


1877

Box 1, Folder 7 Bowling Green, Kentucky - Death Records, Col-Cu

Manuscripts & Folklife Archives
Western Kentucky University, mssfa@wku.edu

Follow this and additional works at: https://digitalcommons.wku.edu/bg_ky_death_records

 Part of the [Demography, Population, and Ecology Commons](#), [Family, Life Course, and Society Commons](#), and the [United States History Commons](#)

Recommended Citation

Folklife Archives, Manuscripts &, "Box 1, Folder 7 Bowling Green, Kentucky - Death Records, Col-Cu" (1877). *Bowling Green, Kentucky – Death Records, 1877-1913*. Paper 5.
https://digitalcommons.wku.edu/bg_ky_death_records/5

This Other is brought to you for free and open access by TopSCHOLAR®. It has been accepted for inclusion in Bowling Green, Kentucky – Death Records, 1877-1913 by an authorized administrator of TopSCHOLAR®. For more information, please contact topscholar@wku.edu.

Eliza Colbert, 1897

995

This Constitutes One Certificate to 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 Colbert Colbert*
2. Sex *Female* 3. Color *Blk* 4. Age *20 yrs*
5. Married or single *Married*
6. Date of Death *Mar. 29" 1897*
7. Cause of Death *Typhoid Fever*
8. Duration of last Illness *Three weeks*
J. F. McElroy, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Manassas Co.*
11. Residence *Kentucky Street* Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Mt. Moriah Cem*
15. Date of intended Interment *Mar. 30" 1897*
J. B. Leonard & Co., Undertaker.
Date of Certificate *Mar 29/97* Residence _____

Sidney Colburn, 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 *Sidney Colburn* *Colburn*
 2. Sex *Male*
 3. Color *White*
 4. Age *6 mos.*
 5. Married or Single *Single*
 6. Date of death *Oct 11 '04*
 7. Cause of death *Enterocolitis*
 8. Duration of last illness *8 days*
 T. H. Stone, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *City*
 11. Residence *Main St.* Ward No. *7*
 12. Time of residence in the city *Life time*
 13. When a minor { Name of Mother *Mrs. J. Colburn*
 Name of Father *J. Colburn*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Oct 12/04*
Edward T. Guard, Undertaker.
 Date 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.

1 0 0 0

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ms Addie Cole
2. Sex Female 3. Color white 4. Age 64
5. Married or Single Widow
6. Date of death Apr 6 1911
7. Cause of death Amygdalia
8. Duration of last illness one week
Residence J. G. Meredith, M. D.
Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren County
11. Residence Bowling Green Ky Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Famouse Cem
15. Date of intended interment Apr 7 1911
E. J. Kelly, Undertaker.
Date of Certificate _____ Residence Bowling Green Ky

Annie Cole, 1896

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. Sex *Female* 3. Color *Blk* 4. Age *78 yrs*

5. Married or single *Married*

6. Date of Death *Dec 8/96*

7. Cause of Death *Paralysis*

8. Duration of last Illness _____

O. D. Porter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

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

12. Time of Residence in the City _____

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

14. Place of intended Interment *Mt Moriah*

15. Date of intended Interment *Dec 9/96*

J. C. Guard & Co., Undertaker.

Date of Certificate *Dec 8/96* Residence _____

Infant of D. A. Cole, 1909

5-1

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

RETURN OF A DEATH.

476

Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant of D. A. Cole,
 2. Sex — 3. Color White 4. Age —
 5. Married or single —
 6. Date of death Nov. 26" 1909.
 7. Cause of death Born Dead.
 8. Duration of last illness —
 Signature E. P. Gerard **XX**
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation —
 10. Place of birth Gallatin Tenn,
 11. Residence " " Ward No. —
 12. Time of residence in the city —
 13. When a minor { Name of mother Mrs. D. A. Cole,
 { Name of father D. A. Cole,
 14. Place of intended interment St. Joseph's Cemetery
 15. Date of intended interment Nov. 27" 1909.
 Signature GERARD & GERARD, Undertaker.
 Date of Certificate Nov. 27" 1909. Residence BOWLING GREEN, KY

Infant of D. A. Cole, 1909

5-8

This Certificate and Shipping Paster Below Must Be Detached at this Perforation and Securely Tacked on the End of the Coffin Box.

Transit Permit No.

CERTIFICATE OF UNDERTAKER.

I hereby certify that the accompanying dead body of Infant of Mr & Mrs Malak
(If a minor, give parents' name also.)

Consigned to Bowling Green in the County of Warren State of Kentucky

and who died of Born dead has been prepared by me and strictly in accordance with Rules of the
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.

Residence Gallatin Tennessee Jackson J. Kenley Shipping { Undertaker.
Embalmer.

Not Embalmed

Elsie Cole

14

This Constitutes ONE CERTIFICATE to be returned with a BURIAL PERMIT

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Elsie Cole*

2. Sex *Female* . 3. Color *White* . 4. Age *9 months*

5. Married or Single *Single*

6. Date of Death

7. Cause of Death *Dysentery*

8. Duration of last Illness *7 or 8 days*

Porter A. McCormack, M. D.
Residence *Baraboo Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence . Ward No *1*

12. Time of Residence in the City

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

14. Place of intended Interment *in Simpson Co*

15. Date of intended Interment

W. C. ... Undertaker.

Date of Certificate . Residence

Democrat Job Print

Infant of Henry Cole, 1893

519

7

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Henry Cole*

2. Sex *---* 3. Color *White* 4. Age *---*

5. Married or single *Single*

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

7. Cause of Death *Dramatic Birth*

8. Duration of last Illness *---*

A. J. ..., M. D.

Residence *---*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *---*

10. Place of Birth *Leitch*

11. Residence *11th street* Ward No. *3rd*

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

13. When a Minor } Name of Mother *Miss Henry Cole*
 } Name of Father *---*

14. Place of intended Interment *Graveside*

15. Date of intended Interment *June 16/93.*

A. E. Grand & Co., Undertaker.

Date of Certificate *June 16/93* 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 *Joe M. Cole*
2. Sex *male* 3. Color *white* 4. Age *58 yrs*
5. Married or single *married*
6. Date of death *Dec - 19 - 1904*
7. Cause of death *complication*
8. Duration of last illness *1 month*
J. J. Meredith, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County*
11. Residence *College St* Ward No. _____
12. Time of residence in the City. *years*
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *Dec 20 1904*
Hawley Payne, 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.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Joseph M. Cole*
2. Sex *Male* 3. Color *White* 4. Age *2 Mo.*
5. Married or single *Single*
6. Date of death *July 17th 1900.*
7. Cause of death *Cholera Infantum.*
8. Duration of last illness _____
A. J. McCompass M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *1272 Adams St. City*
11. Residence *1272 Adams St.* Ward No. _____
12. Time of residence in the City *2 months*
13. When a minor } Name of Mother *Jessie Cole*
 } Name of Father *J. H. Cole*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *July 18th 1900.*
Garret and Garard Undertaker.
Date of Certificate *July 18/1900.* Residence *City*

Child of Luther and Mary Cole, 1905

10

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Luther Cole,*

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

5. Married or Single *Single*

6. Date of death *Aug. 6 "05.*

7. Cause of death *Inanition*

8. Duration of last illness *Tom, W. Stans,* _____, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *City*

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

12. Time of residence in the city _____

13. When a minor { Name of Mother *Mrs. Mary Cole*
Name of Father *Luther H. Cole*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Aug. 7 "05.*

Gerard T. Gerard _____, Undertaker.

Date of Certificate *Aug. 7/05* Residence _____

Mrs. Luther H. Cole, 1906

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

RETURN OF A DEATH.

X 138

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Luther H. Cole.*
 2. Sex *Female* 3. Color *White* 4. Age *22 yrs.*
 5. Married or single *Married.*
 6. Date of death *Dec. 3rd 1906.*
 7. Cause of death *Typhoid Fever.*
 8. Duration of last illness.....
 .. *Tom W. Stone.* .. M. D.
 Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Texas.*
 11. Residence *Adams St.* **BOWLING GREEN, KY** Ward No. *2*
 12. Time of residence in the city *3 years.*
 13. When a minor { Name of mother *Mrs. Thos. W. Coopwood.*
 Name of father *Thos. W. Coopwood.*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Dec 4th 1906.*
 .. **GERARD & GERARD,** .. Undertaker.
 Date of Certificate **9061 - 8 330** **DEC** .. Residence **BOWLING GREEN, KY**

Peter Cole, 1900

10 12

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Peter Andrew Cole
 2. Sex male . 3. Color Blk . 4. Age 78
 5. Married or single _____
 6. Date of death July 3 1900
 7. Cause of death Long illness lasting per
year -
 8. Duration of last illness two days
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence _____ Ward No. _____
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment Cornets Grove
 15. Date of intended interment July 4 1900
Hawley Brown, Undertaker.
 Date of Certificate _____ Residence _____

Sallie, Cole, 1913

13

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

RETURN OF A DEATH.

1344

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sallie Cole *Cole*

2. Sex female 3. Color red 4. Age 70 yrs

5. Married or single single

6. Date of death Feb 2, 1913

7. Cause of death lobar pneumonia

8. Duration of last illness about 1 week

J. K. Jones M. D.

Residence 217 main st

Undertaker's Certificate in Relation to Deceased.

9. Occupation Cook

10. Place of birth Kentucky

11. Residence at Mr. Burches Church St. Ward No.

12. Time of residence in the city about 1 year

13. When a minor { Name of mother Dan Jones

{ Name of father

14. Place of intended interment Mt. Maria

15. Date of intended interment Feb. 22 - 1913

J. A. Kuykendall Undertaker.

Date of Certificate Feb. 2.2 - 1913 Residence Cor. 74 college St.

Winfield F. Cole, 1911

14

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

RETURN OF A DEATH.

1127.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Winfield F Cole

2. Sex male 3. Color white 4. Age 58 when buried

5. Married or Single Married

6. Date of death not known about 14 years ago

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 Ferguson Ky. Ward No. _____

12. Time of residence in the city _____

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

14. Place of intended interment Farrum Cem

15. Date of intended interment Dec 24 1911

Essie Kelly, Undertaker.

Date of Certificate _____ Residence B Ky

Body was Exposed at Ferguson Ky and removed to B Green By Permission from State Board of Health
Box was Hermetically Sealed

George William Coleman, 1911

15

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

RETURN OF A DEATH.

1031

Physician's Certificate Preparatory to Burial.

1. Name of deceased George William Coleman,
2. Sex Male, 3. Color White, 4. Age 4 Months,
5. Married or Single Infant,
6. Date of death June 10, 1911,
7. Cause of death Inanition
8. Duration of last illness 1 month
H. C. Conterright, 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. _____
 12. Time of residence in the city Life time,
 13. When a minor { Name of Mother Minnie Coleman,
Name of Father Finace Coleman,
 14. Place of intended interment Fairview Cemetary,
 15. Date of intended interment June 11, 1911,
Enochs & Kelley, Undertaker.
- Date of Certificate June 11, 1911, Residence Bowling Green, Ky,

William Coleman, 1897

1068 16

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased William Coleman
2. Sex Male 3. Color White 4. Age _____
5. Married or single Married
6. Date of Death October 27" 97
7. Cause of Death Acute Meningitis
8. Duration of last Illness _____

J. K. McComack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth England
11. Residence College street Ward No. 2nd
12. Time of Residence in the City several years
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Fairview Cem.
15. Date of intended Interment Oct 29" 97
Guard & Guard, Undertaker.
Date of Certificate Oct 25/97 Residence City

Child of William and Alice Coleman, 1899

38 17-1

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Infant Mrs. Alice Coleman
2. Sex Female 3. Color White 4. Age 16 months
5. Married or single Single
6. Date of death June 7 - 1899
7. Cause of death accidentally drowned
8. Duration of last illness _____
J. M. Coonaker, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Portland, Maine
11. Residence College Ward No. 2nd
12. Time of residence in the City Lifetime
13. When a minor } Name of Mother Mrs. Alice Coleman
 } Name of Father William Coleman decd
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June 8th 1899
Garard & Garard, Undertaker.
Date of Certificate June 7 Residence _____

Child of William and Alice Coleman, 1899

23 34 17-2

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 deceased *Child of Mrs. Alice Coleman*
 2. Sex *Female* 3. Color *White* 4. Age *16 mo.*
 5. Married or single *single*
 6. Date of death *June 7th 1899*
 7. Cause of death *accidentally scalded*
 8. Duration of last illness *few days*
 Sarah J. Millsop, M. D.
 Residence *Byron Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *City*
 11. Residence *College street* Ward No. *2nd*
 12. Time of residence in the City *Life time*
 13. When a minor } Name of Mother *Mrs. Alice Coleman*
 } Name of Father *Wm. Coleman (Dead)*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *June 8th 1899*
 Guadie & Ground, Undertaker.
 Date of Certificate *June 8th 1899* Residence _____

Hannah Collett, 1893

497

18

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Hannah Collett.*

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

5. Married or single *Widow*

6. Date of Death *April 2 - 1893*

7. Cause of Death *Consequences of old age*

8. Duration of last Illness *Five months*

J. S. Briggs, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Va.*

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

12. Time of Residence in the City _____

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

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *April 3 - 1893.*

H. W. Gerard & Bro., Undertaker.

Date of Certificate *April 3* . Residence *City*

Martha Collett, 1912

19

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

RETURN OF A DEATH.

1243

Collett

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Martha Collett.
 2. Sex Female 3. Color White 4. Age 95 years
 5. Married or Single Widow
 6. Date of death Sept. 8th 1912.
 7. Cause of death Paralysis.
 8. Duration of last illness _____
- W. J. Mc Cormack,
for E. Albrowne, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Lexington Ky.
 11. Residence 515 E. Chestnut Ward No. 1
 12. Time of residence in the city 3 days
 13. When a minor { Name of Mother _____
Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Sept. 9th 1912
- Guard & Guard, Undertaker.
Date of Certificate Sept. 9/12 Residence BOWLING GREEN, KY

Colliers infant, May 24

80

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Colliers

2. Sex Girl . 3. Color Blk . 4. Age 10 Days

5. ~~Married~~ or Single

6. Date of Death May 24th

7. Cause of Death Diarrhea Not known

8. Duration of last Illness 10 Days

W. McClay Pool, M. D.

Residence Saw it over

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence . Ward No. 2

12. Time of Residence in the City

13. When a Minor { Name of Mother

Name of Father

14. Place of intended Interment

15. Date of intended Interment

. Undertaker.

Date of Certificate . Residence

Democrat Print.

Charles P. Collins, 1880

21

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Charles P. Collins*
2. Sex *Male* . 3. Color *White* . 4. Age *2 Months*
5. Married or Single _____
6. Date of Death *July 4th 1880*
7. Cause of Death *Infantile Convulsions*
8. Duration of last Illness *10 hours*

Dr. H. C. Cornman, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *13th St*
11. Residence _____ . Ward No *32*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Maggie Collins*
Name of Father *M. J. Collins*
14. Place of intended Interment *Catholic Cemetery*
15. Date of intended Interment *Dec 5th 1880*

M. J. Collins, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Julia Collins, 1904

22

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Julia Collins*
2. Sex *Female* Color *White* 4. Age *75 yrs.*
5. Married or Single *Widow*
6. Date of death *July 10th 04.*
7. Cause of death *Cancer.*
8. Duration of last illness _____
F. D. Beardow, _____, M. D.
Residence *city*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Ireland*
11. Residence *Main 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 *St Josephs Cemetery*
15. Date of intended interment *July 12th 04.*
Edward D. Guard _____, Undertaker.
Date of Certificate *July 11/04* Residence _____

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.

1. Name of deceased *William Collins*

2. Sex *male* 3. Color *white* 4. Age *28 yrs*

5. Married or single *married*

6. Date of death *Oct 5 1907*

7. Cause of death *Erysipelas*

8. Duration of last illness *months*

Wm. Sanders M. D.

Residence *Louisville Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Laborer*

10. Place of birth *Canada*

11. Residence *My St - 2* Ward No. _____

12. Time of residence in the city *years*

13. When a minor { Name of mother *Mrs Frank Wade*
Name of father _____

14. Place of intended interment *Fairview Cem.*

15. Date of intended interment *Oct - 6 - 1907*

Alway Pope Undertaker.

Date of Certificate _____ Residence _____

William Collins, 1907

23-2

(Always write with ink.)

TRANSIT PERMIT.

TRANSPORTATION OF CORPSE.

KENTUCKY STATE DEPARTMENT OF HEALTH.

Transit Permit No. 4829

PERMIT OF LOCAL BOARD OF HEALTH.

Department of Health, State of Kentucky.

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

In the City of Louisville County of Jefferson State of Kentucky, on this 5th day of October 1907

Permission is hereby given to L.D. Plann & Son holder of Embalmer's License No. A to remove for burial at Bowling Green County of Warren State of Kentucky

the body of William Collins who died at Louisville County of Jefferson

on the 5th day of Oct 1907, at A.M. Aged 28 years months and days

the cause of death being Embryoma which is a Non-Com disease requiring shipment under Rule No. 4 of the Rules of the Kentucky State Department of Health for the Transportation of the dead

as printed on the back of this Permit. W.M. Sanders M.D. Name of person in charge of Transit.

Signed G.F. Schneider Registrar of Records of the Department of Health of the State of Kentucky

W.M. Lewis

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

William Collins, 1907

MS S 293
B179

TRANSPORTATION RULES

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

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

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

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

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

RULE 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket, or air-tight metal-lined box, provided that this shall apply only to bodies which can reach their destination within 30 hours from time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2, when air-tight sealing and bandaging with cotton may be dispensed with.

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

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

Before stowing tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the

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

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

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

RULE 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate, and enclosed in a hermetically soldered zinc, tin or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 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 box containing said body must be enclosed in a hermetically soldered box.

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

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 Elmore Colman
2. Sex male 3. Color black 4. Age 12
5. Married or single single
6. Date of death Sept. 4 - 1907
7. Cause of death Miscels followed by Tuberculosis
8. Duration of last illness _____
_____ M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Plano
11. Residence Kinton St Ward No. _____
12. Time of residence in the City. 5 yrs
13. When a minor { Name of Mother _____
Name of Father John Colman
14. Place of intended interment mt Mariah cemetery
15. Date of intended interment Sept. 5 - 1907
J. E. Skuykendall, Undertaker.
Date of Certificate Sept. 4 - 1907 Residence _____
Cor. 7th college St

John Colman, 1907

25

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

RETURN OF A DEATH.

333

Physician's Certificate Preparatory to Burial.

1. Name of deceased *John Colman*
2. Sex *male* 3. Color *black* 4. Age *62*
5. Married or single *married*
6. Date of death *Oct 22 - 07*
7. Cause of death *entero-colitis*
8. Duration of last illness *About six weeks*
O. S. Foster M. D.
Residence *B. Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Laborer*
10. Place of birth *Warren Co.*
11. Residence *Hinton St* Ward No. *7*
12. Time of residence in the city *Four years*
13. When a minor { Name of mother *Nancy Colman*
Name of father.....
14. Place of intended interment *Mt. Mariah Cemetery*
15. Date of intended interment *Oct 24 - 1907*
J. E. Stimpertall Undertaker.
Date of Certificate *Oct 24 - 07* Residence.....
77 College St

Wilson Colter, 1910

26

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

RETURN OF A DEATH.

891

Physician's Certificate Preparatory to Burial.

1. Name of deceased Wilson Colter
 2. Sex male 3. Color col 4. Age 87
 5. Married or single married
 6. Date of death Sept 5 - 1910
 7. Cause of death old age
 8. Duration of last illness 9 days
J. W. Killis. M. D.
 Residence 13 1/2 Main St.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Common Labor
 10. Place of birth Perrinville
 11. Residence 529 - 4 St Ward No. 3
 12. Time of residence in the city 7 years
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment Mt. Moriah Cem.
 15. Date of intended interment Sept 8 - 1910
J. E. G. [unclear] Undertaker.
 Date of Certificate Sept 6 - 1910 Residence 7 + College St.

Jesse Comfort, 1908

#444 271
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Jesse Comfort*
2. Sex *male* 3. Color *white* 4. Age *Adult*
5. Married or single *single*
6. Date of death *March 11, 1908*
7. Cause of death *Consumption*
8. Duration of last illness *year* _____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County Ky*
11. Residence *Elizabethtown* 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 Cem*
15. Date of intended interment *March 13/08*
A. Hawes Payne Undertaker.
Date of Certificate _____ Residence _____

Jesse Comfort, 1908

2110

(Always write with ink.)

TRANSIT PERMIT.

TRANSPORTATION OF CORPSE.
KENTUCKY STATE DEPARTMENT OF HEALTH.

Transit Permit No. 22

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

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

In the Town of Elizabethtown County of Hendrix
(City, Town or Village.)
State of Kentucky, on this 12 day of March 1908

Permission is hereby given A. P. Dyer holder of Embalmer's License No. 67
to remove for burial at Bawling Green County of Warren
State of Kentucky the body of Jessie Comfort
who died at Elizabeth County of Hendrix
on the 11 day of March 1908 at M. Aged years months and days,
the cause of death being which is a Non-Contagious disease requiring
(Communicable or Non-Communicable.)
shipment under Rule No. 4 of the Rules of the Kentucky State Department of Health for the Transportation of the dead,
as printed on the back of this Permit.

Name of person in charge of Transit. A. P. Dyer

Signed R. P. Strickler, M.D.
Registrar of Records of the Department of Health
of the State of Kentucky

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

Jesse Comfort, 1908

MSS 293
Ebe SSW

TRANSPORTATION RULES

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

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

RULE 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, 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 an embalmer holding a certificate as such, issued by the State or Provincial Board of Health, or other state or provincial authority provided for by law.

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

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

RULE 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket, or air-tight metal-lined box, provided that this shall apply only to bodies which can reach their destination within 30 hours from time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2, when air-tight sealing and bandaging with cotton may be dispensed with.

RULE 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from 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, washing the exterior of the body with the same and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

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

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the

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

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

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

RULE 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate, and enclosed in a hermetically soldered zinc, tin or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 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 box containing said body must be enclosed in a hermetically soldered box.

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

George R. Comingore, 1900

28

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased George R Comingore
2. Sex Male 3. Color White 4. Age 75 years
5. Married or single married
6. Date of death Oct 1st 1900
7. Cause of death Hypertrophy of the Prostate Gland.
8. Duration of last illness 3 WEEKS
A R Felch, M. D.
Residence 829 State St

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 2 yrs
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Indigoapolis. Ind.
15. Date of intended interment Oct. 3rd 1900.
Guard and Guard, Undertaker.
Date of Certificate Oct. 2/1900. Residence _____

Alex Compton, 1909

29

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

RETURN OF A DEATH.

1918

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Alex Compton
2. Sex male 3. Color leuc 4. Age 70 yrs
5. Married or single married
6. Date of death Nov. 6 - 1909
7. Cause of death Tuberculosis
8. Duration of last illness _____
_____ O. S. Potter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of birth Allen County Ky.
11. Residence Nutwood Ave. Ward No. 1
12. Time of residence in the City. About 3 years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Woodburn Ky
15. Date of intended interment Nov 7 - 1909
J. E. Skypendace, Undertaker.
Date of Certificate Nov. 8-09 Residence _____
Seventh & College St.

Edward Compton, 1913

30

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

RETURN OF A DEATH.

1335

Physician's Certificate Preparatory to Burial.

1. Name of deceased Edward Compton
 2. Sex Male 3. Color White 4. Age 21 yrs.
 5. Married or single Single
 6. Date of death FEB 14 1913
 7. Cause of death Obstruction of bowels.
 8. Duration of last illness 2 Days

 _____ M. D.
 Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Kentucky
 11. Residence Smiths Grove Ky Ward No.....
 12. Time of residence in the city 9 days
 13. When a minor { Name of mother Sarah England
 Name of father B. R. Compton
 14. Place of intended interment Smiths Grove Ky.
 15. Date of intended interment Feb 15-1913.
GERARD & GERARD. Undertaker.
 Date of Certificate FEB 14 1913 Residence Bowling Green, Ky.

Susan Compton, 1879

31

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mrs Susan Compton*
2. Sex *Female* . 3. Color *White* . 4. Age *21 Years*
5. Married or Single *Married*
6. Date of Death *Mar 26th*
7. Cause of Death *Purpural Fever*
8. Duration of last Illness *Six days*
Porter & Thomas, M. D.
Residence *Darlington*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Simpson County*
11. Residence *Shank Street* . Ward No. *2*
12. Time of Residence in the City *3 mo*
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Mar 26th 1879*
J. O. Gardner, Undertaker.
Date of Certificate *Mar 25th* . Residence

Democrat Print.

Child of W. H. and Susan Compton, 1879

32

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *No name - Compton*

2. Sex *Female* . 3. Color *White* . 4. Age *one day*

5. Married or Single *Single*

6. Date of Death *March 22 1879*

7. Cause of Death *Dyspnea*

8. Duration of last Illness *one day*

J. F. McElroy, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Burlington*

11. Residence . Ward No. *32*

12. Time of Residence in the City

13. When a Minor { Name of Mother *Mary Susan Compton*
Name of Father *W. H. Compton*

14. Place of intended Interment *Fountain Cemetery*

15. Date of intended Interment *Mar 22nd 1879*

John Howard, Undertaker.

Date of Certificate *Mar 22nd 1879*. Residence

Democrat Print.

Ned Conaley, 1891

350 33

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Ned Conaley
2. Sex Male . 3. Color White . 4. Age 70 yrs
5. Married or Single Married
6. Date of Death Nov 21st 1891
7. Cause of Death Gastritis
8. Duration of last Illness _____
B. A. Mulliken, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation Suburban
10. Place of Birth Ireland
11. Residence Drohanan Rd . Ward No. 4th
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment St Jos Cemt
15. Date of intended Interment Nov 23rd 1891
Frank Gerard, Undertaker.
Date of Certificate Nov 23/91. Residence _____

Julia Conk, 1891

37

Arch of town

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Miss Julia Conk*

2. Sex *Female* 3. Color *White* 4. Age *14 yrs.*

5. Married or Single *Single*

6. Date of Death *Apr 18th / 1891*

7. Cause of Death *Malarial fever*

8. Duration of last Illness *Four days*

R. J. Hamilton, M. D.
Residence *Bowling Green Ky.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation

10. Place of Birth *Warren Co.*

11. Residence *Woolen Mill* Ward No. *4th*

12. Time of Residence in the City *one month*

13. When a Minor. } Name of Mother *Conk*
 } Name of Father *Jerry*

14. Place of intended Interment *Three forks, Warren Co.*

15. Date of intended Interment *Apr 19/91*

J. C. Shepard, Undertaker.
Date of Certificate *Apr 19th / 91* Residence *City*

David Conkling, 1878

35

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *David Conkling*
2. Sex *Male* 3. Color *White* 4. Age *Ten Months*
5. Married or Single *Single*
6. Date of Death *March 13 1878*
7. Cause of Death *Pneumonia*
8. Duration of last Illness *Three weeks*
Residence *J. F. McElroy, M. D.
Grider St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Child*
10. Place of Birth *Warren Co.*
11. Residence *Shank St.* Ward No. *2*
12. Time of Residence in the City *6 weeks*
13. When a Minor { Name of Mother *Josie Conkling*
Name of Father *Alford "*
14. Place of intended Interment *Cemetery*
15. Date of intended Interment *14th March 1878*
Date of Certificate *March 14 78* J. W. Strickland & Co, Undertaker.
Residence *State St
Bowling Green Ky*

Pantagraph Print.

Josephine Conkling, 1880

36

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Conkling

1. Name of Deceased *Josephine Conkling*
2. Sex *Female* . 3. Color *white* . 4. Age *33 yrs*
5. Married or Single *Married*
6. Date of Death *April 16 1880*
7. Cause of Death *Consumption*
8. Duration of last Illness *two years*

J. F. McCoy, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Warren Co*
11. Residence Ward No. *2*
12. Time of Residence in the City
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *April 17th*

Good, Undertaker.

Date of Certificate *April 17th 80* Residence

Democrat Print.

John Conley, 1908

496 37

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Conley *Conley*
2. Sex male 3. Color col. 4. Age 45
5. Married or single married
6. Date of death July 26 - 1908
7. Cause of death Acute indigestion
8. Duration of last illness A few hours
D. B. Dearing D. C. M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Barber
10. Place of birth Elkton Ky.
11. Residence Burks Alley Ward No. 3
12. Time of residence in the City Twenty years
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Elkton Ky.
15. Date of intended interment July 27 - 1908.
J. E. Kuykendall Undertaker.
Date of Certificate July 27 - 08. Residence 74 College St.

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

Catherine Connally, 1912

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

RETURN OF A DEATH.

1301

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Catherine Connally
 2. Sex Female 3. Color White 4. Age 90 yrs.
 5. Married or Single Widow
 6. Date of death DEC 18 1912
 7. Cause of death Old age & neglect
 8. Duration of last illness several weeks

Wm. C. Briggs, M. D.
 Residence Painting Mills

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Ky.
 11. Residence 4th St. Ward No. 5
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment St. Joseph's Cemetery
 15. Date of intended interment Dec. 19 1912

GERARD & GERARD. _____, Undertaker.
 Date of Certificate DEC 18 1912 Residence _____

Catherine Conner, 1911

39

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

RETURN OF A DEATH.

1911

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Catherine Conner
 2. Sex Female 3. Color White 4. Age Female
 5. Married or single Widow
 6. Date of death July 4" 1911.
 7. Cause of death Organic Heart Disease
 8. Duration of last illness Sudden
 _____ M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Lisland
 11. Residence Center 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 Cemetery
 15. Date of intended interment July 6" 1911.
GERARD & GERARD Undertaker.
 Date of Certificate July 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.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Patrick S. Conner*
2. Sex *Male* 3. Color *White* 4. Age *48*
5. Married or single *Married*
6. Date of death *June 25th 98*
7. Cause of death *Inflammation of Stomach*
8. Duration of last illness _____
J. B. Wright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Ireland*
11. Residence *217 Center St.* Ward No. *2nd*
12. Time of residence in the City *40 yrs.*
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *June 27th 98.*
Levanth & Levanth, Undertaker.
Date of Certificate *June 26th 98.* Residence _____

Roger J. Connors, Jr., 1907

#149 41

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Roger J. Connors, Jr.
2. Sex Male 3. Color White 4. Age 1 day
5. Married or single Single
6. Date of death Jan 17 '07.
7. Cause of death Immature Birth
8. Duration of last illness _____

G. E. Audette, M. D.
Residence B. G. Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Bowling Green Ky
11. Residence 8th St. Ward No. 3
12. Time of residence in the City _____
13. When a minor { Name of Mother Mrs. R. J. Connors
Name of Father R. J. Connors
14. Place of intended interment St. Josephs Cemetery
15. Date of intended interment Jan. 18 '07.

GERARD & GERARD., Undertaker.

Date of Certificate Jan. 18/07. Residence BOWLING GREEN, KY

John Conry, 1908

42-1

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

RETURN OF A DEATH.

452

Physician's Certificate Preparatory to Burial.

1. Name of deceased John Conry
Collin White

2. Sex Male 3. Color White 4. Age 34

5. ~~Married~~ or single

6. Date of death May 6" 1908.

7. Cause of death R. R. accident

8. Duration of last illness Die Kill Reynolds M. D.
Residence Marion, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation R. R. Employee

10. Place of birth Nashville, Tenn

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 St Josephs Cemetery

15. Date of intended interment May 8" 1908.
GERARD & GERARD. Undertaker.

Date of Certificate May 8/1908. Residence BOWLING GREEN, KY

John Conry, 1908

224

TRANSPORTATION OF CORPSE.

Transit Permit No. _____
(GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased John Conroy, Date of Death May, 6th, 1908
(If a minor, give parents' name also)

Hour of Death _____ M. Age 34 Years _____ Months _____ Days _____

Place of death Marion Ky. Cause of death R.R. Accident,
which is a non-communicable disease.
(Communicable or non-communicable.)

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

A.J. Diskill & J.L. Reynolds M. D. or Coroner.

Residence Marion Ky. County of _____ State of _____

PERMIT OF LOCAL BOARD OF HEALTH.

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

In the City of Nashville County of Davidson
(City or township.)

State of Tenn. on the 7th day of May 1908

Permission is hereby given Dorris, Karsch, & Co. Undertaker or Embalmer,
to remove for 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.
on the 5th day of May 1908 Aged 34 Years _____ Months _____ Days,
and _____ is hereby authorized to accompany said remains.

(SEAL) Signed B. G. TUCKER, M. D. Health Officer.
Per. W.M. Mangum

Thomas Henry Conry, 1910

43-1

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

RETURN OF A DEATH.

937

Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas Henry Conry ^{Conry}

2. Sex Male 3. Color White 4. Age 56 yrs

5. Married or Single Married

6. Date of death Nov 30-1910

7. Cause of death Paralysis Agitans

8. Duration of last illness two weeks

W. A. King, M. D.
Residence Nashville Tenn

Undertaker's Certificate in Relation to Deceased.

9. Occupation Business

10. Place of birth _____

11. Residence Nashville Ward No. _____

12. Time of residence in the city _____

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

14. Place of intended interment St Joseph Cemetery

15. Date of intended interment Dec 2-1910

L. J. Grant, Undertaker.

Date of Certificate 12-2-10 Residence City

Thomas Henry Conry, 1910

4311

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. If the date of birth is unknown, state "Unknown". If the sex is unknown, state "Unknown". If the race is unknown, state "Unknown". If the occupation is unknown, state "Unknown". If the birthplace is unknown, state "Unknown". If the name of the father is unknown, state "Unknown". If the name of the mother is unknown, state "Unknown". If the informant is unknown, state "Unknown". If the address is unknown, state "Unknown". If the date of death is unknown, state "Unknown". If the date of burial is unknown, state "Unknown". If the name of the undertaker is unknown, state "Unknown". If the name of the person in charge is unknown, state "Unknown".

(ORIGINAL) TRANSIT PERMIT No.

DEPARTMENT OF COMMERCE AND LABOR.
Bureau of the Census.

STANDARD CERTIFICATE OF DEATH.
STATE OF TENNESSEE.

1 PLACE OF DEATH.
County Davidson
Township or Village Tenn
City Nashville (No. 711 Allison St.; 16 Ward)

2 FULL NAME Thomas Henry Conry

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6 DATE OF BIRTH Unknown 1857

7 AGE 56 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION Engineer

9 BIRTHPLACE (State or country) England

PARENTS
10 NAME OF FATHER Patrick Conry
11 BIRTHPLACE OF FATHER (State or country) Ireland
12 MAIDEN NAME OF MOTHER Nappie McGuire
13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. T. H. Conry
(Address) 711 Allison St.

15 Filed 1910 REGISTRAR

16 DATE OF DEATH Nov. 30 1910

17 I HEREBY CERTIFY, That I attended deceased from for many months 1910, to Nov. 30 1910, that I saw h. l. c. alive on Nov. 30 1910, and that death occurred, on the date stated above, at 11:30 a.m. The CAUSE OF DEATH* was as follows: Paralysis Agitans

18 LENGTH OF RESIDENCE (for Hospitals, Institutions, Transients, or Recent Residents.) At place of death 1 yrs. 0 mos. 0 ds. In the State 1 yrs. 0 mos. 0 ds. Where was disease contracted, if not at place of death? Former or usual residence

PLACE WHERE REMAINS ARE TO BE SENT, Date of Shipment Bowling Green Ky Dec. 1, 1910

SHIPPING UNDERTAKER ADDRESS Dorris Karsch Co. City

THESE SPACES ARE TO BE FILLED OUT BY THE RECEIVING UNDERTAKER.
PLACE OF BURIAL CEMETERY. Date of Burial. 1910. Name of Undertaker in Charge of Burial.

RULE I. The transportation of bodies dead of Small Pox or Bubonic Plague is absolutely forbidden.

PERMIT OF LOCAL BOARD OF HEALTH.

Nashville, Tenn., Dec. 1 1910, 19...

Permission is hereby given to remove the remains of Thomas H. Conry above described to Bowling Green State of Ky, the cause of death being a communicable disease, which requires shipment under Rule No. 6 of the Transportation Rules as printed on the back of above certificate, said body being certified to as having been prepared in accordance with said rules by an Embalmer holding License No. 141 Name of person in charge who is authorized to accompany the body. Mrs. T. H. Conry

M. C. Hubbert
Registrar of Vital Statistics, Health Officer, or Secretary of Board of Health.

THE ABOVE IS TO BE GIVEN THE PERSON A

This part of this permit must be delivered to the receiving undertaker and by him to his local Board of Health.

MSS 293 B1F1

Infant of Clyde and W. L. Constance, 1892

408 44

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Infant Constance
2. Sex _____ 3. Color white 4. Age _____
5. Married or Single _____
6. Date of Death May 18 1892
7. Cause of Death Still Born
8. Duration of last Illness _____

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

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth City
11. Residence City Ward No. 1
12. Time of Residence in the City _____
13. When a Minor, } Name of Mother Clyde Constance
 } Name of Father W. L. Constance
14. Place of intended Interment Fairview Cem
15. Date of intended Interment May 18 1892

Prather & Payne, Undertaker.
Date of Certificate _____ . Residence City

Bashar Cook, 1896

854

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 Cook*
2. Sex *Male* 3. Color *Blk* 4. Age *19 yrs.*
5. Married or single *Single*
6. Date of Death *Feb. 27/96*
7. Cause of Death *Consumption*
8. Duration of last Illness _____
Ed. Porter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *4th Street* Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Charlotte Cook*
Name of Father *Richard C. Cook*
14. Place of intended Interment *Mt Moriah Cem.*
15. Date of intended Interment *Feb 28/1896*
F. C. Guard, & Bro., Undertaker.
Date of Certificate *Feb 27/96* Residence *City*

Isaac M. Cook, 1908

451 46

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Isaac M. Cook
2. Sex male 3. Color white 4. Age 27 yrs
5. Married or single single
6. Date of death May - 3 - 1908
7. Cause of death Pneumonia & Lungs cardiac
8. Duration of last illness 10 days
J. H. Blackburn, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Student
10. Place of birth Louisiana
11. Residence 8th St near Chestnut Ward No. _____
12. Time of residence in the City approx 3 yrs.
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Forest Hill La
15. Date of intended interment _____
Harvey Payne Undertaker.
Date of Certificate _____ Residence _____

Mrs. J. W. Cook, 1905

47

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. J. W. Cook*

2. Sex *Female* Color *White* 4. Age *24*

5. Married or Single *Married*

6. Date of death *July 10 " 05*

7. Cause of death *Pulmonary Thrombus*

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

T. W. Storse, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *Fountain Head Tenn.*

11. Residence *11th & Adams St.* Ward No. *2*

12. Time of residence in the city *2 yrs*

13. When a minor { Name of Mother

Name of Father

14. Place of intended interment *Fountain Head Tenn.*

15. Date of intended interment *July 12/05.*

Richard S. Howard, Undertaker.

Date of Certificate *July 11/05.* Residence

Kittie Cook, 1882

48

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Kittie Cook*
 2. Sex *Female* . 3. Color *Blk* . 4. Age *95 years*
 5. Married or Single *Single*
 6. Date of Death *Dec 4th 1882*
 7. Cause of Death *Old age*
 8. Duration of last Illness *Two years*
- _____ , M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Virginia*
 11. Residence *Summit St* . Ward No *2*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother _____
Name of Father _____
 14. Place of intended Interment *Col Cent*
 15. Date of intended Interment *Dec 5th 1882*
- W. H. Sherman* Undertaker.
- Date of Certificate *Dec 5th 1882* Residence _____

Democrat Job Print

Lewis Cook, 1910

49

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

RETURN OF A DEATH.

810

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 Consumption
 8. Duration of last illness Ten months
- O. D. Butler M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation Common labor
10. Place of birth Bowling Green
11. Residence 2nd St Ward No. 2
12. Time of residence in the city During life
13. When a minor { Name of mother Charlotte Cook
Name of father Rich Cook
14. Place of intended interment Mount Moriah Cem
15. Date of intended interment may 4 - 1910

J. E. Mykindall Undertaker.

Date of Certificate may 4 1910 Residence.....

Cor. 7 & College St.

Mariah J. Cook, 1900

49 50

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mariah J Cook
2. Sex Female 3. Color black 4. Age 14 yrs
5. Married or single single
6. Date of death May 11th 1900
7. Cause of death Consumption
8. Duration of last illness Four months
O. D. Soper, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Bowling Green
11. Residence 2nd St Ward No. 2
12. Time of residence in the City. 14 yrs
13. When a minor { Name of Mother Shallett Cook
Name of Father Rich Cook
14. Place of intended interment mt March
15. Date of intended interment May 12th 1900
J. E. Heydendall, Undertaker.
Date of Certificate June 1900 Residence Bowling Green
815 State St

R. C. Cook, 1909

51

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

RETURN OF A DEATH.

592

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased R. C. Cook
2. Sex male 3. Color beal 4. Age about 82
5. Married or single Single Married
6. Date of death march 5 - 1909
7. Cause of death Mitral Regurgitation
8. Duration of last illness _____
Residence Bowling Green Ky _____, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer
10. Place of birth Warren Co.
11. Residence Bowling Green Ward No. 2
12. Time of residence in the City About 45 yrs
13. When a minor { Name of Mother Eliza Cook
Name of Father Frank Cook
14. Place of intended interment mt mariah cemetery
15. Date of intended interment march 7 - 1909
J. E. Skyles Undertaker.
Date of Certificate march 6 - 09 Residence _____
Cor. 7 & College 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.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Mrs. R. C. Cook

2. Sex Female 3. Color Blk 4. Age 46

5. Married or single Married

6. Date of death May 14" 1900.

7. Cause of death Consumption

8. Duration of last illness _____

S. H. Coombs, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeeper

10. Place of birth City

11. Residence 2nd Street Ward No. 1

12. Time of residence in the City _____

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

14. Place of intended interment Mt. Moriah, Cinn.

15. Date of intended interment May 15" 1900.

Guard & Guard, Undertaker.

Date of Certificate May 15/1900. Residence _____

Infant of Rich and Charlot Cook, 1878

53

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Cook*
2. Sex *Girl* . 3. Color *Negro* . 4. Age *5 Days*
5. Married or Single
6. Date of Death *22*
7. Cause of Death *Unknown. No Physician*
8. Duration of last Illness *5 Days*
Wm. Leffaypool, M. D.
Residence *Portland Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Bowling Green*
11. Residence . Ward No. *2*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Charlot Cook*
Name of Father *Rich Cook*
14. Place of intended Interment *Col Cemetery*
15. Date of intended Interment *Jan 22nd 1878*
Jno L Gerard, Undertaker.
Date of Certificate *Jan 20 1878* Residence

Democrat Print.

Sandy Cook, 1892

452 54

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

1. Name of deceased *Sandy Cook*
 2. Sex *Male* 3. Color *Blk* 4. Age *48 yrs*
 5. Married or Single *Married*
 6. Date of Death *Sept 9th 1892*
 7. Cause of Death *Immaturity which*
 8. Duration of last Illness *two weeks*
W. W. Beckins, M. D.
 Residence *Brookwood St*
B. Green Ky

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation _____
 10. Place of Birth *Warren County*
 11. Residence _____ Ward No. *1st*
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *My personal Care*
 15. Date of intended Interment *Sept 9th 1892*
J. C. Guard Undertaker.
 Date of Certificate *Sept 10/92* Residence *City*

Thomas Cook, 1911

55

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

RETURN OF A DEATH.

1104

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Thomas Cook
- 2. Sex Male 3. Color White 4. Age 20
- 5. Married or Single Single
- 6. Date of death Nov 7
- 7. Cause of death Kill by Live wire
- 8. Duration of last illness 3 hrs

John E. Gron ^{Cor} M.D.

Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation Lineman
- 10. Place of birth Kentucky
- 11. Residence Morgan Town Ward No. _____
- 12. Time of residence in the city 1 year
- 13. When a minor { Name of Mother Elynda Cook
 { Name of Father J. W. Cook
- 14. Place of intended interment Morgan Town
- 15. Date of intended interment Nov 8

Ernest S. Kelly, Undertaker.

Date of Certificate Nov 7, 1911 Residence Bowling Green Ky

Vendela Cook, 1893

487 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 Cook*
2. Sex *Female* 3. Color *W.C.* 4. Age *8 years*
5. Married or Single *Single*
6. Date of Death *March 4th 1893*
7. Cause of Death *Consumption*
8. Duration of last Illness *8 weeks*
Allen Lumsden, M. D.
Residence *573 6th St*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City*
11. Residence *2nd Street* . Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor.) Name of Mother *Charles Cook*
) Name of Father *Nick* "
14. Place of intended Interment *Mt Meriah*
15. Date of intended Interment *March 5th 1893*
F. C. Grandstaff, Undertaker.
Date of Certificate *Mar 4th 1893*. Residence _____

Wash Cook, 1901

57

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Wash Cook
2. Sex Male 3. Color Black 4. Age 66 yrs
5. Married or single Widower
6. Date of death Aug. 22-1901
7. Cause of death Chronic Kidney Trouble
8. Duration of last illness Six months
Residence Dr. G. N. Murphy, M. D.
Eight St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of birth Ham Co Kentucky
11. Residence Center & Eight Ward No. 2nd
12. Time of residence in the City. Life Time
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Mt Moriah Cem
15. Date of intended interment Aug. 23-1901-
Guard & Guard, Undertaker.
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.

927

Physician's Certificate Preparatory to Burial.

1. Name of deceased Alfred Cooke
 2. Sex Male 3. Color Blk. 4. Age 72 yrs.
 5. Married or Single Married
 6. Date of death Oct. 31" 1910.
 7. Cause of death Bronchitis
 8. Duration of last illness Several months
V. E. Fyfe, M. D.
 Residence 1223 Center St Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren County
 11. Residence Brown 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 Mt. Moriah Cemetery
 15. Date of intended interment Nov. 2" 1910.
Guard & Guard, Undertaker.
 Date of Certificate Nov. 1" 1910. Residence _____

Annie Cooke, 1879

59

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Annie Cooke*
 2. Sex *Female* 3. Color *White* 4. Age *40*
 5. Married or Single
 6. Date of Death *January 18th 1879*
 7. Cause of Death *Ovarian abscess*
 8. Duration of last Illness *Six months*
- Reid Thomas*, M. D.
Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of Birth
 11. Residence Ward No. *2*
 12. Time of Residence in the City
 13. When a Minor { Name of Mother
Name of Father
 14. Place of intended Interment *Fairview Cem*
 15. Date of intended Interment *Jan 19th 1879*
- J. W. G.*, Undertaker.
Date of Certificate Residence

Democrat Print.

Buck Cooke, 1878

1106 60

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Buck Cooke
2. Sex Male 3. Color Black 4. Age 30 yrs
5. Married or single widower
6. Date of death March 4th 1898
7. Cause of death Hypertrophy of Heart
8. Duration of last illness _____
O.D.P. O. D. Porter M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence So. Cal. St. Ward No. 1
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Memorial Cem.
15. Date of intended interment March 4 98
Howley Payne, Undertaker.
Date of Certificate _____ Residence _____

Carrie Coombs Cooke, 1904

61

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Carrie Coombs Cooke*
2. Sex *female* 3. Color *white* 4. Age _____
5. Married or single *married*
6. Date of death *June 1st 1904*
7. Cause of death *Consumption*
8. Duration of last illness _____
D. W. Coombs, M. D.
Residence *W. P.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Pa.*
11. Residence *Main St* Ward No. _____
12. Time of residence in the City *life*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *June - 2 - 1904*
Howley Payne, Undertaker.
Date of Certificate _____ Residence _____

Charles C. Cooke, 1910

62

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

RETURN OF A DEATH.

811

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Chas. C. Cooke*
2. Sex *Male* 3. Color *White* 4. Age *28 yrs.*
5. Married or single *Single*
6. Date of death *MAY 15 1910*
7. Cause of death *Chronic Pulmonary Tuberculosis*
8. Duration of last illness *5 yrs*
F. D. Reader M. D.
Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *BOWLING GREEN, KY*
11. Residence *Christman St.* Ward No. *1*
12. Time of residence in the city.....
13. When a minor { Name of mother.....
 { Name of father.....
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *May 18 1910*
GERARD & GERARD Undertaker.
Date of Certificate *MAY 16 1910* Residence *BOWLING GREEN, KY*

Kate L. Cooke, 1896

Out of City 63

This Constitutes One Certificate to 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 L. Cooke*

2. Sex *female* 3. Color *white* 4. Age *32 years*

5. Married or single *single*

6. Date of Death *Oct 21 1896*

7. Cause of Death *Organic heart disease & Chronic Bright Disease*

8. Duration of last Illness _____

J. W. Cronkles, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Geneva N. York*

11. Residence *W Chestnut* Ward No. *7*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Geneva N. York*

15. Date of intended Interment _____

Pratt & Payne, Undertaker.

Date of Certificate _____ Residence _____

Shipped to Geneva NY

Maimie Cooke, 1907

188 64

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Maimie Cooke
2. Sex female 3. Color white 4. Age 26 yrs
5. Married or single married
6. Date of death March - 29 - 1907
7. Cause of death Tuberculosis
8. Duration of last illness seven weeks

F. D. Bartwright M. D.

706
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation..... " " "
10. Place of birth Allen County
11. Residence 5 Chestnut - St Ward No.....
12. Time of residence in the city 15 months
13. When a minor { Name of mother Dollie Spears
Name of father E. F. Spears
14. Place of intended interment near Centerville Ky
15. Date of intended interment March - 30 - 1907

Harvey Payne Undertaker.

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

Pace Hunton Cooke, 1904

65

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Pace Hunton?

1. Name of deceased *Pace Hunton Cooke*

2. Sex *female* 3. Color *Black* 4. Age *14*

5. Married or single _____

6. Date of death *Sept 9 1904*

7. Cause of death *Consumption*

8. Duration of last illness _____

O. D. Porter, M. D.

Residence *City*.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*

10. Place of birth *City*

11. Residence *2nd Street* Ward No. _____

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

13. When a minor { Name of Mother _____
Name of Father *R. C. Cooke*

14. Place of intended interment *St. Moriah*

15. Date of intended interment *Sept 11 1904*

Edw. J. Taylor, Undertaker.

Date of Certificate _____ Residence _____

William A. Cooke, 1907

666

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Wm A. Cooke
2. Sex Male
3. Color White
4. Age 74 yrs
5. Married or single Married
6. Date of death Aug 26" 1907
7. Cause of death Arterio Sclerosis
8. Duration of last illness 5 years

M. D. J. W. Stone

Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Paris, Tenn.
11. Residence 17th Ky St. City Ward No. 2
12. Time of residence in the city 72 yrs.
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Aug 27" 1907

GERARD & GERARD Undertaker.

Date of Certificate Aug 27/07 Residence BOWLING GREEN, KY

896234
1918

Corilla Cooksey, 1880

67

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mrs Corilla Cooksey*
 2. Sex *Female* . 3. Color *white* . 4. Age *35* years
 5. Married or Single *Married*
 6. Date of Death *Oct 6 1880*
 7. Cause of Death *pulmonary consumption*
 8. Duration of last Illness *one year*
- J. F. McElroy M. D.*
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 11. Residence _____ . Ward No *1*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother _____
Name of Father _____
 14. Place of intended Interment _____
 15. Date of intended Interment _____
- _____, Undertaker.
- Date of Certificate _____ . Residence _____

Democrat Job Print

Euclid Covington Cooksey, 1906

68

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

RETURN OF A DEATH.

94

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Euclid Covington Cooksey
2. Sex Male 3. Color White 4. Age 38
5. Married or single married
6. Date of death August 24 1906
7. Cause of death Consumption (Tuberculosis of Lung)
8. Duration of last illness several years
D. Gibson Ramsey, M. D.
Residence State St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation None
10. Place of birth Ohio
11. Residence West Chestnut Ward No. _____
12. Time of residence in the City. Life
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview
15. Date of intended interment August 26 1906
Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Martha Coombs, 1912

69

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

RETURN OF A DEATH.

1274

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Martha Coombs.
2. Sex Female 3. Color White 4. Age 76 yrs.
5. Married or Single Widow
6. Date of death OCT 21 1912
7. Cause of death Chronic pneumonia
8. Duration of last illness 4 or 5 days
H. C. Cornright, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren, Co. Ky.
11. Residence Main St. BOWLING GREEN, KY. Ward No. 1
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Oct. 22 - 1912.
GERARD & GERARD, Undertaker.
Date of Certificate OCT 21 1912 Residence BOWLING GREEN, KY

S. W. Coombs, 1882

70

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *S W Coombs*
 2. Sex *Male* . 3. Color *White* . 4. Age *Fifty two years*
 5. Married or Single
 6. Date of Death *Oct 10th / 1882*
 7. Cause of Death *Dysentery*
 8. Duration of last Illness *Five weeks*
- Hatch & Co. Druggists* , M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Physician*
 10. Place of Birth *Bowling Green Ky*
 11. Residence *Bowling Green* . Ward No *3*
 12. Time of Residence in the City *52 years*
 13. When a Minor { Name of Mother *Elpira Thomas*
Name of Father *S W Coombs*
 14. Place of intended Interment *Fairview Cemetery*
 15. Date of intended Interment *Oct 17th / 1882*
- H. C. Gerard* , Undertaker.
Date of Certificate . Residence

Democrat Job Print

Samuel Coombs, 1907

71-1

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Samuel Coombs
2. Sex male 3. Color white 4. Age 2 yrs 2 mo
5. Married or single single
6. Date of death March 4 1907
7. Cause of death La Grippe
8. Duration of last illness _____

A. Crane Jr, M. D.
Residence San Antonio Texas.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence Texas Ward No. _____
12. Time of residence in the City. _____

13. When a minor { Name of Mother Mrs. Myler Coombs
Name of Father Ed H Coombs

14. Place of intended interment Fairview Cemetery
15. Date of intended interment March 7 1907

Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Samuel Coombs, 1907

TRANSPORTATION CERTIFICATE.

HEALTH DEPARTMENT.

CITY OF SAN ANTONIO, 3/4/ 1907.

Permission is hereby granted to transport the body of Samuel

William Coombs Sex male Age 2 2 29
Years Months Days

Nativity Ky Cause of Death La Grippe

Attending Physician or Coroner J. H. ...

Residence of Physician or Coroner ...

Died at San Antonio, Texas, on the ... day of March 1907.

Destination ...

Shipped by Otto Riebe, Undertaker, in an air-tight Casket.

It is hereby certified that deceased died from non-contagious disease.

OTTO RIEBE M. D.
Undertaker. J. H. ... Health Officer.

MADE IN U.S.A.

William R Coomington, 1882

72

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

RETURN OF A DEATH.

COOMINGTON?

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *William R. Coomington*

2. Sex *Male* . 3. Color *White* . 4. Age *63 yrs.*

5. Married or ~~Single~~

6. Date of Death *July 15th*

7. Cause of Death *Cholera Morbus*

8. Duration of last Illness *30 hours*

J. W. Tomac, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Warren County*

11. Residence *Court Street* . Ward No *1*

12. Time of Residence in the City

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

14. Place of intended Interment *Fairview Cent*

15. Date of intended Interment *July 16th 1882*

H. Leonard, Undertaker.

Date of Certificate *July 15th* . Residence

Democrat Job Print

George W. Cooper, Sr., 1906

73

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Geo. W. Cooper, Sr.*
 2. Sex *Male* 3. Color *White* 4. Age *80 yrs.*
 5. Married or single *Married*
 6. Date of death *Apr. 5th 1906*
 7. Cause of death *Cirrhosis of the Liver.*
 8. Duration of last illness *2 Weeks*
 A. J. M^o Connack, M. D.
 Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Harness Maker*
 10. Place of birth *Marion, Co. Ky.*
 11. Residence *Church St. BOWLING GREEN, KY.* Ward No.
 12. Time of residence in the City *Several years*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *St. Joseph, Bowling Green*
 15. Date of intended interment *Apr. 6th 1906.*
 GERARD & GERARD, Undertaker.
 Date of Certificate *Apr. 5/06* Residence _____

Joseph Cooper, 1909

74

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

RETURN OF A DEATH.

588
Physician's Certificate Preparatory to Burial.

1. Name of deceased Joseph Cooper
2. Sex male 3. Color Col 4. Age 30
5. Married or single Single
6. Date of death March 4 - 1909.
7. Cause of death Pneumonia
8. Duration of last illness 5 days
Dr. Porter M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation Laborer
10. Place of birth Lubano
11. Residence Budding Green Ward No. 5
12. Time of residence in the city Nine yrs
13. When a minor { Name of mother Jana Cooper
 { Name of father Cliff Cooper
14. Place of intended interment Lubano Ky.
15. Date of intended interment.....
J. E. Snyke Undertaker.
Date of Certificate March 5 - 1909 Residence.....
7 College St

Josie Cooper, 1910

75

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 *Josie* Mrs Josie Cooper

2. Sex Female 3. Color White 4. Age 65

5. Married or Single Married

6. Date of death Oct 8 1910

7. Cause of death Recurrent Gastric Carcinoma of Antrum of Stomach

8. Duration of last illness one year

L. B. Smith, M. D.

Residence 633 1/2 St

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Simpson County

11. Residence Auburn Ky Ward No. _____

12. Time of residence in the city _____

13. When a minor { Name of Mother Don't know
Name of Father " "

14. Place of intended interment Auburn Ky

15. Date of intended interment Oct 9 1910

Caroch & Kelley, Undertaker.

Date of Certificate _____ Residence Auburn Ky

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

Ella Cooter, 1899

76

#7 ⁷⁰ Out of City 70

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Edith Cooper Cooter?

2. Sex female . 3. Color Black . 4. Age 39 yrs

5. Married or single married

6. Date of death March 3 1899

7. Cause of death Pneumonia

8. Duration of last illness _____

W. S. Lambrecht M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth _____

11. Residence Mar 14 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 Horse Cave Horse Cave Ky

15. Date of intended interment March 4 1899

Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Mrs. James A. Corbin, 1909

77-1

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

RETURN OF A DEATH.

666

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Jas. A. Corbin.
 2. Sex Female 3. Color White 4. Age 60 yrs.
 5. Married or Single Married
 6. Date of death July, 15th 1909.
 7. Cause of death Complication of disease.
 8. Duration of last illness _____
 _____, M. D.
 Residence Paris, Tennessee.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence Paris, Tennessee Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment July, 16th 1909.
GERARD & GERARD, Undertaker.
 Date of Certificate July 16th 1909. Residence _____

Mrs. James A. Corbin, 1909

R-11

Railroad.

TRANSPORTATION OF CORPSE.

TENNESSEE STATE BOARD OF EMBALMERS
PHYSICIAN'S OR CORONER'S CERTIFICATE

Name of Deceased Mrs. James Corbin Date of Death July 15th 1909
(If minor, give parents' name also.)

Hour of Death 5 A. M. Age 60 Years — Months — Days —

Place of Death Paris Tenn.

Cause of Death Complication of diseases - Non-contagious

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

Residence Paris Tenn. County of Henry State of Tennessee
Dr. Travis and Abernathy M. D. or Coroner.

PERMIT OF LOCAL BOARD OF HEALTH.

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

In the _____ of _____ County of _____
(City or Town.)

State of _____ on the _____ day of _____ 19____

Permission is hereby given _____ holder of Embalmer's License No. _____

to remove for burial at _____ in the county of _____

State of _____ the body of _____

who died at _____ County of _____ State of _____

on the _____ day of _____ 19____ Aged _____ Years _____ Months _____ Days

and _____ is hereby authorized to accompany said remains.

Signed _____ Health Officer or Sec'y Board of Health.

RULE 1. The transportation of bodies dead of small-pox, or bubonic plague is absolutely forbidden.

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 Ray Leslie Cormack
 2. Sex Male 3. Color White 4. Age 1 year
 5. Married or Single Single
 6. Date of death Oct. 19-1911
 7. Cause of death Enterocolitis
 8. Duration of last illness 4 months
D. O. Heene, M. D.
 Residence City

Undertaker's Certificate in Relation to Deceased.

9. Occupation None
 10. Place of birth Warner Co
 11. Residence 925 Barr St Ward No. 1
 12. Time of residence in the city 1 year
 13. When a minor { Name of Mother Emma Perdue
 Name of Father D. L. Cormack
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment _____
GERARD & GERARD, Undertaker.
 Date of Certificate Oct. 19-1911 Residence City

John B. Cothran, 1891

364

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 Cothran*
 2. Sex *Male* . 3. Color *White* . 4. Age *74*
 5. Married or Single *Widower*
 6. Date of Death *Dec 18th 1891*
 7. Cause of Death *Facial Erysipelas*
 8. Duration of last Illness *10 Days*
J. M. Lemuel, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Kentucky*
 11. Residence *Center Street* . 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 *Harrison Court*
 15. Date of intended Interment *Dec 19th 1891*
A. G. Ward, Undertaker.
 Date of Certificate _____ . Residence _____

John S. Cottrell, 1882

80

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John S. Cottrell Cottrell*
2. Sex *Male* . 3. Color *White* . 4. Age *16 yrs*
5. Married or Single *Single*
6. Date of Death *June 15th 1882*
7. Cause of Death *Inflammation of Bowels.*
8. Duration of last Illness *Five days*
D. J. Townsend M. D.
Residence *Burling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence *Shaw Chestnut Street* . Ward No *2*
12. Time of Residence in the City *4 yrs*
13. When a Minor { Name of Mother _____
Name of Father *Rev. J. B. Cottrell*
14. Place of intended Interment *Highview Cem*
15. Date of intended Interment *June 16th 1882*
F. H. Gorman , Undertaker.
Date of Certificate *June 16th* . Residence _____

Democrat Job Print

George M. Couch, 1909

81

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Geo M. Couch *Couch*

2. Sex Male 3. Color White 4. Age 59

5. Married or Single Married

6. Date of death June 29 - 1909

7. Cause of death Asthma

8. Duration of last illness _____

Residence Dr. E. Gray *Conover* City *M.D.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation Brick Layer

10. Place of birth Tenn

11. Residence Nashville Tenn Ward No. _____

12. Time of residence in the city _____

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

14. Place of intended interment Nashville Tenn

15. Date of intended interment June 29 - 1909

GERARD & GERARD, Undertaker.

Date of Certificate June 29 Residence City

Annie Cousin, 1910

82

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

RETURN OF A DEATH.

806

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Annie Cousin
2. Sex female 3. Color col 4. Age 45
5. Married or single Single
6. Date of death May 1 - 1910
7. Cause of death acute indigestion
8. Duration of last illness about 4 hours

O. D. Miller, M. D.
Residence Bowling Green, Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation House Keeper
10. Place of birth Bowling Green
11. Residence Cor. 7th Chestnut St Ward No. 2
12. Time of residence in the City. 45 yrs
13. When a minor { Name of Mother _____
Name of Father John Cousin
14. Place of intended interment Mt. Mariah Cemetery
15. Date of intended interment May 3 - 1910.

J. E. Kempf, Undertaker.

Date of Certificate May 2 - 1910 Residence _____
Cor. 7th College St

Richard Cousin, 1901

93

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Richard Cousin*
2. Sex *Male* 3. Color *W* 4. Age *68*
5. Married or single _____
6. Date of death *June, 19/1901.*
7. Cause of death *Valvular Disease of Heart*
8. Duration of last illness _____
D. D. Portus, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren, Ky.*
11. Residence *Park St.* Ward No. *1*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Mt. Moriah, Cemetery*
15. Date of intended interment *June, 20th/1901*
Gerard & Gerard, Undertaker.
Date of Certificate *June, 20/1901.* Residence _____

Dolly Cousins, 1880

84

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Dolly Cousins Cousins*
 2. Sex *Female* . 3. Color *Black* . 4. Age *70 yrs*
 5. Married or Single *Unmarried*
 6. Date of Death *Oct 8 1880*
 7. Cause of Death *Gastritis*
 8. Duration of last Illness *Eight months*
- J. F. McElroy*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 11. Residence _____ Ward No *2*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother _____
Name of Father _____
 14. Place of intended Interment _____
 15. Date of intended Interment _____
- _____, Undertaker.
Date of Certificate _____ . Residence _____

Democrat Job Print

James M. Covington, 1908

85-1

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *James M. Covington*
 2. Sex *Male* 3. Color *White* 4. Age *48 yrs.*
 5. Married or single *Single*
 6. Date of death *Sept 23" 1908.*
 7. Cause of death *Gun Shot Wound.*
 8. Duration of last illness.....
E. J. Loyal, Cor. of Evansville, Ind.
 Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Warren Co.*
 11. Residence *Evansville, Ind.* Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Sept. 25" 1908.*
GERARD & GERARD. Undertaker.
 Date of Certificate *Sept. 25" 1908.* Residence **BOWLING GREEN, KY**

James M. Covington, 1908

852

L & N Railroad. FORM **E**

TRANSPORTATION OF CORPSE.

INDIANA STATE BOARD OF HEALTH.

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of Deceased *James M. Covington* Date of Death *Sept 23rd 1908*

Hour of Death *3:30* M. Age *48* Years *6* Months *7* Days

Place of Death *Cransville* Cause of Death *Gun Shot Wound*

which is a *communicable* disease. #32.

(Communicable or non-communicable.)

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

Residence *Cransville* County of *Vanderburgh* State of *Ind*

Dr. E. J. ... M. D. or Coroner.

PERMIT OF LOCAL BOARD OF HEALTH.

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

In the City of *Cransville* County of *Vanderburgh*

State of *Ind* on the *24th* day of *Sept 1908*

Permission is hereby given *A. Johann ...* holder of Embalmer's Permit No. *68*

to remove for burial at *Bowling Green* in the County of *...*

State of *Ind* the body of *James M. Covington*

who died at *Cransville* County of *Vanderburgh* State of *Ind*

on the *23rd* day of *Sept 1908* Aged *48* Years *6* Months *7* Days,

and *Elizabeth ...* is hereby authorized to accompany said remains.

Signed *...* Health Officer.

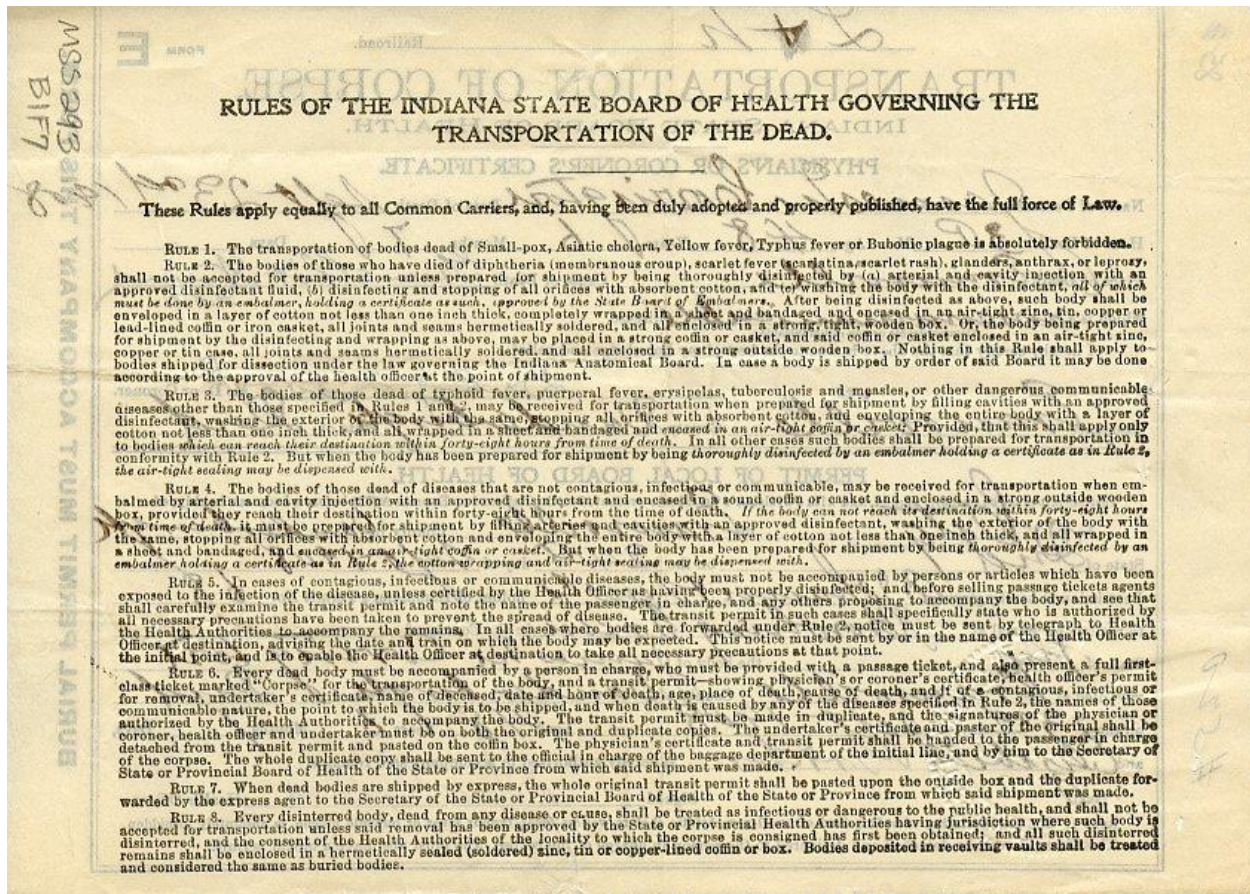
Rule 1. The transportation of bodies dead of small-pox, Asiatic cholera, yellow fever, typhus fever or bubonic plague, is absolutely forbidden.

This Form E must be detached and delivered to the person in charge of the corpse, who must also have a burial permit.

BURIAL PERMIT MUST ACCOMPANY THIS FORM.

#520

James M. Covington, 1908



Joseph G. Covington, 1908

86

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

RETURN OF A DEATH.

455

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joseph G. Covington
 2. Sex Male 3. Color White 4. Age 43
 5. Married or single Married
 6. Date of death May 14, 1908.
 7. Cause of death Paralysis.
 8. Duration of last illness Several Months
H. P. Cartwright M. D.
 Residence B. Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Lawyer
 10. Place of birth Warren County
 11. Residence 12th St. Ward No. 1
 12. Time of residence in the city
 13. When a minor { Name of mother
 Name of father
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment May 15, 1908.
GERARD & GERARD Undertaker.
 Date of Certificate May 14, 1908 Residence BOWLING GREEN, KY

Judge Covington, 1879

81

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Judge Covington Covington*
 2. Sex *male* . 3. Color *Black* . 4. Age *4 years*
 5. Married or Single
 6. Date of Death *Feb. 25th 1879*
 7. Cause of Death *Spinal Meningitis*
 8. Duration of last Illness *five Months*
- C. G. O'Neal*, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *BG*
11. Residence *Mccain's Street* . Ward No. *3rd*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Bell Covington*
Name of Father
14. Place of intended Interment *Col Cemetery*
15. Date of intended Interment *Feb 27th*

J. O'Neal, Undertaker.

Date of Certificate *26th 1879* . Residence

Democrat Print.

Kate Covington, 1894

618

88

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Mrs. Kate Covington*
- 2. Sex *Female* 3. Color *White* 4. Age *60 yrs*
- 5. Married or single *Married*
- 6. Date of Death *May 7, 1894*
- 7. Cause of Death *Paralysis*
- 8. Duration of last Illness _____

B. H. Milliken, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
 - 10. Place of Birth *Kentucky*
 - 11. Residence *12th street* Ward No. *2nd*
 - 12. Time of Residence in the City _____
 - 13. When a Minor } Name of Mother _____
 } Name of Father _____
 - 14. Place of intended Interment *Fairview Cemetery*
 - 15. Date of intended Interment *May 8th 1894*
- H. C. Gerard* Undertaker.
- Date of Certificate *May 8/94* Residence _____

Lizzie Covington, 1899

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 Lizzie Covington
 2. Sex female 3. Color black 4. Age 32 yrs
 5. Married or single married
 6. Date of death April 18 1899.
 7. Cause of death Consumption of bowels
 8. Duration of last illness _____
 Dr. S.W.B. J.W. D. Davis, M. D.
 Residence War

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Almonson Co
 11. Residence Third Street alley bet 10th & 11th Ward No. 1
 12. Time of residence in the City War
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment Lat. Memorial
 15. Date of intended interment Apr 20 1899
Hawley Payne, Undertaker.
 Date of Certificate _____ Residence _____

Infant of Mary Covington, 1882

90

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Covington

2. Sex Inf . 3. Color Blk . 4. Age 10 Days

5. Married or Single

6. Date of Death May 12th 1882

7. Cause of Death Craniatue Birth

8. Duration of last Illness Few Days
W. McClaypool, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth Bowling Green

11. Residence // . Ward No 2nd

12. Time of Residence in the City

13. When a Minor { Name of Mother Mary Covington
Name of Father

14. Place of intended Interment

15. Date of intended Interment

, Undertaker.

Date of Certificate May 12th 82 . Residence

Democrat Job Print

May Covington, 1882

91

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *May Covington Covington*
2. Sex *Female* . 3. Color *Blk* . 4. Age *25 years*
5. Married or Single *Married*
6. Date of Death *June 19th 1882*
7. Cause of Death *Consumption*
8. Duration of last Illness *Three Months*
- Signature *J. F. McCoy*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co*
11. Residence *Sumner Street* . Ward No *2*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Col Coent*
15. Date of intended Interment *June 20th 1882*
H. G. Grand, Undertaker.
- Date of Certificate *June 20th 82* Residence _____

Democrat Job Print

Rufus Covington, 1879

92

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

RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Rufus Covington*
 2. Sex *Male* . 3. Color *Black* . 4. Age *1 year*
 5. Married or Single _____
 6. Date of Death *Sept 15th 1879*
 7. Cause of Death *Tubercular meningitis*
 8. Duration of last Illness *4 months*
- W. H. Blalock*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____, Ward No. *3*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Democrat Print.

William Covington, 1879

93

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *William Covington*

2. Sex *man* . 3. Color *Black* . 4. Age *3 years*

5. Married or Single *—*

6. Date of Death *Sept 5th 1879*

7. Cause of Death *Scrophula*

8. Duration of last Illness *104*

W. H. Blakely, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence . Ward No. */*

12. Time of Residence in the City

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

14. Place of intended Interment

15. Date of intended Interment

, Undertaker.

Date of Certificate . Residence

Democrat Print.

Blanch Cox, 1894

668 94

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Blanch Cox
2. Sex Female 3. Color Wht 4. Age 23 yrs.
5. Married or single Single
6. Date of Death Oct 6th 1894
7. Cause of Death Typhoid Fever
8. Duration of last Illness _____

_____, M. D.
Residence city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Bowling Green Ky
11. Residence Kentucky Ave. Ward No. 2nd
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment St. Monica Cem
15. Date of intended Interment Oct 7 - 1894

F. C. Quinn & Son, Undertaker.
Date of Certificate Oct 7/94 Residence city

Ellen Cox, 1897

95

107m

This Constitutes One Certificate to 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 Female 3. Color Blk 4. Age 54 yrs

5. Married or single Widow

6. Date of Death June 19th 1897.

7. Cause of Death Granular carcinoma of stomach

8. Duration of last Illness _____

J. H. McEhry, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Greensburgh Ky

11. Residence Kentucky St. Ward No. 2

12. Time of Residence in the City _____

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

14. Place of intended Interment Mt Moriah

15. Date of intended Interment June 20th 1897

F. C. Deard, Undertaker.

Date of Certificate June 20/97 Residence _____

Felix G. Cox, 1894

644 96

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Felix G. Cox
2. Sex Male 3. Color White 4. Age 73 yrs
5. Married or single Married
6. Date of Death June 23rd 1894
7. Cause of Death Nervous debility-
8. Duration of last Illness Six months
A. Murray, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Warren County
11. Residence Adam st Ward No. 3
12. Time of Residence in the City years.
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment Farriview Cem
15. Date of intended Interment June 24 1894
Brathen Payne, Undertaker.
Date of Certificate _____ Residence _____

Fort Cox, 1910

897

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

RETURN OF A DEATH.

847

Physician's Certificate Preparatory to Burial.

1. Name of deceased Fort Cox

2. Sex male 3. Color white 4. Age 5-2

5. Married or ~~Single~~ _____

6. Date of death June 10, 1910

7. Cause of death Disease of Heart, Bronchitis

8. Duration of last illness four months

_____, M. D.

Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer

10. Place of birth South Knoll

11. Residence George Jc Ky Ward No. _____

12. Time of residence in the city _____

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

14. Place of intended interment George Jc

15. Date of intended interment June 11, 1910

E. H. Kelly, Undertaker.

Date of Certificate June 11, 1910 Residence Bowling Green

Harriett Cox, 1891

301

98

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

Harriett

1. Name of deceased *Harriett Cox*

2. Sex *Female* 3. Color *BLACK* 4. Age *84 years*

5. Married or Single *Single*

6. Date of Death *Jul 21st 1891*

7. Cause of Death *Paralysis*

8. Duration of last Illness _____

A. L. Murphy, M. D.

Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Kentucky*

11. Residence *Allen Street* Ward No. *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Mt Vernon*

15. Date of intended Interment *Jun 20th 1891*

H. C. Howard, Undertaker.

Date of Certificate *Jun 20th 91* Residence _____

Died at Mrs Nancy Dunaway

Rohda Cox, 1880

99

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.

1. Name of Deceased *Rohda Cox*

2. Sex *Female* . 3. Color *Black* . 4. Age *40*

5. Married or Single *Single*

6. Date of Death *Dec 15th 1880*

7. Cause of Death *Consumption*

8. Duration of last Illness _____

Abmuth _____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____, Ward No *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____, Residence _____

Democrat Job Print

Sarah A. Cox, 1900

67

100

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Sarah A. Cox
 2. Sex female 3. Color white 4. Age 69 yrs
 5. Married or single widow
 6. Date of death July - 11 - 1900
 7. Cause of death Tuberculosis -
 8. Duration of last illness Several years -
D. M. Ormrod, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth County
 11. Residence State + 6th St. Ward No. _____
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment Fairview Cem
 15. Date of intended interment July - 12 - 1900
Harvey Payne, Undertaker.
 Date of Certificate _____ Residence _____

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 *Virginia Porter Cox*
2. Sex *female* 3. Color *white* 4. Age *70 yrs*
5. Married or single *married*
6. Date of death *May - 26 - 1904*
7. Cause of death *Heart Failure*
8. Duration of last illness _____
W. S. Dowell - *W. S. Dowell*, M. D.
Residence *College St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Allen County*
11. Residence *West Chestnut* 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 Cem*
15. Date of intended interment *May 26 1904*
W. Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

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 Infant of W. B. Cox
 2. Sex Female 3. Color White 4. Age —
 5. Married or single Single
 6. Date of death Sept 27 '98
 7. Cause of death Still Born
 8. Duration of last illness —

A. C. Knight, M. D.
 Residence Bowling Green, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation —
 10. Place of birth Adams Street
 11. Residence — Ward No. 2
 12. Time of residence in the City —
 13. When a minor } Name of Mother Mrs. Mattie Cox
 } Name of Father W. B. Cox
 14. Place of intended interment Chamblee, Ga.
 15. Date of intended interment September 27 '98
Guard and Guard, Undertaker.
 Date of Certificate Sept 27 '98 Residence —

Sarah Coyle, 1912

103

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

RETURN OF A DEATH.

1165

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Sarah Coyle
 2. Sex Female 3. Color White 4. Age 67 yrs.
 5. Married or single Widow
 6. Date of death MAR 12 1912
 7. Cause of death Sub acute attack of Nervous Depression with profound Dementia and Cardiac Complications
 8. Duration of last illness about 2 weeks
J. H. Posay D. O. M. D.
 Residence 732 State Street

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Barren Co. Ky.
 11. Residence Chm St. " " " Ward No. 1
 12. Time of residence in the city several years
 13. When a minor { Name of mother.....
 Name of father.....
 14. Place of intended interment St Josephs, Covington
 15. Date of intended interment Mar 14 1912
GERARD & GERARD Undertaker.
 Date of Certificate MAR 12 1912 Residence BOWLING GREEN, KY

Russia Craddock, 1907

104

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Russia Craddock*
 2. Sex *female* 3. Color *white* 4. Age *25 yr*
 5. Married or single *single*
 6. Date of death *Sept - 15 - 1907*
 7. Cause of death *Acetamid poisoning*
 8. Duration of last illness *1 day*
 M. D. *W. H. McCracken*
 Residence *city*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *[Redacted]*
 10. Place of birth *Manufacturers Bay*
 11. Residence *Manufacturers Bay* Ward No.
 12. Time of residence in the city *— only a visitor*
 13. When a minor { Name of mother
 { Name of father *W B Craddock*
 14. Place of intended interment *Manufacturers Bay*
 15. Date of intended interment *Sept - 15 - 1907*
J. Hawley Payne Undertaker.
 Date of Certificate Residence
Died at Patten College when she was visiting.

Maurice Craig, 1912

105

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

RETURN OF A DEATH.

1253

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Maurice Craig
 2. Sex Male 3. Color White Age 30
 5. Married or single Single
 6. Date of death July 1 1912
 7. Cause of death Uræmia - chronic nephritis
 8. Duration of last illness 3 to 4 weeks
Jno H Blackbe, M. D.
 Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Insurance Agent
 10. Place of birth Chicago Ky
 11. Residence Bowling Green Ward No. _____
 12. Time of residence in the City. Eight yrs
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Chicago Ky
 15. Date of intended interment July 2 1912
Ernoch Kelly, Undertaker.
 Date of Certificate July 2, 1912 Residence Bowling Green Ky

return made by undertakers Sep 18, 1912

Infant of F. W. and Lizzie Crane, 1905

106

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

of F.W.+Lizzie

- 1. Name of deceased Infant Crane
- 2. Sex _____ 3. Color white 4. Age etc. Born
- 5. Married or single _____
- 6. Date of death June - 18 - 1905
- 7. Cause of death Still born
- 8. Duration of last illness _____

R. D. Rutherford, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation " "
- 10. Place of birth City
- 11. Residence 12th Street Ward No. 1
- 12. Time of residence in the City. _____
- 13. When a minor { Name of Mother Lizzie S. Crane
Name of Father F. W. Crane
- 14. Place of intended interment Fairview Court
- 15. Date of intended interment June 18 1905

Effawley Payne, Undertaker.

Date of Certificate

Residence

Elmer A. Crawford, 1910

107

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

RETURN OF A DEATH.

896

Physician's Certificate Preparatory to Burial.

1. Name of deceased Elmer A Crawford
 2. Sex male 3. Color white 4. Age 15-month
 5. Married or Single single
 6. Date of death Sept 22 - 1910
 7. Cause of death Acute nephritis
 8. Duration of last illness three weeks
J. M. Gentry, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Bowling Green Ky
 11. Residence " " " " Ward No. _____
 12. Time of residence in the city Life
 13. When a minor { Name of Mother _____
 Name of Father A. E. Crawford
 14. Place of intended interment Farmers Church
 15. Date of intended interment Sept 23 1910
Enochs & Kelly, Undertaker.
 Date of Certificate Sept 23 1910 Residence Bowling Green

T. J. Crawford, 1904

108

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. T. J. Crawford.*

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

5. Married or Single *Married.*

6. Date of death *Dec. 14" 04.*

7. Cause of death *Consumption.*

8. Duration of last illness _____

F. W. Cartwright, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Warren County*

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

12. Time of residence in the city _____

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

14. Place of intended interment *Fairview Cemetery*

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

Howard and Howard, Undertaker.

Date of Certificate *Dec. 15/114* Residence _____

Mrs. Don Creasy, 1909

109

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

696

1. Name of deceased Mrs Don Creasy

2. Sex Female 3. Color White 4. Age 27-

5. Married or single Married

6. Date of death Sept 17-09

7. Cause of death Septic Peritonitis

8. Duration of last illness 4 weeks

J P Readm, M. D.

Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth Edmonson Co Ky

11. Residence Post # 5 Ward No. _____

12. Time of residence in the City. 3 years

13. When a minor { Name of Mother Rebecca Ann Johnson
Name of Father Joseph

14. Place of intended interment of same

15. Date of intended interment Sept 17 1909

Edle Satterfield, Undertaker.

Date of Certificate Sept 17 Residence _____

Joseph Crenshaw, 1879

110

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Joseph Crenshaw

2. Sex Male . 3. Color Black . 4. Age _____

5. Married or Single Married

6. Date of Death June 24 1879

7. Cause of Death Consumption

8. Duration of last Illness Six Months

J. F. McElroy, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth B. Penn

11. Residence near Water Works . Ward No. 2

12. Time of Residence in the City _____

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

14. Place of intended Interment Col. Cemetery

15. Date of intended Interment _____

Frank K. Surina, Undertaker.

Date of Certificate _____ Residence _____

Democrat Print.

Lydia Crenshaw, 1907

111

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

RETURN OF A DEATH.

294

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lydia Crenshaw
 2. Sex female 3. Color white 4. Age 22 yrs
 5. Married or single single
 6. Date of death August 20 1907
 7. Cause of death Chronic Myelitis with Complications
 8. Duration of last illness months
Lillian South M. D.
 Residence city

Undertaker's Certificate in Relation to Deceased.

9. Occupation [blank]
 10. Place of birth Warren County Ky
 11. Residence 117 Elm St Ward No. [blank]
 12. Time of residence in the city 2 years
 13. When a minor { Name of mother Jane Crenshaw
 Name of father R. H. Crenshaw
 14. Place of intended interment Fairview Bury
 15. Date of intended interment August 14 1907
Hawley Payne Undertaker.
 Date of Certificate [blank] Residence [blank]

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 Fannie Cristopher
2. Sex female . 3. Color Black . 4. Age 46 yrs
5. Married or single widow
6. Date of death October 9 - 1900
7. Cause of death _____
8. Duration of last illness _____

Dr Hambriek Dr Hambriek . M. D.
O.R.P.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Georgia
 11. Residence Lower State . Ward No. _____
 12. Time of residence in the City 3 years
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment Oakland Ky
 15. Date of intended interment Oct. 10 1900
Hawley Payne, Undertaker.
- Date of Certificate _____ Residence _____

David Crockett, 1891

113

291

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *David Crockett*
 2. Sex *male* . 3. Color *White* . 4. Age *17 years*
 5. Married or Single *Single*
 6. Date of Death *May 21st / 1891*
 7. Cause of Death *Typhoid Fever*
 8. Duration of last Illness *4 weeks*
J. M. Cornell , M. D.
 Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth *Logan County*
 11. Residence *Center street* Ward No *2nd*
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother *J. G. Crockett*
 } Name of Father _____
 14. Place of intended Interment *Fairview Cemetery*
 15. Date of intended Interment *May 22nd / 1891*
J. C. Gibson , Undertaker.
 Date of Certificate *May 22nd / 91* . Residence *City*

Giles Crockett, 1893

Out of town 114

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Giles Crockett*
2. Sex *Male* 3. Color *Blk* 4. Age *55 years*
5. Married or single *Single*
6. Date of Death *June 29th 1893*
7. Cause of Death *Asthma*
8. Duration of last Illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Hack Driver*
10. Place of Birth *Kentucky*
11. Residence *Chestnut (East)* 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 *Franklin Kentucky*
15. Date of intended Interment *June 30th 1893*
F. C. Ward & Bro, Undertaker.

Date of Certificate _____ Residence _____

J. G. Crockett, 1897

1063 115

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased J. G. Crockett
2. Sex Male 3. Color White 4. Age 68 yrs
5. Married or single married
6. Date of Death October 14 1897
7. Cause of Death Heart Disease
8. Duration of last Illness 1 week
G.T.P. C. G. P. G., M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Clinton Ky
11. Residence Center St Ward No. 2
12. Time of Residence in the City years
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Fairview Cem
15. Date of intended Interment October 1997
Patrick Payne, Undertaker.
Date of Certificate _____ Residence _____

Lee Ann Crockett, 1911

116

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

RETURN OF A DEATH.

1033

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Lee Ann Crockett
2. Sex Female 3. Color White 4. Age 77
5. Married or Single Widow
6. Date of death June 22-1911
7. Cause of death arteriosclerosis
8. Duration of last illness 1 mo
Physician T. H. Stone, M. D.
Residence Barkley Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation Maunterkeeper
10. Place of birth Key
11. Residence Center Ward No. 5
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June 23-1911
GERARD & GERARD, Undertaker.
Date of Certificate June 22-1911 Residence City

Clarence Wyley Crofton, 1891

117

368

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Clarence Wyley Crofton
 2. Sex Male . 3. Color White . 4. Age 17 mos
 5. Married or Single Single
 6. Date of Death 3rd Dec 27th 1891
 7. Cause of Death Capillary Bronchitis
 8. Duration of last Illness Three Weeks
S. J. Miller M. D.
 Residence London Ky

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth Boyle Ky
 11. Residence 11th Street . Ward No. 3rd
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother Miss John Crofton
 } Name of Father John
 14. Place of intended Interment Fairview Cemetery
 15. Date of intended Interment Dec 28th 1891
H. G. Good , Undertaker.
 Date of Certificate Dec 27/91 . Residence _____

Dulaney Crofton, 1900

118

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Dulaney Crofton*
2. Sex *Male* . 3. Color *White* . 4. Age *14 mo.*
5. Married or single *Single*
6. Date of death *Oct. 2" 1900.*
7. Cause of death *Chronic Meningitis*
8. Duration of last illness

A. J. McCormack, M. D.

Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *City*
 11. Residence *Adams Street* . Ward No. *2*
 12. Time of residence in the City
 13. When a minor } Name of Mother *Mrs. Laura Crofton*
 } Name of Father *George N. Crofton*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Oct. 3" 1900.*
- Gerard and Gerard*, Undertaker.
- Date of Certificate *Oct. 9/1900.* . Residence

George Crofton, Jr., 1911

119-1

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 *George Crofton Jr.*
 2. Sex *Male*, Race *White*, 3. Color *White*, 4. Age *19 yrs.*
 5. Married or Single *Single*
 6. Date of death *Aug. 6 "1911.*
 7. Cause of death *R.R. accident, killed instantly*
 8. Duration of last illness *Engene A. Gerard*
Fairview Cemetery
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *R.R. Employee*
 10. Place of birth *Warren County Ky*
 11. Residence *Luthers, Kentucky*, Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother *Geo. W. Crofton*
 Name of Father *Mrs. H. H. Crofton*
Fairview Cemetery
 14. Place of intended interment _____
 15. Date of intended interment *Aug. 7 "1911.*
GERARD & GERARD, Undertaker.
 Date of Certificate *Aug. 7 "1911*, Residence _____

George Crofton, Jr., 1911

(write with ink) **TRANSPORTATION OF CORPSE**

Form V. S. 85. 16M. 1-15-11 Commonwealth of Kentucky Transit Permit No. 3

1 PLACE OF DEATH
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State of Kentucky
 County of Todd
 City of Guthrie (No. _____ St.; _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME George M. Crofton

Personal and Statistical Particulars			Medical Certificate of Death	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single, Married, Widowed, or Divorced <u>Single</u> (WRITE the word)	16 DATE OF DEATH <u>Aug. 6</u> , 191 <u>1</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>Aug 1</u> , 18 <u>92</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Aug. 6</u> , 191 <u>1</u> , to <u>Aug 4</u> , 191 <u>1</u> .	
7 AGE <u>17</u> yrs. <u>5</u> mos. <u>5</u> ds.			that I last saw h..... alive on....., 191.....	
8 OCCUPATION <u>Business as ad</u>			and that death occurred, on date stated above, at <u>4-a</u> m.	
9 BIRTHPLACE (State or country) <u>Warren Co. Ky</u>			The CAUSE OF DEATH* was as follows: <u>Road Run accident</u> <u>Refused treatment</u>	
PARENTS	10 NAME OF FATHER <u>G. M. Crofton</u>	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residences) At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds. Where was disease contracted, if not at place of death? Former or usual residence.....		
	11 BIRTHPLACE OF FATHER (State or country) <u>W. Va.</u>			
	12 MAIDEN NAME OF MOTHER <u>Laura Bell Martin</u>			
13 BIRTHPLACE OF MOTHER (State or country) <u>Marshall County W. Va.</u>			(Signed) M. D. <u>Geo. M. Robinson</u> , M. D. <u>Aug. 6th</u> , 191 <u>1</u> (Address) <u>Guthrie Ky</u>	
14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) <u>Geo. M. Robinson</u> (Address) <u>Guthrie Ky</u>				
15 PLACE WHERE REMAINS ARE TO BE SENT <u>Burial here by</u>		DATE OF SHIPMENT <u>Aug 7</u> , 191 <u>1</u>		
SHIPPING UNDERTAKER <u>Chas. A. Hooper</u>				
FIRM NAME <u>Guthrie Ky</u> ADDRESS				

*If the body is to be buried within the State of Kentucky, the Receiving Undertaker will detach the Transit Permit at this portion and deliver it to the sexton or other persons in charge of the cemetery or burial ground, where burial takes place.

George Crofton, Jr., 1911

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

Rule 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting 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 Rule 2.

Rule 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 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 embalmer, 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, 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 transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, 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.

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 paster 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 disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate and enclosed in a hermetically soldered zinc, tin or copper-lined box. But the bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 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

120-1

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

RETURN OF A DEATH.

1177

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. George Crofton*

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

5. Married or single *Married*

6. Date of death *March, 24/1912*

7. Cause of death *Tuberculosis* as per *Vital Statistics*

8. Duration of last illness.....

Engene A. Gerard, Funeral Director
 Residence *Bowling Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth.....

11. Residence *Luthria Kentucky* Ward No.....

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

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Mar 26 1912*

GERARD & GERARD. Undertaker.

Date of Certificate *Mar. 26/1912.* Residence **BOWLING GREEN, KY**

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.

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Geo N Crofton*
2. Sex *Male* 3. Color *White* 4. Age _____
5. Married or Single _____
6. Date of Death *June 14th 1891*
7. Cause of Death *Premature Birth*
8. Duration of last Illness _____
W M Claypool, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Woodford Street*
11. Residence *Bloom Ky* Ward No. *4th*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *S B Crofton*
 } Name of Father *Geo N "*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *June 18th 1891*
H C Green, Undertaker.
Date of Certificate *June 14th 1891*. Residence _____

Samuel Crosthwait, 1912

122

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

RETURN OF A DEATH.

1150

Physician's Certificate Preparatory to Burial.

1. Name of deceased Samuel Crosthwait
2. Sex Male 3. Color White 4. Age 88 yrs.
5. Married or Single Single
6. Date of death July 23rd 1912
7. Cause of death Eurermia
8. Duration of last illness several days
J. W. Stone, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth BOWLING GREEN, KY
11. Residence Chestnut St. Ward No. 1
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment July 24/1912
GERARD & GERARD, Undertaker.
Date of Certificate July 24/1912 Residence BOWLING GREEN, KY

Annie Crow, 1907

123

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Annie Crow, Crow*
 2. Sex *Male* 3. Color *Red* 4. Age *7 Mo.*
 5. Married or single *Single*
 6. Date of death **JAN 10 1907**
 7. Cause of death *Result of Burns*
 8. Duration of last illness _____
 Signature *Geo E. Gray* *Common of* M. D.
 Residence *Warren Co.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth **BOWLING GREEN, KY**
 11. Residence *Monn St.* Ward No. *2*
 12. Time of residence in the City. *7 Mo.*
 13. When a minor { Name of Mother *Annie Crow,*
 Name of Father _____
 14. Place of intended interment *Community Burial*
 15. Date of intended interment *Jan 11 '07.*
GERARD & GERARD. Undertaker.
 Date of Certificate **JAN 10 1907** Residence **BOWLING GREEN, KY**

James M. Crow, 1891

124

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. Crow*

2. Sex *Male* 3. Color *White* 4. Age *20 yrs.*

5. Married or Single *Single*

6. Date of Death *Jan'y 21st 1891.*

7. Cause of Death *Convulsions*

8. Duration of last Illness *four months*

Sarah J. Miller, M. D.
Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *City*

11. Residence *State Street* Ward No. *1st*

12. Time of Residence in the City _____

13. When a Minor. } Name of Mother *Louise Crow*
 } Name of Father *A. A. Crow*

14. Place of intended Interment ~~*Burial Co.*~~ *Fairview Cem*

15. Date of intended Interment *Jan'y 22nd 1891*

H. C. Guady, Undertaker.

Date of Certificate *Jan 21/91* Residence *City*

Died at Jas. A. Mitchell's Residence

Lena Crowdus, 1912

125

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

RETURN OF A DEATH.

1221

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lena Crowdus
2. Sex Female 3. Color black 4. Age 25 yrs.
5. Married or Single married
6. Date of death July 21-1912
7. Cause of death Miscarriage
8. Duration of last illness 15 days
Residence T. O. Stelma, M. D.
Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Tenn
11. Residence Indianola St. Ward No. 1
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment County Cemetery
15. Date of intended interment July 22nd 1912.
GERARD & GERARD. _____, Undertaker.
Date of Certificate July 22nd 1912 Residence BOWLING GREEN, KY

Ruben Ernst Crowdus, 1909

126

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

RETURN OF A DEATH.

631

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

[Crowdus]

- 1. Name of deceased Ruben Ernst Crowdus
 - 2. Sex Male 3. Color Cal 4. Age 44
 - 5. Married or single Single
 - 6. Date of death _____
 - 7. Cause of death Stomach trouble
 - 8. Duration of last illness _____
- _____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation actor
 - 10. Place of birth Bowling Green Ky
 - 11. Residence Ky City Ward No. _____
 - 12. Time of residence in the City. _____
 - 13. When a minor { Name of Mother _____
Name of Father _____
 - 14. Place of intended interment Mt Mariah
 - 15. Date of intended interment May 25/09
- _____
Undertaker.
- Date of Certificate May 25/09 Residence BY Ky

Rubin Crowdus, 1896

843 127

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Rubin Crowdus*

2. Sex *male* 3. Color *BLK* 4. Age *60 yrs*

5. Married or single *married*

6. Date of Death *April 10 1896*

7. Cause of Death *Urin poison*

8. Duration of last Illness _____

J. M. Murphy *G. N. Murphy*, M. D.
Residence *B. G. Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Laborer*

10. Place of Birth *Franklin Ky*

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

12. Time of Residence in the City *30 yrs*

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

14. Place of intended Interment *Ant Mariah*

15. Date of intended Interment *Apr 12 1896*

Pratt & Payne, Undertaker.

Date of Certificate _____ Residence _____

Will Crowdus, 1900

109

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Sophia Crutcher*
 2. Sex *Female* 3. Color *White* 4. Age *55*
 5. Married or Single *Widow*
 6. Date of death *Oct. 30 "04*
 7. Cause of death *Paralysis*
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence *State St.* Ward No. *1*
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Highway, Kentucky*
 15. Date of intended interment *Oct 31 "04*
Guard and Grand Undertaker.
 Date of Certificate *Oct 31 "04* Residence *City*

Sophia Crutcher, 1904

109

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Sophia Crutcher Crutcher*
 2. Sex *Female* 3. Color *White* 4. Age *55*
 5. Married or Single *Widow*
 6. Date of death *Oct. 30 " 04.*
 7. Cause of death *Purpura.*
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence *State St.* Ward No. *1*
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Oct 31 " 04.*
Guard and Guard Undertaker.
 Date of Certificate *Oct 31 " 04* Residence *City*

Benjamin L. Cullen, 1904

130

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Benjamin
1. Name of deceased *Benj L Cullen*
2. Sex *male* 3. Color *white* 4. Age *56 yrs*
5. Married or single *married*
6. Date of death *July 11 - 1904*
7. Cause of death *Bright's Disease*
8. Duration of last illness *Seven at Manate*
was Bright M. D.
Residence *city*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *East Chestnut St* Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *July 12 - 1904*
Hawley Bayne Undertaker.
Date of Certificate _____ Residence _____

Joseph T. Cullen, 1908

131

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

RETURN OF A DEATH.

385

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joseph T. Cullen
 2. Sex Male 3. Color White 4. Age 65 yrs.
 5. Married or single Single
 6. Date of death JAN 24 1908
 7. Cause of death Heart Disease
 8. Duration of last illness Five minutes
Biggs & Rutherford. M. D.
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Shoe Maker
 10. Place of birth Bowling Green
 11. Residence Indiana St. Ward No. 1
 12. Time of residence in the city Life time
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Jan. 26 1908
GERARD & GERARD, Undertaker.
 Date of Certificate JAN 24 1908 Residence BOWLING GREEN, KY

Child of Mike and Hannah Culliman, 1893

540 132

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 of Mike Culliman*

2. Sex *Female* 3. Color *White* 4. Age *17 mo*

5. Married or single *Single*

6. Date of Death *Sept 4/93*

7. Cause of Death *Cholera & Typhoid*

8. Duration of last Illness _____

G. A. Murphy, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Knoxville Tenn*

11. Residence *Adams street* Ward No. *3rd*

12. Time of Residence in the City _____

13. When a Minor } Name of Mother *Mrs Hannah Culliman*
 } Name of Father *Mike*

14. Place of intended Interment *Catholic Cemetery*

15. Date of intended Interment *Sept 5/93*

J. C. Grand Undertaker.

Date of Certificate *Sept 5/93* Residence *City*

William Cullin, 1905

1905

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *William Cullin Cullin*
 2. Sex *Male* 3. Color *White* 4. Age *70 yrs*
 5. Married or Single _____
 6. Date of death *May 16 '05*
 7. Cause of death *Inflammation of Bladder*
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *City*
 11. Residence *Indiana St* Ward No. *1*
 12. Time of residence in the city *Lifetime*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *May 17 '05*
Gerard & Guard, Undertaker.
 Date of Certificate *May 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.

1907

Physician's Certificate Preparatory to Burial.

1. Name of deceased Charles A. Cummings
 2. Sex Male 3. Color White 4. Age 24 yrs
 5. Married or single Single
 6. Date of death Apr. 6 "1907.
 7. Cause of death Tuberculosis
 8. Duration of last illness.....
V. E. Tugert M. D.
 Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Logan County
 11. Residence Nugent St Ward No. 3
 12. Time of residence in the city 10 months
 13. When a minor { Name of mother.....
 Name of father G. A. Cummings
Fairview Cemetery
 14. Place of intended interment.....
 15. Date of intended interment Apr. 7 "07.
GERARD & GERARD Undertaker.
 Date of Certificate Apr 7/07. Residence BOWLING GREEN, KY

89023M
8718

Emiley Cummings, 1894

135

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Emiley Cummings
 2. Sex Female 3. Color Blk 4. Age 50 yrs.
 5. Married or single Married
 6. Date of Death Sept. 15/1894
 7. Cause of Death Obstruction of Bowels
 8. Duration of last Illness _____
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 11. Residence Kentucky street Ward No. 2nd
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother _____
 Name of Father _____
 14. Place of intended Interment Mt Zion ch Cemetery
 15. Date of intended Interment Sept 16/1894.
A. C. Guard & Bro., Undertaker.
 Date of Certificate Sept 16/94 Residence _____

Annie Curd, 1891

136

293

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Annie Curd*

2. Sex *female* . 3. Color *Black* . 4. Age *30*

5. Married or Single *Married*

6. Date of Death *May 29th 1891*

7. Cause of Death *Consumption*

8. Duration of last Illness _____

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

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Bowling Green Ky*

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

12. Time of Residence in the City _____

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

14. Place of intended Interment *Mt Zion Cem*

15. Date of intended Interment *May 31st 1891*

Frank C. Guard Undertaker.

Date of Certificate _____ . Residence _____

Betsey Curd, 1892

418 137

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Betsey Curd
 2. Sex Female 3. Color W 4. Age 72
 5. Married or Single Single
 6. Date of Death Jun 28th 1892
 7. Cause of Death Paralysis
 8. Duration of last Illness Six months

J. W. Owens, M. D.

Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth Kentucky
 11. Residence 11th Street Ward No. 2
 12. Time of Residence in the City _____

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

14. Place of intended Interment Wm. M. Curd
 15. Date of intended Interment Jun 29th 1892

H. Curd Undertaker.

Date of Certificate Jun 28th 1892 Residence _____

Child of C. William and Margaret Curd, 1912

138

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

RETURN OF A DEATH.

1288

Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of C. William Curd
 2. Sex Male 3. Color White 4. Age 4 Hours
 5. Married or Single Single
 6. Date of death Nov 10 - 1912
 7. Cause of death Exhaustion
 8. Duration of last illness About 5 Hours
J. J. Martin, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation None
 10. Place of birth Ky
 11. Residence 1048 Chestnut St Ward No. 1
 12. Time of residence in the city _____
 13. When a minor { Name of Mother Margaret Curd
 Name of Father C. W. Curd
 14. Place of intended interment Farrar Cemetery
 15. Date of intended interment Nov 11 - 12
GERARD & GERARD, Undertaker.
 Date of Certificate Nov 11 - 12 Residence BOWLING GREEN, KY

Charlie Curd, 1907

139

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Charlie Curd
2. Sex male 3. Color black 4. Age 70
5. Married or single Single
6. Date of death Nov. 12-07
7. Cause of death Heart Disease
8. Duration of last illness 6 wks
..... T. W. Stone M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9: Occupation Laborer
10. Place of birth.....
11. Residence Tenth St Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother.....
 { Name of father.....
14. Place of intended interment mt moriah cemetery
15. Date of intended interment Nov. 13-07
..... J. E. Kuyfuss Undertaker.
Date of Certificate Nov. 13-07 Residence.....
Cor. 7th College St

G. C. Curd, 1898

Curtis City 140

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased G. C. Curd
2. Sex Male . 3. Color white . 4. Age _____
5. Married or single married
6. Date of death March 21 1898
7. Cause of death Chronic Nephritis
8. Duration of last illness 12 days
720.S. Tom W Stone, M. D.
Residence College St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Deputy Jailor
10. Place of birth Smith Grove Ky
11. Residence County Jail (clerk). Ward No. 1
12. Time of residence in the City 3 months
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Smith Grove Ky
15. Date of intended interment March 22 1898
Hewey Payne, Undertaker.
Date of Certificate _____ Residence _____

Georgie Curd, 1909

#605 141

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Georgie Curd*

2. Sex *female* 3. Color *leal.* 4. Age *18 yrs.*

5. Married or single *single*

6. Date of death *mar. 29 1909*

7. Cause of death *Pulmonary Tuberculosis*

8. Duration of last illness *about 3 months*

O. D. Miller M. D.

Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Bowling Green*

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

12. Time of residence in the city *during life*

13. When a minor { Name of mother *Junie Curd*
Name of father *Phill Curd*

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

15. Date of intended interment *March 31 - 1909*

J. E. Mayhew Undertaker.

Date of Certificate *March 29 09* Residence *7 & College St.*

John Curd, 1894

142

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 Curd

2. Sex Male 3. Color Blk 4. Age 30 yr

5. Married or single Single

6. Date of Death Nov. 23/1894

7. Cause of Death Killed with an ax

8. Duration of last Illness _____

_____ , M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation School Teacher

10. Place of Birth Myers Ky

11. Residence 10th street Ward No. 2nd

12. Time of Residence in the City _____

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

14. Place of intended Interment St. Morial

15. Date of intended Interment Nov 24/94

A. C. Guard , Undertaker.

Date of Certificate Nov 24/94 Residence city

Child of Lula Curd, 1904

143

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Lula Curd*
 2. Sex *Male* 3. Color *Blk.* 4. Age *7 months*
 5. Married or Single *Single*
 6. Date of death *Dec 20" 04.*
 7. Cause of death *Unknown*
 8. Duration of last illness
John C. Gray Brown, M. D.
 Residence *Warren Co.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *City*
 11. Residence *Kentucky St* Ward No. *2*
 12. Time of residence in the city *7 months*
 13. When a minor { Name of Mother *Lula Curd.*
 Name of Father
 14. Place of intended interment *Mt Moriah Cemetery*
 15. Date of intended interment *Dec. 21" 04.*
Grand and Grand, Undertaker.
 Date of Certificate *Dec. 21" 04.* Residence

Tom Curd, 1893

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Tom Curd
 2. Sex Male 3. Color Blk 4. Age 8 yrs.
 5. Married or single Married
 6. Date of Death Feb. 9 "1903.
 7. Cause of Death Cystitis
 8. Duration of last Illness Eight weeks
J. W. Coombs, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 11. Residence 2nd street Ward No. 1st
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended Interment Mt. Zion
 15. Date of intended Interment Feb. 10 "1904
H. G. Gerald & Co., Undertaker.
 Date of Certificate Feb. 9/04 Residence _____

Child of William Curd, 1900

145

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Child of William^{M/M} Curd.*
- 2. Sex *Female* . 3. Color *Blk* . 4. Age *5 Mo.*
- 5. Married or single *Single*
- 6. Date of death *Jan 2nd 1900.*
- 7. Cause of death *Pneumonia*
- 8. Duration of last illness

D. D. Porter, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
 - 10. Place of birth *City*
 - 11. Residence *Center St.* . Ward No. *2nd*
 - 12. Time of residence in the City
 - 13. When a minor } Name of Mother *Mrs Anne Curd*
 } Name of Father
 - 14. Place of intended interment *Mt. Moriah Cemetery*
 - 15. Date of intended interment *Jan 3rd 1900.*
- Grand and Garck*, Undertaker.
- Date of Certificate *Jan 2nd 1900.* . Residence

Mrs. Curran, 1899

103 146

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

Madison J. Alewine

- 1. Name of deceased *Mrs Alewine (Curran)*
 - 2. Sex *Female* 3. Color *White* 4. Age *103 years*
 - 5. Married or single *Widow*
 - 6. Date of death *Nov. 18/99*
 - 7. Cause of death *Old age*
 - 8. Duration of last illness *Three Months*, M. D.
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
 - 10. Place of birth *Ireland*
 - 11. Residence *Paris* 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 *Saint Joseph*
 - 15. Date of intended interment *Nov. 19/99*
- Garard & Lucard*, Undertaker.
- Date of Certificate *Nov. 18/99* Residence _____

Thomas P. Curran, 1905

147

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Thomas P. Curran*
2. Sex *Male* Color *White* 4. Age *62 yrs.*
5. Married or Single *Married*
6. Date of death *July 16" 05*
7. Cause of death *Dropsy with complication*
8. Duration of last illness _____
J. C. Heald, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Boston Mass.*
11. Residence *Otter St.* Ward No. *3*
12. Time of residence in the city *36 yrs.*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *St. Josephs Cemetery.*
15. Date of intended interment *July 17" 05*
Edward J. Girard, Undertaker.
Date of Certificate *July 17/05* Residence _____

Infant of Anna Cussins, 1891

336 148

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant child of Anna Cussins*
2. Sex *Female* 3. Color *Black* 4. Age *3 weeks*
5. Married or Single *Single*
6. Date of Death *Sept 15th 1891*
7. Cause of Death *Cholera*
8. Duration of last Illness *5 days*
Wm. H. [Signature], M. D.
Residence *City of [Signature]*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Jackson St.* Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Anna Cussins*
 } Name of Father _____
14. Place of intended Interment *County Court*
15. Date of intended Interment *Sept 16th 1891*
W. H. [Signature], Undertaker.
Date of Certificate *Sept 16th 1891* Residence _____

Nick Cuykendal, 1879

149

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Nick Cuykendal*
2. Sex *Male* 3. Color *Blk* 4. Age *84*
5. Married or ~~Single~~
6. Date of Death *Jan 6th 1879*
7. Cause of Death *Not known*
8. Duration of last Illness *Short time*
W. McClaypool, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of Birth
 11. Residence Ward No. *9*
 12. Time of Residence in the City
 13. When a Minor { Name of Mother
 { Name of Father
 14. Place of intended Interment
 15. Date of intended Interment
- _____, Undertaker.
Date of Certificate Residence

Pantagraph Print.