird
8. Duration of last Illness & could
APContingte, M. D.
Residence , M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Jenn
11. Residence Ry Ann. Ward No. 4
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Mother Name of Father
14. Place of intended Interment Franciscus C. A
15. Date of intended Interment July 3-1894
Let allow.
De COuif undertaker.
Date of Certificate, Residence_/392

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

Thomas Butler 1892

126 onstitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL unas Butter 1. Name of deceased 2. Sex Mah . 4. Age 4/1 3. Color Cal 5. Married or Single Manuel 6. Date of Death Jan 24 1892 Intertud Colark 7. Cause of Death 8. Duration of last Illness Six months R.J. Hamelton, M. D. Residence Bacoling Going Kg -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.----9. Occupation Cabrun 10. Place of Birth Dogan County 14 11. Residence Lenth Stat . Ward No 3 12. Time of Residence in the City ) Name of Mother 13. When a Minor. ) Name of Father Mona 14. Place of intended Interment 15. Date of intended Interment, Jacon 25-121892 hrand, Undertaker. Date of Certificate 92 Residence

Bishop A. Burtram 1907

This Constitutes One Certificate to be Retu. ded to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Bishop A. Butraw Outran 2. Sex Male 3. Color White 4. Age 38 495 3. Married or single Married. 5. Married or single Married. 6. Date of death Mousine Bison - Thunicions Malans 7. Cause of death Mousine Bison - Thunicions Malans 8. Duration of last illness A. M. D. Residence ROWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Spacetucky 11. Place of birth Spacetucky 10. Placetucky 10. Placet
10. Place of birth Spantucky 11. Residence Santucky St. Ward No. 2
12. Time of residence in the city 9 40
12. Time of residence in the city 9 40
12. Time of residence in the city 12.
12. Time of residence in the city 1470 13. When a minor Name of mother
<ol> <li>12. Time of residence in the city of the second seco</li></ol>
<ol> <li>12. Time of residence in the city 9 9 10</li> <li>13. When a minor Name of mother</li></ol>
<ol> <li>12. Time of residence in the city of the second seco</li></ol>
<ol> <li>12. Time of residence in the city of the second seco</li></ol>

Infant of Virgil & Rosa Buts

859 128
This Constitutes One Certificate to be Returne to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Infant of Ingil Bute 2. Sex Fundle 3. Color Blk. 4. Age 6 michs.
5. Married or single single 6. Date of Death Mar 4/96
7. Cause of Death accidentally smothined
8. Duration of last Illness ( Bh Couldan Corroner, MD.C
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Gily. 11. Residence Center stuck Ward No. 7
12. Time of Residence in the City Name of Mother Roza Buts
13. When a Minor Name of Father Ungit 11
14. Place of intended Interment County Cultury 15. Date of intended Interment Mar 5/1896
J. C. Suand Harder, Undertaker. Date of Certificate Mar 5/96. Residence

Louisa Butterfield 1879

20 This Constitutes ONE CERTIFICATE to be returned to the City"Clerk for a BURIAL PERMIT. RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased Amias Butterfue 2. Sex Herrice 3. Color White 4. Age 25 5. Married or Single Amile 6. Date of Death 2mm A hely 79 7. Cause of Death Cuflandine of the Stomae 8. Duration of last Illness 4 and Contractor in , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Milliner 10. Place of Birth 11. Residence Ward No. / . 12. Time of Residence in the City 3 mo 13. When a Minor Name of Father 14. Place of intended Interment Rousville Theu tucky 15. Date of intended Interment Frank berard . Undertaker. Date of Certificate July 2 m Residence Steen Stant Democrat Print.

Wendal. T. Button 1912

ija 130-1
* This Constitutes One Certificate to be Returned to the City Clu for a Burial Permit. * *
RETURN OF A DEATH.
_/2/4
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mardal, J. Button
2. Sex Male 3, Color White 4. Age 18 Med
5. Married or Single
6. Date of death fully 10" 1912
7. Cause of death burnet, Spinal Manning the (as par
8. Duration of last illness of Jarach Funced Director were
Broking Gran des
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Ward No.
12. Time of residence in the city
13. When a minor Name of Father Mru Butten
14. Place of intended interment Fairbian Connatrucy
15. Date of intended interment July 11/1911
GÉRARD & GERARD., Undertaker.
Date of Certificate uly 12" 1911 Residence BOWLING GREEN. KY

30-2		4
a	DUPLICATE. Transit Permit No.	
	LAN RK Bailroad	發度
1	TRANSPORTATION OF CORPSE	a
ji.	INDIANA STATE BOARD OF HEALTH.	
Ira	O PHYSICIAN'S OR CORONER'S CERTIFICATE	
St.	Name of Deceased Windel . J. Button Date of Death July 15	
	Hour of Death 148 PM. Age Norrs 6 Months 2/2 Days	
by First Train	Place of Death Cause of Death	
-	which is a <u>Market and a procession and the best of my knowledge and befief.</u> disease.	
mer	Mr. W. Rothrock M. D. or Geroner	
art	Residence Louil County of Vanderbugh State of Rid	
ggage Department	PERMIT OF LOCAL BOARD OF HEALTH.	
ge	This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be ahipped. In the	
009	State of Inder Township) on the 11 day of July 1912	
	to remove for burial at Bulling Green 12 in the Compto of Wannay	
1	to remove for burial at During There in the County of Warren State of 12 the body of Windel, J. Bulton	
	who died at forwell county of Wander burgh State of My	
1	on the 10 day of July Aged Years Months 26 Days,	
th	[seat] is hereby authorized to accompany said emains. [seat] Signed M. A. Hurck Health Officer.	
to	RULE 1. The transportation of bodies dead of small-pox, Asiatic cholera, yellow fever, typhus fever or bubonie plague, is absolutely forbidden.	
led		

Rensy Butts 1906

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	R. D.H
1.	Name of deceased Kenty Butts Sex male 3. Color byling 4. Age 18
2.	Sex male 3. Color official 4. Age 18
5.	Married or single Aingle Date of death of it 10- 1906
6.	I hT.
7.	Duration of last illness abut it months.
Ŗ.	buration of last miness book welling. M
	f. W. Wallis. M. Residence 131/2 main Ati
	Residence I Lallaconstate Ada. I
	Undertaker's Certificate in Relation to Deceased.
	Occupation Common labor
9. 10.	
10.	
12.	, , ,
L.w.	( Name of mother
13.	When a minor Name of father
14.	1 1.
15.	Que in ideal
	J. E. RingKindallindertak
Da	te of Certificate March & Residence Con. o
Du	y + College Streets 0
	1 my week

Child of Robert & Mary Butts 1904

* * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of decensed Infantr of for Poule 2. Sex 2. Color A. Age 2 100
5. Married or Single Drugter 6. Date of death New 19"04
7. Cause of death multinua 8. Duration of last illness
Residence , M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
11. Residence    Ward No.    12. Time of residence in the city
13. When a minor {Name of Mother Mary Butta Name of Father Dolf Butta
14. Place of intended interment burnly burnching 15. Date of intended interment, by 30"04
Date of Certificate Ny. 29"04 Residence Orly

Bob Bynam 1905

1 133
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Bab Baymun 2. Sex man. 3. Color Stack. 4. Age 40 41
2. Sex mace. 3. Color Stack. 4. Aget yv 5. Married or single Single 6. Date of death Jaw 16 - 1905
5. Date of death 7. Cause of death
7. Cause of death 8. Duration of last illness Burgs Attended by Dr well Mass - but Burgs Menipused to sign , M. D. Residence
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation - Caborer-
11. Residence Halan ally Ward No.
12. Time of residence in the City.     13. When a minor     Name of Mother     Name of Father
14. Place of intended interment County Granned
15. Date of intended interment the Agence, Undertaker.
Date of Certificate Residence

Julia Byrns 1907

134
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Julia Byrne
2. Sex fundle 3. Color White 4. Age 5-7 yrs -
5. Married or single married -
6. Date of death 999 - 21 - 1907
7. Cause of death Prehmania
8. Duration of last illness 2 merca -
Frid D, Cartonight - M. D.
Residence Cui ly
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth in a march ward No.
11. Residence  Ward No.    12. Time of residence in the city  Ward African
( Name of mother.
13. When a minor Name of father
14. Place of intended interment Fairview Guil-
15. Date of intended interment Juli 2 2 ~ 1907
Undertaker.
Date of Certificate