


1877

Box 1, Folder 6 Bowling Green, Kentucky - Death Records, Ca-Cok

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Benjamin Francis Cabell, 1909

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

RETURN OF A DEATH.

1909

Physician's Certificate Preparatory to Burial.

1. Name of deceased B. F. Cabell [B. F. Cabell]
 2. Sex Male 3. Color White 4. Age 57 9/10
 5. Married or single Married
 6. Date of death September 19th, 1909
 7. Cause of death Cerebral embolism
 8. Duration of last illness six weeks
 Signature A. T. McBurney M. D.
 Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Paris, Ky
 11. Residence Bowling Green, Ward No.....
 12. Time of residence in the city 20 years
 13. When a minor { Name of mother.....
 Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Sept 21st - 1909
Warrick Enoch Undertaker.
 Date of Certificate Sept 20th 09 Residence Bowling Green Ky

Mary Douglas Cabell, 1907

2

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 Mary Douglas Cabell

2. Sex female 3. Color white 4. Age 5 mo

5. Married or single single

6. Date of death July 9th 1907

7. Cause of death Gastro Enteritis

8. Duration of last illness short

Francis Gibson Ramsey M. D.

Residence city

Undertaker's Certificate in Relation to Deceased.

9. Occupation None

10. Place of birth St Louis Mo

11. Residence St Louis Mo Ward No.

12. Time of residence in the city several weeks

13. When a minor { Name of mother
Name of father Mr. Breckinridge Cabell

14. Place of intended interment Fairview Cemetery

15. Date of intended interment July 10 - 1907

 Undertaker.

Date of Certificate Residence

Rockfield Cage, 1906

3

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Rockfield Cage*
2. Sex *male* 3. Color *black* 4. Age *16*
5. Married or single *single*
6. Date of death *Feb 18 - 1906*
7. Cause of death *Pneumonia Lobar*
8. Duration of last illness *8 days*
F. B. Radm M. D.
Residence *Sawyer Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *common labor*
10. Place of birth *Franklin Ky.*
11. Residence *Center Street* Ward No. *9*
12. Time of residence in the city *two years*
13. When a minor { Name of mother
Name of father
14. Place of intended interment *mt manap leem*
15. Date of intended interment *Feb 19 - 1906*
J. E. Kuykendall Undertaker.
Date of Certificate *Mar 9 - 1906* Residence *Leon 7 +
College St.*

Maggie Cain, 1900

6 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 *Mrs. Maggie Cain Cain*
2. Sex *Female* 3. Color *White* 4. Age *42 yrs.*
5. Married or single *Widow*
6. Date of death *Jan. 19th 1900.*
7. Cause of death *Dysentery*
8. Duration of last illness _____
J. E. Meredith, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *A. G. Ky.*
11. Residence *Main 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 Cemetery.*
15. Date of intended interment *Jan. 21st 1900.*
Guard & Guard, Undertaker.
Date of Certificate *Jan 20 1900* Residence _____

Bettie Caldwell, 1880

5

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Bettie Caldwell Caldwell*
2. Sex *Female* 3. Color *Black* 4. Age *17 years*
5. ~~Married~~ or Single
6. Date of Death *April 24th 1880*
7. Cause of Death *Typho-Neuralgic Fever*
8. Duration of last Illness *Four weeks*

J. A. McCormack, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

F. O. Gerard, Undertaker.
Date of Certificate *April* Residence

Democrat Print.

Child of Bulah Caldwell, 1913

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

RETURN OF A DEATH.

14024

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased *Infant Caldwell*
- 2. Sex *Male* 3. Color *Blk.* 4. Age *—*
- 5. Married or single *single*
- 6. Date of death *May 29-13.*
- 7. Cause of death *Still Born*
- 8. Duration of last illness

Dr. G. M. Mottlock
Coroner of Warren Co.
 Residence *Bowling Green, Ky.*

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation
 - 10. Place of birth *Bowling Green, Ky.*
 - 11. Residence *Canton St.* *Bowling Green, Ky.* Ward No.
 - 12. Time of residence in the city
 - 13. When a minor { Name of mother *Bulah Caldwell*
Name of father *Do not know*
 - 14. Place of intended interment *County Cemetery*
 - 15. Date of intended interment *May 30 1913.*
- GERARD & GERARD* Undertaker.
 Date of Certificate *May 30/13* Residence *Bowling Green, Ky.*

Phillip Calenti, 1879

3 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 *Phillip Calenti Calenti*

2. Sex *Male* 3. Color *White* 4. Age *51*

5. Married or Single *Married*

6. Date of Death *June 21 1879*

7. Cause of Death *Apoplexy*

8. Duration of last Illness *(20) hours*

R. R. Thomson, M. D.

Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. 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 _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Democrat Print.

Child of R. S. Calkin, 1901

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 R. S. Calkin. Calkin*
2. Sex *Male* 3. Color *White* 4. Age *6 wks.*
5. Married or single *Single*
6. Date of death *Sept. 19, 1901*
7. Cause of death *Inanition*
8. Duration of last illness _____
Brown. *Dr. Grace Brown* M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Elgin Ill.*
11. Residence *State Street* Ward No. *2nd*
12. Time of residence in the City. *2 wks*
3. When a minor { Name of Mother *Mrs. R. S. Calkin*
Name of Father *R. S. Calkin*
4. Place of intended interment *Fairview Cemetery*
5. Date of intended interment *Sept. 20, 1901*
Guard and Guard Undertaker.
Date of Certificate *Sept. 20, 1901.* Residence _____

Mrs. P. G. Callahan, 1908

511 9-1

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs P G Callahan*
2. Sex *Female* 3. Color *White* 4. Age
5. Married or single *Married*
6. Date of death *Aug 27*
7. Cause of death *Acute indigestion*
8. Duration of last illness
G J Grail M. D.
Residence *Montgomery, Ala*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth
11. Residence *Montgomery, Ala* Ward No.
12. Time of residence in the city
13. When a minor { Name of mother *Mrs C Nolan*
Name of father *Pat Nolan*
14. Place of intended interment *St. Joseph*
15. Date of intended interment *Aug 29*
H. H. Payne (Wife) Undertaker.
Date of Certificate *Aug. 29.* Residence *City*

Mrs. P. G. Callahan, 1908

11-2
10-6

SANITARY DEPARTMENT.
MONTGOMERY, ALA.

No. 660 (To be issued by City Physician or County Board of Health.)

TRANSIT PERMIT

Office of **CITY PHYSICIAN** 1908

Permission is hereby given to remove the remains of Mrs P. G. Callahan
 color White, sex Female Age: 31 years 8 months 27 days,
 who died at 228 Cataraugus St
 on the 27 day of Aug, 1908, the cause of death being
acute indigestion which is a
non contagious disease, and a
 Transit Permit being asked for burial at Burial Ground
 in the State of Ky
 Name of Undertaker or person in charge of the Transit Leak Undertaking Co
 Name of Medical Attendant or Coroner Montgomery

Signed G. J. Greer City Physician.
 By D. D. [unclear]

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

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

MSS 293
BIFG

UNDERTAKER'S AFFIDAVIT - In case of Infectious or Contagious Disease or Disinterment.
 MONTGOMERY, ALA. 1908

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

Signed _____ Undertaker.

STATE OF ALABAMA, { On this _____ day of _____, A. D. 1908 before me
 COUNTY OF MONTGOMERY. { _____
 a _____ (Notary Public, Justice of the Peace), in and for the County and State
 aforesaid, personally appeared _____ to me known, and made
 oath and says that all the statements contained in the foregoing are true.

Sworn and subscribed to before me this _____ day of _____, 1908.

SEAL _____

Effie Callis, 1912

10

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

RETURN OF A DEATH.

1187

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Effie Callis
2. Sex Female 3. Color White 4. Age 33 yrs.
5. Married or Single Married
6. Date of death May 5" 1912.
7. Cause of death Phthisis, as per Vital Statistics
8. Duration of last illness E. A. Gerard, Funeral Director,
M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren Co Ky
11. Residence Scottsville, 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 7" 1912.
GERARD & GERARD, Undertaker.
Date of Certificate May 7" 1912 Residence BOWLING GREEN, KY

Thomas C. Calvert, 1898

1129

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *T. C. Calvert*
2. Sex *Male* 3. Color *White* 4. Age *77 yrs*
5. Married or single *Married*
6. Date of death *May 19 '98*
7. Cause of death *Chronic Bright Disease*
8. Duration of last illness *2 years*
H. R. Cartwright M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Tennessee*
11. Residence _____ 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 *May 20th 1898*
Guard & Guard, Undertaker
Date of Certificate *May 20/98* Residence *City*

Effie Cammel, 1880

12

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Effie Cammel
2. Sex Female 3. Color Black 4. Age 19 months
5. Married or Single Single
6. Date of Death July 13 1880
7. Cause of Death Pertussis
8. Duration of last Illness one week

J. F. McElroy M. D.

Residence Greder Street

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ . 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 _____
15. Date of intended Interment _____

F. L. Hancock, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Print.

James Camp, 1899

13

~~17~~ 21 21

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased James Camp
2. Sex male 3. Color white 4. Age 29 yrs
5. Married or single widower
6. Date of death March 15 1899
7. Cause of death Shot
8. Duration of last illness _____

B. L. Cullin *Coroner* N.D. ©
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Painter
10. Place of birth Italy
11. Residence Main St 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 Fairview Cem
15. Date of intended interment March 17 1899
Jeff Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

Child of Cooper & Symthina Campbell, 1901

14

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Child of Cooper Campbell
2. Sex male 3. Color white 4. Age 3 mo
5. Married or single _____
6. Date of death Nov-4-1901-
7. Cause of death Meningitis
8. Duration of last illness 10 days
Tom W. Stone M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Main St B.Y. Ky
11. Residence " " Ward No. 3rd
12. Time of residence in the City. Life Time
13. When a minor { Name of Mother Symthina Campbell
Name of Father Cooper "
14. Place of intended interment Faunus Am
15. Date of intended interment Nov-5-1901
Guard & Guard, Undertaker.
Date of Certificate _____ Residence _____

David B. Campbell, 1913

15

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

RETURN OF A DEATH.

1427

Physician's Certificate Preparatory to Burial.

1. Name of deceased David B. Campbell
 2. Sex Male 3. Color White 4. Age.....
 5. Married or single Widower
 6. Date of death JUN 21 1913
 7. Cause of death Senile debility
 8. Duration of last illness Ten days
B. E. Rutherford M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Retired Farmer
 10. Place of birth Bowling Green, Ky.
 11. Residence War " " " Ward No.
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment June 23 1913.
GERARD & GERARD. Undertaker.
 Date of Certificate JUN 21 1913 Residence Bowling Green, Ky.

George Campbell, 1908

16

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

RETURN OF A DEATH.

402

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Geo W Campbell
2. Sex man 3. Color white 4. Age 82
5. Married or single married
6. Date of death July 12 - 1908
7. Cause of death typhoid + pneumonia
8. Duration of last illness long
Will Stracher, M. D.
Residence Richmond, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer
10. Place of birth Warren County
11. Residence Country Ward No. _____
12. Time of residence in the City: _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Farmers Court
15. Date of intended interment July 13 1908
J. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Child of Harvey & Ellen Campbell, 1901

17

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Child of Harvey Campbell
2. Sex male 3. Color white 4. Age 2 1/2
5. Married or single _____
6. Date of death Aug. 8 - 1901
7. Cause of death _____
8. Duration of last illness _____

_____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Pa. Ky, Farrow Ave.
11. Residence Farrow Ave. Ward No. 2nd
12. Time of residence in the City. _____
13. When a minor { Name of Mother Ellen Campbell
Name of Father Harvey "
14. Place of intended interment Farrow Cemetery
15. Date of intended interment Aug. 9 - 1901

Edward O. O'Quinn Undertaker.
Date of Certificate _____ Residence _____

Henderson Campbell, 1879

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 *Henderson Campbell*
2. Sex *Boy* 3. Color *Blk* 4. Age *9 Years*
5. ~~Married~~ or Single
6. Date of Death *Butler Jan 30th*
7. Cause of Death *Measels*
8. Duration of last Illness *Two weeks*
R. C. Thomas M. D.
Residence *Big L*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Blount*
11. Residence *Blount* Ward No. *2*
12. Time of Residence in the City *all life*
13. When a Minor { Name of Mother *Mariah*
Name of Father *Louis*
14. Place of intended Interment *Fairview*
15. Date of intended Interment *Jan 31st*
Date of Certificate *Jan 31st 1879* *Wm. C. Gerard* Undertaker.
Residence *Blount Ky*

Democrat Print.

Henderson, Campbell, 1879

1187

CERTIFICATE OF UNDERTAKER.

I hereby certify that the accompanying dead body of Infant of R. P. Clack
(If a minor, give the parents' name also.)

Consigned to Bonhug Green in the County of _____ State of Ky
 and who died of Clacksville has been prepared by me, strictly in accordance with
 Rules of the State Boards of Health of Tennessee, for transportation by Railway or Steamboat.

Residence Clacksville Tenn Sassett Patton Shipping Undertaker.

(SEAL.) **PASTER.** Transit Permit No. _____
(Give Station No.)

Station Baggage men must enter hereon a description of the ticket, the exact route and VIA WHAT
 JUNCTION POINTS THE TICKET READS, which is held by the passenger in charge of the remains.

SPECIAL INSTRUCTIONS.—A burial case containing a corpse must not be received for transportation unless the person in charge of the remains
 presents a certificate of the attending physician or coroner, a permit of the Board of Health and an Undertaker's Certificate that the body has been
 prepared for burial according to the law of the State. Neither will it be received if any fluids or offensive odors are escaping from the case.

Date Dec 11/1907

From Clacksville to Bonhug Green State of Ky

No. of Ticket of Escort Pass Form No. of Ticket of Escort Pass

No. of Corpse Ticket Pass Form No. of Corpse Ticket Pass

Via Don R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Name of Passenger in charge R. P. Clack Place of Residence Clacksville

James Wesley Campbell, 1911

1911

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

RETURN OF A DEATH.

1003

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. W. Campbell
2. Sex male 3. Color white 4. Age 72
5. Married or Single Married
6. Date of death April 13-1911
7. Cause of death Anaemia Heart Disease
8. Duration of last illness as per Shipping Certificate
Engineer J. G. G. G.
Residence Funeral Director M. D.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Grainman
10. Place of birth T. Ky.
11. Residence Nashville Tenn 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 Apr 14-1911
Grant Gerard, Undertaker.
Date of Certificate Apr 14- Residence City

James Wesley Campbell, 1911

8-161

TRANSIT PERMIT No. _____ **CERTIFICATE OF UNDERTAKER.**

I (or we) hereby certify that the accompanying dead body of James Wesley Campbell
 (If a minor, give parents/name also.)

Consigned to Bowling Green, in the County of _____, State of Ky.
 and who died of _____

has been prepared for transportation by an Embalmer holding License No. _____ in conformity with Rule No. _____
 of the Transportation Rules.

Shipping Embalmer _____ License No. _____ Shipping Undertaker W. E. & MARTIN
 (Firm Name)

Address _____ Address _____

Station Baggage men must enter hereon a description of the ticket, the exact route, and VIA WHAT JUNCTIONAL POINTS THE TICKET READS, which is held by the passenger in charge of the remains.

SPECIAL INSTRUCTIONS—A burial case containing a corpse must not be received for transportation unless the person in charge of the remains presents a certificate of the attending physician or coroner, a Permit from the Board of Health and an Undertaker's Certificate that the body has been prepared for burial according to the law of the State. Neither will it be received if any fluids or offensive odors are escaping from the case. AGENTS will DETACH the CERTIFICATE and THIS PASTER at the perforation and tack them securely on the end of the box before shipping.

From Nashville to Bowling Green Date Apr 13-11
 State of Ky.

No. of Ticket of Escort 17563 Form No. of Ticket of Escort 102
 No. of Corpse Ticket 17567 Form No. of Corpse Ticket _____

Via _____ R. R. To _____
 Via _____ R. R. To _____
 Via _____ R. R. To _____
 Via _____ R. R. To _____

Name of passenger in charge Wm. J. Campbell Place of Residence Nashville
 Signed _____ Station B. M.

ISSUED BY TENNESSEE STATE BOARD OF EMBALMERS.

John Garland Campbell, 1900

20

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

Garland

1. Name of deceased *John Garland Campbell*

2. Sex *male* 3. Color *white* 4. Age *16 mo*

5. Married or single _____

6. Date of death *Sept 24 1900*

7. Cause of death *Cholera Infantum*

8. Duration of last illness *2 weeks*

J. A. McC *John D. Brown*, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Logan Co Ky*

11. Residence *Mechanica St* Ward No. _____

12. Time of residence in the City _____

13. When a minor } Name of Mother *Mollie Campbell*
 } Name of Father *Ed. Campbell*

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Sept 27 1900*

Rowley Payne Undertaker.

Date of Certificate _____ Residence _____

John R. Campbell, 1908

211

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

RETURN OF A DEATH.

443

Physician's Certificate Preparatory to Burial.

1. Name of deceased John R. Campbell
2. Sex Male 3. Color White 4. Age 42
5. Married or single _____
6. Date of death Apr. 18th 1908.
7. Cause of death Heart Disease & La Grippe
8. Duration of last illness _____
Signature J. H. Hussey M. D.
Residence Edyville Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence Edyville Ky Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of mother Jas. W. Campbell
 { Name of father Ma " " "
14. Place of intended interment Fairview Cemetery
15. Date of intended interment APR 20 1908
GERARD & GERARD. Undertaker.
Date of Certificate APR 20 1908 Residence BOWLING GREEN, KY

John R. Campbell, 1908

Paster to be forwarded to the General Baggage Agent, Chicago, Ill. 212

Illinois Central Railroad Company.
DUPLICATE.
TRANSPORTATION OF CORPSE.

FORM—G. B. O. 32. Transit Permit No. _____

This Certificate must be presented to the Local Board of Health for Approval.

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of Deceased John Campbell 1908
(If Minor, give parents' name also.)

Date of Death April 18th at 6 A.M.

Age 42 Years — Months — Days.

Place of Death Paducah Ky

Cause of Death Strait Sinar's Grippie

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

Residence Paducah County of Wayne State of Ky M. D. or Coroner.

PERMIT OF LOCAL BOARD OF HEALTH.

This Permit must be properly signed, and with Physicians Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the Ky (City or Town) of Paducah County of Wayne

State of Ky on the 19th day of April 1908

Permission is hereby given to remove for burial at Bowling Green

in the County of Wayne State of Ky the body of John Campbell who died at Paducah County of Wayne on the 18th day of April 1908 Aged 42 years — months — days. The cause of death being Strait Sinar's Grippie which is a Non Contagious disease. (Contagious or Non-contagious.)

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

Signed: J. J. Murray President.
J. J. Murray Clerk.
 Local Board of Health.

[If City or Town affix Corporate Seal.]

This Duplicate Transit Permit and Paster to be forwarded to the General Baggage Agent of the initial road by first train.

MSS 293 B1F6

Lewis Campbell, 1894

6214 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 *Lewis Campbell*
2. Sex *male* 3. Color *Blk* 4. Age *64 yrs.*
5. Married or single *Married*
6. Date of Death *May 31 1894.*
7. Cause of Death *Bright's disease of Kidneys*
8. Duration of last Illness _____

B. H. Milliken, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren county*
11. Residence *2nd 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 *St. Moriah Cemetery*
15. Date of intended Interment *June 1st 1894.*
F. C. Howard & Co., Undertaker.

Date of Certificate *June 1st 1894* Residence _____

Lewis E. Campbell, 1909

23

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

RETURN OF A DEATH.

663

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Rev. Lewis E. Campbell*
 2. Sex *Male* 3. Color *White* 4. Age *65*
 5. Married or single *married*
 6. Date of death *July 11th, 1909*
 7. Cause of death *Bright's Disease*
 8. Duration of last illness *two weeks*
 Physician *S. B. Martin* M. D.
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Member Louisville Conference*
 10. Place of birth *Merrill 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 *July 12th, 1909*
 Undertaker *Warren Enoch*
 Date of Certificate *July 12 " 09* Residence *B Green Ky*

Mrs. W. H. Campbell, 1910

24

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

RETURN OF A DEATH.

769

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. W. H. Campbell*
 2. Sex *Female* 3. Color *White* 4. Age *73*
 5. Married or single *married*
 6. Date of death *Feb. 15th. 1910*
 7. Cause of death *Chronic Bronchitis*
 8. Duration of last illness *Several months.*
F. D. Cartwright M. D.
 Residence *B. Green, Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *✓*
 10. Place of birth *✓*
 11. Residence *Warren County* Ward No. *✓*
 12. Time of residence in the city *✓*
 13. When a minor { Name of mother *✓*
 Name of father *✓*
 14. Place of intended interment *Funerary*
 15. Date of intended interment *Feb. 17th. 1910*
Marshall Couch Undertaker.
 Date of Certificate *Feb. 16th. 1910* Residence *B. Green Ky.*

William H. Campbell, 1903

25

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *William H. Campbell*
2. Sex *Male* 3. Color *White* 4. Age *54 yrs*
5. Married or single *Married*
6. Date of death *May 24th 1903.*
7. Cause of death *Organic Heart Disease*
8. Duration of last illness *8 mo*
Tom W. Stone M. D.
Residence *B. Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *R.R. Engineer.*
10. Place of birth *Alabama*
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 *Fairview Cemetery.*
15. Date of intended interment *May 24th 1903.*
Israel T. Girard, Undertaker.
Date of Certificate *May 24/1903* Residence _____

Mary Petrisa Canons, 1912

26

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

RETURN OF A DEATH.

1208

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mary Petrisa Canons*
 2. Sex *Female* . 3. Color *white* . 4. Age *2 yrs*
 5. Married or single *Single*
 6. Date of death *June 26 1912*
 7. Cause of death *Broncho Pneumonia with*
lobulitis of lungs
 8. Duration of last illness *3 days*
J. Hendill M. D.
 Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Bowling Green*
 11. Residence *" "* Ward No. _____
 12. Time of residence in the City. *Life*
 13. When a minor { Name of Mother *Annie Canons*
 { Name of Father *R. J. Canons*
 14. Place of intended interment *St. Joseph*
 15. Date of intended interment *Jan 28 1912*
E. J. Kelly, Undertaker.
 Date of Certificate _____ Residence *B. H. Ky.*

James H. Capshaw, 1906

27

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

RETURN OF A DEATH.

X 128

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *James H. Capshaw*
2. Sex *Male* 3. Color *White* 4. Age *33 yrs*
5. Married or single *Single*
6. Date of death *Nov 19th 1906*
7. Cause of death *Blow from instrument on head*
8. Duration of last illness _____

Joseph Gray Carson, M. D.
Residence **BOWLING GREEN, KY**

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Farmer*
10. Place of birth *Warren County Ky*
11. Residence *Near Scagg Mill* Ward No. _____
12. Time of residence in the City. _____

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

14. Place of intended interment *Loving Home yard Leavitt*
15. Date of intended interment *Nov 21- 1906*

GERARD & GERARD. , Undertaker.

Date of Certificate *Nov 20th 1906* Residence **BOWLING GREEN, KY**

Joe Carder, 1891

Out of town 28

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Joe Carder.*
 2. Sex *Male* . 3. Color *White* 4. Age *23 yrs*
 5. Married or Single *Single*
 6. Date of Death *Aug 7/91.*
 7. Cause of Death *miscellaneous*
 8. Duration of last Illness *Six weeks*
Castroight & Coombs M. D.
 Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth *Warren County*
 11. Residence *Hooker Mills* 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 *Galilee Farm*
 15. Date of intended Interment *Aug 8"/91*
H. C. Giesse, Undertaker.
 Date of Certificate *Aug 8/91* . Residence *City*

Mattie Carder, 1910

29

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

RETURN OF A DEATH.

821

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mattie Carder

2. Sex Female 3. Color White 4. Age 78

5. Married or single Married

6. Date of death May 13, 1910

7. Cause of death Bronchitis

8. Duration of last illness Five Months

W. B. Martin, M. D.

Residence Country

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer

10. Place of birth Tenn

11. Residence Cosady Ward No. _____

12. Time of residence in the City 40 years

13. When a minor { Name of Mother Sage Carder
Name of Father Jahn (C)

14. Place of intended interment Ballingram

15. Date of intended interment May 21, 1910

Ed B. Satterfield, Undertaker.

Date of Certificate May 21, 1910 Residence Allen Springs Ky

George W. Carlisle, 1881

26. 30

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased George W. Carlisle

2. Sex Male 3. Color White 4. Age 45-

5. Married or Single Widower

6. Date of Death Aug 22^d 1881

7. Cause of Death Consumption

8. Duration of last Illness nine months

M. D. Castro + Fletcher

Residence Bentley Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Carpenter

10. Place of Birth Ill

11. Residence Church Street Ward No 3^d

12. Time of Residence in the City 9 years

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

14. Place of intended Interment Forestview Cem

15. Date of intended Interment Aug 23^d 1881

F. L. Leonard Undertaker.

Date of Certificate _____ Residence _____

Democrat Job Print

Alva E. Carpenter, 1901

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 *Carpen^{ter}
Mrs Alva E. Carpenter*

2. Sex *female* 3. Color *white* 4. Age *48 y*

5. Married or single *married*

6. Date of death *July 12th 1901*

7. Cause of death *Cancer of stomach*

8. Duration of last illness *Four to 6 mos*

Wm. H. Blackburn, M. D.
Residence *Rowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Simpson Co Ky*

11. Residence *12th St* Ward No. _____

12. Time of residence in the City. _____

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

14. Place of intended interment *Simpson Co*

15. Date of intended interment *July 13 1901*

J. H. Habley, Undertaker.

Date of Certificate _____ Residence _____

Bettie Carpenter, 1891

363 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 *Bettie Carpenter*
2. Sex *Female* 3. Color *Blk* 4. Age *60 yrs*
5. Married or Single *Widow*
6. Date of Death *Dec 18th/91.*
7. Cause of Death *Pneumonia*
8. Duration of last Illness *Six days*
S. W. Coomber, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Shelby County*
11. Residence *State Street* Ward No *1st*
12. Time of Residence in the City *Thirty years*
13. When a Minor.) Name of Mother _____
) Name of Father _____
14. Place of intended Interment *Memorial*
15. Date of intended Interment *Dec 19th/1891.*
F. C. Snow, Undertaker.
Date of Certificate *Dec 19/91* . Residence _____

Child of Eveline Carpenter, 1896

883 33

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Eveline Carpenter*
2. Sex _____ 3. Color *Blk* 4. Age _____
5. Married or single *Single*
6. Date of Death *April 30th 1896.*
7. Cause of Death *Supposed to be smothered*
8. Duration of last Illness _____
B. H. Cullum, M. D.
Residence *C. of Hannu Co*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Adams St* Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother *Eveline Carpenter*
 } Name of Father _____
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *Apr 30 1896.*
F. B. Guard & Bro., Undertaker.
Date of Certificate *Apr 30 1896* Residence *City*

Child of H. D. Carpenter, 1897

34

1027

This Constitutes One Certificate to 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 H. D. Carpenter*

2. Sex _____ 3. Color *Blk* 4. Age _____

5. Married or single *single*

6. Date of Death *June 26" 1897*

7. Cause of Death *Still Born*

8. Duration of last Illness _____

O. D. Pate, M. D.

Residence *St. Louis, Mo.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

11. Residence *Main Street* . Ward No. *3rd*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Mrs. H. D. Carpenter*
Name of Father *H. D. Carpenter*

14. Place of intended Interment *St. Meriah Cem*

15. Date of intended Interment *June 26" 1897*

F. C. Guard, & Bro Undertaker.

Date of Certificate *June 26/97* Residence *City*

Child of H. D. & Pernie Carpenter, 1898

1167 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 *Child of H. D. Carpenter*
2. Sex *Female* 3. Color *Blk.* 4. Age *1 yr*
5. Married or single *Single*
6. Date of death *Aug 29 '98.*
7. Cause of death *Miasmus*
8. Duration of last illness _____
C. D. Porter M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *571 N. Main St. City*
11. Residence *Main St.* Ward No. *3rd*
12. Time of residence in the City _____
13. When a minor } Name of Mother *Pernie Carpenter*
 } Name of Father *H. D. Carpenter*
14. Place of intended interment *Wt. Moriah Cem*
15. Date of intended interment *Aug 30 '98.*
Guard & Guard Undertaker.
Date of Certificate *Aug 29 '98* Residence *City*

Harriet Carpenter, 1896

Out of City 36

This Constitutes One Certificate to 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 Janet Carpenter*
 2. Sex *female* . 3. Color *white*. 4. Age *48 yrs*
 5. Married or single *single*
 6. Date of Death *Oct 31 1896*
 7. Cause of Death *Disease of the heart*
 8. Duration of last illness *Two weeks*
 Signature *Thomas D. Graham M.D.*
 Residence *London, Kentucky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

*Noted to
Boylestown Pa*

9. Occupation _____
 10. Place of Birth *Penn*
 11. Residence *Boylestown Pa* . Ward No. _____
 12. Time of Residence in the City *9 years*
 13. When a Minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *Boylestown Pa*
 15. Date of intended Interment _____
 Signature *Patton Hays* , Undertaker.
 Date of Certificate _____ . Residence _____

Louis Carpenter, 1891

361 37

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Louis Carpenter
2. Sex Female 3. Color Black 4. Age 50 yrs
5. Married or Single Married
6. Date of Death Dec 12th / 1891.
7. Cause of Death Pneumonia
8. Duration of last Illness 6 days
Warren County M. D.
Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth Warren County
11. Residence New Court Ward No. 2nd
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Mt Union
15. Date of intended Interment Dec 13th / 1891
F. H. H. H. H. H. Undertaker.
Date of Certificate Dec 12th / 91 Residence City

Mary E. Carpenter, 1913

38

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

RETURN OF A DEATH.

1338

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mary E. Carpenter
2. Sex Female 3. Color white 4. Age 58 yrs
5. Married or single Married
6. Date of death Feb 20, 1913
7. Cause of death Cerebral Hemorrhage
8. Duration of last illness 4 days

E. M. Hall, M. D.
Residence Bowling Green,

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation at home
10. Place of birth Warren Co Ky
11. Residence Bowling Green Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Farmers Cem
15. Date of intended interment Feb 21 1913

Enoch & McAnnis, Undertaker.
Date of Certificate Feb 20 1913 Residence B Green

Matilda Carpenter, 1898

1147 39

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

RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Matilda Carpenter
2. Sex Female 3. Color Blk 4. Age 68 yrs
5. Married or single Widow
6. Date of death June, 24th 1898.
7. Cause of death decease of heart
8. Duration of last illness _____
C. D. Porter M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence East Chestnut 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 Cemetery
15. Date of intended interment June 25th 1898
Guard & Guard, Undertaker.
Date of Certificate June 25th 1898 Residence _____

Roy G. Carpenter, 1892

427 40

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Roy G. Carpenter*
2. Sex *Male* 3. Color *White* 4. Age *17 mos*
5. Married or Single *Single*
6. Date of Death *July 26"/1892.*
7. Cause of Death *Chronic meningitis*
8. Duration of last illness *2 months*
H. P. Corbrough, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City*
11. Residence *Main Street* Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father *J. H. Carpenter*
14. Place of intended Interment *Fairview Avenue*
15. Date of intended Interment *July 27"/192.*
H. C. Howard Undertaker.
Date of Certificate *July 26"/92* Residence *City.*

Sandy Carpenter, 1898

1119 41

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Sandy Carpenter
2. Sex male 3. Color Black 4. Age 38
5. Married or single married
6. Date of death April 13 1898
7. Cause of death Stroke on the left side of the lower part of the head. Done with hatchet in the hands of Calvin Calypso
8. Duration of last illness _____
B. L. Queen, Coroner, D. C.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of birth _____
11. Residence Lowville 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 First Methodist Cem
15. Date of intended interment April 14 1898
J. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Willie Carpenter, 1880

42

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- Name of Deceased *Willie Carpenter Carpenter*
- Sex *Male*
- Color *Black*
- Age *12 Months*
- Married or Single*
- Date of Death *Oct 11th 1880*
- Cause of Death *Whooping cough*
- Duration of last Illness *8 days*

H. P. Cartwright, M. D.
Residence *West Chestnut St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- Occupation
- Place of Birth
- Residence
- Ward No. *2*
- Time of Residence in the City
- When a Minor { Name of Mother
Name of Father *Henry Carpenter*
- Place of intended Interment *Oct 11th 1880*
- Date of intended Interment

W. Nelson, Undertaker.
Date of Certificate *Oct 11 1880*. Residence

Pantagraph Print.

William M. Carr, 1908

43

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

RETURN OF A DEATH.

461

Physician's Certificate Preparatory to Burial.

1. Name of deceased Wm M Carr
 2. Sex Male 3. Color White 4. Age 61 yrs
 5. Married or single Married
 6. Date of death May 23 1908
 7. Cause of death Carburo. Muræthermia
 8. Duration of last illness several months
Wm T. Briggs M. D.
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Liveryman
 10. Place of birth Tennessee
 11. Residence 10th & Glen 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 May 24 1908
GERARD & GERARD Undertaker.
 Date of Certificate May 24 1908 Residence BOWLING GREEN, KY

Child of E. A. & Mattie, 1907

44

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

RETURN OF A DEATH.

339

Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant E. A. Carroll
2. Sex Male 3. Color White 4. Age —
5. ~~Married~~ single
6. Date of death Oct. 18th 07.
7. Cause of death Still Born
8. Duration of last illness J. W. Stone M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth 917 Ky St. Bowling Green
11. Residence " " Ward No. 3
12. Time of residence in the city
13. When a minor { Name of mother Mrs. Mattie Carroll
Name of father E. A. Carroll
14. Place of intended interment Auburn Ky
15. Date of intended interment Oct 19th 07.
GERARD & GERARD Undertaker.
Date of Certificate Oct 18/07 Residence BOWLING GREEN, KY

J. S. Carroll, 1911

45

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

RETURN OF A DEATH.

- 969 -

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. S. Carroll

2. Sex Male 3. Color White 4. Age 68

5. Married or single Married

6. Date of death Feb. 22 - 1911

7. Cause of death Apoplexy

8. Duration of last illness _____

Fred. J. Cartwright M. D.
Residence Portland, Me.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Retired RR Official

10. Place of birth Hartford Conn

11. Residence Kentucky 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 Fairview Cemetery

15. Date of intended interment _____

GERARD & GERARD Undertaker.

Date of Certificate Feb 24 - 11 Residence City

Child of J. O. & Margaret Carson, 1896

978 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 *Child of J. O. Carson*
2. Sex *Male* 3. Color *White* 4. Age *7 mo*
5. Married or single *Single*
6. Date of Death *AUG 15 1896*
7. Cause of Death *Influenza*
8. Duration of last illness *4 days*
J. H. Mc Cormack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *State Street* Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother *Mrs. Margaret Carson*
 } Name of Father *J. O. Carson*
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *AUG 16 1896*
A. C. Guard Undertaker.
Date of Certificate *AUG 16 1896* Residence *City*

Julia A. Carson, 1910

Form V. S. 14, 4-20-06, 9-14-06.

County Franklin STATE OF OHIO Permit No. 305
Township Clinton Secretary of State Reg. Dist. No. 186
OR
Village _____
OR
City _____

BUREAU OF VITAL STATISTICS
BURIAL OR REMOVAL PERMIT

Full name, Julia A. Carson Age, 60 Sex, Female Color, white
Disease causing death, Senility (Dementia)
Place of burial, _____
OR
Removal to, Bowling Green Ky via R. Ry.
Undertaker E. A. Fisher Co. Address, 215 E. Broad St.

A certificate of death having been filed in my office in accordance with the Laws of Ohio, I hereby authorize the Removal
of the body of said deceased person as stated above. (Burial or Removal)

Dated 29 1910 Registrar's name J. Quinn's deputy

Burial permits must be delivered by the undertaker to the sexton or other persons in charge of the burial ground or cemetery where burial takes place. When the body is to be shipped to a distant point, requiring the service of a common carrier, in addition to the removal permit, the body must be accompanied with a transit permit as required by the State Board of Health. For full particulars see Rules and Regulations Governing the Transportation of Dead Bodies.

Sexton's signature _____ Date of interment _____ 19____

This permit must be indorsed by the sexton and returned to the Local Registrar in his district within ten days.

TO BE RETAINED BY SEXTON.

Permit No. 305 Registration Dist. No. 186
Name of Deceased Julia A. Carson
Cause of Death Senility - Dementia
Date of Issue 29th Dec 1910
E. A. Fisher Local Registrar

Mary E. Carson, 1901

48

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Mary E. Carson,*
2. Sex *Female* 3. Color *White* 4. Age *80 yrs,*
5. Married or single *Widow,*
6. Date of death *Oct. 23/1901,*
7. Cause of death *Chronic Dysentery*
8. Duration of last illness _____
J. H. McCormack _____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County*
11. Residence *State 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 *Fairview Cemetery*
15. Date of intended interment *Oct. 24/1901,*
Gerard and Gerard _____, Undertaker.
Date of Certificate *Oct. 23/1901* Residence _____

Mary P. Carson, 1911

49-1

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

RETURN OF A DEATH.

993

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary Carson
2. Sex Female 3. Color White 4. Age 60 yrs
5. Married or Single Single
6. Date of death Apr. 4" 1911.
7. Cause of death Acute Mania, as per Shipping Certificate from Talladega Ala.
8. Duration of last illness E. H. Gerard, Funeral Director, N. Y.

Residence B. Green, Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Butler County, Ky
11. Residence Talladega, Ala. Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father A. P. Carson, Dred.
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Apr. 6" 1911.

GERARD & GERARD, Undertaker.

Date of Certificate Apr. 6" 1911. Residence City

Mary P. Carson, 1911

492

2 M-7-05-1033

CERTIFICATE OF UNDERTAKER.

9

Talladega Ala Date April 4 1911

Name of deceased Miss. Mary P. Carson

Place of death Talladega Ala

Cause of death acute mania.

For interment at Bowling Green Ky

Name of person in charge

Number of Transit Permit

Signed W. R. McNelly Undertaker

Talladega P. O. Address

The above to be filled out by Undertaker and attached to box containing corpse.

From _____ to _____ State _____

Number of Ticket _____ Form No. of Ticket _____

From _____ to _____

Via _____ R. R. Via _____ Junction.

Via _____ R. R. Via _____ Junction.

Via _____ R. R. Via _____ Junction.

Via _____ R. R. Via _____ Junction.

Signed _____ Station Agent.

The above to be filled out by Agent or Baggage man at the initial point, showing description of ticket, which is held by passenger in charge of corpse, exact route, and via what Junction points it reads.

Nathan M. Carson, 1912

50

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

RETURN OF A DEATH.

1287

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Nathan M Carson
2. Sex Male 3. Color Col 4. Age 2 yr
5. Married or single Inf
6. Date of death Nov 6 1912
7. Cause of death Cerebral heart trouble
8. Duration of last illness Several months
W. A. Buggs, M. D.
Residence Eight & Center

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Inf
10. Place of birth Bainbridge Tenn 1812
11. Residence 11 Ward No. 11
12. Time of residence in the City. Lif time
13. When a minor { Name of Mother Will Carson
Name of Father Lester 11
14. Place of intended interment Mt Mariah Cem
15. Date of intended interment Nov 8 1912
E. S. McKinney, Undertaker.
Date of Certificate Nov 7 1912 Residence B 15th
W. J.

Mrs. Silas, C. Carson, 1908

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 Mrs. Silas C. Carson

2. Sex Female 3. Color White 4. Age 32 yrs.

5. Married or single single

6. Date of death May 9" 1908.

7. Cause of death Ac. Colitis

8. Duration of last illness W.R. Francis M. D.
Residence B. Heran Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Warren Co

10. Place of birth Near Bristol Ky

11. Residence Near Bristol 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 10" 1908

GERARD & GERARD Undertaker.

Date of Certificate May 10/1908. Residence BOWLING GREEN, KY

Belle Carter, 1908

58

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

RETURN OF A DEATH.

441

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Belle Carter

2. Sex female . 3. Color white . 4. Age 61

5. Married or single married -

6. Date of death April - 16 - 1908

7. Cause of death Apoplexy

8. Duration of last illness few weeks

J. M. Stone , M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation "

10. Place of birth near Green Hill Ky

11. Residence by St. Louis + 10th Ward No.

12. Time of residence in the City. years

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

14. Place of intended interment Green Hill

15. Date of intended interment Apr 18/08

Hawley Payne , Undertaker.

Date of Certificate _____ Residence _____

Child of C. C. Carter, 1909

53

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

RETURN OF A DEATH.

6586

Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant of C. C. Carter
2. Sex Female 3. Color White 4. Age 3 mo.
5. Married or Single Single
6. Date of death June 30" 1909
7. Cause of death Summer Complaint
8. Duration of last illness _____
_____ , M. D.
Residence City

Undertaker's Certificate in Relation to Deceased.

9. Occupation Name
10. Place of birth ky
11. Residence Kentucky St. Ward No. 2nd
12. Time of residence in the city 7 weeks
13. When a minor { Name of Mother Mrs. C. C. Carter
Name of Father C. C. Carter
14. Place of intended interment Fairview Cemetery
15. Date of intended interment July 1" 1909.
GERARD & GERARD, Undertaker.
Date of Certificate July 1" 1909. Residence _____

Child of Cal & Julia Carter, 1892

451 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 *Child of Cal Carter*
2. Sex *Male* 3. Color *Blk* 4. Age *—*
5. Married or Single *Single*
6. Date of Death *Sept 4/92*
7. Cause of Death *Still Born*
8. Duration of last Illness *—*

A. P. Colman M. D.
Residence *—*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation *—*
10. Place of Birth *City*
11. Residence *E. E. Street* Ward No. *1st*
12. Time of Residence in the City *—*
13. When a Minor. } Name of Mother *Julia Carter*
 } Name of Father *Cal Carter*
14. Place of intended Interment *Mt. Zion Cem.*
15. Date of intended Interment *Sept 5/92*
H. C. Grand, Undertaker.
Date of Certificate *Sept 5/92*. Residence *—*

Cas Carter, 1907

329 - Corrected 55-1

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.
(Calvin)

1. Name of deceased Cas Carter
 2. Sex Male 3. Color Black 4. Age 60
 5. Married or Single Married
 6. Date of death May 22nd 1907
 7. Cause of death Apoplexy
 8. Duration of last illness Twenty four hours
O. X. Foster, M. D.
 Residence Bowling Green, Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Railroad man
 10. Place of birth Tenn
 11. Residence Chestnut Street Ward No. 2
 12. Time of residence in the city 25 years
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Mt Moriah Cem
 15. Date of intended interment May 24th 1907
J. E. Muckendall, Undertaker.
 Date of Certificate _____ Residence Cor
7th College St.
 Corrected return of
 death # 329 filed Feb 18 09

Cas Carter, 1907

55-2

x

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

RETURN OF A DEATH.

J.M.C.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Cas Carter

2. Sex male 3. Color black 4. Age 60

5. Married or single married

6. Date of death May 22nd 1907

7. Cause of death Apoplexy

8. Duration of last illness Twenty four hours

O. D. Porter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Rail Road man

10. Place of birth Tenn.

11. Residence Chestnut St. Ward No. 2

12. Time of residence in the City. 25 yrs

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

14. Place of intended interment Mt. Mariah Cem.

15. Date of intended interment May 22 - 07.

J. E. Snykardall, Undertaker.

Date of Certificate May 21 - 07. Residence Corner
7 + College St.

Henry Carter, 1908

56

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

RETURN OF A DEATH.

427

Physician's Certificate Preparatory to Burial.

1. Name of deceased Henry Carter
 2. Sex Male 3. Color White 4. Age 19 yro.
 5. Married or single Single
 6. Date of death March 26" 1908.
 7. Cause of death Gun shot wound.
 8. Duration of last illness R. J. Hunter Coroner
Protem Hansen Co. M.D.
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence Barran Co Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment County Cemetery
 15. Date of intended interment Mar 27" 1908
GERARD & GERARD. Undertaker.
 Date of Certificate Mar 27/08 Residence BOWLING GREEN, KY.

MS 293
B15

James Carter, 1892

57

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 *James Carter*
 2. Sex *Male* . 3. Color *White* . 4. Age *64 years*
 5. Married or Single *Married*
 6. Date of Death *June 8th*
 7. Cause of Death *Cancer*
 8. Duration of last Illness _____

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

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Brick Mason*
 10. Place of Birth *Kentucky*
 11. Residence *Ky Ave* . Ward No. *3^d*
 12. Time of Residence in the City _____

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

14. Place of intended Interment *Mt Olivet Cem*
 15. Date of intended Interment *June 9th 92*
H. C. Gandy, Undertaker.

Date of Certificate *June 9/92* . Residence *City*

Jane Carter, 1908

58

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

RETURN OF A DEATH.

* 446

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Jane Carter
2. Sex Female 3. Color white 4. Age 75
5. Married or single widow
6. Date of death April 13 1908
7. Cause of death Carcinoma of womb
8. Duration of last illness one year
U. B. Martin, M. D.
Residence Bowling Green, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Nurse Keefe
10. Place of birth Washington Co Tenn
11. Residence Cassady Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother Abner Eason
Name of Father Eason
14. Place of intended interment Washington Cemetery
15. Date of intended interment April 15 1908
Edith Satterfield Undertaker.
Date of Certificate _____ Residence Allen Springs
Ky

John Carter, 1892

445 59

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Carter
2. Sex Male 3. Color col 4. Age 20
5. Married or Single Single
6. Date of Death Aug 1st 1892
7. Cause of Death Acute Meningeal Tuberculosis.
8. Duration of last Illness 3 months.
Dr. Anderson E. Anderson, M. D.
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of Birth Bristow Ky
11. Residence city Ward No. 1st
12. Time of Residence in the City 8 years
13. When a Minor. } Name of Mother Sarah Bolin
 } Name of Father Daniel Carter
14. Place of intended Interment Mt Moriah
15. Date of intended Interment Aug 2 1892
Crater & Payne, Undertaker.
Date of Certificate _____ Residence _____

Child of John Carter, 1894

613 60

This Constitutes One Certificate to 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* *M/M John Carter*

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

5. Married or single _____

6. Date of Death *Apr. 10 '94*

7. Cause of Death *Still born*

8. Duration of last Illness _____

Montgomery, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Bowling Green Ky*

11. Residence *Ky. Ave.* Ward No. *3rd*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Mrs John Carter*
Name of Father *John Carter*

14. Place of intended Interment *St. Josephs Church*

15. Date of intended Interment *Apr 11 '94*

F. C. Gerard & Bro., Undertaker.

Date of Certificate _____ Residence _____

Sarah Carter, 1898

1176 61

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Mrs Sarah Carter Carter
2. Sex female 3. Color white 4. Age 55 yrs
5. Married or single _____
6. Date of death Sept 18 1898
7. Cause of death Chronic Drunkenness -
8. Duration of last illness 3 or 4 months
J. H. Meier J. H. Meier, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence My 4th 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 Farmview Cemetery
15. Date of intended interment Sept 19 1898
W. H. Payne, Undertaker.
Date of Certificate _____ Residence _____

Tom Carter, 1907

62

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

RETURN OF A DEATH.

282

Physician's Certificate Preparatory to Burial.

1. Name of deceased Tom Carter
2. Sex Male 3. Color BK 4. Age 52 yrs.
5. Married or single single
6. Date of death July 27 '07.
7. Cause of death Stroke
8. Duration of last illness _____

R. S. Hunter, M.D.
Residence Warren Co. BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence 12th 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 County Cemetery
15. Date of intended interment July 27 1907.

GERARD & GERARD Undertaker.
Date of Certificate July 27/07 Residence BOWLING GREEN, KY

Child of Joerena Cartwright, 1908

63

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

RETURN OF A DEATH.

258

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Joerena Cartwright*
2. Sex *Male* 3. Color *Blk.* 4. Age _____
5. Married or single *Single*
6. Date of death *Oct 9th 1908*
7. Cause of death *Strangled*
8. Duration of last illness *Just E Gray coroner,*

Residence **BOWLING GREEN, KY**

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 *Joerena Cartwright,*
Name of father *Tom Runk*
14. Place of intended interment *County Cemetery*
15. Date of intended interment *Oct 10/1908*

GERARD & GERARD, Undertaker.

Date of Certificate *Oct 10/1908,* Residence **BOWLING GREEN, KY**

J. H. Carver, _____

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 *J. H. Carver*

2. Sex *Boy* 3. Color *White* 4. Age *3 Mo*

5. Married or Single _____

6. Date of Death *January 26th*

7. Cause of Death *Hives*

8. Duration of last Illness *12 hours*

W. M. [unclear], M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ Ward No. *9th*

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.

Henry Case, 1880

15

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Henry A Case case

2. Sex Male 3. Color white 4. Age 62

5. Married or Single Married

6. Date of Death Dec 13th

7. Cause of Death heart clot, result of pneumonia

8. Duration of last Illness 5 days

L C Porter, M. D.

Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer

10. Place of Birth Warren County

11. Residence State Street 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 Warren Cem

15. Date of intended Interment Dec 13th 1880

H. C. Porter Undertaker.

Date of Certificate Dec 13th 80 Residence _____

Democrat Job Print

Mike Casey, 1907

361 66

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mike Casey

2. Sex Male 3. Color White 4. Age 46 yrs.

5. Married or single single

6. Date of death Dec. 14" 1907

7. Cause of death Chronic pleurisy.

8. Duration of last illness 3 weeks

A. J. Mc Cormack M. D.

Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Bowling Green Ky

10. Place of birth Bowling Green Ky

11. Residence Center St 7th 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 Dec 16" 1907.

GERARD & GERARD. Undertaker.

Date of Certificate Dec 14/07. Residence BOWLING GREEN, KY

876 224
2319

Infant Cash, 1879

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 *Infant Cash Cash*

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

5. Married or Single _____

6. Date of Death *March 12th 1879*

7. Cause of Death *Still born*

8. Duration of last Illness _____

J. A. Wintermuth, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ Ward No. *5*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

Undertaker.
Date of Certificate _____ Residence _____

Pantagraph Print.

George W. Cash, 1912

68

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

RETURN OF A DEATH.

1149

Physician's Certificate Preparatory to Burial.

1. Name of deceased Geo W Cash
2. Sex Male 3. Color white 4. Age 84
5. Married or Single Married
6. Date of death July 21 1912
7. Cause of death old age
8. Duration of last illness 8 weeks

J. G. Meredith, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation retired
10. Place of birth Logan county Ky
11. Residence Bowling Green 11th Ward No. _____
12. Time of residence in the city many years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment July 22 - 1912

Ernie Skelly, Undertaker.
Date of Certificate _____ Residence Bowling Green
11th

Miss Fotey Cassady, 1912

69

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

RETURN OF A DEATH.

1156

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Fotey Cassady
2. Sex Female 3. Color White 4. Age 38 yrs.
5. Married or Single Single
6. Date of death Mar. 4" 1912
7. Cause of death Cerebral Effusion
8. Duration of last illness 10 days
E. M. Hall, M. D.
Residence Rowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren, Co Ky
11. Residence Kentucky St Ward No. 12
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. 5" 1912.

GERARD & GERARD, Undertaker.
Date of Certificate Mar 5/12 Residence D. Green St

Mrs. S. F. Cassady, 1904

70

* * This Constitutes One Certificate to 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. S. F. Cassady

2. Sex Female 3. Color White 4. Age 63

5. Married or Single Married

6. Date of death Feb 8th 1904

7. Cause of death Heart failure

8. Duration of last illness _____

J. H. Meredith, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Allen County

11. Residence Wain, S. F. 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 Fullview Crematory

15. Date of intended interment Feb 9th 1904

Harold and Grand, Undertaker.

Date of Certificate Feb 8/1904 Residence _____

Allen Casteel, 1901

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 *Allen, Casteel*
2. Sex *Male* 3. Color *White* 4. Age *about 40 yrs*
5. Married or single *Single*
6. Date of death *April 19/1901*
7. Cause of death *Diphtheria*
8. Duration of last illness _____
J. H. Coombs, M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence _____ Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *April 20" 1901.*
Gerard and Gerard , Undertaker.
Date of Certificate *April 20/1901.* Residence *Dead in the Station House.*

Gaither Causey, 1911

72-1

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

RETURN OF A DEATH.

974

Physician's Certificate Preparatory to Burial.

1. Name of deceased Gaither Causey
2. Sex Male 3. Color White 4. Age 21
5. Married or Single Single
6. Date of death Feb 20 - 1911
7. Cause of death Pneumonia
8. Duration of last illness _____
See attached _____, M. D.
Residence Certificate

Undertaker's Certificate in Relation to Deceased.

9. Occupation Soldier U.S. Army
10. Place of birth Butler County
11. Residence Bowling Green Ky. Ward No. _____
12. Time of residence in the city 2 yrs
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment Mar 2 1911
Emma Kelley, Undertaker.
Date of Certificate _____ Residence Bowling Green

Gaither Causey, 1911

Printed on the reverse of the form.

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

OHIO STATE BOARD OF HEALTH

TRANSPORTATION OF CORPSE

Transit Permit No. 378

PHYSICIAN'S OR CORONER'S CERTIFICATE

Name of Deceased Gaither Causey Date Mar 1 1911
 Sex Male Color White
 Place of Death Columbus County Franklin State O
(Township, Village or City)
 Date of Death Feb. 21 1910 Hour of Death 11 A. M.
 Cause of Death Broncho Pneumonia Duration 5 Days.
 Contributory Causes of Death Measels Duration 15 Days.
 Age: Years 21 Months _____ Days _____
 Occupation Soldier Col. Barracks Ohio Single, Married, Widowed, Divorced
(Cross out all but answer required.)
 Place of Birth Ky
 Name of Father L. M. Causey Birthplace of Father Not known
(State or Country.)
 Maiden Name of Mother W. M. Hudson Birthplace of Mother _____
(State or Country.)

SPECIAL INFORMATION

(Only for hospitals, institutions or recent residents.)

Former or Usual Residence Ky
 How Long at Place of Death? 25 days
 Where was the Disease Contracted if not at Place of Death?
 I hereby certify that the above is true to the best of my knowledge and belief.

A. C. Fisher M. D. or Coroner.
 Residence Columbus County of Franklin State of O

A WHITE BLANK is only to be used when death did not result from any of the following: diphtheria, yellow fever, typhoid fever, diptheria, (menstruous group), scarlet fever (scarlatina, scarlet rash), fever, anthrax, leprosy and when the body has not been disinterred.

Sarah Chaflin,, _____

73

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

RETURN OF A DEATH.

482

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sarah C. Chaflin
 2. Sex Female 3. Color White 4. Age 50
 5. Married or single Married
 6. Date of death July 3
 7. Cause of death Peritonitis (septic) following
gastroenteritis
 8. Duration of last illness About 10 days

 _____ M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence Bowling Green Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Mount Pleasant
 15. Date of intended interment July 4
H. H. Payne's Wife Undertaker.
 Date of Certificate July 4 Residence _____

Andrew Chambers, 1896

941 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 Andrew Chambers
2. Sex Male 3. Color Blk 4. Age 51 yrs
5. Married or single Married
6. Date of Death Sept 11 / 96.
7. Cause of Death Pneumonia
8. Duration of last illness _____

O. P. Porter, M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence Delafield 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 Mt Moriah
15. Date of intended Interment Sept 12 / 96
F. C. Gerard & Co, Undertaker.

Date of Certificate Sept 11 / 96. Residence _____

John Chambers, 1903

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 *John Chambers*

2. Sex *Male* 3. Color *White* 4. Age *75*

5. Married or single *Widower*

6. Date of death *March 17th 1903*

7. Cause of death *Paralysis, & Apoplexy*

8. Duration of last illness *Short*
J. A. J. M. Counsell, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Seyton Catholic Church*

10. Place of birth *Church St City Ireland*

11. Residence *Church 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 *St Josephs Cemetery*

15. Date of intended interment *March 18 1903*

Gerard + Gerard, Undertaker.

Date of Certificate *Mar 17/1903* Residence _____

Virgil L. Chandler, 1910

76-1

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

RETURN OF A DEATH.

868

Physician's Certificate Preparatory to Burial.

1. Name of deceased Virgil L. Chandler

2. Sex Male 3. Color White 4. Age 43

5. Married or Single Single

6. Date of death _____

7. Cause of death _____

8. Duration of last illness _____

_____, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation Major Wholesale Mfg. Co.

10. Place of birth Bowling Green Ky.

11. Residence Chicago Ill. Ward No. _____

12. Time of residence in the city 20 years

13. When a minor { Name of Mother _____
Name of Father Prof. H. Chandler

14. Place of intended interment Fairview Cem.

15. Date of intended interment July 31 1910

Essoch & Keller Undertaker.

Date of Certificate _____ Residence Boston

No Doctor Certificate attached to transit permit

Virgil L. Chandler, 1910

710-211

CERTIFICATE OF UNDERTAKER	
I hereby certify that the accompanying dead body of <u>Virgil L. Chandler</u> (If an infant, give parents' name also.)	
Consigned to <u>Bowling Green</u> in the County of _____ State of <u>Ky.</u> has been prepared by me strictly in accordance with the Rules of the State Board of Health of Ohio, for transportation by Rail- way, and in conformity with said Rules.	
Residence <u>300 W. 7th St</u>	Shipping Undertaker <u>James Seeligan</u> Number of License <u>373B</u>
Transit Permit No. <u>1860</u>	PASTER
STATION BAGGAGEMEN must Enter Hereon a Description of the Ticket, the Exact Route and VIA WHAT JUNCTIONAL POINTS THE TICKET READS which is held by the Passenger in Charge of the Remains.	
SPECIAL INSTRUCTIONS—A burial case containing a corpse must not be received for transportation, unless the person in charge of the re- mains presents a certificate of the attending Physician or Coroner, a permit from the Local Registrar and an Undertaker's Certificate that the body has been prepared for burial according to the law of the state. Neither will it be received if any fluids or offensive odors are escaping from the case. Agents will detach the Certificate and this paster at the perforation and tack them securely on the end of the box before shipping.	
From <u>_____</u>	Date <u>JUL 30 1910</u> 190 <u>10</u>
to <u>BOWLING GREEN</u>	State <u>Ky.</u>
No. of Ticket of Escort <u>Pass 2154</u>	Form No. of Ticket of Escort <u>Pass</u>
No. of Corpse Ticket <u>2709</u>	Form No. of Corpse Ticket <u>Card</u>
Via _____ R. R. To _____	
Via <u>I. & N.</u> R. R. To <u>_____</u>	
Via _____ R. R. To _____	
Via _____ R. R. To _____	
Name of Passenger in charge <u>Arthur Henderson</u>	Place of Residence <u>Chillicothe Ky</u>
Signed <u>_____</u>	Station Baggage Master. [or Express Agent.]

J. A. Chapman, 1901

77

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *J. A. Chapman*
2. Sex *Male* 3. Color *White* 4. Age *38 yrs*
5. Married or single *married*
6. Date of death *Feb 22 1901*
7. Cause of death *Influenza of '8 & '9*
8. Duration of last illness _____
J. S. M. _____ M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*
10. Place of birth *Canada*
11. Residence *College St* Ward No. _____
12. Time of residence in the City. *Several years*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Farmington Cem*
15. Date of intended interment *Feb 28 1901*
Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

B. Chapman, 1913

78

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

RETURN OF A DEATH.

1913

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. B. Chapman
2. Sex Male 3. Color White 4. Age 87 yrs
5. Married or single Widower
6. Date of death APR 4 - 1913
7. Cause of death Chronic Gastric Intoxication
8. Duration of last illness.....
Physician J. B. Bloebum M. D.
Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Retired Merchant
10. Place of birth Ky
11. Residence 17th 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 Subanon Ky
15. Date of intended interment Apr. 6 1913
GERARD & GERARD Undertaker.
Date of Certificate Apr 5/13 Residence Bowling Green,

Mary Chapman, 1910

435 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 *Mary Chapman*
2. Sex *Female* 3. Color *Col* 4. Age *54*
5. Married or single *Widow*
6. Date of death *Dec 1 1910*
7. Cause of death *Nephritis*
8. Duration of last illness *Two days*
J. H. Martin M. D.
Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *---*
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 *MT Marsh Creek*
15. Date of intended interment *Dec 30 1910*
Essie M. Kelly Undertaker.
Date of Certificate *Dec 6 1910* Residence *Bowling Green Ky*

Julia Charlie, 1912

80

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

RETURN OF A DEATH.

1308

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Julia Charlie
2. Sex Female 3. Color White 4. Age 80 yrs.
5. Married or Single Married
6. Date of death DEC 30 1912
7. Cause of death Pneumonia
8. Duration of last illness few days
W. P. Drake, M. D.
Residence MOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth France
11. Residence Church St. Ward No. 3
12. Time of residence in the city 9 Mo.
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment January 1 1913.
GERARD & GERARD, Undertaker.
Date of Certificate DEC 31 1912 Residence MOWLING GREEN, KY.

Susan Chase, 1891

Out of town 81

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Susan Chase*
2. Sex *Female* 3. Color *Blk.* 4. Age *45 years*
5. Married or Single *Single*
6. Date of Death *Apr 21" / 1891.*
7. Cause of Death *Consumption*
8. Duration of last Illness *3 1/2 Months* M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Louisville Ky*
11. Residence *West Main St. Ward No. 4th*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *Apr 22" 91.*
H. C. Leonard, Undertaker.
Date of Certificate *Apr 22" / 91.* Residence _____

Audrey Chatman, 1904

82

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

RETURN OF A DEATH.

Chatman

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Audrey Chatman

2. Sex Female 3. Color White 4. Age 24 yrs

5. Married or Single Married

6. Date of death July 22nd 04

7. Cause of death Endocarditis

8. Duration of last illness _____

E. A. Cherry, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth _____

11. Residence Portage RR 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. Moriah Cemetery

15. Date of intended interment July 23rd 04.

Edward T. Gerard, Undertaker.

Date of Certificate July 22/04 Residence _____

Maggie Cheatham, 1894

667 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 Maggie Cheatham
2. Sex Female 3. Color Blk 4. Age 65 yrs
5. Married or single Widow
6. Date of Death Oct. 4. 1894
7. Cause of Death Enteritis
8. Duration of last Illness Four months
O. D. Porter, M. D.
Residence Bowling Green, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Mississippi
11. Residence 5th street 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 Mt. Moriah
15. Date of intended Interment Oct. 5, 1894
F. Le Grand, Undertaker.
Date of Certificate Oct 5/94 Residence _____

Lucy Check, 1879

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 *Lucy Check*
2. Sex *Femal* 3. Color *Black* 4. Age *12 yrs*
5. Married or Single *Single*
6. Date of Death *July 31 1879*
7. Cause of Death *Pulmonary Consumption*
8. Duration of last Illness *Three Months*
J. F. McElroy, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth
11. Residence 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
15. Date of intended Interment

_____, Undertaker.
Date of Certificate Residence

Democrat Print.

Mary Cheeke, 1879

85

This Constitutes ONE CERTIFICATE to 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 Cheeke*
 2. Sex *female* 3. Color *Copper* 4. Age *19 months*
 5. Married or Single _____
 6. Date of Death *Nov. 24 1879*
 7. Cause of Death *Dropsy*
 8. Duration of last Illness *four months*
- C. K. Ornel, M. D.*
Residence *Second Ward*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. 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 _____
15. Date of intended Interment _____

_____, Undertaker.
Date of Certificate _____, Residence _____

Democrat Print.

E. F. W. Chelf, 1913

86

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

RETURN OF A DEATH.

1343

Physician's Certificate Preparatory to Burial.

1. Name of deceased E. F. W. Chelf
2. Sex Male 3. Color White 4. Age 74 yrs
5. Married or single Married
6. Date of death FEB 25 1913
7. Cause of death Apoplexy
8. Duration of last illness 3 days
T. W. Stone M. D.
Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Summers, Ky.
11. Residence Ky. St. 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 Musculville Ky
15. Date of intended interment Feb. 26" 1913.
GERARD & GERARD. Undertaker.
Date of Certificate FEB 25 1913 Residence Bowling Green, K

Weed M. Chelf, Jr., 1906

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 *Weed M Chelf Jr*
2. Sex *Male* 3. Color *White* 4. Age *9 yrs*
5. Married or single *Single*
6. Date of death *MAY 19 1906*
7. Cause of death *Drowned*
8. Duration of last illness _____
John E Gray Cormar M. D.
Residence *BOWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *BOWLING GREEN, KY*
11. Residence *Main St.* Ward No. *3.*
12. Time of residence in the City. *Lifes time*
13. When a minor { Name of Mother *Mrs Lou Chelf*
Name of Father *Weed Chelf*
14. Place of intended interment *Russellville*
15. Date of intended interment *MAY 20 1906*
GERARD & GERARD. Undertaker.
Date of Certificate *MAY 19 1906* Residence *BOWLING GREEN, KY*

Catherine Cherry, 1911

88

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

RETURN OF A DEATH.

1124

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Catherine Cherry
2. Sex Female 3. Color White 4. Age 17 yrs.
5. Married or Single Single
6. Date of death Dec 24th 1911.
7. Cause of death Typhoid fever
as per Vital Statistics
8. Duration of last illness _____
Engene A. Gerard
General Practitioner M.D.
Residence B. Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence Calhoun Ky Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother Mrs J. T. Cherry
Name of Father Rev. J. T. Cherry
Calvin Cemetery
14. Place of intended interment _____
15. Date of intended interment Dec 26th 1911

GERARD & GERARD, Undertaker.

Date of Certificate Dec. 26/11. Residence B. Green Ky.
original papers filed with
Bureau Vital Statistics

Charles T. Cherry, 1911

89

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

RETURN OF A DEATH.

1005

Physician's Certificate Preparatory to Burial.

1. Name of deceased Chas. T. Cherry
2. Sex Male 3. Color White 4. Age 45 yrs
5. Married or Single Married
6. Date of death Apr. 20 1911
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness 16 hrs
G. W. Stone, M. D.
Residence city

Undertaker's Certificate in Relation to Deceased.

9. Occupation Carpenter
10. Place of birth Warren County
11. Residence Woodford St. Ward No. 3
12. Time of residence in the city 4 yrs.
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Ward Grove, 4d. Warren, Ky
15. Date of intended interment Apr. 22 1911
Guard & Guard, Undertaker.
Date of Certificate Apr. 21 1911 Residence _____

Child of J. R. & Mattie Cherry, 1907

90

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

RETURN OF A DEATH.

221

Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant Cherry
 2. Sex female 3. Color white 4. Age 2 wks
 5. Married or single _____
 6. Date of death May - 30 - 07
 7. Cause of death Inhalation
 8. Duration of last illness 1 hr
J. E. Wendette M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Wis
 11. Residence near Ashland factory Ward No. _____
 12. Time of residence in the city life
 13. When a minor { Name of mother Mattie E. Cherry
 Name of father J. R. Cherry
 14. Place of intended interment Woodland
 15. Date of intended interment May - 31 - 07
Hubert Payne Undertaker.
 Date of Certificate _____ Residence _____

Child of J. R. Cherry, 1908

91

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

RETURN OF A DEATH.

1897
Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant Child of Mrs J R Cherry
2. Sex 3. Color White 4. Age

5. Married or single.....
6. Date of death July 8
7. Cause of death Premature Birth
8. Duration of last illness.....

J. F. Duncan M. D.
Residence City

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth.....
11. Residence Brown, St. Ward No.....
12. Time of residence in the city.....

13. When a minor { Name of mother Mrs J R Cherry
Name of father..... ".....

14. Place of intended interment.....
15. Date of intended interment July 9" 08
T. H. Payne Undertaker.

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

John W. Cherry, 1912

92-1

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

RETURN OF A DEATH.

1290

Physician's Certificate Preparatory to Burial.

1. Name of deceased John W. Cherry
2. Sex Male 3. Color White 4. Age 54
5. Married or Single Married
6. Date of death Nov 26 1912
7. Cause of death Intestinal Obstruction as per vital statistics
8. Duration of last illness E. H. Garard, Funeral Director
B. Green Ky.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren Co Ky
11. Residence Atlanta Ga. 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 Nov 28 1912
Garard & Garard, Undertaker.
Date of Certificate NOV 28 1912 Residence BOWLING GREEN, KY

John W. Cherry, 1912

18-26

Transit Permit No. **9134**

CERTIFICATE OF UNDERTAKER

I hereby certify that the accompanying dead body of John W. Cherry
(If a minor, give parents' name also.)

Consigned to Bowling Green in the County of _____ State of Ky
 and who died of Intechanal Obstruction has been prepared by me and strictly in accordance
 with Rule 4 of the Georgia State Board of Embalming, for transportation by Railway and in conformity with
 said Rule as printed on the back of this Permit, and I futher certify that I hold an Embalmer's License
 (No. 2) issued by said State Board.

H. M. PATTERSON & SON. Shipping Undertaker.

Residence ATLANTA, GA

Station Baggage men must enter hereon a description of the ticket, the exact route, and VIA WHAT JUNCTIONAL POINTS THE TICKET READS, which is held by the passenger in charge of the remains.

SPECIAL INSTRUCTIONS—A burial case containing a corpse must not be received for transportation unless the person in charge of the remains presents a certificate of the attending physician or coroner, a permit from the Board of Health and an Undertaker's Certificate that the body has been prepared for burial according to the law of the State. Neither will it be received if any fluids or offensive odors are escaping from the case. Agents will detach the Certificate and this paster at the perforation and tack them securely on the box before shipping.

Date Nov. 26, 1912

From ATLANTA, GA to Bowling Green State of Kentucky

No. of Ticket of Escort 204- Form No. of Ticket of Escort N 237-R
 No. of Corpse Ticket 9933 Form No. of Corpse Ticket N 114

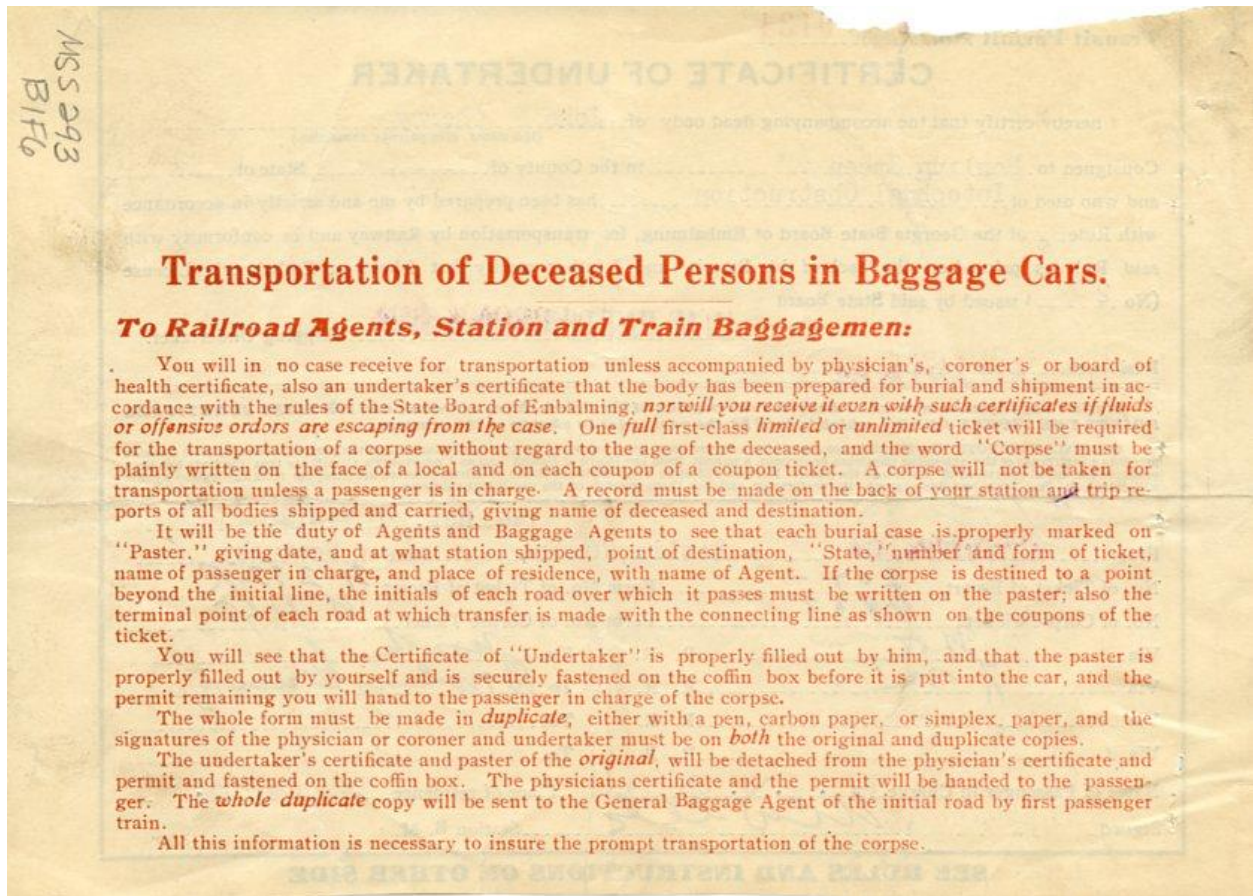
Via NK R. R. To North
 Via Am R. R. To Bowling Green Ky
 Via _____ R. R. To _____
 Via _____ R. R. To _____

Name of Passenger in Charge Mrs. J. W. Cherry Place of residence Atlanta, Ga.

Signed Hewell Station B. M.

SEE RULES AND INSTRUCTIONS ON OTHER SIDE

John W. Cherry, 1912



Myrtie Cherry, 1900

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 *Miss Myrtie Cherry*
2. Sex *Female* 3. Color *White* 4. Age *20 yrs*
5. Married or single *Single*
6. Date of death *August 28th 1900*
7. Cause of death *Consumption*
8. Duration of last illness _____
J. P. Mc Cormack M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Simpson County Ky*
11. Residence *Adams St* Ward No. *2*
12. Time of residence in the City *3 weeks*
13. When a minor } Name of Mother *Dead*
 } Name of Father *J. J. Cherry*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Aug 29th 1900*
Edward T. Farand Undertaker.
Date of Certificate *Aug 29, 1900* Residence _____

Sarah E. Cherry, 1911

94

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

RETURN OF A DEATH.

1911

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Sarah E. Cherry*
2. Sex *Female* 3. Color *White* 4. Age *6 + 4/10*
5. Married or Single *Widow*
6. Date of death *June 1st 1911*
7. Cause of death *Paralysis*
8. Duration of last illness *4 years*
J. W. Stone, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Undertaker*
10. Place of birth _____
11. Residence *415 Woodford* 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 *Grand St. yard*
15. Date of intended interment *June 2 1911*
Edward Evans, Undertaker.
Date of Certificate *June 1 - 11* Residence *City*

Stella I. Cherry, 1901

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 Stella I. Cherry
2. Sex female . 3. Color white . 4. Age 3 months
5. Married or single single
6. Date of death April 3 1901
7. Cause of death Whooping Cough
8. Duration of last illness 3 weeks
J. B. M. Thomas B. [unclear], M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth County
11. Residence State St Ward No. 1
12. Time of residence in the City. April
13. When a minor { Name of Mother Laura Cherry
Name of Father Isaac L. Cherry
14. Place of intended interment Fairview Cem
15. Date of intended interment April 4 1901
Harvey [unclear], Undertaker.
Date of Certificate _____ Residence _____

W. R. Cherry, 1910

96

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

RETURN OF A DEATH.

~~947~~ 940
941

Physician's Certificate Preparatory to Burial.

1. Name of deceased W. R. Cherry
 2. Sex Male 3. Color White 4. Age 38 yrs.
 5. Married or Single Single
 6. Date of death Dec 13 1910.
 7. Cause of death Peritonitis -
 8. Duration of last illness 5 days -
Jno H Blackburn, M. D.
 Residence #1119 State St.

Undertaker's Certificate in Relation to Deceased.

9. Occupation md.
 10. Place of birth Warren County
 11. Residence Morgantown 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 Garritt's Cemetery
 15. Date of intended interment Dec. 15/1910
Edward & Leonard, Undertaker.
 Date of Certificate Dec 15/10. Residence —

Hettie Childress, 1900

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 *Hettie Childress*
Childress

2. Sex *female* 3. Color *white* 4. Age *22 yrs*

5. Married or single *married*

6. Date of death *Oct 24 1900*

7. Cause of death *Consumption*

8. Duration of last illness *1 1/2*

Dr. Milliken *B. H. Milliken* M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Warren County*

11. Residence *Ax handle Factory* Ward No. _____

12. Time of residence in the City *7 years*

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

14. Place of intended interment *Country*

15. Date of intended interment *Oct 26 1900*

J. Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

Jerre Childress, 1899

98

~~2~~ ~~17~~ 17

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

RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Jerre Childress
2. Sex male 3. Color Black 4. Age 38 yrs
5. Married or single Single
6. Date of death July 10 1899
7. Cause of death Hoag
8. Duration of last illness Instantaneous
B. L. Cullin Corcoran M.D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of birth _____
11. Residence Cor Main & Adams 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 West Monroah
15. Date of intended interment July 11 1899
Wm. H. Taylor Undertaker.
Date of Certificate _____ Residence _____

Child of Henry Christian, 1910

99

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

RETURN OF A DEATH.

781

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Inf Daughter of Henry Christian*
 2. Sex *Female* 3. Color *White* 4. Age *5 months*
 5. Married or single *Single*
 6. Date of death *March 5th 1910*
 7. Cause of death *Parasitism of Whorping Cough* *did not attend the case but am sure that was*
 8. Duration of last illness *Sudden*
 M. D. *Wm. A. Bruggs*
 Residence *10 E Adams*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Dillsfield*
 11. Residence *" "* Ward No.
 12. Time of residence in the city
 13. When a minor { Name of mother
 Name of father *Henry Christian*
 14. Place of intended interment *Barren River Church*
 15. Date of intended interment *March 6th 1910*
Morris Enoch Undertaker.
 Date of Certificate *March 7 1910* Residence *B.S. Hwy*

John M. Christian, 1911

100

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

RETURN OF A DEATH.

1115

Physician's Certificate Preparatory to Burial.

1. Name of deceased John M. Christian
 2. Sex Male 3. Color White 4. Age 45 yrs.
 5. Married or Single Married
 6. Date of death Dec. 10th 1911.
 7. Cause of death Caused by injury
 8. Duration of last illness _____

R. B. Rutherford, M. D.
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Stair, Cutter
 10. Place of birth Alexandria, Tenn.
 11. Residence Warren Co. St. Joseph Hosp. Ward No. 1
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Dec. 11th 1911.
Samuel S. Grand, Undertaker.
 Date of Certificate Dec. 11/1911. Residence _____

Leoney Christian, 1912

101

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

RETURN OF A DEATH.

1273

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Leoney Christian
2. Sex Female 3. Color White 4. Age 4 wks
5. Married or single Single
6. Date of death Oct 19 1912
7. Cause of death unknown
8. Duration of last illness _____
B S Rutherford M. D.
Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Single
10. Place of birth Bowling Green Ky
11. Residence 11 11 Ward No. _____
12. Time of residence in the City. Life
13. When a minor { Name of Mother Bally Christian
Name of Father Krupy "
14. Place of intended interment Barron Park Church
15. Date of intended interment Oct 19 1912
Emma Kelly Undertaker.
Date of Certificate _____ Residence B Green

Child of Alex and Iona Clark, 1907

102

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

RETURN OF A DEATH.

382

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Infant Clark
2. Sex male 3. Color Black 4. Age 2 da
5. Married or single _____
6. Date of death Jan - 6 - 1907
7. Cause of death Premature Birth.
8. Duration of last illness Short
Dr. Willis J. W. Willis, M. D.
Residence Main St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Lat Meriah
11. Residence State St. Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother Iona Clark
Name of Father Alex Clark
14. Place of intended interment Lat Meriah
15. Date of intended interment Jan 7 - 1907
F. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Child of Arther and Eva Clark, 1908

103

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

RETURN OF A DEATH.

504

Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of Arther Clark
2. Sex Male 3. Color White 4. Age 20 mo.
5. ~~Married or~~ single
6. Date of death Aug 15th 1908
7. Cause of death Intero-Colitis.
8. Duration of last illness
B. S. Rutherford M. D.
Residence B. Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Bowling Green Ky
11. Residence Portage R.R. Ward No. —
12. Time of residence in the city 20 months
13. When a minor { Name of mother Eva Clark
Name of father Arther Clark
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Aug 16th 1908
GERARD & GERARD. Undertaker.
Date of Certificate Aug 15th 1908 Residence BOWLING GREEN, KY

Child of Carrie Clark, 1898

1088 104

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased child of Carrie Clark
2. Sex female 3. Color Black 4. Age 1 day
5. Married or single Not Married
6. Date of Death Jan - 1 - 1898
7. Cause of Death Institution
8. Duration of last Illness _____

G. N. Murphy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Bowling Green Ky
11. Residence Fourth Ward No. 1st
12. Time of Residence in the City _____
13. When a Minor } Name of Mother Carrie Clark
 } Name of Father Alex Clarke
14. Place of intended Interment _____
15. Date of intended Interment _____

Guard & Guard, Undertaker.
Date of Certificate Jan - 1 - 1898 Residence _____

Mrs. Emma Clark, 1909

105

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

RETURN OF A DEATH.

629

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Emma Clark*

2. Sex *Female* 3. Color *White* 4. Age *57*

5. Married or single *Widow*

6. Date of death *May 21st, 1909*

7. Cause of death *Consumption*

8. Duration of last illness *four weeks*

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth _____

11. Residence *Bowling Green Ky* Ward No. _____

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

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *May 22 - 1909*

Marrus E. Encks, Undertaker.

Date of Certificate *May 21* Residence *Bowling Green Ky.*

Georgia Clark, 1894

106

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 *Georgia Clark*

2. Sex *female* . 3. Color *col* . 4. Age *18*

5. Married or Single *single*

6. Date of Death *Feb 25 1894*

7. Cause of Death *Consumption*

8. Duration of last Illness *Months*

S. D. Winstead, M. D.
Residence *Bowling Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Rockfield Ky*

11. Residence *Center 604* . Ward No. *2*

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

13. When a Minor.) Name of Mother *Laura Clark*
) Name of Father *W. Clark*

14. Place of intended Interment *Rockfield Ky*

15. Date of intended Interment *Feb 27 1894.*

Matthew Payne, Undertaker.

Date of Certificate _____ . Residence _____

Shipped to Rockfield Ky

Mrs. Henry T. Clark, 1904

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 Mrs Henry T. Clark
2. Sex Female 3. Color White 4. Age 41
5. Married or Single Widow
6. Date of death July 21st 1904
7. Cause of death Heart disease
8. Duration of last illness Several weeks
A. P. Caswright, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Morgan Iron Bottom Co
11. Residence Burling Green Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment July 22 1904
Gerard Guard, Undertaker.
Date of Certificate July 21 1904 Residence _____

Infant of I. S. and Elizabeth Clark, 1898

1179 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 *Infant of I. S. Clark*
2. Sex *Female* 3. Color *White* 4. Age _____
5. Married or single *single*
6. Date of death *Sept. 21 "1898*
7. Cause of death *Still born.*
8. Duration of last illness _____
Carborough & Conner M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *State street* Ward No. *1st*
12. Time of residence in the City _____
13. When a minor { Name of Mother *Mrs. Elizabeth Clark.*
Name of Father *I. S. Clark*
14. Place of intended interment *St. Josephs. Cemetery*
15. Date of intended interment *Sept. 21 "98.*
Guard & Guard Undertaker.
Date of Certificate *Sept 21 "98.* Residence _____

Child of I. S. Clark, 1899

94 109

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 Child of I. S. Clark *Clarke*
2. Sex Female 3. Color white 4. Age _____
5. Married or single Single
6. Date of death Nov. 4 - 99
7. Cause of death Still Born
8. Duration of last illness _____
Tom H. Stone, M. D.
Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
1. Residence Elm Street Ward No. 1
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father I. S. Clark
14. Place of intended interment Saint Joseph
15. Date of intended interment Nov 6, 1899
Edward T. Gerard . Undertaker.
Date of Certificate Nov. 6, 1899 Residence _____

Mrs. Louisa Perkins Clark, 1907

110

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

RETURN OF A DEATH.

331

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Louisa Perkins Clark.

2. Sex Female 3. Color White 4. Age 67 yrs.

5. Married or single Widow of the late Jas. B. Clark.

6. Date of death Oct. 20th 1907.

7. Cause of death Complications

8. Duration of last illness E. J. Gerard M. D.

Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth Warren County

11. Residence Near 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 Oct 21st 1907.

GERARD & GERARD, Undertaker.

Date of Certificate Oct 21st 1907. Residence BOWLING GREEN, KY

Nerge Clark, 1912

111

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

RETURN OF A DEATH.

1294

Physician's Certificate Preparatory to Burial.

1. Name of deceased Nerge, Clark
2. Sex Female 3. Color White 4. Age 48 yrs
5. Married or Single Single
6. Date of death Dec. 11" 1912
7. Cause of death Uremic Poison
8. Duration of last illness 19 days
John F. South, M. D.
Residence B. Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Lawyer
10. Place of birth Burton Co., Ky
11. Residence Warr. B. Green Ky Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Dec. 13" 1912.
GERARD & GERARD. Undertaker
Date of Certificate Dec. 12/12 Residence B. Green Ky

Infant of S. W. and A. E. Clark, 1878

112

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Clark, Belushi Infant*

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

5. Married or Single

6. Date of Death *June 12th 1878*

7. Cause of Death *Cholera Infantum*

8. Duration of last Illness *Four Days*

R. L. Thomas, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Infant*

10. Place of Birth *Bowling Green Ky*

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

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

13. When a Minor { Name of Mother *A. E. Clark*
Name of Father *S. W. Clark*

14. Place of intended Interment

15. Date of intended Interment *June 13th 78*

J. W. Strickland Undertaker.
Date of Certificate *June 12th 78* Residence *State St.*
Bowling Green Ky

Democrat Print.

Child of Sam and Maggie Clark, 1892

455 113

This Constitutes one Certificate to 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 Sam Clark*
2. Sex *Female* 3. Color *White* 4. Age *17 mos.*
5. Married or Single *Single*
6. Date of Death *Sept 24/92*
7. Cause of Death *Consumption*
8. Duration of last Illness *Four Months*
J. F. McElroy, M. D.
Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation
10. Place of Birth *City*
11. Residence *Kentucky St.* Ward No. *3rd*
12. Time of Residence in the City
13. When a Minor. } Name of Mother *Maggie Clark*
 } Name of Father *Sam*
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *Sept 25/92*
J. C. Jones, Undertaker.
Date of Certificate *Sept 25/92* Residence

Child of Sam and Maggie Clark, 1893

477 114

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 Child of Sam Clark
 2. Sex Female 3. Color Black 4. Age 5 mo
 5. Married or single Single
 6. Date of Death Feb 4, 1893
 7. Cause of Death Unknown
 8. Duration of last Illness _____

W. A. Mankle M. D.
 Residence W

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth City
 11. Residence Key Street Ward No. 3rd
 12. Time of Residence in the City 5 months
 13. When a Minor } Name of Mother Maggie Clark
 } Name of Father Sam
 14. Place of intended Interment County Cemetery
 15. Date of intended Interment Feb 5 - 1893

F. C. Gerard & Bro., Undertaker.
 Date of Certificate Feb 5/93 Residence City

Susan Clark, 1896

943 115

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 Susan Clark
2. Sex Female 3. Color Blk 4. Age _____
5. Married or single Single
6. Date of Death Sept 23/96
7. Cause of Death Malarial Fever
8. Duration of last illness one week

J. F. McElroy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence Center street Ward No. 4th
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
 { Name of Father _____
14. Place of intended Interment County Cemetery
15. Date of intended Interment Sept 24/96
A. G. Guard, Undertaker.
Date of Certificate Sept 24/96 Residence _____
corner 5th center at
Waller Henderson Cal

Child of W. M. and H. A. Clark, 1894

689 116

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 *Child of W. M. Clark*
2. Sex *Female* 3. Color *White* 4. Age *10 mo*
5. Married or single *Single*
6. Date of Death *Dec. 13/1894.*
7. Cause of Death *Meningitis*
8. Duration of last Illness *5 days*
Geo. P. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Lecky*
11. Residence *10th street* . Ward No. *4th*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother *Mrs. H. A. Clark*
 } Name of Father *W. M. Clark*
14. Place of intended Interment *Faroocew Cemetery*
15. Date of intended Interment *Dec 14/94.*
F. C. Girard & Bro, Undertaker.
Date of Certificate *Dec. 14/94* Residence _____

James K. Clarke, 1906

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 *James K. Clarke*
2. Sex *Male* 3. Color *White* 4. Age *73*
5. Married or single *Married*
6. Date of death *July 9 "06*
7. Cause of death *Paralysis*
8. Duration of last illness _____
F. D. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Ky*
11. Residence *8th & Park* 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 *July 11 "06*
Garard & Grand, Undertaker.
Date of Certificate *July 11 "06* Residence _____

Infant of R. F. and Blanch Clarke, 1907

118-1

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

RETURN OF A DEATH.

360

Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant of R. F. Clarke
 2. Sex — 3. Color White 4. Age —
 5. ~~Married~~ or single —
 6. Date of death Dec **DEC 11 1907**
 7. Cause of death Still Born
 8. Duration of last illness At Guard M. D.

Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Clarksville Tenn
 10. Place of birth Clarksville Tenn
 11. Residence " " Ward No. —
 12. Time of residence in the city —
 13. When a minor { Name of mother Mrs Blanch Clarke
 Name of father R. F. Clarke
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment DEC 11 1907

GERARD & GERARD Undertaker.

Date of Certificate DEC 11 1907 Residence BOWLING GREEN, KY.

Infant of R. F. and Blanch Clark 1907

1182
811

CERTIFICATE OF UNDERTAKER.

I hereby certify that the accompanying dead body of Infant of R. F. Clark
(If a minor, give the parents' name also.)

Consigned to Bentley Green in the County of _____ State of Ky
 and who died of Blacksville has been prepared by me, strictly in accordance with
 Rules of the State Boards of Health of Tennessee, for transportation by Railway or Steamboat.

Residence Blacksville Tenn Leason Pallow Shipping Undertaker.

(SEAL.) **PASTER.** Transit Permit No. _____
(Give Station No.)

Station Baggage men must enter hereon a description of the ticket, the exact route and VIA WHAT
 JUNCTION POINTS THE TICKET READS, which is held by the passenger in charge of the remains.

SPECIAL INSTRUCTIONS.—A burial case containing a corpse must not be received for transportation unless the person in charge of the remains
 presents a certificate of the attending physician or coroner, a permit of the Board of Health and an Undertaker's Certificate that the body has been
 prepared for burial according to the law of the State. Neither will it be received if any fluids or offensive odors are escaping from the case.

Date Dec 11/1907

From Blacksville to Bentley Green State of Ky

No. of Ticket of Escort Pass Form No. of Ticket of Escort Pass
 No. of Corpse Ticket Pass Form No. of Corpse Ticket Pass

Via D & W R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Via _____ R. R. To _____

Name of Passenger in charge R. F. Clark Place of Residence Blacksville

Dave Claspell, 1891

Out of town 119

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Dave Claspell Claspell*
2. Sex *Male* 3. Color *White* 4. Age *48*
5. Married or Single *Married*
6. Date of Death *Dec 8th 1891*
7. Cause of Death *Stomach*
8. Duration of last Illness *10 days*
J. P. Cartwright M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Sewer at Wendell Party*
10. Place of Birth _____
11. Residence *Main 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 *near Kroth's store*
15. Date of intended Interment *Dec 9th 1891*
H. B. Grand, Undertaker.
Date of Certificate _____ . Residence _____

Amanda Clayborn, 1900

72 120

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 *Amanda Clayborn*
2. Sex *Female* 3. Color *black* 4. Age *41-40*
5. Married or single *single*
6. Date of death *July 10 - 1900*
7. Cause of death *Pneumonia*
8. Duration of last illness *Two months*

_____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Nurse Super*
10. Place of birth *Bowling Green*
11. Residence *Hope St.* Ward No. *3rd*
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. C. Kuykendoll, Undertaker.

Date of Certificate *July 14 - 1900* Residence *Bowling Green, 815 State Street*

Annie Frances Ventrier Claypool, 1907

121

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

RETURN OF A DEATH.

206

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Annie Frances Ventrier Claypool*
 2. Sex *female* 3. Color *white* 4. Age *76 yrs*
 5. Married or single *single*
 6. Date of death *May - 3 - 1907*
 7. Cause of death *Congestion of the heart*
 8. Duration of last illness *about a week*
- Geo H. Blackburn* M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Telephone Operator*
 10. Place of birth *Warren County*
 11. Residence *127 St* Ward No.....
 12. Time of residence in the city *years*
 13. When a minor { Name of mother *Susan A Claypool*
Name of father *Stephen Claypool*
 14. Place of intended interment *Fairview Cem*
 15. Date of intended interment *May - 4 - 1907*
- Henry Payne* Undertaker.
Date of Certificate..... Residence.....

Austin J. Claypool, 1899

59 75 *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 *Austin J. Claypool*
2. Sex *male* 3. Color *white* 4. Age *61 yrs*
5. Married or single *married*
6. Date of death *Sept 7, 1899*
7. Cause of death *Bright's disease*
8. Duration of last illness *3 weeks*
H.P.C. *W.P. Cortwright* M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Merchant*
10. Place of birth *Warren County*
11. Residence *12th St* Ward No. *1*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *Sept 8 1899*
Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

B. P. Claypool, December 12

123

This Constitutes ONE CERTIFICATE to 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. P. Claypool*

2. Sex *Male* 3. Color *White* 4. Age *48 Years*

5. Married ~~or~~ *Single*

6. Date of Death *Dec 12*

7. Cause of Death *Struma*

8. Duration of last Illness *Seven Years*

M. M. Claypool, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____, 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 _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____, Residence _____

Democrat Print.

Child of Bell Claypool, 1896

948 124

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 Bell Claypool
2. Sex 3. Color Blk 4. Age
5. Married or single single
6. Date of Death Oct 11th 1896
7. Cause of Death Stell bow
8. Duration of last illness

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth City
11. Residence Burke Alley Ward No. 2nd
12. Time of Residence in the City
13. When a Minor { Name of Mother Bell Claypool
 { Name of Father
14. Place of intended Interment County Cemetery
15. Date of intended Interment Oct 11th 1896

A. C. Guard & Bro., Undertaker.
Date of Certificate Oct 11/96 . Residence City

Child of Bell Claypool, 1898

185

This Constitutes One Certificate to 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 Bell Claypool
2. Sex male 3. Color Black 4. Age 5 months
5. Married or single Single
6. Date of Death Nov. 30 - 1898
7. Cause of Death Convulsions
8. Duration of last Illness One Day
O. D. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Berkeley 127
11. Residence Tenth St Ward No. 2nd
12. Time of Residence in the City Life Time
13. When a Minor } Name of Mother Bell Claypool
 } Name of Father _____
14. Place of intended Interment First Normal
15. Date of intended Interment Dec - 1 - 98
_____, Undertaker.
Date of Certificate _____ Residence _____

Cary Lucille Claypool, 1907

OHIO STATE BOARD OF HEALTH
TRANSPORTATION OF CORPSE
 TRANSIT PERMIT NO. 1824
 PHYSICIAN'S OR CORONER'S CERTIFICATE

126

(ORIGINAL)

Date April 9 1907

Name of Deceased Cary Lucille Claypool Sex F Color W
 Place of Death Cuba County Hamilton State Ohio
 (Township, Village or City)
 Date of Death April 8 Hour of Death _____
 Cause of Death Inquest Pending Duration _____ Days.
 Contributory Cause of Death _____ Duration _____ Days.
 Age: Years _____ Months _____ Days _____
 Occupation _____ Single, Married, Widowed, Divorced
 (Cross out all but answer required.)
 Place of Birth _____ (State or Country.)
 Name of Father Claypool Birthplace of Father _____ (State or Country.)
 Maiden Name of Mother Winters Birthplace of Mother _____ (State or Country.)

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

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

Residence Cuba County of Hamilton State of Ohio M. D. or Coroner.

PERMIT OF LOCAL BOARD OF HEALTH

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

In the Cuba of Hamilton County of Ohio
 (City, Village or Township.)
 State of _____ on the 9th day of April 1907
 Permission is hereby given to remove for burial at Bowling Green
 in the County of _____ State of Kentucky
 the body of Cary Lucille Claypool
 who died at Cuba in the County of Hamilton State of Ohio
 on the _____ day of _____ 1907 Aged 21 years _____ months _____ days.
 The cause of death being Inquest Pending which is a { communicable } disease.
 { non-communicable }
 To be accompanied by _____ as escort
 RULE 1. The transportation of bodies dead of smallpox or bubonic plague from one state, territory, district, or province to another, is absolutely forbidden.

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

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

Infant of Clarence Claypool, 1896

946 107

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 *Infant Claypool*
2. Sex 3. Color *white* 4. Age *3 da*
5. Married or single
6. Date of Death *Oct 5 - 1896*
7. Cause of Death *Scarlet Fever*
8. Duration of last Illness *One week*
McC *Shelby*, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *City*
11. Residence *10th Street*. Ward No. *4*
12. Time of Residence in the City
13. When a Minor } Name of Mother *Clarence*
 } Name of Father *Clarence Claypool*
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Oct 5th 1896*
Peppers & Payne, Undertaker.
Date of Certificate Residence

Infant of George C. and Lattie Claypool, 1908

128

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

RETURN OF A DEATH.

401

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Infant - Child of Geo C Claypool
2. Sex male 3. Color white 4. Age —
5. Married or single —
6. Date of death July 10 1908
7. Cause of death Still born
8. Duration of last illness —
J. H. Blackburn, M. D.
Residence —

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation —
10. Place of birth Port W - bet 10 & 11 ^{1/2}
11. Residence City Ward No. —
12. Time of residence in the City. —
13. When a minor { Name of Mother Lattie P Claypool
Name of Father Geo C Claypool
14. Place of intended interment Fairview - Court
15. Date of intended interment July 11 1908
J. Hawley Payne, Undertaker.
Date of Certificate — Residence —

Mrs. George W. Claypool, 1904

129

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. George W. Claypool*

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

5. Married or single *Married*

6. Date of death *Jan. 10th 1904*

7. Cause of death *Chronic Diarrhea*

8. Duration of last illness _____

J. H. Stone, M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Warren County*

11. Residence *Center 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 *Ray. Grave yard, Warren Co.*

15. Date of intended interment *Jan 11th 1904*
Edward T. Forward, Undertaker.

Date of Certificate *Jan 11/1904.* Residence _____

Hannah Claypool, 1900

74 130

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Hannah Claypool
2. Sex Female 3. Color black 4. Age 70 yrs
5. Married or single married
6. Date of death April 1st 1900
7. Cause of death Paralysis
8. Duration of last illness Five months
O. P. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation House Keeper
10. Place of birth Burling Green
11. Residence Burling Green Ward No. 2
12. Time of residence in the City. Seventy five years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Mt Mariah
15. Date of intended interment April 2-1900
J. E. Thompson, Undertaker.
Date of Certificate June 11-1900 Residence Burling Green
815 State St

Hugh Claypool, 1912

131

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

RETURN OF A DEATH.

1298

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Hugh Y Claypool
2. Sex Male 3. Color White 4. Age 2 yrs
5. Married or single Single
6. Date of death Dec 14 1912
7. Cause of death Diphtheria
8. Duration of last illness 8 days
Residence Wm Blackburn M. D.
Banbury Green W

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Bradfordville
11. Residence Banbury Green Ward No. _____
12. Time of residence in the City. Lif
13. When a minor { Name of Mother Lucile Claypool
Name of Father Hugh "
14. Place of intended interment Bradfordville, Ky.
15. Date of intended interment Dec 16 1912
Emmehueen, Undertaker.
Date of Certificate Dec 14 1912 Residence B Green

J. Russell Claypool, 1907

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 *J. Russell Claypool*
2. Sex *male* 3. Color *white* 4. Age *15 yr*
5. Married or single *single*
6. Date of death *Sept 16 1907*
7. Cause of death *Typhoid Fever & Appendicitis.*
8. Duration of last illness *5 months*
B. S. Rutherford M. D.
Residence *city*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *city*
11. Residence *Hugh + 12th St* Ward No.....
12. Time of residence in the city *Sept*
13. When a minor { Name of mother *Lila P. Claypool*
Name of father *E. Carey Claypool*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Sept 17 1907*
V. Hawley Payne Undertaker.
Date of Certificate..... Residence.....

Maude Claypool, 1909

133

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

RETURN OF A DEATH.

591

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Maude Claypool*

2. Sex *Female* 3. Color *White* 4. Age *33*

5. Married or single *Single*

6. Date of death *Sept 9" 1909* *mech 9/1909*

7. Cause of death *Paralysis*

8. Duration of last illness *W. A. Callis* M. D.

Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Undertaker*

10. Place of birth *Warren County*

11. Residence *Indianola 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 *Mech 10" 1909*

GERARD & GERARD Undertaker.

Date of Certificate *Mech 9" 1909* Residence **BOWLING GREEN, KY**

895-224

Walter Claypool, 1903

134

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Walter Claypool*

2. Sex *Male* 3. Color *White* 4. Age *43 yrs*

5. Married or single *Married*

6. Date of death *Mar 1" 1903*

7. Cause of death *Killed by Street Cars*

8. Duration of last illness _____

E. H. Porter, Acting Coroner
M. D.
Residence *Doubling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Warren County*

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 *Fairview Cemetery*

15. Date of intended interment *Mar 3" 1903*

Guard & Guard
Undertaker.

Date of Certificate *Mar 2" 1903* Residence *City*

Woodford P. Claypool, 1891

135

328

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Woodford P. Claypool
 2. Sex Male . 3. Color White . 4. Age 6 yrs
 5. Married or Single Single
 6. Date of Death Aug 29th / 91
 7. Cause of Death Hydrocephalus
 8. Duration of last Illness One year

J. R. Claypool, M. D.
 Residence Bowling Green Ky

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth City
 11. Residence Adams St . Ward No. 3rd
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother Mrs. F. B. Claypool
 } Name of Father Wm. M. " "
 14. Place of intended Interment Fairview Cemetery
 15. Date of intended Interment Aug 30 / 91
F. C. Groach, Undertaker.
 Date of Certificate Aug 29 / 91 . Residence City

Georgia C. Clayton, 1893

136

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 *Georgia C Clayton*
2. Sex *Female* 3. Color *Blk -* 4. Age *16 yrs -*
5. Married or single *Single -*
6. Date of Death *August 25/93*
7. Cause of Death *Typhoid fever*
8. Duration of last Illness *24 days*
W. W. Bowling M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Glasgow Ky.*
11. Residence _____ 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 *Glasgow Ky*
15. Date of intended Interment *Aug 26th 93*
F. C. Grandford - Undertaker.
Date of Certificate *Aug 25/93* Residence *City*

J. Lee Cliburn, 1908

137

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

RETURN OF A DEATH.

415

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. Lee Cliburn.
 2. Sex Male 3. Color White 4. Age 32 yrs
 5. Married or single Married.
 6. Date of death Mar. 14 '08
 7. Cause of death Consumption
 8. Duration of last illness J. H. Posy D.D. D
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Livery man
 10. Place of birth Albany
 11. Residence College St. Ward No. 3
 12. Time of residence in the city 3 yrs.
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Mar 14/08.
GERARD & GERARD. Undertaker.
 Date of Certificate Mar 14/08. Residence BOWLING GREEN, KY

Mrs. Crit Cline, 1904

138

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

RETURN OF A DEATH.

sub.
Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Bert Cline*

2. Sex *Female* 3. Color *White* 4. Age *76*

5. Married or Single *Married*

6. Date of death *May 30 "04*

7. Cause of death *Consumption*

8. Duration of last illness *H. R. Francis*, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Warren County*

11. Residence *Kentucky 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 *St Josephs Cemetery*

15. Date of intended interment *June 3 "04*

David T. David, Undertaker.

Date of Certificate *May 31 "04* Residence _____

Sarah Ellen Cline, 1880

139

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Sarah Ellen Cline Cline*
2. Sex *Female* 3. Color *White* 4. Age *29 years*
5. Married or Single *Married*
6. Date of Death *Aug 21 1880*
7. Cause of Death *Pelvic Cellulitis*
8. Duration of last Illness *Three Weeks*

J. W. McCormack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ 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 _____
15. Date of intended Interment _____

_____, Undertaker.
Date of Certificate _____ Residence _____

Democrat Print.

D. J. Cochran, 1898

1181 140

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased D. J. Cochran Cochran
2. Sex male 3. Color white 4. Age 36 yrs 6 mo
5. Married or single married
6. Date of death Sept 28, 1898
7. Cause of death Diphtheria
8. Duration of last illness 10 days
H.P.C. H.P. Cortwright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Minister
10. Place of birth Tennessee
11. Residence Bradway Ward No. 1
12. Time of residence in the City 15 yrs
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment Sept 29, 1898
H. Hawley Payne Undertaker.

Date of Certificate _____ Residence _____

Emma Cochran, 1910

141

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

RETURN OF A DEATH.

827

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Emma Cochran*
 2. Sex *Female* 3. Color *White* 4. Age *42 yrs*
 5. Married or single *Widow*
 6. Date of death *May 18 1910*
 7. Cause of death *Tuberculosis*
 8. Duration of last illness *4 months*
- H. P. Conroy* M. D.
- Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Housekeeper*
 10. Place of birth *Warren Co. Ky*
 11. Residence *College 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 *Fairview Cemetery*
 15. Date of intended interment *May 19 1910*
- GERARD & GERARD** Undertaker.
- Date of Certificate *May 18 1910* Residence *City*

Jillian Cochran, 1892

375 148

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

1. Name of deceased *Jillian Cochran* ^{Cochran}
2. Sex *Female* . 3. Color *White* . 4. Age *3 weeks*
5. Married or Single *Single*
6. Date of Death *Jan 15th 1892*
7. Cause of Death *Inanition*
8. Duration of last Illness *2 weeks*
W. P. Cartwright, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City*
11. Residence *West Main* Ward No. *4*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Emma Cochran*
 } Name of Father *D. J. Cochran*
14. Place of intended Interment *Fairview Cent*
15. Date of intended Interment *Jan 17th 1892*
H. H. [unclear], Undertaker.
Date of Certificate _____ . Residence _____

Henry Cohron, 1903

143

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Henry Cohron, Cohron
2. Sex Male 3. Color White 4. Age 70 yrs.
5. Married or single Married
6. Date of death Nov 25 "1903
7. Cause of death Chronic Nephritis
8. Duration of last illness _____
_____ M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Butler County Kentucky
11. Residence Adams St 13th Street Ward No. 3
12. Time of residence in the City. 4 years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Nov 26 "1903
Guard & Guard, Undertaker.
Date of Certificate Nov 26/1903 Residence _____

Lizzie H. Coke, 1909

144

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

RETURN OF A DEATH.

734

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Lizzie H. Coke*
 2. Sex *Female* 3. Color *White* 4. Age *30 yrs*
 5. Married or single *Single*
 6. Date of death *DEC 16 1909*
 7. Cause of death *Apoplexy*
 8. Duration of last illness *12 hours*
 M. D. *Lillian H. Smith*
 Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Cluytsville Ky*
 11. Residence *11th St BOWLING GREEN, KY* Ward No. *1*
 12. Time of residence in the city *4 Months*
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment *Cluytsville Ky*
 15. Date of intended interment *Dec 18" 1909*
 GERARD & GERARD. Undertaker.
 Date of Certificate *Dec. 17" 09* Residence *BOWLING GREEN, KY*