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Eliza Colbert, 1897

995 5
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Eliza Colland Colland 2. Sex Funnell 3. Color Blko. 4. Age 20 yrb.
5. Married or single Manning. 4. Age 20 yr.
6. Date of Death Man 29" 1897 7. Cause of Death Janaan Ferran
8. Duration of last Illness Those weeks
9 July 86 gy, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Manuel Go.
11. Residence Stendings of which Ward No. 1 th
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Mohe Morrach Com
15. Date of intended Interment Man. 30" 1897.
In Sunand & Bro, Undertaker.
Date of Certificate Man 29/gy Residence

Sidney Colburn, 1904

	2
-	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🗗 🗗
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of decoased Sidney, Coffeen, Colours
2.	Sex Male B. Colog White 4. Age 6 no.
5.	Married or Single Single.
6.	Date of death Jet // "OL.
7.	Cause of death Outers Califi
8.	Duration of last illness
150	J. M. D.
S/E	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
. 10.	Place of birthy lity
11.	Residence Ward No.
12.	Time of residence in the city. Man & Mollown
13.	When a minor Name of Mother Solution
14.	Place of intended interment Factorium Country
15.	Date of intended interment Oct. 12/14.
	Gewill Fraid Undertaker
Dat	e of Certificate Oct 11/04, Residence

Addie Cole, 1911

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 decessor Mas addin logice Cale
1. Traine of deceased and an analysis of the second analysis of the second analysis of the secon
2. Setamull 3. Color White. 4. Age 64
5. Married or Single
6. Date of death 19 0 1911
7. Cause of death Capsiplia
8. Duration of last illness en wy
Residence Jano June Jacon Ja
Residence Constituting Trees of
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Warren carry
11. Residence Banking Granfo Ward No.
12. Time of residence in the city
13. When a minor \{ \text{Name of Mother} \tag{Name of Mother} Name
Name of Father
14. Place of intended interment Alford 7 / All
E LINEL
Date of Certificate Residence Residence
Late of Certificate

Annie Cole, 1896

76	7 • 4
	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	1. Name of deceased Mrs annie Cole
	2. Sextimale 3. Color lelk. 4. Age 77 yrs
	5. Married or single Manney
9	5. Date of Death Auc 8/96
	7. Cause of Death Paralysis
	S. Duration of last Illness , M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation
10	o. Place of Birth
1	Residence & Chulmun Sh. Ward No.
1.	2. Time of Residence in the City
1,	Name of Mother
	Name of Father Managed
	Place of intended Interment
15	Date of intended buterment All 9 9. Undertaker.
D	ate of Certificate 1008/96 Residence
-1-10	

Infant of D. A. Cole, 1909

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.
1. 2. 5. 6. 7.	Name of deceased Infant of U.A. Colv. Sex. 3. Color White 4. Age. — Married or single. Date of death Mov. 26" 1909. Cause of death Born Wrank. Duration of last illness.
	Residence BOWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9. 10.	
10.	Occupation Place of birth Gallatin Trun, Residence "" Ward No. Time of residence in the city
10. 11.	Occupation Place of birth Gallatin Drun, Residence "Ward No.
10.11.12.13.14.	Occupation Place of birth Sallatur Brun, Residence "" Ward No. Time of residence in the city When a minor Name of mother Mus, N. a. bolk, Place of intended interment of Joseph hs. boundary
10. 11. 12. 13. 14. 15.	Occupation Place of birth Sallatur Brun, Residence "" Ward No. Time of residence in the city When a minor Name of mother Mus, Wa. Bolk, When a minor Name of father, Wa bolk, Place of intended interment St. Joseph hs. Samustary Date of intended interment Nov. 1909. GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Occupation Place of birth Hallatur Brun, Residence "" Ward No. Time of residence in the city When a minor Name of mother Mus, Da, Bolk, When a minor Name of father, Day by hs, boundary Date of intended interment Day, ny" 1909 GERARD & GERARD. Undertaker.

Infant of D. A. Cole, 1909

12	This Certificate and Shipping Paster Below Must Be Detached at this Perferation and Securely Tacked on the End of the Coffin Box.	0
	Transit Permit No.	
	CERTIFICATE OF UNDERTAKER.	
-	I hereby certify that the accompanying dead body of Doufant of my fms Walole	00
	1 hereby certify that the accompanying dead body of Drufaul of My ms Wallow (Ja minor, give parents' name also.) Consigned to Bowline recen in the County of Warren State of Kentuckly	0
-	and who died of 130 cm Alead has been prepared by me and strictly in accordance with Rules of the	0
	Tennessee State Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the back of this Permit, and I further certify that I hold an Embalmer's License (No) issued by said State Board.	9
		0
,	If and of Shipping { Undertaker. Embalmer.	,
*	Residence Illi Illie La madelinale	1

Elsie Cole

	is Constitutes ONE CERTIFICATE to be retu	a BURIAL PERMIT
	RETURN OF A	DEATH.
PHY	YSICIAN'S CERTIFICATE PREP	ARATORY TO BURIAL.
	of Deceased Echie Col	
2. Sex 7	ternale . 3. Color lohi	Te . 4. Age ganowsk
	1 01 1 1	and the same and t
6. Date of	f Death	
7. Cause	of Death Institute	
	on of last Illness 2008 May	
	God.	er- a Oh Comack, M.D.
	Residence De	why free
	RTAKER'S CERTIFICATE IN RE	ELATION TO DECEASED.
9. Occupa		
	f Birth	
	ice	. Ward No
	· Residence in the City	
2. Time o	Residence in the City	
2. Time o	Residence in the City	
2. Time o	Residence in the City	Simpon Co
2. Time of 3. When of 4. Place of	Residence in the City	Simpon Co
2. Time of 3. When of 4. Place of	F Residence in the City Name of Mother Name of Father f intended Interment	Simfon Co
2. Time of 3. When of 4. Place of	Residence in the City Minor Name of Mother Name of Father f intended Interment f intended Interment	Impor Go

Infant of Henry Cole, 1893

519
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Ingant of Henry Cerce.
2. Sex 3. Color Hill 4. Age
5. Married or single 15/93
o. Date of Death 1
7. Cause of Death or and many many
8. Duration of last Illness
M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Cerity
11. Residence // the stuck . Ward No. 3 rd
12. Time of Residence in the Sty
Name of Mother Huny Carle
Name of Father
14. Place of intended Interment Aurous Com,
15. Date of intended Interment July 16 19 3.
Ale Ghard & Bed, Undertaker.
Date of Certificate July 16/9. Residence

Joe M. Cole, 1904

8
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Jac lu Cole
2. Sex male. 3. Color white. 4. Age 58 yre
5. Married or single
6. Date of death 19-19-19-19-19
7. Cause of death Complication
8. Duration of last illness Mouth Howline M. D.
Residence , M. B.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Warren Cannely 11. Residence College St Ward No.
11. Residence Ward No.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Misrore Cent
15. Date of intended interment 20 1904
Hawley age, Undertaker.
Date of Certificate Residence

Joseph M. Cole, 1900

73	9
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
NUMBER OF STRUCTURE DEPONDED TO DIDIE!	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of decorsed forth, M. Gold 2. Sex Male	
2. Sex Male . 3. Color White . 4. Age & Mr 5. Married or single Single	
6. Date of death Sulf 174 1908. 7. Cause of death Cholara Infanture.	
8. Duration of last illness A. J. Me Corryack . M. D	
Residence City	1.9
LUNE DE OCCUPATION DE LA DECENSE DE LA DECEN	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
To. Place of Dirth / L / J , White	
13. When a minor Name of Mother Laxana both Name of Father St.	
14. Place of intended interment July 18"1900.	
Juged Fed Guard, Indertaker	
Date of Certificate July 18/1900. Residence Ouy	,

Child of Luther and Mary Cole, 1905

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.)
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
11:41 + (1.1.)	
1. Name of deceased Chilles XMAN Cott	9
2. Sex Male . 3. Color While 4. Age 3 his.	
5. Married or Single Smylk.	
5. Married or Single 6. Date of death 7. Cause of death Suantiin	
7. Cause of death Inaulum	
8. Duration of last illness-Town W & Low.	
John, M. Slow, M. D.	
Residence	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth gilly	
11. Residence ddauds & F. Ward No	
12. Time of residence in the city Mus, Mary Cole	
13. When a minor Name of Mother Latter H Color	
Name of Father Quitary, N. 100	
14. Place of intended interment January	
15. Date of intended interment 03.	
Date of Certificate 7/05 Residence Undertaker	V

Mrs. Luther H. Cole, 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. Luther & Ovla. 2. Sex Fundle 3. Color White 4. Age vrys.
2. Sex Famale 3. Color White 4. Age Vrys. 5. Married or single Married.
5. Married or single Married.
5. Married or single Manny. 6. Date of death Syphoid Juvar. 7. Cause of death Syphoid Juvar.
8. Duration of last illness
POWLING GREEN KY
Residence.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Juxas
10. Place of birth Jaxas. 11. Residence Adams, St. BOWLING GREEN, KY Ward No. 2
12. Time of residence in the city 3 yrars
(Name of mother Musio Thus, H. Coopwood.
13. When a minor Name of father Thos. W. Coopwood.
14. Place of intended interment Fairview Cemelery
15. Date of intended interment NEW 4"1906.
GERARD & GERARD, Undertaker.
Date of Certificate 9061 - 8 030 Residence WLING GREEN, KY

Peter Cole, 1900

This Constitutes One Ce	rtificate to be Returne	d to the Ci	ty Clerk for a Bur	ial Permit,
RETU	JRN OF	A 1	DEATH.	
PHYSIC	CIAN'S CERTIFICATE PRE	PARATORY	TO BURIAL	
	Peter de	-	. 11.	
1. Name of deceased	. 3. Color 3	in	- A- 70	/_
			4. Age 2 0	9
 Married or single Date of death 		,	800	•
Cause of death	Tay of	4-	lant	in 1
7. Cause of death 8. Duration of last i	llness		Louis-	1
o. Danton of his	no		,	, M. I
	Residence			
			•	
UNDERT	AKER'S CERTIFICATE IN	RELATION	TO DECEASED.	
UNDERT	AKER'S CERTIFICATE IN	RELATION	TO DECEASED.	
	AKER'S CERTIFICATE IN			
9. Occupation				
9. Occupation				
9. Occupation O. Place of birth O. Residence			. Ward N	o
9. Occupation o. Place of birth 1. Residence 12. Time of residence	e in the City		, Ward N	o
9. Occupation 1. Residence 1. Time of residence 13. When a minor	e in the City Name of Mother Name of Father		, Ward N	o
9. Occupation 10. Place of birth 11. Residence 12. Time of residence 13. When a minor	e in the City Name of Mother Name of Father interment		. Ward N	ο
9. Occupation 10. Place of birth 11. Residence 12. Time of residence 13. When a minor 14. Place of intended 15. Date of intended	in the City Name of Mother Name of Father interment		. Ward N	0
9. Occupation 10. Place of birth 11. Residence 12. Time of residence 13. When a minor 14. Place of intended 15. Date of intended	e in the City Name of Mother Name of Father interment		. Ward N	0
9. Occupation 10. Place of birth 11. Residence 12. Time of residence 13. When a minor 14. Place of intended 15. Date of intended	name of Mother Name of Father interment interment H	——————————————————————————————————————	. Ward N	o>

Sallie, Cole, 1913

	13
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	_
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Sallin Cole	
1. Name of deceased 2. Sex famale 3. Color lal 4. Age 70 y 5. Married or single Lingle	2
5. Married or single Lengte	0.0
6. Date of death Fels 2 / 9/3. 7. Cause of death Lower preumories	
7. Cause of death Lobar Meumoria	
8. Duration of last illness about 1 week	
M. Josea M. I	D.
Residence 21, man st	
Halaka Carria Balara Balara	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation Cash	
10. Place of birth Kintucky	W. 18
10. Place of birth Kinticky 11. Residence Of mr Burches Church & Ward No.	
12. Time of residence in the city Dant I raw	
(Name of mother Dun praid	
(Name of father	
14. Place of intended interment marial	
15. Date of intended interment fit. 22 - 1913	
of the fluylanda and ordertake	r.
Date of Certificate / 16 2 2 - 1913 Residence	***
Oos, 7 + callege St;	1975

Winfield F. Cole, 1911

中
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Winfuld Floal. 2. Sexuale 3. Color white 4. Ago 8 who burned
2. Servale 3. Color white 4. Ago 8 who burned
5. Married or Single Manus
6. Date of death not known about 14 years age
7. Cause of death
8. Duration of last illness
, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmer
10. Place of birth
11. Residence Furgissu Kw. Ward No.
12. Time of residence in the city
(Name of Mother
13. When a minor Name of Father.
14. Place of intended interment Farmur Cen
15. Date of intended interment 19 12 24 19/1
Enchookelly Undertaker.
Date of Certificate Residence B LKy
Bady was Experied at Firginor & and remained
to Between By Permission from State Board of health Boy was Hermelalidy Sealed
Box was Hermelaliedy Sealed

George William Coleman, 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 George.William.Coleman,
2 Sex Male, 3 Color White, 4 Agt Months,
5. Married or Single Infant,
6. Date of death June . 10 . 1911,
7. Cause of death Inacities
8. Duration of last illness / mouth
Contuny let , M. D.
Residence Bowling Green, Ky,
Undertaker's Certificate in Relation to Deceased.
9. Occupation Infant,
10. Place of birth Bowling Green. Ky,
11. Residence "" Ward No. Ward No.
12. Time of residence in the cityLife_time,
13. When a minor { Name of Mother Minnie. Coleman,
(Name of Father Finace, Coleman,
14. Place of intended interment Fairview.Cometary,
15. Date of intended interment June 01.1911,
Enochs & Kelley, Undertaker.
Date of Certificate June. 22.1911, Residence Bowling Green. Ky,

William Coleman, 1897

1068)
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased William Coleman	
2. Sex Male. 3. Color It hille. 4. Age	
5. Married or single Manyid,	
6. Date of Death October 27"97	
7. Cause of Death Acute- Munigitie	
8. Duration of last Illness	
J. M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth England	
11. Residence Gollege short. Ward No. 2 30	
12. Time of Residence in the City several years.	
13. When a Minor Name of Mother	
Name of Father	
14. Place of intended Interment Fannium Com.	
15. Date of intended Interment	
Date of Certificate Johnson, Residence City	
Date of Certificate 90128/97. Residence	
	-

Child of William and Alice Coleman, 1899

-	389
Thi	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
	RETURN OF A DEATH.
	The Total Control of the Total
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
Ι.	Name of deceased Chied mrs. alice lealuna.
2.	Sex Gemale 3. Color White. 4. Age 16 mone
	Married or single Lingle
6.	Date of death June 7-1899
7.	Cause of death accidentally Sealed
8.	Duration of last illness
	Duration of last illness JAMe Councill, M. D.
	Residence
	REPORTED AND A SPANISH A PROPERTY OF A PROPE
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	The state of the s
201	Occupation Place of birth Gorraing Gran Myr Residence Caccego Ward No. 2
	Place of birth Gorling Fren My
	Residence Callege . Ward No. Z
12.	Time of residence in the City of etime
13.	When a minor Name of Mother My Mice Cerlinan Name of Father William Caleman.
14.	1. 14,000 /
15.	1 1kg s
	Luna Janan, Undertaker.
Date	of Certificate Mul. Residence

Child of William and Alice Coleman, 1899

This Constitute	es One Certificate to be Returned to the City Clerk for a Bu	17-2
R	ETURN OF A DEATH	•
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of d	/ /////	ohnar,
6. Date of de		, , , , , , , , , , , , , , , , , , , ,
7. Cause of d 8. Duration e	f last illness faw fays	ed,
	Saruh Millsop Residence Byraniky	, M. D.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	61/2	
11. Residence	College short Ward	No. 2 2d
13. When a m	inor Name of Mother Him alice Columns Name of Father from Columns	wan (Dead)
	ntended interment Fairvisco Cam ntended interment June 8" 1899	relary
Date of Certific	Guall Brown	, Undertaker.
*		
		months of the section

Hannah Collett, 1893

191)				18
This Constitutes 0	ne Certificate to be Ret	urned to the Cit	y Clerk for a Burial P	ermit.
RE	TURN O	FAI	EATH.	
DHV	SICIAN'S CERTIFICATE	ррердратору	TO BIIRIAL	
1. Name of dec	reased Mrs	Hauah	ollett.	
2. Sex Fecual	le. 3. Color.	White	l Gollett. 4. Age 7	5
5. Married or s	ingle Mid	ow		
6. Date of Deat	th april	2-189	1	
7. Cause of De	ath Con	arque	nces of o	ld ag
8. Duration of	last Illness	de.	resoft	e
	10	12m	- gap	, M. D.
	Residence	/	//	
IINDE	RTAKER'S CERTIFICAT	E IN DELUTION	TO DECEMEN	
ONDE	TIMERS CERTIFICATI		TO DECEMBED.	
9. Occupation				
10. Place of Birt	~ 1 11			*************
11. Residence	Venter St.		Ward No. 2	
12. Time of Res	sidence in the Cit	y		
13. When a Min	Name of Mo	ther		
	Name of Fat	her	0	
14. Place of int	ended Interment	+ano	un Venne	lery
15. Date of inter	nded Interment		3-1893.	
	Ji Co Sun	Transcription of the second	Ord-, Und	ertaker.
Date of Certifica	ite April 3	Resider	ice Vity	***************************************
	1			
7				

Martha Collett, 1912

	RETURN OF A DEATH.
	-1243 - Collected
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mus Martha, Collatt.
2.	Sex Francold 3, Color White 4. Age 95 yrs
5.	Married or Single
6.	
7.	Date of death Paralyons.
8.	Duration of last illness-
0.	W.J. M. Curwall, M. D.
	Residence BOWLING GREEN. KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Lad man Law MM.
9. 10.	Occupation Place of birth Land my tow My.
10. 11.	Occupation Place of birth Lax my ton Sty. Residence 5/5 6. 6 hostunt Ward No. Time of residence in the city. 3 days
10. 11. 12.	Time of residence in the city
10.	Time of residence in the city. 3 clays When a minor Name of Mother. Name of Father. Fathering (Cometers)
10. 11. 12.	Time of residence in the city. 3 clays When a minor Name of Mother. Name of Father. Place of intended interment.
10. 11. 12.	Time of residence in the city
10. 11. 12.	Time of residence in the city. 3 days When a minor Name of Mother. Name of Father. Place of intended interment. Sapt 9"191" Date of intended interment. Sapt 9"191" Liver Sand Sand Sand Sand Sand Sand Sand Sand
10. 11. 12. 13.	When a minor Name of Mother Name of Father Place of intended interment Name of Father Place of intended interment

Colliers infant, May 24

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY I BURIAL.
1.	Name of Deceased Collery
2.	Sex Lic . 3. Color Bek . 4. Age 10 Days
5.	Married or Single
6.	Date of Death May 24/L
7.	Cause of Death Defraction not known
8.	Duration of last Illness / & Duys
	In melan pool, M.D.
	Residence Saw it over
	Resmence Court Control
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
	Occupation
10.	Occupation Place of Birth
10, 11.	Occupation Place of Birth Residence Ward No. 2
10, 11.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Residence
10. 11. 12.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City (Name of Mother)
10. 11. 12.	Occupation Place of Birth Residence
10. 11. 12. 13.	Occupation Place of Birth Residence
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City When a Minor { Name of Mother 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 Place of intended Interment Date of intended Interment Undertaker.
10. 11. 12. 13. 14.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment

Charles P. Collins, 1880

" This Constitutes ONE	CERTIFICATE to be rev.	e City Clerk for a BURIAL	PERMIT
RET	TURN OF	A DEATH.	
PHYSICIAN'S	CERTIFICATE PI	REPARATORY TO	BURIAL.
1. Name of Deceased	Church	R. Colley	
2. Sex Make	. 3. Color	Weile 4. Age	2 Mout.
5. Married or Single			
. 6. Date of Death	my de 18	N	
7. Cause of Death	Mull	Convulsi	dis
8. Duration of last Illi	11.1	ons	
	P	n. the Com	
	Residence		
UNDERTAKER'S	CERTIFICATE IN	N RELATION TO D	ECEASED,
9. Occupation			
10 Place of Birth	1500		
11. Residence		. Ward	No 3 =
12. Time of Residence i			
(Na	me of Mother	naggin Con	ling
13. When a Minor { Na	me of Father 211	I. Collans	
14. Place of intended In		Wholie Ces	int
15. Date of intended In	- Manh	15-13/880)
	FIL	elsering	, Undertaker.
Date of Certificate		. Residence	
Date of Certificate		. Residence	

Julia Collins, 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mustatia Colleus
1.	Name of deceased White
2.	Name of deceased Mustalia Cyllins Sextremula Good White 4. Age 15 yrs Married or Single Hidren
5.	
6.	Date of death fully 10" 04.
7.	Cause of death Caucel.
8.	Duration of last illness
	J. W Meardon, M. D.
	Residence Ceity
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
0.	Place of birth Irland,
1.	Residence Main, 67 Ward No. 3
2.	Time of residence in the city.
0	When a minor { Name of Mother
.5.	When a minor Name of Father
4.	Place of intended interment & flosiphs builting
5.	Date of intended interment
	Guine Throad, Undertaker
	Julis Illast

William Collins, 1907

320 23-1
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.
ON is Billing
1. Name of deceased William Cailline
2. Sex male 3. Color while 4. Age 28 7
5. Married or single
6. Date of death Let 5 / Sul
7. Cause of death
8. Duration of last illness
M. D.
Residence Control of the Paris
Undertaker's Certificate in Relation to Deceased.
9. Occupation a see-
10. Place of birth County:
11. Residence Ward No.
12. Time of residence in the city
12 When a minor Name of mother That Frank Wade -
13. When a minor Name of father
14. Place of intended interment Janview Court
15. Date of intended interment
Thanky Carant Undertaker.
Date of Certificate
Date of Certificate Residence
Date of Certificate Residence

William Collins, 1907

(Altwa	ys write with ink.) TRANSIT PERMIT.
tw seuca display	TRANSPORTATION OF CORPSE.
	KENTUCKY STATE DEPARTMENT OF HEALTH.
in the same	Transit Permit No. 4829
	PERMIT OF LOCAL BOARD OF HEALTH.
	Department of Health, State of Kentucky.
Th	is Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Tran
-	portation Agent before a body can be shipped.
	In the City Town of Louisville Country of for forson
Sta	te of Kentucky, on this Aufth day of the total 190-
Per	mission is hereby given to Dearword Torn holder of Embalmer's License No. A
tor	emove for burgal at Bololing Grace County of Tharren
On the second second second	te of The truelly the body of William Collins
zvho	died at Louisville Country of Jufferson
on t	he 3 day of the 1907, at A.M. Aged 2 & years months and day
the	cause of death being Engruna which is a Non-Communicable, disease requiring (Communicable or Non-Communicable,)
shif	ment under Rule No of the Rules of the Kentucky State Department of Health for the Transportation of the dead
as f	rinted on the back of this Permit.
Na	ne of person in charge of Transit. Signed Afeline of
Carlotte St. Control	Registrar of Records of the Department of Health
- FINE PRO 18	W.M. Lewis

William Collins, 1907



TRANSPORTATION RULES

Elmore Colman, 1907

24
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
* 307
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Elmare Colman
2. Sex male 3. Color black. 4. Age 12
5. Married or single Single
6. Date of death Sept. 1 4 - 190 Juperculous 7. Cause of death Medesels follower by Subirculous
8. Duration of last illness
O.D. Portic , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation ————————————————————————————————————
11. Residence Kenton St Ward No,
12. Time of residence in the City. 5 47
13. When a minor \ Name of Mother
(Name of Father John Colman)
14. Place of intended interment make mariak lemetry
15. Date of intended interment West 5 - 1907
15. Date of intended interment Sept. 5 - 1907 LE. Skurkendall, Undertaker.
15. Date of intended interment Sept. 5 - 1907 J. E. Slugkendall, Undertaker.
15. Date of intended interment Sept. 5 - 1907 L. E. Slugkendall, Undertaker.

John Colman, 1907

	DECEMBER OF A DEACTI				
	RETURN OF A DEATH.				
	Physician's Certificate Preparatory to Burial.				
1.	Name of deceased John Colman				
2.	Sex male 3. Color black 4. Age 61.				
5.	Married or single married				
6.	Date of death Color 2 2 2 - 0 7				
7.	Cause of death				
8.	Duration of last illness About Lix WEYES				
	OSSATIA M. D.				
	Residence Si Green Sty				
	Undertaker's Certificate in Relation to Deceased.				
9.	Occupation Labourer				
10.	Place of birth 26-arrest Co.				
11.	Residence Mentan St Ward No. 7				
12.					
	When a minor Name of mother nancy Colman				
13.	2.6.1.1				
13. 14.	Place of intended interment M. Morah Conder				
14.	Date of intended interment Q of 24 - 1907				
14. 15.	Date of intended interment Q & 24 - 1907 / Les Olingkinds Cundertaker.				
14. 15.	Date of intended interment Qet 24 - 1907				

Wilson Colter, 1910

ale.
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Vilson Coltr. 2. Sex male 3. Color Col 4. Age 8.7
5. Married or single Marked
6. Date of death Sefst, 3 - 1910.
7. Cause of death Offel Ryge
8. Duration of last illness
Residence 13/6 main of
Undertaker's Certificate in Relation to Deceased.
9. Occupation Ommon J. C. J.
10. Place of birth (PARTICIAL)
11. Residence 3.2.9 - 4 8 Ward No. 3
12. Time of residence in the city 7
12. Time of residence in the city
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
12. Time of residence in the city
12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment Undertaker.

Jesse Comfort, 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.
Just Courtes
1. Name of deceased
2. Sex 3 Color Will 4. 'Age Stuff's Married or single 4. 'Age Stuff's Age Stuf
6. Date of death Avered 11 1508
7. Cause of death Cause of tions
8. Duration of last illness
, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Marine Ceoury
11. Residence Hydballa lower Ward No.
12. Time of residence in the City. (Name of Mother
13. When a minor Name of Father
14. Place of intended interment
15. Date of intended interment
Hawa fay J., Undertaker.
Date of Certificate Residence

Jesse Comfort, 1908

(Always write with ink.)	TRANSIT PERMIT.
TRA	ANSPORTATION OF CORPSE.
	KENTUCKY STATE DEPARTMENT OF HEALTH.
Bank of Blooms	Transit Permit No. 2 2
	PERMIT OF LOCAL BOARD OF HEALTH.
	Department of Health, State of Kentucky.
This Permit must be prope	erly signed and presented, with Undertaker's Certificate, to the Raitroad, Express or other Tran portation Agent before a body can be shipped.
In the Law	on bligabelhlown country of Hordin
(City, Town or V State of Kentucky, on this	
Permission is hereby given.	O. H. Dye holder of Embalmer's License No. 6.7.
to remove for burial at	Bawling freen country of Noracy
State of 17 des	he ed ray the body of Jase to any or
who died at Q. L.	County of Box design
on theday o	17
the cause of death being	which is as Non Sandy disease requiring Communicable or Non-Communicable.) of the Rules of the Kentucky State Department of Health for the Transportation of the dea
as printed on the back of the	The first and the strong control of the strong and
as printed on the back by the	PENST Lel vas
Name of person in charge of	Registrar of Records of the Department of Health
OPZ	of the State of Kentucky

TRANSPORTATION RULES

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

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

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

orfices with absorbent cotton, and (c) washing the body with the disinfectant, all of the counts be done by an embalmer holding a certificate as such, issued by the State of Principal Board of Health, or other state or provincial authority provided for by law.

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

For interstate transportation under this rule only embalmers holding a license issued or approved by the State or Provincial Boards of Health, or other state of provincial authority provided by Jaw, after examination, shall be recognized as competent of the search of the

spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping embalmer to the health officer, or when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

embalmer to the health officer, or, when there is no health efficer, to other competent authority at destination, advising the date and train on which the body may be expected.

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

Rug 7. When bodies are shipped by express a transit permit as described in Rule 6 must be made out in duplicate. The undertaker's certificate and paster of the original shall be detached from the transit, and be delivered with th

George R. Comingore, 1900

	28
This Constitutes One Certificate to be Returned to the City Clerk for a Burjal Per	mit.
RETURN OF A DEATH.	
WEST AND THE PROPERTY OF A SECURE OF THE PROPERTY OF THE PROPE	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased George R Comingore	
2. Sex male . 3. Color white. 4. Age 75 4	tars
5. Married or single married	
6. Date of death Oct 11 1900	e.
7. Cause of death Sty first rophy of the Prostate	I have
8. Duration of last illness & NEKS ARSefel . 1	M. D
The state of the s	м. D.
Residence 829 State 14	minimized
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth	
11. Residence College, St Ward No. 2	
12. Time of residence in the City	
Name of Mother Name of Father	
14. Place of intended interment Indiquapolis. And,	
15. Date of intended interment det 3 1/1900.	
Gerard Great , Unde	rtaker.
Date of Certificate Oct, 2/1900. Residence	
	and the same

Alex Compton, 1909

	29
400	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEATH.
	-718
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. N	ex male 3. Color leal 4. Age 70 gro
5. M	Tarried or single married
	Date of death 2001 6 - 1909
	ause of death
8. I	Duration of last illness
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. (Occupation Laborer
10. I	Place of birth allew County Ky. Residence put wood one, Ward No.
11. I	Residence put wood are. Ward No.
12. 7	Time of residence in the City. about & Jeans
13. V	When a minor Name of Mother Name of Father
14. 1	Place of intended interment Ohood kurn Ky
15. I	Date of intended interment 200 7 - 19090
	& & Skuykendace, Undertaker.
Date	of Certificate 2000, 8-09. Residence
-	Seventh & college St

Edward Compton, 1913

of deceaseded or single	Sing la			
of deceaseded or single	Edward Single FEB 14	t. Com		Age 2/ 415.
of death	FEB 14		ptvn 4.	Age 2/ y 13.
of death	FEB 14		4.	Age 2/ ys.
of death	FEB 14			
of death	FEB 14	1913		
of death O	lesTrue	Charles and the second		
ion of look ills		Tions o	s Vo	wels.
ion or tast int	ness 9 07	aura D		
ion of hase in	TODOL WILLIAM THE CO	150	HER)
				/
	Reside	ence.	um	7,-
pation	Lantuck	/ _		
of birth	57/2 H	va Ku		
lence	0	days		Ward No
of residence	in the city	South	Engli	and
n a minor N	ame of mothe	AR	h h	ten .
(N	ame of father	wither 2	Gener)	Ku
of intended	interment 2	alm 14	-1013	7
of intended i	GERAL	RD & GI	ERARD.	Undertaker.
outificate F			Residence.	
	patione of birth lence of residence N	pation of birth of residence in the city Name of mother Name of father of intended interment	pation of birth Manthesty e of birth Manthesty lence Smiths June My Name of mother Sarah Name of father of intended interment July 13	Name of mother Sarah English a minor Name of father Sunth

Susan Compton, 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 Mis Susan Comptin
2.	Sex funda. 3. Color White . 4. Aged / Years
5.	Married or Single Married -
6.	Date of Death Mar 267
7.	Cause of Death Ruerperal Jewer
8.	Duration of last Illness de Clays
	Porter & Thomas, M.D.
	Residence Doulingha
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
10.	Place of Birth Simpson County
11.	Residence Shan & Street . Ward No. 2
12.	Time of Residence in the City 3 200
	(Name of Mother
13.	When a Minor { Name of Father
14	Place of intended Interment Hairne Cent
15.	Date of intended Interment Man 26 1879
	On -66 0
71	Undertaker.
1)	ate of Certificate Man 25 = Residence
	. Democrat Print.

Child of W. H. and Susan Compton, 1879

	RETURN OF A DEATH.
	PHYSIC AN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased No name : Compton
2.	Sex Female . 3. Color Tuhile . 4. Age one day
5.	Married or Single Lingle
6.	Date of Death March 22 1879
7.	Cause of Death LySpania
8.	Duration of last Illness one day
	J. Tille Elioy . M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9.	Occupation
9. 10.	Occupation Place of Birth Souling from
9. 10. 11.	Occupation Place of Birth Souling form Residence . Ward No. 32
9. 10. 11.	Occupation Place of Birth Surling from Residence Ward No. 32 Time of Residence in the City
9. 10. 11.	Occupation Place of Birth Surling from Residence Ward No. 32 Time of Residence in the City
9. 10. 11. 12.	Occupation Place of Birth Surling on Ward No. 32 Residence . Ward No. 32 Time of Residence in the City When a Minor Name of Mother Susan Compton Name of Father W H Compton
9. 10. 11. 12. 13.	Occupation Place of Birth Surling on Ward No. 32 Residence Ward No. 32 Time of Residence in the City When a Minor Name of Mother Susan Compton Name of Father W H Compton Place of intended Interment Formul Cur
9. 10. 11. 12. 13.	Occupation Place of Birth Surling on Ward No. 32 Residence Ward No. 32 Time of Residence in the City When a Minor Name of Mother Susan Compton Name of Father W H Compton Place of intended Interment Formul Cur
9. 10. 11. 12. 13.	Occupation Place of Birth Surling on Ward No. 32 Residence Ward No. 32 Time of Residence in the City When a Minor Name of Mother Susan Compton Name of Father W H Compton Place of intended Interment Formul Cur

Ned Conaley, 1891

350	13
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Ned Conceleg 2. Sex Male . 3. Color White . 4. Age yoyrs 5. Married or Single Many	
2. Sex Male . 3. Color White . 4. Age 70412	/
5. Married or Single Manuel	
6. Date of Death 212/89/	
7. Cause of Death San Isal	
7. Cause of Death Sers Critics 8. Duration of last Illness 3. M. D.	
· BAMILLER, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Labour	
10. Place of Birth Beleure	
11. Residence Drohman Rus . Ward No. 4th	
12. Time of Residence in the City	
13. When a Minor.	
Name of Father	
14. Place of intended Interment It Is Court	
15. Date of intended Interment 200 23 1891	
Hount Chang, Undertaker.	
Date of Certificate $\int \frac{\partial \mathcal{L}}{\partial \mathcal{L}} = \frac{23/9}{2}$. Residence	

Julia Conk, 1891

autoftown 34
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Missi Julia Court
2. Sex Huna les. Golor Mite 4. Age 14 ys.
5. Married or Single Lingle
6. Date of Death Apr 18" 189
7. Cause of Death Malarial five
8. Duration of last Illness Jour days
O.J. Hewillay, M. D.
Residence Bawling Grew Sty,
9. Occupation 10. Place of Birth Warrey Co.
12. Time of Residence in the City our mouth
13. When a Minor. Name of Mother
14. Place of intended Interment There forks Warrento
15. Date of intended Interment 19/9/
Hallard Findertaker.
Date of Certificate # 19" /9/Residence City?

David Conkling, 1878

RETURNOFADE ATH. PHYSICIANS CERTIFICATE PREPARATORY TO URIAL. 1. Name of Deceased Lawid Conkling. 2. Sex Male 3. Color white 4. Age ten me	
PHYSICI S'S CERTIFICATE PREPARATORY TO URIAL. 1. Name of Deceased Lavid Conkling	
1. Name of Deceased David Conkling	
2. Sex Male 3. Color white 4. Ago ten me	
	ulis
5. Married or Single Single	
6. Date of Death March 13 1878	
7. Cause of Death JMenmonia	
8. Duration of last Illness Three weeks	
Residence Grider Ist	D.
Residence Juder Gal	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Ohile	
10. Place of Birth Harre Co	
11. Residence Shant Sty . Ward No. 2	
12. Time of Residence in the City 6 Weeks	
13. When a Minor { Name of Mother Afrel "	
14. Place of intended Interment Oleymoler	
15. Date of intended Interment 14 11 Melk 18/8	
Date of Certificate Which, 14 28 . Residence State &	er.
The of conjune they for the file of the the	
Pantagraph P	rint.

Josephine Conkling, 1880

	RETURN OF A DEATH.
	Conblin
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Jose phine Cankling
2.	Sex Female . 3. Color while . 4. Age 33 gry
	Married or Single Married
6.	Date of Death April 16 1880
8.	Duration of last Illness two years I Helloy, M. D.
	I F. Michay W. D.
	Residence Residence
	nesmence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9,	Occupation
10.	Place of Birth Warm Co
11.	Residence
	Time of Residence in the City
13.	When a Minor Name of Mother
	Place of intended Interment Hourson Cecut
15.	Date of intended Interment Up 1
	, Undertaker.
1)	ate of Certificate Cfm (7-80. Residence

John Conley, 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 of ohn Corley Conley				
2. Sex male 3. Color lal 4 Age 45				
5. Married or single married				
6. Date of death fully 26 - 1908 7. Cause of death achite indigistion				
8. Duration of last illness a flece having It. C. C. M. D.				
Residence				
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.				
9. Occupation Barber 10. Place of birth Celkton Kee.				
10. Place of birth Celeton Mry. 11. Residence Burks Alley Ward No. 3				
12. Time of residence in the City. June of Mother				
13. When a minor Name of Mother Name of Father				
14. Place of intended interment Cellion Sky. 15. Date of intended interment July 27-1808.				
13. Date of Intended Interment y way of - 100.				
J. J. Kulfkendud intertaker.				
Date of Certificate & Start Residence The College St.				
J. E. Kulfkendud Indertaker.				

Warren County, Kentucky Death Records, Box 1, Folder 7 (Col to Cu) Catherine Connally, 1912

	RETURN OF A DEATH.
4	130/
	Physician's Certificate Preparatory to Burial.
	mrs Catharine Counally
1. 2.	Name of deceased While anyon
	Name of deceased Mrs. Catherine Connally Sex Junals 3. Color While 4. Age 90 yrs. Married or Single
5.	Married or Single Date of death DEC 1 8 1912
6.	Date of death Old age & neglect
7.	
8.	Duration of last illness Devend weeks
	, M. I
	Residence Sauling Mulley
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Mus
10.	Place of birth
11.	Residence 4 2 7 Ward No. 9
	Time of residence in the city-
12.	
	When a minor { Name of Mother
12. 13.	When a minor Name of Father San has have have
12. 13.	Place of intended interment of forms has brunching
12. 13.	Place of intended interment Au. 19"1912 Date of intended interment Au. 19"1912
12. 13. 14. 15.	Place of intended interment of forms hs, formating

Catherine Conner, 1911

This Constitutes One Contillants to be Determed to the City City for a Build Devote
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased M. Cathurius Conner. 2. Sex funds 3, Color 4. Age funds 5. Married or single Willows 6. Date of death Frey 4" 1911. 7. Cause of death Cyanic Strast Wasser 8. Duration of last illness Suddan, Residence ROWLING GREEN. KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Surfam 11. Residence Country St Ward No. 2
12. Time of residence in the city 50 years
13. When a minor Name of mother Name of father
14. Place of intended interment St. Joseph's Complete
15. Date of intended interment Laby, 6"1911.
Date of Certificate Fuly 6"1911. Residence

Patrick S. Conner, 1898

1146 40
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
NAMES AND ADDRESS
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Particles, Country
2. Sex Hall . 3. Color White . 4. Age 68.
5. Married or single Manual
6. Date of death July 25", 98,
The state of the s
8. Duration of last illness 1, 3, Wught, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Ireland.
11. Residence 217 Center sh. Ward No. 2 2d
12. Time of residence in the City 40 yrs,
13. When a minor \ Name of Mother
Name of Father
14. Place of intended interment Styll Survey 198
15. Date of intended interment SMA Line M. Undertaker.
Date of Certificate July 26/2 Residence
1 178,

Roger J. Connors, Jr., 1907

#149 This Constitutes One Certificate to be Returned to the City	Clerk for a Burial Permit.
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY	
1. Name of deceased Rogar & Connor White 2. Sex Mala 3. Color White 5. Married or single Surgle	s. fr. 4. Age / day.
6. Date of death Parth	
7. Cause of death Canada Service Service Service Residence	, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION	TO DECEASED.
9. Occupation 10. Place of birth Brilling Gran	Ny.
11. Residence 3	J. Commons,
14. Place of intended interment	Convers.
GERARD & C	GERARD. , Undertaker.

John Conry, 1908

42-1
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 S Course
1. Name of declared John Coury, 2. Sex While 3. Color Mala 4. Age 34
5. Married or single,
6. Date of death R. R. accident
8. Duration of last illness Diskill Thuynolds
8. Duration of last illness Diskill Theynolds M. D. Residence Marion, Ky.
Residence Conwitting 1781 All
Undertaker's Certificate in Relation to Deceased.
9. Occupation R. R. Employe
10. Place of birth
12. Time of residence in the city
13. When a minor Name of father Name of father
14. Place of intended interment of Josephs Cumulary
15. Date of intended interment May, 8"1908.
GERARD & GERARD, Undertaker,
Date of Certificate May 8/1908. Residence BOWLING GREEN, K

John Conry, 1908

	TRANSPORTATION OF CORPSE.
	Transit Permit No. (GIVE STATION NO.)
Name of decea	PHYSICIAN'S OR CORONER'S CERTIFICATE. ased John Conroy, Date of Death May, 6th, 1908
	n M. Age 34 Years Months Days
	h Marion Ky. Cause of death R. R. Accident,
which is a	non-communicable or non-communicable.) certify that the above is true to the best of my knowledge and belief.
	A.J. Diskill & J. L. Reynoids M. D. or Coroner.
Residence Mar	rion Ky. County of State of
	nust be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped. Y
	Tenn. on the 7th, day of May 1908
	hereby given Dorris, Karsch, & CO. Undertaker or Embalmer,
	burial at Bowling-Green in the County of Warren
State of	Ky. the body of John Conroy.
who died at	Warion. County of Crittinton State of Ky.
The second second	day of May 190 81 ged 34 Years Months Days,
on the 5th	
THE RESIDENCE OF THE PARTY OF T	is hereby authorized to accompany said remains.
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	

Thomas Henry Conry, 1910

43-1
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Thomas Hurry Canry
2 Sex Male 3 Color White 4 Age 564 is
5. Married or Single Married
6. Date of death Nav 30-1910
7. Cause of death Pavalysis agraces
8. Duration of last illness
Wallehingen 3, M. D.
Residence Maskaelle Surg
Undertaker's Certificate in Relation to Deceased.
OB1
9. Occupation Wongmus
10. Place of birth
11. Residence Markwille Ward No
12. Time of residence in the city.
13. When a minor Name of Mother Name of Father
14. Place of intended interment A Varyote Currency
15. Date of intended interment Dev 2-1910
Tirant Turnel, Undertaker.
Date of Certificate 12-210 Residence Cuty

Thomas Henry Conry, 1910

,"						
	Ž.		(ORIGI	NAL)	TRANSIT	PERMIT No
		11	PLACE OF DE	ATH.		DEPARTMENT OF COMMERCE AND LABOR.
						Bureau of the Census. STANDARD CERTIFICATE OF DEATH.
	or		mn		•	STATE OF TENNESSEE.
-00 Jo	Village Or (If death occurred in a hospital or institution give its NAME instead of street and number.) 2 FULL NAME Thomas Henry Coury					
of	2 FUI	J. NAMI	d	LII DELE.SI	tenry donry	
7					PARTICULARS.	MEDICAL CERTIFICATE OF DEATH.
Exact star	Mai		White	W OI	RRIED, Marrieo BOWED, Marrieo BOWED, Marrieo Bowent Bowent	16 DATE OF DEATH NOV. 30 1910
xact	6 DAT	E OF BI	RTH			for many months to nor 30th 1910.
			Ink	(Month)	,18.5.7. (Day) (Year)	that I saw here, alive on Mort 30 12 , 1910.
classified.	7 AGE				IF LESS than	and that death occurred, on the date stated above, at A
eras		.56.	yrs m	osds.	1 day,hrs.	Caralysis Agitans
rly	8 OCC (n)	UPATION Trade, 1	rofession, or	1788		· · · · · · · · · · · · · · · · · · ·
properly ate.			profession, or kind of work. nature of ind		eer	
be p	wh	ich empl	establishmen oyed (or empl	t in oyer)		(Secondary) Many year, I do not Prices
ie a	9 BIR	THPLACE	E ountry)	Engla	and	(Duration) yrs mos ds.
it m		10 NAME FATH	OF ER			Acer 15, 1914 (Address) Machaelle Jonn
that	90	11 BIRTI	HPLACE	Patri	ch Conry	* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental,
08 S	PARENT	OF FATHER) (State or country) Ireland			rd	Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Tran-
tion	PAR		EN NAME OTHER	2.0		sients, or Recent Residents.) At place In the
struct.		13 BIRTI	IPLACE	Nappie	McGuire	of deathyrsmosdsStateyrsMosds
a pla	al stronger	OF MC	OTHER Or country)	Irelar	nd	if not at place of death?
Se	14 TH	E ABOVI	E IS TRUE TO	THE BEST	OF MY KNOWLEDGE	PLACE WHERE REMAINS ARE TO BE SENT. Date of Shipment
DEAT	(Informant)Hrs			H.,.	Bonay	
OF I	-	(ddress)		711.AI	J.i.sonst	Rowling Green Ky Disc. 11910 SHIPPING UNDERTAKER ADDRESS
SE	Filed		1	91,		Dorris Karsch Co. City
CAL			THESE S	PACES ARE	TO BE FILLED OUT	FIRM NAME. BY THE RECEIVING UNDERTAKER.
tarte ON 1	PLAC	E OF BU		ACISS ARE	TO BE FILLED OUT	191
ATE			CE	METERY.		Date of Burial. Name of Undertaker in Charge of Burial.
should sta	RULE	1. The				Bubonic Plague is absolutely forbidden.
			P	ERMIT		BOARD OF HEALTH.
		Parmino	ion la bandin a			ville, Tenn., Dada 1 1910, 19
	above					homes. H. Conry. State of Ky, the cause of death being a
		commi				Rule No 6 of the Transportation Rules as printed on the
	back	of above	certificate, sai	d body being	certified to as having	been prepared in accordance with said rules by an Embalmer
	holdin	ig Licens	e No14.1			Modelles
	Name		n in charge wh company the l		d	Registrar of Vital Statistics, Health officer, or
		M.	e. T. H.	Conry		Secretary of Board of Health.
			The second second		IS TO BE GIVEN	THE PERSON A

Infant of Clyde and W. L. Constance, 1892

408/
This Constitutes one Certificate to be eturned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
1. Name of deceased Infant Constance
2. Sex . 3. Color White . 4. Age
5. Married or Single
6. Date of Death Chay 18 1432
7. Cause of Death Mile Born
8. Duration of last Illness
In Commen, M. D.
Residence
9. Occupation
10. Place of Birth 11. Residence . Ward No.
13 m. 3 c p. 11
o flude
13. When a Minor. Name of Mother Polyole Constance
14. Place of intended Interment Freeziew Com
15. Date of intended Interment Juny 181892
Bathy Hayn, Undertaker.
Date of Certificate . Residence

Bashar Cook, 1896

854 0 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 Bashar 6 ook
2. Sex Male. 3. Color Blk. 4. Age 19 410.
5. Married or single Single
6. Date of Death Fuby, 47/96
7. Cause of Death & MSMM JAMIN
8. Duration of last Illness J. Parter , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Gilly
11. Residence 4 rd Struck . Ward No. 2 st
12. Time of Residence in the City
13. When a Minor Name of Mother Clarolite Cook Name of Father Richard C. Cook
14. Place of intended Interment Mh Moriah Com.
15. Date of intended Interment Fuby 48/1896 Fib, Guard, YBro, Undertaker.
Date of Certificate Fully #7/96 Residence 6 My

Isaac M. Cook, 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 Clacac My Cook
2. Sex mace. 3. Color while 4. Age 27 you
5. Married or single Single
6. Date of death May - 3 - 1308
7. Cause of death Phethiatium Vando carditie
8. Duration of last illness
J. J. Balackburn , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth annua
11. Residence & Struct Chestant 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
THE Way Undertaker.
Date of Certificate

Mrs. J. W. Cook, 1905

41
DETIIDNI OF A DE ATH
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs & M. Goof.
2. Sextruale Color White 4. Age 24
5. Married or Single Maurel.
6. Date of death Pulmonary Thrombus
8. Duration of last illness //2 hffm
J. M. Shoze, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation Function Frad Jann, 10. Place of birth Palace of Street,
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 will 17/05.
Lower Hanned , Undertaker.
Date of Certificate / // Residence Residence

Kittie Cook, 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Talli Cort
2.	Sex Junal. 3. Color PCK . 4. Age 95 years
5.	Married or Single
6.	Date of Death Dea4 1882
7.	Cause of Death Old again
	Duration of last Illness Zun Decen
0.	
	, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Place of Birth Veryne
11.	Residence Summer Sh. Ward No 2
	nesidence
12.	Time of Residence in the City
13.	When a Minor { Name of Mother
LO.	Name of Father
14.	Place of intended Interment Col Cent
15.	Date of intended Interment , Dec 5 1882
	Alleran Undertaker.
De	ate of Certificate Dec 520 2.—Residence

Lewis Cook, 1910

47
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
8/0
Physician's Certificate Preparatory to Burial.
1. Name of deceased Lewis Cook
2. Sex male 3. Color Col 4. Age 30 yrs
5. Married or single married
6. Date of death May 4 - 1910.
7. Cause of death Company to The
8. Duration of last illness.
М. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Common Rate
10. Place of birth Pawling Gill 2
11. Residence 2 m Ward No. 2
12. Time of residence in the city franches life Cook
13. When a minor Name of father Ruch Cook
14. Place of intended interment Mount mariah lem
15. Date of intended interment may 4 - 1910.
2 6 7 Fin Rynda Undertaker.
Date of Certificate May 4-1910 Residence
Date of Continuation of the state of the sta
0 - 7 4 Mollige lt
Ov 7 & Jollige St.
Ovr. 7 x Follige St.

Mariah J. Cook, 1900

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mariah & Conference 2. Sex Megaale. 3. Color black. 4. Age / H.
5. Married or single Single 6. Date of death Proof 1 ft 1950
7. Cause of death Commission Strain S
Residence M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Residence Sund St. Ward No. 2
12. Time of residence in the City.
13. When a minor Name of Mother Shalett leath
14. Place of intended interment The The Control of
15. Date of intended interment July 87 Gov.
Date of Certificate June 4 1908 Residence Bank Long

R. C. Cook, 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.
1. Name of deceased C. C. look 2. Sex male 3. Color look 4. Age about 5. 5. Married or single Ling to Manual 6. Date of death march 5 - 1909. 7. Cause of death Miral Regurgitation 8. Duration of last illness M. D.
Residence Bowling rem Dy
9. Occupation Labour 10. Place of birth Charren Co.
11. Residence Bawling Green Ward No. 2
12. Time of residence in the City. about 45 grs
13. When a minor Name of Mother Eliza Cook Name of Father Fraunt Cook 14. Place of intended interment my mariah cend-
15. Date of intended interment march 7-1909 J. E. Skuyfundall Undertaker. Date of Certificate march 6-09. Residence
Date of Certificate market 6'-09. Residence Con. 7 & Callege St.

Mrs. R. C. Cook, 1900

45-	52
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
ALIUMN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Mrs, R. C. Cook.	
1. Name of deceased Mrs, N. C. Cook. 2. Sextrumber. 3. Color By 4. Age 46.	
5. Married or single Manual Married of Single Manual Manua	
7. Cause of death Dousumption	
8. Duration of last illness	
S. H. Coombs. , M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation of a grant of the start of the	
11. Residence 2 10 Stray . Ward No./	
12. Time of residence in the City	
13. When a minor \ Name of Mother	
Name of Father 14. Place of intended interment Mh. Morrah, Carr,	
15. Date of intended interment May 15" 1900;	
Guard Thurst, Undertaker.	
Date of Certificate May 15/1900. Residence	

Infant of Rich and Charlot Cook, 1878

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased LANG
2.	Sex Sind . 3. Color Myllo . 4. Age I day
5.	Married or Single
6,	Date of Death 22
7.	Cause of Death Unknown! In Therecan
8.	Duration of last Illness & Any
	Im Clarpool, M.D.
	Residence Donker Kry
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth Bowling Gue
11.	Residence . Ward No. 2
12.	Time of Residence in the City
	Name at Mother Charlet Cool
13.	When a Minor Name of Father Rich Cook
14.	Place of intended Interment Col Centry
15.	Date of intended Interment Jan 22 1878
	0 1 6 6 1
	Undertaker.
1)	ate of Certificate Ken L VII & Residence

Sandy Cook, 1892

452 54
This Constitutes one Certificate to le Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Sandy Cools
1. Name of deceased Out of State of the stat
5. Married on Single Married
1. Name of deceased Sandy Color 2. Sex/Hale . 3. Color 3610 . 4. Age 48 978 5. Married or Single Manied 6. Date of Death Scholy "//892
7. Cause of Death Innutrition while
8. Duration of last Illness two weeks
W.W. Bowling, M. D.
Residence Brodwy SI-
B- Brem 2.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Warren County
11. Residence Ward No / = 1. 12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father.
14. Place of intended Interment My Morral Court.
15. Date of intended Interment April 9 "192.
Undertaker.
Date of Certificate 10/91. Residence

Thomas Cook, 1911

RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Name of deceased Thomas Cook
Sex male 3. Color White 4 Age 20.
Married or Single
Date of death Nov. 7,
Cause of death I till lay Live as sind
Duration of last illness & he
John & Gran Cor
Residence Rowling Hum Kng
Undertaker's Certificate in Relation to Deceased.
Occupation Lineman.
Place of birth A saturation
Residence Maryan Town Ward No.
Name of Mother Bar A.
When a minor Name of Father A M Control
Place of intended interment many and town
Date of intended interment 200 x 5
Envola Hilly , Undertaker.
of Certificate Jou 7, 18/1 Residence Powling Free

Vendela Cook, 1893

489 56
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Vendela Cork 2. Sex Junal 3. Color HCK . 4. Age 8 years 5. Married or Single Single
2. Sex Junal 3. Color HCK . 4. Age 8 years
5. Married or Single Single
6. Date of Death March 47 1893
7. Cause of Death Consumption
8. Duration of last Illness
Here Senson, M. D.
Residence 173 Lt 21
9. Occupation
10. Place of Birth
10. Place of Birth Coty 11. Residence 2 on Start Ward No 1st
12. Time of Residence in the City
12. Time of Residence in the City Name of Mother Cherl + Cook
12. Time of Residence in the City 13. When a Minor. Name of Mother Cherl Cook Name of Father Rich 14. Place of intended Interment Mt Munick
12. Time of Residence in the City 13. When a Minor. Name of Mother Cherl Cook Name of Father Rich 14. Place of intended Interment Inthusian 15. Date of intended Interment, March S. 18-93
12. Time of Residence in the City 13. When a Minor. Name of Mother Cherl Cook Name of Father Rich 14. Place of intended Interment Mt Munick
12. Time of Residence in the City 13. When a Minor. Name of Mother Cherl Cook Name of Father Rich 14. Place of intended Interment Inthusian 15. Date of intended Interment, March S. 18-93
12. Time of Residence in the City 13. When a Minor. Name of Mother Cherl Cook Name of Father Rich 14. Place of intended Interment Inthusian 15. Date of intended Interment, March S. 18-93

Wash Cook, 1901

This Constitutes One Cartificate to be Deturned to the City Clerk for a Burial Permit.	300
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Wark lowle	
2. Sex male . 3. Color Hack . 4. Age 66 yr 5. Married or single . Undown	•
6. Date of death Aug - 22 - 1901 7. Cause of death Crownie Kidny Twomble	
7. Cause of death Cronic Kally Swith	1000
8. Duration of last illness Six mutt.	
Do G. N. M. I Residence Cight ST).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
0 0	
9. Occupation Laboror 10. Place of birth ham Co / Cut of y	
10. Place of birth fame Co fame of y	
11. Residence Centur Right Ward No. 27,	
12. Time of residence in the City.	Later Control
13. When a minor Name of Mother Name of Father	
14 Place of intended interment Int Morial Cen	
15. Date of intended interment Aug. 23-1901-	
15. Date of intended interment	er.
Date of Certificate . Residence	

Alfred Cooke, 1910

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 Affirth Cooper
1. Name of deceased Aprill Cooper 2. Sex Mali 3. Color Blil 4. Age 72 yrs. 5. Married or Single Married.
6. Date of death Och 31"1910. 7. Cause of death Bounchitis
8. Duration of last illness Serval months
V. E. Tygnet, M. D.
Residence 1223 Center St Banking Force
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10 Place of hirth Warren Cornely
11. Residence Burn St. Ward No. 3.
12. Time of residence in the city.
(Name of Mother
13. When a minor Name of Mother Name of Father
14. Place of intended interment Mr. Morrah Churatry
Name of Father
14. Place of intended interment Mr. Morrah Churatry
14. Place of intended interment Nov. n"1910. 15. Date of intended interment Nov., n"1910. Surant Hunard, Undertaker.

Annie Cooke, 1879

O SUL	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	-1
	RETURN OF A DEATH.	
	PHYSICIAN'S CERTIFICATE PREPARATON TO BURIAL.	
	Name of Deceased Annie Cooke	
2.	Sex Hemale: 3. Color White . 4. Age 40	
5.	Married or Single	
6.	Date of Death Juniory 18 1879 Cause of Death Ovarior abscess	
7.	Cause of Death Ovarrut absciss	
8.	Duration of last Illness ling months	
	Reshonal, M. I).
	Residence Bowling and Jo	7'
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9.	Occupation	10101100
10.	Place of Birth	
11.	Residence . Ward No. 2	
12.	Time of Residence in the City	
	When a Minor { Name of Mother	
10.	Name of Father	
14.	Place of intended Interment Fournes Com	
15.	Date of intended Interment Jan 1921879	
	Jun Colina Undertaker	
D	ate of Certificate . Residence	•
,,,	. певшенсе	
	Democrat Prin	t.

Buck Cooke, 1878

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased Buck Cook 2. Sex Anala. 3. Color Black. 4. Age 30 yrc 5. Married or single wisdower 6. Date of death By Jurkophy of Heart 7. Cause of death By Jurkophy of Heart 8. Duration of last illness 1. Date of last illness 1. Date of last illness
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased Buch Cook 2. Sex Male. 3. Color Black. 4. Age 30 yre 5. Married or single wisdower 6. Date of death Burneh 4th 1898 7. Cause of death Bygurtrophy 7 Heart 8. Duration of last illness
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased Buch Cook 2. Sex Male. 3. Color Black. 4. Age 30 yre 5. Married or single wisdower 6. Date of death Burneh 4th 1898 7. Cause of death Bygurtrophy 7 Heart 8. Duration of last illness
1. Name of deceased Buch Cook. 2. Sex Male. 3. Color Black. 4. Age 30 yre 5. Married or single widower 6. Date of death Burarch 4th 1898 7. Cause of death Byfurhophy of Heart
2. Sex Male. 3. Color Black. 4. Age 30 yrc. 5. Married or single widower 6. Date of death Rearch 4th 1898 7. Cause of death Dyfurtrophy of Heart
5. Married or single widower 6. Date of death Rearch 4th 1888 7. Cause of death Shydertrophy of Heart
6. Date of death Anarch 4th 1898 7. Cause of death Systemophy of Heart. 8. Duration of last illness.
7. Cause of death Syderhophy of Heart.
8 Duration of last illness
8. Duration of last illness O. D. Porlup, M. D.
() () () () () () () () () ()
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of bir h
11. Residence & ballite
12. Time of resic nce in the City
13. When a minor Name of Mother Name of Father
14. Place of intended interment Mof Morial Com
15. Date of intended interment March 4 98
Thurby Payer, Undertaker.
Date of Certificate Residence

Carrie Coombs Cooke, 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 Carrie Coomor Crake
2. Sex finale 3. Color white . 4. Age
2. Sex final 3. Color White 4. Age 5. Married or single married
6. Date of death Shu 121 1904
7. Cause of death Courseup his
8. Duration f last illness
SW Coomer M. D.
Residence / /
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
10. Place of birth Ward No,
11. Residence Ward No, 12. Time of residence in the City. (Name of Mother
11. Residence Ward No, 12. Time of residence in the City.
11. Residence Ward No, 12. Time of residence in the City. Name of Mother
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father
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
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment
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 2
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 2

Charles C. Cooke, 1910

6
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
11 66.00
1. Name of degeased has, O Office
2. Sex Male 3. Color White 4. Age 28 yes.
5. Married or single Single. 6. Date of death MAY 1 5 1910
0. Date of death
7. Cause of death Chronic Relmonon Juliane
8. Duration of last illness.
BOWLING GREEN, KY
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence has trant 5. Ward No.
12. Time of residence in the city
13. When a minor Name of mother.
13. When a minor Name of father
14. Place of intended interment Rainvium Cannaling
15. Date of intended interment May, 18" 1910.
GERARD & GERARD. Undertaker
Date of Certificate MAY 1 6 1910 Residence Residence

Kate L. Cooke, 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 Miss Kate & Cook
2. Sefunde. 3. Color white. 4. Age 32 years 5. Married or single day 6
7. Cause of Death Organic hear disens & Charine Bright
S. Duration of last Illness , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Queupation
10. Place of Birth Geneva Wyork
11. Residence W Chestrut . Ward No. 12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Zenera W. Yark 15. Date of intended Interment Partin Payra, Undertaker.
Date of Certificate . Residence
)

Maimie Cooke, 1907

	RETURN OF A DEATH.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	——————————————————————————————————————
1.	Name of deceased Mainin Cooke
2.	/
5.	Sexfinal 3. Color white 4. Age 26712 Married or single married
6.	Date of death / / 27 - 1907
7.	Cause of death In perculases
8.	Direction of last ill. Access a set Co.
	7. D. Carlwings M. D
	1)5.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	
11.	Residence O, Chesture Of Ward No.
12.	Time of residence in the city /5 months
13.	When a minor Name of mother Dallie Speans
	Name of father at Agran
14.	Place of intended interment lung Scotline /5
15.	Date of intended interment wash - 34 - 1907
	Loraway Cay Undertaker.
Dat	e of Certificate

Pace Hunton Cooke, 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burlai Permit.	45
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased boen Suntan works	
2. Sex funal 3. Color Nlak . 4. Age 14. 5. Married or single	
5. Married or single	
6. Date of death # \$ 1904	
7. Cause of death Sauffion	
8. Duration of last illness O.D. Paran	
Davidson C. J.	
Residence Continue In Delation to Deceased	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence 2 *** Street*, Ward No,	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence 2 *** Ward No, 12. Time of residence in the City.	
9. Occupation 10. Place of birth 11. Residence 2 Ward No, 12. Time of residence in the City. Name of Mother	
9. Occupation 10. Place of birth 11. Residence 2 Ward No. 12. Time of residence in the City. Name of Mother Name of Father Relation To DECEASED. Ward No.	
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the City. Name of Mother Name of Father Relation To DECEASED. Ward No.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City. Name of Mother Name of Father Policy. 14. Place of intended interment 15. Date of intended interment	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence 2 Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 17. Name of Na	
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 Place of intended interment Date of intended interment Under Name No, Under Name Name No, Under Name Name No, Under Name Name No, Under Name Nam	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence 2 Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 17. Name of Na	

William A. Cooke, 1907

lele
This Constitutes One Certificate to be Retu, and to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 2. Sex Malk 3. Golor 4. Age Thysic 5. Married or single 6. Date of death 7. Cause of death Antero Fibrosia 8. Duration of last illness Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased. 9. Occupation
9. Occupation 10. Place of birth Paris, June. 11. Residence 17 th Thy St. bity Ward No. 2 12. Time of residence in the city 72 yrs.
13. When a minor Name of mother
14. Place of intended interment aug 27" 19" 7. 15. Date of intended interment aug 27" 19" 7. GERARD & GERARD Undertaker.
Date of Certificate aug 27/07, Residence BOWLING GREEN, KY
Messags

Corilla Cooksey, 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 Mrs Corilla Cook Sey
	Name of Deceased Mrs. Corilla Cooksey Sex Telnale . 3. Color white . 4. Age 35 year
	Married or Single Charries
6.	Date of Death Oct 6 1880
7.	Cause of Death Informary Consumption Duration of last Illness One year I Ti Mc Elioy M. D.
8.	Duration of last Illness one year
	I Ti Mickley M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
9. 10 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No
9. 0 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City
9. 0 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City
9. 0 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor Name of Mother Name of Father
 9. 1. 2. 3. 4. 	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 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. 0 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 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. 0 1. 2. 3.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 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. 0 1. 2. 3. 4.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 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

Euclid Covington Cooksey, 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	68
RETURN OF A DEATH. #9/ PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
THISICIAN'S CERTIFICATE TREFARATORY TO DOMAG.	
1. Name of deceased Enclid Covinglan Cooksey	
2. Sex 3. Color White . 4. Age 38	
5. Married or single married	
6. Date of death Quyet 24 1906	
7. Cause of death Consumption Tubreulouist	Tem
8. Duration of last illness Several Jugar	
De Gilson Kansey M.	D.
Residence State Att	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
UNDERTAKER'S CENTIFICATE IN RELATION TO DECENSED.	
9. Occupation	
10. Place of birth	
11. Residence Mest Chestrict - Ward No.	
12. Time of residence in the City.	
(Name of Mother	
13. When a minor Name of Father	
14. Place of intended interment Jairrice	
15. Date of intended interment Conquest, 26 1500	m
Hawley Say Undertak	er.
Date of Certificate . Residence	
Date of Certificate Residence	
Date of Certificate Residence	

Martha Coombs, 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burjal.
1.	Name of deceased Mrs. Martha boom bs. Sex Januala 3. Oglor White 4. Age 76 yrs.
2.	Junala White the
	9// /
5.	Married or Single OGT 2.1 1912
6.	Date of death 4
7.	Cause of death
8.	Duration of last illness
	M. D.
	DOWLING ODDER KA
	Residence ROWLING GREEN, KY
	Residence
	Residence
9.	Undertaker's Certificate in Relation to Deceased.
9. 10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Warry, body.
	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Warry, body.
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Main Sh BOWLING GREEN, KY. Residence Ward No.
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Main Sh BOWLING GREEN, KY Residence Ward No.
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Main. Sp. BOWLING GREEN, KY. Residence Ward No. Time of residence in the city. When a minor Name of Mother
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Main, Sh. BOWLING GREEN, KY. Residence Ward No. Time of residence in the city. When a minor Name of Mother.
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Main, Sp. 80WLING GREEN, KY Residence Ward No. Time of residence in the city. When a minor Name of Mother Name of Father. Place of intended interment Main a p. 100 to p.
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Main St. BOWLING GREEN, KY. 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 Name of Intended interment
110. 111. 112. 113.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Main, Sp. 80WLING GREEN, KY Residence Ward No. Time of residence in the city. When a minor Name of Mother Name of Father. Place of intended interment Main a p. 100 to p.

S. W. Coombs, 1882

WI TO	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	
2.	Sex Maly 3. Color While 4. Age Fifty two yes
5.	Married or Single
6.	Date of Death QCL 145/882
7.	Cause of Death Dysenting
8.	Duration of last Illness Freie weeks
	Hatcher & lecotronift , M.D.
	Residence
	Ticomence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Thysecram
10.	Place of Birth Towling Freen Ky
11.	Place of Birth Towling Green Ky Residence Bowling Green Ward No 3
12.	
13.	When a Minor Name of Mother Elgira Thomas Name of Father & W Coombs
	G \cdot
14.	Place of intended Interment Hair view Ceruling
lō.	Date of intended Interment
	Je Gerard, Undertaker.
	ate of Certificate . Residence
D	

Samuel Coombs, 1907

This Constitutes One Certificate to	be Returned to the City Clerk for a Burial Permit	nı-
RETURN	OF A DEATH	•
PHYSICIAN'S CERTI	ICATE PREPARATORY TO BURIAL.	lo
1. Name of deceased	and Cooms	_
2. Sex male. 3. Co	or white 4 Age 2%.	2 2 24
5. Married or single	·	
6. Date of death	rch 4 1907	
7. Cause of death Za	reppe	
8. Duration of last illness		
ag	iary fr	, M. D.
Resi	ence San autorio la	xar
UNDERTAKER'S CERTI	ICATE IN RELATION TO DECEASED.	
9. Occupation	7	
10. Place of birth	•	
11. Residence Lycas	Ward No,	
12. Time of residence in the City.	1. 1	
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		omb
(Name of Fa	d	
14. Place of intended interment ,	farrow Cing	ь
15. Date of intended interment	way bayon, U	ndertaker.
	D. Harris	
Date of Certificate	, Residence	
Date of Certificate	, residence	

Samuel Coombs, 1907

	HEALTH DEPARTMENT.
	CITY OF SAN ANTONIO, 3/4/
	Permission is hereby granted to transport the body of
Wille	ham Cosombs sex Male Age 21 2 29
	Years Months Days
Nativity	Cause of Death And
Attending 1	Physician or Coroner
Residence	of Physician or Coroner
9 /	(3/0)
Died at San	Antonio, Texas, on the
Destination	Titaralingy Throng, Aly
Shipped by	TOTAL SEED OF THE
snipped by	, Undertaker, in an air-tight Casket.
- It	is hereby certified that deceased died from non-contagious disease.
OTI	ORIEBE. Street
	Undertaker. M. D.

William R Coomington, 1882

This Constitutes ONE CERTIFICATE to be returned to the	e City Clerk for a BURIAL PERMIT
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREP	AD AMERICAN PARTY
1. Name of Deceased Illians	Commedia
2. Sex Mul . 3. Color Min	5 . 4. Age 68 7m
5. Married or Single	
6. Date of Death July 15 th	
7. Cause of Death Cholera Mor	bas
8. Duration of last Illness 30 hours	
JAN 1500	W Commack. M.D.
Residence	
UNDERTAKER'S CERTIFICATE IN RE	ELATION TO DECEASED.
9. Occupation 10. Place of Birth Harnes County	*
9. Occupation 10. Place of Birth Varnes County 11. Residence Court Street	. Ward No /
9. Occupation 10. Place of Birth Varnes County 11. Residence Court Struct 12. Time of Residence in the City	. Ward No
9. Occupation 10. Place of Birth Varnes County 11. Residence County Struct 12. Time of Residence in the City (Name of Mother	. Ward No
9. Occupation 10. Place of Birth Various County 11. Residence Count Stant 2. Time of Residence in the City 3. When a Minor { Name of Mother Name of Father	. Ward No
9. Occupation 10. Place of Birth Harris County 11. Residence Count Struct 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment Harris	. Ward No /
9. Occupation 10. Place of Birth Harris County 11. Residence Court Strict 12. Time of Residence in the City 13. When a Minor { Name of Mother Name of Father 14. Place of intended Interment Hairing	. Ward No /
9. Occupation 10. Place of Birth Varran County 11. Residence County Stude 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment Hairun 5. Date of intended Interment July 167	. Ward No /
9. Occupation 10. Place of Birth Varias County 11. Residence Court Struct 12. Time of Residence in the City 13. When a Minor { Name of Mother Name of Father 14. Place of intended Interment Hairsel 15. Date of intended Interment July 162 Helen	. Ward No / . Cut . (882

George W. Cooper, Sr., 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 Gro. H. Goober, Sv. 2. Sex Male 3, Color White, 4. Age 80 yrs.
5. Married or single Manural 6. Date of death 1915/1906/
7. Cause of death lownsis of the Live. 8. Duration of last illness Werks Mr. Cormack
Residence BOWLING GREEN, KY.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Narrow, Maker, 10. Place of birth Marrow, Co. Ry
11. Residence Church, St, BOWLING GREEN, KY. Ward No. 12. Time of residence in the City. Savarol years
13. When a minor Name of Mother
14. Place of intended interment april 1906. 15. Date of intended interment EEARD & GERARD, Indiana.
Date of Certificate April 6 Residence Residence

Joseph Cooper, 1909

W 7.3 * 35 *
RETURN OF A DEATH.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased forefall Coche
2. Sex male 3. color Cel 4. Age 30
5. Married or single Lingle
6. Date of death march 4 7 / 909.
7. Cause of death Prefumonia
8. Duration of last illness Tay O
DD Dorton M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Laharur
10. Place of birth Lubano
11. Residence Bulling Green Ward No. 6
12. Time of residence in the city Mule your Cooper
13. When a minor Name of mother Out Cooper
14. Place of intended interment of change fry
15. Date of intended interment
L. E. Smyke collected after taker.
Date of Certificate Mulin S - 1409 Residence
The state of the s

Josie Cooper, 1910

15
♥ ♥ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♥ ♥
RETURN OF A DEATH.
907
Physician's Certificate Preparatory to Burial.
1. Name of deceased his tasie Copy
2 Setsmale 5 Color White 4 Age 65
5. Married or Single Married
6. Date of death Qet 8 /9/0 /5
7. Cause of death Mandotte Caremona of antrum 8/
8. Duration of last illness one year
. L. M. D. , M. D.
Residence 633 /2 St
Undertaker's Certificate in Relation to Deceased.
Television of Deceased.
9. Occupation
9. Occupation 10. Place of birth Sungson Causty
9. Occupation 10. Place of birth Sungson Caunty 11. Residence Author Ky Ward No.
9. Occupation 10. Place of birth Support Causty 11. Residence Culture My Ward No.
9. Occupation 10. Place of birth Support Caunty 11. Residence Culture Ky Ward No. 12. Time of residence in the city Name of Mother Dant Know
9. Occupation 10. Place of birth Supposer Caunty 11. Residence Multill My Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Dant Muou
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of Mother Dant Curous
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of Mother Dant Lucul Name of Father
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of Mother Dant Constant
9. Occupation 10. Place of birth Supposer County 11. Residence Multility Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Dant Know Name of Father !!! 14. Place of intended interment Cubury / My 15. Date of intended interment Out 9 19 10 Canada Artilly, Undertaker.
9. Occupation 10. Place of birth Supposer County 11. Residence Multility Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Dant Know Name of Father !!! 14. Place of intended interment Cubury / My 15. Date of intended interment Out 9 19 10 Canada Artilly, Undertaker.

Warren County, Kentucky Death Records, Box 1, Folder 7 (Col to Cu) Ella Cooter, 1899

AN Out officery 30 14
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Ella Coster?
2. Sex funds. 3. Color Block. 4. Age 39yr. 5. Married or single
5. Married or single married
6. Date of death 1111 3 1835
7. Cause of death
8. Duration of last illness W. S. Hamburck M. D.
Residence
ACCITICATION AND ADMINISTRATION
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Man My St . Ward No. 3
12. Time of residence in the City
13. When a minor Name of Mother Name of Father
14. Place of intended interment How Cave Try
15. Date of intended interment Javoh 4 1898 Undertaker.
Date of Certificate, Residence

Mrs. James A. Corbin, 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.
1.	Name of deceased Mrs fos H Osrbur,
2.	Sex Figurals 3. Color White. 4. Age 60 yrs.
5.	Married or Single Married
6.	Name of deceased Mrs. fas. A Corbin, Sex Finals 3. Color White. 4. Age 60 yrs. Married or Single Marrier 6 Date of death July, 15" 1909. Conserved at Complication of Drasses.
7.	Cause of death Was
8.	Duration of last illness Thornatty W.D.
	Residence Paris, Junes 21.
	Residence Paus , Junias 21.
>	· · · · · · · · · · · · · · · · · · ·
*	Undertaker's Certificate in Relation to Deceased.
9.	· · · · · · · · · · · · · · · · · · ·
9. 10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth
	Undertaker's Certificate in Relation to Deceased. Occupation
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Paris, Junuasur Ward No.
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Paris, Junuasur Ward No. Time of residence in the city. When a minor
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Paris, Junuasur Ward No. Time of residence in the city When a minor Name of Mother Name of Father Ward Mother Completely
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Paris, Trumassur Residence in the city Ward No. Time of residence in the city When a minor Name of Mother Name of Father Ward No. Place of intended interment
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Paris, Junuassur 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 Date of intended interment Mary 16 "1909.
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Paris, Tunnassur 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 GERARD & GERARD, Undertaker.
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Paris, Junusus 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 Market 16 "1909.

Mrs. James A. Corbin, 1909

eagle clientings agent door at the copper of militaring and a second	Railroad.
TRANSPO	ORTATION OF CORPSE.
	A STATE OF THE STA
	ENNESSEE STATE BOARD OF EMBALMERS CIAN'S OR CORONER'S CERTIFICATE
Name of Deceased (If mino	es Corbin Date of Death July 15 1909
Hour of Death 5 Q M. As	1ge 60 Years - Months - Days
Place of Death Savis Vann	1 / many ballett and the tent and the best a
Cause of Death Comple estiar of	f deceases - Mon contaguires
I hereby certify that the above is	is true to the best of my knowledge and belief.
	. In Fravis and alternately M. D. or Coron
Residence Far is Then	County of Hing State of Frame for
	F OF LOCAL BOARD OF HEALTH.
This permit must be properly sign	ned, and with Physician's Certificate presented to the Railroad or Expre
Whate is said a contract to	Agent before a hody can be shipped.
In the (City or Tow	vn.)
State of	on theday of19
Permission is hereby given	holder of Embalmer's License No. in the county of
to remove for burial at	in the county of
State of	the body of State of
who died at	County of State of
	19 Aged Years Months Do
md	is hereby authorized to accompany said remains. Health Officer or Sec'y Board of Health.

Ray Leslie Cormack, 1911

78
♥ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♥ ♥
RETURN OF A DEATH.
- 1092
Physician's Certificate Preparatory to Burial.
1. Name of deceased Lay Lesling Carmack 2. Sex Male. 3. Good White 4. Age Mor
2 Sex Male 3. color Mite 4 Age 1 Grav
5. Married or Single Jugue
6. Date of death 04-19-19-1
7. Cause of death Extero-Coulis
8. Duration of last illness 4 moulles
JOHELIE, M. D.
Residence CT
Undertaker's Certificate in Relation to Deceased.
2
9. Occupation Law
10. Place of birth Warner Co. 11. Residence 955 Barr St. Ward No.
/ / Wald No.
12. Time of residence in the city
13. When a minor Name of Father A Carmack
14. Place of intended interment Fairniew Cemelery
15. Date of intended interment
GERARD & GERARD, Undertaker.
Date of Certificate CV/9-1911 Residence City

John B. Cothran, 1891

564	79
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	*
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased John B Cathron	
2. Sex Male . 3. Color White . 4. Age 74	
5. Married or Single Didowen	itire:
6. Date of Death Dec/83/1891	
7. Cause of Death Facial Empipelas	
8. Duration of last Illness / Days	
In I much M. 1	
Residence	
9. Occupation	
10. Place of Birth Kentuly. 11. Residence Carta Stat : Ward No. 3	
12. Time of Residence in the City	
13. When a Minor. Name of Mother	
13. When a Minor. Name of Father	
14. Place of intended Interment Harries Cent	
15. Date of intended Interment Sec 19th 1891	
Flogeron, Undertake	r.
Date of Certificate . Residence	A di atana

John S. Cottrell, 1882

-	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased John S. Cottrull attall
2.	Sex Male. 3. Color White 4. Age 16 yes
5.	Married or Single Fryl
6.	Date of Death Jun 15 tt 1882
7.	Cause of Death Inflammating Brush.
8.	Duration of last Illness The days
	Johnson M. D.
	Residence Bushin Green
	Hesitience
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9.	
9. 10	Occupation
9. 10 11.	Occupation Place of Birth Residence Shar Chestsent Shal. Ward No 2
9. 10 11.	Occupation Place of Birth Residence Shar Chestsent Shal. Ward No 2 Time of Residence in the City 4 44 400
9. 10 11. 12.	Occupation Place of Birth Residence Shar Chesternt Shart. Ward No 2 Time of Residence in the City 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
9. 10 11. 12.	Occupation Place of Birth Residence And Challent Shal. Ward No 2 Time of Residence in the City 4 72 000 When a Minor { Name of Mother Name of Father Lev J. B. Cottage
9. 10 11. 12.	Occupation Place of Birth Residence And Challent Shal. Ward No 2 Time of Residence in the City 4 years When a Minor { Name of Mother Name of Father Les J. B. Cottage Place of intended Interment Acin win Cent
	Place of Birth Residence And Challent Shal. Ward No 2 Time of Residence in the City 4 years When a Minor Name of Mother Name of Father Les J. B. Cottage Place of intended Interment Fair and Cent Date of intended Interment June 16 1882
9. 10 11. 12. 13.	Occupation Place of Birth Residence And Challent Shal. Ward No 2 Time of Residence in the City 4 years When a Minor { Name of Mother Name of Father Les J. B. Cottage Place of intended Interment Acin win Cent
 9. 10 11. 12. 13. 14. 15. 	Place of Birth Residence And Challent Shal. Ward No 2 Time of Residence in the City 4 years When a Minor Name of Mother Name of Father Les J. B. Cottage Place of intended Interment Fair and Cent Date of intended Interment June 16 1882
 9. 10 11. 12. 13. 14. 15. 	Place of Birth Residence Star Children Start. Ward No 2 Time of Residence in the City 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

George M. Couch, 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.
1. Name of deceased To M. Cauch Couch
2 Sex Male. 3. Color White. 4. Age Jq
5. Married or Single & Married
6. Date of death 1 1909
7. Cause of death Carmia
8. Duration of last illness fro E Gray Caneros
Residence Ctry
Undertaker's Certificate in Relation to Deceased.
9. Occupation Irel Layer
10. Place of birth
11. Residence Markwelle Denne Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
14. Place of intended interment Gashville Jun
15. Date of intended interment June 39-1909
GERARD & GERARD, Undertaker.
Date of Certificate full 79 Residence Cary

Annie Cousin, 1910

2	3
This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Annie Cousins	
2. Sex fimale. 3. Color Cal . 4. Age 45	
5. Married or single	
6. Date of death Thay Indicistion	
- Cause of death	
o. Duration of last timess	
B. L. L.	111
Residence Downing Green, &	0
	~
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Hunse ficker	
10. Place of birth Bankling Green	
11. Residence Con The Chest Steet St Ward No. 2	
12. Time of residence in the City. 4 9- 9-	******
(Name of Mother	1
13. When a minor Name of Father John Causin	8
14. Place of intended interment fit. murial Cemel	tr
15. Date of intended interment May 3-19/0.	(
LE Kaykindall, Underta	ker.
Date of Certificate May 2 - 1910 Residence	
Jon 7 7 Callege St	

Richard Cousin, 1901

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceysed Aichard Cousin. 2. Sex Mann. 3. Color Burb. 4. Age 60 5. Married or single 6. Date of death Jahrun, 19/1901. 7. Cause of death Dalvulur Decurses Share 8. Duration of last illness Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth Warry, 60. 11. Residence Park St. Ward N	1.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Richard Cousin. 2. Sex Main. 3. Color Disc. 4. Age be seen as a single. 5. Married or single. 6. Date of death Labrular Dramasa Shran. 8. Duration of last illness Double. Residence. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	8
1. Name of deceased Aichard Cousin. 2. Sex Main. 3. Color Diko. 4. Age be 5. Married or single. 6. Date of death fund, 19/1901. 7. Cause of death Valvular Danasa Fhra. 8. Duration of last illness Aportus. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	S
5. Married or single 6. Date of death fund, 19/1901. 7. Cause of death Valvular Deagues flora 8. Duration of last illness Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	S
5. Married or single 6. Date of death fund, 19/1901. 7. Cause of death Valvular Deagues flora 8. Duration of last illness Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	S
Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	W.D.
Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	м ъ
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Warry, bd.	
10. Frace of offth	
11. Residence Paul St. Ward N	o,
12. Time of residence in the City.	
13. When a minor Name of Mother Name of Father	tiss
14. Place of intended interment	nung
15. Date of intended interment fund of Jarans	Undertaker.
Date of Certificate June 20/90/. Residence	

Dolly Cousins, 1880

RE	TURN OF A DEATH.
Ę.	
	CERTIFICATE PREPARATORY TO BURIAL.
	Sally Causins Course
2. Sex Sanale	. 3. Color Black . 4. Age To yes
	Married
6. Date of Death	Oct 8 1880
7. Cause of Death	Gasthitis
8. Duration of last Il	iness Eight Green the
	I Fi McChon , M.D.
	Residence
UNDERTAKER'S	S CERTIFICATE IN RELATION TO DECEASED.
UNDERTAKER'S 9. Occupation	
9. Occupation	SCERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10 Place of Birth	SCERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10 Place of Birth 11. Residence	SCERTIFICATE IN RELATION TO DECEASED. Ward No. 2
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence	S CERTIFICATE IN RELATION TO DECEASED. . Ward No 2 in the City
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence	S CERTIFICATE IN RELATION TO DECEASED. . Ward No 2 in the City
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence 13. When a Minor { N	in the City Jame of Mother Jame of Father
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence	in the City Jame of Mother Jame of Father
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence 13. When a Minor { N N N N N N N N N N N N N N N N N N	in the City Tame of Mother Interment Interment
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence 13. When a Minor { N N N N N N N N N N N N N N N N N N	in the City Jame of Mother Interment
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence 13. When a Minor { N N N N N N N N N N N N N N N N N N	in the City Tame of Mother Interment Interment

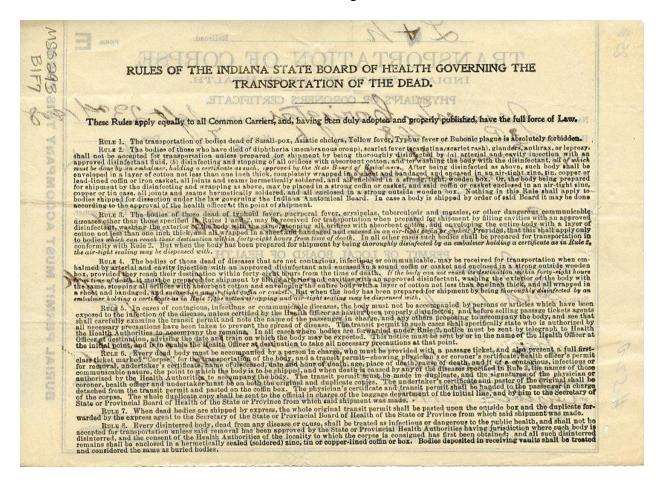
James M. Covington, 1908

	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.
	Name of deceased fas M. Covington Sex Walk 3. Covor Whith 4. Age 48 yrs Married or single Single
1.	Name of decrased fas. M. Cornigion
2.	Sex Mach (3. Copor While 4. Age 48 yrs
5.	Married or single Jugar
6.	Date of death Sun Schot Wound
7.	Oddse of death
8.	Duration of last illness E. Loval lov of Evansville
	Of dood for Movansvelly
	Residence BOWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Occupation
10. 11.	Occupation Place of birth Warraw &S. Residence Gransville Juil, Ward No.
10.	Occupation Place of birth Warran los Residence Gransvilla Judi Time of residence in the city Ward No.
10. 11. 12.	Occupation Place of birth Residence Evansville, Ind. Time of residence in the city When a minor Name of mother
10. 11. 12.	Occupation Place of birth Residence Evansville, Jud, 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 Evansville, Ind. Time of residence in the city. When a minor Name of mother Name of father Place of intended interment Name of mother Place of intended interment
10.11.12.13.14.	Occupation Place of birth Residence Evansville Jud, 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 Name of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Residence Evansville, Ind. Time of residence in the city. When a minor Name of mother Name of father Place of intended interment Name of mother Place of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Residence Gransville Jud Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of in

James M. Covington, 1908

do	Z 1 Railroad. FORM	2
90	TRANSPORTATION OF CORPSE.	RM
	INDIANA STATE BOARD OF HEALTH.	FO
	PHYSICIAN'S OR CORONER'S CERTIFICATE.	lis
	Name of Deceased and Super County to Date of Death Left 23	FO
7	Hour of Death 3 M. Age 7 O Years Days	MY
	which is a true communicately disease.	PA
	(Communicable or non-communicable.) I hereby certify that the above is true to the best of my knowledge and belief.	CCOMP
	D. or Coroner.	CC
	Residence Muswella County of andorby the of Del	A
	PERMIT OF LOCAL BOARD OF HEALTH,	MUST
	This permit must be prespectly signed, and with Physician's Confidente presented to the Rajlroad or Express Agent before a body can be shipped. To the County of an Alexander of the Rajlroad or Express Agent before a body can be shipped.	2
	State of Indicity Trownship) on the 2422 day of Left 1908	ERMIT
	Permission is hereby given C Many 1 7 June 6 holder of Embalmer's Permit No. 0 8	W C
6	to remove for burial at Boothing Online in the Country of the lody of James ne coving first	0.
2	who died at Princeville country of Vander Lingston / Dud	IAI
4	on the 3 2 day of Auf 1408 Aged 8 Years 8 Months Days,	BURIA
#	and Chip the Company said remains.	an a
1	Signed	
	This Form E must be detached and delivered to the person in charge of the corpse, who must also have a burial permit.	

James M. Covington, 1908



Joseph G. Covington, 1908

810
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
will 4 Commaters
1. Name of deceased
2. Sex Male 3. Color Mauril 4. Age #3. 5. Married or single Mauril 4.
Must III Land
6. Date of death
7. Cause of death Occupants
8. Duration of last illness of Dartwensel
Bollean Ru
Residence O. Court III
Undertaker's Certificate in Relation to Deceased.
0
9. Occupation Lawyal 10. Place of birth Warren, County
10. Place of birth Walling County
11. Residence / Ward No. /
12. Time of residence in the city
13. When a minor \ Name of mother
(Name of father
14. Place of intended interment Fairview Cemelery
15. Date of intended interment 447.3".1908.
Date of Certificate May 14/1908 Residence BOWLING GREEN, KY
Section .

Judge Covington, 1879

	8
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	3 1
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Gralge Crington Commenter
2,	Sex Hule . 3. Color Black . 4. Age 4 years
5.	Married or Single
	Date of Death 4 6 25M 1979"
7.	Cause of Death Upinul Miningelis
8.	Duration of last Illness fine Months
	6 % Oneal, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation Q (
	Place of Birth BG
	Residence Mccanic, Dist Ward No. 30
12.	Time of Residence in the City
13.	When a Minor { Name of Mother Bell Cury To. Name of Father
	Name of Father
14.	Place of intended Interment Col Cairing Ly
15.	Date of intended Interment 72275
	Justaker. Undertaker.
D	ate of Certificate 26-1879 . Residence
	Democrat Print.

Kate Covington, 1894

618
This Constitutes One Certificate to be accurred to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Med, Kato Covington,
2. Sex Figural 3. Color Shill 4. Age 60 cms
5. Married or single Marriel
6. Date of Death May 7, 1894
7. Cause of Death Marelisis
8. Duration of last Illness
BH Milliken , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Kyuliteky
11. Residence 12 th street. Ward No. 2 24
12. Time of Residence in the City
Name of Mother
Name of Father
14. Place of intended Interment Harview Comment
15. Date of intended Interment flay, 8"/94.
Howard How Undertaker.
Date of Certificate May & GAResidence

Lizzie Covington, 1899

2 27 27 89
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Lizie Coving low
2. Sex femace. 3. Color Black. 4. Age 32 yra
5. Married or single married 6. Date of death April 18 1879,
7. Cause of death / Consumption of bowle
8. Duration of last illness D. Devlez, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Comounter (30
11. Residence Fair From alleyar 10 th / the Ward No. 1
13. When a minor Name of Mother Name of Father
14. Place of intended interment att horiote
15. Date of intended interment 20 838. Undertaker.
- Date of Certificate Residence

Infant of Mary Covington, 1882

200	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	7)
2.	Sex Gul. 3. Color Blk 4. Age / 525 mg
5.	Married or Single
6.	Date of Death My 12 w/882
7.	
8.	Duration of last Illness Lew Says
	MmClaypool, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
9.	Occupation Place of Birth Bowley Silen
	Occupation Place of Birth Bowley Silen
9. 10.	Place of Birth Bowley Coll Residence Mard No 2
9. 10. 11.	Place of Birth Bowley Coll Residence Mard No 2
9. 10. 11.	Place of Birth Bowley Coll Residence Mard No 2
9. 10. 11. 12.	Place of Birth Bollely Colle Residence Ward No 2 Time of Residence in the City When a Minor Name of Mother MULY College Name of Father
9. 10. 11. 12. 13.	Occupation Place of Birth Bowley Coll Residence Ward No 2 Time of Residence in the City When a Minor { Name of Mother Muly Collyton Name of Father Place of intended Interment
9. 10. 11. 12. 13.	Occupation Place of Birth Bowling Collin Residence Ward No 2 Time of Residence in the City When a Minor { Name of Mother Muly Collins of Name of Father Place of intended Interment Date of intended Interment
 9. 10. 11. 12. 13. 14. 15. 	Occupation Place of Birth Double Science Residence Ward No 2 Time of Residence in the City When a Minor Name of Mother Dull Collision Name of Father Place of intended Interment Date of intended Interment Once the City of the C
9. 10. 11. 12. 13.	Occupation Place of Birth Bowling Collin Residence Ward No 2 Time of Residence in the City When a Minor { Name of Mother Muly Collins of Name of Father Place of intended Interment Date of intended Interment

May Covington, 1882

	This Constitutes ONE CERTIFICATE to be returate to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	
2.	Sex finale 3. Color BIL 4. Age 25 gecs
5.	Married or Single Murried
6.	Date of Death June 1972 1882
7.	Cause of Death Consimption
8.	Duration of last Illness Three Months
	Residence Telle Elegy, M. D.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10	Place of Birth Warner Co
11.	Residence Summ Shet . Ward No 2
12.	Time of Residence in the City
	Name of Mother
13.	When a Minor { Name of Mother Name of Father
14.	Place of intended Interment 60 Court
15.	Date of intended Interment June 20-1882. Undertaker.
De	ate of Certificate June 211 8.2 Residence

Rufus Covington, 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	-1-
	RETURN OF A DEATIN	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1.		
2.	Name of Deceased Kufus Covington Sex mall . 3. Color Black . 4. Age 1 year	
5.		
6.	Married or Single	
7.	Cause of Death Tuburcular mensusitis	***
8.	Duration of last Illness 4 mounts	
	WA Blakely, M.D.	
	Residence	4
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9.	Occupation	
10.	Place of Birth	ana.
11.	Residence . Ward No.	
12.	Time of Residence in the City	
13	When a Minor { Name of Mother	
10.	Name of Father	
14.	Place of intended Interment	-
15.	Date of intended Interment	-
	, Undertaker.	· ·
		から
L	Date of Certificate Residence	

William Covington, 1879

	DEMENDIA		
	RETURN OF	A DEATH.	
NI III	(A)		
	N'S CERTIFICATE		
	Deceased Callague		
	. 3. Color		
5. Married or	ath Dept 5th		
6. Date of De	ath Life 3	1377	
	Death & Cropus	a	
8. Duration of	last Illness / f	04	
		VA Blatali	, M. D.
	Residence		
	nesatence		
	AKER'S CERTIFICATE	IN RELATION TO DE	CEASED.
9. Occupation	AKER'S CERTIFICATE		CCEASED.
9. Occupation 10. Place of Bi	AKER'S CERTIFICATE		
9. Occupation 10. Place of Bi 11. Residence	AKER'S CERTIFICATE	. Ward N	To
9. Occupation 10. Place of Bi 11. Residence	AKER'S CERTIFICATE irth sidence in the City	. Ward N	To
9. Occupation 10. Place of Bi 11. Residence 12. Time of Re	AKER'S CERTIFICATE irth sidence in the City	. Ward N	To
9. Occupation 10. Place of Bi 11. Residence 12. Time of Re	AKER'S CERTIFICATE irth sidence in the City	. Ward N	To
9. Occupation 10. Place of Bi 11. Residence 12. Time of Re 13. When a Mi	AKER'S CERTIFICATE irth sidence in the City	. Ward N	To
9. Occupation 10. Place of Bi 11. Residence 12. Time of Re 13. When a Mi 14. Place of in	AKER'S CERTIFICATE irth sidence in the City inor Name of Mother Name of Father	. Ward N	To
9. Occupation 10. Place of Bi 11. Residence 12. Time of Re 13. When a Mi 14. Place of in	AKER'S CERTIFICATE irth sidence in the City inor Name of Mother tended Interment	. Ward N	To
9. Occupation 10. Place of Bi 11. Residence 12. Time of Re 13. When a Mi 14. Place of in	AKER'S CERTIFICATE irth sidence in the City nor { Name of Mother tended Interment_ tended Interment tended Interment	. Ward N	To

Blanch Cox, 1894

66	8 · · · · · · · · · · · · · · · · · · ·
This	s Constitutes One Certificate to be Returned to the City Clerk to a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. N	Name of deceased Blanch lox
	extremely 3. Color Bell. 4. Age & 2 yes
	Iarried or single Single
	Date of Death Oth 67/894
	ause of Death Dy florid Fiver
8. D	Ouration of last Illness O.D. Gorter , M. D.
	Residence loity.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. C	Decupation
	Place of Birth Bow huy breen they -
11. R	Residence Kenthery los. Ward No. 2 = 1
12. T	ime of Residence in the City
	Name of Mother
13. V	Vhen a Minor Name of Father
14. P	Place of intended Interment I mount lever
15. D	Date of intended Interment Oct 7-1894 Floguna of Man, Undertaker.
Date	of Certificate 8 7/94. Residence lesty

Ellen Cox, 1897

10m 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 Ellen Cox.
2. Sex Fundle 3. Color Blk 4. Age 54 yel
5. Married or single History
6. Date of Death June 19" 1897.
7. Cause of Death Commission Cancer of which
8. Duration of last Illness
J.F. M. C. Eling, M. D.
Residence
UNDERTAINED OF PRINCIPAL IN DELETION TO PROTECT
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Sumsburgh My
11. Residence Juntil Chy Sh. Ward No. 7
12. Time of Residence in the City
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended Interment My Morrall
15. Date of intended Interment July 20" 1897
The Descrit 11310, Undertaker.
Date of Certificate MW Lofgy Residence

Felix G. Cox, 1894

644
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Felix I look
2. Sex Male. 3. Color Motite 4. Age \$3 900
5. Married or single Pranied
6. Date of Death 9 2 3 2 1894
7. Cause of Death Neverus Stelling
8. Duration of last Illness & Moulles
Hollicurely, M. D.
Residence
INDEDTRUCTOR CENTURISMENT IN DELECTION TO PROPERTY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Warren County
11. Residence Adam 2t . Ward No. 3
12. Time of Residence in the City 48ars.
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Farrier Com
15. Date of intended Interment June 24 1894
Bruthus Payre, Undertaker.
Date of Certificate Residence

Fort Cox, 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Fort Cot
2.	Sex male. 3. Color white. 4. Age 5-2
5.	Married or Single
6.	Date of death Janu 10, 1910
7.	Cause of death Desease of 76 eart, Brunchity
8.	Duration of last illness from munits
	It don'th, M. D.
	Residence Broken Green.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Farmer
10.	Place of birth Dout Know
11.	Residence Hlanga Ja Ky Ward No.
12.	Time of residence in the city.
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Along of
15.	Date of intended interment 1 1910
	Exachs Milly , Undertaker.
Date	e of Certificate Jun 11-1919 Residence Status

Harriett Cox, 1891

301)
This Constitutes one Certificate to be insturned to the City Clerk for a Burial Permit.
BETURN OF A DEATH.
1. Name of deceased Hamiet Col
2. Sex Junal 3. Color 84BU. 4. Age 844.
5. Married or Single Sugle
5. Married or Single Single 6. Date of Death Sul 2114891 7. Cause of Death Paraly Sis
8. Duration of last Illness Alelung M. D.
Residence
9. Occupation
10. Place of Birth Rules Ky 11. Residence Celly Shelf Ward No. 2
11. Residence Celly Shiff. Ward No. 2
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Mt Munial
15. Date of intended Interment Jun 2011/891
J. Holmand, Undertaker.
Date of Certificate Lin 2a-9. Residence
Date of Certificate Im 2a-9. Residence

Rohda Cox, 1880

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased Cohdu Ch
2.	Sex Lemale . 3. Color Blak . 4. Age 40
5.	Married or Single Suyle -
3.	Sex Lemule . 3. Color Blak . 4. Age 40 Married or Single Suyle Date of Death Dec 15 - 1886
	Cause of Death Consumption
3.	Duration of last Illness
	Afolly (A. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
0	Place of Birth
	Residence . Ward No 2
1.	
1. 2.	Residence
1.	Residence
1. 2.	Residence
1. 2. 3.	Residence
1. 2. 3.	Residence

Sarah A. Cox, 1900

67	10
This Constitutes One Certificate to be Refurned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Tun Sarah a Corx	
2. Sextenau. 3. Color white. 4. Age 69 y 5. Married or single widow	
5. Married or single	
6. Date of death Inhy-11-1900 7. Cause of death Vubriculosis-	
1 0 000 5	
8. Duration of last illness vernal grand-	
Residence	mp.4
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Lounty	75.115
11. Residence State + 6 th 81 Ward No.	
12. Time of residence in the City	
) Name of Mother	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Liview to	
15. Date of intended interment July - 12 - 1800	
Thaway Tay	er.
Date of Certificate Residence	*****
	1001

Virginia Porter Cox, 1904

101
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Principle Community 2. Sex function 3. Color while: 4. Age 70 yr 5. Married or single married
2. Sex funale. 3. Color while: 4. Age 70 you
5. Married or single morning
6. Date of death Quay -28 - 1904
7. Cause of death Hunk Failure
8. Duration of last illness
by Dowill - 6 S. Dowill M. D.
Residence College St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth allu County 11. Residence West Churt und Ward No,
11. Residence Walt Churt und Ward No,
12. Time of residence in the City.
13. When a minor \{ \text{Name of Mother} \\ \text{Name of Father} \]
14. Place of intended interment Francisco Communication of the communica
15. Date of intended interment they 26 19034
Haw Cuy Tongow Undertaker.
Date of Certificate Residence
7

Infant of W. B. and Mattie Cox, 1898

Out of City	102
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Amark 17 12 . Cov., 2. Sex Fundle. 3. Color Maile. 4. Age.	
6. Date of death Siph 27"98 7. Cause of death Still Born.	
8. Duration of last illness A. C. M. right, M. r.).
Residence Bowling Lucy	e,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	,
9. Occupation	
10. Place of birth Adams Shark	
11. Residence . Ward No. 2	
12. Time of residence in the City	,
Name of Mother Histy Matthe ON Name of Father	
14. Place of intended interment Manualle, Sa.	
15. Date of intended interment Summer John John John John John John John John	r.
Date of Certificate September 1988 Residence	ere idi.

Sarah Coyle, 1912

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 Mrs. Sarah, Doyla
2. Sexfunal 3./Color While 4. Age 67 yrs.
5 Married or single Window
6. Date of death MAR 1 2 1912
7. Cause of death Sylac cute talland of Moreone Dripersia
8. Duration of last illness —
THOUSEY DOM.D.
Residence 732 A lak Shreet
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Garren lan Sty 11. Residence Glin St. " " Ward No.
11. Residence 6km 87, 1/ 1/ Ward No.
12. Time of residence in the city survey game.
13. When a minor \ Name of mother
(Name of father
14. Place of intended interment a May 14"1912
15. Date of intended interment
MAR 1 9 1919
Date of Certificate Residence BUWLING GREEN. KY

Russia Craddock, 1907

lost
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Quine Tonaddaex
2. Sexfernace 3. Color orhier 4. Age 25 grants. 5. Married or single for the first of the first
5. Married or single
6. Date of death 15-1807
7. Cause of death actualist faising
8. Duration of last illness / day
M, N, Mil Graken M. D.
Residence Control
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Juni forderice 12
11. Residence Muse fordovice / Ly Ward No.
12. Time of residence in the city any a witter.
13. When a minor Name of mother Name of father N & Coraddack
14. Place of intended interment Muniford soice by
15. Date of intended interment John 15-1807 Laway Day
Date of Certificate Residence Aird at Patter Cally when
She was visting.
·

Maurice Craig, 1912

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 Marring levaing 2. Sex Mall . 3. Color White . A Age 30
5. Married or single Single 6. Date of death July 1 1911
7. Cause of death Wradmia : chronic nephritis
8. Duration of last illness 3 to 4 weeks
Inottillacher, M. D. Residence Rawley Lun My
J my
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Incurre agt 10. Place of birth Murgo In
10. Place of birth House 100 11. Residence Bouling Juin 11, Ward No.
12. Time of residence in the City. Light
13. When a minor Name of Mother Name of Father
14. Place of intended interment Hospital
15. Date of intended interment July 1912
Zerrick okuly, Undertaker.
Date of Certificate July 2, 1912 Residence B. S. M.
return made by undertakers Sep 18, 19/2.

Infant of F. W. and Lizzie Crane, 1905

This Const	litutes One Certificate to be Returned to the	City Clerk for a Burial Permit.
RET	TURN OF A	DEATH.
	PHYSICIAN'S CERTIFICATE PREPARAT	of F.W.+Lizzie
1. Name of dece	V /	Care
2. Sex	. B. Color whee	4. Age eta Brown
5. Married or si	0	100 100 20
6. Date of deat	/ /	18-1905
7. Cause of deat	in sall born	
8. Duration of	last illness	Q This land ND
Her the for	Residence	Putherford , M. D.
l	UNDERTAKER'S CERTIFICATE IN RELAT	TION TO DECEASED.
9. Occupation	th City	
 Place of bir Residence / 	12th Street	Ward No,
	lence in the City.	
13. When a mine	(Numa of Mother	and Comme
14. Place of into	ended interment Farrium	v Caront
	ended interment	18 1906
	Mawl	y Payus , Undertaker
Date of Certificat	e R	esidence

Elmer A. Crawford, 1910

. 107
F & This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. F F
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Elmin a Crawlord
0.1
J. Service . S. Color . Age . Age
0 + 10
6. Date of death Leath Neshuta
8. Duration of last illness Track weeks
Oll Martin
Residence Lawlynghum 12
presidence 2
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Paulus Hrun 16.
12. Time of residence in the city. (Name of Mother
13. When a minor Name of Father a & Crauf
14. Place of intended interment Farmure elec-
15. Date of intended interment 2 pt 23 1910
Enochs & Kelly Undertaker.
Date of Certificate 27 2 3 /9/0 Residence Bligg.

T. J. Crawford, 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Mrs. It beginson, Sex Junial 3. Color Will 4. Age 24 yrs, Married or Single Mauring.
1.	Name of deceased MONS of Control of the Control of
2.	Sex Junale 3. Color While 4. Age 24 yrs,
5.	Married or Single
6.	Married or Single Maurica. Date of death Del 14"04. Cause of death Consumption.
7.	Cause of death Consumption.
8.	Duration of last illness
	J. W. Oarlivight , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	
10.	Occupation Navnu County Place of birthy At
10. 11. 12.	Occupation Place of birthy Warrin Country Residence State St. Ward No.
10. 11. 12.	Occupation Place of birth Residence Ward No. Time of residence in the city Name of Mother
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.	Occupation Place of birth Residence State St. 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 Successful Survivariant Place of intended interment Successful Survivariant

Mrs. Don Creasy, 1909

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Mur Dan Creasy 2. Sex Innaec 3. Color White 4. Age 27- 5. Married or single Married— 6. Date of death Sight 17 oy 7. Cause of death Sight's Burtonitis 8. Duration of last illness tweeths Freathm , M. D. Residence Bawlunghum (M. D. Residence Bawlunghum (M. D. Residence Bawlunghum (M. D. Residence Bawlunghum (M. D. Residence Married (M. D. Residence Mar	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
1. Name of deceased Mur Dan Creasy 2. Sex Amore 3. Color White 4. Age 27- 5. Married or single Married - 6. Date of death Septic Britanitios 8. Duration of last illness weeks Therefore Bawleys M. D. Residence Bawleys M. D. Residence Bawleys M. D. Quantity M. D. Residence Married Married M. M. D. Residence Married M. Ward No. 11. Residence Married M. Ward No. 12. Time of residence in the City. Name of Mother Relation To Deceased. 13. When a minor Name of Mother Relation To Deceased. 14. Place of intended interment. 15. Date of intended interment.	RETURN OF A DEATH.
9. Occupation 10. Place of birth Editions Community 11. Residence Part 1 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	1. Name of deceased Mir Dan Creasy 2. Sex Finale 3. Color White 4. Age 17- 5. Married or single Married- 6. Date of death Septile Britantia 7. Cause of death Septile Britantia 8. Duration of last illness Levels The Real M. D.
10. Place of birth Cantagary Co	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment	10. Place of birth Edmanger Co 141 11. Residence Post 1 4 Ward No.
15. Date of intended interment	13. When a minor Name of Mother A heed and Johnson
	15. Date of intended interment
Date of Certificate Off / Residence	

Joseph Crenshaw, 1879

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 seceased Joseph Creushou
	Sex Male . 3. Color Black . 4. Age
5.	Married or Single Murred
6.	Date of Death June 24 1879
7.	Cause of Death Con Sumption
8.	Duration of last Illness Six Menths
	J. F. McElroy, M. D.
	Residence
	Resilience
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth 13/1
11.	Residence how Water Wor) . Ward No. 2
12.	Time of Residence in the City
13.	When a Minor { Name of Mother
1.1	Place of intended Interment [NC Clrn(
14.	1 acc of monace incinen
15.	Date of intended Interment
	House C Geraa, Undertaker.
L	ate of Certificate . Residence .
	Democrat Print.
	Peliocate Fills.

Lydia Crenshaw, 1907

	RETURN OF A DEATH.
	294
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mala Greushaw
2.	Sexfemale 3. Color While 4. Age 2472
5.	Married or single
6.	Date of death Cugust 20 1701
7.	Cause of death there is myshilis with Complice
8.	Duration of last illness Manual Land
	grekan Joseph M. D
	Residence
*	
	Undertaker's Certificate in Relation to Deceased.
0.20	
9.	0/ 1- 3 == 1
10.	1,000,141,000,000
	Desidence II was III was II was
11.	
11.	Time of residence in the city
11. 12.	Time of residence in the city Name of mother When a minor
11. 12. 13.	When a minor Name of father P. H. Breuskau
	When a minor Name of mother Name of father Place of intended interment Tours Break B
11. 12. 13.	Time of residence in the city When a minor Name of mother Name of father Place of intended interment
11. 12. 13. 14.	Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Undertaker
11. 12. 13. 14.	Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Place of intended interment Name of intended intended interment Name of intended intended interment Name of intended

Fannie Cristopher, 1900

112
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,

RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Farmin Coistopher
2. Sexferrale: 3. Color Bluck. 4. Age 46 yno 5. Married or single widow
5. Married or single midaw
6. Date of death October 9-1900
7. Cause of death
8. Duration of last illness
8. Duration of last illness St Hambrick Dr Hambrick . M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
טווטבאווותבא ז טבאווויסווב זוי אבבוווטוי וס טבטבווטבט.
9. Occupation
10. Place of birth Mounty
11. Residence Jower State. Ward No.
12. Time of residence in the City of year
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
) Name of Father
14. Place of intended interment Calland 1900
15. Date of intended interment
Lawly Jaym, Undertaker.
Date of Certificate

David Crockett, 1891

291)	113
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	*
BETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased David Orocket	
2. Sex male . 3. Golor White . 4. Age /7 year	
5. Married or Single Ling W	
6. Date of Death May 210"/1891.	
7. Cause of Death Mphreil Fire	
8. Duration of last Illness 4 Durly	
Mon' armsell, M. D.	
Residence	
	-
9. Occupation	
10. Place of Birth Ligard County	
11. Residence built sheet Ward No 2 2d	
12. Time of Residence in the City	
Name of Worker & Rocket	1
13. When a Minor. Name of Father	
14. Place of intended Interment Hajrview Cumele	ry
15. Date of intended Interment May 22" /1891.	1
F. Gufus, Undertaker.	
Date of Certificate May 22"/9/. Residence City	

Giles Crockett, 1893

Out of town ? This Consistences One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Giles Crickett
2. Sex Malv. 3. Color BUK. 4. Age of 5 years
5. Married or single Single
6. Date of Death June 29"/93
7. Cause of Death ASth Ina
8. Duration of last Illness
J F 0110 Elsey, M. D.
Residence
THIDD TAKED CONTINUES IN DELETION TO PROPERTY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Huele Driver
10. Place of Birth Centucky
11. Residence Chestrut East Ward No. 1
12. Time of Residence in the City
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
) Name of Father
14. Place of intended Interment fraul Clear Rentacly, 15. Date of intended Interment fram 30 1893
15. Date of intended Interment June 312/893 Hourand Bro, Undertaker.
Date of Certificate . Residence

J. G. Crockett, 1897

1063
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased I back to
2. Sex Male. 3. Color While 4. Age 68 yrs
5. Married or single Manuel 6. Date of Death October 14 1887
7. Cause of Death Heart Dine
8. Duration of last Illness / Much
Residence, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
9. Occupation 10. Place of Birth Chilton /ky
10. Place of Birth Chilton /ky
10. Place of Birth Children / 11. Residence Courter St. Ward No. 2 12. Time of Residence in the City Name of Mother 13. When a Minor
10. Place of Birth Childre /// 11. Residence Courte St . Ward No. 2 12. Time of Residence in the City
10. Place of Birth Childre Hy 11. Residence Could Hy 12. Time of Residence in the City Name of Mother Name of Father
10. Place of Birth Children 11. Residence Courter 12. Ward No. 2 12. Time of Residence in the City Name of Mother Name of Father 14. Place of intended Interment Their reverse Courter 15. Date of intended Interment Color (1987) Manual Manual Place (1987) Multiplication
10. Place of Birth Cariton 11. Residence Cariton Ward No. 12. Time of Residence in the City Name of Mother Name of Father 14. Place of intended Interment Cariton Community 15. Date of intended Interment Cariton Community 16. Date of intended Interment Cariton Community 17. Date of intended Interment Cariton Community 18. Date of intended Interment Cariton Community 19. Date of intended Cariton Cariton Community 19. Date of intended Cariton C
10. Place of Birth Children 11. Residence Coultre St. Ward No. 2 12. Time of Residence in the City Name of Mother Name of Father 14. Place of intended Interment Their Court 15. Date of intended Interment Color (1987) Mattheway Payment, Undertaker.
10. Place of Birth Children 11. Residence Coultre St. Ward No. 2 12. Time of Residence in the City Name of Mother Name of Father 14. Place of intended Interment Their Court 15. Date of intended Interment Color (1987) Mattheway Payment, Undertaker.

Lee Ann Crockett, 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 Mrs Lie am Prachett
2 Sex Female 3, Color White 4 Age 27
5. Married or Single Willaw
6. Date of death July 77-1911
7. Cause of death atterprolises
8. Duration of last illness. / 200
J.M. Stone, M.D.
Residence Bauling Rneue
Undertaker's Certificate in Relation to Deceased.
A/ —/-/
9. Occupation Skausulusur
10. Place of birth
11. Residence Center Ward No. 5
12. Time of residence in the city.
13. When a minor \{ Name of Mother
14. Place of intended interment Pacinical Completes
15. Date of intended interment Auror 23-1911
OFRARD & CERARD , Undertaker.
Date of Certificate Luce 2 "" Residence City,

Clarence Wyley Crofton, 1891

368
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEARM.
the second and the second of
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Claurer Wyley Croften
2. Sex Wal . 3. Color White . 4. Age 17 2000
5. Married or Single Such
6. Date of Death 3/9000 DEC 27 1891
7. Cause of Death Capally from chuls
8. Duration of last Illness That There
Residence multing free M. D.
9. Occupation
10. Place of Birth By Ling In 1
11. Residence // the street . 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 Housevery Countery
15. Date of intended Interment Dec 28-1891
Florel, Undertaker.
Date of Certificate Dec 27/9/. Residence

Dulaney Crofton, 1900

	118
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Per	emit,
RETURN OF A DEATH.	
Management of the control of the con	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of degeased Dulaway Grofton	
2. Sex Male . 3. Color While . 4. Age 14 mil	7,
5. Married or single Jugle	
6. Date of death Oct. 2" 1900.	
7. Cause of death Chronic Meningits	
8. Duration of last illness	
Residence Dowling Gran My	M. D.
Residence Gow My Nru My	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
with the AS year production with A production	
9. Occupation	
10. Place of birth billy of	grammann.
11. Residence addards Short . Ward No. 2	100
12. Time of residence in the City That forth forth	1/
13. When a minor Name of Mother Mu, Laura, Crofe for Name of Father Swarge, A. Crofe for Annual Confessions	
15. Date of intended interment Och 3"1900.	
Grad Gud Shored	rtaker.
Date of Certificate Det 3/1900. Residence	
	and the same

George Crofton, Jr., 1911

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
*	RETURN OF A DEATH.
	1060
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Grouge Cufton St.
2.	Sex Maly, B. Colog White 4. Age 1940.
5.	Married or Single Single.
6.	Date of death Aug. 6" 1911; 11
7.	Cause of death AM. accident, Silled Instantly .
8.	Superior Sup
	Cugunt N Fring
	Residence Bounding Than Ny
	Residence Aller and Aller
	Undertaker's Certificate in Relation to Deceased.
	RR Employer
9.	Occupation Warren Cumber Met.
10.	Place of birth
11.	Residence Ward No.
12.	Time of residence in the city.
13.	When a minor Name of Mother May 14
	Name of Father Fauview Cemetery
14.	Place of intended interment
15.	Date of intended interment
	GERARD & GERARD, Undertaker
Dat	te of Certificate Residence Residence

George Crofton, Jr., 1911

1	1PLAGE OF DEATH STATE BOA	th of Rentucky RD OF HEALTH WITAL STATISTICS TE OF DEATH St.; Ward) [If death occurred in hospital or institution give its MARE instead of street and number.]
-	Personal and Statistical Particulars	Medical Certificate of Death
	3 SEX 4 COLOR OR RACE Single, Marted, Marchael Wildowed, or Divorced (WRITE the word)	16 DATE OF DEATH Assq, 6, 191.'. [Month] [Day] [Year
	G DATE OF BIRTH (Month) (Day), 15-9-2. (Year)	17 I HEREBY CERTIFY, That I attended deceased from
-	7 AGE	that I last saw halive on
	9 BIRTHPLACE (State or country) Warren C LY	The CAUSE OF DEATH* was as follows: Red Rand a cerdent Rilled instantly
	11 BIRTHPLACE OF FATHER LY	- (Duration)yrsmos
	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Contributory
	14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF	(Signed) JM Roleman, M. Carg. 612 , 1617 (Address) Guthric Ky
-	15 PLACE WHERE REMAINS ARE TO BE SENT DATE OF SHIPMENT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Resident At place In the of death
1000000	SHIPPING UNDERTAKER A STORESS ADDRESS	Where was disease contracted, if not at place of death? Former or usual residence.

TRANSPORTATION RULES

Approved and Adopted by the American Association of General Baggage Agents, the Conference of State and Provincial Boards of Health and the National Funeral Directors' Association.

Rule 1. The transportation of bodies dead of smallpox or bubonic plague, is absolutely prohibited.

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

After being disinfected as above, such bodies shall be en-

ing of Kentucky.

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

Rule 3. The bodies of those dead of typhoid fever, puer-peral fever, tuberculosis, or measles, may be received for

peral fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cav-iby injection with an approved distratecting fluid, and washing the exterior of the body with the same, which must be done by a licensed embalmer holding a certificate as provided for in Rulo

Rule 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encared in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from the time of death. If the body cannot reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same by a licensed embalmen, as defined and directed in Rule 2.

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

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, The bodies of those dead from any cause

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

Rule 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transpresent a full first-class ticket marked "corpse" for the transpertation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The undertaker's certificate and paster shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be placed in an envelope, which envelope is to be securely tacked on the coffin box. on the coffin box.

on the coffin box.

Rule 7. When bodies are shipped by express a transit permit must be made out as described in Rule 6. The undertaker's certificate and pester shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express waybill covering the remains, or placed in an envelope, which envelope is to be securely tacked on the coffin box, and be delivered with the body at the point of destination to the person to whom it is consigned.

Rule 8. Every distinguish hady, dead from every discovered.

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

These rules and regulations are hereby adopted, and all others heretofore promulgated, in conflict with the foregoing, are revoked.

By order of the board.

J. N. McCORMACK, M. D.,

December 30, 1910.

Secretary.



Mrs. George Crofton, 1912

RETURN OF A DEATH.
<u> 1177</u>
Physician's Certificate Preparatory to Burial.
Thysician's Certificate Treparatory to Burian
None of deceased Mrs. Grouge Groften
Name of deceased Mrs. Grouge Strother Sex Humalu 3. Color White 4. Age.
Married or single Maurice
Date of death March, 24/1912
Cause of death Inbrueulosis as fur lital
Duration of last illness
Residence Berling Gram Sty.
Residence Boroling Gram Sty.
Undertaker's Certificate in Relation to Deceased.
Oldertaker's Certificate in Relation to Deceased.
Occupation
Place of birth
Residence Luthris Kuntucky Ward No.
Time of residence in the city
When a minor Name of mother
(Name of father Wemetery
Place of Intended Interment May 7.641012
GERARD & GERARD.
e of Certificate May, 46/1917. Residence Residence
e of Certificate Residence

Infant of George N. and S. B. Crofton, 1891

299	124-
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	7
THE REPORT OF THE ACTION OF TH	-7
BETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Infant of Leo Wirfton 2. Sex Wale . 3. Color White . 4. Age	
5. Married or Single	
6. Date of Death June 14/1/89/ 7. Cause of Death Primature Buch	
7. Cause of Death Oumature Buch	
8. Duration of last Illness	
MMClay pool, M. I).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Woodford Sheet 11. Residence Blue Kg. Ward No. 45	
11. Residence Such Ky . Ward No. 45	
12. Time of Residence in the City	
13. When a Minor. Name of Mother AS Croften Name of Father Gun	
13. When a Minor. SName of Father Gune 11 14. Place of intended Interment Fairne Eest.	
15. Date of intended Interment June 1472 1891 His June , Undertake	1*
Date of Certificate Jun 1429/. Residence	

Samuel Crosthwait, 1912

	199
**	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Samuel Brosthwair
1.	Name of deceased White
2.	Sex // Age 4. Age
5.	Married or Single Augh,
6.	Date of death Haby 13" 1912
7.	Cause of death Oursman,
8.	Duration of last illness showing days
	, Dione, M.D.
	Residence BOWLING GREEN. KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation SUWLING GREEN, KY
10.	Place of birth hashing of
11.	Residence Ward No. Ward No.
12.	Time of residence in the city
13.	When a minor \{ \text{Name of Mother} \tag{Name of Mother}
	(Name of Father Fairview Cemetery
14.	Place of intended interment The notice
15.	Date of intended interment
Dat	e of Certificate July 14/19/1 Residence SUWLING GREEN. KY

Annie Crow, 1907

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of deceased bhill of auni, Crom, Crow, Sex 3. Color boll 4. Age 7 Mo. Married or single Juight
	Name of deceased Child of allun, know
2.	Sex Male . 3. Color last . 4. Age 7 mo.
5.	Married or single Dwigle
5 .	Date of death JAN 10 1907
7.	Cause of death // Cause of death
3.	Duration of last illness first briang bornon of, M. D. Residence
	100 6. 2000 6. M. D
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	
9. 0.	Occupation
0. 1.	Occupation
0. 1.	Occupation Place of birth BOWLING GREEN, KY Residence Ward No. Time of residence in the City. 7 Ma.
0. 1. 2.	Occupation Place of birth BOWLING GREEN, KY Residence Morn S., Ward No. Time of residence in the City. Tho. When a minor Name of Mother When a minor
0. 1. 2. 3.	Occupation Place of birth BOWLING GREEN, KY Residence Morn J., Ward No. Time of residence in the City. J. Mo. When a minor Name of Mother Name of Father
0. 1. 2. 3.	Occupation Place of birth BOWLING GREEN, KY Residence Ward No. Time of residence in the City. Name of Mother When a minor Name of Father Place of intended interment
0. 1. 2. 3.	Occupation Place of birth BOWLING GREEN, KY Residence Morn J., Ward No. Time of residence in the City. J. Mo. When a minor Name of Mother Name of Father

James M. Crow, 1891

252
This Constitutes one Certificate to 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 M. Torow.
2. Sexhale J. 3. Color White. 4. Age 20 ms.
5. Married or Single Single
6. Date of Death Lang 2/"/189/. 7. Cause of Death Conventsions
8. Duration of last Illness over paroutho,
Darah Je. Miller J. M. D.
Residence/
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth City
11. Residence State Stuet. Ward No / 24
12. Time of Residence in the City
13. When a Minor. Name of Mother Square Oroce.
14. Place of intended Interment Barren Co Fairvewley
15. Date of intended Interment Jany 22 3 1891
At Olivard & Undertaker.
Date of Certificate Jan 2/9/. Residence City
Died at Jast A mitcheek Residence

Lena Crowdus, 1912

- 10		
	RETURN OF A DEATI	1.
	Physician's Certificate Preparatory to Burial.	
1.	Name of deceased Linea Crowdus	.a
2.	Sex Junde . 3. Color black . 4. Age 20	Typa
	Married or Single Married	
6.	Date of death July 21-1912	
7.	Cause of death Misscarriage	
8.	Duration of last illness 2 4045	
	hostelue,	, M. D.
	Residence Bouling Ince	u/4
	Undertaker's Certificate in Relation to Deceased.	
9.	Occupation	
10.	Place of birth Janua	1
11.	Place of birth Summer of St. 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 County Comete	The key
15.	Date of intended interment July 22" 1912,	
	GERARD & GERARD. Uno	lertaker.
Date	of Certificate July 1917 Residence ROWLING GREE	N. KY
1		

Ruben Ernst Crowdus, 1909

126
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. [Crowdus]
1. Name of deceased Fully Crust Oraulis 2. Sex Male 3. Color Ch 4. Age 4. Age 4. 5. Married or single Crust 6. Date of death 7. Cause of death Manual Sex
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation actor
10. Place of birth Bankly Fren /27
11. Residence My Cely Ward No,
12. Time of residence in the City
13. When a minor Name of Father
14. Place of intended interment III Mariah
i5. Date of intended interment, 25/09
Date of Certificate My 2570 Q Residence 13944

Rubin Crowdus, 1896

843
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Ruha Crowdus
2. Sexmale. 3. Color Bell. 4. Age 60 yrs
5. Married or single manie
6. Date of Death Office 10 1886
7. Cause of Death Usin Paisan
8. Duration of last Illness
J. M. numphy & Musphy, M. D.
Residence 34,Kg
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Lavorer
10. Place of Birth Franklin Thy
11. Residence Ly AA. Ward No. 3
12. Time of Residence in the City 30 July
Name of Mother
Name of Father
14. Place of intended Interment any Maria
15. Date of intended Interment Apr 12 1836
Guttellyn, Undertaker.
Date of Certificate

Will Crowdus, 1900

**	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs Jophia Coutcher Crutche
2.	Name of deceased Mrs Joshia Couleker Crutcher Sex French 3. Color White 4 Age 55
5. 6.	Married or Single
6. 7.	Date of death Ott, 90"04, Cause of death Curumonia,
8.	Duration of last illness , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Stalk St. Ward No.
11. 12.	Residence Ward No.
13.	(Name of Mother
14.	Place of intended interment Think, Country
15.	Date of intended interment Grand Grand
Date	e of Certificate Let 31"04 Residence Lily

Sophia Crutcher, 1904

RE	TURN	1 OF	A	DE	ATH.
1	hysician's C	ertificate Pr	eparate	ory to E	burial.
1. Name o	deceased Mrs	Sophia	. lon	uteh	ex Crutch
2. Sex	wale	Wh	ite		. 55
	or Single	ilow		. 4.	Age
	death Off,	30"04.			
	(Pres	unour	1,		
7. Cause of					
8. Duratio	n of last illness	4 Ardg	evs.		, M. 1
		Residence			
. Ui	dertaker's C			on to De	eceased.
	dertaker's C	ertificate in	Relatio	on to De	eceased.
9. Occupa	tion	ertificate in	Relatio		
9. Occupa	tion Stale A	ertificate in	Relatio		ward No.
9. Occupa 10. Place o	tion Stale A	ertificate in	Relatio		
9. Occupa 10. Place o 11. Resider 12. Time of	tion birth ce Stalv S residence in the	ertificate in	Relation		Ward No.
9. Occupa 10. Place of 11. Resider 12. Time of	tion birth ce Stale S residence in the	cityof Father	Relation		Ward No.
9. Occupa 10. Place of 11. Resider 12. Time of 13. When a	tion birth ce Stalv residence in the minor Name of	cityof Father	Relation		Ward No.
9. Occupa 10. Place of 11. Resider 12. Time of 13. When a	residence in the minor intended interme	cityof Father	Relation		Ward No.

Benjamin L. Cullen, 1904

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
X	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Denjama de
	Name of deceased Zenf & Cullen
2.	Sex male. 3 Color White. 4. Age 56 me
5.	Date of death July 1/- 1904
6.	Date of death July 11-1904
7.	Cause of death Bright Duration of last illness Level Paramete
8.	. Wie Britt , M. D.
	Residence duy
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
0	
9.	Occupation
10.	Occupation Place of birth
10. 11.	Occupation Place of birth Residence East Chestrut St Ward No.
10. 11. 12.	Occupation Place of birth Residence East Chestrato St Ward No. Time of residence in the City.
10. 11. 12.	Occupation Place of birth Residence East Chestrut St Ward No.
10. 11. 12.	Occupation Place of birth Residence East Chestrub St Ward No, Time of residence in the City. When a minor Name of Mother Name of Father
10. 11. 12.	Occupation Place of birth Residence East Chestrato St Ward No. Time of residence in the City. Name of Mother When a minor
10. 11. 12. 13.	Occupation Place of birth Residence Sast Chestanto St Ward No, Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Residence East Chestro & Ward No. Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Tarres Care Date of intended interment Tarres Care Undertaker.
10. 11. 12. 13. 14.	Occupation Place of birth Residence East Chestro & Ward No. Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Taxwara Const. Date of intended interment Taxwara Const. Undertaker.
10. 11. 12. 13. 14.	Occupation Place of birth Residence East Chestro & Ward No. Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Tarres Care Date of intended interment Tarres Care Undertaker.

Joseph T. Cullen, 1908

131
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Joseph J. Gullen 2. Sex Male J. Color Whole 4. Age 65 yrs.
5. Married or single AN 24 1908
7. Cause of death Heart Leasney
Briggs Holherford. M.D.
Residence BOWLING GREEN, KY:
Undertaker's Certificate in Relation to Deceased.
9. Occupation Show Maker
10. Place of birth Bowling Geran
11. Residence Indianola Ward No. 12. Time of residence in the city Lifa thins
13. When a minor Name of mother Name of father
14. Place of intended interment Francisco Cometers
15. Date of intended interment GERARD & GERARD Undertaker.
Date of Certificate JAN 24 1908 Residence BOWLING GREEN, KY

Child of Mike and Hannah Culliman, 1893

140	132
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Child & Mijle Comman)
2. Sex Fluraly 3, Color It hit . 4. Age /7 m	- by
5. Married or single Single	
6. Date of Death Supply 4/93	
7. Cause of Death to liver a Anyantine	
8. Duration of last Illness L. A. Murphy—, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Knowwie June _	
11. Residence adams sturf Ward No. 329	*
12. Time of Residence in the City	
Name of Mothornio, Namah Cullin	ian
13. When a Minor Name of Father Arise	
14. Place of intended Interment Catholic Curity	
15. Date of intended Interment Duff 5 193	
ot 1 4 4 had 48 5	
Date of Certificate Left 5/97 Residence City	•

William Cullin, 1905

193
₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased William Bulliu Cullin
2. Sex Male 3. Color While 4. Age 70 yrs
5. Married or Single
6. Date of death May, 16"05
7. Cause of death Inflamation of Bladder
8. Duration of last illness
S. O. Nugur, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
- Transfer of Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Office
11. Residence Mullimental Styling Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Name of Father
14. Place of intended interment Janvier Country
15. Date of intended interment May 17" 05
Grand Garard, Undertaker.
Date of Certificate Man, 16/05, Residence

Charles A. Cummings, 1907

134
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased bhaths A by butter 4. Age 4. Age 5. Married or single bright 6. Date of death full full full full for the first of death full full full full full full full ful
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Logan January 11. Residence Magnit St. Ward No. 3
9. Occupation 10. Place of birth dogan lannity 11. Residence hugent of Ward No. 3 12. Time of residence in the city 10 Number
9. Occupation 10. Place of birth Logan Ignuity 11. Residence Mugant St. Ward No. 3 12. Time of residence in the city 10 Munths Name of mother.
9. Occupation 10. Place of birth dogan lannity 11. Residence hugent of Ward No. 3 12. Time of residence in the city 10 Number
9. Occupation 10. Place of birth Logan January 11. Residence Magnet St. Ward No. 3 12. Time of residence in the city / 0 Munths 13. When a minor Name of mother Name of father St. Summings
9. Occupation 10. Place of birth do gan lanning 11. Residence lugant of Ward No. 3 12. Time of residence in the city 10 lumbs 13. When a minor Name of mother Name of father of A. bununings 14. Place of intended interment
9. Occupation 10. Place of birth de gan lanning 11. Residence lugant of Ward No. 3 12. Time of residence in the city / O lumbo 13. When a minor Name of mother Name of father of the land Cemelery 14. Place of intended interment 15. Date of intended interment GERARD & GERARD. Undertaker.
9. Occupation 10. Place of birth de gan lanning 11. Residence lugant of Ward No. 3 12. Time of residence in the city / O lumbo 13. When a minor Name of mother Name of father of the land Cemelery 14. Place of intended interment 15. Date of intended interment GERARD & GERARD. Undertaker.

Emiley Cummings, 1894

[.].] = =	135
We tell Constitutes One Certificate to be Ret rued to the C	
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREPARATOR	- RY TO BURIAL.
Toshilley !	Turnmings.
1. Name of deceased they but	nump
2. Sex Jerual 3. Color Blb	. 4. Age 50416.
5. Married or single Manuel	·
6. Date of Death Supt. 15/18	94
7. Cause of Death Oko traction	i of Bornell
8. Duration of last Illness	1106
J. Je ci	MCTOSON, M. D.
Residence	<u> </u>
UNDERTAKER'S CERTIFICATE IN RELATIO	N TO DECEASED
	, , , ,
9. Occupation	
10. Place of Birth	
11. Residence Kunturcky Strus	Ward No. 2 sed
12. Time of Residence in the City	
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- Committee of the Comm
Name of Father	
14. Place of intended Interment	con ah buty
15. Date of intended Interment Sefet /	6"/1894.
46 Guard	4 Bio., Undertaker.
Date of Certificate Alf. 16/94. Reside	nce

Annie Curd, 1891

73			
This Constitutes one Co	ertificate to be Returned to	the City Clerk for a Buri	Permit.
RETU	TO KEO	A DEATH	<u>(</u> ,
PHY	SICIAN'S CERTIFICATE PREPA	RATORY TO BURIAL.	
. Name of deceased	Auni (Turk .	
. Sex Junal	May 29th	(. 4. Age 30	7
. Married or Single	Manuel	. j	
Date of Death	May 29"	1891	
	Mous	usufilien	
Duration of last	The state of the s	TM Asses	м в
	Residence	kf.b.fbef.Asi.fises.ji	, M. D
UNDERT	TAKER'S CERTIFICATE IN RE	LATION TO DECEASED	***
9. Occupation			
0. Place of Birth	Bruling Great	un Kg	F
		. Ward No. 3	
2. Time of Residen			
3. When a Minor.	Name of Mother Name of Father		
4. Place of intended	d Interment MG	Mina L C	ems
5. Date of intended	I Interment, Ma	6 Gund 1	
Date of Certificate		No.	

Betsey Curd, 1892

418
This Constitutes one Certificate to be Retuend to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Betsey Curd
2. Sex funal 3, Color My . 4. Age 72
5. Married or Single Sigh
2. Sex fund. 3. Color MM. 4. Age 72 5. Married or Single 7 1 1 6. Date of Death 7 28 2
7. Cause of Death Paraly win
8. Duration of last Illness Six months
STV Occult, M. D.
Residence
9. Occupation
10. Place of Birth Gentucky 11. Residence / 11 Shul . Ward No 2
11. Residence // Stud . Ward No Z
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Int minist Cent
15. Date of intended Interment Jun 29 12/892
Date of Certificate Jun 28 9. Residence

Child of C. William and Margaret Curd, 1912

	RETURN OF A DEATH.
	1288
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Chilo of Clouw Cure
2.	Sex Male 3. Color While 4. Age 4 han
5.	Married or Single 4. Age
6.	Date of death Nav 10-19/W
7.	Cause of death Explanations
8.	Duration of last illness Phan \$ 5 James
0.	OPPMETERS.
	Residence SOWLING GREEN, KY
*	Residence
	Undertaker's Certificate in Relation to Deceased.
	71 .
9.	Occupation Marie
10.	Place of birth
9. 10. 11.	14
10. 11.	Place of birth Residence 1048 Chestrut St Ward No. 1 Time of residence in the city
10. 11. 12.	Place of birth Residence OHS Chestruck St Ward No. / Time of residence in the city When a minor {Name of Mother Margant Cure}
10. 11. 12. 13.	Place of birth Residence AS Chexbruch St Ward No. / Time of residence in the city. When a minor Name of Mother Margant Cure Name of Father
10. 11. 12. 13.	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 Aurus Cleury
10. 11. 12. 13.	Place of birth Residence / S Chestruck St Ward No. / Time of residence in the city. When a minor { Name of Mother Margant Cure } Name of Father Cerve Place of intended interment Sarvurus Clerusty Date of intended interment
10. 11. 12. 13. 14.	Place of birth Residence
10. 11. 12. 13. 14.	Place of birth Residence / S Chestruck St Ward No. / Time of residence in the city. When a minor { Name of Mother Margant Cure } Name of Father (Cerve) Place of intended interment Sarrows Cleusty Date of intended interment Sarrows CERRARD

Charlie Curd, 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 2. 5. 6. 7.	Name of deceased Charlie Curd Sex Inal 3. Color Lluck 4. Age 70 Married or single Lingle Date of death Nov. 12 - 07. Cause of death Ileust Disegre
8.	Duration of last illness 6 silvo M. D.
	Residence
	White Constitution is
9.	Undertaker's Certificate in Relation to Deceased.
9: 10.	Occupation Saharer Place of birth
	Occupation Saharer Place of birth
10.	Occupation Saharer
10. 11.	Occupation Salarer Place of birth Residence Sential Ward No. Time of residence in the city
10. 11. 12.	Occupation Salarer Place of birth Residence Salares Ward No. Time of residence in the city (Name of mother
10. 11. 12. 13.	Occupation Salares Place of birth Residence Sential St Ward No. Time of residence in the city When a minor Name of mother Name of father

G. C. Curd, 1898

Out of Oily	140
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permi	t,
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased 466ml	
2. Sex Male . 3. Color white. 4. Age	out refer
5. Married or single married 6. Date of death March 21 188	* **
6. Date of death March 21 1898 7. Cause of death Chronic Nefhitis	
8. Duration of last illness /2 days	
Tout w Stone, M.	D.
Residence College St.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Deputy Jacker -	
10. Place of birth Smith From Say	
11. Residence County Jail (clist). Ward No.	
12. Time of residence in the City O manth.	
Name of Mother Name of Father	
14. Place of intended interment Smith Irans	Ly
15. Date of intended interments 1111 22- 1876	
Howay Paym, Underta	ker.
Date of Certificate Residence	
the state of the s	
	15

Georgie Curd, 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.
1. Name of deceased Leongil Cur
2. Sex final 3. Color leal. 4. Age 18 3n. 5. Married or single Single 6. Date of death Mars. 19 9
5. Married or single Single
6. Date of death Mars. 12 9 / 09
7. Cause of death Julmonary Inburculous
8. Duration of last illness Would 3 mouths
O. O. PH tes M. D.
Residence Bowling frew Dy
U. J. at Maria Contigueta in Relation to Deceased
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Quiv ling Green
11. Residence Center Sty Ward No. 2
12. Time of residence in the city Auring life
13. When a minor Name of mother Line Curl Name of father Shill Curl
13. When a minor Name of father Shill Curl
14. Place of intended interment mt. murial Cemetry
15. Date of intended interment manch 2/ - 1909
J. E. May Kendul Gndertaker.
Date of Certificate hunch of Residence
y & callege St

John Curd, 1894

685	
This Constitutes One Certificate to 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 Curl.	
2. Sex Male 3. Color Blo 4. Age 30 yel. 5. Married or single single.	
5. Married or single single.	
6. Date of Death Nov. 23/1894	
7. Cause of Death Killed with an av	
8. Duration of last Illness	
, Children, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation School Timeher	
10. Place of Birth Squee Sry — 11. Residence 10 th struct . Ward No. 2 4	
12. Time of Residence in the City	
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name of Father	
14. Place of intended Interment of Marcal	
15. Date of intended Interment 100 24/94.	
Date of Certificate MU 24/94. Residence lety	

Child of Lula Curd, 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Child Aula Ourd
2.	Sex Male 3. Colof Glf 4. Age Juint
5.	Married or Single Single
6.	Date of death Nucl 20"04.
7.	Cause of death Mynon
	the transfer of the same of th
8.	Duration of last illness from 6. Sury bourner, M. D.
	- Marin les. , M. D
	Residence
*	Undertaker's Certificate in Relation to Deceased.
9.	Occupation /
10.	Place of birth
11.	Residence Kullinely & T Ward No. 2
	druouthe
12.	Time of residence in the city of months (Name of Mother Zula, Land.
12.	druouthe
12. 13.	When a minor Name of Father Mt Morning Daniel Company Name of Father
14.	Time of residence in the city function When a minor Name of Mother fully build. Name of Father function Place of intended interment fully fu
12. 13.	Time of residence in the city Name of Mother Xula Louid. When a minor Name of Father Place of intended interment Nul. 1/04. Date of intended interment Nul. 1/04.
12. 13. 14.	Time of residence in the city functions When a minor Name of Mother fully burg. Name of Father function Place of intended interment fully fu

Tom Curd, 1893

607
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Jone Curd
4
2. Sex Male. 3. Color BM. 4. Age 8 0 yrs. 5. Married or single Married
6. Date of Death Luby, 9"/93.
7. Cause of Death Cystilis
8. Duration of last Illness Eight week
1. M. Combs, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence 2 2 d stull . Ward No. / 24
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment My Morral
15. Date of intended Interment Febry 10"/94
J. G. Gerald & Dio, Undertaker.
Date of Certificate Heby 9/94. Residence

Child of William Curd, 1900

	145
RETURN OF A DEATH.	mit,
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased Child of William burd.	
2. Sex France 3. Color flk, 4. Age 5 Mp., 5. Married or single Single - 6. Date of death face 2"1900. 7. Cause of death Freumonia	
7. Cause of death 8. Duration of last illness Residence	M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
o. Occupation 10. Place of birth bily 11. Residence builtr Sh, Ward No. 2	nd
12. Time of residence in the City Name of Mother Mrs How Courd Name of Father Mh Moriach Carret	fary
1 1/4 1/10 06	rtaker.
Date of Certificate 100 Residence	

Mrs. Curran, 1899

	tle
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Machin J. alex	uni
1. Name of deceased Mulliana Currar 2. Sex Jeman 3. Color White 4. Age 103 year 5. Married or single Millon 6. Date of death 17, 18, 9, 9 7. Cause of death 24 age 8. Duration of last illness Manual Ma	()
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Alland 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 Alland Alland 15. Date of intended interment Alland 17. Alland 18. Undertaker.	

Thomas P. Curran, 1905

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Tomas Phum
1.	Name of deceased White
2.	Sex Color 4. Age 6
5.	Married or Single
6.	Date of death Object of the Contract of the Co
7.	Cause of death Author Cause of death
8.	Duration of last illness
	<i>— . от сесте</i> , м. г
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
0.	Place of birth Boston Mass.
1.	Residence Ofter ST. Ward No. 3
2.	Time of residence in the city 36 yrs.
	(Name of Mother
3.	When a minor Name of Father
4.	Place of intended interment & Josephs Curritary .
5.	Date of intended interpent July 17"05
1811	Thail Thrain Undertaken
Onto	of Certificate July 17/05 Residence

Infant of Anna Cussins, 1891

336	3
This Constitutes one Certificate to be Returne o the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1. Name of deceased Hant child of Aun Cursu	n
2. Sex Junal. 3. Color MIC. 4. Age 3 2000	
5. Married or Single July	
6. Date of Death Aft 15-1891	
7. Cause of Death A A A A A A A A A A A A A A A A A A A	
8. Duration of last Illness , M. D.	
Residence W No Office	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Cat	
11. Residence Juckson Pht. Ward No. 1	
12. Time of Residence in the City	
13. When a Minor. Name of Mother Anna Cussia	
13. When a Minor. Name of Father	
14. Place of intended Interment Out to Cent	
15. Date of intended Interment 24/16/18/9/	
Date of Certificate Albertaker. Residence	

Nick Cuykendal, 1879

	E CERTIFICATE to be				-
RET	URNO	FA	DE	ATH	•
PHYSICIA	AN'S CERTIFICAT	TE PREPAR	ATORVOTO	RUDIAL	
1. Name of Dec	cased Rick	lenyke	ndal	DONIAL.	
2. Sex Mals	3. Color	Bek		Arra 84	
6. Date of Death	ingle- Lany C	The same	1840		
7. Cause of Dec	uh not	Runn	11		
	ast Illness Sh	/	1		
o. Duranton by a	ist raness o	77	Melu	hoc,	M. D.
	Residence				
UNDERTAK	ER'S CERTIFICA	TE IN DEL	ATION TO	DECEASE	,
9. Occupation		TE IN KEL		DECEASEI	<i>)</i> .
10. Place of Birth	-			77.7771 110/0000000000000000000000000000000	
				Vard No	900
	dence in the City				-
13. When a Mino	$\sum_{n=1}^{\infty} \begin{cases} Name & of Mother \\ Name & of Father \end{cases}$	er.			
	ded Interment				
	ded Interment				relevano sarie
					taker
	4,100		COLUMN TO EXPERIENCE AND CONTRACTOR OF THE PARTY OF THE P	The second	- server .
	***************************************		Residence		