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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.
Physician's Certificate Preparatory to Burial.
6.3.
1. Name of deceased B.A. backer [B.F. Cabell]
2. Sex muls 3. Color White 4. Age 579 King
5. Married or single THAT LATER TO
6. Date of death Supatarrales 1911, 1909
6. Date of death September 19th, 1909 7. Cause of death Correbing live levelism
8. Duration of last illness was surely surel
C. T. Pleburrano M. D.
Residence Bourfring Grant
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth vis Villa V
11. Residence Ward No.
12. Time of residence in the city 20 hears
(Name of mother
13. When a minor Name of father.
14. Place of intended interment Figurally Country
15. Date of intended interment Sels 2124-1908
The rist Essale Undertaker.
Date of Certificate 1 20 0 0 Residence B Great 14
the state of the s

Mary Douglas Cabell, 1907

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Donalas Capell
1. Name of deceased Many Douglas Pabell
2. Sex Junar 3. Color While 4. Age 5 mg
5. Married or single
6. Date of death tought
7. Cause of death Sathra Entiralia.
8. Duration of last illness
frances (Sibson) Camany M. D.
Residence Leady
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Stofania 400
11. Residence It Jamis No - Ward No.
12. Time of residence in the city Lever week
Name of mother
Name of mother
13. When a minor Name of mother Name of father. Name of father.
13. When a minor Name of mother Name of father. 14. Place of intended interment.
13. When a minor Name of mother Name of father. 14. Place of intended interment. 15. Date of intended interment.
13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment Undertaker.
13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment Undertaker.
13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment Undertaker.
13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment Undertaker.

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 Rockfild Cage, 2. Sex male 3. Color bleck 4. Age 16
2. Sex male 3. Color Polock 4. Age / L
5. Married or single single
6. Date of death
7. Cause of death Preumeria Lobar
8. Duration of last illness & days 70 Randm M. D.
Residence Bawling Frem Ky
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation leonmon labor
10. Place of birth Franklin Sty.
11. Residence Centre Street Ward No. 9
12. Time of residence in the city Was Seuro
13. When a minor Name of father
14. Place of intended interment mf manafleem
15. Date of intended interment Leb. 19-1906
J. O. Very Kinda Bridertaker.
Date of Certificate Mar 9-1906 Residence Keer 7 +
college At

Maggie Cain, 1900

6	4
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
NIVELEGRADE CENTIFICATE DEEDODOTODY TO DIIDIBI	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased his, Magging Dalle Carr	
1. Name of deceased fles, Magging bain Cain 2. Sex France 3. Color White 4. Age 42 yrs. 5. Married or single Hidou.	
6. Date of death to 1, 19	
7. Cause of Heath Quantuouna	
8. Duration of last illness M. D M. D.	
Residence	
INDEPENDENCE CENTEROSTE IN DESCRICA TO DECESED	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth A. L. Ky 11. Residence Marie, Street . Ward No 2	
12. Time of residence in the City	
Name of Mother Name of Father	
of the bearing	
14. Place of intended interment Shiforighns, Williams, 15. Date of intended interment Jan, 21"1966.	
Gund Gund , Undertaker.	
Date of Certificate Juny 29/1960. Residence	

Bettie Caldwell, 1880

-	This Constitutes ONE CERTIFICATE to be at to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1	Name of Deceased Betti Colore Caldwell
1.	Sex Junal. 3. Color Black . 4. Age 17 years
1	
	Date of Death Ofuce 24 the 1850
7	Cause of Death Typho- Walurul Lenn
1.	Duration of last Illness Four Mills
0.	
	J. A. Weormaell. M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKERS CERTIFICATE IN RELATION TO DECEASED.
1 9	Occupation
	Occupation Place at Birth Sim hon.
10.	Place of Birth Simpson
10. 11.	Place of Birth Simpson Residence
10. 11. 12.	Place of Birth Simpson Residence Ward No. Time of Residence in the City
10. 11. 12.	Place of Birth Simpson Residence Ward No. Time of Residence in the City When a Minor Name of Mother Joun Calwell
10. 11. 12.	Place of Birth Simpson Residence Ward No. Time of Residence in the City When a Minor Name of Mother Jacon Callwell Name of Father
10. 11. 12.	Place of Birth Simpson Residence
10. 11. 12. 13.	Place of Birth Simpson Residence
10. 11. 12. 13.	Place of Birth Simpson Residence Ward No. Time of Residence in the City When a Minor Name of Mother Joun Collinell Name of Father Place of intended Interment Hound Cin My
10. 11. 12. 13. 14. 15.	Place of Birth Simpson Residence Ward No. Time of Residence in the City When a Minor Name of Mother Jacon Callwell Name of Father Place of intended Interment Hound City Date of intended Interment Hollow
10. 11. 12. 13. 14. 15.	Place of Birth Simpson Residence Ward No. Time of Residence in the City When a Minor Name of Mother Jame Callwell Name of Father Place of intended Interment Hours Cin Ty Date of intended Interment Hollerand Undertaker.

Child of Bulah Caldwell, 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Infant Caldwell
1.	
2.	Sex Male 3. Color All 4. Age
5.	11 212 11 2- 12
6.	Till Born
7.	Cause of death 2 March 1977
8.	Duration of last illness.
	Quinion of warren cu.
	Residence Bowling Green Ky
	AND ADDRESS OF THE PROPERTY OF
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
9. 10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of high Bowling Green, Ky.
	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Bowling Green, Ky. Residence Cautar It. Bowling Green, Ward No.
10.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Bowling Green, Ky. Residence Cautar It. Bowling Green, Ward No.
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Bowling Green, Ky. Residence Cautar It. Bowling Green, Ward No.
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Residence Cruthy II. Bowling Green, Ky. Bowling Green, Ward No. Time of residence in the city. Name of mother Rubah Caldwell Name of father.
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Bowling Green, Ky. Residence Cautar It. Bowling Green, Ward No. Time of residence in the city Name of mother Sulah Caldwell Name of father. Place of intended interment
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Bowling Green, Ky. Residence Cantar H. Bowling Green, Ward No. Time of residence in the city When a minor Name of mother Bulah Caldwritt When a minor Name of father, Place of intended interment Sannty Brunning Date of intended interment. May 30" 1913.
10. 11. 12. 13.	Occupation Place of birth Bowling Green, Ky. Residence Bowling Green, Ky. Bowling Green, Ward No. Time of residence in the city Name of mother Name of father Place of intended interment Manual 2011 1013
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Bowling Green, Ky. Residence Cantar H. Bowling Green, Ward No. Time of residence in the city When a minor Name of mother Bulah Caldwritt When a minor Name of father, Place of intended interment Sannty Brunning Date of intended interment. May 30" 1913.

Phillip Calenti, 1879

This Constitutes ONE CERTIFICATE to be returned to the	e City Clerk for a BURIAL PERMIT.
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREPARENTE. 1. Name of Peccased Philips	
2. Sex Male 3. Color Which	
5. Married or Single Married	
6. Date of Death June 2/	1879
7. Cause of Death Apropley	
8. Duration of last Illness (20) had	0
Will Park	Thomas, M.D.
. Residence	un 4111, 16.
	1
UNDERTAKER'S CERTIFICATE IN RE	
UNDERTAKER'S CERTIFICATE IN RE	
UNDERTAKER'S CERTIFICATE IN RE 9. Occupation 10. Place of Birth	ELATION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN RE 9. Occupation 10. Place of Birth 11. Residence	
UNDERTAKER'S CERTIFICATE IN RE 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City	ELATION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN RE 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City Name of Mother 13. When a Minor	ELATION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN RE 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father	ELATION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN RE 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment	ELATION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN RE 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father	ELATION TO DECEASED. . Ward No.
UNDERTAKER'S CERTIFICATE IN RE 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment Name of Interment 15. Date of intended Interment Name of Interment 16. Date of intended Interment Name of Interment 17. Date of intended Interment Name of Interment 18. Date of intended Interment Name of Interment 19. Occupation Name of Interment Name of Interment 10. Place of Intended Interment Name of Interment 11. Place of intended Interment Name of Interment 12. Date of Intended Interment Name of Interment 13. Date of Intended Interment Name of Interment 14. Place of Intended Interment Name of Interment 15. Date of Intended Interment Name of Interment 16. Date of Intended Interment Name of Interment 17. Date of Intended Interment Name of Interment 18. Date of Intended Interment Name of Interment 19. Date of Intended Interment Name of Interment Name of Interment 19. Date of Intended Interment Name of Interm	ELATION TO DECEASED. . Ward No. . Undertaker.
UNDERTAKER'S CERTIFICATE IN RE 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment Name of Interment 15. Date of intended Interment Name of Interment 16. Date of intended Interment Name of Interment 17. Date of intended Interment Name of Interment 18. Date of intended Interment Name of Interment 19. Occupation Name of Interment Name of Interment 10. Place of Intended Interment Name of Interment 11. Place of intended Interment Name of Interment 12. Date of Intended Interment Name of Interment 13. Date of Intended Interment Name of Interment 14. Place of Intended Interment Name of Interment 15. Date of Intended Interment Name of Interment 16. Date of Intended Interment Name of Interment 17. Date of Intended Interment Name of Interment 18. Date of Intended Interment Name of Interment 19. Date of Intended Interment Name of Interment Name of Interment 19. Date of Intended Interment Name of Interment Name o	ELATION TO DECEASED. . Ward No.

Child of R. S. Calkin, 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of decorded Child of B. S. Calkin. Calker. 2. Sex Malk 3. Coper White 4. Age 6 with.
5. Married or single Sungle Sept. 19" 1901 6. Date of death Suan William 7. Cause of death Suan William
8. Duration of last illness Julia Brown , M. D.
Burn. Residence Bowling Frem My
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Elgin III 11. Residence Stath Street Ward No. 2 22
12. Time of residence in the City. What Sold of Sold of Sold of Name of Mother Mrs. Sold of Sold of Sold of Name of Father Sold of Sol
4. Place of intended interment Jurivian Carnialary 5. Date of intended interment Supt 10, 901 Suparalland Frank Undertaker.
Date of Certificate Suplianing, Residence

Mrs. P. G. Callahan, 1908

9-1
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Plant Carlo Day
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mors Pl Callahan
2. Sex Final 3. Color While 4. Age
5. Married or single Married
6. Date of death ang 27 7. Cause of death acute In digistion
8. Duration of last illness.
G & Gril M.D.
Residence Montgoming, ala
Undertaker's Certificate in Relation to Deceased
Undertaker's Certificate in Relation to Deceased.
9. Occupation — — — — — — — — — — — — — — — — — — —
9. Occupation
9. Occupation
9. Occupation ————————————————————————————————————
9. Occupation 10. Place of birth 11. Residence Montgoning ala Ward No. 12. Time of residence in the city (Name of mother Ms Chalan
9. Occupation 10. Place of birth 11. Residence Montgoning ala Ward No 12. Time of residence in the city Name of mother Ms Cholon Name of father Put Nolon
9. Occupation 10. Place of birth 11. Residence Montgonia, ala Ward No 12. Time of residence in the city 13. When a minor Name of mother Management Name of father Part Nolm 14. Place of intended interment
9. Occupation 10. Place of birth 11. Residence Montgoning ala Ward No 12. Time of residence in the city Name of mother Ms Cholon Name of father Put Nolon
9. Occupation. 10. Place of birth 11. Residence I for ty alla Ward No. 12. Time of residence in the city 13. When a minor Name of mother Mr Nolm 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Date of intended interment 18. Date of intended interment 19. Date of intended interment
9. Occupation 10. Place of birth 11. Residence Montgonia, ala Ward No 12. Time of residence in the city 13. When a minor Name of mother Management Name of father Part Nolm 14. Place of intended interment
9. Occupation. 10. Place of birth 11. Residence I for ty alla Ward No. 12. Time of residence in the city 13. When a minor Name of mother Mr Nolm 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Date of intended interment 18. Date of intended interment 19. Date of intended interment
9. Occupation. 10. Place of birth 11. Residence I for ty alla Ward No. 12. Time of residence in the city 13. When a minor Name of mother Mr Nolm 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Date of intended interment 18. Date of intended interment 19. Date of intended interment

Mrs. P. G. Callahan, 1908

1 BODY	SANITARY DEPARTMENT. MONTGOMERY, ALA. No. (20 (To be issued by City Physician or County Board of Health.)	R. R. AGENTS AND ALL OTHER CAR- RIERS SEE BACK OF PERMIT.
MPANY THE	Permission is hereby given Or CITY PHYSICIAN	7 1905
SES ACCO	to remove the remains of	days,
TO ITS DES	Centr Stidegestine	ause of death being which is a disease, and a
THIS PERMIT MUST	Transit Permit being asked for burial at in the State of Annual of Undertaker or person in charge of the Transit Signed Signed Name of Medical Attendant or Coroger.	City Physician.

N MARKS	AFFIDAVIT - In case of Infectious or Contagi	OM STORE S
I Hereby Certify, T	MONTGOMERY, ALA.,	named in the transit permit has
1.	transportation by being	
resta	Otamas	Undertaker.
STATE OF ALABAMA COUNTY OF MONTGOME	RY. On this day of	, A. D. 190 before me
a a contract to the state of th	(Notary Public, Justice of the Pea	ce), in and for the County and State
aforesaid, personally ap	peared	to me known, and made
oath and says that all th	e statements contained in the foregoing are	true. Double galou times true.
Sworn and subscribe	ed to before me this day of	190
lity physicals	SEAL,	ALLEN AND AND AND AND AND AND AND AND AND AN
	0.	to in manufacture forms of 1

Effie Callis, 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mis Effir Calles
1.	Name of deceased White 33 MM
5.	Married or Single
6.	Date of death May 5" 1912.
7.	Cause of death I humatism as pur Ital Statist
8.	Duration of last illness Call
-	Get Jarand, Jim wood Lingto
	Residence ROWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
0	
9.	Occupation Warren los Ru
10.	Occupation Warran los Ky Place of birth Scotleville Ky
10. 11.	Occupation Place of birth Residence Ward No.
10.	Occupation Place of birth Residence Cottsvilly Ward No.
10. 11. 12.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of Mother
10. 11. 12.	Occupation Place of birth Residence Scotlandly Ward No. Time of residence in the city When a minor Name of Mother Name of Father Stationics Name of Father
10. 11. 12.	Occupation Place of birth Residence Scotlavilly Residence Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Way 7"1919
10. 11. 12. 13.	Occupation Place of birth Residence Scotlavilly My Residence in the city Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment May 7 1912. Date of intended interment
110. 111. 112. 113. 114. 115.	Occupation Place of birth Residence Scotlavilly Residence Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Way 7"1919

Thomas C. Calvert, 1898

1129	
This Con	ustitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
-	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
ı. Nam	ne of deceased T, C, Calyezh
2. Sex	Male 3. Color It wite 4. Age 77 yrs
5. Mar	ried or single Manuel
6. Date	se of death May 19"98 se of death Chronic Bright drum
8. Dura	ation of last illness 2 years (AFR Carture HM. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
g. Occa	upation
	e of birth Punnessee
	dence . Ward No. / sk
r2. Tim	e of residence in the City
13. Who	en a minor Name of Mother Name of Father
	ce of intended interment Man 20"/898
15. Date	e of intended interment May 201898. Undertaker
Date of	Certificate May 20/9. Residence Willy
	79/14

Effie Cammel, 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Effice Comme
	Sex Fernale 3. Color Black . 4. Age 19 Month
5.	Married or Single Ling
6.	Date of Death Jacky 13 1880 Cause of Death Jacky 13 1880
7.	Cause of Death Bertussis
8.	Duration of last Illness one week
	Residence Greder Street
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
10. 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
10. 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
10. 11. 12. 13. 14.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment L. O. O.

James Camp, 1899

1045	21	N	13
This Constitutes One Cer	tificate to be Returned to	the City Clerk for a Buri	al Permit,
		DEATH.	
1,110	141 01 1		
РНҮЅІСІ	AN'S CERTIFICATE PREPA	RATORY TO BURIAL	
1. Name of deceased	James	Comp G	a age
2. Sexman	3. Color onh	in 4. Age 25	gue !
5. Married or single			
6. Date of death	-	15 1839	•
7. Cause of death	Shot-		
8. Duration of last ill	ness A I O	Ilin Cora	was a
			new or (
	Residence	Indiana	
UNDERTA	KER'S CERTIFICATE IN R	ELATION TO DECEASED.	
d. contains	auti		
10. Place of birth)	
11. Residence	ain It	Ward N	o. 1
12. Time of residence		The state of the s	
13. When a minor	Name of Mother		
14. Place of intended		een to en	
	interment III.		1899
	Toffan	leytayur	Undertaker.
Date of Certificate		Residence	
			1
		THE RESERVE OF THE PERSON OF T	
		VEN	

Child of Cooper & Symthina Campbell, 1901

<u> </u>
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Chell of Cooper Complete 2. Sex male 3. Color while . 4. Age 3 mg 5. Married or single
6. Date of death Nov-4-1901- 7. Cause of death Municipation 8. Duration of last illness 10 days
Trw M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Fram St BYKy
11. Residence " " Ward No. 3 29 12. Time of residence in the City. Life To Carolly a Carolly of Notice States of Ward No. 3 29
13. When a minor Name of Mother Syntham Confu
14. Place of intended interment Faure C. 15. Date of intended interment Nor-5-1901 Yuand Huang, Undertaker.
Date of Certificate Residence

David B. Campbell, 1913

T	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased David B. Campfull Sex Mali 3. Color White 4. Age
1.	Name of deceased Wave B, Wain B, Vain B, Volt
2.	Sex Man 3. Color 4. Age
5.	Married or single
6.	Date of death JUN 2 1 1913
7.	Cause of death Servele debility
8.	Duration of last illness Lun days
	Bowling Green, Ky.
	Residence
0	Undertaker's Certificate in Relation to Deceased. Occupation Ratifact Farmer
9. 10.	Bowling Green, Ky.
11.	- Wear
12.	
	Time of residence in the city
	Name of mother.
13.	(Name of mother.
13. 14.	When a minor Name of mother. Name of father. Place of intended interment.
333	When a minor Name of mother. Name of father. Place of intended interment. Date of intended interment. Name of mother. Place of intended interment. Place of intended interment.
14.	When a minor Name of mother. Name of father. Place of intended interment. Date of intended interment. GERARD & GERARD. Undertaker.
14. 15.	When a minor Name of mother. Name of father. Place of intended interment June 23" 1913. Date of intended interment June 23" 1913.
14. 15.	When a minor Name of mother Name of father Place of intended interment Date of intended interment GERARD & GERARD Undertaker.
14. 15.	When a minor Name of mother Name of father Place of intended interment Date of intended interment GERARD & GERARD Undertaker.

George Campbell, 1908

16
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased lo Woaniphere
2. Sexman. 3. Color orhit. 4. Age 82
5. Married or single manied
6. Date of death Fray-12-1908 7. Cause of death Ingsignlad & Prumamia
7. Cause of death Englished & Freemania
8. Duration of last illness day
mil Structur M. D.
Residence Realizado meca.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
7
9. Occupation Harris
10. Place of birth Marrier Courts
11. Residence Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
Name of Patner
14. Place of intended interment Ferro. 6-17
7 / 15
14. Place of intended interment fam.
14. Place of intended interment fam.
14. Place of intended interment for 15. Date of intended interment for 13 1508 Hawley Raym, Undertaker.
14. Place of intended interment for 15. Date of intended interment for 13 1508 Hawley Raym, Undertaker.

Child of Harvey & Ellen Campbell, 1901

****	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased third of flaring Complied Sex male 3. Color whit 4. Age Stir Br
	Married or single
	Date of death Q - 8 - 1901
	Cause of death Duration of last illness
	, M. D.
	Kesidence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
0.	Place of birth B. S. K. Farren are -
1.	Residence Farm are - Ward No. 2 20
12.	Time of residence in the City.
13.	When a minor Name of Mother Ellen Campbell
	(Name of Father tary)
14.	Place of intended interment Farm Comban
15.	
	Lucy Ludertaker.
Date	e of Certificate Residence

Henderson Campbell, 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Vendinson Campbell
2.	Sex Boy 3. Color Blk . 4. Age 9 Glace
5.	Married or Single
6.	Date of Death Rule Jany 30th
7.	Cause of Death Michaels
	Duration of last Illness Olive - Sight
	Rle Shomas M. D.
	Residence By 6
	Residence / 29
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
	Place of Birth Byrun
	Residence Brun . Ward No. 2
12.	Time of Residence in the City all Get
13.	When a Minor Name of Mother March Name of Father
	Name of Father
	Place of intended Interment Harrier
15.	Date of intended Interment Jane 3/
	1 Com C. Goran Undertaker.
71	ate of Certificate Jane 3187879' Residence Blow &
11	nesmence course

Warren County, Kentucky Death Records, Box 1, Folder 6 (Ca to Cok)

Henderson, Campbell, 1879

dl	CERTIFICATE OF UNDERTAKER.	
00	I hereby certify that the accompanying dead body of Juface of RI, lelach	
-	Consigned to Borling Green in the County of State of Hy	
	and who died of leastern strictly in accordance with Rules of the State Boards of Health of Tennessee, for transportation by Railway or Steamboat.	
	A le Consecutive de l'ennessee, los transportagion by Kaniway or Steamboat. Shipping Undertaker.	
	Residence Clarismell Jenne. Shipping Undertaker.	
	(SEAL.) PASTER. Transit Permit No	
ĵ	Station Baggazemen 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.	
4	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.	
4	Date Dec 11/1907	
1	From Clacksuce to Bonking Green state of Thy.	
	No. of Ticket of Escort. Porm No. of Ticket of Escort. Pass	
	No. of Corpse Ticket. Oass	
	via Long, R. R. To	
	Via	
	Via	
-	Via R. R. To	
*	Via	
2 3 5	Name of Passenger in charge A 4 CLOMA Place of Residence Should 7	

James Wesley Campbell, 1911

19.1
₹ 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 & M. Canybbell
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 Angunia Thank During
8. Duration of last illness asper Shipping Githrate
Jugary January D
Residence Market State S
Undertaker's Certificate in Relation to Deceased.
9
9. Occupation Gracing man
10. Place of birth 11. Residence Nashwill Tenni Ward No.
12. Time of residence in the city
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Farrower Cerulary
15. Date of intended interment 18 14-1911
Gerard Jerand, Undertaker.
Date of Certificate UKY 14- Residence Ctty
(

Warren County, Kentucky Death Records, Box 1, Folder 6 (Ca to Cok)

James Wesley Campbell, 1911

6/6/	TRANSIT NO. CERTIFICATE OF UNDERTAKER. I (or we) hereby certify that the accompanying dead body of the land th
	and who died of
	has been prepared for transportation by an Embalmer holding License No
Y-O	Address
	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 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 oftensive 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. Prom
	No. of Ticket of Escort . 1.7. 5.6 3
	No. of Corpse Ticket
	Via R. R. To
	Via R. R. To
	Via R. R. To
	Via To
	Name of passenger in charge Mad Man Della Place of Residence
(FIE	Signed Station B. M.
6	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.
ALL AND ALL AN
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Ino Hatland Complex
2. Sex male. 3. Color while. 4. Age 16 ms
5. Married or single
6. Date of death Sylva 28 1500 7. Cause of death Wollera Infundament
7. Cause of death World Granders 8. Duration of last illness 2 Marks
and well down Grand M. D.
Residence
The control and the selection of the sel
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Jasan Co My
11. Residence Indunola St. Ward No.
12. Time of residence in the City
13. When a minor Name of Mother Gallie Compbell Name of Father 60 Compbell
14. Place of intended interment for the last of intended intended intended intended interment for the last of intended i
15. Date of intended interment Thanker, Endertaker.
Date of Certificate Residence

John R. Campbell, 1908

This Constitutes One Certificate to 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 R. Cay bull
2. Sex Mala 3. Color While 4. Age 42
5. Married or single 6. Date of death Hrast Grasser Lakuppa 7. Cause of death Hrast Grasser Lakuppa
8. Duration of last illness M. D. Residence Edy vielly Ky
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence Ody will Sup Ward No.
13. When a minor Name of mother fus, W Campball Name of father May " "
14. Place of intended interment Fairness Cemelery
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

411	Illinois Central Railroad Company.	
Chicago, III. 21	DUPLICATE.	
当	TRANSPORTATION OF CORPSE.	
6	FORM-G. B. O. 32. Transit Permit No.	
cag	This Certificate must be presented to the Local Board of Health for Approval.	
Shie	PHYSICIAN'S OR CORONER'S CERTIFICATE.	
	1908	
gent,	Name of Deceased Date of Death One of Deceased Minor, give parents' name also.) at b M.	
. <	Age HV Fears - Months - Days.	
Baggage	Place of Death Budyoule Thy	
200	Cause of Death Sister distants falgular	
Ba	I hereby certify that the above is true to the best of my knowledge and belief.	
ral	Residence & daywill Country of Dexw state of Thy	
General	PERMIT OF LOCAL BOARD OF HEALTH.	
	This Permit mut be properly signed, and with Physicians Pertificate presented to the Railroad or Express Apent before a body can be shipped.	
the	In the City of I addy will County of Light	
9	State of July on the 1908 day of Marin 1908	
forwarded to the	in the County of State of the body of	
ard	E Jahn Camp val who ared at	
rws	Coddy will County of Lynn on the 18 Km	
	day of 1908 Aged wy years months days. The cause	
pe	of death being Contaction of bodies dead of small-pox, Asian Chorn Yellog fever, Typins fever or Bubonic plager, is absolutely forbidden.	6,00
to	[If City or Town affix Signed: President.	900
aster	Corporate Seal.]	SIE
Pas	This Duplicate Transit Permit and Paster to be forwarded to the General Baggage Agent of the Initial road by first train.	7
1270		

Lewis Campbell, 1894

624)
This Constitutes One Certificate to be arned 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 BUK. 4. Age 64 416.
5. Married or single Married
6. Date of Death May 31 1/94.
7. Cause of Death Porights discore of Redny
8. Duration of last Illness
B H Milletter, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Jarren county
11. Residence 2 ad street Ward No. 1
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment of Moreah Country
D 9 18/24
15. Date of intended Interment June 1994.
F. C. Levard & Dio; Undertaker.
5011 0
F. C. Ward Mo, Undertaker.
F. C. Ward Mo, Undertaker.
F. C. Ward Mo, Undertaker.

Lewis E. Campbell, 1909

23
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Rev Lewis & Campbell
2. Sex Male 3. Color White 4. Age 65-
5. Married or single Marriey
6. Date of death July 11th. 1909 7. Cause of death Brights Descur
7. Cause of death Anghts Deseur
8. Duration of last illness two weeks
SB Martin M.D.
Residence Dowling Free Kg
Undertaker's Certificate in Relation to Deceased.
m. 1 4 Cons
9. Occupation Member Longwille on fines
11. Residence Touching Free Ward No.
(Name of mother
13. When a minor Name of father.
14. Place of intended interment January Country
15. Date of intended interment July 12th, 1909
Date of Certificate July 12"09 Residence Byreen 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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. If H. Caup hell- 2. Sex Fremule 3. Color White 4. Age 73
5. Married or single Marrie of
6. Date of death Filley, 15 th. 1910
7. Cause of death Chronic Pronchitis
8. Duration of last illness Sweral mouths.
H. D. Cartwagh M. D.
Residence 18 Freeze Tey
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.
(Name of mother
13. When a minor Name of father.
14. Place of intended interment Flassification
15. Date of intended interment 12kg 17lh . 1910
Date of Certificate J. Slag 16-1910 Residence Black Ky

William H. Campbell, 1903

	200			
PHYSI	ICIAN'S CERTIFICATE	PREPARATORY	TO BURIAL.	
	11:11:	H	mukbell	/
Name of deceased	nauaci	Mile	. 4. Age 544	1
2. Sex ///acc	Maria	id	. 4. Age 3 7	0
5. Married or single	Muse ast	1903.		
6. Date of death		c 14	× .0:	
7. Cause of death	1		mo	<u></u>
8. Duration of last i	llnesss	Tome	H. Stone	мт
		13	Theen I	1/Le
	Residence		4	/
9. Occupation 7.	AKER'S CERTIFICATION	erry,	TO DECEASED.	
0. Place of birth Co. 1. Residence	mus 81	-	Ward No, 2	/
2. Time of residence	in the City			
3. When a minor	Name of Mother	-		
4. Place of intended	interment Ja	wer	n Churts	y
5. Date of intended	interment	ay, It	1903.	
1	nav 21/1	W/ f	Unde	rtake

Mary Petrisa Canons, 1912

26
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
DETUDNI OF A DEATH
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mary Petrus a Canora
2. Sextende . 3. Chor White . 4. Age 2 yes
5. Married or single Zugle
6. Date of death from 26 191n
7. Cause of death Bromcho Brummonice with
8. Duration of last illness Calletties of Ducy 8
Joseph M. D.
Residence (Dandy Henry
* · · · · · · · · · · · · · · · · · · ·
INDESTRUCTOR CESTIFICATE IN DELATION TO DECEASED
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Bowling Muni/ Ward No.
11. Residence // Ward No.
12. Time of residence in the City. Life
13. When a minor Name of Mother Time Comors Name of Father J Canona
Name of Father J. Carrons
14. Place of intended interment It Jaseph vin
15. Date of intended interment 4 1912
Enrich Kelly, Undertaker.
Date of Certificate Residence 3 12 mg

James H. Capshaw, 1906

27
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased fames H. Cafshaw 2. Sex Male. 3. Color White. 4. Age 33498 5. Married or single Lingle 6. Date of death Med 19th 19th 7. Cause of death Blams from Instrument on Meal 8. Duration of last illness Park Lass Carasse, M. D. Residence BOWLING GREEN, KY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation **Farmer**
marie la la de
10. Place of birth warm corney 19 11. Residence New Scaggo 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 Lowing Trave good Courty
15. Date of intended interment Med 21-1906
Date of Certificate 1000 2045/906 Residence COWLING GREEN, KY

Joe Carder, 1891

Cutoftows This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased for Carder
5. Married or Single Single Single
6. Date of Death Ching 7/91.
7. Cause of Death Muffringit. 8. Duration of last Illness Div work
Residence W. D.
9. Occupation 10. Place of Birth Warren County
11. Residence Hoolen Dulled Ward No. "
12. Time of Residence in the City 13. When a Minor. Name of Mother
14. Place of intended Interment Filmon France
15. Date of intended Interment Ging 8"/91
Date of Certificate Cuy 8/9/. Residence Certificate

Mattie Carder, 1910

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 to dear
1. Name of deceased 11 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Sex 3. Color 75 hill: 4. Age 7
5. Married or single
6. Date of death
7. Cause of death
8. Duration of last illness Hyper (Market Market), M. D.
Residence Community
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
M.
9. Occupation J. A. C.
10. Place of birth Jenie
- W 1 W
11. Residence Loosady Ward No.
12. Time of residence in the City: 49 years
12. Time of residence in the City: Ho your Name of Mother Sague Costler
12. Time of residence in the City. Name of Mother Sagre Coston Name of Father Jahn
12. Time of residence in the City. Name of Mother Sague Costler Name of Father Salling Science 14. Place of intended interment Balling Science
12. Time of residence in the City. Name of Mother Sagre Coston Name of Father Jahn
12. Time of residence in the City. Name of Mother Sague Coston Name of Father July 14. Place of intended interment Balling Science 15. Date of intended interment Appendix 21 1512
12. Time of residence in the City. Name of Mother Sagre Golden Name of Father Balling Science 14. Place of intended interment Balling Science 15. Date of intended interment Apply 2 1512 Ed Safteful, Undertaker.
12. Time of residence in the City. Name of Mother Sagre Golden Name of Father Salveng Science Name of Father Balling Science 14. Place of intended interment Balling Science 15. Date of intended interment Appendix 151° Ed Salvenger, Undertaker.

George W. Carlisle, 1881

26.	
This Constitutes ONE CERTIFICATE to be 16-	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased Glorge W. Carlisle	
2. Sex male 3. Color White 4. Age 45-	
5. Married or Single Undewer	
6. Date of Death Augh 22 of 1881	
7. Cause of Death Censumption 8. Duration of last Illness Prine months	
8. Duration of last Illness time the Matchen M.D.	
Residence Benly Som 14	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Output Outp	
9. Occupation Carpente 10 Place of Birth Jenn	
11. Residence Church Street Ward No 32	
12. Time of Residence in the City 9 Years	
13. When a Minor Name of Mother Name of Father	
Name of Father	
14. Place of intended Interment Odd 23-1881	
15. Date of intended Interment 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 Mrs. alva Elapour. 2. Sex Juna 3. Color whit 4. Age 48 y 5. Married or single manual
2 Sex funa . 3. Color while 4. Age 48 y
6. Date of death Lancy of Stomach.
8. Duration of last illness Janton 6 mos
Most Blockburn. M. D. Residence Dewling Green for
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Surigina 60 sty
11. Residence /2 Ward No,
12. Time of residence in the City. Name of Mother Name of Father
14. Place of intended interment Surprise es 15. Date of intended interment Section 13, 1901
Habley Tay, Undertaker.
Date of Certificate Residence

Bettie Carpenter, 1891

163 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 Buthir Carpenter
1. Name of deceased Dethie Carpenter 2. Sex Hundle 3, Color BUL 1. Age 60 yrs
5. Married or Single Widow,
6. Date of Death 2 (8 / 4).
7. Cause of Death Premiorise
8. Duration of last Illness Sex days
Sty Country, M. D.
Residence
9. Occupation
10. Place of Birth Springerow County 11. Residence State Stury. Ward No / sh
11. Residence State Stuck Ward No / sh
12. Time of Residence in the City of hirty years
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Mot Moriah
15. Date of intended Interment Dec 194/1891, H. G. Grand, Undertaker.
Date of Certificate Dic 19/91. Residence

Child of Eveline Carpenter, 1896

8.83
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 Chilfof Evelin Carpenter
2. Sex 3. Color Bld 4. Age 4. Age
5. Married or single Single 6. Date of Death April 30 1/1896.
7. Cause of Death Sufford to be purthing
8. Duration of last Illness
Bot Cully My
Residence Coffamul (60)
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth City
11. Residence adams Sh Ward No. 3 24
12. Time of Residence in the City
Name of Mother Cuellin Carbuiller Name of Father,
14. Place of intended Interment County Curulery
15. Date of intended Interment, April 30/1896. Huand 17310, Undertaker.
Date of Certificate The 4 of CResidence to the

Child of H. D. Carpenter, 1897

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 Stal. Carpuiler
2. Sex 3. Color BMC . 4. Age —
5. Married or single single
6. Date of Death June 26"/89"
7. Cause of Death Sall Born
8. Duration of last Illness
OD Porter, M. D.
Residence Flat 82
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth City
11. Residence Mand stull. Ward No. 3 nd
12. Time of Residence in the City
Name of Mother Mrs. St. Carpenter
Name of Father St. Rarhanter
14. Place of intended Interment Ah Mahiah Gun
15. Date of intended Interment June 26"/897
F. G. Gerard. Y Bio , Undertaker.
Date of Certificate June 26/2 Residence Certify
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Child of H. D. & Pernie Carpenter, 1898

1168
This Constitutes One Certificate to 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 N. D. Carpenter
2. Sex Fernale 3. Color Sex. 4. Age / yr
5. Married or single Dingle,
6. Date of death Minasuus 7. Cause of death Minasuus
8. Duration of last illness
O. D. Parler, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 591. M. Marin, Sh. City 11. Residence Mann Sh. Ward No. 13 ml
12. Time of residence in the City
Name of Mother Persis Carpenter Name of Father S, D, Carpenter
Oak On railed Cocast
14. Place of intended interment W, 3750000 0000000000000000000000000000000
Guard Guard Guard . Univertaker.
Date of Certificate aug 29"98 Residence
Date of Certificate
Jane of Certainer of the Control of

Harriet Carpenter, 1896

Outofluy 35 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 Muss & arret Carpenter
2. Sex funale. 3. Color Arhili. 4. Age 487/11
5. Married or single Lingle
6. Date of Death Out 31 1896
7. Cause of Death Diserse of the Ferri
8. Duration of last Illness Dus Lully,
Residence The Relation to Deceased.
10. Place of Birth Cenu
11. Residence Patter Gollege . Ward No.
12. Time of Residence in the City Hymne
Name of Mother
Name of Father
14. Place of intended Interment toylustown Pa
15. Date of intended Interment
frallin Haym, Undertaker.
Date of Certificate Residence

Louis Carpenter, 1891

361 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 Rous Carpeter
2. Sex Junal 3. Color Blic . 4. Age 50. yrs
5. Married or Single Museum
6. Date of Death Dec 12 1891.
7. Cause of Death Jenemenne
8. Duration of last Illness 6 days
1 m. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Warren County 11. Residence hear Count 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 MIT Ulunal
15. Date of intended Interment 3 7/189/
Date of Certificate Dec 12 7/ Residence Orly

Mary E. Carpenter, 1913

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.
4 41
1. Name of deceased Many & Carpenter
2. Sefund. 3. Color white 4. Age 58 gr
5. Married or single Murried
6. Date of death Liky 20 19/3 7. Cause of death Cerebral Henorthy
8. Duration of last illness # day
E.M. Hall, M.D.
Residence Bouling Lun,
UNDERTAKER'S CERTIFICATE IN RELATION TO DÉCEASED.
UNDERTAILED CERTIFICATION TO DECEMBE
9. Occupation at Home
10. Place of birth Warm 00 /3
11. Residence Bawling Hun Ward No.
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Farmer Cent
15 Date of intended interment Fisher 2/ 1913
Enoch a Milliamis Undertaker
Date of Certificate Liky 20 1913 Residence 3 Hum.
Date of Certificate pary

Matilda Carpenter, 1898

1147	39
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Per	rmit.
RETURN OF A DEATH	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Matilda Carpenter	1
2. Sex Funale 3. Color Blk 4. Age 68 y	ers
5. Married or single William	
6. Date of death June, 24/1898.	
7. Cause of death deasure of heart	
8. Duration of last illness Parler	M. D.
Residence	
NAME OF TAXABLE PARTY.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
11. Residence Eash Chus Ward No. 1	sh
11. Residence Cash XIIII Ward No. /	/
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father	
Mh M mah be	nutur
14. Place of intended interment June 25 11 98	1
Guard & Guard, Unde	ertaker.
Date of Certificate Jum 25/9 Residence	
Date of Certificate	

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. I Carpenter 2. Sex Male 3. Solor Hhite. 4. Age /7 mis
5. Married or Single Sugar 26"/1892
8. Duration of last Illness 2 months
A.P. Cortunght, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
9. Occupation
9. Occupation
9. Occupation
9. Occupation 10. Place of Birth, Colly 11. Residence have fluiet. Ward No / st 12. Time of Residence in the City
9. Occupation 10. Place of Birth, Colly 11. Residence have fluct. Ward No / st 12. Time of Residence in the City 13. When a Minor. Name of Mother Name of Father III, Carpyuter
9. Occupation 10. Place of Birth, Cocky 11. Residence Manie Huret. Ward No / st 12. Time of Residence in the City 13. When a Minor. Name of Mother Name of Father M. Cocky 14. Place of intended Interment Fairview Lexice 15. Date of intended Interment July 27"/92. H. Oldertaker.
9. Occupation 10. Place of Birth, Colly 11. Residence Manie Huest. Ward No / st 12. Time of Residence in the City 13. When a Minor. Name of Mother Name of Father Ith Carputate 14. Place of intended Interment Faury was leaven
9. Occupation 10. Place of Birth, Cocky 11. Residence Manie Huret. Ward No / st 12. Time of Residence in the City 13. When a Minor. Name of Mother Name of Father M. Cocky 14. Place of intended Interment Fairview Lexice 15. Date of intended Interment July 27"/92. H. Oldertaker.

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 small 3. Color Black 4. Age 38
2. Sex male 3. Color Black 4. Age 38
5. Married or single married
6. Date of death april 13 1898
8. Duration of last illness Bd Coulem Cor one DI C
12 de tellem Car anch De C
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Laborer
10. Place of birth
11. Residence Sown Still Ward No.
12. Time of residence in the City
13. When a minor Name of Mother Name of Father
1110
14. Place of intended interment with thorn to
15. Date of intended interment 19 1812
Hawly Day . Undertaker.
Date of Certificate . Residence

Willie Carpenter, 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	1. Name of Deceased Miller Conferration Carpenter
	2. Sex Mule 3. Color Block 4. Age 12 Month
	5. Married or Single
	6. Date of Death Cel/15/880
	7. Cause of Death Ithooping lough
	8. Duration of last Illness & Saley of De
	Residence Mist-Chistment & M. D.
	Residence This Chief Mark
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation
1	o. Place of Birth
1	1. Residence . Ward No. 4
I	2. Time of Residence in the City
I,	3. When a Minor { Name of Mother Yung Casherta
0.00	R LITTE
1.	
1	5. Date of intended Interment
1	Undertaker.
D	Pate of Certificate 001 1880. Residence

William M. Carr, 1908

43
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of degrased in Married or single Married 1. Age 61 yrs. 5. Married or single Married 1. Age 61 yrs.
1. Name of degeased 1. Thirty 2. Sex Male 2. Sex Male 4. Age 61 yrs.
5. Married or single May 13" 1908.
5. Married or single Mauria 6. Date of death May. 13" 1908. 7. Cause of death Carrioro, Murasthruia 8. Duration of last illness provid minutes 1. Briggs. M. D.
8. Duration of last illness provided menths
Residence Bowling Gerry Reg.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Livryman 10. Place of birth January
10. Place of birth January
11. Residence / O // Y Elw BY Ward No. / 12. Time of residence in the city
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of father
14. Place of intended interment May 2 4/1908,
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.
Physician's Certificate Preparatory to Burial.
It to alamale
1. Name of degeased Infant Ealarvoll 2. Sex Male 3. Color White 4. Age
5. Married r single
5. Married single Set 18" 07. 6. Date of death Still Born
8. Duration of last illness J.W. Stone
POWLING OPEN TY
Residence BUWLING GALLS, E1
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth 917. Ry St. Bowling Lun
11. Residence Ward No. 3
12. Time of residence in the city Mrs Mallin haurell
12. Time of residence in the city Name of mother fis. Mattir Court Name of father for Court Name of father for the Court N
14. Place of intended interment
N/F
15. Date of intended interment Set 19"07
Altinian
15. Date of intended interment GERARD & GERARD Undertaker.
15. Date of intended interment GERARD & GERARD Undertaker.

J. S. Carroll, 1911

45
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 2. Sex Male 3. Color White 4. Age 5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness Tree Cartungho M. D. Residence
Undertaker's Certificate in Relation to Deceased.
B+ BROWN
9. Occupation Tituel All Official 10. Place of birth Hankfand Vann
10. Place of birth Wantfard January 11. Residence Leuturky SV Ward No. 2
12. Time of residence in the city
13. When a minor Name of mother.
14. Place of intended interment Camelegy
15. Date of intended interment
Date of Certificate FU 2 4 - 1/ Residence City

Child of J. O. & Margaret Carson, 1896

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Chilfof J.O. Carrow
2. Sex Male. 3 Color Mille. 4. Age 7 mil
5. Married or single Ourigite 6. Date of Death AUG 15/1896
7. Cause of Death Influencya
8. Duration of last Illness 4 days
Jel. M. Soumach., M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELIATION TO DECEASED.
9. Occupation 10. Place of Birth, Gilly
11. Residence State Stuck Ward No. 2 nd
12. Time of Residence in the City Name of Mother Mrs. Mangul Carrow 13. When a Minor
Name of Father J. C. Carsott.
14. Place of intended Interment AUG 16 1896 15. Date of intended Interment AUG 16 1896 L. Guard H. Undertaker.
Date of Certificate AUG 16 1896 Residence Oily.

Warren County, Kentucky Death Records, Box 1, Folder 6 (Ca to Cok)

Julia A. Carson, 1910

Form V. S. 14. 150M. 9-14-06.	IDOXB
Council Transles STATE OF OHIO Permit No. 305	ame o
Township Wlintun Bureau of Vital Statistics Reg. Dist. No. / 8 C.	No.
Village OR	arch coas
City BURIAL OR REMOVAL PERMIT	N 012
Full name, Julie Q Carson Age, 6 Ogy Sex Here Color, while	800
Disease causing death, Semble - Dementia	
Place of burial	0866 E
Removal to, Daroling Green My via P. Ky,	O B R
Undertaker & a Alaher Do Address, 2/5 & Broad at	の人がの書言
A certificate of death having been filed in my office in accordance with the Laws of Ohio, I hereby authorize the Cercural,	1 1 2 C
of the body of said decrased person as stated above.	NO PURIOR
Dated 19/0 Registrar's nature	My S is
Burial permits must be delivered by the undertaker to the section or other persons in charge of the burial ground-for 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	1 1 1 1
Regulations Governing the Transportation of Dead Bodies.	
Sexton's signature	5 25 6
This permit must be indorsed by the sexton and returned to the Local Registrar in his district within ten days.	I OF F

Mary E. Carson, 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased low Mary & Carson, 2. Sex Facual 1. Age 80 yrs,
5. Married or single fugue.
6. Date of death Churic Sysultry 7. Cause of death Churic Sysultry
8. Duration of last illness
Residence , M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Japan, County
11. Residence State 87, Ward No. 2
12. Time of residence in the City
13. When a minor Name of Father Hurwicul Bauurtry
14. Place of intended interment Oct, 24/1901,
Serard and Frank, Undertaker.
Date of Certificate Ver, 13/190/ Residence

Mary P. Carson, 1911

* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
7.79
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrss Mary, Carson
2. Sex Timall 3. Color Hall 4. Age 60 yrs
5. Married or Single Dingly
6. Date of death 4 1911.
7. Cause of death with frame, as per Shipping Car-
8. Duration of last illness
GN Julan, Julian Ky
Residence /// //
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Sutler, County My
11. Residence Jalladigs, ala. Ward No.
12. Time of residence in the city
(Name of Mother
13. When a minor Name of Father A. C. Causan, Dreal,
14. Place of intended interment Frairview Canntly
15. Date of intended interment apr. 6"1911.
GERARD & GERARD. Undertaker.
Date of Certificate apr. 6"1911. Residence Cetty
*

Mary P. Carson, 1911

*********	******	***********	1
050	2 M-7-05-1033		
CER	TIFICATE OF U	INDERTAKER.	
Tallade	go alo pate a	fixel 4 1	906
Name of deceased	Muss, Mary Plan	sou	
Place of death	Madian ala		
	ute maria.		
	Bowling Eren		
Name of person in cha		7	
Number of Transit Pe			
Namoer of Transa re	mu. No	que. 00	
	Signed 77 16	Menelly Underto	aker
		Malladega P. O. A	1ddre
The above to be	filled out by Undertaker and attached t	o box containing corpse.	
The above to be	filled out by Undertaker and attached t	to box containing corpse.	~
The above to be	filled out by Undertaker and attached t	to box containing corpse.	_
From	illed out by Undertaker and attached t	to box containing corpse. State	
		State	
From	toFor	State	
From	to	Statem No. of Ticket	ınctio
From	to	State	ınctio
From Number of Ticket From Via	to Formuto R. R. Via R. R. Via	State m No. of Ticket Ju	ınctio
From Number of Ticket From Via Via Via	to	State m No. of Ticket July July July	inctio inctio
From Number of Ticket From Via Via Via		State m No. of Ticket Ju Ju Ju Ju	inctio inctio inctio
From Number of Ticket From Via Via Via	to	State m No. of Ticket July July July July July July July	inctio inctio inctio
From Number of Ticket From Via Via Via Via The above to be fille		State m No. of Ticket Ju Ju Station initial point, showing description of ticke	inctio inctio inctio

Nathan M. Carson, 1912

50
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased athur M Carson 2. Selffull. 3. Color Cal. 4. Age 2 y 5. Married or single 6. Date of death 7. Cause of death Wahrlar heart tranble 8. Duration of last illness Several months Wing Arrings , M. D. Residence Conglet & Earnbar
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Banky Jun 1m
11. Residence Ward No,
12. Time of residence in the City. Name of Mother Will Carson Name of Father Louise
14. Place of intended interment MJ Murch Com
15. Date of intended interment 20 8 1912 Embo Marcy, Undertaker.
Date of Certificate 2 7 /9 A Residence B Hum

Mrs. Silas, C. Carson, 1908

51
RETURN OF A DEATH.
——————————————————————————————————————
Physician's Certificate Preparatory to Burial.
mes Silas le Carson
1. Name of deceased Mrs. Silas. lo. Carson 2. Sex Juniola 3. Color While 4. Age 32 yrs.
5. Married a single 6. Date of death May 9" 1908. 7. Cause of death Clab, Couling
8. Duration of last illness MR Francis M. D. Residence B. Gerra Ly
Residence D. Gernon Ly
Undertaker's Certificate in Relation to Deceased.
9. Occupation
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 Conselect
14. Place of intended interment Manual Control
15. Date of intended interment
Date of Certificate May 10/1908. Residence BOWLING GREEN, KY
nesidence.
29C2DIL

Belle Carter, 1908

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. N	Name of deceased Belle Barlin
	Sexfunale. 3. Color Whili. 4. Age 6/
5. M	Married or single suarried ~
6. I	Date of death 15-15-1908
7. (Cause of death Apple 1997
8. I	Duration of last illness few with
	, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
	Place of birthman Snew Ning My
11. I	Residence My of but heart + 10 Th Ward No.
12. 7	Time of residence in the City.
13. V	When a minor Name of Mother Name of Father
14. I	Place of intended interment how the
15. I	Date of intended interment april 18
	Hawley Bayne, Undertaker.
Date of	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.
_65% <u></u>
Physician's Certificate Preparatory to Burial.
1. Name of deceased Infant of 6,6, barter
2. Sex Friendly 3. Colors White 4. Age 3 Mo.
5. Married or Single Single
6. Date of death \(\lambda \text{30"1909} \)
7. Cause of death Den Check Cause
8. Duration of last illness
O Nacuell, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
1/1/1
9. Occupation
10. Place of birth the first of the state of
11. Residence Ward No. 2. 12. Time of residence in the city 7 weeks
12. Time of residence in the city
13. When a minor Name of Father 6, 6, 6 arter
14. Place of intended interment , Janview Cemetery
15. Date of intended interment July 1" 1909.
GERARD & GERARD., Undertaker.
Date of Certificate 1999. Residence

Child of Cal & Julia Carter, 1892

This Constitutes one Certificate to 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 Carte 2. Sex male 3. Color Ble . 4. Age 5. Married or Single
6. Date of Death Still Born. 7. Cause of Death Still Born. 8. Duration of last Illness
Residence M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. —— 9. Occupation
10. Place of Birth City_ 11. Residence & Chapter Ward No. / 21
12. Time of Residence in the City 13. When a Minor. Name of Mother Sucha Carles Name of Father Cre Carles
14. Place of intended Interment Intermed Constitution of intended Interment Intermed Interned Intermed Intermed Intermed Intermed Intermed Intermed Interned Intermed Intermed Intermed Interned Intermed Interned
Date of Certificate J. Residence

Cas Carter, 1907

1 3 29 - 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.
1. Name of deceased 6 as 1 lanter
2. Sex Male 3. Color Black. 4. Age 60
5. Married or Single Muruel
6. Date of death May 22 nd 1907
7. Cause of death apple fig.
8. Duration of last illness Leventy four hours
Oxforler , M. D.
Residence Bousting green 29
Undertaker's Certificate in Relation to Deceased.
9 Occupation Railroad man
9. Occupation Railroad man
10. Place of birth Jenu
10. Place of birth Jenne 11. Residence Chestrus Strut Ward No. 2
10. Place of birth Jewannian Struct Ward No. 2 11. Residence Chestrus Struct Ward No. 2 12. Time of residence in the city 25 y cms
10. Place of birth Jewas Struct Ward No. 2 11. Residence Chestrus Struct Ward No. 2 12. Time of residence in the city 25 y Curs (Name of Mother
10. Place of birth Jewas Struct Ward No. 2 11. Residence Chestrus Struct Ward No. 2 12. Time of residence in the city 25 y cms Name of Mother Name of Father
10. Place of birth Jewas Struct Ward No. 2 11. Residence Chestrus Struct Ward No. 2 12. Time of residence in the city 25 y cass 13. When a minor Name of Mother Name of Father 14. Place of intended interment Ms March Ceru
10. Place of birth Jewas Struct Ward No. 2 11. Residence Chestrus Struct Ward No. 2 12. Time of residence in the city 25 y cass 13. When a minor Name of Mother Name of Father 14. Place of intended interment Ms March Ceru
10. Place of birth Jewas Struct Ward No. 2 11. Residence Chestrus Struct Ward No. 2 12. Time of residence in the city 25 y cass 13. When a minor Name of Mother Name of Father 14. Place of intended interment Ms March Ceru
10. Place of birth Iem. 11. Residence Chestrus Struct. Ward No. 2 12. Time of residence in the city 25 y Curs. 13. When a minor Name of Mother Name of Father. 14. Place of intended interment My March Cerr. 15. Date of intended interment May 24 4 9 0 7 S. Skrykendade, Undertaker. Date of Certificate. Residence Carr.
10. Place of birth Iem 11. Residence Chestrus Strut. Ward No. 2 12. Time of residence in the city 25 y Curs 13. When a minor Name of Mother Name of Father 14. Place of intended interment My March Cerr 15. Date of intended interment May 24 4 1909 S. E. Muykindesk, Undertaker. Date of Certificate Residence by Y Cullege Str.
10. Place of birth Iem. 11. Residence Chestrus Struct. Ward No. 2 12. Time of residence in the city 25 y Curs. 13. When a minor Name of Mother Name of Father. 14. Place of intended interment My March Cerr. 15. Date of intended interment May 24 4 9 0 7 S. Skrykendade, Undertaker. Date of Certificate. Residence Carr.

Cas Carter, 1907

× 55-3
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 6 as 6 articles 2. Sex male 3. Color black 4. Age 60 5. Married or single married 6. Date of death may 20 - 07.
8. Duration of last illness Twelty four how. O. Solly M. D.
Residence, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Rail Road man
10. Place of birth offense.
11. Residence Chestnut 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 mf. mariah lum.
is. Date of intended interment May 2 2 - 07.
J. E. Whykendall, Undertaker.
Date of Certificate Many 21-07. Residence Commen
y + callege of

Henry Carter, 1908

5le
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Army Carter 2. Sex Mall 3. Color White 4. Age 19 yro. 5. Married or single Dingly Maken 26" 1908
1. Name of deceased white 19 410.
2. Sex / 4. Age / 4.
6. Date of death Makel 26"/908.
7. Cause of death Sun Shot wound
8. Duration of last illness \(\rho \) \(\lambda \)
S. Sunter Coronor
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence Barren & Ward No. —
12. Time of residence in the city.
(Name of mother
13. When a minor Name of father
14. Place of intended interment and Daniel Daniel
15. Date of intended interment 12009 1908
GERARD & GERARD. Undertaker.
M /2011 . C
Date of Certificate May 27/08 Residence OWLING GREEN, KY
Date of Certificate May 7/08 Residence OWLING GREEN, KY
Date of Certificate //w//08 Residence OWLING GREEN, KY

James Carter, 1892

Out of town 57
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased James Carter
1. Name of deceased James Carter 2. Sex Mul 3. Color Whith . 4. Age 64 years
5. Married or Single Manual
6. Date of Death pun 872 7. Cause of Death pencer
8. Duration of last Illness
Residence & Marchand D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Brick mason
10. Place of Birth / Central
11. Residence / Am . 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 MI Olivet Cat
15. Date of intended Interment June 972 92
Date of Certificate June 9/92 Residence Sty

Jane Carter, 1908

	58
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased fare lesty	
2. Sex 14 1 3. Color white 4. Age 75	776
5. Married or single 17 edge 6. Date of death Adele 13 18 8	4
6. Date of death Affice 13 7 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1
8. Duration of last illness (M. Alm)	1
11 B Montan . M. I).
Residence Bowling Lynn A	力,
UNDERTAKENS CERTIFICATE IN DELATION TO DECEMEN	1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	-1
9. Occupation Nouse Keifes	
10. Place of birth Mashing / Co tell	-
11. Residence Collady Ward No.	
12. Time of residence in the City.	-
13. When a minor Name of Mother Aller Exercise	_
(Name of Father Carry	-
14. Place of intended interment has the help the second of	1
15. Date of intended interment	
COM Saftegree Unklertake	r.
Date of Certificate Residence Residence	2

John Carter, 1892

443)
This Constitutes one Certificate to 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 Cartin
2. Sex Male 3. Color Col 4. Age 20
5. Married or Single Ching Ch
6. Date of Death (1) 1852
7. Cause of Death Cleude Mileary Tubuculosis.
8. Duration of last Illness 3 Monchs.
A Cenderson Africana. M. D.
Residence Bowling Xxeen. Ly
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Zahara
10. Place of Birth Porstow the
11. Residence Cy Ward No 1
11. Residence Ward No 371
11. Residence Gy Ward No Jet 12. Time of Residence in the City & years 13. When a Miner) Name of Mother Sarah Bolis
11. Residence Ward No 577 12. Time of Residence in the City 8 years 13. When a Minor. Name of Mother Sarah Bolis Name of Father Carriel Carter
11. Residence Ward No 577 12. Time of Residence in the City 8 years 13. When a Minor. Name of Mother Sarah Bolis 14. Place of intended Interment Met Moriah.
11. Residence Ward No 577 12. Time of Residence in the City 8 years 13. When a Minor. Name of Mother Sarah Bolis 14. Place of intended Interment Met Moriah 15. Date of intended Interment Ry 2 1832
11. Residence Ward No 577 12. Time of Residence in the City 8 years 13. When a Minor. Name of Mother Sarah Bolis 14. Place of intended Interment Met Moriah.
11. Residence Ward No 577 12. Time of Residence in the City 8 years 13. When a Minor. Name of Mother Sarah Bolis 14. Place of intended Interment Met Moriah 15. Date of intended Interment Cuy 2 185 2 Link Honging, Undertaker.
11. Residence Ward No 577 12. Time of Residence in the City 8 years 13. When a Minor. Name of Mother Sarah Bolis 14. Place of intended Interment Met Moriah 15. Date of intended Interment Cuy 2 185 2 Link Honging, Undertaker.

Child of John Carter, 1894

613) 40
This Constitutes One Certificate to be Learned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
M/M John
1. Name of deceased Infaut Carter
2. Sex MAW. 3. Color MMC. 4. Age
5. Married or single 6. Date of Death Apr. 10 194
11 11 11
7. Cause of Death Still Com
8. Duration of last Illness
Aportoomer, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Bowling Green Ky
11. Residence Hy auc, Ward No. 3 H
12. Time of Residence in the City
13. When a Minor Name of Mother John Carter Name of Father, John Carter
Name of Father, John Carter
14. Place of intended Interment Josephs Com
15. Date of intended Interment War 11"/94
1. Cherard 4000, Undertaker.
Date of Certificate Residence

Sarah Carter, 1898

1176
This Constitutes One Certificate to 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 Owher Carter 2. Sexternale 3. Color while 4. Age 5.5. year
5. Married or single 6. Date of death Left 18 1858
7. Cause of death Chronic Szantin -
9.2 Mega Jory Comerce, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 11. Residence My + 4 th Ward No. 3
13. When a minor Name of Mother Name of Father
14. Place of intended interment farment framework 17. Date of intended interment framework 17. 1888
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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased John Carter 2. Sex Male 3. Color Bl 4. Age 52 yrs.
2. Sex Male 3. Color Bl 4. Age 52 yrs.
5. Married or single
6. Date of death July 27"07,
5. Married or single 6. Date of death July 27"07, 7. Cause of death Surpsy
8 Duration of last illness
R Saura Cas. ROWLING GREEN, KY
Residence ROWLING GREEN, At
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence 12 ik St. Ward No. 2
12. Time of residence in the city
13. When a minor
13. When a minor Name of mother Name of father 14. Place of intended interment County Country
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

= 43
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Child of Journa Carturight 2. Sex Male 3. Copy Blk. 4. Age
5. Married or single
6. Date of death Starights 7. Cause of death Starights
8. Duration of last illness Just Gray Coroner,
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
Charlaner's Certificate in Relation to Deceased.
, ————————————————————————————————————
9. Occupation
9. Occupation 10. Place of birth biff
9. Occupation
9. Occupation 10. Place of birth billy 11. Residence Ward No.
9. Occupation 10. Place of birth off 11. Residence Orutiv St. 12. Time of residence in the city Name of mother styrua Cartwright.
9. Occupation 10. Place of birth of the city 11. Residence of the city 12. Time of residence in the city Name of mother fragular bartways the Name of father than the city
9. Occupation 10. Place of birth of the state of the city of the city of the state of the city
9. Occupation 10. Place of birth of the city of the c
9. Occupation 10. Place of birth of the city of the c

J. H. Carver, _____

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Moarry Comme
	Sex Boy 3. Color Mite . 4. Age 3 Mo
5.	Married or Single
6.	Date of Death Survey 26th
7.	Cause of Death Herry
8.	Duration of last Illness 12 hours
	M. D.
	Residence
	Resmence
0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Distrib
10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. 2011
10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. 7 out Time of Residence in the City.
0, 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. Yout Time of Residence in the City Name of Mother
10, 11, 12,	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. Yout Time of Residence in the City When a Minor { Name of Mother Name of Father
10. 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. Yeard Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
10. 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. Yout Time of Residence in the City When a Minor { Name of Mother Name of Father
10. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. Yeard Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment

Henry Case, 1880

This Constitutes ONE CERTIFICATE AS	the City Clerk for a BURIAL PERMIT
This Constitutes ONE CERTIFICATE to b.	ane City Clerk for a BORIAD FERMIT
RETURN OF	A DEATH.
PHYSICIAN'S CERTIFICATE I	
1. Name of Deceased Henry A. 2. Sex Male . 3. Color for	
5. Married or Single Marned	
3. Date of Death Dec 1315	Jan. II of bindumen
7. Cause of Death heart cl 8. Duration of last Illness 3 da	18.0 O T
5. Daracton of tase Times	& Clorler-, M.D.
Residence	Bowlingfrees
UNDERTAKER'S CERTIFICATE	IN RELATION TO DECEASED.
9. Occupation January 0 Place of Birth Warm	Cont
1. Residence & Stat St	Ward No
2. Time o Residence in the City	
3. When a Minor Name of Mother Name of Father	
4. Place of intended Interment	win Gut
5. Date of intended Interment	13/2/889 Undertaker.
Date of Certificate 52 c 13	Residence Charlet
Date of Certificate	Democrat Job Print
	Deline in Carrow 1 1 100

Mike Casey, 1907

361 he
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mikw Cyspy
2. Sex Male 3. Color While 4. Age 46 yrs
5. Married or single
6. Date of death Date 14" 1907
7. Cause of death Chunch Schrusin,
8. Duration of last illness 3 walks & M. D. M. D.
Residence BOWLING GREEN, KY.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth, Bowling Gerry Ry
11. Residence Ward No.
12. Time of residence in the city
13. When a minor Name of father
14. Place of intended interment of watches Cumulary
15. Date of intended interment Nat 16 1907.
Date of Certificate Jac 14/17. Residence BOWLING GREEN, I
DIEC SA

Infant Cash, 1879

Thi	s Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY DE BURIAL.
	Name of Deceased Sufunt Custo Cash
2.	Sex hule . 3. Color White . 4. Age
	Married or Single .
6.	Date of Death June 12 lygg 79
7.	Cause of Death Still born
8.	Duration of last Illness
	Duration of last Illness _ J. M. W. Comments , M. D.
	Residence /
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9.	
9.	Occupation
9.	Occupation Place of Birth
9. 10. 11.	Occupation Place of Birth Residence Ward No.
9. 10. 11.	Occupation Place of Birth Residence Ward No.
9. 10. 11.	Occupation Place of Birth Residence Ward No. S Time of Residence in the City When a Minor { Name of Mother Name of Father
9. 10. 11. 12.	Occupation Place of Birth Residence Ward No. Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment
9. 10. 11. 12.	Occupation Place of Birth Residence Ward No. Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment
9. 10. 11. 12. 13.	Occupation Place of Birth Residence Ward No. Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment

George W. Cash, 1912

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 Leo W lash
2 Sextrale 3. Colorwhite. 4 Age 84
5. Married or Single Married
6. Date of death Fully 21 19/2
7. Cause of death ald age
8. Duration of last illness & Weekly
Marchell, M. D.
Residence Bowles Eren /4
Undertaker's Certificate in Relation to Deceased.
9. Occupation Attired
10. Place of birth Lagen Caunty 1/27 11. Residence Bawling Green 1/22 Ward No.
11. Residence Bowling Green / Ward No.
12. Time of residence in the city Many Means
13. When a minor \{ Name of Mother
Name of Father
14. Place of intended interment Farrure Cur
15. Date of intended interment Fully 22-1912
Enrich skilly Undertaker.
Enrich skilly Undertaker.
Enrich skilly Undertaker.

Miss Fotey Cassady, 1912

♥ ♥ 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, Forty Gassady.
Hamala Milala
5. Married or Single Day, 4"191"
7. Cause of death berabrae Effusion
8. Duration of last illness 10 days
6.21. Hay MI
Residence Bowling Lewy
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Warran, Othy
11. Residence Nuntuelly St. Ward No. 2
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father Garriew Cemetery
 14. Place of intended interment Mar, 5"/9/1". 15. Date of intended interment.
CERARD & CERARD
Date of Certificate Mar 5/14 Residence Residence
,

Mrs. S. F. Cassady, 1904

* * TA	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🗲 🗣
F	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 1	Name of deceased Mors S. F. Cassady Sex Francis 3. Color White 4. Age 63
	01
	Married or Single Maurice First 8 " 1904
	Cause of death Hran Jaclius
8. 1	Duration of last illness Manual 1
	Residence , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
	Place of birth
	Place of birth Main, St. Ward No. 2
13.60	Time of residence in the city
13. V	When a minor Name of Mother Name of Father
	Place of intended interment Fally 4" 19114
15. I	Date of intended interment Grand Grand
Date of	of Certificate July 8/1904, Residence

Allen Casteel, 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Allew, Cartarl 2. Sex Cala 3. Golog White 4. Age about 409 5. Married or single Surgle
2. Sex Walk . 3. Colog y hur . 4. Age Went 40 g
5. Married or single Dugue
5. Married or single Surgle 6. Date of death Phy 19/1901 7. Cause of death
7. Cause of death Thursday 11
8. Duration of last illness J. L. Coverby, M. D. Residence Lowling Gersen Sty.
Residence Bowling Fran Ry
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 Fairviaur Country
14. Place of intended interment Shail 10" 1901
15. Date of intended interment April 20"1901. Grand and Garand . Undertaker.
VI Va -
Date of Certificate of pull 10/1901, Residence

Gaither Causey, 1911

79-1
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Harther Causey
2. Semale 3. Color White. 4. Age 2
5. Married or Single Dunle
6. Date of death 20 1911
7. Cause of death Pranchie Primmone
8. Duration of last illness
De attached , M. D.
Residence Certificati
The back of the part of the pa
Undertaker's Certificate in Relation to Deceased.
9. Occupation Dalder V.S. anny
10. Place of birth Hand Butter Causty
11. Residence Busulny Mruss / Ward No.
12. Time of residence in the city 2 Mass.
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment Tarwin aug. 15. Date of intended interment May 2 1911
15. Date of intended interment 1900 = 1911. Lessons of Miller, Undertaker.
Date of Certificate Residence 13.13.

Gaither Causey, 1911

P	OHIO STATE	BOARD OF	HEALTH	cong
TRAN	SPORTAT	TION O	F CORP	SE
	Transit Pe	rmit No. 378,	and the second of	
	PHYSICIAN'S OR	CORONER'S CER	RTIFICATE	
Name of Deceased,	Garther Car			190/1
Place of Death C	eunieus.	County Ofere	wellen State D	EV ON
Date of Death		Hour of Death /		unitration!
Cause of Death	mondo menu		Duration 5	Day
Contributory Causes	of Death Muchels		Duration 15	Day
Age: Years	Z / Months	Days		
Decupation Sole	his Col Barre		Single, Married Widow (Cross out all but answer	d, Divorce r required.)
Name of Father	LM, Causey	ate or Country.) Birthplace of Father	not Know	ou
laiden Name of Mo	ther 2004 Kusho			
		INFORMATION	(State or Country.)	
		institutions or recent resident	(s.)	
former or Usual Re				
low Long at Place	of Death? 25 days			
Where was the Disea	se Contracted if not at Place of Deat that the above is true to the best of n	h?		TO POSTER

Sarah Chaflin,, _____

73
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 2. Sex Amal 3. Color Thite 4. Age 50 5. Married or single 2 2 2 4 4 6 50 6. Date of death 2 3 7. Cause of death Ocitaritis (Septic) following 8. Duration of last illness About 3 0 lays M. D. Residence Bowling From H. Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Bowling Y 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 Plesant
15. Date of intended interment of A. Payne's Fife Undertaker.
Date of Certificate July K. Residence

Andrew Chambers, 1896

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 5/415
5. Married or single Married, 4. Age 4. Age 4. Age
6. Date of Death Sypt 11 "/96.
7. Cause of Death Jy Jehny Guunnouna 8. Duration of last Illness
OD, Parter, M. D.
Residence Gaty
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Delafill . Ward No. 4
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Mh Moriah
15. Date of intended Interment Suft 12"/96 F. G. Gerard THOSO, Undertaker.
Date of Certificate Suph 1/196, Residence

John Chambers, 1903

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 Arhn Chambers
1
5. Married or single Widower 6. Date of death March 17# 1993
6. Date of death Paralysis, Toppoplary
8. Duration of last illness
Just A. J. M. Coursell M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
1 - 1 11: 64
9. Occupation Septon leatholic Church
10. Place of birth Church 21 City West No 2
11. Residence Church St Ward No. 3
12. Time of residence in the City. Sewel years
13. When a minor Name of Mother Name of Father
14. Place of intended interment St- Josephs Censelary
14. Place of intended interment St-Josephs Centerary 15. Date of intended interment March 18 1903
Guard & Gerard, Undertaker.
Date of Certificate Max 17/1913 Residence
1/1903

Virgil L. Chandler, 1910

76-1
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased routh Chandler
2 Sex Male 3 Color White 4 Age 43
5. Married or 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 May What sale Mag as 10. Place of birth Baruly Yrun Kap J 11. Residence Chicago Li Ward No.
12. Time of residence in the city 20 Muna
13. When a minor Name of Mother Name of Father Rev J 74 Chandler
14. Place of intended interment Tauview Cens
15. Date of intended interment July 3/1910 Exacts + Hully Undertaker.
Date of Certificate Residence Sylva.
ne Sactor Certificate allachis to transit primit
The second secon

Virgil L. Chandler, 1910

	ertify that the accompan		(III an in	fant, give parents' nato	o also.)
has been prepare	d by me strictly in according to the strictly with said Rules.	dance with the Rules o	the State Board of 1	lealth of Ohio, for tr	ausportation by Rail-
THE SECTION OF THE PARTY OF THE		Jane	2 Dillinga		COMPANY TO THE PROPERTY OF THE PARTY OF THE
Residence	300 W. 7 D	V 28 V		Number of Lie	ense 37305
Transit P	ermit No.	direction and the second	TER	ad bot lands positions	and the state of t
STATION	BAGGAGEMEN must	Enter Hereon a De	scription of the Tic	ket, the Exact Rou Charge of the Ren	te and VIA WHAT
SPECIAL INS	TRUCTIONS—A burial case of ertificate of the attending P pared for burial according to vill detach the Certificate an	containing a corpse must by thysician or Coroner, a per	not be received for transpormit from the Local Re-	portation, unless the per gistrar and an Undertak f any fluids or offensive	son in charge of the re- ker's Certificate that the edors are escaping from
the case. Agents of	annama ()	Date		DEEN JUL :	30 1910 190
From	- 60	957154	No. of Ticket of Esc		was.
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Via	T. % N		To	77 4.0	2/2
Via		R. R.	То		
Via	<u> </u>	PQR.	То	- 0	
Name of Passen	ger in charge U.W	Hemolo	Place of Residence	in out	- Yhu
Signed	o go a	el on an.	Station Baggage Mas	ter. [or Express Ag	ent.]

J. A. Chapman, 1901

ATE PREPARATORY TO BURIAL.
Ch pian
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Thile 4. Age 38 72
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ATE IN RELATION TO DECEASED.
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7

B. Chapman, 1913

This Constitutes One Certificate to be Returned to the	e City Clerk for a Burial Permit.
RETURN OF A	DEATH.
Physician's Certificate Prepar	atory to Burial.
CA The	
1. Name of deceased 2. Sex Walts 3. Color While	4. Age 87 yrs
5. Married or single	
6. Date of death APR 4 - 1913 7. Cause of death Chimic Jaranch	igmatours Mohin
8. Duration of last illness.	0
MOSTAD.	wing Green, My.
Residence	
Nesidence	_
Undertaker's Certificate in Relation Partial Manufact	ation to Deceased.
9. Occupation Arthurd Munchant 10. Place of birth	
9. Occupation Artist Muselant 10. Place of birth 11. Residence 19 th	Ward No. 7
9. Occupation Antirol Muselunt 10. Place of birth Miles 11. Residence 11 The 12. Time of residence in the city	Ward No. 2
9. Occupation Antirol Muselunt 10. Place of birth Miles 11. Residence 11 The 12. Time of residence in the city	Ward No. 2
9. Occupation Antirol Muselund 10. Place of birth Miles 11. Residence 11. Time of residence in the city (Name of mother.	Ward No. 2
9. Occupation Arthur Munchant 10. Place of birth 11. Residence 11. Time of residence in the city 13. When a minor Name of father Name of father	Ward No. 7
9. Occupation Arthur Municipal 10. Place of birth 11. Residence 17 11. Time of residence in the city 12. When a minor Name of father Name of father 14. Place of intended interment 16. Name of father 14.	Ward No. Z
9. Occupation Arthur Municipal 10. Place of birth 11. Residence 17 11. Time of residence in the city 12. When a minor Name of father Name of father 14. Place of intended interment 16. Name of father 14.	Ward No. 2
9. Occupation Arthur Manufact 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment 15. Date of intended interment 16. CERARD OF OFE	Ward No. 2 ———————————————————————————————————
9. Occupation Arthur Manufact 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment 15. Date of intended interment 16. CERARD OF OFE	Ward No. 7 ———————————————————————————————————

Mary Chapman, 1910

435 79
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Phonisis Codificate Process Revision
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mary Chapman
2. Sexuale 3. Color Cal 4. Age 4
5. Married or single The Willaw
6. Date of death due 1910
7. Cause of death Mephritis
8. Duration of last illness wo day
M. D.
Residence Baar ling know 1/2
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Bauling Green / Ward No.
12. Time of residence in the city
13. When a minor
(Name of father
15. Date of intended interment Lie 3d /410
Essesh VKully Undertaker.
Date of Certificate Lile (4/4). Residence BLAS

Julia Charlie, 1912

**	This Constitutes One Certificate to 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. Julia Charlier Sex Hernals 3. Color Thile 4. Age 80 418.
2. 5.	Sex Human 3. Color Manuel 4. Age 80 416. Married or Single Manuel
6.	Date of death DEC 3 0 1912
7. 8.	Cause of death Precurronic Duration of last illness few days
	W. P. Drife., M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Transcal
10. 11.	Place of birth France Residence Church St. Ward No. 3
12.	Residence Ward No. 3 Time of residence in the city 9.7%.
13.	When a minor Name of Mother Name of Father
14.	Place of intended interment Fairment Cemetery
15.	Date of intended interment January 1"1913.
	GERARD & GERARD., Undertaker.
Dat	e of Certificate DEC 3.1 1912 Residence ON LING GREEN, KY.
Dat	DLC of those

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
1. Name of deceased Susan Case
2. Sextercale 3. Color Blk. 4. Age 45 geach
5. Married or Single Sugar
6. Date of Death afer 21"/1891.
7. Cause of Death Cansungfur
8. Duration of last Illness 95 Melles
M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Sourcevice they
11. Residence Weet In a we St. Ward No. 4th
12. Time of Residence in the City
12. Time of Residence in the City 13. When a Minor. Name of Mother Name of Father
13. When a Minor. Name of Mother
13. When a Minor. Name of Mother 14. Place of intended Interment County County 15. Date of intended Interment County Occurrency
13. When a Minor. Name of Mother 14. Place of intended Interment County County 15. Date of intended Interment County Occurrency
13. When a Minor. Name of Mother 14. Place of intended Interment County County 15. Date of intended Interment County Grand, Undertaker.

Audrey Chatman, 1904

* * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs andrry Chatman
2. Sex Funder 3. Color While 4. Age 24 yrs
5. Married or Single Manual
6. Date of death Onder Istin
8. Duration of last illness-
OH Wherey, M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Portage PR
11. Residence Ward No
13. When a minor Name of Mother
14. Place of intended interment Mr. Moreak brunstry
15. Date of intended interment July 33" 94.
Date of Certificate July 1704 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 Maggue Cheathau
2. Sextural. 3. Color Blb. 4. Age 65 415
5. Married or single Willow.
6. Date of Death Oct. 4. 1894. 7. Cause of Death Enteritie
8. Duration of last Illness Four months
OD. Porter N.D.
Residence Bowling Green, Ky
- Column - C
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Mussissipper 11. Residence 5 th strust . Ward No. 3 24
11. Residence 5 the strust . Ward No. 3 rd
12. Time of Residence in the City
13. When a Minor Name of Mother
Name of Father
14. Place of intended Interment Int Morial
15. Date of intended Interment John 594
J. C. Junas Hos, Undertaker.
Date of Certificate Residence

Lucy Check, 1879

	8	4
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	
	RETURN OF A DEATH.	
100	PHYS-CIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
	1. Name of Deceased Lucy Check The	
	2. Sex Femal 3. Color Black . 4. Age 12 grl	
	5. Married or Single Lingle	
	6. Date of Death July 31 1879	
	7. Cause of Death Promonary Condon tion 8. Duration of last Illness Three Months	
	8. Invation of last Illness Three Inonth's	
-	J. The Elroy . M. D.	
direction of	Residence	
-		
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
1	9. Occupation	
	10. Place of Birth	
	11. Residence	
	12. Time of Residence in the City	
	13. When a Minor Name of Mother.	
-	Name of Father	
Second London	14. Place of intended Interment	
	15. Date of intended Interment	
1	, Undertaker.	
	Date of Certificate . Residence	
The state of		
1	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.
1	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1	Name of Deceased Mary Check
	Sex Lemule 3. Color Color . 4. Age 19 anouth
	Married or Single
6.	Date of Death 21 24 1879
7.	Cause of Death O SA has
8.	Duration of last Illness fair months Cause of Death Death Death Death That The Secret M. D.
-	of % A I VD
	Residence L. C. d Vard
	nesmente Serve, a rada
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence Ward No. 2
12.	Time of Residence in the City
19	When a Minor Name of Mother
10.	Name of Father
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
D	ate of Certificate Residence
4	
3.	Democrat Print.

E. F. W. Chelf, 1913

86
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased & f. h. Chalf. 2. Sex 3. Color hith 4. Age 74 yrs. 5. Married or single Maurier 4. Age 74 yrs. 6. Date of death FEB 2 5 1913 7. Cause of death Age 74 yrs. 8. Duration of last illness Age 74 yrs. Residence Bowling Green, Ky.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Surve by Ky. 11. Residence Ky. Sh Bowling Green, Ky. Ward No.
11. Residence W. M 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 Mussalvilla Ry
15. Date of intended interment. July, 26 1913.
Date of Certificate FEB 2.5 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 for Mohally 2. Sex Malv 3. Color White 4. Age 9 yrs 5. Married or single Single
6. Date of death MAN 19 1996 7. Cause of death Drawn
8. Duration of last illness John & July Corner , M. D. Residence BOWLING GREEN, KY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of bigth BOWLING GREEN, KY 11. Residence Manua St. Ward No. 3.
12. Time of residence in the City. Life luncy Name of Mother Wiss Low Charff
14. Place of intended interment MAY 20 1906 15. Date of intended interment MAY 20 1906
GERARD & GERARD, Undertaker. Date of Certificate MAY 19 1906 . Residence BOWLING GREEN, KY

Catherine Cherry, 1911

0 88
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial
Modelan's Certificate Treparatory to Buriak
1. Name of deceased Wash Casharine Majory
2. Sext Color Color 4. Age 17 yrs.
5. Married or Single Juck 24"/9/1.
7. Cause of death Typhon Deyro
8. Duration of last illness \(\square \)
Cupner, of Grand
Residence B. January And
Undertaker's Certificate in Relation to Deceased.
——————————————————————————————————————
9. Occupation
10. Place of birth 11. Residence Calhoun My Ward No
11. Residence Ward No.
(Name of Mother Mis & J. Chang
13. When a minor Name of Father Ann & J. Chang
14. Place of intended interment
111. 4/ 8 1 (1 , 2 / 1
15. Date of intended interment Nuc 26 19/1
Date of Certificate Duly 26/1/. Residence Residence
ONE 2 6/1/ SERARD & GERARD , Undertaker
Date of Certificate Date 26/1/. Residence D. J. Undertaker.

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, J. Charry
2 Sex Male B. Color, White 4. Age 45 yrs
5. Married or Single Manied
6. Date of death Apr. 10" 1911
7. Cause of death Perlmonary Tuberculogis
8. Duration of last illness 16 Find
J. M. Stone M. D.
Residence CIJ
Undertaker's Certificate in Relation to Deceased.
9. Occupation Carputar
10. Place of birth Warran County
11. Residence Word ford St. Ward No. 3
12. Time of residence in the city_4 yrs,
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Warred Shown, yet, Warred Ox
15. Date of intended interment 2012/19/1
Thrain Thrain, Undertaker.
Date of Certificate P. 1911 Residence

Child of J. R. & Mattie Cherry, 1907

	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Chyant Chemical Sex funds 3. Color while 4. Age 2 m/s
2.	Sex funale 3. Color while 4. Age 2 mks
5.	Married or single
6.	Date of death Colony - 30-07
7.	Cause of death Sualueiou
8.	Duration of last illness
	S. Ellendette ract M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
9. 10.	
-57200	Occupation
10.	Occupation Place of birth Residence Ward No. Time of residence in the city
10. 11.	Occupation Place of birth Residence Ward No.
10. 11. 12.	Occupation Place of birth Residence Ward No. Time of residence in the city (Name of mother Mattie Estellumy
10. 11. 12. 13.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father
10. 11. 12. 13. 14.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Residence Name of father Place of intended interment Date of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Undertaker.

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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Infaut Child of Mm PR Churry 2. Sex 3. Color It Lite 4. Age 5. Married or single.
6. Date of death July 8
7. Cause of death Primative Both
8. Duration of last illness M. D. Residence Ct, Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Brown, Ll, Ward No.
12. Time of residence in the city
13. When a minor Name of mother Mrs Jalbhrry Name of father.
14. Place of intended interment
15. Date of intended interment, Ly 9" 08, Undertaker.
Date of Certificate Residence

John W. Cherry, 1912

ı	RETU	RN O	FAI	EATH.
-		- 12	90	
	Physicia	an's Certificate	Preparator	to Burial.
		John H	Charry	
1.	Name of deceased	7000	Histor /	FIL.
2.	Sex ///www	3. Color	<i>f</i>	4. Age
5.	Married or Sing			
	Date of death		912	
7. (Cause of death	Intehnal	alistics.	Non as pur
	Duration of last i	0.000		
		at.y	ward, Fin	wal Diractor
		P	B. Gran	My,
		Residence		
	Undertak	er's Certificate	in Relation	to Deceased
				o Deceased.
9. (Occupation	u a		
	Occupation	Varyn Cy	Ky	
10.]	y	Varyn Co anta Go	Ny v.	. Ward No.
10.] 11.]	Place of birth Residence	Varyn Cu anta Go	- Ky v.	. Ward No.
10.] 11.]	Place of birth Residence	Varyn Cularita Go	Ky V.	. Ward No.
10. 1 11. 1 12. 7	Place of birth Residence	Name of Mother	Ky V,	
10. 1 11. 1 12. 1 13. 1	Place of birth Residence Time of residence When a minor	Name of Mother	Ky v,	
10. 1 11. 1 12. 1 13. 1 14. 1	Place of birth Residence Fime of residence When a minor Place of intended	Name of Mother	1. Ry 2	
10. 1 11. 1 12. 1 13. 1 14. 1	Place of birth Residence Time of residence When a minor	Name of Mother	18/19/	
10. 1 11. 1 12. 1 13. 1 14. 1	Place of birth Residence Fime of residence When a minor Place of intended Date of intended	Name of Mother Name of Father Interment Nov	innen Ci	metery r in (, Undertaker.
10. 1 11. 1 12. 2 13. 1 14. 1 15. 1	Place of birth Residence Fime of residence When a minor Place of intended Date of intended	Name of Mother	Ny v. 1. 2. 1. 2. 2. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	westery v Undertaker

John W. Cherry, 1912

Transportation of Deceased Persons in Baggage Cars.

To Railroad Agents, Station and Train Baggagemen:

You will in no case receive for transportation unless accompanied by physician's, coroner's or board of health certificate, also an undertaker's certificate that the body has been prepared for burial and shipment in accordance with the rules of the State Board of Embalming, nor will you receive it even with such certificates if fluids cordance with the rules of the State Board of Embalming, nor will you receive theven with such certificates if fluids or offensive ordors are escaping from the case. One full first-class limited or unlimited ticket will be required for the transportation of a corpse without regard to the age of the deceased, and the word "Corpse" must be plainly written on the face of a local and on each coupon of a coupon ticket. A corpse will not be taken for transportation unless a passenger is in charge. A record must be made on the back of your station and trip reports of all bodies shipped and carried, giving name of deceased and destination.

It will be the duty of Agents and Baggage Agents to see that each burial case is properly marked on "Paster," giving date, and at what station shipped, point of destination, "State," number and form of ticket, name of passenger in charge, and place of residence, with name of Agent. If the corpse is destined to a point beyond the initial line, the initials of each road over which it passes must be written on the paster; also the

terminal point of each road at which transfer is made with the connecting line as shown on the coupons of the

You will see that the Certificate of "Undertaker" is properly filled out by him, and that the paster is properly filled out by yourself and is securely fastened on the coffin box before it is put into the car, and the permit remaining you will hand to the passenger in charge of the corpse.

The whole form must be made in *duplicate*, either with a pen, carbon paper, or simplex, paper, and the signatures of the physician or coroner and undertaker must be on *both* the original and duplicate copies.

The undertaker's certificate and paster of the *original*, will be detached from the physician's certificate and permit and fastened on the coffin box. The physicians certificate and the permit will be handed to the passenger. The *whole duplicate* copy will be sent to the General Baggage Agent of the initial road by first passenger

All this information is necessary to insure the prompt transportation of the corpse.

Myrtie Cherry, 1900

	9
This	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
	RETURN OF A DEATH
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. N	ame of deceased Misi Myrtyry Charry
	extende 3. Color Mille 4. Age 20 grs
	Tarried or single Suight
6. D	Date of death august 98" 1900
7. C	Sause of death Conscumption
8. D	Puration of last illness
	S.M. Me Gormack M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
g. O	ecupation /
ro. P	lace of birth Suinfroy, County Sty
11. R	esidence adams St. Ward No. V
12. T	time of residence in the City 3 weeks
	When a minor Name of Mother Nearly Name of Father The harry
13. V	Name of Father V. J. Chury
14. P	Place of intended interment January
15. D	Pate of intended interment and gy 1900.
	Garard & French . Undertaker.
Date of	of Certificate aug 19/1900. Residence

Sarah E. Cherry, 1911

94
DETIID NI OF A DE ATL
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. Larah & Chury
2 Sex Finale 3 Color White 4 Age 6 + 4is
5. Married or Single Willaw
6. Date of death Pevalysis
8. Duration of last illness # 4 / 9
J. W. Stone, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Desuschuker.
10. Place of birth
11. Residence 4/5 Ward faref . Ward No. 3
12. Time of residence in the city
13. When a minor Name of Father
14. Place of intended interment. Saud ON Yard
15. Date of intended interment 1000 1 197
Date of Certificate www / - // Residence Cuty

Stella I. Cherry, 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	95
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Steela O. Cherry	
2. Sex finale . 3. Color white . 4. Age 3 man	ū
5. Married or single	
6. Date of death Sprice 3 1901	
7. Cause of death What Day Conglet	
8. Duration of last illness	
ion Showship	. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Comes	
11. Residence State St Ward No. /	
12. Time of residence in the City.	nineme.
13. When a minor Name of Mother Laure Silherry	
14. Place of intended interment Fairwiew Court	
is. Date of intended interment april 4/50/	ker.
Date of Certificate Residence	

W. R. Cherry, 1910

₹ ₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 1. Charry 2. Sex 3. Color White 4. Age 38 yrs.
2. Sex Male 3. Color White 4. Age 38 yrs.
5. Married or Single Sur 13"1910.
5. Married or Single Single 6. Date of death Peritority - 7. Cause of death Peritority -
8. Duration of last illness Same
Jno HBlockburn, M. D. Residence #1119 State SX
Undertaker's Certificate in Relation to Deceased.
9. Occupation Warren County
9. Occupation 10. Place of birth Warran County 11. Residence Ward No. — Ward No. —
12. Time of residence in the city
13. When a minor Name of Mother Name of Father
14. Place of intended interment Farrism Camalary
15. Date of intended interment Jack 13/1910
Date of Certificate Acc 15/10, Residence.
(10) (10) (10) (10) (10) (10) (10) (10)

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 Children
1. Name of deceased Nettin Children
5. Married or single married
6. Date of death Oct 24 1900 7. Cause of death Cansumpture
Dr Millisten B H Mullestere M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Warner County
11. Residence Ox handle Factory. Ward No.
12. Time of residence in the City Name of Mother Name of Father
14. Place of intended interment Parties 15. Date of intended interment Parties 17. Date of intended interment Parties 18. D
Date of Certificate Residence

Jerre Childress, 1899

X / X / Y 98
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 Jerre Children
2. Sex mall. 3. Color Black 4. Age 98 ym
5. Married or single Lingte
6. Date of death Taby 16- 1899
7. Cause of death
8. Duration of last illness Instanceaux B & Gullin Caranis AN C
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Laborer
TO. Place of birth
11. Residence Cor Mann & adame. 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 Mathematical
15. Date of intended interment fragy 1875
Manday Mayor . Undertaker.
Date of Certificate Residence

Child of Henry Christian, 1910

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased anyther of Hunry Christian 2. Setimale 3. Color White 4. Age 3 Months 5. Married or single Single 6. Date of death Market 5th 1910 7. Cause of death Carry of Market Graph and Market Market 8. Duration of last illness Sind during Mr. D. Age 3 Mr. D. Age
9. Occupation
10. Place of birth Dillofuld
10. Place of birth Dillofull 11. Residence " Ward No.
10. Place of birth Dillofuld 11. Residence Ward No.
10. Place of birth Dillofuld 11. Residence Ward No. 12. Time of residence in the city (Name of mother.
10. Place of birth Dillofuld 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father Thurs Characterists
10. Place of birth Dillofuld 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father Thurs Christian 14. Place of intended interment Baron Russ Church 15. Date of intended interment Web 6th /9/6
10. Place of birth Dillofuld 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father Thurs Church 14. Place of intended interment Barum Russ Church

John M. Christian, 1911

**	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🗸 🕏
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased from, Mt. Christian
2.	Sex Malal White 4. Age 45 yes.
5.	Married or Single
	Date of death 1911.
7.	Cause of death Caused by injury
8.	Duration of last illness
	J. B. Chulherford M. D.
	Residence Towling Green My
	Under head Court and Date of D
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Stury, Cutter
10.	Place of birth, alovandrug, Denn
11.	Residence Warren la Pt Josephsoforpt. Ward No.
12.	Time of residence in the city
13.	When a minor { Name of Mother
	Name of Father Gungling
14.	Place of intended interment
15.	Date of intended interment Duc, 11" 1911.
	The Man , Undertaker.
Date	of Certificate Residence.
f	

Leoney Christian, 1912

101
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
P 00
1. Name of deceased Leaving Christian
2. Sexual 3. Color White 4. Age 4 WKS
5. Married or single
6. Date of death Q A/19/9m
7. Cause of death MINNOWN
8. Duration of last illness Shutherford , M. D.
Residence Bauly Green
Residence Country our
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
2 1
9. Occupation II
10. Place of birth Beruly Term 1970 11. Residence /1 Ward No.
12. Time of residence in the City. Name of Mother Rally Christian
13. When a minor Name of Father Krufy !!
14. Place of intended interment Barran Rufe Ohurch
15. Date of intended interment Qcf 19191N
Tenna Weller Undertaker.
Date of Certificate Residence B Lun

Child of Alex and Iona Clark, 1907

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Julian Clark 2. Sex Marie 3. Color Black. 4. Age 2 da 5. Married or single 6. Date of death Para Sinth. 7. Cause of death Burnature Birth. 8. Duration of last illness
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. M. D. Residence 12. M. M. D. Residence 13. M. D. Residence 14. M. D. Residence 15. M. D. Residence 16. M. D. Residence 17. M. D. Residence 18. M. D. Residence 19. December 19. M. D. Residence 19. Occupation 10. Place of birth
10. Place of birth 11. Residence State 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 15. Date of intended interment 16. 15. Date of Certificate Residence Residence
Date of Certificate

Child of Arther and Eva Clark, 1908

0 103
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Child of States Clark 2. Sex Calv 3. Color 4. Age 20 Mo. 5. Married or single 6. Date of death July 15"/1908 7. Cause of death July - Colitis. 8. Duration of last illness B. S. Ruthuforf M. D. Residence B. Lurun fur.
Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Sywling Linux fly 11. Peridence Fridage R.R.
11. Residence Grange IV. C. Ward No. — 12. Time of residence in the city Name of mother Eva Black Name of father Ward No. — Na
14. Place of intended interment Auf. 16 1908 15. Date of intended interment Auf. 16 1908 GERARD & GERARD. Undertaker. Date of Certificate Auf 15 1908 Residence BOWLING GREEN, KY
Date of Certificate

Child of Carrie Clark, 1898

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased child of Carrie Clarke, Sex Janualy. 3. Color Hach. 4. Age - day Married or single
2.	Sex females. 3. Color Hack. 4. Age - / day
5.	Married or single All Mark
6.	Date of Death Jan - 1-1898
7.	Cause of Death Managed Later 1
8.	Duration of last Illness
	. J. M. D. Spelling, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	- The state of the
9.	Occupation .
10.	Place of Birth Booking he 19
11.	Residence Ward No. / **
12.	Time of Residence in the City
12	When a Minor Name of Mother Carrie Clark
- 3.	Name of Father Stey Clarks
14.	Place of intended Interment
15.	Date of intended Interment
	Luarf There, Undertaker
Date	Date of intended Interment Luanf Luanf, Undertaker e of Certificate August 1-188.7 Residence
- 170	

Mrs. Emma Clark, 1909

105
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mrs. Emma Clark
2. Sex Francle 3. Color White 4. Age 57
6. Date of death May 2 121, 1909 7. Cause of death Compunifolism
8. Duration of last illness four weeks 9. Nuclule, M. D.
Residence Bourfring Green / Eq.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Bourfing Green Key Ward No. 12. Time of residence in the City. Life
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Hairween Camelery
14. Place of intended interment Flairweew Cornellary 15. Date of intended interment May 22-1909 Marris V. Buchs, Undertaker.
Date of Certificate May 21 Residence Bouling Franky.

Georgia Clark, 1894

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. IRETORN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
THEOREM VOLUMENT CONTROL TO THE TREE THEOREM IN THE TREE TRE
1. Name of deceased Georgean Clark
2. Sex ferral . 3. Color col 4. Age 18
5. Married or Single Sunge
6. Date of Death 725 1889
7. Cause of Death Consumption
S. Duration of last Illness Months S. Duration of last Illness Months S. D. Weinstead, M. D.
Residence Barrling Grung
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
191 Occupation
10. Place of Birth Raskfuld Jan
11. Residence Center 604 . Ward No. 2
12. Time of Residence in the City 2 years
13. When a Minor. Name of Mother Santa Clark Name of Father & W. Clark
14. Place of intended Interment Packfield Ky
15. Date of intended Interment 76 27 1894.
Bather Myn , Undertaker.
Date of Certificate Residence

Mrs. Henry T. Clark, 1904

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs Henry J. Clark
2. Sex Fernale 3. Color While . 4. Age 4/
5. Married or Single Wider
6. Date of death July 21 at 1904
7. Cause of death Sout deserve
8. Duration of last illness Sewel weeks A Corweght, M. D.
Residence , M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Magan from Butter les 11. Residence Burenz Guer . Ward No.
11. Residence Bushing Guest. Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Name of Father
14. Place of intended interment Fairway leconolism
15. Date of intended interment—fry 22 1904 Gerard Huard , Undertaker.
Gerard Huard , Undertaker.
Date of Certificate July 21 1904 Residence

Infant of I. S. and Elizabeth Clark, 1898

1/19
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased of manh of A. A. Age 2. Sex femilie 3. Color Mills. 4. Age 5. Married or single supple 6. Date of death of the A. A. M. M. M. D. M. D. M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth. 11. Residence State Angel Ward No. / 2. 12. Time of residence in the City Name of Mother Mr. Elizabeth Clark. Name of Father A. S. Colorida 14. Place of intended interment State Al "98. 15. Date of intended interment State Al "98. Liver Al "98. Residence Residence

Child of I. S. Clark, 1899

	- 94 - 109
This Constitutes	One Certificate to be Returned to the City Clerk for a Burial Permit,
RE	ETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of de	ceased lehild of S. Sellarke
2. Sex 201	nal. 3. Color White 4. Age
	single Lingery
6. Date of dea	ath Still Bone
7. Cause of de 8. Duration of	
S. Diración er	From It Storm, D. D.
	Residence Cullege SX
ı	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation	
10. Place of bi	rth City
1. Residence	Elm Sheet Ward No. /
	sidence in the City
13. When a mi	nor Name of Mother Name of Father J. Villarke
	tended interment Larnt Joseph
15. Date of in	Garard & January . Undertaker.
Date of Certific	ate N N. 16 18.99 Residence

Statute and Length and	

Mrs. Louisa Perkins Clark, 1907

1/0
This Constitutes One Certificate to be Retained to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 2. Sex fundly 3. Color fully 5. Married or single Wisland of the late fax, h older 6. Date of death Complications 7. Cause of death 8. Duration of last illness Residence Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Warran County
11. Residence Man Word No
13. When a minor Name of mother Name of father
14. Place of intended interment Set VI" 1907.
Date of Certificate Of MI/1/7. Residence BOWLING GREEN, KY

Nerge Clark, 1912

III.
₹ 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 Sarge, Clark
2. Sex, Iwali 3. Color Thile 4. Age 48 yrs
1. Name of deceased Sary, Clark 2. Sex, Male 3 Color, thin 4. Age 48 yrs 5. Married or Single Surger
6. Date of death Sic, 11" 191"
7. Cause of death Wennic Poisen
8. Duration of last illness 19 days
John F South , M. D.
Residence Q, 311 m M
Undertaker's Certificate in Relation to Deceased.
9. Occupation Lawryst
9. Occupation Lawrence Control Butter Lor, Ry 10. Place of birth Butter Lor, Ry 11. Residence Ward No. — Ward No. —
11. Residence Ward No.
12. Time of residence in the city
13. When a minor \{ \text{Name of Mother} \}
14. Place of intended interment Suits iew Cemetery
15. Date of intended interment Inc, 13"1912.
GERARD & GERARD. Undertaker
Date of Certificate Net 12/12 Residence B. Green Ry

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

	1/18
	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 Clark Clark, Infant
2.	Sex Su 3. Color White . 4. Age 11 Months
5.	Married or Single
6.	Date of Death Juni 12 1878
7.	Cause of Death Cholero Enfantin
8.	Duration of last Illness Hour days
	Rlothomas, M.D.
	Residence Bowling Green Ty
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9	Occupation In Lund . @ 4
	Place of Birth Browning From My
	man 1 11 am
	Time of Residence in the City Three Meks
13	When a Minor Name of Mother 4.6, Clark
	When a Minor Name of Mother S. E. Clark Name of Father & W. Clark
	Place of intended Interment
15.	Date of intended Interment June 13" 78
	JAN 8-14 NIOSO
T)	to at Contifert Control of 12 178 Print State St
Da	te of Certificate June 12/8 Residence State V.
	Democrat Print.
	Democrat Print.

Child of Sam and Maggie Clark, 1892

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	113
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Child of Saw Clark	4
2. Sexternal 3. Color Wille. 4. Age 17 seed	•
5. Married or Single Sulf le. 6. Date of Death Supt 24"/92	
7. Cause of Death Carly hier	
8. Duration of last Illness Frank Months	
Residence	
9. Occupation	
10. Place of Birth City	,
11. Residence Kerrelicology IV. Ward No. 3 24	
12. Time of Residence in the City Name of Mother Ingg que Clause Name of Mother Ingg que Clause	11
Name of Father A Duse	
14. Place of intended Interment Supply 25/92	7
H. Juna, Undertaker.	
N. 18 BY - 1 1/22	
Date of Certificate, Styl 23/97! Residence	
Date of Certificate Styl 25/97! Residence	

Child of Sam and Maggie Clark, 1893

This Constitutes One Certificate to 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 Classo 2. Sex Generall 3, Color Ber 4. Age 5 mm
2. Sex Jumall 3. Color Bell 4. Age Inn
5. Married or single Single
6. Date of Death Feby, 841/93,
7. Cause of Death Miknows
8. Duration of last Illness
C.a. Munkleleonone M.D.
Residence W
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence Ky stylet Ward No. 3 rd
12. Time of Residence in the City Surveille
Name of Mother mangre Clark
Name of Father Jack
14. Place of intended Interment County Churchery
15. Date of intended Interment Fifty 5 - 1893
J. Gerard HBro, Undertaker.
Date of Certificate Leby 5/93. Residence Cely,

Susan Clark, 1896

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Susan Clark
2. Sex MINULE 3. Color SM . 4. Age . 5. Married or single SMAGE
6. Date of Death Suff 13/96 7. Cause of Death Medanal Final?
7. Cause of Death Malanal Four. 8. Duration of last Illness one week
J Fill ollary M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Only
11. Residence Quill Stull Ward No. 3 41
12. Time of Residence in the City
Name of Mother
Name of Father 14. Place of intended Interment County Cumulity
15. Date of intended Interment Soft 24/96
A Guard How, Undertaker.
Date of Certificate State Page Residence
comes of center at
Writis Kum dys Cal

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

689	116
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Chila of If M. Class	
2. Sex Finall. 3. Color While 4. Age 10 mo	
5. Married or single single	
6. Date of Death Dec, 13/1894.	
7. Cause of Death Mungific	
8. Duration of last Illness & days	
professioneght, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth (Olly	
11. Residence 10 th sluth . Ward No. 4 th	
12. Time of Residence in the City	
Name of Mother of Melant.	
Name of Father A. M. Celano	*
15. Date of intended Interment Dec 14/94.	and .
Flagisara + Bro ; Undertaker.	
Date of Certificate Del 14/04 Residence	
y ///	

James K. Clarke, 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased facurs, M, blanks 2. Sex Married of Single Married 5. Married or single Married 6. Date of death Falalysis 7. Cause of death 8. Duration of last illness
8. Duration of last illness. A Carthright , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth fly 11. Residence & Ward No, / 12. Time of residence in the City.
13. When a minor Name of Mother Name of Father Name of Father Place of intended interment Facinities Currety 15. Date of intended interment Fully !!" 06 Facinity France Undertaker.
Date of Certificate Fulfillu6. Residence

Infant of R. F. and Blanch Clarke, 1907

118-1
This Constitutes One Certificate to be Retained to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Infant of the County 2. Sex
9. Occupation Lelaukswill Trunk 10. Place of birth Lelaukswill Trunk
10. Place of birth Ward No. Ward No.
12. Time of residence in the city
12. Time of residence in the city 13. When a minor Name of mother N. F. Colored Name of father N. F. Colored Manuel Complete Manuel Comple
14. Place of intended interment DFC 11 1907 Cemetery
15. Date of intended interment.
Date of Certificate DEC 11 1907 Residence VIING GREEN, XY

Warren County, Kentucky Death Records, Box 1, Folder 6 (Ca to Cok)

Infant of R. F. and Blanch Clark 1907

di	CERTIFICATE OF UNDERTAKER.	
28	I hereby certify that the accompanying dead body of Jufau of Ch. lelans	
	Consigned to Monthley Green in the County of State of My	
	and who died of terms that the State Boards of Health of Tennessee, for transportation by Railway or Steamboat.	
	Residence Clacksmill Jenne Secret Pallow Shipping Undertaker.	- 0

	(SEAL.) PASTER. Transit Permit No	
Ĵ	Station Baggagemen 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.	
-7	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.	
	From belacksnice to Sorting Grenstate of the	
	From ceracitable to Conting Secustate of Try,	
	No. of Ticket of Escort. Form No. of Ticket of Escort.	
	No. of Corpse Ticket. Form No. of Corpse Ticket.	
	Via. L. To.	
Talk Sales	Via R, R, To	
. 8_	Via	
4	Via	
	Via	
	Name of Passenger in charge AF Closur Place of Residence Closurus	

Dave Claspell, 1891

Into Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	110
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Dewr Clashall Class 2. Sex Mah 3. Color Whit. 4. Age 48	
5. Married or Single Maurid 6. Date of Death Die 8 # 1891 7. Cause of Death Death	
8. Duration of last Illness 10 Joyce M. D. Residence	
9. Occupation Servin at Ucendle Face	5
10. Place of Birth 11. Residence Macun Start Ward No. 4	
12. Time of Residence in the City	
14. Place of intended Interment near botts stor	
15. Date of intended Interment Hear Gotts His 15. Date of intended Interment Hear Gotts His 15. 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.
- Layborn
1. Name of deceased Amanda Clayton 2. Sex Lymbe 3. Color bleek. 4. Age +1-400
2. Sex finale 3. Color bleek. 4. Age Hypo
5. Married or single — Lugle
6. Date of death July 15 - 1900 7. Cause of death Recommend
8. Duration of last illness Two weather
, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Auros Scripton
9. Occupation Aurest Respect
9. Occupation Aures Starfar 10. Place of birth Burking ward No. 3 nd
9. Occupation Aures Lugar 10. Place of birth Burling ly
9. Occupation Aurest Scriper 10. Place of birth Burbing for 11. Residence Agri St. Ward No. 3 12. 12. Time of residence in the City. Wardly your
9. Occupation Aurest Scriper 10. Place of birth Burbling from St. Ward No. 3 12. Time of residence in the City. Ward Yours St. Ward No. 3 13. When a minor Name of Mother Name of Father
9. Occupation Aurest Scriper 10. Place of birth Burbling from St. Ward No. 3 12. Time of residence in the City. Ward Yours St. Ward No. 3 13. When a minor Name of Mother Name of Father
9. Occupation Aurist State 10. Place of birth Burling your St. Ward No. 3 11. Residence Affai St. Ward No. 3 12. Time of residence in the City. 11. When a minor Name of Mother 12. Name of Father 14. Place of intended interment Manual Communication of the part of the
9. Occupation Aurist State 10. Place of birth Burling your St. Ward No. 3 11. Residence Affai St. Ward No. 3 12. Time of residence in the City. 11. When a minor Name of Mother 12. Name of Father 14. Place of intended interment Manual Communication of the part of the
9. Occupation Aurist State 10. Place of birth Burling your St. Ward No. 3 11. Residence Affai St. Ward No. 3 12. Time of residence in the City. 11. When a minor Name of Mother 12. Name of Father 14. Place of intended interment Manual Communication of the part of the
9. Occupation Aurest Scriper 10. Place of birth Burbling from St. Ward No. 3 12. Time of residence in the City. Ward Yours St. Ward No. 3 13. When a minor Name of Mother Name of Father
9. Occupation Aurist State 10. Place of birth Burling your St. Ward No. 3 11. Residence Affai St. Ward No. 3 12. Time of residence in the City. 11. When a minor Name of Mother 12. Name of Father 14. Place of intended interment Manual Communication of the part of the

Annie Frances Ventrier Claypool, 1907

	DECEMBER OF A DELACTION
	RETURN OF A DEATH.
	204
	Physician's Certificate Preparatory to Burial.
	Name of deceased Quine France Vertice Chappool
1.	
2.	Sex server 3. Color While 4. Age 46 yr
5.	Date of death May 3 - 1907
6. 7.	Cause of death Caughstion Chies
8.	Duration of last illness about = a - week
0.	To X Blackburn M. D
	Residence
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Telepolam Operator
10.	Place of birth
11.	Residence / Ly Strans Ward No.
12.	Time of residence in the city
	Name of mother Sugar a Clay page
13.	When a minor Name of father State Colony
14.	Place of intended interment Friends
15.	Date of intended interment
	Undertaker
Da	te of Certificate Residence

Austin J. Claypool, 1899

SQ 75 16	99
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased austru J. Clayfool 2. Sexmale 3. Color white 4. Age 61 yr	
5. Married or single ward 6. Date of death Sept 7, 1899	
7. Cause of death Bright Decen	
8. Duration of last illness 3 WHO Or Lunghe M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation "Onuchant	
10. Place of birth Warren County 11. Residence /2 2 01 Ward No. /	
12. Time of residence in the City Name of Mother Name of Father	
Name of Father 14. Place of intended interment Tanguew Bew	
15. Date of intended interment Sept 8 1899 Manuley Payne, Undertaker	
Date of Certificate Residence	

B. P. Claypool, December 12

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSI IAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased B. P. Claypool
2.	Name of Deceased (O, P. Way for of Sex Male 3. Color White . 4. Age 48 Just
-	
	Date of Death Deg 12
	Duration of last Illness Seven Years
0.	m, m, llay pool . M. D.
	Residence
0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Occupation Place of Birth
10. 11.	Occupation Place of Birth Residence Ward No. 3
10. 11. 12.	Occupation Place of Birth
10. 11. 12.	Occupation Place of Birth Residence . Ward No. 3 Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Residence
10. 11. 12. 13.	Occupation Place of Birth Residence
10. 11. 12. 13. 14. 15.	Occupation Place of Birth Residence . Ward No. 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment

Child of Bell Claypool, 1896

948
This Constitutes One Certificate to 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 But Clay ford
2. Sex 3. Color / 6/14 . 4. Age
5. Married or single sungle
6. Date of Death Och 11 "/96
7. Cause of Death Hell born
8. Duration of last Illness
IN. Cooulez, M. D.
Residence Lasth Officer
INDEDTRUED'S CERTIFICATE IN DELATION TO DESCRIP
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Gilly
11. Residence Butho alley Ward No. 2nd
12. Time of Residence in the City
Name of Mother But Clay ford Name of Father
14. Place of intended Interment County Cumitary
15. Date of intended Interment, Och 114/96
F. C. Guard HBro, Undertaker.
Date of Certificate Och 11/96. Residence Gilly

Child of Bell Claypool, 1898

This Constitutes One Certificate to 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 Bull Clayfood 2. Sex male. 3. Color Flores 4. Age 5. Married or single 6. Date of Death 7. Cause of Death 8. Duration of last Hiness Pacidence Pacidence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Ball Ward No. 11. Residence Ward No. 12. Time of Residence in the City Name of Mother Bul Clayfool Name of Father 14. Place of intended Interment 15. Date of intended Interment , Undertaker.	
Date of Certificate Residence	

Cary Lucille Claypool, 1907

0	HIO STATE	BOARD OF	HEALTH	A. COLUM
TRANS	PORTAT	TION O	FCORF	SF
TITAL		WT NO 1824	00/1/	0_
	TRANSIT PERM	WIII NO	****	
married to community	PHYSICIAN'S OR	CORONER'S CER	TIFICATE	
6	- Ture 61	Date	1 1	190
Name of Deceased		House	Sex Color Color	dullininin
	ship, Village or City)	County	McCommunication State . L. M.	
Date of Death	Insuestice	Hour of Death	Duration	Days.
Contributory Cause of Dea	th	V	Duration	Days.
Age: Years	Months	Days		
			Single, Married, Wide	wed, Divorced.
Place of Birth			(Cross out all but ans	wer required.)
Name of Father		State or Country.)Birthplace of Father		
Maiden Name of Mother.	ldh Ghennplann.	Birthplace of Mother	(State or Country.) (State or Country.)	
	SPECIA	L INFORMATION	in billionia	
		s, institutions or recent reside	nts.)	
Former or Usual Residence		*************		
How long at Place of Deat	ntracted if not at Place of Dea	4h 9	agest of the same and the same of	at less a la section
I hereby certify that	t the above is true to the best o	f my knowledge and belief		
(B)	· A-	The state of the s		or Coroner.
Residence	County of	Y TELLETTER	State of	
are of the private short	PERMIT OF LO	CAL BOARD OF	HEALTH	St Hade breats
This Permit must be proper	ly signed, and with Physician's Ce	rtificate presented to the Railr	oad or Express Agent before body	can be shipped.
In the (City, Viii	iage or Township.)		County of	
State of	on the	, 7	. day of	190/
Permission is hereby given	n to remove for burial at	Non-Containing	In Many and the same	
in the County of		State of		
the body of	El-	· 300111171	· / / /	
who died at	in the Count	7 7/	State of	
on theday of		- Carrie de Land	- Mark to a f communical	of the disease.
The cause of death being.	Approximate and second for the second second	<i>a</i>	which is a { non-communi	cable disease,
To be accompanied by		and holder of the state of the	tate, territory, district or provi	

Infant of Clarence Claypool, 1896

946 3 197
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased clufant Claypool 2. Sex 3. Color orbit 4. Age 3 da
2. Sex 3. Color mutt. 4. Age 3 da
5. Married or single
6. Date of Death Det 5- 1896
7. Cause of Death South Know
8. Duration of last Illness Ouclien
mc & slewyhi, M. D.
Residence Detail
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence 10 th Theat. Ward No.
12. Time of Residence in the City
Name of Mother Clarence Name of Father Clarence Name of Father Clarence
14. Place of intended Interment Farmer Country
15. Date of intended Interment Ook 5 1874
Postlar + Payon, Undertaker.
Date of Certificate Residence

Infant of George C. and Lattie Claypool, 1908

	194
Armen	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased he found - Chief of Geo Ollayprof
2. 1	Name of deceased Infant Child of Good Clayprof Sex much 5. Color while 4. Age —
5.	Married or single
6.	Date of death Still 30 1908
7.	Cause of death Still Born
8.	Duration of last illness
	J. 94. Blackburn . M. D.
	Residence,
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
	Place of birth Sork II - Got 10 x 11 =
11.	Residence Ward No,
12.	Time of residence in the City.
13	When a minor Name of Mother Callin Plolay pool
	Name of Father 200 Charges
	Place of intended interment
15.	Date of intended interment Thy John Undertaker.
Date	of Certificate Residence
(anome	

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.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Mrs. Frozer Molaybrol 2. Sex France 3. Color Mills 4. Age 36, 5. Married or single Manual 6. Date of death Jan 10"/9" 4. 7. Cause of death Lahrons Mahana
1. Name of deceased MON, Set July
2. Sex Junt 3. Color 1 4. Age 36,
5. Married or single Manuful
6. Date of death / 10"/9"
7. Cause of death Chionis Minaira
8. Duration of last illness J. H. Stout , M. D. Residence Bowling Lura Ky
J. M. D.
Residence Downing Turn My
TO DESCRIPTION TO DESCRIPTION
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Harrin County
9. Occupation 10. Place of birth Hauren, County 11. Residence Ward No,
12. Time of residence in the City.
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father Ray Marra Varel Harran Co.
14. Place of intended interment Jan 11" 1904
15. Date of intended interment fact 17 1904
Juliu / O Undertaker.
Date of Certificate face 11/1904, Residence

Hannah Claypool, 1900

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 of annah Blay paral
2. Sex Hammale. 3. Color black. 4. Age 70 you
5. Married or single
6. Date of death Afanil Latt 1900
7. Cause of death / aralysis
8. Duration of last illness And med months. M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Auror Things
10. Place of birth Burn Long Santa
10. Place of birth Burling brief Ward No. 1
10. Place of birth 11. Residence Purvling Green Ward No, 12. Time of residence in the City.
10. Place of birth 11. Residence Ward No, 12. Time of residence in the City. Name of Mother Name of Father
10. Place of birth 11. Residence Purching from Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment Put Turantille
10. Place of birth 11. Residence Complete Comple
10. Place of birth 11. Residence Complete Comple
10. Place of birth 11. Residence Complete Comple

Hugh Claypool, 1912

RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Heigh I Claypool 2. Sex Male . 3. Color white . JAge 2 yrs 5. Married or single
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Bradfonds ruce 11. Residence Bandling Sure Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Surell Players 14. Place of intended interment Bradfond ruce fly. 15. Date of intended interment Due 14 1918 Emphysican, Undertaker. Date of Certificate Due 14 1918 Residence Bullette.

J. Russell Claypool, 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Russell Claypaol
2.	Sex made 3. Color white 4. Age 15-yr
5. 6.	Married or single 2007 Date of death Sept 16 1907
7.	Cause of death Typhond Five & appendacitie.
8.	Duration of last illness 5 mante
0.	B.S., Rutherford M.D.
	Residence Carty
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.
9. 10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth
	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence High + 12 Th Mard No.
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence 2444 + 1274 Ward No. Time of residence in the city
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence High + 12 Th 11 Ward No. Time of residence in the city (Name of mother Tith Philary pane)
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence At A 12 Th Ward No. Time of residence in the city When a minor Name of mother The Place part Name of father Ellary Part
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence 24 4 2 7 Ward No. Time of residence in the city When a minor Name of mother Till Place of intended interment. Farry Edward Carry Park
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence At 12 Th Ward No. Time of residence in the city When a minor Name of mother Till Place of intended interment Taurview Casualing
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence 24 4 2 7 Ward No. Time of residence in the city When a minor Name of mother Till Place of intended interment. Farry Edward Carry Park
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence At A 12 Th Ward No. Time of residence in the city When a minor Name of mother Till Place of intended interment Place of intended interment Date of intended interment
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence High + 12 High Ward No. Time of residence in the city When a minor Name of mother Fill Language Place of intended interment Place of intended interment Tanview Canaday Date of intended interment Tanview Canaday Undertaker.

Maude Claypool, 1909

133
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Man Manyley Clayfood. 2. Sex firmals 3. Color 4. Age 33 5. Married or single Single, 6. Date of death Faralysis 7. Cause of death 8. Duration of last illness Affailis M. D. Residence Residence
Residence
9. Occupation Facult Calses 10. Place of birth Warring County 11. Residence Indianala St. Ward No./.
10. Place of birth Warring County
11. Residence Indianola 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
15. Date of intended interment JWENT 10"1909.
Date of Certificate Fifty 1909 Residence Residence
HIVIA D. II CO. C. BOWT DIG OPERN WY
HIVIA D. II CO. C. BOWT DIG OPERN WY

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 Walton Colar pool 2. Sex Mala 3. Color White, 4. Age 43 yrs 5. Married or single Married 1. Name of deceased Walton Color White, 4. Age 43 yrs 2. Sex Mala Married
Walton Chay pool
1. Name of deceased Thite 1 Age 43 year
2. Sex 17/2 Married
6. Date of death Mar 1" 1903;
6. Date of death Mar 1" 1903; 7. Cause of death Killed by Street lears
8. Duration of last illness
8. Duration of last illness & Allorday, dehing Corross M. D. Residence Lowling Granky
Residence Dowling Franky
TO DESCRIPTION TO DESCRIPTION
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Harran 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 Fairwire fruglary
14. Place of intended interment Harvis Churchery, 15. Date of intended interment May 9" 1903
Grand & Ferand Undertaker.
Date of Certificate May 2"1908 Residence Coly

Woodford P. Claypool, 1891

3 2 8 This Constitutes one Certificate to Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Fredford, P. Clay forof
2. Sex male . 3. Color thite 4. Age 6 grs 5. Married or Single Jungle
6. Date of Death acc g 294/96 7. Cause of Death Stydroeiphalm
8. Duration of last Illness Que year Residence Bruffry Greety
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth City
11. Residence Idams of . Ward No. 3
12. Time of Residence in the City
13. When a Minor. Name of Mother William S Colleg pool
14. Place of intended Interment Harrow Come ley
15. Date of intended Interment duy 30/9/ Treath, Undertaker.
Date of Certificate Cuy 29/9/. Residence City

Georgia C. Clayton, 1893

This Constitutes One Certificate to be Ref-raed to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Georgia Clayton 2. Sex Fernal 3. golor Blif - 4. Age 16 yrs -
2. Sextemaly 3. golor Blif - 4. Age 16 yrs -
5. Married or single Suight
6. Date of Death lugues 25/93
7. Cause of Death I yphond fever
8. Duration of last Illness 24 days
W. W. Towhing M. D.
Residence Bowling great Ry.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth & Lasgow, Try.
11. Residence Ward No. / 1
12. Time of Residence in the City
13. When a Minor Name of Mother
Name of Father Glasgow My
15. Date of intended Interment Aug 26 4/93
F. E. Guran & F. Undertaker.
Date of Certificate ling 25/43 Residence lity

J. Lee Cliburn, 1908

137
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Her Clipured.
2. Sex Male 3. Color White 4. Age 32 years
5. Married or single Mar, 14" 08 6. Date of death Mar, 14" 08
7. Cause of death Consumption
8. Duration of last illness J. H. Possy 20
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Livry man
9. Occupation Livery man 10. Place of birth allendo; 11. Residence College St., Ward No. 3
11. Residence College Br. Ward No. 3
12. Time of residence in the city 3 yrs,
13. When a minor Name of mother.
14. Place of intended interment January Cemetery
15. Date of intended interment Max 14/08.
Maxwella & GERARD, Undertaker.
Date of Certificate 74/08. Residence BOWLING GREEN, KY
Date of Certificate 77700. Residence BOWLING GREEN, KY

Mrs. Crit Cline, 1904

DETIID NI OF A DE A TU
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. But Chur Come
2. Se Finals B. Color While 4. Age 26
5. Married or Single Married
6. Date of death Oscision Dien
8. Duration of last illness
N. N. Frances, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth fauticky St.
11. Residence Ward No.
13. When a minor \{ Name of Mother
Name of Father Come banks
14. Place of intended interment Julius 3 hout
Heidel Friard , Undertaker.
Date of Certificate May 91" 04; Residence

Sarah Ellen Cline, 1880

	139
1_	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	BETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased Sarah Ollen Clun Come
2	Sex Lewell 3. color Mile . 4. Age 22 Just
5.	Married or Single Meaneell Date of Death Cley Ollo (FF)
6.	Date of Death Cley Get 180
	Cause of Death Belvie Cellulites
8.	Duration of last Illness Muse Mills
	Il Wi Cormack , 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
1	Name of Mother
13.	When a Minor Name of Mother Name of Father
	Place of intended Interment
	Date of intended Interment
	, Undertaker.
1	ate of Certificate . Residence
	Democrat Print.

D. J. Cochran, 1898

1/8/	140
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permi	n,
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased D.J. Conchraw Cochra. 2. Sex male 3. Color white 4. Age 36 yr. 6	
	- Com
5. Married or single married	
6. Date of death 1918 7. Cause of death 1918	
14 101	
8. Duration of last illness Stocker Livery M. M.	. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Quinster	
10. Place of birth Zermeree	
11. Residence Franchivay Ward No. 1 12. Time of residence in the City 15 your	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Farview Eur	1
15. Date of intended interment Left 29 1898	
Thawley Sayne Underta	iker.
Date of Certificate Residence	
	and some

Emma Cochran, 1910

Jillian Cochran, 1892

375) 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 Pellian Cochrun
2. Sex Junel . 3. Color blut . 4. Age 3 wells
5. Married or Single Otyle
6. Date of Death Jan 11-1892
7. Cause of Death Franciscon
8. Duration of last Illness 2 wello
Ha & Cartunght, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth CJ
11. Residence West moun Ward No 4
12. Time of Residence in the City
13. When a Minor. Name of Mother Funna Colonia Name of Father Dy Cochrue
14. Place of intended Interment Hammen Conf
15. Date of intended Interment Jun 17 1892
Holynund, Undertaker.
Date of Certificate

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 Strury Cohyon, Cohron
1. Name of deceased Affiliation Office 1. Sex Mark, 3. Color Live 4. Age 70 yrs, 5. Married or single Married
5. Married or single Manual 6. Date of death Shirit Aliarhan 7. Cause of death Chinis Aliarhan
8. Duration of last illness St. Cauthright , M. D.
Residence O Ty
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Butler Chauly Sentucky 11. Residence Adams 13 th 8 terrs Ward No. 3.
11. Residence Adams 13 th Slever Ward No. 3. 12. Time of residence in the City. 4 years
Name of Mother
14. Place of intended interment Nov. 26"1903 15. Date of intended interment Nov. 26"1903 Januard Farand, Undertaker.
Date of Certificate Love, 26/903. Residence.

Lizzie H. Coke, 1909

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 2. 5. 6. 7.	Name of deceased fish sign of the Sex Manual Sex Manual 3, Color whith 4. Age 3 Married or single Sungla Date of death DEC 16 1909 Cause of death Sex Manual Sex Manual Manual Sex Manual Manu
9. 10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence / # SEOWLING GREEN, KY Ward No.
11.	Residence Ward No. Ward No. Time of residence in the city # Munths
12	
12. 13.	When a minor Name of mother. Name of father Answerville Str
	When a minor