

1877

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Lee Broadus 1893

554

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Lee Broadus  
2. Sex Male 3. Color Black 4. Age \_\_\_\_\_  
5. Married or Single Married  
6. Date of Death Sept 21 1893  
7. Cause of Death Consumption  
8. Duration of last Illness Several months  
21 Sept M. D.  
Residence Ohio

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer  
10. Place of Birth \_\_\_\_\_  
11. Residence Adams St Ward No. 3  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment Int Monah Cem  
15. Date of intended Interment Sept 22 1893  
PRATHER & PAYNE, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

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.

1. Name of deceased Brooks

2. Sex \_\_\_\_\_ 3. Color White 4. Age born dead

5. Married or single —

6. Date of Death April 21st

7. Cause of Death From a fall of mother

8. Duration of last Illness Death occurs before birth

W. W. Bowling, M. D.  
Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth W. Va.

11. Residence West Clay & 16th Ward No. \_\_\_\_\_

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

13. When a Minor } Name of Mother Bettie Brooks  
                          } Name of Father Legg "

14. Place of intended Interment April 21st 96 West

15. Date of intended Interment County Cent

P. L. Grundstrom Undertaker.

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

Miss. Daisy Brooks 1891

*Out of town*

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Miss Daisy Brook*  
2. Sex *Female* 3. Color *White* 4. Age *19 years*  
5. Married or Single *Single*  
6. Date of Death *Nov 19<sup>th</sup> 91.*  
7. Cause of Death *Pleurisy - Typhoid Sequel*  
8. Duration of last Illness \_\_\_\_\_

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

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Barren County*  
11. Residence *Main Street* Ward No. *4*  
12. Time of Residence in the City *Two years*  
13. When a Minor. } Name of Mother *Miss Lucy Brook*  
                          } Name of Father *J. T. Brooks*  
14. Place of intended Interment *Cave City Ky.*  
15. Date of intended Interment *Nov. 20<sup>th</sup> 91.*

*H. C. Guaid*, Undertaker.  
Date of Certificate *Nov 19<sup>th</sup> 91.* Residence *Cave City,*

Eddie Brooks 1907

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

## RETURN OF A DEATH.

1907  
Physician's Certificate Preparatory to Burial.

1. Name of deceased Eddie, Brooks  
2. Sex Female 3. Color White 4. Age 11 yrs.  
5. Married or single Single  
6. Date of death MAR 2- 1907  
7. Cause of death Tuberculosis  
8. Duration of last illness several months  
W. H. Francis M. D.  
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth Warren County  
11. Residence City, Bowling Green Ward No. 1  
12. Time of residence in the city 9 months  
13. When a minor { Name of mother Mrs. Hester Brooks  
                          { Name of father W. H. Brooks  
14. Place of intended interment Deakes Creek Ch. yd  
15. Date of intended interment Mar. 3 '07  
GERARD & GERARD Undertaker.  
Date of Certificate MAR 2- 1907 Residence BOWLING GREEN, KY

Emma Brooks 1910

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Emma Brooks
- 2. Sex female 3. Color Cal. 4. Age 22 yrs.
- 5. Married or Single married
- 6. Date of death May 21 - 1910
- 7. Cause of death Peritonitis, from Chron. Appendicitis
- 8. Duration of last illness about 4 mo.

G. E. Huddle, M.D.  
 Residence 1078 Park St.,  
Budon, Greenup Co.

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation House Keeper
- 10. Place of birth Bowling Green
- 11. Residence Center St. Ward No. 3
- 12. Time of residence in the city During life
- 13. When a minor { Name of Mother Mattie Smith  
 Name of Father \_\_\_\_\_
- 14. Place of intended interment mt. mareah Cemetery
- 15. Date of intended interment May 23 - 1910

J. E. Kaykudak, Undertaker.  
 Date of Certificate May 23, 1910 Residence Cor. 7th  
College St.

Goldie Brooks 1894

*Out of town* 6

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Goldie Brooks*

2. Sex *Female* 3. Color *Blk G.* 4. Age *17 yrs*

5. Married or single *Single*

6. Date of Death *Mar 23/194.*

7. Cause of Death *Consumption*

8. Duration of last Illness *3 or 4 mos*

*S. D. Hirstand*, M. D.

Residence *Brookline Kentucky*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Simpson County*

11. Residence *Ky. Ave* Ward No. *3<sup>rd</sup>*

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

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

14. Place of intended Interment *Simpson Co*

15. Date of intended Interment *Mar 24/194*

*H. G. Guard & Co.*, Undertaker.

Date of Certificate *Mar 23/194* 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.

1. Name of deceased *Mrs. J W Brooks*  
2. Sex *Female* 3. Color *White* 4. Age *68*  
5. Married or single *Married*  
6. Date of death *APR 27 1907*  
7. Cause of death *Congestion of Brain*  
8. Duration of last illness *one week*  
*H. P. Cartwright* M. D.  
Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation  
10. Place of birth *Barron Co*  
11. Residence *Broadway* *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 *Glasgow, Ky.*  
15. Date of intended interment *APR 28 1907*  
*GERARD & GERARD* Undertaker.  
Date of Certificate *APR 27 1907* Residence *BOWLING GREEN, KY*



Child of Lige & Betty Brooks 1898

1155 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 *Child of Lige Brooks*  
2. Sex *Female* 3. Color *Blk* 4. Age *10 months*  
5. Married or single *single*  
6. Date of death *July 13<sup>th</sup> 98*  
7. Cause of death *Tubercular Consumption*  
8. Duration of last illness \_\_\_\_\_  
*C. D. Porter* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *Adams St.* Ward No. *2<sup>nd</sup>*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother *Bettie Brooks*  
                          } Name of Father *Lige Brooks*  
14. Place of intended interment *County Cemetery*  
15. Date of intended interment *July 14<sup>th</sup> 98*  
*Guard & Guard* Undertaker.  
Date of Certificate *July 14/98* Residence *City.*

Charlec C. Broome 1911

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

## RETURN OF A DEATH.

1069

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Chas C Broome  
2. Sex Male 3. Color White 4. Age 40 yrs  
5. Married or Single Married  
6. Date of death Aug 23 1911  
7. Cause of death Heart Disease & Pneumonia  
8. Duration of last illness 9 mos  
Residence J. M. Shroy, M. D.  
Bowling Green Ky

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

9. Occupation R.R. Engineer  
10. Place of birth Erwin Tenn  
11. Residence 1140 Adams St Ward No. 3  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Farmers Cemetery  
15. Date of intended interment Aug 24 1911  
GERARD & GERARD. Undertaker.  
Date of Certificate Aug 24-11 Residence City

J. W. Broomfield 1893

582 10

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *J. W. Broomfield*

2. Sex *Male* 3. Color *Blk* 4. Age *33 yrs*

5. Married or single *Married*

6. Date of Death *Sep. 15/93.*

7. Cause of Death *Consumption*

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

*G. A. Murphy*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Preacher*

10. Place of Birth *Perryville Ky*

11. Residence *Center* Ward No. *2nd*

12. Time of Residence in the City *12 yrs.*

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

14. Place of intended Interment *Mt Moriah*

15. Date of intended Interment *Sep 17-93.*

*F. C. Guard Pro.*, Undertaker.

Date of Certificate *Sep 16/93* Residence *City*

N. Broomfield 1905

11

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

## RETURN OF A DEATH.

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

1. Name of deceased *N. Broomfield*  
2. Sex *Male* 3. Color *White*, 4. Age *66*  
5. Married or Single *Married*  
6. Date of death *May 23 1905*  
7. Cause of death *drowning*  
8. Duration of last illness \_\_\_\_\_

*John E. Gray Deason*, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *Center St.* Ward No. *2nd*  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *May 24 1905*  
*Gerard & Gerard*, Undertaker.  
Date of Certificate *May 24 1905* Residence \_\_\_\_\_

Rebeca Broomfield 1912

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

## RETURN OF A DEATH.

1277

Physician's Certificate Preparatory to Burial.

1. Name of deceased Rebeca Broomfield  
2. Sex female 3. Color col 4. Age 68  
5. Married or single married  
6. Date of death Oct. 22 - 1912  
7. Cause of death Pneumonia  
8. Duration of last illness Oct 8 - 12 to Oct 22 - 12

J. K. Jones M. D.  
Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation House Keeper  
10. Place of birth Ky.  
11. Residence 241 Center St. Ward No. \_\_\_\_\_  
12. Time of residence in the city About 35 yrs.  
13. When a minor { Name of mother Rebeca Carter  
Name of father \_\_\_\_\_  
14. Place of intended interment mt. moriah  
15. Date of intended interment Oct - 24 - 1912

J. K. Jones Undertaker.  
Date of Certificate Oct 22 1912 Residence 74 College St  
Bowling Green

Miss Rosie Broomfield 1900

71 13

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Miss Rosie Broomfield  
2. Sex Female 3. Color Black 4. Age 28 yrs  
5. Married or single single  
6. Date of death July 13 - 1900  
7. Cause of death \_\_\_\_\_  
8. Duration of last illness Three months  
\_\_\_\_\_, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Seamstress  
10. Place of birth Bowling Green  
11. Residence Center St Ward No. 2nd  
12. Time of residence in the City. Twenty years  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Mt. Moriah  
15. Date of intended interment July 14 - 1900  
J. E. Henderson, Undertaker.  
Date of Certificate July 14 - 1900 Residence Bowling Green - 815 State St

Clarence M. Brough 1909

141

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

## RETURN OF A DEATH.

573

Physician's Certificate Preparatory to Burial.

1. Name of deceased Clarence M. Brough  
2. Sex Male 3. Color White 4. Age 35 yrs  
5. Married or single Married  
6. Date of death Jan'y 28" 1909.  
7. Cause of death Cardiac Paralysis  
8. Duration of last illness J. N. Baker Health Officer M. D.  
Louisville Ky ~~BOWLING GREEN, KY~~  
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth Bowling Green Ky  
11. Residence Louisville Ky Ward No.....  
12. Time of residence in the city.....  
13. When a minor { Name of mother.....  
Name of father J. N. Baker  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Jan'y 29" 1909.  
GERARD & GERARD Undertaker.  
BOWLING GREEN, KY  
Date of Certificate Jan'y 29/09 Residence.....

Clarence M. Brough 1909

(Always write with ink.)

**TRANSIT PERMIT.**

**TRANSPORTATION OF CORPSE.**  
**KENTUCKY STATE DEPARTMENT OF HEALTH.**

Transit Permit No. 10191

**PERMIT OF LOCAL BOARD OF HEALTH.**  
 Department of Health, State of Kentucky.

*This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent before a body can be shipped.*

In the City of Russellville County of Jefferson  
 State of Kentucky, on this 28 day of July 1909

Permission is hereby given Henry Basse holder of Embalmer's License No. 22  
 to remove for burial at Central Green County of Jefferson  
 State of Ky the body of Clarence M. Brough  
 who died at Russellville County of Jefferson  
 on the 28 day of July 1909, at 4 P.M. Aged 35 years 0 months and 0 days,  
 the cause of death being Andria Caralpa which is a Communicable disease requiring  
 shipment under Rule No. \_\_\_\_\_ of the Rules of the Kentucky State Department of Health for the Transportation of the dead,  
 as printed on the back of this Permit.

Name of person in charge of Transit. Clarence M. Brough

Signed J. H. Baker, Health Officer  
John Hunter  
 Registrar of Records of the Department of Health  
 of the State of Kentucky

*This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.*

**TRANSPORTATION RULES**

APPROVED AND ADOPTED BY THE AMERICAN ASSOCIATION OF GENERAL BAGGAGE AGENTS,  
 THE CONFERENCE OF STATE AND PROVINCIAL BOARDS OF HEALTH, AND  
 THE NATIONAL FUNERAL DIRECTORS' ASSOCIATION.

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

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

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

For interstate transportation under this rule only embalmers holding a license issued or approved by the State or Provincial Boards of Health, or other state or provincial authority provided by law, after examination, shall be recognized as competent to prepare such bodies for shipment.

**RULE 3.** The bodies of those dead of typhoid fever, paratyphoid fever, tuberculosis or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket, or air-tight metal-lined box, provided that this shall apply only to bodies which can reach their destination within 80 hours from time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2, when air-tight sealing and bandaging with cotton may be dispensed with.

**RULE 4.** The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 80 hours from time of death. If the body cannot reach its destination within 80 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

**RULE 5.** In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected.

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

**RULE 6.** Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The transit permit must be made in duplicate, and the signature of the physician or coroner, health officer and undertaker must be on both the original and duplicate copies. The undertaker's certificate and pastor of the original shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the secretary of the State or Provincial Board of Health of the state or province from which said shipment was made.

**RULE 7.** When bodies are shipped by express a transit permit as described in Rule 6 must be made out in duplicate. The undertaker's certificate and pastor of the original shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express waybill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sent by the forwarding express agent to the secretary of the State or Provincial Board of Health of the state or province from which said shipment was made.

**RULE 8.** Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate, and enclosed in a hermetically soldered zinc, tin or iron of corrosive sublimate, and enclosed in a hermetically soldered zinc, tin or iron of corrosive sublimate. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 80 days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After 30 days the casket or coffin box containing said body must be enclosed in a hermetically soldered box.

**RULE 9.** All rules and parts of rules conflicting with these rules are hereby repealed.



George Browder 1880

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *George Browder*

2. Sex *male* 3. Color *rd* 4. Age *24*

5. ~~Married or~~ *Single*

6. Date of Death *May 6<sup>th</sup> 1880 (2 a.m.)*

7. Cause of Death *Perinephritic abscess of*

8. Duration of last Illness *4 months (more or less)*  
*Leombo Cartwright Carson, M. D.*  
Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Bowling Green, Ky.*

11. Residence \_\_\_\_\_ Ward No. *2*

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

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

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment *Col. Cent*  
*H. B. Gerard* Undertaker.

Date of Certificate *May 6<sup>th</sup> 1880* Residence \_\_\_\_\_

Pantagraph Print.

Robert Browder 1901

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Robert Browder Browder*  
2. Sex *Male* 3. Color *White* 4. Age *6 wks*  
5. Married or single *Single*  
6. Date of death *June, 23/1901.*  
7. Cause of death *Inanition*  
8. Duration of last illness \_\_\_\_\_  
Physician *J. Q. Wright* M. D.  
Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *11th Street* Ward No. *1*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother *Mrs. R. H. Browder*  
Name of Father *Rev. R. H. Browder,*  
14. Place of intended interment *South Charleston Ky.*  
15. Date of intended interment *June 25/1901.*  
*Edward J. J. J. J.* Undertaker.  
Date of Certificate *June 24/1901* Residence \_\_\_\_\_

Anna Brown 1880

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Anna Brown*
2. Sex *Female*
3. Color *Natural*
4. Age *35*
5. Married or Single *Single*
6. Date of Death *Nov 7<sup>th</sup>*
7. Cause of Death *Consumption*
8. Duration of last Illness *Four months*

*H. B. Jones*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of Birth *Battle Butler County*
11. Residence *Sumner Street* . Ward No. *2*
12. Time of Residence in the City \_\_\_\_\_
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended Interment *Col Cem*
15. Date of intended Interment *Nov 8<sup>th</sup> 1880*

*F. H. Jones*, Undertaker.

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

Democrat Print.

Annie Laurie Brown 1891

310 18

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Annie Laurie Brown*  
2. Sex *Female* 3. Color *White* 4. Age *4 yrs.*  
5. Married or Single *Single*  
6. Date of Death *July 15" / 91*  
7. Cause of Death *Meningitis (sub acute) -*  
8. Duration of last Illness *Two weeks.*  
*J. T. M. Grouser, M. D.*  
Residence *for J. T. M.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *city*  
11. Residence *Ky. street* Ward No. *3rd "*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Mrs. Nora, Brown*  
                          } Name of Father *B. H. Brown*  
14. Place of intended Interment *Catholic Cem*  
15. Date of intended Interment *July 16" / 1891*  
*F. C. Gouge*, Undertaker.  
Date of Certificate *July 15/91.* Residence \_\_\_\_\_

Auther L. Brown 1912

19

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

# RETURN OF A DEATH.

1159

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Arthur L. Brown  
 2. Sex Male 3. Color White 4. Age       
 5. Married or single Single  
 6. Date of death Mar. 7<sup>th</sup> 1914  
 7. Cause of death Still Borne  
 8. Duration of last illness       
 Signature T. W. Stone M. D.  
 Residence     

## Undertaker's Certificate in Relation to Deceased.

9. Occupation       
 10. Place of birth Bowling Green, Ky  
 11. Residence Broadway " " " " Ward No.       
 12. Time of residence in the city       
 13. When a minor { Name of mother Mrs. L. O. Brown  
                           Name of father L. O. Brown  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Mar. 8<sup>th</sup> 1914  
GERARD & GERARD Undertaker.  
 Date of Certificate Mar. 8<sup>th</sup> 1914 Residence

Benjamin Brown 1912

20

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

# RETURN OF A DEATH.

1198

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Benjamin Brown  
 2. Sex Male 3. Color White 4. Age 2 yrs.  
 5. Married or Single Single  
 6. Date of death JUN 6 - 1912  
 7. Cause of death Enterocolitis  
 8. Duration of last illness two weeks  
 \_\_\_\_\_  
Wm A Briggs, M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Tennessee  
 11. Residence Run Pike BOWLING GREEN, KY Ward No. 3  
 12. Time of residence in the city 22 months  
 13. When a minor { Name of Mother Mrs Wm Brown  
 Name of Father Wm Brown  
 14. Place of intended interment Gallatin Lane  
 15. Date of intended interment June 8<sup>th</sup> 1912  
GERARD & GERARD., Undertaker.  
 Date of Certificate June 7<sup>th</sup> 1912 Residence BOWLING GREEN, KY

Charles J. Brown

21

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

## RETURN OF A DEATH.

1135

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

1. Name of deceased Chas. J. Brown,  
2. Sex Male 3. Color White 4. Age 23 yrs.  
5. Married or single Married  
6. Date of death Jan. 8" 1912.  
7. Cause of death Killed by his Brother  
8. Duration of last illness 24 hours.

J. G. Gray, Coroner of Warren Co.  
M. D.  
Residence Bowling Green, Ky.

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

9. Occupation Painter  
10. Place of birth Germany  
11. Residence Marion St. Ward No. 7  
12. Time of residence in the city.....  
13. When a minor { Name of mother.....  
                          { Name of father.....  
14. Place of intended interment Freemason Cemetery  
15. Date of intended interment Jan. 10" 1912.

GERARD & GERARD. Undertaker.

Date of Certificate Jan. 9" 1912 Residence.....

Clair Brown 1904

22

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

## RETURN OF A DEATH.

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

1. Name of deceased Mrs. Clair Brown  
2. Sex Female 3. Color White 4. Age 22 yrs.  
5. Married or Single Single  
6. Date of death February 22" 1904.  
7. Cause of death Consumption  
8. Duration of last illness \_\_\_\_\_  
\_\_\_\_\_  
Residence Smiths Grove Ky, M. D.

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

9. Occupation \_\_\_\_\_  
10. Place of birth Warren County  
11. Residence Center St Ward No. 2  
12. Time of residence in the city 5 yrs.  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Smiths Grove Ky  
15. Date of intended interment February 23" 1904  
Grand and Grand, Undertaker.  
Date of Certificate Feb 23/1904. Residence \_\_\_\_\_





Mrs. E. Brown 1907

24

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. E. Brown*  
 2. Sex *Female* 3. Color *White* 4. Age *28 yrs.*  
 5. Married or single *Married*  
 6. Date of death *July 5<sup>th</sup> 1907*  
 7. Cause of death *Typhoid fever complicated by abscess.*  
 8. Duration of last illness *six weeks*  
 W. G. Strother, M. D.  
 Residence *Richardsville Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Woodbury Ky*  
 11. Residence *11<sup>th</sup> St.* Ward No. *1*  
 12. Time of residence in the city *Several weeks*  
 13. When a minor { Name of mother \_\_\_\_\_  
 Name of father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *July 7<sup>th</sup> 1907*  
 GERARD & GERARD, Undertaker.  
 Date of Certificate *July 5<sup>th</sup> 1907* Residence *BOWLING GREEN, KY*

Ed H. Brown 1913

25

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

# RETURN OF A DEATH.

1355

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Ed. H. Brown  
 2. Sex Male 3. Color White 4. Age 60 yrs  
 5. Married or single Widower  
 6. Date of death Mar. 3<sup>rd</sup> 1913.  
 7. Cause of death Carboid tumor large, as per  
Vital Statistics  
 8. Duration of last illness Edward Funeral Director **M.D.**  
 Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Undertaker  
 10. Place of birth Ohio  
 11. Residence Louisville Ky Ward No. \_\_\_\_\_  
 12. Time of residence in the city .....

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

14. Place of intended interment St. Josephs Cemetery  
 15. Date of intended interment Mar 5/13

**GERARD & GERARD.** Undertaker.  
 Date of Certificate Mar. 5/13 Residence Bowling Green, Ky

Child of Frank & Mary Brown 1909

26

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 of Mrs. Mary Brown*
2. Sex *Female* 3. Color *White* 4. Age *14 Mos.*
5. Married or Single *Single*
6. Date of death *July 26" 1909.*
7. Cause of death *Memingitis*
8. Duration of last illness *Prod. D. Rrazdon.*, M. D.  
Residence *B. Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_
  10. Place of birth *Paris, Tenn.*
  11. Residence *Payson St.* Ward No. *3*
  12. Time of residence in the city *8 Mo.*
  13. When a minor { Name of Mother *Mrs. Mary Brown,*  
Name of Father *Frank Brown*
  14. Place of intended interment *St. Josephs Cemetery*
  15. Date of intended interment *July 27" 1909*
- GERARD & GERARD**, Undertaker.
- Date of Certificate *July 26/09* Residence \_\_\_\_\_

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 deceased George Lee Brown  
2. Sex Male 3. Color White 4. Age 3 months  
5. Married or Single Single  
6. Date of death July 8 - 1912  
7. Cause of death Cholera infantum  
8. Duration of last illness 5 days

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

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

9. Occupation None  
10. Place of birth Bowling Green Ky  
11. Residence 591 Carter Ward No. 2  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother Lucy J Brown  
Name of Father W. A. Brown  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment July 9 - 1912

GERARD & GERARD., Undertaker.  
Date of Certificate July 9 12 Residence BOWLING GREEN, KY

Gilbert Brown 1901

28

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

*Kilbert*

1. Name of deceased Gilbert Brown

2. Sex male 3. Color white 4. Age 53 yrs

5. Married or single Single

6. Date of death July - 26 - 1901

7. Cause of death Paralysis

8. Duration of last illness 2 weeks  
H. P. Costin M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation machanic

10. Place of birth Glasgow Scotland

11. Residence Frank Strangers Place Ward No. 1st

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

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment July 28 - 1901  
Guard & Guard Undertaker.

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

H. M. Brown 1907

29

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

# RETURN OF A DEATH.

#177

## Physician's Certificate Preparatory to Burial.

1. Name of deceased H. M. Brown
  2. Sex male 3. Color white 4. Age 70 yr
  5. Married or single married
  6. Date of death March - 7 - 1907
  7. Cause of death Cerebral Hemorrhage
  8. Duration of last illness 1 da -
- D. A. Campbell M. D.  
Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Blacksmith
  10. Place of birth South Carolina
  11. Residence S Broadway Ward No. ....
  12. Time of residence in the city 49 years
  13. When a minor { Name of mother.....  
                          { Name of father.....
  14. Place of intended interment Fairview Cem.
  15. Date of intended interment March - 8 - 1907
- Hamley Payne Undertaker.  
Date of Certificate..... Residence.....





Horace Clinton Brown 1904

31

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

## RETURN OF A DEATH.

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

1. Name of deceased *Horace Clinton Brown*

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

5. Married or Single *Single*

6. Date of death *Sept. 29<sup>th</sup> 04*

7. Cause of death *Meningitis*

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

*S. W. Brown*, M. D.  
Residence *City*

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

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

10. Place of birth *City*

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

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

13. When a minor { Name of Mother *Mrs. S. H. Brown*  
Name of Father *S. H. Brown*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Sept. 30<sup>th</sup> 04*

*Edward D. Guard*, Undertaker.

Date of Certificate *Sept. 29<sup>th</sup> 04* Residence \_\_\_\_\_

Jackson Brown 1904

32

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

## RETURN OF A DEATH.

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

1. Name of deceased *Jackson Brown*

2. Sex *Male* 3. Color *White* 4. Age *17 yrs*

5. Married or Single *Married*

6. Date of death *May 24" 04*

7. Cause of death *Heart Disease*

8. Duration of last illness *H. P. Cartwright*, M. D.

Residence \_\_\_\_\_

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

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

10. Place of birth *Prun.*

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

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

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

14. Place of intended interment *Mt Olivett Church, Louisville*

15. Date of intended interment *May 25" 04.*

*Gerard Gerard*, 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.

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased James F. Brown  
2. Sex Male 3. Color White 4. Age 50 yrs  
5. Married or single Married  
6. Date of Death Feb 27<sup>th</sup> 1896.  
7. Cause of Death Heart disease  
8. Duration of last Illness \_\_\_\_\_

Ben Cullen, M. D.  
Residence Gov. Harris Co

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

14. Place of intended Interment Fairview Cemetery  
15. Date of intended Interment Feb 28/96  
J. C. Guard Undertaker.  
Date of Certificate Feb 28/96 Residence \_\_\_\_\_

John Brown 1897

1086 34

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Brown  
2. Sex male 3. Color Blk 4. Age 22 yrs  
5. Married or single single  
6. Date of Death Dec 13 1897  
7. Cause of Death \_\_\_\_\_  
8. Duration of last Illness \_\_\_\_\_

Crowder, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Alabama  
11. Residence Cent St Ward No. 3  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment County Ground  
15. Date of intended Interment Dec 15 - 1897  
Prather Payne, Undertaker.

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

Mrs. John M. Brown 1894

682 35

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. John M. Brown*  
2. Sex *Female* 3. Color *White* 4. Age *39 yrs.*  
5. Married or single *Married*  
6. Date of Death *January 31<sup>st</sup> 1894.*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *3 1/2 months*  
*W. W. Bowling*, M. D.  
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Logan Co.*  
11. Residence *Ky. Street* Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City *three years*  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Feb 2<sup>nd</sup> 1894*  
*H. L. Ward & Co.*, Undertaker.  
Date of Certificate *Feb 1<sup>st</sup> 1894.* Residence *City*

Kate Brown 1910

36

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

# RETURN OF A DEATH.

766

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Kate Brown,  
2. Sex Female 3. Color White. 4. Age 73 yrs.  
5. Married or single Widow  
6. Date of death Feb. 12" 1910  
7. Cause of death Heart trouble  
8. Duration of last illness W.P. Drake M. D.  
Residence Rockfield Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....  
10. Place of birth .....  
11. Residence Rockfield Ky. Ward No. ....  
12. Time of residence in the city .....  
13. When a minor { Name of mother .....  
                          { Name of father .....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Feb. 14" 1910.  
GERARD & GERARD Undertaker.  
Date of Certificate Feb. 14" 1910. Residence BOWLING GREEN, KY

Lena M. Brown 1881

18 37

This Constitutes ONE CERTIFICATE to be returned to the Health Officer. BURIAL PERMIT

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Lena M. Brown*

2. Sex *Female* . 3. Color *white* 4. Age *11 yrs*

5. Married or Single *Single*

6. Date of Death *Oct 27 1881*

7. Cause of Death *Typho malarial fever*

8. Duration of last Illness *Three weeks*

*J. F. McCloy* M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Mo*

11. Residence *Poplar street* Ward No *1*

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

13. When a Minor { Name of Mother *Mart La Brown*  
Name of Father *Henry Brown*

14. Place of intended Interment *Farmers Cent*

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

*McCloy* Undertaker.

Date of Certificate *Oct 27<sup>th</sup> 81* Residence \_\_\_\_\_

Democrat Job Print

Child of Lilly Brown 1897

988 38

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Child of Lilly Brown.  
2. Sex \_\_\_\_\_ 3. Color Blk 4. Age \_\_\_\_\_  
5. Married or single single  
6. Date of Death July 18<sup>th</sup> 1907.  
7. Cause of Death Still Born  
8. Duration of last illness \_\_\_\_\_

J. W. Coombs, M. D.  
Residence Health Officer

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth City  
11. Residence Kentucky street Ward No. 2  
12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment County Cem.  
15. Date of intended Interment July 19<sup>th</sup> 1907.  
F. C. Guard (Bro.), Undertaker.

Date of Certificate July 18/07. Residence \_\_\_\_\_



Liza Brown 1893

39

*Out of town*

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Liza Brown*  
2. Sex *Female* 3. Color *Blk* 4. Age *14 yrs*  
5. Married or Single *Single*  
6. Date of Death *Jan 25/93.*  
7. Cause of Death *Pulmonary Consumption*  
8. Duration of last Illness *3 months*

*J. E. Johnson, M. D.*  
Residence *Bowling Green, Ky.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence \_\_\_\_\_ Ward No. *4th*  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. } Name of Mother *Brown*  
                          } Name of Father *Tom Brown*

14. Place of intended Interment *Louisee Pike*  
15. Date of intended Interment *Jan 26"/93*  
*F. D. Grand & Bld*, Undertaker.

Date of Certificate *Jan 26/93*. Residence \_\_\_\_\_

Louis S. Brown (1908)

40

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.

1. Name of deceased Louis S. Brown  
2. Sex Male 3. Color White 4. Age 10 mon  
5. Married or single Single  
6. Date of death Oct 23  
7. Cause of death malaria  
8. Duration of last illness one week

Walney Tigert, M. D.  
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Bowling Green Ky  
11. Residence 5th Street Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_

13. When a minor { Name of Mother Ida Brown  
Name of Father Wells }  
14. Place of intended interment Flower Fairview Cem  
15. Date of intended interment Oct 24

Brooks & Davis, Undertaker.  
Date of Certificate Oct 23 Residence Bowling Green

Lucy Brown 1912

41

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

## RETURN OF A DEATH.

1179

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

1. Name of deceased Ms. Lucy Brown  
2. Sex Female 3. Color White 4. Age 36 yrs.  
5. Married or single Married  
6. Date of death APR 1 1912  
7. Cause of death Lobar pneumonia  
8. Duration of last illness 2 wks  
F. D. Reardon M. D.  
Residence Bowling Green Ky

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

9. Occupation House keeper  
10. Place of birth Barren, County  
11. Residence Blomfield St. Ward No. 2  
12. Time of residence in the city 4 Months  
13. When a minor { Name of mother \_\_\_\_\_  
                          { Name of father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment April 3, 1912  
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.

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Macky Brown

2. Sex female 3. Color Black 4. Age 22 yrs

5. Married or single Single

6. Date of Death Dec 25 1894

7. Cause of Death Consumption

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

O.S.P. O.W. Vorker, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth Italy

11. Residence My St Ward No. 2

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

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

14. Place of intended Interment West Moreah

15. Date of intended Interment Dec 24 1894

Beathan Payne, Undertaker.

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

Maggie Brown 1892

456 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 Maggie Brown  
2. Sex Female 3. Color Black 4. Age 25  
5. Married or Single Married  
6. Date of Death Oct. 7<sup>th</sup>/92  
7. Cause of Death Purpura Fever  
8. Duration of last Illness 30 days  
J. S. Winstead M. D.  
Residence 217 Mann St City

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth Sum  
11. Residence Ky Center St Ward No. 3<sup>rd</sup>  
12. Time of Residence in the City 4 yrs  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment County Bur  
15. Date of intended Interment Oct 8<sup>th</sup>/92  
J. C. Gray , Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Marvin Courts Brown 1909

#641 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 Marvin Courts Brown
2. Sex Male 3. Color White 4. Age 19 Mos.
5. Married or Single Single
6. Date of death June 1" 1909.
7. Cause of death Organic Heart trouble.
8. Duration of last illness \_\_\_\_\_

J. H. Posner, M. D.  
Residence Bowling Green Ky.

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

9. Occupation \_\_\_\_\_
10. Place of birth BOWLING GREEN, KY
11. Residence Adams St. BOWLING GREEN, KY Ward No. \_\_\_\_\_
12. Time of residence in the city 19 months
13. When a minor { Name of Mother Mrs. Genevieve Brown  
Name of Father S. H. Brown
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June 2" 1909.

GERARD & GERARD, Undertaker.

Date of Certificate June 1" 09. Residence BOWLING GREEN, KY

Mollie Brown 1891

345 45

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs. Mollie Brown*

2. Sex *Female* ; 3. Color *White* . 4. Age *23 years*

5. Married or Single *Married*

6. Date of Death *Nov 7<sup>th</sup> 1891*

7. Cause of Death *Enteric Fever*

8. Duration of last Illness *4 weeks*

*A. H. H. H. H.*, M. D.  
Residence *Orange Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

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

10. Place of Birth *Penn*

11. Residence *Adams Street* Ward No. *3<sup>d</sup>*

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

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

14. Place of intended Interment *Harmon Cem*

15. Date of intended Interment *Nov 8<sup>th</sup> 1891*

*Frank Woods*, Undertaker.

Date of Certificate *Nov 8<sup>th</sup> 1891* . Residence *City*

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.**

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Sophia Brown no name*  
 2. Sex *Female* 3. Color *White* 4. Age *2 weeks*  
 5. Married or Single *—*  
 6. Date of Death *July 15<sup>th</sup> 1878*  
 7. Cause of Death *Inflammation of the brain*  
 8. Duration of last Illness *Eight days (Phrenitis)*  
*R. C. Thomas*, M. D.  
 Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*  
 10. Place of Birth *Bowling Green*  
 11. Residence *Below Catholic Chr. Ward No. 2<sup>nd</sup>*  
 12. Time of Residence in the City *Two Weeks*  
 13. When a Minor { Name of Mother *Sofa Brown*  
 Name of Father *Brown*  
 14. Place of intended Interment *Fairview Cemetery*  
 15. Date of intended Interment *July 16<sup>th</sup> 78*  
*J. W. Strickland & Bro.*, Undertaker.  
 Date of Certificate *July 16<sup>th</sup> 78* Residence *State St*  
*Bowling Green Ky*

Democrat Print.



William Brown 1911

47

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

## RETURN OF A DEATH.

1089

### Physician's Certificate Preparatory to Burial.

1. Name of deceased William J Brown  
2. Sex male 3. Color White 4. Age 53  
5. Married or Single Married  
6. Date of death Oct 11 1911  
7. Cause of death Heart Disease  
8. Duration of last illness 8 months  
T. O. Stearns, M. D.  
Residence Bowling Green Ky.

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

9. Occupation Real Estate Agency  
10. Place of birth Kentucky  
11. Residence Center St Ward No. \_\_\_\_\_  
12. Time of residence in the city 3 yrs  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Farmers  
15. Date of intended interment Oct 12 1911  
Ernest Kelly, Undertaker.  
Date of Certificate Oct 11 1911 Residence Bowling Green

Willie Brown 1911

48

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

# RETURN OF A DEATH.

1045

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Willie Brown  
2. Sex Male 3. Color White 4. Age Still  
5. Married or single Inf  
6. Date of death July 10 1911  
7. Cause of death Still born  
8. Duration of last illness ✓  
D. O. Helms, M. D.  
Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation ---  
10. Place of birth Bowling Green Ky  
11. Residence " Ward No. "  
12. Time of residence in the city Lif  
13. When a minor { Name of mother Mamie Brown  
Name of father W J  
14. Place of intended interment Fairview Cem  
15. Date of intended interment July 10 1911  
Ernest Helms Undertaker.  
Date of Certificate --- Residence B.G. Ky



Child of Charles & Georgia Browning 1907

50

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

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Small child of Chas. Browning*
2. Sex *female* 3. Color *black* 4. Age \_\_\_\_\_
5. Married or single \_\_\_\_\_
6. Date of death *Apr 3-07*
7. Cause of death *naunton*
8. Duration of last illness *four or five days*  
*O. D. Potter*, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_
10. Place of birth *Chestnut St. Bet. 4 & 5*
11. Residence *Chestnut St* Ward No. *2*
12. Time of residence in the City. \_\_\_\_\_
13. When a minor { Name of Mother *Georgia Browning*  
Name of Father *Chas Browning*
14. Place of intended interment *Mt. Moriah Cem.*
15. Date of intended interment *Apr. 3-1907*  
*J. E. Kuykendall*, Undertaker.
- Date of Certificate *Apr. 3-07* Residence *corner 7 & College St.*

Eliza Browning 1879

51

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Eliza Browning*

2. Sex *Female* 3. Color *Black* 4. Age *27 years*

5. Married or Single *Single*

6. Date of Death *Jan 28<sup>th</sup> 79*

7. Cause of Death *Scrophula*

8. Duration of last Illness *18 months*

*McElroy*, M. D.

Residence *Belpen*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *N. C.*

11. Residence *W. 2<sup>nd</sup> street* . Ward No. *2*

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

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

14. Place of intended Interment *Col County*

15. Date of intended Interment *Jan 28<sup>th</sup> 79*

*McElroy*, Undertaker.

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

Democrat Print.

Monroe Browning 1907

52

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

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Monroe Browning

2. Sex Male 3. Color BLK 4. Age 62 yrs.

5. Married or single Married

6. Date of death May 24" 1907

7. Cause of death Bright's disease

8. Duration of last illness one yr.

M. D. Ed Porter

Residence.....

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Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth Warren Co

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

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

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

14. Place of intended interment Met Moriah Cemetery

15. Date of intended interment May 26" 07.

**GERARD & GERARD.** Undertaker.

Date of Certificate May 25/07 Residence **BOWLING GREEN, KY.**

William Brunson 1913

53

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

## RETURN OF A DEATH.

1429

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

1. Name of deceased William O Brunson

2. Sex Male 3. Color White 4. Age 58

5. Married or single Married

6. Date of death July 2-1913

7. Cause of death Stroke

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

W. T. Tomlin M. D.

Residence Bowling Green, Ky.

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

9. Occupation Farmer

10. Place of birth Ky. Allen Co

11. Residence Near Bristol Ward No. \_\_\_\_\_

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

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

14. Place of intended interment Farriner Cemetery

15. Date of intended interment July 3 1913

Gerard Gerard Undertaker.  
Bowling Green, Ky.

Date of Certificate July 2-13 Residence \_\_\_\_\_

Rachal Brush 1891

288 54

This Constitutes one Certificate to 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 Rachal Brush*  
2. Sex *Female* 3. Color *White* 4. Age *94 yrs*  
5. Married or Single *Widow*  
6. Date of Death *May 2/1891.*  
7. Cause of Death *Old age*  
8. Duration of last Illness *3 days*

*J. P. Costley* M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *New Jersey*  
11. Residence *Main Street* Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City *Five years*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *May 3-91*

*J. C. Shepard* Undertaker.  
Date of Certificate *May 2/91.* Residence *City*



Joseph Garland Bryan 1905

55

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

## RETURN OF A DEATH.

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

1. Name of deceased *Joseph Garland Bryan*  
2. Sex *Male* 3. Color *White* 4. Age *10 wks*  
5. Married or Single *Single*  
6. Date of death *July 27<sup>th</sup> 05*  
7. Cause of death *Scarlatina*  
8. Duration of last illness \_\_\_\_\_  
*H. E. Huddell*, M. D.  
Residence *Bowling Green, Ky*

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

9. Occupation \_\_\_\_\_  
10. Place of birth *Bowling Green, Ky*  
11. Residence *Woodford St.* Ward No. *2*  
12. Time of residence in the city *10 wks*  
13. When a minor { Name of Mother *Mrs. J. L. Bryan.*  
Name of Father *J. L. Bryan.*  
14. Place of intended interment *Elizabethtown, Ky*  
15. Date of intended interment *July 28/05*  
*Edward T. Girard*, Undertaker.  
Date of Certificate *July 27/05* Residence \_\_\_\_\_

Mary G. Bryan 1905

56

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

## RETURN OF A DEATH.

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

1. Name of deceased *Mary Gargeth Bryan*

2. Sex *Female* 3. Color *White* 4. Age *11 wks.*

5. Married or Single *Single*

6. Date of death *Aug 4" 1905*

7. Cause of death *Inanition*

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

*G. E. Audette*, M. D.  
Residence *Bowling Green Ky*

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

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

10. Place of birth *Bowling Green Ky*

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

12. Time of residence in the city *11 wks*

13. When a minor { Name of Mother *Mrs J. L. Bryan*  
Name of Father *J. L. Bryan*

14. Place of intended interment *Elizabethtown, Ky*

15. Date of intended interment *Aug 5" 05*

*Sam'l S. Grand*, Undertaker.

Date of Certificate *Aug 4/05* 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 deceased W. H. Bryan  
2. Sex Male 3. Color White 4. Age 78 yrs.  
5. Married or Single Married  
6. Date of death Mar. 12<sup>th</sup> 1904.  
7. Cause of death Pneumonia  
8. Duration of last illness 48 Hrs.  
H. S. Huddle, M. D.  
Residence Brushy Grove Ky

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

9. Occupation \_\_\_\_\_  
10. Place of birth Cynthiana, Ky  
11. Residence Clay St. Ward No. 7  
12. Time of residence in the city 15 months  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Cynthiana, Ky  
15. Date of intended interment Mar. 14<sup>th</sup> 1904  
Gerard and Gerard, Undertaker.  
Date of Certificate Mar 12/1904. Residence \_\_\_\_\_

Lester Bryant 1913

58-1

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

## RETURN OF A DEATH.

1321

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Lester Bryant
2. Sex Male
3. Color White
4. Age 16 yrs.
5. Married or single Single
6. Date of death Jan 20 1913
7. Cause of death Asphyxia (as per Vital Statistics)
8. Duration of last illness E. Howard, Funeral Director

Residence BOWLING GREEN, KY

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

9. Occupation Farmer
10. Place of birth Warren Co. Ky.
11. Residence near Rosefield, Ky Warren Co Ward No. \_\_\_\_\_
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of mother Mrs. Will Bryant,  
Name of father Will Bryant
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan 23 1913.

GERARD & GERARD. Undertaker.

Date of Certificate Jan 23 1913. Residence BOWLING GREEN, KY

Lester Bryant died in Washington D.C.  
He was the Champion Corn Grower of Ky

Lester Bryant 1913

Form 11 H. D. -2M-1-2-12 875-12 582

**Health Department of the District of Columbia**

**BURIAL PERMIT** No. 209282

Name of Deceased Lester Bryant

Date of Death found Jan 20 1913

White  Colored  Male  Female  Single  Married  Widowed  Divorced

Age: Years 16 Months — Days —

Occupation Farmer

Birthplace { Deceased 174  
Father W. W. Wagoner  
Mother —

Place of Death 301 Del Ave NE

Place of Residence Brookfield 174

Cause of Death { Primary Inhalation of Bluntshank  
Duration Accidental  
Immediate Asphyxia  
Duration —

Attending Physician J. Ramsey Hewitt M.D.

Permission is hereby given for the removal of the remains of the above named person by Undertaker Chas. J. J. J. J. to Douglas Green Ky Cemetery for interment on Jan 21 1913

C. R. O. T. C. M. D.  
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.

Sally Ann Bryant 1908

59

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

## RETURN OF A DEATH.

549

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sally Ann Bryant  
2. Sex Female 3. Color Col 4. Age 96 yrs.  
5. Married or single married  
6. Date of death Nov. 21-08.  
7. Cause of death Mitral Insufficiency  
8. Duration of last illness 0-2 Weeks M. D.  
Residence \_\_\_\_\_

Undertaker's Certificate in Relation to Deceased.

9. Occupation Nursekeeper  
10. Place of birth \_\_\_\_\_  
11. Residence Center St Ward No. 3  
12. Time of residence in the city 70 yrs  
13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_  
14. Place of intended interment Mt. Moriah Cemetery  
15. Date of intended interment Nov. 22-08  
J. E. Kuyper dall Undertaker.  
Date of Certificate Nov 23-1908. Residence \_\_\_\_\_  
7 & College St.

William M. Bryant 1912

60

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

## RETURN OF A DEATH.

1177

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Rev. William M. Bryant  
 2. Sex Male 3. Color White 4. Age 84  
 5. Married or single Wedding  
 6. Date of death March - 20 - 1912  
 7. Cause of death Chronic Discharge  
 8. Duration of last illness Two & half Years Canon  
 M. D.

Residence.....

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

9. Occupation Canon  
 10. Place of birth ky  
 11. Residence St Louis Ward No. 2  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
 Name of father.....  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment March 21 - 1912  
Leonard Good Undertaker.  
 Date of Certificate March - 21 - 12 Residence City

Barbara J. Bryson 1904

61

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Bryson

1. Name of deceased Miss Barbara Bryson  
2. Sex Female 3. Color White 4. Age 58 yrs  
5. Married or single Married  
6. Date of death July - 27 - 1904  
7. Cause of death Ascending Paralysis  
8. Duration of last illness 2 days  
E. A. Cherry M. D.  
Residence Main St -

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Warren County  
11. Residence Main St Ward No. \_\_\_\_\_  
12. Time of residence in the City. few months  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Farmview Cem  
15. Date of intended interment July - 28 - 1904  
Harvey Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Missouri C. Buchanon 1913

62

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 Missouri C Buchanon  
2. Sex Female 3. Color white 4. Age 69 yrs  
5. Married or single Single  
6. Date of death June 8 1913  
7. Cause of death benign gastric bladder  
8. Duration of last illness 5 days  
Wm Gamm, M. D.  
Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation at home  
10. Place of birth woalburn W  
11. Residence Franklin 1st Ward No. \_\_\_\_\_  
12. Time of residence in the City. 5 days  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Franklin, Ky  
15. Date of intended interment June 10 1913  
Ernest McLean Undertaker.  
Date of Certificate June 10 1913 Residence B Green

Child of Lizzie Buck 1895

864 63

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Child of Lizzie Buck  
2. Sex Female 3. Color Blk 4. Age 7 yrs  
5. Married or single Single  
6. Date of Death Mar 25/1895  
7. Cause of Death Consumption  
8. Duration of last illness \_\_\_\_\_

J. D. Porter, M. D.  
Residence City

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Mississippi  
11. Residence 10th street Ward No. 2nd  
12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment County Cemetery  
15. Date of intended Interment Mar 26/96  
J. C. Guand & Bro, Undertaker.

Date of Certificate Mar 25/96 Residence \_\_\_\_\_

Porter

N. N. Buck 1898

1186 64

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

## RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased N. N. Buck  
2. Sex Male 3. Color White 4. Age 49 yrs.  
5. Married or single Married  
6. Date of death Oct 6 '98  
7. Cause of death Loiter.  
8. Duration of last illness \_\_\_\_\_

A. C. Knight, M. D.  
Residence Boiling Green St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Tennessee  
11. Residence College St. Ward No. 2nd  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Oct 7 " 1898  
Guard & Guard Undertaker.  
Date of Certificate Oct 7 " 98. Residence \_\_\_\_\_

Flossie Buckberry 1900

65

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Flossie Buckberry  
2. Sex female 3. Color white 4. Age 12 yrs  
5. Married or single Single  
6. Date of death Oct - 15 - 1900  
7. Cause of death Acute Gastritis  
8. Duration of last illness Several years  
J. H. M<sup>c</sup>, Cormack, M. D.  
Residence State St

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Chimay Mich -  
1. Residence Admas St Ward No. 3<sup>rd</sup>  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father W. S. Buckberry  
14. Place of intended interment Chimay Michagan  
15. Date of intended interment Oct - 17 - 1900  
Guard & Guard : Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Hugh Buckberry 1907

66

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

## RETURN OF A DEATH.

370

Physician's Certificate Preparatory to Burial.

1. Name of deceased Hugh, Buckberry  
2. Sex Male 3. Color White 4. Age 76 yrs.  
5. Married or single Widower  
6. Date of death Dec 28/1907.  
7. Cause of death Organic Heart Disease  
8. Duration of last illness several days  
A. J. Mc Cormack M. D.  
Residence BOWLING GREEN, KY.

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Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
10. Place of birth Canada  
11. Residence Eleventh St. Ward No. 2  
12. Time of residence in the city 3 yrs  
13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_  
14. Place of intended interment Attica, Michigan.  
15. Date of intended interment Dec. 31" 1907.  
GERARD & GERARD Undertaker.  
Date of Certificate Dec. 29/1907 Residence BOWLING GREEN, KY  
Died at the Residence of his Son,  
Capt. W. D. Buckberry, 11<sup>th</sup> between Center  
and Kentucky St.

Mrs. W. D. Buckberry 1900

67

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

## RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Mrs. W. D. Buckberry*  
2. Sex *Female* 3. Color *White* 4. Age *33 yrs*  
5. Married or single *Married*  
6. Date of death *Dec. 28/1900*  
7. Cause of death *Edema of the Lungs*  
8. Duration of last illness \_\_\_\_\_  
*A. J. Mc Cormack* M. D.  
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Clinton Mich*  
11. Residence *Adams St.* Ward No. *2*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Clinton Mich.*  
15. Date of intended interment *Dec 30/1900.*  
*Garard and Garard* , Undertaker.  
Date of Certificate *Dec 29/1900.* Residence \_\_\_\_\_

Child of James & Eliza Buckberry 1878

68

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *child of James + Eliza Buckhanna*

2. Sex *male* 3. Color *White* 4. Age *8 1/2 years*

5. Married or Single *Single*

6. Date of Death *Aug 5<sup>th</sup> 1878*

7. Cause of Death *Bilious Colic*

8. Duration of last Illness *30 hours*

*C. K. Omal*, M. D.  
Residence *Warren Co Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Warren County Ky*

11. Residence *Bonvista St. Ward No. 8<sup>th</sup>*

12. Time of Residence in the City *One day*

13. When a Minor { Name of Mother *Eliza Buckhanna*  
Name of Father *James Buckhanna*

14. Place of intended Interment *Cemetery*

15. Date of intended Interment *Aug 6 "78*

*Strickles* Undertaker.

Date of Certificate *Aug 5 "78* Residence *State St. Bowling Green Ky*

Democrat Print.

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 deceased J. P. Buckler  
2. Sex Male 3. Color White 4. Age 21 yrs  
5. Married or single Single  
6. Date of death Nov. 14, 1900.  
7. Cause of death Enteric Fever  
8. Duration of last illness 3 days.  
T. B. Knight M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth St. Marys Kentucky  
11. Residence St. Columbias Academy Ward No. 2  
12. Time of residence in the City 30 days  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment St. Marys, Ky.  
15. Date of intended interment Nov. 15, 1900.  
Garard & Garard , Undertaker.  
Date of Certificate Nov. 14, 1900. Residence \_\_\_\_\_



Joe Buckner 1912

70

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

## RETURN OF A DEATH.

1250

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Joe Buckner  
2. Sex Male 3. Color Blk 4. Age 69 yrs  
5. Married or Single Married  
6. Date of death Sept. 14<sup>th</sup> 1912  
7. Cause of death Tubercular Laryngitis  
8. Duration of last illness One year  
E. N. Hall, M. D.  
Residence Bowling Green

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

9. Occupation Labourer  
10. Place of birth Logan Co Ky  
11. Residence Jonesville Ward No. —  
12. Time of residence in the city —  
13. When a minor { Name of Mother —  
Name of Father —  
14. Place of intended interment Mt Moriah Cemetery  
15. Date of intended interment Sept. 16<sup>th</sup> 1912  
GERARD & GERARD., Undertaker.  
Date of Certificate SEP 15 1912 Residence —

Richard Buckner 1890

289 71

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Buckner* Richard Buckner  
2. Sex Male . 3. Color Blk . 4. Age 50 yrs.  
5. Married or Single Married  
6. Date of Death May 13 - 1890.  
7. Cause of Death Consumption  
8. Duration of last Illness Eight months  
S W Coombs, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth B Warren County  
11. Residence College St Ward No. 2nd  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment W + Memorial Cost  
15. Date of intended Interment May 13<sup>th</sup> 1891  
H. C. General Undertaker.  
Date of Certificate May 15/91. . Residence \_\_\_\_\_



Jesse M. Bullard 1909

73

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

# RETURN OF A DEATH.

leaf 5

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Jesse M Bullard  
2. Sex Male 3. Color white 4. Age 46  
5. Married or single Married  
6. Date of death June 5th - 1909  
7. Cause of death Peritonitis from Gunshot Wound  
8. Duration of last illness five days  
G E Huddle M. D.  
Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Insurance Agent  
10. Place of birth ✓  
11. Residence Bowling Green Ky Ward No. ....  
12. Time of residence in the city .....  
13. When a minor { Name of mother .....  
Name of father .....  
14. Place of intended interment Hopkissville Ky  
15. Date of intended interment June 6" 09  
Marris F. Enoch Undertaker.  
Date of Certificate June 09 Residence Bowling Green Ky

Elsie Bunch 1896

915 74

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Elsie Bunch  
2. Sex Female 3. Color Blk. 4. Age 52 yrs  
5. Married or single Married.  
6. Date of Death July 21/96.  
7. Cause of Death Dropsy.  
8. Duration of last illness \_\_\_\_\_  
J. D. Porter, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Kanawha Co.  
11. Residence 4th street Ward No. 1st  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment Wt. Moriah Cem  
15. Date of intended Interment July 22/1896.  
F. B. Howard Bros, Undertaker.  
Date of Certificate July 21/96. Residence City.

Child of Kissia Bunch 1898

1175 75

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

## RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Kissia Bunch*  
2. Sex *Male* 3. Color *Blk.* 4. Age *5 mo.*  
5. Married or single *single*  
6. Date of death *May 8" 98*  
7. Cause of death *Whooping cough*  
8. Duration of last illness  
*H. R. Francis*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City.*  
11. Residence *Burnham Alley* Ward No. *3.*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother *Kissia Bunch*  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Mt. Moriah, Cenn.*  
15. Date of intended interment *May 9" 98.*  
*Gerard J. Gerard*, 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 Ned Bunch  
2. Sex male 3. Color Blk. 4. Age 92 years  
5. Married or single Married  
6. Date of death Aug. 29 1899  
7. Cause of death old age  
8. Duration of last illness \_\_\_\_\_  
S. W. Coombs M. D.  
City Physician  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation none  
10. Place of birth \_\_\_\_\_  
11. Residence Quirk's alley 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 Mt. Moriah  
15. Date of intended interment Aug 31 1899  
Garard and Garard, Undertaker.  
Date of Certificate Aug. 30/99 Residence \_\_\_\_\_

Charlie Bundle 1896

905 79

This Constitutes One Certificate to 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 White 4. Age 25 yrs.  
5. Married or single Single  
6. Date of Death July 3<sup>rd</sup> 1896.  
7. Cause of Death Consumption  
8. Duration of last Illness 5 Weeks

C. T. Knutson, M. D.  
Residence Bloomington Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence Church street Ward No. 4  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment St Josephs Cemetery  
15. Date of intended Interment July 1896.  
F. C. Gerard Undertaker.  
Date of Certificate July 3<sup>rd</sup> 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 *Miss Sue Bundle*  
2. Sex *Female* 3. Color *White* 4. Age *23 yrs*  
5. Married or single *Single*  
6. Date of death *Nov 13 1898*  
7. Cause of death *Tubercular Abscess*  
8. Duration of last illness *One year*  
*J. F. Rodgers* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Barren County*  
11. Residence *Church St* Ward No. *3d*  
12. Time of residence in the City *Five years*  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *St Josephs Cemetery*  
15. Date of intended interment *Nov 14 1898*  
*Guard & Guard*, Undertaker.  
Date of Certificate *Nov 13/98* Residence *city*

Sceavy Bunn 1906

79

This Constitutes One Certificate to 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 Sceavy Bunn*  
2. Sex *Female* 3. Color *White* 4. Age *75*  
5. Married or single *Widow of the Late Jackson Bunn*  
6. Date of death *July 7<sup>th</sup> 1906.*  
7. Cause of death *Toxemia*  
8. Duration of last illness \_\_\_\_\_  
*J. W. Stour.*, M. D.  
Residence *BOWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Bowling Green Ky*  
11. Residence *Center St* Ward No. *2*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Wm. Olivet Cemetery, Hazard, Ky.*  
15. Date of intended interment *July 8<sup>th</sup> 1906*  
*Garrett & Garand*, Undertaker.  
Date of Certificate *July 8, 1906* Residence *City*

Child of John Bunton 1896

914 80

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Infant Bunton  
2. Sex                      3. Color white 4. Age                       
5. Married or single single  
6. Date of Death July 18 1896  
7. Cause of Death                       
8. Duration of last Illness                     

B L Bullen M.D.  
Residence WC

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation                       
10. Place of Birth city  
11. Residence Ex Handled post Ward No. 3  
12. Time of Residence in the City life  
13. When a Minor { Name of Mother                       
                          { Name of Father John Bunton  
14. Place of intended Interment                       
15. Date of intended Interment July 17 1896  
                    , Undertaker.  
Date of Certificate                      Residence

Lillie Bunton 1910

81

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

## RETURN OF A DEATH.

884

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Lillie Bunton Bunton  
2. Sex Female 3. Color Black 4. Age 6 weeks  
5. Married or Single Single  
6. Date of death Sept 1<sup>st</sup> 1910  
7. Cause of death Inanition  
8. Duration of last illness 3 weeks  
W. E. Bryant, M. D.  
Residence Center St Bowling Green  
Ky

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

9. Occupation \_\_\_\_\_  
10. Place of birth 13<sup>th</sup> & Center Streets Bowling Green  
11. Residence 13<sup>th</sup> & Center Sts Ward No. \_\_\_\_\_  
12. Time of residence in the city 6 weeks  
13. When a minor { Name of Mother Carrie Ray  
Name of Father Jim Henry Helm  
14. Place of intended interment Woodlawn Mt. Mariah  
15. Date of intended interment Sept 2 1910  
Gerard Gerard, Undertaker.  
Date of Certificate Sept 1 1910 Residence \_\_\_\_\_

Luceal Bunton 1910

80

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

## RETURN OF A DEATH.

752

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Luceal Bunton  
2. Sex Female 3. Color Col. 4. Age 9 yrs  
5. Married or single Single  
6. Date of death Jan. 12 - 1910  
7. Cause of death Pneumonia  
8. Duration of last illness Very short  
W. R. Stranier's, M. D.  
Residence 228 College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Birding Green Ky.  
11. Residence 2 St Ward No. 2  
12. Time of residence in the City. During life  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father James Bunton  
14. Place of intended interment Mitchellville Tenn  
15. Date of intended interment Jan. 14 - 1910  
J. E. Snyderdall Undertaker.  
Date of Certificate Jan 13 Residence \_\_\_\_\_  
7 College St

Mrs. C. L. Burch 1905

83

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

## RETURN OF A DEATH.

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

1. Name of deceased Mrs. C. L. Burch  
2. Sex Female 3. Color White 4. Age 39.  
5. Married or Single Married  
6. Date of death Nov. 28<sup>th</sup> 05  
7. Cause of death Cancer  
8. Duration of last illness \_\_\_\_\_  
H. E. Huddell, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of birth Southern Ky.  
11. Residence Chapel St. Ward No. 3  
12. Time of residence in the city 5 yrs  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment \_\_\_\_\_  
15. Date of intended interment Nov. 29<sup>th</sup> 05  
Harold J. Howard, Undertaker.  
Date of Certificate Nov. 28/05 Residence City

Cooper Duncan Burch 1903

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 *Cooper, Duncan Burch,*  
2. Sex *Male* 3. Color *White* 4. Age *37 yrs*  
5. Married or single *Single*  
6. Date of death *January 8" 1903*  
7. Cause of death *Consumption*  
8. Duration of last illness \_\_\_\_\_  
*Dr. M. G. Comstock*, M. D.  
Residence *B. Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Boonville Green Ky*  
11. Residence *Woodford St* Ward No. *3*  
12. Time of residence in the City. *Life time*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *St Josephs Cemetery*  
15. Date of intended interment *January, 1903.*  
*Grand & Grand*, Undertaker.  
Date of Certificate *January 8" 1903.* Residence *City*

Julian Burch 1913

85

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

# RETURN OF A DEATH.

1401

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Julian Burch  
2. Sex Male 3. Color White 4. Age 65 yrs.  
5. Married or single Single  
6. Date of death MAY 25 1913  
7. Cause of death Fracture of Skull with Concussion of Brain  
8. Duration of last illness J. B. Matlock  
Coroner of Warren Co. M. D.  
Residence Bowling Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth Warren Co. Ky.  
11. Residence Bowling Green, Ky. Ward No.....  
12. Time of residence in the city.....  
13. When a minor { Name of mother.....  
Name of father.....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment MAY 27 1913  
GERARD & GERARD. Undertaker.  
Date of Certificate MAY 26 1913 Residence Bowling Green, Ky



Lucinda Burch 1899

86

~~3~~      4      4

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Lucinda Burch  
2. Sex female      3. Color white      4. Age 84 yrs  
5. Married or single widow  
6. Date of death Consumption of long standing  
7. Cause of death Jan 11 99  
8. Duration of last illness years  
no physician for M. D.  
more than a year  
Residence Hawley Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Warren County  
1. Residence \_\_\_\_\_ Ward No. 1  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cem  
15. Date of intended interment Jan 12 1899  
Hawley Ky, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Child of Lulla Burch 1901

87

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Lulla Burch*

2. Sex *male*      3. Color *Col -*      4. Age *7 weeks*

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

6. Date of death *April - 10 - 1901*

7. Cause of death *Imation*

8. Duration of last illness *3 weeks.*

*S. W. Coombs* M. D.  
Residence *Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *Bowling Green Ky*

11. Residence *Center St*      Ward No. *2-9*

12. Time of residence in the City? *Life Time*

13. When a minor { Name of Mother *Lulla Burch -*  
                              Name of Father *\_\_\_\_\_*

14. Place of intended interment *County Cemetery*

15. Date of intended interment *April - 11 - 1901*

*Guard & Guard*, Undertaker.

Date of Certificate *Apr - 11 / 1901*      Residence *\_\_\_\_\_*

Mary D. Burch 1912

88

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

# RETURN OF A DEATH.

1171

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary D Burch  
 2. Sex Female 3. Color White 4. Age 65 yrs  
 5. Married or single Married  
 6. Date of death March, 20/1912  
 7. Cause of death Tuberculosis  
 8. Duration of last illness 4 Mo

..... J. F. Duncan ..... M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Warren Co Ky  
 11. Residence Adams St. Ward No. 2  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           Name of father.....  
 14. Place of intended interment St. Josephs Cemetery  
 15. Date of intended interment Mar, 20/1912

..... GERARD & GERARD, Undertaker.  
 Date of Certificate Mar 19/12 Residence.....

B. W. Burge 1896

934 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 B. W. Burge  
2. Sex Male 3. Color White 4. Age 78 yrs.  
5. Married or single Widower  
6. Date of Death Sept 4<sup>th</sup>/96.  
7. Cause of Death Nervous Prostration  
8. Duration of last illness \_\_\_\_\_

J. C. Meredith, M. D.  
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Warren County  
11. Residence Main street Ward No. 4<sup>th</sup>  
12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment \_\_\_\_\_  
15. Date of intended Interment Sept 1896  
J. C. Guard & Bro Undertaker.

Date of Certificate Sept 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.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs Cathern Burk*  
2. Sex *Female* 3. Color *White* 4. Age *59 years*  
5. Married or Single *Married*  
6. Date of Death *Jun 2 1891*  
7. Cause of Death *Apoplexy*  
8. Duration of last Illness *2 days*  
*J. N. McComas* M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ireland*  
11. Residence *Main Street* Ward No. *3d*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *St Jos Court*  
15. Date of intended Interment *Jun 4 1891*  
*H. B. Guad.* Undertaker.  
Date of Certificate *Jun 3 1891* Residence \_\_\_\_\_

Hannah Burk 1896

881 91

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Hannah Burk*  
2. Sex *Female* 3. Color *White* 4. Age *62 yrs.*  
5. Married or single *Married*  
6. Date of Death *April 22"/1896*  
7. Cause of Death *Cerebral Anemia of heart*  
8. Duration of last Illness *2 or 3 Weeks*  
*A. H. Smith*, M. D.  
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ireland*  
11. Residence *7th Street* Ward No. *2*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *St. Josephs. Church*  
15. Date of intended Interment *April 23"/96.*  
*F. C. Guard T. Bro.* Undertaker.  
Date of Certificate *Apr 22/96* Residence \_\_\_\_\_

John Burk 1896

834 92

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Burk  
2. Sex Male 3. Color White 4. Age \_\_\_\_\_  
5. Married or single Widower  
6. Date of Death January 9<sup>th</sup> 1896.  
7. Cause of Death Pneumonia  
8. Duration of last illness Five or six years.  
Wm. McCombs, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Ireland  
11. Residence Main Street Ward No. 4<sup>th</sup>  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment St. Joseph's Cemetery  
15. Date of intended Interment Jan 11<sup>th</sup> 1896  
T. C. Guard, Undertaker.  
Date of Certificate Jan 9/96 Residence \_\_\_\_\_

Patrick J. Burke 1905

93

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

## RETURN OF A DEATH.

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

1. Name of deceased *Patrick J. Burke*

2. Sex *Male* 3. Color *White* 4. Age *69*

5. Married or Single *Married*

6. Date of death *Mar. 5<sup>th</sup> 1905*

7. Cause of death *Chronic Pneumonia*

8. Duration of last illness *L. E. Huddell*, M. D.

Residence .....

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

9. Occupation .....

10. Place of birth *Ireland*

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

12. Time of residence in the city *43 yrs.*

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

{ Name of Father .....

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

15. Date of intended interment *Mar. 7<sup>th</sup> 05.*

*Ernest and Grand*, Undertaker.

Date of Certificate *Mar. 6/05.* Residence .....



Abe Burnam 1898

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 Burnam Burnam  
2. Sex Male 3. Color Blk 4. Age 61 yrs  
5. Married or single Married  
6. Date of death Nov 18 1898  
7. Cause of death Paralysis  
8. Duration of last illness \_\_\_\_\_  
\_\_\_\_\_  
O. D. Porter M. D.  
Residence City.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence E Chestnut St Ward No. 1st  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Mt Moriah Cem.  
15. Date of intended interment Nov 20 1898.  
Guard and Guard, Undertaker.  
Date of Certificate Nov. 19 1898. Residence \_\_\_\_\_

Jim Burnam 1894

675 95

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Jim Burnam  
2. Sex Male 3. Color Blk 4. Age 50 about  
5. Married or single Married  
6. Date of Death September 19 - 1894  
7. Cause of Death Heart trouble  
8. Duration of last Illness supposed to have died instantly  
C. C. Munkle M.D.  
Residence Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer  
10. Place of Birth Warren County Ky  
11. Residence Big St Ward No. 3  
12. Time of Residence in the City Life  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment Hot Springs  
15. Date of intended Interment Sept 20 1894  
Orathu & Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

John Burnam 1891

343 96

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

*Burnam*

1. Name of deceased *John Burnam*  
2. Sex *Male* 3. Color *white* 4. Age *87 yrs.*  
5. Married or Single *Single*  
6. Date of Death *Nov 3<sup>d</sup> 1891*  
7. Cause of Death *old age*  
8. Duration of last Illness *one year*  
*H. P. Conwright, M. D.*  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Richmond Kentucky,*  
11. Residence *11<sup>th</sup> street* Ward No. *3<sup>d</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *Nov 5<sup>th</sup> 1891.*  
*Frank G. Grand, Undertaker.*  
Date of Certificate *Nov 4<sup>th</sup> 91* . Residence \_\_\_\_\_

Child of Lallie Burnam 1896

1037 97

This Constitutes One Certificate to 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 *Female* . 3. Color *Black* . 4. Age *Stier Born*  
5. Married or single *single*  
6. Date of Death *Aug - 1 - 1896.*  
7. Cause of Death *Stillborn*  
8. Duration of last Illness *X*  
*J. M. Coomb*, M. D.  
Residence *State St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Tenth St. Bowling Green Ky*  
11. Residence *Tenth St.* Ward No. *- 3rd*  
12. Time of Residence in the City *Up to*  
13. When a Minor { Name of Mother *Lallie Burnam*  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *County Cem*  
15. Date of intended Interment *Aug - 1 - 1897*  
*F. Leonard*, Undertaker.  
Date of Certificate *Aug - 1 - 1897* Residence *College St*

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 Burman  
2. Sex female 3. Color BRN 4. Age 27  
5. Married or single \_\_\_\_\_  
6. Date of death July 27 1901  
7. Cause of death Pneumonia  
8. Duration of last illness 11  
N.P.C. H. P. Cantwong Jr. M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Indy  
11. Residence 10th St Ward No. 3  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother Sarah Burman  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Art Memorial  
15. Date of intended interment July 30 1901  
Shawyer Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Mary E. Burnem 1892

422

99

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

*Burnem*

1. Name of deceased *Mrs Mary E Burnem*  
2. Sex *Female* . 3. Color *White* . 4. Age *57 years*  
5. Married or Single *Widow*  
6. Date of Death *July 7<sup>th</sup> 1892*  
7. Cause of Death *Flux*  
8. Duration of last Illness *Two Weeks*  
*W D N Claypool*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Kentucky*  
11. Residence *South of Center* Ward No. *2*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *July 8<sup>th</sup>*  
*W D N Claypool*, Undertaker.  
Date of Certificate *July 8<sup>th</sup> 92* Residence \_\_\_\_\_

Sarah Burman 1904

100

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

## RETURN OF A DEATH.

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

1. Name of deceased *Sarah Burman*  
*Burman*

2. Sex *Female* Color *Blk.* 4. Age *60*

3. Married or Single *Widow*

6. Date of death *July 25<sup>th</sup> 04.*

7. Cause of death *Chronic Dysentery*

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

*O. D. Porter*, M. D.

Residence \_\_\_\_\_

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

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

10. Place of birth \_\_\_\_\_

11. Residence *E. Chestnut St* Ward No. *1*

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

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

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

15. Date of intended interment *July 26<sup>th</sup> 04.*

*Edward D. Grand*, Undertaker.

Date of Certificate *July 26<sup>th</sup> 04.* Residence \_\_\_\_\_

Sarah D. Burnam 1901

101

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Sarah D. Burnam*  
2. Sex *Female* 3. Color *White* 4. Age *68 yrs*  
5. Married or single *Widow of the late J. L. Burnam*  
6. Date of death *Mar. 24 / 1901.*  
7. Cause of death *Softening of brain*  
8. Duration of last illness *Several years*  
*J. W. Covales*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Warren County*  
11. Residence *E. Chestnut St.* Ward No. *1*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Mar. 25 / 1901.*  
*Gerard and Gerard*, Undertaker.  
Date of Certificate *Mar. 24 / 1901.* Residence \_\_\_\_\_



William Burnam 1897

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 *William Burnam*

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

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

6. Date of Death *Sept 15<sup>th</sup> 1897*

7. Cause of Death *Dont know*

8. Duration of last Illness *three weeks*

Dr. Stone  
did not see *T. W. Stone*, M. D.  
until dying and could  
not make diagnosis. Residence *College St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *City*

11. Residence *10<sup>th</sup> St*      Ward No. *3*

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

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

14. Place of intended Interment *Not Marial*

15. Date of intended Interment *Sept 16 1897*

*Prattman Taylor*, Undertaker.

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

J. W. Burns 1911

978 103

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

## RETURN OF A DEATH.

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

1. Name of deceased J. W. Burns

2. Sex Male 3. Color White 4. Age 40 yrs.

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

6. Date of death Mar 11" 1911.

7. Cause of death Pulmonary Tuberculosis as per Shipping Certificate

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

E. A. Garand  
Residence Bowling Green Ky

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

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

10. Place of birth Ky

11. Residence Louisville Ky Ward No. \_\_\_\_\_

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

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Mar 13" 1911.

Garand T. Garand, Undertaker.

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.

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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1. Name of deceased Clarence Burnett  
2. Sex Male 3. Color White 4. Age 20 yrs.  
5. Married or single Single  
6. Date of Death Oct 27/92.  
7. Cause of Death Typhoid Fever with Complications  
8. Duration of last Illness \_\_\_\_\_

\_\_\_\_\_, M. D.  
Residence Cincinnati

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation \_\_\_\_\_  
10. Place of Birth McLean County  
11. Residence Adams St. Ward No. 3rd  
12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment Franklin County  
15. Date of intended Interment Oct 28/92

F. G. Guaid & Co., Undertaker.

Date of Certificate Oct 27/92 Residence \_\_\_\_\_

Clay Burnett 1899

57 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 Clay Burnett Burnett  
2. Sex male 3. Color white 4. Age 8 mo  
5. Married or single \_\_\_\_\_  
6. Date of death Sept 5 1899-  
7. Cause of death Cholera Infantum  
8. Duration of last illness 5 days  
T.M.S. T.W. Stone M. D.  
Residence College St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth City  
11. Residence Farmers Ave Ward No. 2  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother Mamma Burnett  
                          } Name of Father Dennis Burnett  
14. Place of intended interment Hayes St  
15. Date of intended interment Sept 5 1899  
Hawley Payne 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.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

Perina ————— Burnett

1. Name of deceased Perina Burnett  
2. Sex Female 3. Color white 4. Age 46  
5. Married or Single Widow  
6. Date of Death Dec 2<sup>nd</sup> 1891  
7. Cause of Death Typhoid Fever  
8. Duration of last Illness 59 days

J. H. Pymms M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation House Keeper  
10. Place of Birth Alabama  
11. Residence city Ward No. 4  
12. Time of Residence in the City 2 yrs

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

14. Place of intended Interment Farrow Cem  
15. Date of intended Interment Dec 7<sup>th</sup> 1891

Pratt Pymms, Undertaker.

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

Georgia A. Burningham 1901

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 George A. Burningham  
2. Sex Female 3. Color White 4. Age 16 yrs  
5. Married or single Single  
6. Date of death March 24 - 1901  
7. Cause of death Meningitis  
8. Duration of last illness Two weeks -  
Dr. F. N. Murphy, M. D.  
Residence Eight St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth London Co -  
11. Residence Admas St Ward No. 3rd  
12. Time of residence in the City. 2 yrs  
13. When a minor { Name of Mother Burningham  
Name of Father Wm Burningham  
14. Place of intended interment March - 25 - 1901  
15. Date of intended interment Fairview cemetery  
Guard & Guard, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Lena Burningham 1900

108

This Constitutes One Certificate to 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 female 3. Color white 4. Age 5 yrs  
5. Married or single Single  
6. Date of death Dec-11-1900  
7. Cause of death Typhoid Fever  
8. Duration of last illness 17 days  
Geo. H. Blackburn M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Simpson Co - Ky  
11. Residence \_\_\_\_\_ Ward No. \_\_\_\_\_  
12. Time of residence in the City 2 yrs -  
13. When a minor } Name of Mother Manda Burningham  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cem  
15. Date of intended interment Dec-11-1900  
Luad Leard, Undertaker.  
Date of Certificate Dec-12-1900 Residence \_\_\_\_\_

William Burningham 1901

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 Wm Burningham  
2. Sex Male 3. Color White 4. Age 35 yrs  
5. Married or single Married  
6. Date of death March 22-  
7. Cause of death Consumption  
8. Duration of last illness 12 months  
J. N. Murphy, M. D.  
Residence Eight Street

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer  
10. Place of birth Simpson Co -  
11. Residence Admas St Ward No. 3rd  
12. Time of residence in the City. Two Years.  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Franconia Cemetery  
15. Date of intended interment March - 23 - 1901  
Guard & Grand, Undertaker.  
Date of Certificate March 23/1901 Residence Tenth 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 Male 3. Color White 4. Age 11 yrs  
5. Married or single Single  
6. Date of death November, 21, 1900.  
7. Cause of death Tubercula Meningitis  
8. Duration of last illness \_\_\_\_\_  
J. H. Blackburn M. D.  
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Simpson County Ky.  
11. Residence \_\_\_\_\_ Ward No. 9  
12. Time of residence in the City 2 yrs.  
13. When a minor } Name of Mother Mrs Mauda Burningham  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment, Fairview Cemetery  
15. Date of intended interment Nov 22 / 1900  
Garard and Garard. , Undertaker.  
Date of Certificate Nov 22 / 1900. Residence \_\_\_\_\_



Charles Burrus 1909

112

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

## RETURN OF A DEATH.

725

Physician's Certificate Preparatory to Burial.

1. Name of deceased Chas. Burrus,  
2. Sex Male 3. Color Blk 4. Age 25 yrs.  
5. Married or single Single  
6. Date of death Nov 20 1909.  
7. Cause of death Killed by Snowden Patterson.  
8. Duration of last illness  
R. S. Hunter, acting coroner R II  
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth Memphis,  
11. Residence Nashville, Tenn. Ward No.....  
12. Time of residence in the city several years  
13. When a minor { Name of mother Mary Glass,  
                          { Name of father.....  
14. Place of intended interment Nashville Tenn.  
15. Date of intended interment Nov 23 1909.  
GERARD & GERARD, Undertaker.  
Date of Certificate Nov, 22/09. Residence BOWLING GREEN, KY

America Burton 1896

113

*Out of town*

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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1. Name of deceased *America Burton*

2. Sex *female* 3. Color *BLK* 4. Age *85 yrs*

5. Married or single *widow*

6. Date of Death *April 14 1896*

7. Cause of Death \_\_\_\_\_

8. Duration of last Illness \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Virginia*

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

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

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

14. Place of intended Interment *Allen Co*

15. Date of intended Interment *Apr 15 1896*

*Pratt & Payne*, Undertaker.

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

*Sent to County for Burial*

Annie Mystie Burton 1892

446 114

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Annie Mystie Burton*

2. Sex *female* 3. Color *white* 4. Age *18 mos*

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

6. Date of Death *Aug 25 1892*

7. Cause of Death *Cholera Infantum*

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

*B. H. Milliken* \_\_\_\_\_ *B. H. Milliken* M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

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

10. Place of Birth *city*

11. Residence *city* Ward No. *4*

12. Time of Residence in the City *life*

13. When a Minor. ) Name of Mother *Mollie Burton*  
                          ) Name of Father *Josh A. Burton*

14. Place of intended Interment *Lairview Cem*

15. Date of intended Interment *Aug 26 1892*

*Boather & Payne*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence *city*

Charles H. Burton 1901

115

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Charles H. Burton*

2. Sex *male* 3. Color *white* 4. Age *11 mo*

5. Married or single *single*

6. Date of death *July 14 1901*

7. Cause of death \_\_\_\_\_

8. Duration of last illness *Profound*

*28 m* \_\_\_\_\_, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *City*

11. Residence *near the manuf. fact* Ward No. \_\_\_\_\_

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

13. When a minor { Name of Mother *Marta Burton*  
Name of Father *J. W. Burton*

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *July 19 1901*

*Hawkeye Payne*, Undertaker.

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

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.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *J. L. Burton*  
2. Sex *Male* 3. Color *white* 4. Age *40*  
5. Married or Single *Married*  
6. Date of Death *July 5 1892*  
7. Cause of Death *Flux*  
8. Duration of last Illness \_\_\_\_\_  
*Milliken* *B. H. Milliken* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Labourer*  
10. Place of Birth *Ky*  
11. Residence *B. Green* Ward No. *4*  
12. Time of Residence in the City *12 yrs*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *July 6<sup>th</sup> 1892*  
*Robert P. Pym*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

E. T. Bush 1900

3 117

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased E. T. Bush  
2. Sex male 3. Color white 4. Age 67 yrs  
5. Married or single married  
6. Date of death Jan 10 1900  
7. Cause of death Bright Disease  
8. Duration of last illness \_\_\_\_\_

E. T. Bush M. D.  
Residence Lawrenceville Ga

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Gardener  
10. Place of birth \_\_\_\_\_  
11. Residence Newton St Ward No. 1  
12. Time of residence in the City several years  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Harview Cem  
15. Date of intended interment Jan 13 1900  
Harley Pagan Undertaker.

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



Lucy B. Bush 1900

118

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Lucy B Bush* <sup>Bush</sup>

2. Sex *female*      3. Color *white*      4. Age *56 yrs*

5. Married or single *widow*

6. Date of death *Oct 16 1900*

7. Cause of death *Cancer*

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

M. D.

Residence *E. G. Bush*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *Tenn*

11. Residence *Hinton near Broadway* Ward No. *1*

12. Time of residence in the City *5 yrs*

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

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Oct 18 1900*

*T. Hawley Payne* Undertaker.

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

John Bush 1879

119

*4* certify that \_\_\_\_\_ returned to the City Clerk for a BURIAL PERMIT.

**OF A DEATH.**

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Bush*

2. Sex *Male*      3. Color *White*      4. Age *11 years*

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

6. Date of Death *March 29<sup>th</sup> 1879*

7. Cause of Death *Measles*

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

\_\_\_\_\_, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence \_\_\_\_\_ . Ward No. *2*

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

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

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

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

Democrat Print.

Mary Bush 1899

114 120

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Mary Bush Bush  
2. Sex Female 3. Color Pink 4. Age 24 years  
5. Married or single Married  
6. Date of death Dec. 28/99  
7. Cause of death Consumption  
8. Duration of last illness \_\_\_\_\_  
O. D. Porter M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence Chestnut 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 Mt. Moravia  
15. Date of intended interment Dec. 30/99  
Gerard & Gerard , Undertaker.  
Date of Certificate Dec 29/99 Residence \_\_\_\_\_

Paul Bush 1906

121

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Paul Bush*

2. Sex *male* 3. Color *black* 4. Age *5 yrs*

5. Married or single *single*

6. Date of death *Aug. 20 - 1906*

7. Cause of death *Cerebral Paralysis*

8. Duration of last illness *about 2 months*

*W. D. Smith*, M. D.  
Residence *Bowling Green 14*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *Bowling Green*

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

12. Time of residence in the City. *five yrs*

13. When a minor { Name of Mother *Bush*  
Name of Father *Henry Bush*

14. Place of intended interment *Mt. Mariah Cem.*

15. Date of intended interment *Aug. 21 - 1906*

*J. E. Humphreys* Undertaker.

Date of Certificate *Aug 22* Residence *Lea*  
*7 + College St*

George Butler 1900

46 122

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Geo. Butler  
2. Sex male 3. Color black 4. Age 5 yrs  
5. Married or single married  
6. Date of death May 14, 1900  
7. Cause of death Inflammatory Rheumatism  
8. Duration of last illness Three months  
J. W. Potts, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Gardner  
10. Place of birth \_\_\_\_\_  
11. Residence Bowling Green 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 Mt. Mariah  
15. Date of intended interment May 17, 1900  
J. E. Heykuddell, Undertaker.  
Date of Certificate June 11, 1900 Residence Bowling Green Ky. S 15 State St.

George Butler 1913

123

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

## RETURN OF A DEATH.

1418

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

1. Name of deceased George Butler Butler  
2. Sex Male 3. Color Black 4. Age 39  
5. Married or single \_\_\_\_\_  
6. Date of death June 16-1913  
7. Cause of death Pulmonary Tuberculosis  
8. Duration of last illness per vital statistics of  
Erasmus G. Gerard M. D.  
Residence 2 Green

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

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence Dracakesalee Lane Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of mother \_\_\_\_\_  
                          { Name of father \_\_\_\_\_  
14. Place of intended interment Mt Mansfield Cemetery  
15. Date of intended interment June 18-1913  
Erasmus G. Gerard Undertaker.  
Date of Certificate June 18-13 Residence City

Child of Mollie Butler 1898

1180 124

This Constitutes One Certificate to 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 Mollie Butler*  
2. Sex *Female* 3. Color *Blk.* 4. Age *4 1/2 yrs*  
5. Married or single *Single*  
6. Date of death *Sept 24 1898*  
7. Cause of death *Jaundice*  
8. Duration of last illness \_\_\_\_\_

*C. O. Porter* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *Kentucky street* Ward No. \_\_\_\_\_  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother *Mollie Butler*  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *County Cemetery*  
15. Date of intended interment *Sept 25 1898*  
*Guard & Guard* , Undertaker.  
Date of Certificate *Sept 24 1898* Residence \_\_\_\_\_

Stella Butler 1894

635 125

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Stella Butler*  
2. Sex *Female* 3. Color *White* 4. Age *32*  
5. Married or single *Single*  
6. Date of Death *July 30 1894*  
7. Cause of Death *Diphtheria*  
8. Duration of last Illness *4 weeks*  
*H. P. Chricht*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Tenn*  
11. Residence *Ry An*, Ward No. *4*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *Farmers Cent*  
15. Date of intended Interment *July 30 1894*  
*F. C. Gomb* Undertaker.  
Date of Certificate \_\_\_\_\_, Residence *Ry An*



Thomas Butler 1892

378 126

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Thomas Butler*  
2. Sex *Male* 3. Color *Col* 4. Age *411*  
5. Married or Single *Married*  
6. Date of Death *Jan 24<sup>th</sup> 1892*  
7. Cause of Death *Intestinal Catarrh*  
8. Duration of last Illness *six months*  
*R. J. Hamilton*, M. D.  
Residence *Barcolney Spring Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Labourer*  
10. Place of Birth *Logan County Ky*  
11. Residence *Leath Street* Ward No. *3<sup>d</sup>*  
12. Time of Residence in the City  
13. When a Minor. } Name of Mother  
                          } Name of Father  
14. Place of intended Interment *Mt Monah*  
15. Date of intended Interment *Jan 25<sup>th</sup> 1892*  
*Feb Grand*, Undertaker.  
Date of Certificate *Jan 24<sup>th</sup> 92* Residence

Bishop A. Burtram 1907

127

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

## RETURN OF A DEATH.

790

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

1. Name of deceased Bishop A. Burtram Burtram  
2. Sex Male 3. Color White 4. Age 38 yrs  
5. Married or single Married  
6. Date of death Aug 8" 1907.  
7. Cause of death Stomachic Poison - Typhoid Malaria  
8. Duration of last illness H. M. Cornack M. D.  
Residence BOWLING GREEN, KY.

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

9. Occupation.....  
10. Place of birth Kentucky  
11. Residence Kentucky St. Ward No. 2  
12. Time of residence in the city 9 yrs  
13. When a minor { Name of mother —  
Name of father —  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Aug 9" 1907  
GERARD & GERARD, Undertaker.  
Date of Certificate Aug 8/07 Residence BOWLING GREEN, KY

SPG 231  
188  
218

Infant of Virgil & Rosa Buts

859 128

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Infant of Virgil Buts + Rosa

2. Sex Female 3. Color Blk 4. Age 6 weeks.

5. Married or single single

6. Date of Death Mar 4/96

7. Cause of Death accidentally smothered

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

B L Guller, Coroner, M.D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth City

11. Residence Center street Ward No. 7

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

13. When a Minor { Name of Mother Rosa Buts  
                          { Name of Father Virgil "

14. Place of intended Interment County Cemetery

15. Date of intended Interment Mar 5/1896

F. L. Guard & Bro., Undertaker.

Date of Certificate Mar 5/96 Residence \_\_\_\_\_

Louisa Butterfield 1879

129

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- Name of Deceased *Louisa Butterfield*
- Sex *Female*
- Color *White*
- Age *25*
- Married or Single *Single*
- Date of Death *2<sup>nd</sup> of July 79*
- Cause of Death *Inflammation of the Stomach  
& bowels with peritonitis*
- Duration of last Illness *4 days*

*McCormick*, M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- Occupation *Milliner*
- Place of Birth
- Residence
- Ward No. *1*
- Time of Residence in the City *3 mo*
- When a Minor { Name of Mother  
Name of Father
- Place of intended Interment *Rossvelt Kentucky*
- Date of intended Interment

*Frank C. Howard*, Undertaker.  
Date of Certificate *July 2<sup>nd</sup>* Residence *Green Street*  
*McCormick*

Democrat Print.

Wendal. T. Button 1912

130-1

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

## RETURN OF A DEATH.

1214

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Wendal T. Button  
2. Sex Male 3. Color White 4. Age 18 Mos  
5. Married or Single Single  
6. Date of death July 10<sup>th</sup> 1912  
7. Cause of death Scrubo, Spinal Meningitis (as per Shipping Certificate from Indiana)  
8. Duration of last illness E. A. Gerard, Funeral Director  
Residence Bowling Green Ky.

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

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence Howell Ind. Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother Mrs. Wren Button  
Name of Father Wren Button  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment July 12<sup>th</sup> 1912  
**GERARD & GERARD.**  
\_\_\_\_\_, Undertaker.  
Date of Certificate July 12<sup>th</sup> 1912 Residence BOWLING GREEN, KY

Wendal T. Button

130-2  
**DUPLICATE.** Transit Permit No. \_\_\_\_\_  
 L & N RR Railroad. FORM **G**

**TRANSPORTATION OF CORPSE.**  
 INDIANA STATE BOARD OF HEALTH.

**PHYSICIAN'S OR CORONER'S CERTIFICATE.**

Name of Deceased Wendal T. Button Date of Death July 10  
 Hour of Death 7:45 P.M. Age 6 Years 26 Months 26 Days  
 Place of Death Howell Ind Cause of Death \_\_\_\_\_  
 which is a non-communicable disease.  
 I hereby certify that the above is true to the best of my knowledge and belief.  
W. W. Rothrock M. D. or Coroner.  
 Residence Howell County of Vanderburgh State of Ind

**PERMIT OF LOCAL BOARD OF HEALTH.**

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

In the Town of Howell County of Vanderburgh  
 State of Ind on the 11 day of July 1912  
 permission is hereby given J. Schaefer holder of Embalmer's Permit No. 171 X 310  
 to remove for burial at Bondy Green in the County of Warren  
 State of Ind the body of Wendal T. Button  
 who died at Howell County of Vanderburgh State of Ind  
 on the 10 day of July Aged 6 Years 26 Months 26 Days.  
Wendal T. Button is hereby authorized to accompany said remains.  
 [SEAL] Signed W. W. Rothrock Health Officer.  
 RULE 1. The transportation of bodies dead of small-pox, Asiatic cholera, yellow fever, typhus fever or bubonic plague, is absolutely forbidden.

Department by First Train.  
 to the

Rensy Butts 1906

131

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Rensy Butts*  
2. Sex *male* 3. Color *black* 4. Age *18*  
5. Married or single *single*  
6. Date of death *Feb 10 - 1906*  
7. Cause of death *Consumption*  
8. Duration of last illness *about 14 months.*  
*J. W. Willis* M. D.  
Residence *131 1/2 main st.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *common labor*  
10. Place of birth *Rockfield*  
11. Residence *near Woodford st* Ward No. ....  
12. Time of residence in the city *1 year*  
13. When a minor { Name of mother .....  
                          { Name of father .....  
14. Place of intended interment *mt moriah cem.*  
15. Date of intended interment *Feb 11 - 1906*  
*J. E. Kuykendall* Undertaker.  
Date of Certificate *March 9* Residence *Cor. of*  
*7 + College Streets*

Child of Robert & Mary Butts 1904

132

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

## RETURN OF A DEATH.

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

1. Name of deceased *Infant of Robt Butts*

2. Sex *Girl* 3. Color *Blk.* 4. Age *2 mos*

5. Married or Single *Single*

6. Date of death *Dec 29" 04.*

7. Cause of death *Pneumonia*

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

*J. H. Wallis*, M. D.

Residence \_\_\_\_\_

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

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

10. Place of birth *City*

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

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

13. When a minor { Name of Mother *Mary Butts*  
Name of Father *Robt Butts*

14. Place of intended interment *County Cemetery*

15. Date of intended interment *Dec 30" 04*

*Ernest J. Erard* Undertaker.

Date of Certificate *Dec 29" 04* Residence *City*



Bob Bynam 1905

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 *Bob Bynam*

2. Sex *male* 3. Color *black* 4. Age *40 yr*

5. Married or single *single*

6. Date of death *Jan - 16 - 1905*

7. Cause of death \_\_\_\_\_

8. Duration of last illness \_\_\_\_\_  
*Attended by Dr. Will Buss - but he refused to sign.* \_\_\_\_\_, M. D.  
*Buss*

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *laborer*

10. Place of birth \_\_\_\_\_

11. Residence *Adam Alley* 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 Ground*

15. Date of intended interment *Jan 17 - 1905*

*Lawley Payne*, 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.

1907

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

1. Name of deceased Julia Byrns

2. Sex female 3. Color White 4. Age 57 yrs.

5. Married or single married

6. Date of death July - 21 - 1907

7. Cause of death Pneumonia

8. Duration of last illness 2 weeks

Residence City

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

9. Occupation Housewife

10. Place of birth County

11. Residence Delafield Ward No. ....

12. Time of residence in the city not at all.

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

14. Place of intended interment Fairview Cem.

15. Date of intended interment July - 22 - 1907

Abraham Payne Undertaker.

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

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

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