

1877

## Box 1, Folder 8 Bowling Green, Kentucky - Death Records, D

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Child of Fannie Dale, 1899

62 11

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Child of Fannie Dale  
 2. Sex \_\_\_\_\_ 3. Color White 4. Age 18 months  
 5. Married or single Single  
 6. Date of death July 20/99  
 7. Cause of death Cholera Infantum  
 8. Duration of last illness \_\_\_\_\_

J. E. Meredith M. D.  
 Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth City  
 11. Residence City Ky. Ward No. 2  
 12. Time of residence in the City Lifetime  
 13. When a minor } Name of Mother Fannie Dale  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment July 21/99  
Garard & Garard Undertaker.  
 Date of Certificate July 30/99 Residence \_\_\_\_\_

Child of Fannie Dale, 1899

~~28~~      ~~53~~      63      1-2

~~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. Fannie Dale.*  
2. Sex ..... 3. Color *White* ..... 4. Age *18 mo.*,  
5. Married or single *Single.*  
6. Date of death *July 30" 1899.*  
7. Cause of death *Cholera Infantum*  
8. Duration of last illness .....  
*W. R. Francis*, M. D.  
Residence *B. G. Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation .....  
10. Place of birth *Jeffersonville Ind.*  
11. Residence *Kentucky St.* Ward No. *3rd*  
12. Time of residence in the City *Two months*  
13. When a minor } Name of Mother *Mrs. Fannie Dale.*  
                          } Name of Father .....  
14. Place of intended interment *Fairview Cemetery,*  
15. Date of intended interment *July 31" 1899.*  
*Guard & Guard*, Undertaker.  
Date of Certificate *July 31" 99.* Residence *City*

Child of Ben Dallis, 1900

76  
49

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.

Child of Ben Dallis

1. Name of deceased Dallis

2. Sex Female 3. Color black 4. Age 2 yrs

5. Married or single single

6. Date of death April 18 - 1900

7. Cause of death Croup

8. Duration of last illness Two months

O. D. Dobb, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth Bowling Green

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 Ben Dallis

14. Place of intended interment Franklin

15. Date of intended interment April 19 - 1900

J. E. Thymendall, Undertaker.

Date of Certificate June 14 1900 Residence State St

8 10

Jester Dalton, 1892

3

*Out of town*

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Jester Dalton*

2. Sex *boy* . 3. Color *white* . 4. Age *5 mo*

5. Married or Single *Single*

6. Date of Death *Jan 26<sup>th</sup> 1892*

7. Cause of Death *Broncho Pneumonia*

8. Duration of last Illness *3 weeks*

*A. P. Cartwright*, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

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

10. Place of Birth *City*

11. Residence *Leath st* . Ward No. *4<sup>th</sup>*

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

13. When a Minor. } Name of Mother *Birdie Dalton*  
                              } Name of Father *Albert Dalton*

14. Place of intended Interment *Evergreen*

15. Date of intended Interment *Jan 27<sup>th</sup> 1892*

*A. C. Leonard*, Undertaker.

Date of Certificate *Jan 26<sup>th</sup> 1892* Residence \_\_\_\_\_

Annie F. Daniel, 1879

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Annie F. Daniel*
  2. Sex *Female* . 3. Color *White* . 4. Age *7 Months*
  5. Married or Single \_\_\_\_\_
  6. Date of Death *Feb 28<sup>th</sup> 1879*
  7. Cause of Death *Bacilar meningitis*
  8. Duration of last Illness *One month*
- J. A. McCommack*, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_
  10. Place of Birth *Bulloch Co. Ala.*
  11. Residence *Below Catholic Ch.* . Ward No. *3<sup>rd</sup>*
  12. Time of Residence in the City *One month*
  13. When a Minor { Name of Mother *Mrs M. O. Daniel*  
Name of Father *Mr E C Daniel*
  14. Place of intended Interment *Catholic Cemetery*
  15. Date of intended Interment *March 1<sup>st</sup> 1879*
- Strickles*, Undertaker.
- Date of Certificate *Mch 1<sup>st</sup> 1879* . Residence *Main St*  
*Bowling Green Ky*

Democrat Print.



Child of Alfred Darden, 1897

1074 6

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Child of Alfred Darden  
2. Sex Female 3. Color White 4. Age 5 yrs  
5. Married or single Single  
6. Date of Death Nov 13<sup>th</sup> 97  
7. Cause of Death Burned  
8. Duration of last Illness \_\_\_\_\_  
E. J. Hughes, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence 7<sup>th</sup> street Ward No. 2nd  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father Alfred Darden  
14. Place of intended Interment County Cemetery  
15. Date of intended Interment Nov 14<sup>th</sup> 97  
Gerard T Gerard, Undertaker.  
Date of Certificate Nov. 14/97 Residence \_\_\_\_\_



Harriet Darden, 1906

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 *Harriet Darden*  
 2. Sex *female* 3. Color *BLK* 4. Age *39 yrs*  
 5. Married or single *married*  
 6. Date of death *June 14, 1906*  
 7. Cause of death *Sepsis from Rectal tumor.*  
 8. Duration of last illness \_\_\_\_\_  
*J. H. Blackburn*, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Covington*  
 11. Residence *N. Centre* Ward No. \_\_\_\_\_  
 12. Time of residence in the City. *4 years*  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *St. Maria's*  
 15. Date of intended interment *June 15, 1906*  
*J. H. Blackburn*, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

R. M. Daugherty, 1912

8-1

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

# RETURN OF A DEATH.

1189

## Physician's Certificate Preparatory to Burial.

1. Name of deceased R. M. Daugherty  
 2. Sex Male 3. Color White 4. Age 41 yrs.  
 5. Married or Single Married  
 6. Date of death May 7" 1912.  
 7. Cause of death Hemorrhage, Lungs or Stomach.  
 8. Duration of last illness \_\_\_\_\_  
E. N. Grand, Funeral Director  
 Residence BOWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation R. R. Engineer.  
 10. Place of birth \_\_\_\_\_  
 11. Residence Princeton, Fla. Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment May 9" 1912.  
GERARD & GERARD., Undertaker.  
 Date of Certificate MAY 9 - 1912 Residence BOWLING GREEN, KY.

R. M. Daugherty, 1912

This Certificate and the Shipping Paster below must be detached at this perforation and securely tacked or pasted on the end of the Coffin Box.

PASTER  
CERTIFICATE OF UNDERTAKER Transit Permit No. 40

I hereby certify that the accompanying dead body of R. M. Daugherty  
consigned to Bowling Green in the County of Warren State of Ky  
and who died of Paratyphoid has been prepared by me and strictly in accordance  
with Rule 22 of the State Board of Health of Florida, for transportation by railway and  
in conformity with said rules as printed on the back of this Permit, and I further certify that I hold an Embalm-  
er's License (No. 05) issued by said State Board.

Residence Pensacola Florida Shipping Undertaker W. J. Robinson

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

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

From Pensacola to Bowling Green State of Ky Date Pensacola Fla 5/12/12  
No. of Ticket of Escort 300-508 Form No. of Ticket of Escort 300-508  
No. of Corpse Ticket 300-508 Form No. of Corpse Ticket 300-508  
No. Excess Check \_\_\_\_\_ Form No. of Excess Check \_\_\_\_\_  
Via \_\_\_\_\_ R. R. To \_\_\_\_\_  
Via Don R. R. To \_\_\_\_\_  
Via \_\_\_\_\_ R. R. To \_\_\_\_\_  
Via \_\_\_\_\_ R. R. To \_\_\_\_\_  
Name of passenger or agent or express company in charge Mr. R. M. Daugherty  
Place of residence Pensacola Fla  
Signed W. J. Robinson Station B. M.

SEE RULES AND INSTRUCTIONS ON THE OTHER SIDE

R. M. Daugherty, 1912

MSS 293  
B1F8

**TRANSPORTATION OF DECEASED PERSONS IN BAGGAGE CARS**

*To Railroad Agents, Station and Train Baggage-men:*

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

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

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

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

The undertaker's certificate and paster of the *original* will be detached from the physician's certificate and permit and fastened on the end of the coffin box. The physician's certificate and permit will be handed to the passenger or agent. The *whole duplicate* copy will be sent to the General Baggage Agent of the initial road by the first passenger train, and the triplicate copy will be mailed to the State Board of Health of Florida.

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

**NOTE**

The Transit Permit, to be issued by Licensed Embalmers only, in the following cases:

1. In the shipment of bodies specified in Rule 21.
2. In the shipment of bodies specified in Rule 22, when the bodies have been prepared for shipment by being THOROUGHLY DISINFECTED as in Rule 21, when the air-tight sealing may be dispensed with.
3. In the shipment of bodies specified in Rule 23, which can not reach their destination within thirty hours from the time of death. This only when said bodies have been THOROUGHLY DISINFECTED as in Rule 21, when the air-tight sealing may be dispensed with.

In the shipment of bodies under Rules 22 and 23, not specifically referred to above the Permit printed on WHITE paper should be used.

Record Co. St. Augustine, 45834

Signed \_\_\_\_\_

SEE RULES AND INSTRUCTIONS ON THE OTHER SIDE

Edward Daughtry, 1907

9

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

## RETURN OF A DEATH.

332

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

1. Name of deceased Edward Daughtry  
 2. Sex Male 3. Color White 4. Age 23 yrs.  
 5. Married or single Single  
 6. Date of death Oct. 23 1907.  
 7. Cause of death Typhoid Pneumonia  
 8. Duration of last illness.....  
 Signature Eugene S. Gerard  
 Residence BOWLING GREEN, KY.

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

9. Occupation.....  
 10. Place of birth Warren County  
 11. Residence Near Bristol Ky. Ward No. —  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother Mrs. C. L. Daughtry  
 Name of father C. L. Daughtry  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Oct. 25/1907.  
GERARD & GERARD Undertaker.  
 Date of Certificate Oct. 24/1907. Residence BOWLING GREEN, KY

69822M  
8718

Mrs. W. G. Daughtry, 1911

10

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

## RETURN OF A DEATH.

995

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. W. G. Daughtry
2. Sex Female 3. Color White 4. Age 60 yrs
5. Married or Single Married
6. Date of death Apr. 6" 1911
7. Cause of death Acute bronchitis
8. Duration of last illness 10 days

S. G. Coombs, M. D.  
Residence Bowling Green Ky.

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

9. Occupation \_\_\_\_\_
10. Place of birth Virginia
11. Residence State St. Ward No. 1
12. Time of residence in the city 27 yrs
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. <sup>Date</sup> Place of intended interment Apr. 8" 1911
15. <sup>Place</sup> Date of intended interment Fairview Cemetery

**GERARD & GERARD,** Undertaker.

Date of Certificate Apr. 7" 1911 Residence BOWLING GREEN, KY

Avy Davenport, 1894

594

11

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Avy Davenport*
- 2. Sex *female* . 3. Color *col* . 4. Age *75 yrs*
- 5. Married or Single *widow*
- 6. Date of Death *Feb 27 1894*
- 7. Cause of Death *Old age.*
- 8. Duration of last Illness

*no doctor.  
110 e lock  
10 30  
r*

*Dr. S. O. S. T. B. Wright M. D.  
City Health Officer.  
Residence*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of Birth *Warren County*
- 11. Residence *Delapfield* . 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 *Mt Moriah -*
- 15. Date of intended Interment *Feb 28 1894*  
*Prather & Payne* , Undertaker.
- Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

John Q. Davenport, 1909

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

# RETURN OF A DEATH.

720

## Physician's Certificate Preparatory to Burial.

12

1. Name of deceased John Q. Davenport  
2. Sex Male 3. Color White 4. Age 49  
5. Married or single Married  
6. Date of death Nov. 10-09-  
7. Cause of death Peritonitis  
8. Duration of last illness Six days  
R. B. Petherford M. D.  
Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
10. Place of birth Ewing Ford  
11. Residence Ewing Ford Ward No. ....  
12. Time of residence in the city .....

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

{ Name of father Fairview Cemetery

14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Nov. 11-1909-  
GERARD & GERARD Undertaker.  
Date of Certificate Nov. 10-1909 Residence BOWLING GREEN, KY



Josephine Dorothy Davenport, 1906

#137 13

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

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Josephine Dorothy Davenport*  
 2. Sex *female* 3. Color *white* 4. Age \_\_\_\_\_  
 5. Married or single \_\_\_\_\_  
 6. Date of death *Nov 29, 1906*  
 7. Cause of death *Stiff Neck*  
 8. Duration of last illness \_\_\_\_\_

*S. W. Cooney* M. D.  
 Residence \_\_\_\_\_

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Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *country*  
 11. Residence *country* Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of mother *Mrs. Chas. Davenport*  
                           Name of father *Chas. Davenport*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Nov-30-1906*

*Harvey Payne* Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Wesley Davenport, 1896

906 14

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Wesley Davenport*  
 2. Sex *Male* 3. Color *Blk* 4. Age *22*  
 5. Married or single *Single*  
 6. Date of Death *July 4/96*  
 7. Cause of Death *Shot*  
 8. Duration of last Illness \_\_\_\_\_

*B. L. Cullen Cor. of.*, M. D.  
 Residence *Warren Co.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *City*  
 11. Residence *Main Street* Ward No. *X 3*  
 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 5/96*

*F. C. Guard* Undertaker.

Date of Certificate *July 5/96*. Residence \_\_\_\_\_

Enoch Davidson, 1907

15

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

# RETURN OF A DEATH.

269  
N

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Enoch Davidson
  2. Sex male      3. Color Black      4. Age 42 yr
  5. Married or single married
  6. Date of death February 3rd 1907
  7. Cause of death cinthosic fever
  8. Duration of last illness weeks
- J. D. Porter M. D.  
Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Cabinet maker & upholsterer
  10. Place of birth County of Warren
  11. Residence Chestnut 13 & 14 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 Lat Moriah
  15. Date of intended interment July 1st 1907
- Abraham Undertaker.  
Date of Certificate.....      Residence.....

John P. Davidson, 1903

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 *John P. Davidson*  
 2. Sex *Male* 3. Color *White* 4. Age \_\_\_\_\_  
 5. Married or single *Married*  
 6. Date of death *Sept. 19<sup>th</sup> 1903*  
 7. Cause of death *Pistol Shot wound*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *Warren Co.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Warren Co.*  
 11. Residence *near White Star Ferry* Ward No. \_\_\_\_\_  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *Still View Mt. Vernon, Co.*  
 15. Date of intended interment *Sept. 20/1903*  
*Gerard Gerard*, Undertaker.  
 Date of Certificate *Sept. 19/1903* Residence \_\_\_\_\_  
*Killed in O.S. Saloon*

Lucy Davidson, 1908

17

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

## RETURN OF A DEATH.

574

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Lucy Davidson  
2. Sex Female 3. Color White 4. Age 30  
5. Married or single Single  
6. Date of death Oct 3/08  
7. Cause of death Appendicitis Operation refused  
8. Duration of last illness Three weeks  
McCormick & South, M. D.  
Residence BY Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Student  
10. Place of birth \_\_\_\_\_  
11. Residence Alexandria La Ward No. \_\_\_\_\_  
12. Time of residence in the City. Short time  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Alexandria La  
15. Date of intended interment \_\_\_\_\_  
Cracks & Davis, Undertaker.  
Date of Certificate Oct 31/08 Residence BY Ky

A. E. Davis, March 31

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 *A E Davis*

2. Sex *Female* . 3. Color *Blk* . 4. Age *2 Years*

5. Married or Single *Single*

6. Date of Death *March 31*

7. Cause of Death *Burn*

8. Duration of last Illness *Three Weeks*

*W. P. Hildreth*, M. D.

Residence *Bowling Green Ky*

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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 *Allie Davis*  
Name of Father *James* "

14. Place of intended Interment *Col Cem*

15. Date of intended Interment *Mar 31st*

*F. H. Green*, Undertaker.

Date of Certificate . Residence

Democrat Print.

Allene Davis, 1908

19

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

# RETURN OF A DEATH.

1759

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Allene Davis  
 2. Sex female 3. Color col 4. Age 3 yrs.  
 5. Married or single single  
 6. Date of death march 29-1908.  
 7. Cause of death Burned to death  
 8. Duration of last illness about 24 hrs.  
J. G. Willis, M. D.  
 Residence 13 1/2 Main st.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Bowling Green  
 11. Residence 2 st. Ward No. 2  
 12. Time of residence in the city life  
 13. When a minor { Name of mother Lizzie Davis  
                           { Name of father Cidney Davis  
 14. Place of intended interment mt. moriah cem.  
 15. Date of intended interment march 30-1908  
J. E. Kuykendall Undertaker.  
 Date of Certificate march 30 Residence.....  
7 College St

Arzella Davis, 1913

20

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

# RETURN OF A DEATH.

1332

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Arzella Davis  
 2. Sex female 3. Color col 4. Age 14 yrs  
 5. Married or single single  
 6. Date of death Feb 9 - 1913  
 7. Cause of death Acute Endocarditis  
 8. Duration of last illness About 2 wks  
3 H Jones M. D.  
 Residence Brookly Kentucky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation School girl  
 10. Place of birth 7th  
 11. Residence 761 Fairist St Ward No. 2  
 12. Time of residence in the city About 10 yrs  
 13. When a minor { Name of mother Muriel Davis  
 Name of father Bill Davis  
 14. Place of intended interment Louisville 7th  
 15. Date of intended interment Feb 11 - 1913  
J. E. May, Knoxville Undertaker.  
 Date of Certificate Feb 10 - 1913 Residence Cor. 7th College St.



Asa Davis, 1912

21

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

# RETURN OF A DEATH.

1297

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Asa Davis  
 2. Sex Male 3. Color White 4. Age 72 yrs.  
 5. Married or Single Married  
 6. Date of death Nov 29 1912  
 7. Cause of death Pulmonary tuberculosis  
 8. Duration of last illness 2 to 3 yrs.  
 \_\_\_\_\_, M. D.  
 Residence B. Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Retired Farmer  
 10. Place of birth Ky.  
 11. Residence 14th St. Ward No. 2  
 12. Time of residence in the city 3 yrs.  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Davis Grave yd. Columbus Co. Ky.  
 15. Date of intended interment Dec 1 1912  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate Nov. 29-12 Residence B. Green Ky.

Charles Davis 1910

22

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

## RETURN OF A DEATH.

789

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Charles Dorris

1. Name of deceased Charles Davis child of Armon Davis  
2. Sex male 3. Color col 4. Age 9 months  
5. Married or single single  
6. Date of death mar. 4 - 1910.  
7. Cause of death meningitis  
8. Duration of last illness ten days

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Bowling Green  
11. Residence College St. Ward No. 2  
12. Time of residence in the City during life  
13. When a minor { Name of Mother Belle Davis  
Name of Father Armon Davis  
14. Place of intended interment Mt. Mariah cemetery  
15. Date of intended interment mar. 5 - 1910.

J. E. Key Kendall, Undertaker.

Date of Certificate March 4 - 1910 Residence Cor. 7th College St.

Clarence Davis 1907

23-2

This \_\_\_\_\_ states One Certificate to be Returned to the \_\_\_\_\_ of the \_\_\_\_\_ State of \_\_\_\_\_ at Permit.

## RETURN OF A DEATH.

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

1. Name of deceased *Clarence Davis*
2. Sex *Male* 3. Color *White* 4. Age *5 yrs.*
5. Married or single *Single*
6. Date of death *May 25 " 1907.*
7. Cause of death *Tubercular Meningitis*
8. Duration of last illness \_\_\_\_\_

*J. S. Baker, Health Officer* M. D.  
Residence *Gallatin Tenn.*

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

9. Occupation \_\_\_\_\_
10. Place of birth *BOWLING GREEN, KY.*
11. Residence *Clay St. BOWLING GREEN, KY.* Ward No. *2*
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of mother *Mrs. Edward Davis*  
Name of father \_\_\_\_\_
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *May 26 " 1907.*

*GERARD & GERARD* Undertaker.

Date of Certificate *May 26 " 07.* Residence *BOWLING GREEN, KY*  
*Clarence Davis died in Gallatin Tenn.*  
*E. S. Gerard*

Clarence Davis 1907

**OFFICE OF BOARD OF HEALTH.**

Gallatin, Tenn., *May 25* 1907

Permission is hereby given to *Edward Davis*  
to remove the remains of *his son Clarence Davis*  
Age *Five (5)* years \_\_\_\_\_ months \_\_\_\_\_ days. Sex *Male*  
Color *white* Date of Death *Saturday May 25*  
Cause of Death *Tubercular meningitis*  
Place of Death *Near Gallatin Tenn*  
Place of Birth *Bowling Green Ky*  
To *Bowling Green* Cemetery for Interment.  
By Order **BOARD OF HEALTH.**  
*J. L. Baker* M. D.  
HEALTH OFFICER.

NEWS PRINT, GALLATIN

This Permit must in all cases accompany the body to Destination.

D. w. Davis 1912

24

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

# RETURN OF A DEATH.

1229

## Physician's Certificate Preparatory to Burial.

1. Name of deceased D. W. Davis  
 2. Sex Male 3. Color White 4. Age 73 yrs.  
 5. Married or Single Married  
 6. Date of death July 31<sup>st</sup> 1912  
 7. Cause of death Chronic Bright's Dis  
 8. Duration of last illness 5 yrs.  
F. D. Rowden, M. D.  
 Residence City Physician

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Physician  
 10. Place of birth Va.  
 11. Residence Northway St. Ward No. 2  
 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 Cemetery  
 15. Date of intended interment AUG - 1 1912  
GERARD & GERARD., Undertaker.  
 Date of Certificate AUG - 1 1912 Residence BOWLING GREEN, KY

Frank Davis 1892

409 25

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Frank Davis*  
2. Sex *Male* . 3. Color *white* . 4. Age *14*  
5. Married or Single *Single*  
6. Date of Death *May 22<sup>nd</sup> 1892*  
7. Cause of Death *Consumption*  
8. Duration of last Illness \_\_\_\_\_  
*J. E. Mercedes*, M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Wart County*  
11. Residence *city* . Ward No. *4*  
12. Time of Residence in the City *life*  
13. When a Minor. } Name of Mother *J. Davis*  
                          } Name of Father *J. W. Davis*  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment \_\_\_\_\_  
*Crutcher & Payne*, Undertaker.  
Date of Certificate *May 22* . Residence *city*

George H. Davis 1912

26

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

# RETURN OF A DEATH.

1207

## Physician's Certificate Preparatory to Burial.

1. Name of deceased George H. Davis  
 2. Sex Male 3. Color White 4. Age 64  
 5. Married or Single Widower  
 6. Date of death June 26<sup>th</sup> 1912  
 7. Cause of death Postoperative pneumonia -  
 8. Duration of last illness 5 days - 6 1/2 days after  
surgery for intestinal obstruction  
Wm H. Blackburn, M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
 10. Place of birth Kentucky  
 11. Residence Near Sand Hill Ward No. \_\_\_\_\_  
 12. Time of residence in the city 10 days  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Mt. Pleasant, Ch. pt  
 15. Date of intended interment June 27<sup>th</sup> 1912  
GERARD & GERARD., Undertaker.  
 Date of Certificate JUN 26 1912 Residence BOWLING GREEN, KY

Harry Gee Davis 1901

27

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Harry Gee Davis.*  
2. Sex *Male* 3. Color *White* 4. Age *31 yrs*  
5. Married or single *Married,*  
6. Date of death *July 28/1901,*  
7. Cause of death *Phthisis Pulmonalis*  
8. Duration of last illness *6 mo*  
*Tom W. Stone*, M. D.  
Residence *College St*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Warren Co.*  
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 *July 29/1901,*  
*Gerard and Gerard* Undertaker.  
Date of Certificate *July 29/1901* Residence \_\_\_\_\_



Ike Davis 1907

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 Ike Davis  
 2. Sex male 3. Color black 4. Age 60 yrs  
 5. Married or single single  
 6. Date of death Jan. 5 - 07.  
 7. Cause of death falling tree  
 8. Duration of last illness instant death  
D. B. Deemy M.D. reported  
 Residence and the above is  
cause of death  
D. B. Deemy M.D.

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer  
 10. Place of birth Warren Co.  
 11. Residence near Glond 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 cem  
 15. Date of intended interment Jan. 6 - 07.  
J. E. Shepherdall, Undertaker.  
 Date of Certificate Jan. 10 - 07 Residence corner  
Smith & College St.

Jennie Davis 1898

out of city

29

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Jennie Davis

2. Sex female 3. Color Black 4. Age 52 yrs

5. Married or single Widow

6. Date of death March 3 1898

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

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

B L Cullin Coronator, W. C.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

Occupation \_\_\_\_\_

10. Place of birth Smith Grove Ky

11. Residence Edam 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 \_\_\_\_\_

15. Date of intended interment \_\_\_\_\_

L Hawley Payne, Undertaker.

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

B L Cullin Coronator  
W. C.

Laura P. Davis 1899

51

30

This Constitutes One Certificate to 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. Laura P. Davis.
  2. Sex Female 3. Color white. 4. Age 49 years
  5. Married or single Widow
  6. Date of death July 19 - 1899
  7. Cause of death Consumption
  8. Duration of last illness \_\_\_\_\_
- H. P. Cartwright, M. D.  
Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
  10. Place of birth Warren County
  11. Residence College Ward No. 1
  12. Time of residence in the City Several months
  13. When a minor } Name of Mother See above deed  
                          } Name of Father ?
  14. Place of intended interment Memphis, Tenn.
  15. Date of intended interment July 20, 1899
- Garard & Garard, Undertaker.
- Date of Certificate July 19, 1899 Residence \_\_\_\_\_

Louis Davis 1879

31

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.

- 1. Name of Deceased *Louis Davis*
  - 2. Sex *Boy* . 3. Color *Blk* . 4. Age *3 months*
  - 5. Married or Single
  - 6. Date of Death *June 22*
  - 7. Cause of Death *Tuberculosis*
  - 8. Duration of last Illness *3 months*
- M. M. Claypool*, M. D.  
Residence

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

- 9. Occupation
  - 10. Place of Birth *Bowling Green*
  - 11. Residence *New Fair Grounds* . Ward No. *1*
  - 12. Time of Residence in the City
  - 13. When a Minor { Name of Mother *Kellen King*  
Name of Father
  - 14. Place of intended Interment *Col Cem*
  - 15. Date of intended Interment *Jun 23-79*
- Frank B. Ground*, Undertaker.  
Date of Certificate . . . . . Residence

Democrat Print.

Mary Davis 1891

277

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 *Miss Mary Davis*  
 2. Sex *Female* 3. Color *White* 4. Age *24 yrs.*  
 5. Married or Single *Single*  
 6. Date of Death *Apr 18/1891.*  
 7. Cause of Death *Epilepsy*  
 8. Duration of last Illness *13 years.*  
*Salinger-*, M. D.  
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Warren County*  
 11. Residence *Postage R.R.* Ward No. *4th*  
 12. Time of Residence in the City *13 years.*  
 13. When a Minor. } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *St. Fairview Cem.*  
 15. Date of intended Interment *Apr 19<sup>th</sup> /1891.*  
*J. C. Beard*, Undertaker.  
 Date of Certificate *Apr 18/91* . Residence *City*

Child of Minor & Pattie Davis 1910

33

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

# RETURN OF A DEATH.

895

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant of Minor Davis  
 2. Sex Female 3. Color White 4. Age 1 week  
 5. Married or Single Single  
 6. Date of death Sept. 21 1910.  
 7. Cause of death menstruation  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence 633-12 St.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Bowling Green Ky.  
 11. Residence State St. Ward No. 1  
 12. Time of residence in the city one week  
 13. When a minor { Name of Mother Mrs. Pattie Davis  
                           Name of Father Minor Davis  
 14. Place of intended interment Gallatin, Tenn  
 15. Date of intended interment Sept 22/1910  
GERARD & GERARD, Undertaker.  
 Date of Certificate Sept. 21/1910. Residence \_\_\_\_\_

Nat Davis 1896

863

34

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Nat Davis  
 2. Sex Male 3. Color White 4. Age 71 yrs  
 5. Married or single Single  
 6. Date of Death May 25/96  
 7. Cause of Death Appendicitis  
 8. Duration of last illness 10 days  
 \_\_\_\_\_  
W. M. Comstock, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth Clark County  
 11. Residence State 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 Fairview Cemetery  
 15. Date of intended Interment May 26/96  
J. C. Guard Undertaker.  
 Date of Certificate May 25/96 Residence \_\_\_\_\_

Robert Davis 1909

#611 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 Robt. Davis
2. Sex Male
3. Color Blk
4. Age abt. 70 yrs
5. Married or single Single
6. Date of death Apr. 6" 1909.
7. Cause of death Consumption
8. Duration of last illness

John. E. Gray M. D.  
Residence BOWLING GREEN, KY

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Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth
11. Residence Huntercity St. Ward No. 2
12. Time of residence in the city
13. When a minor { Name of mother  
Name of father
14. Place of intended interment County Cemetery
15. Date of intended interment Apr. 6" 1909

GERARD & GERARD. Undertaker.  
Date of Certificate Apr 6" 1909. Residence BOWLING GREEN, KY



Child of Sid Davis 1904

36

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Sid Davis*  
2. Sex *female* 3. Color *Black* 4. Age *12 da*  
5. Married or single \_\_\_\_\_  
6. Date of death *March - 25 - 1904*  
7. Cause of death *Premature*  
8. Duration of last illness \_\_\_\_\_  
Dr *Arthurford B. S. Arthurford*, M. D.  
Residence *Near Building, City*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *2nd St* Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother *Fizzie Davis*  
Name of Father *Sid Davis*  
14. Place of intended interment *Net Maniah*  
15. Date of intended interment *March - 26 - 1904*  
*Hawley Payne* Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Mrs. William A. Davis

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 Mrs. William A. Davis  
2. Sex Female 3. Color White 4. Age 38 yrs  
5. Married or single Married  
6. Date of death July 8" 1900  
7. Cause of death Unknown  
8. Duration of last illness \_\_\_\_\_

B. N. Milliken, M. D.  
Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence Kentucky St. Ward No. 2nd  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment July 8" 1900  
Grand V. Gerard, Undertaker.  
Date of Certificate July 8" 1900 Residence \_\_\_\_\_

John Dawson 1879

38

This Constitutes ONE CERTIFICATE to 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 Dawson*
2. Sex *Male* . 3. Color *Blk* . 4. Age *2 years*
5. Married or Single
6. Date of Death *Aug 15<sup>th</sup> 1879*
7. Cause of Death
8. Duration of last Illness

*No Physician* , M. D.  
Residence *Wm City pnc*

#### 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.

John Dawson 1879

39

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Dawson*
  2. Sex *Boy* . 3. Color *Blk* . 4. Age *3 years*
  5. ~~Married~~ or Single
  6. Date of Death *Sept 6<sup>th</sup> 79*
  7. Cause of Death *Falio Misintence*
  8. Duration of last Illness *Several weeks*  
*No Physician* , M. D.
- Residence \_\_\_\_\_

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

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

\_\_\_\_\_, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Print.

Rus Dawson 1903

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.

Rus Dawson

- 1. Name of deceased Rus Dawson
  - 2. Sex male 3. Color Black 4. Age 85
  - 5. Married or single widow
  - 6. Date of death Dec 25 1903
  - 7. Cause of death Paralysis Bladder
  - 8. Duration of last illness
- ODP OD, Prtn M. D.  
JP Residence

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation [Signature]
  - 10. Place of birth Lagan MO
  - 11. Residence Lower 80th 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 Ant Moriah
  - 15. Date of intended interment Dec 26 1903
- T. HAWLEY PAYNE,**  
Funeral Director & Embalmer, Undertaker.  
Bowling Green, Ky.  
Residence \_\_\_\_\_
- Date of Certificate \_\_\_\_\_

Francis Dean 1908

41

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

# RETURN OF A DEATH.

458

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs. Francis Dean.  
2. Sex Female. 3. Color White. 4. Age 84 yrs.  
5. Married or single Widow.  
6. Date of death May 14<sup>th</sup> 1908.  
7. Cause of death Senility.  
8. Duration of last illness Been in bad health for  
past few years. - Fred Hartwright, M. D.  
Residence Boring Greeny.

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation hasent any  
10. Place of birth Barron County  
11. Residence Park Street Ward No. 1  
12. Time of residence in the City. 19 years  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Smith Grove  
15. Date of intended interment May 17<sup>th</sup>  
J. Hawley Payne Undertaker.  
Date of Certificate May 16<sup>th</sup> Residence \_\_\_\_\_

John W. Dean 1909

42

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

# RETURN OF A DEATH.

616

## Physician's Certificate Preparatory to Burial.

1. Name of deceased John W. Dean  
 2. Sex Male 3. Color White 4. Age 60 yrs.  
 5. Married or Single Married.  
 6. Date of death Apr. 15 "1909.  
 7. Cause of death Result of Fracture of Skull.  
 8. Duration of last illness several days.  
J. D. Brardon., M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Electrician  
 10. Place of birth Georgia  
 11. Residence  Kentucky St. BOWLING GREEN, KY 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 Smiths. Grove, Ky  
 15. Date of intended interment Apr. 17 "1909.  
GERARD & GERARD, Undertaker.  
 Date of Certificate Apr. 16 "09 Residence BOWLING GREEN, KY

Lagrand B. Dean 1911

43

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

# RETURN OF A DEATH.

949

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Lagrand, B. Dean.  
 2. Sex Male 3. Color White 4. Age 68  
 5. Married or Single Single  
 6. Date of death Jan 9" 1911  
 7. Cause of death Cerebral Hemorrhage (as per Shipping Certificate)  
 8. Duration of last illness Sub from Dayton, Ohio  
 Signature Engene A. Gerard M. D.  
 Residence Funeral Director

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Engineer  
 10. Place of birth Michigan  
 11. Residence Dayton, O. 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 Jan 11" 1911.  
 Signature GERARD & GERARD, Undertaker.  
 Date of Certificate Jan 11" 1911. Residence B. Dean Ky.



Bettie Deane 1882

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.

- Name of Deceased *Mrs. Bettie Deane*
- Sex *Female* . 3. Color *White* . 4. Age *24 + or -*
- Married or Single *Married*
- Date of Death *Septicemia Dec 20<sup>th</sup> 1882*
- Cause of Death *Septicemia*
- Duration of last Illness *About 10 days*
- Geo. N. McCormack*, M. D.  
Residence *State St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- Occupation \_\_\_\_\_
- Place of Birth *Smith Grove*
- Residence *High Street* . Ward No *1<sup>st</sup>*
- Time of Residence in the City \_\_\_\_\_
- When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
- Place of intended Interment *Smiths Grove*
- Date of intended Interment *Dec 21<sup>st</sup> 1882*
- F. L. Gorman*, Undertaker.
- Date of Certificate *Dec 20<sup>th</sup> 82* Residence \_\_\_\_\_

Democrat Job Print

Mrs. D. B. Dearing 1904

45

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. D. B. Dearing*  
 2. Sex *Female* 3. Color *White* 4. Age *50 yrs.*  
 5. Married or Single *Married*  
 6. Date of death *Sept 15 '04.*  
 7. Cause of death *Uremic Poison*  
 8. Duration of last illness *14 days*  
 J. F. South, M. D.  
 Residence *633 Twelfth Street*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Hardin County*  
 11. Residence *12th Street* Ward No. *1*  
 12. Time of residence in the city *16 yrs.*  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Sept 16 '04.*  
*Guard & Guard*, Undertaker.  
 Date of Certificate *Sept 16 '04.* Residence \_\_\_\_\_

James Dearing 1906

31

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 *James Dearing*  
 2. Sex *Male* 3. Color *White* 4. Age *50 yrs*  
 5. Married or single *married*  
 6. Date of death *June 4 1906*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness *1 week*  
*B. S. Rutherford*, M. D.  
 Residence *State St.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Hackman*  
 10. Place of birth *Allen County*  
 11. Residence *Main St.* Ward No. \_\_\_\_\_  
 12. Time of residence in the City. *12 or 15 years*  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Allen County*  
 15. Date of intended interment *June 5 1906*  
*Hawley Payne*, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Minnie Dearing 1897

*Outsiders*

047

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Minnie Dearing*
  - 2. Sex *female* . 3. Color *white* . 4. Age *18 yrs*
  - 5. Married or single *Single*
  - 6. Date of Death *August 23 1897*
  - 7. Cause of Death *Typhoid fever*
  - 8. Duration of last Illness *five weeks*
- J. M. C.* \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
  - 10. Place of Birth *Allen County*
  - 11. Residence *Broadway* . Ward No. *1*
  - 12. Time of Residence in the City *2 years*
  - 13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father *Jas Dearing*
  - 14. Place of intended Interment *Allen County*
  - 15. Date of intended Interment *August 24 1897*
- Boath & Payne* Undertaker.
- Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Rachel T. Dearing 1912

48

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

# RETURN OF A DEATH.

1307

## Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Mrs Rachel T Dearing
- 2. Sex Female 3. Color White 4. Age 52 years
- 5. Married or Single Married
- 6. Date of death Dec. 28-1912
- 7. Cause of death Carcinoma of rectum
- 8. Duration of last illness 2 1/2 yrs

Jno H Blackburn, M. D.  
 Residence Barkley Hill Ky

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation Undertaker
  - 10. Place of birth Ky
  - 11. Residence 873 Scott 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 Lawnview Cemetery
  - 15. Date of intended interment Dec 29 1912
- Gerard [unclear], Undertaker.  
 Date of Certificate Dec 28-12 Residence City

Robert Dearing 1896

904 49

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Robert Dearing

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

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

6. Date of Death July 2 1896

7. Cause of Death Diphtheria

8. Duration of last Illness six days

Jno. P. C. \_\_\_\_\_, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth city

11. Residence 12<sup>th</sup> st Ward No. 1

12. Time of Residence in the City life

13. When a Minor { Name of Mother Salie Dearing  
Name of Father D. D. Dearing

14. Place of intended Interment Union Church

15. Date of intended Interment July 2 1896

Robert H. Lyon, Undertaker.

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

Roy Dearing 1891

50

*Out of town*

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Roy Dearing* *Dearing*

2. Sex *boy* 3. Color *White* 4. Age *3 years*

5. Married or Single

6. Date of Death *March 2nd 1891*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *ten days*

*J. E. [Signature] M.D.*

Residence

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation

10. Place of Birth *Warren County*

11. Residence *Church street* Ward No. *4th*

12. Time of Residence in the City

13. When a Minor. } Name of Mother *Father Emory Dearing*  
 } Name of Father *Mother Mollie "*

14. Place of intended Interment *Bethel Warren county*

15. Date of intended Interment *Mar 3rd 1891*

*H. G. [Signature] Undertaker.*

Date of Certificate . . . . . Residence

Pearl Dees 1913

51

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

# RETURN OF A DEATH.

1373

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs Pearl Dees Dees  
 2. Sex Female 3. Color White 4. Age 20  
 5. Married or single Married  
 6. Date of death Apr 2 1913  
 7. Cause of death Malignant Endocarditis  
 8. Duration of last illness \_\_\_\_\_  
 By D. H. Castill Reg of Deaths ~~M.D.~~  
 Residence Pontiac Mich  
By Chas Ensch

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation at home  
 10. Place of birth Kentucky  
 11. Residence Pontiac Mich Ward No. \_\_\_\_\_  
 12. Time of residence in the City. 3 months  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cem  
 15. Date of intended interment APR 10 1913

ENOCHS & McGINNIS, Undertaker.

Date of Certificate \_\_\_\_\_ By B. H. H. W. Residence \_\_\_\_\_

This is an exact duplicate of  
Transit Permit filed with State Board  
of Health



John Demuth 1898

1713 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 *John Demuth*  
2. Sex *Male* 3. Color *White* 4. Age *69 yrs.*  
5. Married or single *Widower*  
6. Date of death *Dec 10" 98.*  
7. Cause of death *Unacc.*  
8. Duration of last illness \_\_\_\_\_  
*J. W. County*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Germany*  
11. Residence *11<sup>th</sup> street* Ward No. *1<sup>st</sup>*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Dec 11" 1898.*  
*Guard and Guard*, Undertaker.  
Date of Certificate *Dec 11/98;* Residence \_\_\_\_\_

Mrs. John Demuth 1892

53

395

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

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## RETURN OF A DEATH.

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—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs John Demuth*

2. Sex *Female* 3. Color *White* 4. Age *60 years*

5. Married or Single *Married*

6. ~~Date~~ Cause of Death *Heart disease*

7. ~~Cause of Death~~ *3 months*

8. Duration of last Illness } *Date of death Mar 31/92.*  
*H. P. Cantelise*, M. D.

Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

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

10. Place of Birth *Germany.*

11. Residence *10<sup>th</sup> Street* Ward No. *1<sup>st</sup>*

12. Time of Residence in the City *Thirty three years.*

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *April 1<sup>st</sup> 1892*

*J. H. Good*, Undertaker.

Date of Certificate *April 1<sup>st</sup> 92* Residence \_\_\_\_\_

Julius Demuth 1879

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 *Julius Demuth*
- 2. Sex *Male* . 3. Color *White* . 4. Age *17 years*
- 5. Married or Single *Single*
- 6. Date of Death *July 3<sup>rd</sup> 1879*
- 7. Cause of Death *Exhaustion from effect of wounds*  
*to knee*
- 8. Duration of last illness *2 months*

*A. B. Johnson*, M. D.  
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
- 10. Place of Birth *Blairstown*
- 11. Residence *Court Street* . Ward No. *1*
- 12. Time of Residence in the City
- 13. When a Minor { Name of Mother *Katie Demuth*  
Name of Father *John Demuth*
- 14. Place of intended Interment *Fairview Cem*
- 15. Date of intended Interment *Feb 4<sup>th</sup> 1879*

*J. W. C. Evans*, Undertaker.  
Date of Certificate *Feb 3<sup>rd</sup> 79* . Residence *Blairstown*

Democrat Print.

John E. DeNeal 1892

55

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *John E. DeNeal*
  - 2. Sex *Male* . 3. Color *White* . 4. Age *73*
  - 5. Married or Single *Single*
  - 6. Date of Death *13th Decr 1892*
  - 7. Cause of Death *Dropsy*
  - 8. Duration of last Illness *Six months*
- J. C. Porter*, M. D.
- Residence *Bowling Green*

#### 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 Job Print

William Denhardt 1900

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 *William Denhardt Denhardt*  
 2. Sex *Male* 3. Color *White* 4. Age *54*  
 5. Married or single *Married*  
 6. Date of death *Sept. 28/1900.*  
 7. Cause of death *Chronic bronchitis & Ulcer of Stomach.*  
 8. Duration of last illness *20 years*  
*A. J. W. Tomach*, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
 10. Place of birth *Germany*  
 11. Residence *10th St.* Ward No. *1*  
 12. Time of residence in the City *33 yrs.*  
 13. When a minor } Name of Mother  
                           } Name of Father  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Sept. 30/1900.*  
*Guard and Guard*, Undertaker.  
 Date of Certificate *Sept. 29/1900.* Residence

Mrs. William Denhardt 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 *Mrs. William Denhardt*  
2. Sex *Female* 3. Color *White* 4. Age \_\_\_\_\_  
5. Married or single *Widow*  
6. Date of death *Feb 9 13/1901*  
7. Cause of death *Pneumonia*  
8. Duration of last illness \_\_\_\_\_  
*A. J. Mc Cormack*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Germany*  
11. Residence *10<sup>th</sup> St.* Ward No. *1*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Harvard Cemetery*  
15. Date of intended interment *Feb 9 15/1901*  
*Edward J. Guard*, Undertaker.  
Date of Certificate *Feb 9 14/1901* Residence \_\_\_\_\_

Jane Denning 1911

58

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

# RETURN OF A DEATH.

1028

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Jane Denning Denning  
 2. Sex Female 3. Color Blk. 4. Age 67 yrs.  
 5. Married or Single Married  
 6. Date of death June 12/1911.  
 7. Cause of death Albumenuria  
 8. Duration of last illness one year  
 Signature W. H. A. Briggs, M. D.  
 Residence B 9 - Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Tennessee  
 11. Residence 327 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 14<sup>th</sup> 1911  
Shard & Shard, Undertaker.  
 Date of Certificate June 12/1911. Residence \_\_\_\_\_

Sarah Dennis 1909

#606

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 *Sarah Dennis*

2. Sex *Female* 3. Color *White* 4. Age *54*

5. Married or single *Married*

6. Date of death *Mar 30/09*

7. Cause of death *Rhabdomyosarcoma Saperone*

8. Duration of last illness *Six weeks - ~~at home~~ *McCarrauer & Ramsey, M.D.**

Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth.....

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

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

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

14. Place of intended interment *Farrington Cem*

15. Date of intended interment *Mar 31-09*

*Morris & Ernochs* Undertaker.

Date of Certificate *MAR 31 1909* Residence *B Ky*



Child of Frank Dennison 1904

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 Child of Frank Dennison
2. Sex Female
3. Color White
4. Age 5 mo.
5. Married or Single Single
6. Date of death Oct 4 '04.
7. Cause of death Inanition
8. Duration of last illness W.R. Francis, M.D.

Francis

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth City
11. Residence Center St. Ward No. 2
12. Time of residence in the city
13. When a minor Name of Mother Mrs Frank Dennison Name of Father Frank Dennison
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Oct. 5 '04.
Edward T. Garard, Undertaker.
Date of Certificate Oct 4 '04 Residence

William R. Desobry 1905

311

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 *Dr. Wm R. Desobry*  
 2. Sex *Male* . 3. Color *White* . 4. Age *22 yrs.*  
 5. Married or Single *Single*  
 6. Date of Death *July 16<sup>th</sup> 1911*  
 7. Cause of Death *Typhoid Fever*  
 8. Duration of last Illness *Six weeks*  
 Signature *J. R. Blairpool, M. D.*  
 Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Dentist*  
 10. Place of Birth *Louisiana*  
 11. Residence *State St.* . Ward No. *1<sup>st</sup>*  
 12. Time of Residence in the City *Two years*  
 13. When a Minor. } Name of Mother \_\_\_\_\_  
                               } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Fairview Cemetery*  
 15. Date of intended Interment *July 17<sup>th</sup> 1911*  
 Signature *Frank C. Groop* Undertaker.  
 Date of Certificate *July 16/1911* . Residence *City*  
*The Body will be shipped to La. in the Fall of 1891.*

Alphonse Desport 1905

62

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Alphonse Desport*  
 2. Sex *Male* 3. Color *White* 4. Age *75 yrs.*  
 5. Married or Single *Married*  
 6. Date of death *Mar. 23 '05*  
 7. Cause of death *Chronic Bright's Disease*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *France*  
 11. Residence *College St* Ward No. *2*  
 12. Time of residence in the city *several years*  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. ~~Place~~ *Date* of intended interment *Mar. 24 '05*  
 15. ~~Date~~ *Place* of intended interment *Guard & Guard*  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate *Mar 24/1905* Residence \_\_\_\_\_

Nancy Devin 1893

63

*Out of town*

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

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## RETURN OF A DEATH.

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—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

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1. Name of deceased *Mrs Nancy Devin*

2. Sex \_\_\_\_\_ 3. Color \_\_\_\_\_ 4. Age *83*

5. Married or Single *Widow*

6. Date of Death *Nov 5<sup>th</sup> 1893*

7. Cause of Death *Paralysis*

8. Duration of last Illness *Several months*

*A. G. Wright M.D.*  
 \_\_\_\_\_  
 Residence *Bull Run Ky*

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

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

10. Place of Birth *Indiana*

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

12. Time of Residence in the City *Yrs*

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

14. Place of intended Interment *Princeton Ind*

15. Date of intended Interment *Nov 8 1893*

*Pratt & Payne*, Undertaker.

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

Child of Rife & Rebecah Devore 1901

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 *Child of Mrs. Rebecah Devore,*  
 2. Sex *Male* 3. Color *White* 4. Age *13 mo.*  
 5. Married or single *Single*  
 6. Date of death *Oct 23 1901.*  
 7. Cause of death *Concretion of the Brain*  
 8. Duration of last illness \_\_\_\_\_  
 J. E. Meredith, M. D.  
 Residence *Bowling Green Ky.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *City*  
 11. Residence *7<sup>th</sup> St.* Ward No. *7*  
 12. Time of residence in the City. *13 mo.*  
 13. When a minor { Name of Mother *Mrs. Rebecah Devore.*  
                           Name of Father *Rufe Devore*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Oct. 23/1901.*  
*Gerard and Gerard*, Undertaker.  
 Date of Certificate *Oct 23/1901.* Residence \_\_\_\_\_

Edgar DeWitt 1894

647 65

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Edgar De Witt*  
2. Sex *Male* 3. Color *White* 4. Age *4 Months*  
5. Married or single *Single*  
6. Date of Death *July 9<sup>th</sup> 1894*  
7. Cause of Death *Filari*  
8. Duration of last Illness *30 days*  
*J. E. Meredith, M. D.*  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Bowling Green*  
11. Residence *Center Street* Ward No. *2*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother *Amin De Witt*  
                          } Name of Father *Jas De Witt*  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *July 10<sup>th</sup> 1894*  
*F. C. [Signature]* Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

XXXXXXXXXX

Pearl DeWitt 1892

464 66

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Pearl De Witt  
 2. Sex Female 3. Color White 4. Age 59 yrs  
 5. Married or Single Single  
 6. Date of Death Nov 11<sup>th</sup> 1892  
 7. Cause of Death \_\_\_\_\_  
 8. Duration of last Illness Transients  
B. E. Meridith, M. D.  
 Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
 10. Place of Birth Marion  
 11. Residence Adams St Ward No 3<sup>d</sup>  
 12. Time of Residence in the City 2 yrs  
 13. When a Minor. } Name of Mother Mrs De Witt  
                           } Name of Father John De Witt  
 14. Place of intended Interment Mirvieu Cemetery  
 15. Date of intended Interment Nov 12<sup>th</sup> 1892  
J. C. Gerard, Undertaker.  
 Date of Certificate Nov 11<sup>th</sup> 1892 Residence City

Analiza Dial 1905

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.

Analiza  
 1. Name of deceased Analiza Dial  
 2. Sex female 3. Color Black 4. Age 57 yrs  
 5. Married or single widow  
 6. Date of death July - 14 - 1905  
 7. Cause of death Internal Hemorrhage  
 8. Duration of last illness Sudden  
Jno. E. Gray M.D.  
 Residence Covington, W. Va.

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "  
 10. Place of birth " "  
 11. Residence Lower Main 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 St. Moriah  
 15. Date of intended interment July 16 1905  
Hawley Payne, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Isac Dial 1888

68

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Isac Dial*
  - 2. Sex *Male*      3. Color *Black*      4. Age *five months*
  - 5. Married or Single *—*
  - 6. Date of Death *July 26<sup>th</sup> 1888*
  - 7. Cause of Death *Whooping cough*
  - 8. Duration of last Illness *Four weeks*
- H. P. Estlin*, M. D.  
Residence *Barling Green*

## 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 \_\_\_\_\_

Pantagraph Print.

Minnie Dial 1893

507

69

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Minnie Dial*
- 2. Sex *female* . 3. Color *red* . 4. Age *25*
- 5. Married or Single *Married*
- 6. Date of Death *Mar 17 1893*
- 7. Cause of Death *Heart Failure*
- 8. Duration of last Illness

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

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

- 9. Occupation *House Keeper*
- 10. Place of Birth *Tenn*
- 11. Residence *4 St* . Ward No. *1*
- 12. Time of Residence in the City *Life*
- 13. When a Minor. } Name of Mother  
                          } Name of Father
- 14. Place of intended Interment *Mt Vernon*
- 15. Date of intended Interment

*Pratt*, Undertaker.

Date of Certificate . Residence

Robert Dial 1894

657

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 *Robert Dial*  
 2. Sex *Male* 3. Color *Black* 4. Age *about 26 yrs*  
 5. Married or single *Single*  
 6. Date of Death *August 21<sup>st</sup> 1894*  
 7. Cause of Death *Consumption*  
 8. Duration of last Illness \_\_\_\_\_  
*G. S. Murphy*, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Warren County*  
 11. Residence *7<sup>th</sup> street* Ward No. *2<sup>nd</sup>*  
 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 *August 22<sup>nd</sup> 1894*  
*J. C. Guard & Bro* Undertaker.  
 Date of Certificate *Aug 23/94* Residence *City*

Walter Dickenson 1894

664 71

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Walter Dickenson  
2. Sex male 3. Color white 4. Age 14 months  
5. Married or single single  
6. Date of Death 30<sup>th</sup> of September  
7. Cause of Death Cholera Infantum  
8. Duration of last Illness \_\_\_\_\_  
\_\_\_\_\_, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Borhing Green Ky.  
11. Residence Porter Town Ward No. 4  
12. Time of Residence in the City 14 months  
13. When a Minor { Name of Mother Abbie Dickenson  
Name of Father Albert }  
14. Place of intended Interment Fairview  
15. Date of intended Interment Oct-1<sup>st</sup> 94.  
W. L. Guard & Co., Undertaker.  
Date of Certificate Oct 1 1894. Residence B & Ky

A. C. Dickerson 1891

372 72

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Rev A C Dickerson*  
2. Sex *Male* . 3. Color *White* . 4. Age *85*  
5. Married or Single *Married*  
6. Date of Death *Dec 21<sup>st</sup> 1891*  
7. Cause of Death *La Grippe*  
8. Duration of last Illness *10 days*

*W. W. Bowling*, M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Minister*  
10. Place of Birth *Pendleton Co Ky*  
11. Residence *Bowling Green Ky* . Ward No. *First*  
12. Time of Residence in the City *54 years*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview*  
15. Date of intended Interment *Dec 22<sup>nd</sup> 1891*  
*Coatner & Payne*, Undertaker.  
Date of Certificate *Dec 21* . Residence *city*

Archie Dickerson 1897

1056

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 Archie Dickerson  
 2. Sex male 3. Color white 4. Age 17 yrs  
 5. Married or single single  
 6. Date of Death Oct 3 1897  
 7. Cause of Death Consumption -  
 8. Duration of last Illness 1 year  
 \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth County  
 11. Residence 12th & High . Ward No. 1  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment Fairview Cem  
 15. Date of intended Interment Oct 4 97  
 \_\_\_\_\_, Undertaker.

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

Dave Dickerson 1892

412 74

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Dave Dickerson,*  
2. Sex *Male* . 3. Color *Black* . 4. Age *65 yrs*  
5. Married or Single *Married*  
6. Date of Death *May 10"/1892.*  
7. Cause of Death *Bright - vision*  
8. Duration of last Illness *Six months*  
*N.P. Cortwright M. D.*  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence *Center street,* Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *M.F. Moriel,*  
15. Date of intended Interment *May 11"/1892.*  
*Frank H. Gerard, Undertaker.*  
Date of Certificate *May 10/92.* Residence *City.*

Eddie Dickerson 1882

75

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Eddie Dickerson*

2. Sex *Male* . 3. Color *Blk* . 4. Age *11 mo*

5. Married or Single *Single*

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

7. Cause of Death *Dysentery*

8. Duration of last Illness *one week*

*J. F. McElroy*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Bowling Green Ky*

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

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

13. When a Minor { Name of Mother *Harriet Dickerson*  
Name of Father *Ed* " \_\_\_\_\_

14. Place of intended Interment *Col Cemetery*

15. Date of intended Interment *July 29<sup>th</sup> 82*

*Frank Leonard*, Undertaker.

Date of Certificate *July 28<sup>th</sup> 82* . Residence \_\_\_\_\_

Democrat Job Print



Edwin Dickerson 1907

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

# RETURN OF A DEATH.

361

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Edwin Dickerson
  2. Sex male      3. Color white      4. Age 56 yrs
  5. Married or single married
  6. Date of death July 8 1907
  7. Cause of death Tubercular Peritonitis
  8. Duration of last illness months
- H. Planting W. M. D.  
Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
  10. Place of birth Canada
  11. Residence Park 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 Cemetery
  15. Date of intended interment July 9 1907
- H. Planting W. Undertaker.  
Date of Certificate.....      Residence.....

Fannie Dickerson 1881.

31 31

77

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Fannie Dickerson*

2. Sex *Female*. 3. Color *Black*. 4. Age *48*

5. Married or Single *Married*

6. Date of Death *March 5<sup>th</sup> 1881*

7. Cause of Death *Menopause*

8. Duration of last Illness *18 Months*

*No Physician*, M. D.

Residence *Beaub Office*

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

Jane Dickerson 1894

692 78

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Jane Dickerson  
 2. Sex Female 3. Color White 4. Age 61 yrs  
 5. Married or single Married  
 6. Date of Death Dec 20/94  
 7. Cause of Death Stomach Cancer  
 8. Duration of last Illness Five months  
S. J. Miller, M. D.  
 Residence Burling Gaur

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth Warren County  
 11. Residence 3<sup>rd</sup> street Ward No. 2<sup>nd</sup>  
 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 21/94  
A. G. Guard & Son, Undertaker.  
 Date of Certificate Dec 21/94 Residence \_\_\_\_\_

Jim Dickerson 1898

1130 79

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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1. Name of deceased Jim Dickerson  
2. Sex male 3. Color black 4. Age 17 yrs  
5. Married or single single  
6. Date of Death May - 21 - 1898  
7. Cause of Death Gun shot wound.  
8. Duration of last illness 8 hrs.  
E. T. Hughes, M. D.  
Residence College St.

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation Table boy, servant.  
10. Place of Birth Bonhig, Chen Ky  
11. Residence State St Ward No. 1-5  
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 C.  
15. Date of intended Interment May 22 - 1898  
Guard & Guard, Undertaker.  
Date of Certificate May 24/98 Residence College St.





Mrs. Dr. W. H. (Rosa Praigg) Dickerson

82

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1224  
 1. Name of deceased *Mrs. Dr. W. H. Dickerson*  
 2. Sex ~~Male~~ *Female* 3. Color *white* 4. Age *Don't know*  
 5. Married or single \_\_\_\_\_  
 6. Date of death \_\_\_\_\_  
 7. Cause of death \_\_\_\_\_  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *1224*

## 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 \_\_\_\_\_

*Enoch Kelly*, Undertaker.

Date of Certificate *July 17 1912* Residence *Bowling Green*

*Removal permit granted by State Board of Health. Certificate filed in office of State Board of Health*

John G. Dickey Sr. 1912

83

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

# RETURN OF A DEATH.

1303

## Physician's Certificate Preparatory to Burial.

1. Name of deceased John G. Dickey Sr.  
 2. Sex Male 3. Color White 4. Age 83 yrs.  
 5. Married or Single Widower  
 6. Date of death DEC 20 1912  
 7. Cause of death Senility  
 8. Duration of last illness weeks  
G. W. Stone, M. D.  
 Residence BOWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
 10. Place of birth Bullitt, Co. Ky.  
 11. Residence Park St. Ward No. 1  
 12. Time of residence in the city 14 yrs.  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Dec. 21<sup>st</sup> 1912  
Fairview Cemetery  
GERARD & GERARD., Undertaker.  
 Date of Certificate DEC 20 1912 Residence BOWLING GREEN, KY.



Margaret Dickey 1909

84

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

# RETURN OF A DEATH.

6.17

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Margaret Dickey
  2. Sex female 3. Color col. 4. Age 70
  5. Married or single Single
  6. Date of death June 28 - 1909.
  7. Cause of death Mitral insufficiency
  8. Duration of last illness About 3 months  
O. B. Porter M. D.
- Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
  10. Place of birth.....
  11. Residence 2nd & Chestnut St Ward No. 2
  12. Time of residence in the city During life
  13. When a minor { Name of mother.....  
                          { Name of father.....
  14. Place of intended interment Mt. Maria's Cemetery
  15. Date of intended interment July 1 - 1909.  
J. E. Hays Undertaker.
- Date of Certificate July 1 - 1909. Residence 7 & College St.

Grace Brown Dillard 1904

85

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Grace Brown Dillard  
2. Sex Female 3. Color White 4. Age 17 Months  
5. Married or Single \_\_\_\_\_  
6. Date of death Sept 30<sup>th</sup> 1904  
7. Cause of death Inanition  
8. Duration of last illness Several Months  
Grace Brown, M. D.  
Residence B. Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
10. Place of birth Bowling Green Ky.  
11. Residence State Street Ward No. 2<sup>d</sup>  
12. Time of residence in the city 17 Months  
13. When a minor { Name of Mother Fannie Dillard  
Name of Father Robert E. Dillard  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Oct 1<sup>st</sup> 1904  
Gerard + Gerard, Undertaker.  
Date of Certificate Oct 1<sup>st</sup> 1904 Residence \_\_\_\_\_

Isam Dilly 1904

86

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Isam Dilly  
 2. Sex Male 3. Color Blk 4. Age 41  
 5. Married or Single Married  
 6. Date of death Aug 1<sup>st</sup> 04.  
 7. Cause of death Dropsy  
 8. Duration of last illness \_\_\_\_\_  
J. W. Willis, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Leitch  
 11. Residence Adams St Ward No. 2  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Mt Moriah Cemetery  
 15. Date of intended interment Aug 2<sup>nd</sup> 04.  
Grand & Grand, Undertaker.  
 Date of Certificate Aug 2<sup>nd</sup> 04. Residence \_\_\_\_\_

James W. Dimson 1913

87

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

# RETURN OF A DEATH.

1379

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

*Dimson*

1. Name of deceased James W Dimson  
 2. Sex Male 3. Color white 4. Age 33 yrs  
 5. Married or single Married  
 6. Date of death ~~May~~ Apr 21 1913  
 7. Cause of death gun shot wound in abdomen  
 8. Duration of last illness three days  
 Residence Gas Matlack <sup>Col</sup> Bowling Green <sup>Mo</sup>

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer  
 10. Place of birth Kentucky  
 11. Residence Bowling Green Ward No. St. Joseph Hospital  
 12. Time of residence in the City 3 Days  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Mammoth Cave  
 15. Date of intended interment Apr 22 1913  
Emilio M. Minis Undertaker.  
 Date of Certificate Apr 22, 1913 Residence B. Green  
Previous to being shot lived at  
Mammoth Cave Ky

Sarah J. Dishman 1907

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. Sarah J. Dishman*
2. Sex *Female*      3. Color *White*      4. Age *75 yrs*
5. Married or single *Widow*
6. Date of death *March 1<sup>st</sup> 1907*
7. Cause of death *General Debility - Prosy of heart*
8. Duration of last illness *W.R. Frances* M. D.

Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....
10. Place of birth *Warren County*
11. Residence *State - Chestnut St*      Ward No. *1*
12. Time of residence in the city *75 years*
13. When a minor { Name of mother .....
- Name of father .....
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Mar 2 1907*

**GERARD & GERARD**, Undertaker.

Date of Certificate *Mar 1<sup>st</sup> 1907*      Residence **BOWLING GREEN, KY**

Nancy E. Dismang 1912

89

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

# RETURN OF A DEATH.

1166

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Nancy E. Dismang*  
 2. Sex *Female* 3. Color *White* 4. Age *61 yrs.*  
 5. Married or single *Married*  
 6. Date of death *Mar 13 1912*  
 7. Cause of death *Bronchial Pneumonia*  
 8. Duration of last illness *10 days*  
*W. R. Francis* M. D.  
 Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Kentucky*  
 11. Residence *Portage RR* Ward No. *3*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of mother \_\_\_\_\_  
 { Name of father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Mar, 14 1912*  
*GERARD & GERARD.* Undertaker.  
 Date of Certificate *Mar, 13/1912* Residence *BOWLING GREEN, KY*

Malissa Dixon 1909

90

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

# RETURN OF A DEATH.

626

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Malissa Dixon
  2. Sex Female 3. Color White 4. Age 65 yrs
  5. Married or Single Widow
  6. Date of death MAY 17 1909
  7. Cause of death Pneumonia
  8. Duration of last illness \_\_\_\_\_
- J. E. Meralish, M. D.  
Residence City

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Janitor
  10. Place of birth Simpson Co Ky
  11. Residence Assembly Park New 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 Fairview Cemetery
  15. Date of intended interment MAY 19 1909
- GERARD & GERARD, Undertaker.
- Date of Certificate MAY 18 1909 Residence City

Mary F. Dixon 1904

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 Mary F. Dixon

2. Sex Female 3. Color White 4. Age abt. 35

5. Married or Single Married

6. Date of death Nov. 31" 1904

7. Cause of death Chronic Bright's Disease

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

H. A. Biggs, M. D.

Residence \_\_\_\_\_

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

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

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

11. Residence Adams St. Ward No. 3

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

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment April 1" 1904

Gerard T. Guard, Undertaker.

Date of Certificate Apr. 1" 1904 Residence \_\_\_\_\_



Mrs. John J. Dobson 1896

92

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

## RETURN OF A DEATH.

490

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

1. Name of deceased Mrs. John J. Dobson

2. Sex Female 3. Color White 4. Age 39 yrs.

5. Married or single Married

6. Date of death July 16<sup>th</sup> 1908

7. Cause of death Cancer

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

Residence BOWLING GREEN, KY.

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

9. Occupation Warren family

10. Place of birth State St.

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 July 17<sup>th</sup> 1908

GERARD & GERARD, Undertaker.

Date of Certificate July 17<sup>th</sup> 08 Residence BOWLING GREEN, KY

870 224

Annie Dodd 1896

*Out of town* 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 Annie Dodd  
 2. Sex Female 3. Color White 4. Age 71 yrs.  
 5. Married or single Single  
 6. Date of Death June 27/96.  
 7. Cause of Death Heart failure  
 8. Duration of last Illness 24 hours

A. W. Coomber, M. D.  
 Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth Pennsylv  
 11. Residence Adams st. Ward No. 3  
 12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment Jackson Burial  
 15. Date of intended Interment June 28/96.

F. C. Knarr, Undertaker.

Date of Certificate June 27/96 Residence \_\_\_\_\_

Elma R. Dodd 1881

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 *Elma<sup>Elma</sup> R. Dodd*

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

5. Married or Single *Single*

6. Date of Death *June 12<sup>th</sup> 1881*

7. Cause of Death *Burn of body*

8. Duration of last Illness *One day*

*J. H. Wilkerson, 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 Job Print

Henrietta D. Dodd 1912

95

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

# RETURN OF A DEATH.

1204

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Henrietta D. Dodd,  
 2. Sex Female 3. Color White 4. Age 45 yrs.  
 5. Married or Single Single  
 6. Date of death June 18<sup>th</sup> 1912  
 7. Cause of death Cancer of Stomach  
 8. Duration of last illness Six Months  
E. N. Hall, M. D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Kentucky  
 11. Residence Woodford 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 Fairview Cemetery  
 15. Date of intended interment June 19<sup>th</sup> 1912  
GERARD & GERARD, Undertaker.  
 Date of Certificate June 19<sup>th</sup> 1912 Residence BOWLING GREEN, KY

Isiah Dodd 1910

96

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

# RETURN OF A DEATH.

808

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Isiah Dodd*  
 2. Sex *Male* 3. Color *White* 4. Age *70 yrs.*  
 5. Married or single *Married*  
 6. Date of death *MAY 4 - 1910*  
 7. Cause of death *Uremic Poison from Enlarged Prostate*  
 8. Duration of last illness *2 to 3 weeks*  
 \_\_\_\_\_ M. D.  
*J. E. Huddle*  
 Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Warren Co*  
 11. Residence *Woodford 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 *Fairview Cemetery*  
 15. Date of intended interment *MAY 4 - 1910*  
 \_\_\_\_\_  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *MAY 4 - 1910* Residence *BOWLING GREEN, KY.*

James M. Dodd 1896

97

925

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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1. Name of deceased James M. Dodd

2. Sex Male 3. Color white 4. Age 45 yrs

5. Married or single single

6. Date of Death August 12 1896

7. Cause of Death Heart

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

B L Cullin C. W., M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth County, Green Hill Ky

11. Residence Main st Ward No. 3

12. Time of Residence in the City year

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

14. Place of intended Interment Fairview Cem

15. Date of intended Interment Aug 13 1896

Broth + Payne, Undertaker.

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



Mrs. T. J. Dodd 1909

99

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

# RETURN OF A DEATH.

628

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs T J Dodd*  
 2. Sex *Female* 3. Color *White* 4. Age *70 yrs*  
 5. Married or Single *Married*  
 6. Date of death *MAY 17 1909*  
 7. Cause of death *Heart Disease*  
 8. Duration of last illness  
*H. P. Castwright*, M. D.  
 Residence *B. Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Account Keeper*  
 10. Place of birth *Louisiana La Ky*  
 11. Residence *Main 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 19 1909*  
*GERARD & GERARD*, Undertaker.  
 Date of Certificate *MAY 18 1909* Residence *City*



Victoria Dodd 1901

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 Victoria Dodd  
 2. Sex female 3. Color white 4. Age 27 yrs  
 5. Married or single married  
 6. Date of death Jan - 28 - 1901  
 7. Cause of death inflammation of Mem  
 8. Duration of last illness 9.8. m.  
 J. E. Woodard, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "  
 10. Place of birth " "  
 11. Residence 10<sup>th</sup> St near Hay - 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 Fairview Cem  
 15. Date of intended interment Jan 29 1901  
J. Hawley Payne Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

W. Jasper Dodd 1911

101

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

# RETURN OF A DEATH.

1073

## Physician's Certificate Preparatory to Burial.

1. Name of deceased W. Jasper Dodd.  
 2. Sex Male 3. Color White 4. Age 78 yrs.  
 5. Married or Single Widower.  
 6. Date of death Sept. 4<sup>th</sup> 1911.  
 7. Cause of death Angina pectoris  
 8. Duration of last illness seven hours  
J. B. Rutherford, M. D.  
 Residence Rowling Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Warren, Ky  
 11. Residence Payne 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 Rodd Graveyard, Warren Ky.  
 15. Date of intended interment Sept. 5<sup>th</sup> 1911.  
GERARD & GERARD., Undertaker.  
 Date of Certificate Sept. 6<sup>th</sup> 1911. Residence city



James Dodge 1891

270

103

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *James Dodge*  
 2. Sex *Male* 3. Color *White* 4. Age *Abt 50 years*  
 5. Married or Single *Single*  
 6. Date of Death *March 14<sup>th</sup> 1891*  
 7. Cause of Death *Consumption*  
 8. Duration of last Illness *Several years*  
*D. A. M. Lumb*, M. D.  
 Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Boonsville Kentucky*  
 11. Residence *Yungion Farm* Ward No. *1<sup>st</sup>*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor. } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Fairview Cem*  
 15. Date of intended Interment *March 15<sup>th</sup> 1891*  
*Fran H. Gerard*, Undertaker.  
 Date of Certificate *March 15<sup>th</sup>* Residence \_\_\_\_\_

Mary Ann Dodge 1880

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 *Mary Ann Dodge*
2. Sex *Female* 3. Color *White* 4. Age *68 years*
5. Married ~~or Single~~
6. Date of Death *Jan 12<sup>th</sup> 1880*
7. Cause of Death *General Tuberculosis*
8. Duration of last Illness *Two years*

*W H Blalock*, M. D.  
Residence *Per H. Oberholser*

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.

Sarah Rosson Dodge 1908

495 - 105

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Sarah Rosson Dodge*

2. Sex *female* 3. Color *black* 4. Age \_\_\_\_\_

5. Married or single *single*

6. Date of death *July 22-1908*

7. Cause of death *Chronic Brights*

8. Duration of last illness *2 mos*

*F. O. Ransom*, M. D.  
Residence *Lawrence*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *nurse*

10. Place of birth *Lexington Ky*

11. Residence *Kentucky 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 *W. W. Murriah Cem*

15. Date of intended interment *July 24-1908*

*J. E. Dinkenshull*, Undertaker.

Date of Certificate *July 24* Residence *College St.*

Bart Dodson 1907

#412 106

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.

1. Name of deceased Bart Dodson  
 2. Sex Male 3. Color White 4. Age 65  
 5. Married or single Married  
 6. Date of death Mar. 12/1907  
 7. Cause of death Heart Disease (as told to me)  
 8. Duration of last illness E. A. Gerard M. D.

Residence BOWLING GREEN, KY

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Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
 10. Place of birth Tennessee  
 11. Residence Rockford Ky. Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of mother \_\_\_\_\_  
                           { Name of father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Mar 13" 08

GERARD & GERARD. Undertaker.

Date of Certificate Mar 13/08 Residence BOWLING GREEN, KY

Ollie Dodson 1898

1134

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ollie Dodson  
 2. Sex Male 3. Color White 4. Age 7 yrs  
 5. Married or single Single  
 6. Date of death May 31 1898  
 7. Cause of death Septicemia  
 8. Duration of last illness \_\_\_\_\_

S. N. Combs, M. D.  
 Residence City Health Office

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence 10th & Adams Ward No. 2  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother Matilda Dodson  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment June 1 1898

Edward & Leonard, Undertaker.  
 Date of Certificate May 31 1898 Residence \_\_\_\_\_



Mrs. Thomas Dodson 1892

*Out of town* 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. Thomas Dodson.*  
2. Sex *Female* 3. Color *White* 4. Age *44 yrs.*  
5. Married or Single *Married*  
6. Date of Death *Jan'y 19<sup>th</sup> 1892.*  
7. Cause of Death *Consumption*  
8. Duration of last Illness \_\_\_\_\_  
Residence *J. E. Weston, M.D.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Allen County*  
11. Residence *Main Street* . Ward No. *4<sup>th</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Guivivie Allen Co.*  
15. Date of intended Interment *Jan'y 20<sup>th</sup> 1892.*  
*Frank S. Guard, Undertaker.*  
Date of Certificate *Jan'y 19<sup>th</sup> 1892.* . Residence *City.*

Cathern Donaldson 1898

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 *Cathern Donaldson*  
 2. Sex *Female* 3. Color *Blk.* 4. Age *53 yrs*  
 5. Married or single *Widow*  
 6. Date of death *Oct. 15, 1898.*  
 7. Cause of death *Urteral Insufficiency*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_ M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence *Main Street* Ward No. *3<sup>rd</sup>*  
 12. Time of residence in the City *Several Weeks*  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment *Mt Moriah Cemetery*  
 15. Date of intended interment *Oct 15 1898.*  
*Guard and Guard* Undertaker.  
 Date of Certificate *Oct 15/98.* Residence \_\_\_\_\_

Charles B. Donaldson 1899

110

~~8~~      ~~12~~ 13

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Charles B. Donaldson <sup>Donaldson</sup>

2. Sex male      3. Color white      4. Age 8 yrs

5. Married or single single

6. Date of death Feb 19 1899

7. Cause of death Pneumonia

8. Duration of last illness 6 days  
*Dr G.W.H.*      J.W. Cooney, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Warren County

10. Place of birth Warren County

11. Residence Park St      Ward No. 1

12. Time of residence in the City life

13. When a minor } Name of Mother dead  
                               } Name of Father Eli Donaldson

14. Place of intended interment Fairview Cem

15. Date of intended interment Feb 20 1899

Hawley Payne, Undertaker.

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

Charles Scott Donaldson 1912

111

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

## RETURN OF A DEATH.

1293

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

1. Name of deceased Charles Scott Donaldson  
2. Sex Male 3. Color White 4. Age 73 yrs  
5. Married or Single Married  
6. Date of death Dec 2 - 1912  
7. Cause of death Arterio Sclerosis  
8. Duration of last illness Several months  
G. W. Stone, M. D.  
Residence \_\_\_\_\_

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

9. Occupation Farmer  
10. Place of birth Ky  
11. Residence Mt Victor Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Dec 4 - 1912  
Gerard Gerard, Undertaker.  
Date of Certificate Dec 3 - 1912 Residence City

F. P. Donaldson

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 *F. P. Donaldson*

2. Sex *male* . 3. Color *white* . 4. Age *26*

5. Married or Single *Single*

6. Date of Death *April 24<sup>th</sup> 1878*

7. Cause of Death *Consumption*

8. Duration of last Illness *Several months*

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

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Clerk*

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

11. Residence *Cook's Block* . Ward No. *1*

12. Time of Residence in the City *Twenty six years*

13. When a Minor { Name of Mother *Mary M. Donaldson*  
Name of Father  *Jas. F. Donaldson*

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *April 25<sup>th</sup> 1878.*

Date of Certificate *April 24<sup>th</sup> 1878.* Residence \_\_\_\_\_, Undertaker.

Democrat Print.

James T. Donaldson 1879

113

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *James T. Donaldson*

2. Sex *Male* 3. Color *White* 4. Age *78*

5. Married or Single *Married*

6. Date of Death *Oct 1<sup>st</sup> 1879*

7. Cause of Death *(old age) brain atrophy*

8. Duration of last Illness *Hour or five months*

*R. B. Thomas*, M. D.

Residence *Birding Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Nelson Co Ky*

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

12. Time of Residence in the City *75 years*

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Oct 2<sup>nd</sup> 79*

*F. Leonard*, Undertaker.

Date of Certificate *Oct 2<sup>nd</sup> 79* Residence \_\_\_\_\_

Democrat Print.

Mary O. Donaldson 1892

385 114

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. *Miss Mary O. Donaldson*  
2. Sex *Female* . 3. Color *White* . 4. Age *18 yrs*  
5. Married or Single *Single*  
6. Date of Death *Feb'y 16"/1892*  
7. Cause of Death *Pulmonary Phthisis*  
8. Duration of last Illness *60 days*  
*D. G. Mills*, M. D.  
Residence *Brookling Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation  
10. Place of Birth *Warren County*  
11. Residence *Edin Street* . Ward No. *1st*  
12. Time of Residence in the City  
13. When a Minor. } Name of Mother *Mrs. C. C. Donaldson*  
                          } Name of Father *Scott Donaldson*  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Feb'y 18"/92*  
*H. C. Guard*, Undertaker.  
Date of Certificate *Feb'y 17/92* . Residence *City*

Charles L. B. Donovan 1894

678 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 115

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Donovan

1. Name of deceased Charles L. B. Donovan

2. Sex male 3. Color white 4. Age 8 mos

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

6. Date of Death Oct 20 1894

7. Cause of Death Typhoid Fever

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

B. H. Milliken, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth city

11. Residence Wheatland Ward No. 1

12. Time of Residence in the City life

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

14. Place of intended Interment St Joseph

15. Date of intended Interment Oct 21 1894

Prather & Payne, Undertaker.

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



Emmille Doolin 1898

116

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

Doolin

1. Name of deceased Mrs. Emmille Doolin
2. Sex Female 3. Color White 4. Age 72 yrs.
5. Married or single Married
6. Date of death July 12 1898
7. Cause of death Convulsions
8. Duration of last illness \_\_\_\_\_

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

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of birth Waverly Co.
11. Residence Woodford 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 Fairview Cemetery
15. Date of intended interment July 14 1898

Guard & Guard, Undertaker.

Date of Certificate July 13 1898 Residence \_\_\_\_\_

James W. Doolin 1901

117

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased James W. Doolin  
 2. Sex male 3. Color white 4. Age 74 yrs  
 5. Married or single widower  
 6. Date of death Dec - 13 - 1901  
 7. Cause of death drooping  
 8. Duration of last illness one year  
R. H. Milligan, M. D.  
 Residence South St.

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Carpenter  
 10. Place of birth \_\_\_\_\_  
 11. Residence Madford St Ward No. 3rd  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Dec - 14 - 1901  
Ward & Leonard Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

John C. Doores 1907

#170 118-1

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 *John C. Doores* *DOORES*

2. Sex *Male* 3. Color *White* 4. Age *78 yrs*

5. Married or single *Single*

6. Date of death *July 26, 1907*

7. Cause of death *Pneumonia*

8. Duration of last illness.....

*Eugene A. Gerard.* ~~M.D.~~

Residence **BOWLING GREEN, KY**

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

9. Occupation.....

10. Place of birth.....

11. Residence *State 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.....

**GERARD & GERARD.** Undertaker.

Date of Certificate **FEB 28 1907** Residence **BOWLING GREEN, KY**

*SPG 220  
8717*



Mary Doores 1912

119

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased <sup>1222</sup> *Mrs. Mary Doores*, *Doores*

2. Sex *Female* 3. Color *White* 4. Age *68 yrs.*

5. Married or Single *Widow*

6. Date of death *JUL 23 1912*

7. Cause of death *Bright's Disease*

8. Duration of last illness *6 months*

*J. E. Meredith*, M. D.  
Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *House Keeper*

10. Place of birth *Logan Co Ky*

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 *JUL 23 1912*

*GERARD & GERARD.*, Undertaker.

Date of Certificate *July 23/12* Residence *BOWLING GREEN, KY*

Calvin J. Doors 1904

120

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

## RETURN OF A DEATH.

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

1. Name of deceased J Calvin Doors  
2. Sex Male 3. Color White 4. Age 70  
5. Married or Single Married  
6. Date of death May 21<sup>st</sup> 1904  
7. Cause of death Heart Disease  
8. Duration of last illness \_\_\_\_\_  
A P Cartwright, M. D.  
Residence \_\_\_\_\_

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

9. Occupation Carpenter  
10. Place of birth \_\_\_\_\_  
11. Residence Bonding Iron State 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 Harmon Cemetery  
15. Date of intended interment May 22, 1904  
Shard & Shard, Undertaker.  
Date of Certificate May 21 1904 Residence \_\_\_\_\_

Fannie Doprive 1896

889/ 121

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Fannie Doprive*  
2. Sex *Female* 3. Color *W* 4. Age *19 yrs*  
5. Married or single *Single*  
6. Date of Death *May 29<sup>th</sup> 1896*  
7. Cause of Death *Consumption*  
8. Duration of last Illness \_\_\_\_\_

*W. K. Francis*, M. D.  
Residence *B. G. Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence *Park Street* Ward No. *1 st*  
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 *May 30<sup>th</sup> 1896*  
*F. C. Guard*, Undertaker.  
Date of Certificate *May 29/96* Residence \_\_\_\_\_

Samuel Dorr 1899

67 82 122

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Saul E. Dorr Dorr
2. Sex male 3. Color white 4. Age 24
5. Married or single Single
6. Date of death Sept 29, 1899
7. Cause of death Consumption
8. Duration of last illness Several Weeks
Residence Frankfort Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Clerk
10. Place of birth Ky
11. Residence 12th & 12th St. 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 Fairview Cem
15. Date of intended interment Oct 1st 1899
J. Hawley Payne, Undertaker.
Date of Certificate Residence



George Dorsey 1907

123

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

# RETURN OF A DEATH.

258

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Geo Dorsey <sup>Dorsey</sup>

2. Sex male 3. Color white 4. Age 67 yrs

5. Married or single Don't know

6. Date of death July 2 1907

7. Cause of death Exhaustion

8. Duration of last illness weeks

T. W. Stone M. D.

Residence city

## Undertaker's Certificate in Relation to Deceased.

9. Occupation apparently traveling

10. Place of birth not known

11. Residence Cosmopolitan Ward No. ....

12. Time of residence in the city 2 weeks

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

14. Place of intended interment Farrington County

15. Date of intended interment July 3/1907

Hawley Payne Undertaker.

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

Mary Ellen Douglas 1880

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 *Mary Ellen Douglas*  
2. Sex *Female* 3. Color *Black* 4. Age *20 mos.*  
5. Married or Single \_\_\_\_\_  
6. Date of Death *Oct 2nd 1880*  
7. Cause of Death *Convulsions*  
8. Duration of last Illness *three mos.*  
\_\_\_\_\_  
*J. J. Townsend*, M. D.  
Residence *Grand House*

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

9. Occupation \_\_\_\_\_  
10. Place of Birth *B. G. W.*  
11. Residence *Green Street* Ward No. *1st*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Victoria Douglas*  
Name of Father *August Dougllass*  
14. Place of intended Interment *Col. Cemetery*  
15. Date of intended Interment *Oct 23 1880*  
*H. C. Gerard*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Democrat Print.

Infant of George W. Dove 1910

105

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

# RETURN OF A DEATH.

865

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of Geo. W. Dove*  
 2. Sex *Male* 3. Color *White* 4. Age *5 days*  
 5. Married or single *Single*  
 6. Date of death *August 1<sup>st</sup> 1910*  
 7. Cause of death *Exhaustion*  
 8. Duration of last illness.....  
 Signature *E. N. Hall* M. D.  
 Residence *Bowling Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Bowling Green Ky.*  
 11. Residence *Maple St.* Ward No. *2*  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *Mrs. James Dove*  
 Name of father *Geo. W. Dove*  
*Fairview Cemetery*  
 14. Place of intended interment.....  
 15. Date of intended interment *Aug 1<sup>st</sup> 1910.*  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *Aug. 1<sup>st</sup> 1910.* Residence.....

Joseph Dove 1910

126

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

# RETURN OF A DEATH.

785

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Joseph Dove*  
 2. Sex *Male* 3. Color *White* 4. Age *4 1/2 yrs.*  
 5. Married or single *Single*  
 6. Date of death *Mar. 12" 1910.*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness *3 weeks*  
 Signature *E. N. Hall* M. D.  
 Residence *939 College St.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *BOWLING GREEN, KY*  
 11. Residence *Maple St.* Ward No. *2*  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *Mrs. Jennie Dove*  
 Name of father *George W. Dove*  
 14. Place of intended interment *Sadler Cemetery*  
 15. Date of intended interment *Mar. 13" 1910.*  
 Signature *GERARD & GERARD* Undertaker.  
 Date of Certificate *Mar 13/1910* Residence *BOWLING GREEN, KY*

Mrs. Lou Dove 1909

127

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

# RETURN OF A DEATH.

617

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Lou Dove.  
 2. Sex Female 3. Color White 4. Age 57 yrs.  
 5. Married or Single Widow  
 6. Date of death Apr. 21" 1909.  
 7. Cause of death Acute Bright's Disease  
 8. Duration of last illness 9 Days  
 Physician John H B Lockburn, M. D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Simpson, County  
 11. Residence Payne St. BOWLING GREEN, KY. 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 Fairview Cemetery  
 15. Date of intended interment Apr. 22" 1909.  
GERARD & GERARD, Undertaker.  
 Date of Certificate Apr. 21" 1909. Residence BOWLING GREEN, KY.

Katie Doyle 1901

128

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Katie Doyle*  
 2. Sex *female* 3. Color *white* 4. Age *31 months*  
 5. Married or single *single*  
 6. Date of death *Sept 24 - 1901 -*  
 7. Cause of death *Perfora*  
 8. Duration of last illness *8 wks*  
 Signature *Tom W. Stone*, M. D.  
 Residence *College St*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Hungary Ind*  
 1. Residence *Thomas Ave* Ward No. *3rd*  
 12. Time of residence in the City. *nine months*  
 3. When a minor { Name of Mother *Lucie Doyle*  
 Name of Father *W. E. Doyle*  
 4. Place of intended interment *Fairview cemetery*  
 5. Date of intended interment *Sept 24 - 1901 -*  
 Signature *Charles Howard*, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Infant of Mary Drake 1901

129

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mary Drake's Infant,*  
2. Sex *—* 3. Color *Blk* 4. Age *—*  
5. Married or single *—*  
6. Date of death *April, 23/1901*  
7. Cause of death *Immature Birth*  
8. Duration of last illness *—*  
*S. H. Coombs*, M. D.  
Residence *Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*  
10. Place of birth *City*  
11. Residence *Mount Row* Ward No. *2*  
12. Time of residence in the City. *—*  
13. When a minor { Name of Mother *Mary Drake*  
Name of Father *—*  
14. Place of intended interment *County Cemetery*  
15. Date of intended interment *April 23/1901*  
*Guard & Guard*, Undertaker.  
Date of Certificate *Apr 23/1901* Residence *—*

Mollie Drake 1901

*Out of town* 130

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

**RETURN OF A DEATH.**

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Miss Mollie Drake*  
2. Sex *female* . 3. Color *white* . 4. Age *20*  
5. Married or Single *Single*  
6. Date of Death *April 11<sup>th</sup> 1892*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *two years*  
*Dr. Bowling* *W. W. Bowling*, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *County*  
11. Residence *Park St* . Ward No. *1*  
12. Time of Residence in the City *1 yr*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father *James Drake*  
14. Place of intended Interment *Mispah (in County)*  
15. Date of intended Interment *April 12<sup>th</sup> 1892*  
*Crother & Payne*, Undertaker.  
Date of Certificate *Apr 12* . Residence *City*



Child of Maudie Draper 1907

131-2

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

## RETURN OF A DEATH.

205

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of Maudie Draper

2. Sex Male 3. Color White 4. Age —

5. Married or single —

6. Date of death Apr. 29 '07

7. Cause of death Premature Birth

8. Duration of last illness —

..... M. D.

Residence.....

---

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

9. Occupation.....

10. Place of birth Bowling Green

11. Residence Kentucky St. Ward No. 2

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

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

14. Place of intended interment County Cemetery

15. Date of intended interment Apr. 30 '07.

..... **GERARD & GERARD.** Undertaker.

Date of Certificate Apr 29 '07. Residence **BOWLING GREEN, KY.**

SPG 22M  
8718

Child of Maude Draper 1907

131-1

May Woodlow has today  
reported premature  
birth of child born to  
Maude Draper today

F. O. Reardon  
Apr 29-07

GEORGE A. SCHERER,  
Registered  
Pharmacist,  
Bowling Green, Ky.  
206 Main St.,

Lizzie Drue 1898

1096

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 *Miss Lizzie Drue*
- 2. Sex *Female* 3. Color *White* 4. Age *34*
- 5. Married or single *Married*
- 6. Date of Death *January 29 1898*
- 7. Cause of Death *Uterine Fibroid*
- 8. Duration of last Illness *Two months*

*C. G. ...*, M. D.  
 Residence *College St. Richmond Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
  - 10. Place of Birth *Edmonson County*
  - 11. Residence *Clay Street* . Ward No. *2<sup>nd</sup>*
  - 12. Time of Residence in the City \_\_\_\_\_
  - 13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
  - 14. Place of intended Interment *Fairview Cemetery*
  - 15. Date of intended Interment *January 30 1898*
- Guard & Guard*, Undertaker.  
 Date of Certificate *Jan 29 1898* Residence *City*

Buela Drulinger 1878

193

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Buela Drulinger* *Drulinger*

2. Sex *Girl* 3. Color *White* 4. Age *18 Months*

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

6. Date of Death *Sept 3*

7. Cause of Death *Cholera Infantum*

8. Duration of last Illness *18 Months*

*W. McCluspool*, M. D.  
Residence *Bellevue*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Bowling Green*

11. Residence *71* *11* Ward No. *2*

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

13. When a Minor { Name of Mother *John Drulinger*  
Name of Father *Plany* " \_\_\_\_\_

14. Place of intended Interment *Farriss Cemetery*

15. Date of intended Interment *Sept-5<sup>th</sup>*

*Jno. C. Greene*, Undertaker.

Date of Certificate *Sept 5 1878* Residence \_\_\_\_\_

Pantagraph Print.

John Drulinger 1901

134

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Drulinger <sup>Drulinger</sup>

2. Sex male 3. Color white 4. Age 62 yrs

5. Married or single Widower

6. Date of death Dec - 4 - 1901

7. Cause of death Pneumonia

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

\_\_\_\_\_  
 W. R. Francis, M. D.  
 Residence Bowling Green Ky

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer

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

11. Residence 14 St Ward No. 2nd

12. Time of residence in the City. Forty years

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

14. Place of intended interment Fairview Cem

15. Date of intended interment Dec - 5 - 1901

Edward Undertaker.

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

Paulina Drulinger 1879

135

This Constitutes ONE CERTIFICATE to 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 Paulina Drulinger Drulinger*
  2. Sex *Female* . 3. Color *White* . 4. Age *28 years*
  5. Married or ~~Single~~
  6. Date of Death *April 24<sup>th</sup> 79*
  7. Cause of Death *Phthisis Pulmonalis*
  8. Duration of last Illness *four months*
- A. J. Johnson* M. D.  
Residence

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

9. Occupation
  10. Place of Birth *Bowling Green Kentucky*
  11. Residence . . . . . Ward No. *3<sup>rd</sup>*
  12. Time of Residence in the City
  13. When a Minor { Name of Mother  
Name of Father
  14. Place of intended Interment *Fairview Cem*
  15. Date of intended Interment *April 25<sup>th</sup> 79*
- J. M. G. G. G.* , Undertaker.  
Date of Certificate *Apr 24<sup>th</sup> 79* . Residence

Democrat Print.

Grace Dryden 1908

136-1

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

# RETURN OF A DEATH.

390

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss, Grace Dryden
2. Sex Female 3. Color White 4. Age 37
5. Married or single Single
6. Date of death Jan 29 1908
7. Cause of death Tuberculosis
8. Duration of last illness.....

..... J. W. Linton ..... M. D.  
 Residence..... BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Bowling Green, Ky
11. Residence Amarillo, Texas Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother Dead  
 Name of father Jas. S. Dryden
14. Place of intended interment Fairview Cemetery
15. Date of intended interment.....

GERARD & GERARD Undertaker.

Date of Certificate..... Residence BOWLING GREEN, KY

Grace Dryden 1908

4-01. 1M. Form 228 R.

**[Duplicate] TRANSIT PERMIT**

**Chicago, Rock Island & Gulf Railway**  
**TRANSPORTATION OF CORPSES.**

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

Name of Deceased *Miss Grace Dryden* Date of Death *July 28-08*  
(If a minor give parents' name also)

Hour of Death *4 P.* M. Age *37* Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Place of Death *Amarillo Tex* Cause of Death *Tuberculosis*  
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.

Residence *Amarillo* County of *Patterson* State of *Texas*  
*J. W. Crissan* 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 Township.)

State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

Permission is hereby given \_\_\_\_\_ holder of Embalmers' Permit 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 \_\_\_\_\_ 190 \_\_\_\_\_, Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days,

and \_\_\_\_\_ is hereby authorized to accompany said remains.

(Seal) \_\_\_\_\_ 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 Permit and preceding Certificate must be detached and delivered to the Person in Charge of the Corpse.**



Agness Marie Duane 1904

139

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

# RETURN OF A DEATH.

651

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Agness Marie Duane  
 2. Sex Female 3. Color White 4. Age 22 months  
 5. Married or Single Single  
 6. Date of death June 19-1904  
 7. Cause of death Enterocolitis  
 8. Duration of last illness 1 Day  
Sarah Gibson Ramsey, M. D.  
 Residence City

## Undertaker's Certificate in Relation to Deceased.

9. Occupation None  
 10. Place of birth Ky - City  
 11. Residence Center 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 Joseph Cemetery  
 15. Date of intended interment June 20-1904  
GERARD & GERARD, Undertaker.  
 Date of Certificate June 20-04 Residence City

John E. Dubose 1910

138

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

# RETURN OF A DEATH.

748

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Judge Jno E Dubose  
 2. Sex Male 3. Color White 4. Age 61  
 5. Married or single Married  
 6. Date of death Jan 10 - 1910  
 7. Cause of death Cerebral Hemorrhage  
 8. Duration of last illness.....  
Dr M. Carnack M. D.  
 Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Lumber  
 10. Place of birth Pa.  
 11. Residence Chicknut 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 Jan 11 - 1910  
GERARD & GERARD, Undertaker.  
BOWLING GREEN, KY  
 Date of Certificate Jan 10 - 1910 Residence.....

Maggie Duckett 1912

139

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

## RETURN OF A DEATH.

1262 Duckett

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Maggie Duckett  
2. Sex Female 3. Color White 4. Age 27 yrs.  
5. Married or Single Married  
6. Date of death Oct. 3" 1912  
7. Cause of death Typhoid Fever  
8. Duration of last illness 14 days  
J. W. Duckett, M. D.  
Residence BOWLING GREEN, KY.

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

9. Occupation \_\_\_\_\_  
10. Place of birth Ky.  
11. Residence Near Bristow Ky Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Oct. 4" 1912  
GERARD & GERARD., Undertaker.  
Date of Certificate Oct. 4/1912 Residence BOWLING GREEN, KY

Clara Duff 1896

140

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

# RETURN OF A DEATH.

# 66

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss. Clara Duff.*
2. Sex *Female* 3. Color *White* 4. Age *21 yrs*
5. Married or single *Single*
6. Date of death *July 12/96.*
7. Cause of death *Tumor of the Brain*
8. Duration of last illness \_\_\_\_\_

*W R Francis*, M. D.  
 Residence *Bowling Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of birth *Bowling Green Ky.*
11. Residence *4<sup>th</sup> Ky.* 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 *Farriss Cemetery*
15. Date of intended interment *July 13/96.*

GERARD & GERARD, Undertaker.

Date of Certificate *July 17/96.* Residence **BOWLING GREEN, KY**



Lucile Jerome Duffy 1912

142

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

## RETURN OF A DEATH.

1199

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

1. Name of deceased Miss Lucile Jerome Duffy

2. Sex Female 3. Color White 4. Age 29 yrs.

5. Married or single Single

6. Date of death JUN 8 1912

7. Cause of death Hypertic Pneumonia

8. Duration of last illness 2 days

F. O. Reader M. D.

Residence Bowling Green Ky

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

9. Occupation.....

10. Place of birth Cincinnati, Ohio

11. Residence State St. Ward No. 1

12. Time of residence in the city one week

13. When a minor { Name of mother Mrs. J. D. Duffy

Name of father J. D. Duffy

14. Place of intended interment St. Josephs Cemetery

15. Date of intended interment June 10 1912

GERARD & GERARD Undertaker.

Date of Certificate June 8 1912 Residence.....

Nicie Duke 1907

143

317

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

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Nicie Duke*
2. Sex *Female*
3. Color *Blk.*
4. Age *24 yrs.*
5. Married or single *Married.*
6. Date of death *Sept. 21 " 1907.*
7. Cause of death *Tuberculosis*
8. Duration of last illness *S. W. Cornubis* M. D.

Residence **BOWLING GREEN, KY**

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Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Franklin Ky.*
11. Residence *7th St.* Ward No. *2*
12. Time of residence in the city *several months*
13. When a minor { Name of mother.....  
Name of father.....
14. Place of intended interment *Mt. Moriah Cemetery*
15. Date of intended interment *Sept. 22/1907.*

**GERARD & GERARD** Undertaker.

Date of Certificate *Sept. 22/1907* Residence **BOWLING GREEN, KY**

58621  
8718

Jane Dulaney 1907

144

This Constitutes One Certificate to 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 Jane Dulaney*  
 2. Sex *Female* 3. Color *White* 4. Age *66*  
 5. Married or single *Widow*  
 6. Date of death *June 17 1907*  
 7. Cause of death *Fracture of Hip*  
 8. Duration of last illness *3 weeks*  
*J. N. McCannack* M. D.  
 Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *House Keeper*  
 10. Place of birth *Warren Co Ky*  
 11. Residence *Adams St* Ward No. *13*  
 12. Time of residence in the city *66 years*  
 13. When a minor { Name of mother *Mrs Sam Barclay*  
 Name of father *Sam Barclay*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *June 19<sup>th</sup> 1907*  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *June 18 1907* Residence *BOWLING GREEN, KY*



William L. Dulaney 1904

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 *Judge William L. Dulaney*  
 2. Sex *Male* 3. Color *White* 4. Age *67*  
 5. Married or Single *Married*  
 6. Date of death *July 10 '04*  
 7. Cause of death *Eurymia*  
 8. Duration of last illness *Two weeks*  
*J. W. Stair*, M. D.  
 Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....  
 10. Place of birth .....  
 11. Residence *Adams St.* Ward No. *2*  
 12. Time of residence in the city .....  
 13. When a minor { Name of Mother .....  
                           { Name of Father .....  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *July 11 '04*  
*Howard T. Grand*, Undertaker.  
 Date of Certificate *July 11 '04* Residence .....

Woodford Dulaney (1878)

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.

1. Name of Deceased *Woodford Dulaney*

2. Sex *male* 3. Color *White* 4. Age *79*

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

6. Date of Death *May 9th*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *nine days*

*Wm. Claypool*, M. D.  
Residence *Brunkey*

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 \_\_\_\_\_

Pantagraph Print.

John F. Dunavan 1910

147

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

# RETURN OF A DEATH.

821

## Physician's Certificate Preparatory to Burial.

1. Name of deceased John F. Dunavan  
 2. Sex Male 3. Color White 4. Age 64  
 5. Married or Single Married  
 6. Date of death June 7-1910  
 7. Cause of death Valvular disease of heart & Bright's disease  
 8. Duration of last illness Three months  
Geo. D. Cartwright, M. D.  
 Residence 737 State Street

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Financier  
 10. Place of birth Baltimore, Md.  
 11. Residence State Street Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment June 9-1910  
GERARD & GERARD, Undertaker.  
 Date of Certificate June 7 Residence City

Nancy Dunavn 1896

887

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 *Mrs Nancy Dunavan*  
 2. Sex *Female* 3. Color *white* 4. Age *90 yrs*  
 5. Married or single *Widow*  
 6. Date of Death *May 22<sup>nd</sup> 1896*  
 7. Cause of Death *Old age*  
 8. Duration of last Illness *Several months*  
*A. K. Smyke*, M. D.  
 Residence *City*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Warren Co. Ky.*  
 11. Residence *College St* Ward No. *2<sup>nd</sup>*  
 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 Cem*  
 15. Date of intended Interment *May 24<sup>th</sup> 1896*  
*File School*, Undertaker.  
 Date of Certificate *May 27/96* Residence \_\_\_\_\_



Child of Bettie Duncan 1897

1046 150

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Bettie Duncan*  
2. Sex *Male* 3. Color *Blk* 4. Age *7 mo.*  
5. Married or single *single*  
6. Date of Death *June 25" 1897*  
7. Cause of Death *Spinal Meningitis*  
8. Duration of last Illness *six weeks*  
*T. W. Stone*, M. D.  
Residence *College St*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *College St* . Ward No. *3*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Bettie Duncan*  
                          { Name of Father \_\_\_\_\_  
14. Place of intended Interment *County Cemetery*  
15. Date of intended Interment *June 26" 1897*  
*J. B. Howard & Son*, Undertaker.  
Date of Certificate *June 26/97* Residence \_\_\_\_\_

Crissie Duncan 1891

354 151

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Crissie Duncan*  
2. Sex *female* 3. Color *red* 4. Age *23*  
5. Married or Single *Single*  
6. Date of Death *Dec 3*  
7. Cause of Death *Saprophytes*  
8. Duration of last Illness *Four months*  
*R. J. Hamilton*, M. D.  
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Housekeeper*  
10. Place of Birth *Monroe Co Ky*  
11. Residence *City* 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 *Putheoniah*  
15. Date of intended Interment *Dec 4 1891*  
*Orather Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Edmund Duncan 1899

70 31 152

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Edmund Duncan  
 2. Sex Male . 3. Color White . 4. Age 68  
 5. Married or single Married  
 6. Date of death May 3rd 1899  
 7. Cause of death Prostatitis & Leptitis  
 8. Duration of last illness Several months  
Atkins , M. D.  
 Residence Barkley Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer  
 10. Place of birth Warren County  
 11. Residence Barkley 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 Harrods Creek  
 15. Date of intended interment May 5th 1899  
Sebard Gerard , Undertaker.  
 Date of Certificate May 3rd Residence Barkley Green Ky



Mrs. Edmund Duncan 1893

491

153

This Constitutes One Certificate to 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 Edmund Duncan*  
 2. Sex *Female* 3. Color *White* 4. Age *56 yrs*  
 5. Married or single *Married*  
 6. Date of Death *Mar 17"/93*  
 7. Cause of Death *Exhaustion after pneumonia*  
 8. Duration of last Illness *5 mths*  
*J. W. Gorman*, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Logan County*  
 11. Residence *College St* Ward No. *2<sup>nd</sup>*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Fairview Cemetery*  
 15. Date of intended Interment *Mar 18"/93*  
*J. H. Gorman & Co.*, Undertaker.  
 Date of Certificate *Mar 17/93* Residence \_\_\_\_\_

Eliza Duncan 1899

78

154

This Constitutes One Certificate to 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 Duncan  
 2. Sex Female 3. Color Black 4. Age 28 years  
 5. Married or single Single  
 6. Date of death Sept. 18/99  
 7. Cause of death Typhoid Fever  
 8. Duration of last illness \_\_\_\_\_  
S. H. Coombs M. D.  
 Residence City Physician

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth Warren County  
 11. Residence Leicester 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 Sept. 19/99  
Garard and Garard, Undertaker.  
 Date of Certificate Sept 18/99 Residence \_\_\_\_\_

Elzie Duncan 1897

155

1030

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Elzie Duncan

2. Sex female 3. Color Blk 4. Age 4 yrs

5. Married or single single

6. Date of Death July 8 1897

7. Cause of Death Whooping Cough

8. Duration of last Illness 2 weeks

D. Muller, M. D.  
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth City

11. Residence 7th St Ward No. B

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

13. When a Minor } Name of Mother Mandy Duncan  
                          } Name of Father Walter Duncan

14. Place of intended Interment Int. Memorial Court

15. Date of intended Interment July 18 1897

Robert A. Payne, Undertaker.

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

Emory Duncan 1879

156

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Emory Duncan  
2. Sex Male . 3. Color White . 4. Age 50 or 60  
5. Married or Single Single  
6. Date of Death Sept 6<sup>th</sup> 1879  
7. Cause of Death Paralysis  
8. Duration of last Illness 4 days  
Abney, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Horse Tamer  
10. Place of Birth Allen County  
11. Residence did at Monmouth Tenn Ward No. 2  
12. Time of Residence in the City 4 days  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment Harmon Cem  
15. Date of intended Interment Sept 6<sup>th</sup> 79  
Frank Oberholser, Undertaker.  
Date of Certificate Sept 6<sup>th</sup> 79 Residence \_\_\_\_\_

Democrat Print.

Garrett Duncan 1879

8

157

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Garrett Duncan <sup>Duncan</sup>
2. Sex male 3. Color Black 4. Age 10 <sup>years</sup>
5. Married or single single
6. Date of death Jan 25 1900
7. Cause of death \_\_\_\_\_
8. Duration of last illness \_\_\_\_\_

Dr. M.

Y. N. Murphy, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of birth Italy
11. Residence Center St Ward No. 2
12. Time of residence in the City \_\_\_\_\_
13. When a minor } Name of Mother Mrs. Duncan  
                          } Name of Father Rich. Duncan
14. Place of intended interment County Ground
15. Date of intended interment Jan 24 1900

W. H. Taylor, Undertaker.

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

Residence \_\_\_\_\_

Child of Joe & Berdie Duncan 1908

159

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

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

#485

1. Name of deceased *Infant of Berdie Duncan*

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

5. Married or single *—*

6. Date of death *July 6*

7. Cause of death *unknown*

8. Duration of last illness *2 days*

*John Elroy Canone, M.D.*  
Residence *BOWLING GREEN, KY.*

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Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*

10. Place of birth *Burks Alley City*

11. Residence *Burks Alley* Ward No. *3*

12. Time of residence in the city *—*

13. When a minor { Name of mother *Berdie Duncan*  
Name of father *Joe Ewing*

14. Place of intended interment *Mount Mariah*

15. Date of intended interment *July 7<sup>th</sup> 1908*

*GERARD & GERARD* Undertaker.

Date of Certificate *July 7 1908* Residence *BOWLING GREEN, KY*

EPC 201  
3719

Marguerite Duncan 1908

#545 159

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Marguerite Duncan*  
2. Sex *Female* 3. Color *Cal* 4. Age *27*  
5. Married or single *Single*  
6. Date of death *Nov 15/08*  
7. Cause of death *Bright's Disease*  
8. Duration of last illness \_\_\_\_\_  
*Will Briggs*, M. D.  
Residence *Bauley Lane 1447*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Bauley Green Ky*  
11. Residence *17th Street* Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother *Sis Duncan*  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Mt Mariah*  
15. Date of intended interment *Nov 16 - 08*  
*Croscher Davis*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence *Bauley*  
*Nov 16/08*

Robb Duncan 1908

160

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

# RETURN OF A DEATH.

548

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Robt. Dwyer  
 2. Sex Male 3. Color White 4. Age 87 yrs.  
 5. Married or single Widower  
 6. Date of death Nov. 24/08  
 7. Cause of death Uræmic Poison  
 8. Duration of last illness.....  
 \_\_\_\_\_ M. D.  
H.P. Cartwright  
 Residence..... **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Jaffarson Co Ky  
 11. Residence Paris St. Ward No. 1  
 12. Time of residence in the city 13 yrs.  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment Ohustad Ry.  
 15. Date of intended interment Nov. 26" 1908  
GERARD & GERARD..... Undertaker.  
 Date of Certificate Nov. 25/08 Residence **BOWLING GREEN, KY**



Robert Duncan 1904

161

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Robert Duncan  
2. Sex male 3. Color white 4. Age 14 yr  
5. Married or single single  
6. Date of death June 14 1904  
7. Cause of death Accidental Drowning  
8. Duration of last illness \_\_\_\_\_

Geo E Gray M. D.  
Residence Coroner U.S.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence Park St bet Main & 10<sup>th</sup> Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_

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

14. Place of intended interment Fairview Cem  
15. Date of intended interment June 15 1904

W. H. [Signature] Undertaker.

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

Woodford Duncan 1907

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

# RETURN OF A DEATH.

260

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Woodford Duncan
  2. Sex man      3. Color Black      4. Age 7 weeks
  5. Married or single.....
  6. Date of death July - 5 - 1907
  7. Cause of death Accidental overdose Morphine
  8. Duration of last illness One day
- J. W. Statler M. D.
- Residence City

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
  10. Place of birth City
  11. Residence West Main St      Ward No.....
  12. Time of residence in the city life
  13. When a minor { Name of mother Alice Duncan  
Name of father Ed Duncan
  14. Place of intended interment West Main St
  15. Date of intended interment July 5, 1907
- Abraham Payne Undertaker.
- Date of Certificate.....      Residence.....

James D. Dunivan 1891

332 163

This Constitutes one Certificate to 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 D. Dunivan*  
2. Sex *Male* . 3. Color *White* . 4. Age *41 years*  
5. Married or Single *Single*  
6. Date of Death *September 8"/91.*  
7. Cause of Death *Gun shot wound.*  
8. Duration of last Illness *Died instantly.*  
*H. P. Cartwright*, M. D.  
Residence *City.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Bowling Green Ky.*  
11. Residence *College 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 *Sept 9"/91.*  
*F. B. Gerard*, Undertaker.  
Date of Certificate *Sept 9"/91.* . Residence *City.*

Harvey A. Dunlap Jr. 1910

164

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

# RETURN OF A DEATH.

955

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Harvey A. Dunlap, Jr  
 2. Sex Male 3. Color White 4. Age 12 yrs  
 5. Married or Single Single  
 6. Date of death Jan. 18" 1910  
 7. Cause of death Congenital heart Malformation, Premature  
as per Vital Statistics Certificate  
 8. Duration of last illness  
E. A. Guard  
 Residence Funeral Director, M.D.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth St. Josephs Hospital  
 11. Residence " " Ward No. 1  
 12. Time of residence in the city 12 hrs.  
 13. When a minor { Name of Mother Mrs May Dunlap.  
 Name of Father Harvey Dunlap.  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Jan. 19" 1911.  
GERARD & GERARD, Undertaker.  
 Date of Certificate Jan 18" 1911. Residence

Freddie Dunn 1881

8 165

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Freddie Dunn Dunn*  
2. Sex *Female* 3. Color *white* 4. Age *4 yrs*  
5. Married or Single *Single*  
6. Date of Death *July 5<sup>th</sup>*  
7. Cause of Death *Meningitis*  
8. Duration of last Illness *one week*  
*J. F. McElroy*, M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of Birth *Warren County*  
11. Residence *Rohmer Row* Ward No. *3*  
12. Time of Residence in the City  
13. When a Minor { Name of Mother  
Name of Father *C R Dunn*  
14. Place of intended Interment *In County*  
15. Date of intended Interment *July 5<sup>th</sup> 1881*  
*F. B. Howard*, Undertaker.  
Date of Certificate *July 5<sup>th</sup> 1881* Residence

Pantagraph Print.



Child of Lucy Dunn 1898

11206 167

This Constitutes One Certificate to 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 Lucy <sup>Dunn</sup> Dunn  
2. Sex Female 3. Color Black 4. Age 1 yr  
5. Married or single Single  
6. Date of death Dec - 22 - 98  
7. Cause of death \_\_\_\_\_  
8. Duration of last illness \_\_\_\_\_

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

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Bonnyton Ky.  
11. Residence Kentucky St. Ward No. 3  
12. Time of residence in the City Life Time  
13. When a minor } Name of Mother Lucy Dunn  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment County E  
15. Date of intended interment Dec - 23 - 98

Thos. L. Lusk Undertaker.  
Date of Certificate Dec 23/98 Residence \_\_\_\_\_

Woodford Dunn 1896

890 / 168

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Woodford Dunn* <sup>Dunn</sup>

2. Sex *Male* 3. Color *Blk* 4. Age *35 yrs.*

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

6. Date of Death *May 30"/196*

7. Cause of Death *Prostatitis*

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

*O. D. Vowler*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

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

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

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

14. Place of intended Interment *Wm. Mowah County*

15. Date of intended Interment *May 31"/196*

*F. C. Guard* *H. Bro.*, Undertaker.

Date of Certificate *May 30/96* Residence *City*



Louis Duprive 1896

967 169

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Louis Duprive  
 2. Sex Male 3. Color Blk 4. Age 2 1/2 yrs  
 5. Married or single Single  
 6. Date of Death Nov. 22<sup>nd</sup> 1896  
 7. Cause of Death Scrophula  
 8. Duration of last Illness Three or four weeks  
J. P. Cartwright, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth Alabama  
 11. Residence 48 Park Street Ward No. 1st  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother Dead.  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment County Cemetery  
 15. Date of intended Interment Nov. 23<sup>rd</sup> 1896  
J. G. Ward & Bro, Undertaker.  
 Date of Certificate Nov 23/96 Residence \_\_\_\_\_

Joseph Louis Durbin 1906

170

This Constitutes One Certificate to 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 Louis Durbin*  
 2. Sex *Male* 3. Color *White* 4. Age *20 months*  
 5. Married or single *Single*  
 6. Date of death *June 7<sup>th</sup> 1906.*  
 7. Cause of death *Intest. Colitis.*  
 8. Duration of last illness *four days*  
 Residence *Town, 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 *11<sup>th</sup> Adams St.* Ward No. *2*  
 12. Time of residence in the City. *20 months.*  
 13. When a minor { Name of Mother *Mrs. Lilly Durbin*  
 Name of Father *J. L. Durbin.*  
 14. Place of intended interment *St. Josephs Cemetery*  
 15. Date of intended interment *June 8<sup>th</sup> 1906*  
**GERARD & GERARD,** Undertaker.  
 Date of Certificate **JUN 7 - 1906** Residence **BOWLING GREEN, KY**

Stephen F. Durbin 1912

171

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

## RETURN OF A DEATH.

1258

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Stephen F. Durbin

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

5. Married or Single Widower

6. Date of death Sept. 22/12.

7. Cause of death apoplexy

8. Duration of last illness 5 days

J. W. Stone, M. D.

Residence .....

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

9. Occupation .....

10. Place of birth Ky.

11. Residence Shaw Lilly Pike, Warren Co. Ward No. ....

12. Time of residence in the city 7 yrs.

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

Name of Father .....

14. Place of intended interment Woollyville Ky.

15. Date of intended interment Sept 24/12

**GERARD & GERARD.**

SEP 22 1912

....., Undertaker.

Date of Certificate .....

Residence BOWLING GREEN, KY

Infant of Steve F. & Mary Durbin 1910

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

172

786

1. Name of deceased *Infant of Steve F. Durbin.*

2. Sex *Male* 3. Color *White* 4. Age \_\_\_\_\_

5. Married or single *Single*

6. Date of death *Mar 14 1910.*

7. Cause of death *Inanition*

8. Duration of last illness *F. D. Beardon* M. D.

Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

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

10. Place of birth *BOWLING GREEN, KY*

11. Residence *Center St. BOWLING GREEN, KY* Ward No. *3*

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

13. When a minor { Name of mother *Mrs. Mary A. Durbin.*  
Name of father *Steve F. Durbin.*

14. Place of intended interment *St. Josephs. Cemetery*

15. Date of intended interment *MAR 14 1910*

*GERARD & GERARD* Undertaker.

Date of Certificate *MAR 14 1910* Residence *BOWLING GREEN, KY*

Charles M. Durgy 1910

173

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

# RETURN OF A DEATH.

858

## Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Chas. M. Durgy.
- 2. Sex Male
- 3. Color white
- 4. Age 10 Mo.
- 5. Married or Single Single.
- 6. Date of death July 13" 1910.
- 7. Cause of death I suppose Cholera infantum only saw one like
- 8. Duration of last illness

W. A. Burges, M. D.  
 Residence 10 E Adams  
B-9 - Ky

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation
- 10. Place of birth Evansville, Indiana
- 11. Residence Madison Ward No.
- 12. Time of residence in the city over week.
- 13. When a minor { Name of Mother Mrs. Delroy Durgy.  
 Name of Father Henry C. Durgy
- 14. Place of intended interment Fairview Cemetery
- 15. Date of intended interment July 14" 1910.
- Date of Certificate July 13" 1910 Undertaker Edward & Guarant.  
 Residence Bowling Green, Ky

Mrs. A. P. Durham 1912

174

This Constitutes One Certificate to 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. A. P. Durham*  
 2. Sex *Female* 3. Color *White* 4. Age *56 yrs*  
 5. Married or single *Married*  
 6. Date of death *Sept. 16/1901*  
 7. Cause of death *Stricture of the Esophagus*  
 8. Duration of last illness \_\_\_\_\_  
 Dr. Grace Brown, M.D.  
 Residence *Bowling Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence *Eleventh 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*  
 5. Date of intended interment *Sept. 17/1901*  
*Gerard and Gerard*, Undertaker.  
 Date of Certificate *Sept. 17/1901* Residence \_\_\_\_\_

Alford Durham 1912

175

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

# RETURN OF A DEATH.

1296

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Alford Durham  
 2. Sex Male B. Color White 4. Age 76  
 5. Married or single Married  
 6. Date of death Dec 9 1912  
 7. Cause of death Uremic Poison  
 8. Duration of last illness Eight Days  
EM Rice, M. D.  
 Residence Barkley Ky

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Merchant  
 10. Place of birth Allen Co Ky  
 11. Residence Barkley Ky Ward No. \_\_\_\_\_  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cem  
 15. Date of intended interment Dec 13 1912  
Ernoch Kuller Undertaker.  
 Date of Certificate Dec 13 1912 Residence Barkley

John M. Durrenberger 1908

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

# RETURN OF A DEATH.

374

## Physician's Certificate Preparatory to Burial.

176

1. Name of deceased John M. Durrenberger.  
 2. Sex Male 3. Color White 4. Age 27 yrs.  
 5. Married or single Single.  
 6. Date of death July 6 " 1908.  
 7. Cause of death Lobar Pneumonia.  
 8. Duration of last illness 7 days.  
Fred. D. Reardon. M. D.  
 Residence BOWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Clerk.  
 10. Place of birth Warren County.  
 11. Residence Boat Landing Pike Ward No. —  
 12. Time of residence in the city —  
 13. When a minor { Name of mother Mrs. Mary Durrenberger  
 Name of father Fred Durrenberger (Died)  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment July 7 " 1908  
GERARD & GERARD Undertaker.  
 Date of Certificate July 6/08. Residence BOWLING GREEN, KY



Mollie A. Durrenberger 1891

334 177

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mollie A Durrenberger*  
2. Sex *female* 3. Color *white* 4. Age *30*  
5. Married or Single *Widow*  
6. Date of Death *Oct 19 1891*  
7. Cause of Death *Brain aneurism*  
8. Duration of last Illness *years*

*J. H. McCormack, M.D.*  
Residence *per Dr. Wright*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Housekeeper*  
10. Place of Birth \_\_\_\_\_  
11. Residence *10th St* Ward No. *4*  
12. Time of Residence in the City *20 yrs*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Lawnview Cem*  
15. Date of intended Interment *Oct 20th 1891*

*Prather & Payne*, Undertaker.  
Date of Certificate *Oct 20/91* . Residence *city*



Cicelia Duvall Duvall 1878

179

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Cicelia Duvall Duvall*  
2. Sex *Female* . 3. Color *White* . 4. Age *100 years*  
5. Married or Single \_\_\_\_\_  
6. Date of Death *Jan 21*  
7. Cause of Death *Paralysis*  
8. Duration of last Illness *12 months*  
*W. M. Clappool*, M. D.  
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence *Bowling Green* . Ward No. *2*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended Interment *Col County*  
15. Date of intended Interment *Jan 21st 1878*  
*J. W. Clappool*, Undertaker.  
Date of Certificate *Jan 21st* . Residence *BS*

Democrat Print.

Emma Duvall 1904

180

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Emma Duvall*  
 2. Sex *female* 3. Color *white* 4. Age *58 yrs*  
 5. Married or single *married*  
 6. Date of death *April 10 - 1904*  
 7. Cause of death *Dementia*  
 8. Duration of last illness *2 weeks*  
 Jno H. Blackburn M. D.  
 Residence *Draft*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Agent*  
 10. Place of birth *Fairview Ky*  
 11. Residence *Main St* Ward No. *1*  
 12. Time of residence in the City. *11 years*  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Ky*  
 15. Date of intended interment *April 12 1904*  
*Edward Payne*, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Child of A. B. & Josie Dyer 1898

181

*1129*

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of A. B. Dyer*

2. Sex \_\_\_\_\_ 3. Color *White* 4. Age \_\_\_\_\_

5. Married or single *single*

6. Date of death *June 8<sup>th</sup> 1898. Jan 8<sup>th</sup> 1898.*

7. Cause of death *Premature Birth*

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

*T. B. Knight,* \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *City*

11. Residence *10 1/2<sup>nd</sup> street* Ward No. *2*

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

13. When a minor } Name of Mother *Mrs. Josie Dyer.*  
 } Name of Father *A. B. Dyer*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *June 9<sup>th</sup> 1898*

*Gerard & Gerard,* Undertaker.

Date of Certificate *June 9<sup>th</sup> 1898,* Residence \_\_\_\_\_