


1877

Box 2, Folder 1 Bowling Green, Kentucky - Death Records, E

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Robert Earley, 1899

~~14~~ 23 23

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Robert T. Earley
 2. Sex male 3. Color white 4. Age 11 mo
 5. Married or single _____
 6. Date of death March 30 1899
 7. Cause of death Heart failure
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Italy
 11. Residence Upper 10th St Ward No. 1
 12. Time of residence in the City life
 13. When a minor } Name of Mother Ellen Earley
 } Name of Father Robert Earley
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment March 31st 1899
 _____, Undertaker.
 Date of Certificate _____ Residence _____

Joe Easter, 1894

677 - 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 Joe Easter

2. Sex Male 3. Color Blk 4. Age 1 yr

5. Married or single _____

6. Date of Death October 14 1894

7. Cause of Death Cholera Infantum

8. Duration of last Illness _____

O. W. Porter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Not given

11. Residence Day St Ward No. 3

12. Time of Residence in the City _____

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

14. Place of intended Interment County Ground

15. Date of intended Interment Oct 15 1894

Coates & Payne, Undertaker.

Date of Certificate _____ Residence _____

Nancy Eaton, 1897

Outsidecity 3

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Nancy Eaton*

2. Sex *female* 3. Color *white* 4. Age *76 yrs*

5. Married or single *widow*

6. Date of Death *Sept 9 1897*

7. Cause of Death *Consumption*

8. Duration of last Illness *Shipping certificate signed by Dr Willcox, M. D.*

Shipped to Residence *Warren County*

Smith **UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.**

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence *E Chestnut* 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 *Smiths Burial*

15. Date of intended Interment _____

Pratt & Rogers, Undertaker.

Date of Certificate _____ Residence _____

James Emmett Eddy, [1908]

#552 4

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased James Emmett Eddy
 2. Sex Male 3. Color White 4. Age two
 5. Married or single Single
 6. Date of death Nov 30
 7. Cause of death Pneumonia
 8. Duration of last illness 10 Hours
W. P. Francis, M. D.
 Residence B. H. Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence Banbury Hill Ky Ward No. Park St
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother Ansanda Eddy
 { Name of Father None "
 14. Place of intended interment Fairview Cem
 15. Date of intended interment 1st Dec 1st
Enoch & Davis, Undertaker.
 Date of Certificate Nov 30 Residence B. H. Ky

Tilda Florence Eddy, 1908

5

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

RETURN OF A DEATH.

513

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Tilda Florence Eddy
 - 2. Sex Female 3. Color White 4. Age 4 Mo.
 - 5. Married or single Single
 - 6. Date of death September 1st 08
 - 7. Cause of death Stomache Trouble
 - 8. Duration of last illness.....
- J. C. Meredith M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation.....
 - 10. Place of birth.....
 - 11. Residence Bayling Station Ky Ward No.....
 - 12. Time of residence in the city.....
 - 13. When a minor { Name of mother Almarinda Eddy
Name of father Van M " "
 - 14. Place of intended interment Fairview Cem
 - 15. Date of intended interment Sept 2/08
Enoch + Davis Undertaker.
- Date of Certificate Sept 1 By Ec Residence.....

Carl Edwards, 1912

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

RETURN OF A DEATH.

1142

Physician's Certificate Preparatory to Burial.

1. Name of deceased Carl Edwards
 2. Sex Male 3. Color White 4. Age 20
 5. Married or Single Single
 6. Date of death Jan 25 1912
 7. Cause of death Killed by train
 8. Duration of last illness Sudden
 Signature L. C. Lauder M. D.
 Residence Lawrence county Ark
By Chas Edwards Ark

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Bowling Green Mo
 11. Residence Delaware Ark 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 Jan 27 1912
Edmund Kelly, Undertaker.
 Date of Certificate _____ Residence B. M. Mo
Duplicate filed in
State Bureau of Vital Statistics

Charles Edwards, 1899

7

~~X~~ ~~JK~~ ~~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 Chas Edwards
2. Sex male 3. Color white 4. Age 62 yrs
5. Married or single widower
6. Date of death May 16 1899
7. Cause of death Pneumonia
8. Duration of last illness _____

O. D. Bole, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence near Fair Grounds 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 May 17 1899

Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Ellen Edwards, 1991

308 8

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Ellen Edwards*
2. Sex *Female* 3. Color *Blk* 4. Age *about 80 yrs*
5. Married or Single *Married*
6. Date of Death *July 14th / 91.*
7. Cause of Death *Consumption*
8. Duration of last Illness *About one year*
S. W. Coville, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co.*
11. Residence _____ Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *St. Morial Cem*
15. Date of intended Interment *July 15th / 1891*
J. C. Guack, Undertaker.
Date of Certificate *July 14 / 91* . Residence _____

Elmer E. Edwards, 1910

9

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

RETURN OF A DEATH.

826

Physician's Certificate Preparatory to Burial.

1. Name of deceased Elmer E. Edwards
 2. Sex Male 3. Color White 4. Age 8 Mo.
 5. Married or single Single
 6. Date of death May 17" 1910.
 7. Cause of death Bronchitis
 8. Duration of last illness 3 weeks
 Signature J. P. Cortwright M. D. *Helm*
 Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth BOWLING GREEN, KY.
 11. Residence 11th & Davis, B. Green Ky Ward No. 3
 12. Time of residence in the city 8 Mo
 13. When a minor { Name of mother Mrs. Nancy Edwards.
 { Name of father David
 14. Place of intended interment Barren River Church.
 15. Date of intended interment May 18" 1910
GERARD & GERARD Undertaker.
 Date of Certificate May 17/1910. Residence.....

Fannie Edwards, 1905

10

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Fannie Edwards
 2. Sex female 3. Color Black 4. Age 50 yrs
 5. Married or single widow
 6. Date of death Dec 6 1915
 7. Cause of death Old age
 8. Duration of last illness weeks
W. R. Franer, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Canada
 11. Residence College St Ward No. 2
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment First Memorial
 15. Date of intended interment Dec 7-15-
Harvey Payne Undertaker.
 Date of Certificate _____ Residence _____

Forrest Edwards, 1906

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Forrest Edwards*
2. Sex *Male* 3. Color *White* 4. Age *11 yrs.*
5. Married or single *Single*
6. Date of death *MAY 19 1906*
7. Cause of death *Drowned.*
8. Duration of last illness
John E. Gray, M. D.
Residence *ROWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *Georgetown Ind.*
11. Residence *Clay St.* Ward No.
12. Time of residence in the City.
13. When a minor { Name of Mother *Mrs. John A. Edwards*
Name of Father *Charles A. Edwards.*
14. Place of intended interment *Georgetown Ind.*
15. Date of intended interment *MAY 20 1906*
GERARD & GERARD, Undertaker.
Date of Certificate *MAY 19 1906* Residence *ROWLING GREEN, KY*

George W. Edwards, 1907

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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 Geo W Edwards
 2. Sex male 3. Color White 4. Age.....
 5. Married or single.....
 6. Date of death Nov - 2 - 1907
 7. Cause of death not given (insanity)
 8. Duration of last illness 2 years
 Attending Physician at M. D. Lakeland Asylum
 Residence Lakeland Asylum
Kentucky 1907

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth County of Mercer
 11. Residence Lakeland Asylum 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 Nov 4 1907
Harold Payne Undertaker.
 Date of Certificate..... Residence.....

George W. Edwards, 1907

(Always write with ink.)

TRANSIT PERMIT.

TRANSPORTATION OF CORPSE.
KENTUCKY STATE DEPARTMENT OF HEALTH.

Transit Permit No. 4173

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

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

In the City of Louisville County of Jefferson
(City, Town or Village.)

State of Kentucky, on this 3 day of Nov 1907

Permission is hereby given L. D. Box holder of Embalmer's License No. 23
to remove for burial at Bear River Farm County of Warren
State of Ky the body of Geo. W. Edwards
who died at Lakeland County of Jefferson
on the _____ day of _____ 190____, at _____ M. Aged _____ years _____ months and _____ days,
the cause of death being _____ which is a _____ disease requiring
shipment under Rule No. _____ of the Rules of the Kentucky State Department of Health for the Transportation of the dead,
as printed on the back of this Permit.

Name of person in charge of Transit. _____
Signed M. Allen
Registrar of Records of the Department of Health
of the State of Kentucky
H. Howard

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

Warren County, Kentucky Death Records, Box 2, Folder 1 (E)

George W. Edwards, 1907

#340

Coupon No. One, to Transit Permit of Geo. W. Edwards Transit Permit No. 4173
who died at Laslelaud (Name)

Before this body leaves Bowling Green the Carrier or
Transportation Agent will tear off and return this coupon to the Department of Health of Kentucky. If other-
wise detached from the Permit the coupon must not be received.

(Always write with ink.) **KENTUCKY STATE DEPARTMENT OF HEALTH.**

This Certificate with the Paster below must be detached and pasted to the Box. Transit Permit No. 4173

CERTIFICATE OF UNDERTAKER.

I hereby certify that the accompanying dead body of Geo. W. Edwards
(If a minor give parent's name also.)
consigned to J. P. Payne City of Bowling Green
State of Ky and who died of _____
has been prepared by me for transportation, in conformity with Rule No. _____ of the Rules printed with this Permit ;
and I hold Embalmer's License No. _____ issued by the Board of Embalming Examiners of the State of Kentucky.
_____ Shipping Undertaker.
_____ Place of Business.
City or Town of Louisville County of Jefferson State of Kentucky.

Child of H. M and Augy Edwards, 1994

666 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 Child of H. M. Edwards
 2. Sex male 3. Color Blk. 4. Age 11 mo.
 5. Married or single single
 6. Date of Death Oct 3"/94
 7. Cause of Death Cholera Infantum.
 8. Duration of last Illness Two weeks

O. W. Porter, M. D.
 Residence State St. City.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth City
 11. Residence College St. Ward No. 2nd
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother Augy Edwards
 { Name of Father H. M. Edwards
 14. Place of intended Interment Mt. Moriah Cemetery
 15. Date of intended Interment Oct 4"/94

F. C. Gerard & Sons, Undertaker.
 Date of Certificate Oct 4"/94 Residence City

Infant of James and Addie Edwards, 1894

14

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 *Infant Edwards*

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

5. Married or single _____

6. Date of Death *July 18 1894*

7. Cause of Death _____

8. Duration of last Illness _____

Month: _____, M. D.

Residence in _____, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

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

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Addie Edwards*
Name of Father *James Edwards*

14. Place of intended Interment *Country*

15. Date of intended Interment _____

Prather Payne, Undertaker.

Date of Certificate _____ . Residence _____

John Edwards, 1891

15

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 *John Edwards*
2. Sex *male* 3. Color *white* 4. Age *20 years*
5. Married or Single *single*
6. Date of Death *April 12 / 1891*
7. Cause of Death *measles*
8. Duration of last Illness *one week*

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

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Common Labourer*
10. Place of Birth *Marysville, Mo. St. Mo.*
11. Residence *High St.* Ward No. *first W*
12. Time of Residence in the City *3 years*
13. When a Minor. } Name of Mother *Sarah Edwards*
 } Name of Father *Thomas Edwards*
14. Place of intended Interment *Kate Grave yard*
15. Date of intended Interment *April 13 / 91*

Pauline Smalllock Undertaker.
Date of Certificate *April 13 / 91* Residence _____

Joseph Edwards, 1897

1043

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 Joseph Edwards
2. Sex Male 3. Color Blk 4. Age 41 yrs
5. Married or single _____
6. Date of Death Aug 28" 1897
7. Cause of Death Paralysis
8. Duration of last Illness _____
O. D. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence 1st Street Ward No. 1st
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment Mt Moriah
15. Date of intended Interment Aug 29" 1897
Edward J. Guard, Undertaker.
Date of Certificate Aug 29/97 Residence _____

Merriman Edwards, 1900

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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 *Merriman Edwards*
2. Sex *male* . 3. Color *Black* . 4. Age *13 mo*
5. Married or single _____
6. Date of death *July - 30 - 1900*
7. Cause of death *Pneumonia*
8. Duration of last illness _____
O.S.P. *O. S. Porter*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*
10. Place of birth *City*
11. Residence *near Fair Ground* . Ward No. _____
12. Time of residence in the City *life*
13. When a minor } Name of Mother *Ruba Edwards*
 } Name of Father *Walter Edwards*
14. Place of intended interment *Int. Mariah*
15. Date of intended interment *July 31st 1900*
Edw. Payne, Undertaker.
Date of Certificate _____ Residence _____

Porter Edwards, 1900

18

21

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Porter Edwards
2. Sex male 3. Color black 4. Age 2 yrs
5. Married or single Single
6. Date of death March 26 - 1900
7. Cause of death Broncho Pneumonia
8. Duration of last illness Three weeks
O. B. Doherty, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Bowling Green
11. Residence Collige St Ward No. 2
12. Time of residence in the City. Three years
13. When a minor { Name of Mother Angie Edwards
Name of Father Admit Edwards
14. Place of intended interment Mt. Mariah
15. Date of intended interment March 27 - 1900.
J. E. Stuykendall, Undertaker.
Date of Certificate June 4, 1900 Residence Bowling Green
810 State St

Ray Edwards, 1910

19

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

RETURN OF A DEATH.

776

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Ray Edwards*
 2. Sex *Male* 3. Color *White* 4. Age *23*
 5. Married or single *Single*
 6. Date of death *Feb 19 1910*
 7. Cause of death *Dysentery complication*
 8. Duration of last illness *four months*
 Signature *P. J. Martin* M. D.
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Blacksmith helper*
 10. Place of birth *Warren County Ky*
 11. Residence *Eleventh Street* Ward No. _____
 12. Time of residence in the city *5*
 13. When a minor { Name of mother *Sarah E. Edwards*
 Name of father _____
 14. Place of intended interment *Thomas Snow yard*
 15. Date of intended interment *Feb 20 1910*
 Signature *Morris Concho* Undertaker.
 Date of Certificate *Feb 25 1910* Residence *Bowling Green Ky*

Shelley Lee Edwards, 1881

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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 *Shelley Lee Edwards*
2. Sex *Female* . 3. Color *Black* . 4. Age *17 months*
5. ~~Married~~ or Single
6. Date of Death *Sept 7th 1881*
7. Cause of Death *Cholera infantum*
8. Duration of last Illness *Two weeks*

D. P. Centunight, M. D.

Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Bowling Green*
11. Residence *Bowling Green* . Ward No *2nd*
12. Time of Residence in the City *17 months*
13. When a Minor { Name of Mother *Milissay Edwards*
Name of Father *Jac Edwards*
14. Place of intended Interment *Bowling Green Central cemetery*
15. Date of intended Interment *Sept 8th*

Frank Grand, Undertaker.

Date of Certificate *Sept 8th 1881* . Residence *B. Green Ky*

Democrat Job Print

Thomas Edwards, 1891

21

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 *Thomas Edwards*
2. Sex *male* . 3. Color *White* . 4. Age *12 years*
5. Married or Single *Single*
6. Date of Death *May 2 / 1911*
7. Cause of Death *Thymengetis*
8. Duration of last Illness *two weeks*
J. F. McElroy, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *School Boy*
10. Place of Birth *Warren Co*
11. Residence _____ . Ward No *first*
12. Time of Residence in the City *2 years*
13. When a Minor. } Name of Mother *Sarah Edwards*
 } Name of Father *Thomas Edwards*
14. Place of intended Interment *Warner Burying Ground*
15. Date of intended Interment *May 22 1911*
Pathe Crutcher Undertaker.
Date of Certificate *May 22 1911* . Residence _____

Infant of Walter Edwards, 1897

20

1897 *Outsiders City*

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Walter Edwards*

2. Sex 3. Color *W.C.K.* 4. Age *5 da*

5. Married or single

6. Date of Death *July 27 / 97*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *One Week*

O.D. P. *O.S. Porter*, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *City*

11. Residence *High St* . Ward No. *1*

12. Time of Residence in the City

13. When a Minor } Name of Mother

} Name of Father *Walter Edwards*

14. Place of intended Interment *Country*

15. Date of intended Interment *July 27/97*

Prattley, Undertaker.

Date of Certificate Residence

Henry Edwell, 1908

23

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

RETURN OF A DEATH.

432

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Henry Edwell
 2. Sex male 3. Color white 4. Age 37 yrs 3 mos 40
 5. Married or single single
 6. Date of death April 3rd 1908
 7. Cause of death Consumption
 8. Duration of last illness months
J. E. Wendt, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth city
 11. Residence Edmonton 7th Ward No. _____
 12. Time of residence in the City. life
 13. When a minor { Name of Mother Mary John Edwell
 Name of Father John Edwell
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Apr 4 - 1908
Hawby Payne, Undertaker.
 Date of Certificate _____ Residence _____

Mrs. John Edwell, 1901

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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 *Mrs John Edwell*
2. Sex *Female* 3. Color *White* 4. Age *57 yrs*
5. Married or single *Married*
6. Date of death *Feb 22/1901*
7. Cause of death *Cancer of the Liver*
8. Duration of last illness _____
Dr. T. M. Carmack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren, County Ky*
11. Residence *State St* Ward No. *1*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Feb 23/1901.*
Guard & Garard, Undertaker.
- Date of Certificate *Feb 22/1901* Residence _____

Frank Elligan, 1991

16 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 Elligan

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

5. Married or Single o

6. Date of Death January 21st 1881

7. Cause of Death Measles

8. Duration of last Illness From birth.
G. E. Townsend, M. D.
Residence Douling Green.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth B. G. man

11. Residence _____ . Ward No. 30

12. Time of Residence in the City _____

13. When a Minor { Name of Mother Lilla
Name of Father Bill Elligan

14. Place of intended Interment Col. Casket

15. Date of intended Interment Jan 22nd 1881
F. H. Yerand, Undertaker.

Date of Certificate Jan 22/81 Residence _____

Democrat Job Print

Child of Ida Elliott, 1896

26

This Constitutes One Certificate to 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 Ida Elliott*

2. Sex 3. Color *Blk.* 4. Age *1 yr*

5. Married or single *single*

6. Date of Death **SEP -5 1896**

7. Cause of Death *Entero Colitis*

8. Duration of last illness *4 months*

C. T. Quinlton, M. D.

Residence *915 Colley St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *City*

11. Residence *6th street* Ward No. *274*

12. Time of Residence in the City

13. When a Minor } Name of Mother *Ida Elliott*
 } Name of Father

14. Place of intended Interment *Mt Moriah Cem.*

15. Date of intended Interment *Sept 6"/1896.*

F. C. Gerard Undertaker.

Date of Certificate **SEP -5 1896** Residence

Child of Jane Elliott, 1891

363 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 *Jenne Elliot Bapty*

2. Sex *Girl* . 3. Color *Colored* 4. Age *18 months*

5. Married or Single _____

6. Date of Death *July 4th*

7. Cause of Death *Crouping bronchitis*

8. Duration of last Illness *About a week*

S. W. Coomber, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Warrens Co*

11. Residence *7th St.* Ward No *Second*

12. Time of Residence in the City *a few months*

13. When a Minor. } Name of Mother *Jane Elliott*
 } Name of Father _____

14. Place of intended Interment *Mt. Meary*

15. Date of intended Interment *July 5/91*

Pathe & Matlock, Undertaker.

Date of Certificate *July 5/91* Residence _____

Janie Elliott, 1913

28

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

RETURN OF A DEATH.

1408

Physician's Certificate Preparatory to Burial.

1. Name of deceased Janie Elliott
 2. Sex female 3. Color col 4. Age 37
 5. Married or Single Single
 6. Date of death may 24 - 1913.
 7. Cause of death Cerebral paresis
 8. Duration of last illness about 2 mo
Z. K. Jones, M. D.
 Residence 217 Main

Undertaker's Certificate in Relation to Deceased.

9. Occupation House Keeper
 10. Place of birth Clay Street
 11. Residence Clay Street Ward No. _____
 12. Time of residence in the city During life
 13. When a minor { Name of Mother Susan Elliott
 Name of Father _____
 14. Place of intended interment mt. mariah
 15. Date of intended interment may 26 - 1913.
J. E. Rudolph, Undertaker.
 Date of Certificate may 27 1913 Residence cor 7th
college st.

Mary V. Elliott, 1900

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 *Mary V. Elliott*
2. Sex *Female* 3. Color *White* 4. Age *3 yrs*
5. Married or single *Single*
6. Date of death *Dec 26/1900.*
7. Cause of death *Oedema of the Glottis*
8. Duration of last illness
J. N. Mc Cormack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence _____ Ward No. *3*
12. Time of residence in the City _____
13. When a minor } Name of Mother *Emma Elliott*
 } Name of Father *And Elliott*
14. Place of intended interment *Mt. Moriah Cemetery*
15. Date of intended interment *Dec 27" 1900.*
Gerard and Gerard, Undertaker.
Date of Certificate *Dec 27/1900.* Residence _____

Silas Elliott, 1901

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 Silas Elliott
2. Sex male 3. Color black 4. Age 23 yrs
5. Married or single married
6. Date of death Nov-9-1901-
7. Cause of death Tumor on the Brain.
8. Duration of last illness Three months
A. T. M. Cormack, M. D.
Residence State St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labour.
10. Place of birth Simpson Co Ky
11. Residence city Biggs St Ward No. 3
12. Time of residence in the City. Five years.
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Mt Moriah Cem
15. Date of intended interment Nov-10-1901
Guard & Guard, Undertaker.
Date of Certificate _____ Residence _____

Ann Ellis, 1905

31

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

America?

1. Name of deceased *Anna Ellis*

2. Sex *Female* 3. Color *White* 4. Age *6 yrs*

5. Married or single _____

6. Date of death *Dec 24 1905*

7. Cause of death *Tuberculosis of Brain*

8. Duration of last illness *2 weeks*

Geo H Blackburn, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *city*

11. Residence *14th St* Ward No. _____

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

13. When a minor { Name of Mother _____
Name of Father *Sam E Ellis*

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Dec 31 1905*

Haway Payne, Undertaker.

Date of Certificate _____ Residence _____

Bessie Ellis, 1901

32

♦ ♦ 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 Bessie^E Ellis,

2. Sex Female, 3. Color Col., 4. Age 11 Days,

5. Married or Single Infant,

6. Date of death June 11, 1901,

7. Cause of death Inevitable

8. Duration of last illness _____

J. F. Rodgers, M. D.
Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Bowling Green, Ky.,

11. Residence " " " Ward No. _____

12. Time of residence in the city Life time.

13. When a minor { Name of Mother Lizzie Ellis,
Name of Father Will Ellis,

14. Place of intended interment Mt. Mariah Cenetary,

15. Date of intended interment June 11, 1911.

Enochs & Kelley, Undertaker.

Date of Certificate June 11, 1911, Residence Bowling Green, Ky,

Mrs. Jake Ellis, 1909

33

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

RETURN OF A DEATH.

741

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Jake Ellis*
2. Sex *Female*
3. Color *White*
4. Age *55 yrs.*
5. Married or single *Married*
6. Date of death *Dec 30" 1909*
7. Cause of death *Heart failure*
8. Duration of last illness

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

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Warren County Ky*
11. Residence *Washington Ave* 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 *Starrum Cemetery*
15. Date of intended interment *Dec 31" 1909*

GERARD & GERARD Undertaker.

Date of Certificate *Dec 30" 1909* Residence **BOWLING GREEN, KY**

Child of Lizzie Ellis, 1908

#5324 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 *Child of Lizzie Ellis*
2. Sex *female* 3. Color *White* 4. Age *1 Hour*
5. Married or single *Single*
6. Date of death *Oct 8th 1908*
7. Cause of death
8. Duration of last illness *no doctor* - M. D.

~~Residence~~

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Bowling Green*
11. Residence *Center St* Ward No. *3*
12. Time of residence in the city *Life*
13. When a minor { Name of mother *Lizzie Ellis*
Name of father
14. Place of intended interment *Wimper's graveyard*
15. Date of intended interment *Oct 8th 1908*

J. S. Humphreys Undertaker.

Date of Certificate *Oct 8-08* Residence *7th College St*

Child of Lizzie Ellis, 1913

35

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

RETURN OF A DEATH.

1342

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased Ellis Mire
- 2. Sex Inf
- 3. Color Col
- 4. Age Still B
- 5. Married or single Inf
- 6. Date of death July 21/1913
- 7. Cause of death Still born
- 8. Duration of last illness

J. K. Jones, M. D.
 Residence 20 Main St B Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation Inf
 - 10. Place of birth Babbling Green Ky
 - 11. Residence " " Ward No.
 - 12. Time of residence in the City. Life
 - 13. When a minor { Name of Mother Lizzie Ellis
 Name of Father W. M. "
 - 14. Place of intended interment Mt. Mariah Cem
 - 15. Date of intended interment July 21 1913
- Essie M. M. M. M., Undertaker.
 Date of Certificate Residence B Green

E. T. Ellison, 1892

465 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 *Dr E. T. Ellison.*
 2. Sex *male* 3. Color *White* 4. Age *65 yrs*
 5. Married or Single *Married.*
 6. Date of Death *Nov. 14/192*
 7. Cause of Death *Gastroenteritis*
 8. Duration of last Illness *Four weeks*
W. W. Bowling, M. D.
 Residence *Bowling Green Ky*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Physician*
 10. Place of Birth *Burkeville Ky.*
 11. Residence *Ky. street* Ward No. *3rd*
 12. Time of Residence in the City *Five weeks*
 13. When a Minor. } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *Fairview Cem.*
 15. Date of intended Interment *Nov 15/92.*
J. C. Gerard, Undertaker.
 Date of Certificate *Nov 15/92* Residence _____

James Elrod, 1893

480 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 *James Elrod*

2. Sex *Male* . 3. Color *Blk* . 4. Age *55 yrs*

5. Married or Single *Widower*

6. Date of Death *Feb 13"/193.*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *Nine days*

Wm Clay prob., M. D.

Residence *29*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence *4th Street* . Ward No. *1st*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Mt. Zion Cemetery*

15. Date of intended Interment *Feb 14"/193.*

J. B. Lewis & Co. - Undertaker.

Date of Certificate *Feb 14/193.* . Residence *City*

Sam Ely, 1893

482/ 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 *Sam Ely*
 2. Sex *Male* 3. Color *Blk* 4. Age *34 yrs*
 5. Married or Single *Married*
 6. Date of Death *Feb 6 "193*
 7. Cause of Death *Consumption*
 8. Duration of last Illness *Four Weeks*
Geo. S. Perkins, M. D.
 Residence *573 6th St*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth *City*
 11. Residence *State Street* Ward No. *1*
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *My Morristown Cem*
 15. Date of intended Interment *Feb 8 "193*
J. C. Howard & Sons; Undertaker.
 Date of Certificate *Feb 7 "193* . Residence _____

Samuel Ely, 1893

481

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 *Samuel Jackson Ely*
2. Sex *Male* . 3. Color *Col* . 4. Age *4 days*
5. Married or Single _____
6. Date of Death *Feb 17th 1893*
7. Cause of Death *umbilical Hemorrhag*
8. Duration of last Illness *Three day*
J. F. M. Elroy, M.D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *State No 134* . Ward No. *2*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Ella Ely*
 } Name of Father *Sam u*
14. Place of intended Interment *Mt Zion*
15. Date of intended Interment *Feb 18th 1893*
W. B. Green, Undertaker.
Date of Certificate _____ . Residence _____

Carlos Embry, 1907

40

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

RETURN OF A DEATH.

273

Physician's Certificate Preparatory to Burial.

1. Name of deceased Carlos Embry.
 2. Sex Male 3. Color White 4. Age 35 yrs.
 5. Married or single Married.
 6. Date of death July 21st 07
 7. Cause of death Supposition - Murdering.
 8. Duration of last illness _____

 _____ M. D.
 Residence Jno. E Gray, Cor. Hannan Co.
BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Burton Co.
 11. Residence Hannan Co. Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of mother _____
 { Name of father _____
 14. Place of intended interment Burton Co.
 15. Date of intended interment July 21/07
GERARD & GERARD. Undertaker.
 Date of Certificate July 21/07 Residence BOWLING GREEN, KY

SEP 20 1907

Child of Nannie Emmerson, 1896

930 41

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Nannie Emmerson*

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

5. Married or single _____

6. Date of Death *Aug. 18/96.*

7. Cause of Death *Plumature Birth*

8. Duration of last illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Italy*

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

12. Time of Residence in the City _____

13. When a Minor { Name of Mother _____
Name of Father *Nannie Emmerson*

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *AUG 18 1896*

H. G. Guard & Sons, Undertaker.

Date of Certificate *AUG 18 1896* Residence _____

Susan Engleman, 1907

#35ⁿ 42-1

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Susan Engleman

2. Sex Female 3. Color White 4. Age 50 yrs

5. Married or ~~single~~ single

6. Date of death Nov 25/07

7. Cause of death Pulmonary Tuberculosis

8. Duration of last illness Englewood

Erasmus A. Ford M. D.
Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Teacher

10. Place of birth Tenn

11. Residence Madison St., Ward No.

12. Time of residence in the city

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Nov 28/1907

GERARD & GERARD Undertaker.

Date of Certificate Nov 27/07 Residence BOWLING GREEN, KY.

Mrs Engleman died in Hospital in St. Louis Mo, She formerly lived here,
E. J. Gerard

89-204
17-3

Susan Engleman, 1907

18-24

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

CERTIFICATE OF UNDERTAKER.

I hereby certify that the accompanying dead body of Susan Ann Engleman
(If a minor, give the parent's name also)

Consigned to Bowling Green in the County of Warren State of Ky.
 and who died of Tubercular Tuberculosis has been prepared by me, strictly in accordance with the Rules of the Illinois State Board of Health, for transportation by Railway, as printed on the back of this permit, and I further certify that I hold Embalmer's License No. 154, issued by said Board.

Residence Venice Ills P. H. Schilderbaum Licensed Embalmer.

JO Subscribed and sworn to before me this 27 day of November 1907.

NOTARY PUBLIC
 COMMISSION EXPIRES
 MAR 31 1910
 VENICE ILLINOIS

[SEAL] PASTER. Transit Permit No. 11-2

Station Baggage men Must Enter Hereon a Description of the Ticket, the Exact Route and via what Junctional Points the Ticket Reads which is held by the Passenger in Charge of the Remains.

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

Dated 11-27 1907

From St Louis to Bowling Green State Mo.

No. of Ticket of Escort 3830 Form No. of Ticket of Escort 874

No. of Corpse Ticket 3831 Form No. of Corpse Ticket 874

Via S. M. R. R. To Bowling Green

Via S. M. R. R. To Bowling Green

Via S. M. R. R. To Bowling Green

Via S. M. R. R. To Bowling Green

Name of Passenger in charge J. S. Scott

Signed J. S. Scott Station B. M. Place of residence Venice

See Rules and Instructions on the Other Side.

THIS TRANSIT PERMIT IS TO BE USED BY A STATE LICENSED EMBALMER ONLY

Susan Engleman, 1907

TRANSPORTATION OF DECEASED PERSONS IN BAGGAGE CARS.

MSS 293
B2F1

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 certificates 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 the corpse without regard to the age of the deceased, and the word "Corpse" must be plainly written on the face of a local and on each coupon of a coupon ticket. A corpse will not be taken for transportation unless a passenger is in charge. A record must be made on the back of your station and trip reports, of all bodies shipped and carried, giving name of deceased and destination.

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

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

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

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

NOTICE TO STATE LICENSED EMBALMERS.

Under the provisions of the Official Rules of the State Board of Health, all bodies accepted for transportation must have been prepared for shipment by a state Licensed Embalmer, except those under Rule 4, which can reach their destination within thirty hours from the time of death.

In other words, a body prepared by a non-licensed embalmer shall not be accepted for transportation if death occurred from a contagious or infectious disease or from any diseases specifically stated in Rules 1, 2, or 3; and no body prepared by a non-licensed embalmer shall be accepted for transportation unless the body can reach its destination within thirty hours on the time of death.

Robert McLure Enlow, 1910

43

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

RETURN OF A DEATH.

844

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Robert McLure Enlow*
 2. Sex *Male* 3. Color *White* 4. Age *76*
 5. Married or Single *Married*
 6. Date of death *June 16 - 1910*
 7. Cause of death *Pneumonia*
 8. Duration of last illness *Six days*
 Signature *B. S. Rutherford, M. D.*
 Residence *Bowling Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Mead Co Ky*
 11. Residence *15th & Park* Ward No. *1*
 12. Time of residence in the city
 13. When a minor { Name of Mother
 { Name of Father
 14. Place of intended interment *Frankfort Ky*
 15. Date of intended interment *June 17*
Garrett & Garret Undertaker.
 Date of Certificate *June 17* Residence *City*

Emma Bell Ennis, 1908

44

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

RETURN OF A DEATH.

1577

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss, Emma Bell Ennis*

2. Sex *Female* 3. Color *White* 4. Age *50 yrs.*

5. Married or single *Single*

6. Date of death *Sept 12/1908*

7. Cause of death *Pulmonary - tuberculosis*

8. Duration of last illness *J. W. Posey, D.D.*

N.D.

Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth.....

11. Residence *Warren County* Ward No. *—*

12. Time of residence in the city *—*

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Sept. 14/1908*

GERARD & GERARD. Undertaker.

Date of Certificate *Sept. 12/08.* Residence **BOWLING GREEN, KY**

Mrs. W. F. Ennis, 1907

45

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

RETURN OF A DEATH.

1907

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. W. F. Ennis Ennis
 2. Sex Female 3. Color White 4. Age 29 yrs.
 5. Married or single Married
 6. Date of death APR 27 1907
 7. Cause of death Bronchial Pneumonia
 8. Duration of last illness B. S. Rutherford M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Warren County
 11. Residence..... " " Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Apr 28 1907

GERARD & GERARD Undertaker.

Date of Certificate APR 27 1907 Residence BOWLING GREEN, KY

George W. Ennis, 1912

46

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

RETURN OF A DEATH.

1164

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Geo W Ennis
- 2. Sex Male 3. Color White 4. Age 17 days
- 5. Married or Single Infant
- 6. Date of death March 10 1912
- 7. Cause of death Dysentery
- 8. Duration of last illness Four days

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 " " " Ward No. _____
 - 12. Time of residence in the city Life time
 - 13. When a minor { Name of Mother L K Ennis
 Name of Father Susan J "
 - 14. Place of intended interment Dixons Creek Ch
 - 15. Date of intended interment March 11-1912
- Ennoch Kelly, Undertaker.
 Date of Certificate _____ Residence B Ky

J. H. Erwin, 1913

47

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

RETURN OF A DEATH.

1388

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. H. Erwin
 2. Sex Male 3. Color White 4. Age 64 yrs.
 5. Married or single Widower
 6. Date of death MAY 7 - 1913
 7. Cause of death Cancer Rectum
 8. Duration of last illness Two or three years
J. D. Duncan M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Illinois
 11. Residence The Hazardport Farm 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 8" 1913
GERARD & GERARD Undertaker.
 Date of Certificate MAY 7 - 1913 Residence Bowling Green, K

Mrs. J. H. Erwin, 1897

1054

48

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. J. H. Erwin*
 2. Sex *Female* 3. Color *White* 4. Age *38 yrs*
 5. Married or single *Married*
 6. Date of Death *Sep. 30" 97*
 7. Cause of Death *Muric Poison*
 8. Duration of last Illness _____
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Tennessee*
 11. Residence *By 7 11th 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 *October 1" 1897.*
Guard & Guard, Undertaker.
 Date of Certificate *Oct. 1" 97.* Residence *City*

Child of J. B. Eskew, 1913

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 *Child of J. B. Eskew* ^{Eskew}
 2. Sex *Male* 3. Color *White* 4. Age *—*
 5. Married or single *Single*
 6. Date of death *Sept. 28th 1913*
 7. Cause of death *Still Born.*
 8. Duration of last illness *—*
J. B. Blackburn, M. D.
 Residence *—*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*
 10. Place of birth *City "Broadway"*
 11. Residence *Broadway St* Ward No. *1*
 12. Time of residence in the City. *—*
 13. When a minor { Name of Mother *Mrs. J. B. Eskew*
 Name of Father *J. B. Eskew*
 14. Place of intended interment *Funeral Home*
 15. Date of intended interment *Sept 28 / 1913*
Grand & Grand, Undertaker.
 Date of Certificate *Sept. 28th 1913*, Residence *—*

Child of Rossy Esterd, 1897

1037

50

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *child of Rossy Esterd*
- 2. Sex *female* 3. Color *white* 4. Age _____
- 5. Married or single _____
- 6. Date of Death *July - 17 - 1897*
- 7. Cause of Death *Stillborn*
- 8. Duration of last Illness _____

S. W. Coombs, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
- 10. Place of Birth *Warren Co Ky*
- 11. Residence *Frank. St.* Ward No. *3rd*
- 12. Time of Residence in the City _____
- 13. When a Minor } Name of Mother *Rossy Esterd*
 } Name of Father _____
- 14. Place of intended Interment *County cemetery*
- 15. Date of intended Interment *July - 18 - 1897*

F. B. Shaver, Undertaker.

Date of Certificate _____ Residence _____

Jossie Ethridge, 1896

907/ 51

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Jossie Ethridge*
2. Sex *Female* 3. Color *White* 4. Age *38 y.o.*
5. Married or single *Single*
6. Date of Death *July 6"/96.*
7. Cause of Death *Apoplexy*
8. Duration of last Illness _____

J. F. Rodgers M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence *Huntley 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 *Farview Cemetery*
15. Date of intended Interment *July 7"/96.*
F. C. Girard Undertaker.
Date of Certificate *July 7"/96* Residence _____

Mrs. M. L. Ethuger, 1894

691 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. *Ethuger*

1. Name of deceased *Mrs M L Ethuger*

2. Sex *Female* 3. Color *White* 4. Age *40 yrs*

5. Married or single *Married*

6. Date of Death *Dec 21 '94*

7. Cause of Death *Consumption*

8. Duration of last Illness _____

W. H. Francis, M. D.

Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Virginia*

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 *Paris Tunn.*

15. Date of intended Interment *Dec 23 '94*

A. C. Howard & Bro., Undertaker.

Date of Certificate *Dec 20 '94* Residence *City*

Fannie Eubank, 1904

53

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Fannie Eubank
 2. Sex female 3. Color white 4. Age 38 yrs
 5. Married or single married
 6. Date of death March 20 1904
 7. Cause of death Tuberculous Peritonitis.
 8. Duration of last illness months
A. T. M. Gorman, M. D.
 Residence P

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Simpson Co Ky
 11. Residence College St Ward No. _____
 12. Time of residence in the City. Several years
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Fairview Cem
 15. Date of intended interment Mar 22 1904
Hawley Payne, Undertaker.
 Date of Certificate _____ Residence _____

John W. Eubank, 1912

54

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

RETURN OF A DEATH.

1180

Physician's Certificate Preparatory to Burial.

1. Name of deceased John W. Eubank
 2. Sex Male 3. Color White 4. Age 78
 5. Married or Single Married
 6. Date of death March 30 1912
 7. Cause of death Cerebral Apoplexy
 8. Duration of last illness Instantaneous death
 _____, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation retired Farmer
 10. Place of birth Simpson County Ky
 11. Residence Bowling Green Ky Ward No. _____
 12. Time of residence in the city about 6 yrs
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Farm new home
 15. Date of intended interment April 1, 1912
 _____, Undertaker.
 Date of Certificate _____ Residence B G Ky

Maggie Eubank, 1911

55

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

RETURN OF A DEATH.

1099

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Maggie Eubank*
 2. Sex *female* 3. Color *col* 4. Age *56 yrs*
 5. Married or single *married*
 6. Date of death *Nov. 13 - 1911.*
 7. Cause of death *Cerebral Paralysis*
 8. Duration of last illness *About 4 hours*
- O. J. Porter* M. D.
Residence *Burlington Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Housekeeper*
 10. Place of birth *near Woodburn Ky*
 11. Residence *423 State St* Ward No. *2*
 12. Time of residence in the city *About 28 years*
 13. When a minor { Name of mother *Susie Burt*
Name of father *Mitch Burt*
 14. Place of intended interment *mt. maria*
 15. Date of intended interment *Nov. 14 - 1911*
- J. H. Hays* Undertaker.
Date of Certificate *Nov. 14 - 1911* Residence *7 + college St.*

Child of William and Lola Eubank, 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 *Child of Will Eubank.*
2. Sex *Male* 3. Color *Blk.* 4. Age *10 wks*
5. Married or single *Single*
6. Date of death *Jan. 12 / 1900.*
7. Cause of death *Bronchitis*
8. Duration of last illness
J. H. Stone M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *1st Street* Ward No. *2*
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Lola Eubank*
Name of Father *Will Eubank*
14. Place of intended interment _____
15. Date of intended interment *Jan 3^d / 1900.*
Guard & Guard Undertaker.
Date of Certificate *Jan 3 / 1901* Residence _____

Child of William and Lollie Eubank, 1898

1163 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 Child of Lollie Eubank
2. Sex Female 3. Color Black 4. Age
5. Married or single
6. Date of death Aug - 3 - 1898
7. Cause of death Still Born
8. Duration of last illness

 , M. D.
Residence State St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth Bonhoy Tenn Ky
11. Residence Tenth St Ward No. 1st
12. Time of residence in the City Life Time
13. When a minor } Name of Mother Lollie Eubank
 } Name of Father Wm Eubank
14. Place of intended interment County Cem
15. Date of intended interment Aug 3 - 1898

Guard & Guard, Undertaker.
Date of Certificate Aug - 3/98 Residence

Ed Evans, 1901

58

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ed Evans
 2. Sex Male 3. Color White 4. Age _____
 5. Married or single Married
 6. Date of death Sept. 4/1901
 7. Cause of death Shock
 8. Duration of last illness 4 1/2 days
 _____, M. D.
 Residence Lawling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Glasgow Ky
 11. Residence State 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 Harrison Cemetery
 15. Date of intended interment Sept. 7" 1901
Guard and Guard, Undertaker.
 Date of Certificate Sept. 6/1901 Residence _____

Henry E. Evans, 1897

59

Outside City

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Henry E. Evans.*

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

5. Married or single *Single*

6. Date of Death *Aug. 7th 1897.*

7. Cause of Death *Typhoid fever*

8. Duration of last Illness _____

T. B. Knight, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Edmonton Ky.*

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

12. Time of Residence in the City _____

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

14. Place of intended Interment *Edmonton Ky.*

15. Date of intended Interment *Aug 8th 97*

J. G. Guard & Bro, Undertaker.

Date of Certificate *Aug 7/97.* Residence _____

Mrs. J. Shelby Evans, 1909

60

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

RETURN OF A DEATH.

431

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased *Mrs. J. Shelby Evans.*
- 2. Sex *Female* 3. Color *White* 4. Age *62 yrs.*
- 5. Married or single *Married.*
- 6. Date of death *Dec. 9th 1909.*
- 7. Cause of death *Consumption*
- 8. Duration of last illness.....

J. F. Rodgers, M. D.
 Residence..... **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation.....
- 10. Place of birth *Warren County*
- 11. Residence *Russellville, 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 *Warren Cemetery*
- 15. Date of intended interment *Dec. 11th 1909.*

GERARD & GERARD. Undertaker.

Date of Certificate *Dec. 10th 1909.* Residence **BOWLING GREEN, KY**

James Evans, 1891

351 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 *James Evans*
2. Sex *Male* 3. Color *Blk* 4. Age *40 yrs*
5. Married or Single *Married*
6. Date of Death *Nov. 23rd/91*
7. Cause of Death *Consumption*
8. Duration of last Illness _____

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

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *Ky. street* Ward No *3rd*
12. Time of Residence in the City _____

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

14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *Nov. 24th/91*
A. C. Perach, Undertaker.
Date of Certificate *Nov 23/91* Residence *City*

John Evans, 1898

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased John Evans

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

5. Married or single married

6. Date of death March 9 1898

7. Cause of death Pneumonia

8. Duration of last illness 12 days

Tom W. Stone, M. D.

Residence 10th St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Preacher

10. Place of birth Birmingham Alabama

11. Residence My St bet 13th & 14th Ward No. 3

12. Time of residence in the City 5 years

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

14. Place of intended interment Int. Burial

15. Date of intended interment March 10 1898

A. H. Payne, Undertaker.

Date of Certificate _____ Residence _____

C. A. Everhart, 1900

7/1/2

63

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased C. A. Everhart
 2. Sex male 3. Color white 4. Age 80 yrs
 5. Married or single married
 6. Date of death Jan - 10 - 1900
 7. Cause of death Wife's accident to her age
 8. Duration of last illness 7.13.99.
 Signature James H. [unclear] M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Ohio
 11. Residence College St Ward No. 5
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment Fairview Cem
 15. Date of intended interment Jan 12 1900
 Signature J. Hawley [unclear], Undertaker.
 Date of Certificate _____ Residence _____

Charles A. Everhart, 1907

64

(ORIGINAL) TRANSIT PERMIT NO. _____

Adams Exp Railroad.

TRANSPORTATION OF CORPSE

Colorado State Board of Health

PHYSICIAN'S OR CORONER'S CERTIFICATE

Name of Deceased *Charles A. Everhart* Date of Death *Feb 20 - 1907*
(If a minor, give parents' name also.)

Hour of Death _____ M. Age *59* Years _____ Months _____ Days _____

Place of Death *Denver* Cause of Death *Lobar Pneumonia*
 which is a *non* communicable disease and must be shipped under Rule *2*

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

Residence *Denver* County of *Denver* State *Colo* M. D. or Coroner *M. H. Taylor*

PERMIT OF LOCAL BOARD OF HEALTH

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

In the *City* of *Denver* County of *Denver*
(City or Township.)

State of *Colo* on the *23* day of *Feb* 1907

Permission is hereby given *Arch M. Rice* holder of Embalmers' Permit No. *285*¹⁹⁰⁷
 to remove for burial at *Bowling Green* in the County of _____

State of *Kentucky* the body of *Charles A. Everhart*
 who died at *Denver* County of *Denver* State of *Colo*
 on the *20* day of *Feb* 1907 Aged *59* Years _____ Months _____ Days _____

and *W. H. Sharpley* hereby authorized to accompany said remains.

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

CERTIFICATE OF UNDERTAKER

I hereby certify that the accompanying dead body of *Charles A. Everhart*
(If a minor, give the parents' name also.)

Consigned to *G. H. Everhart* City of *Bowling Green* in the County of _____
 State of *Ky* and who died of *Lobar Pneumonia* has been prepared by me strictly in accordance
 with Rule *2* of the Colorado State Board of Health for transportation by Railway and in conformity with said Rule as
 printed on the back of this permit, and I further certify that I hold an Embalmers' Permit (No. *285*) issued by said State
 Board.

COLORADO

A. M. R. for Hally & Rollins Shipping Undertaker.
 Residence *Denver* *Colo*

PASTER

Transit Permit No. _____

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

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

From *Denver Colo* to *Bowling Green* State of *Ky* Date *Feb 23 - 1907*

No. of Ticket of Escort _____ Form No. of Ticket of Escort _____
 No. of Corpse Ticket _____ Form No. of Corpse Ticket _____

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

Marguerite Everhart, 1906

76

65

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Marguerite Everhart*
2. Sex *female* 3. Color *white* 4. Age *82 yr*
5. Married or single *widow*
6. Date of death *May 22 1906*
7. Cause of death *Fracture Hip*
8. Duration of last illness *months*
H. Plautwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *city*
11. Residence *College St* Ward No. _____
12. Time of residence in the City. *life*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *May 24 1906*
H. Plautwright Undertaker.
- Date of Certificate _____ Residence _____

Infant of Amanda Ewing, 1893

538 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 Infant of Amanda Ewing
2. Sex girl 3. Color W.C. 4. Age _____
5. Married or single —
6. Date of Death Aug 25th 1893
7. Cause of Death menstrual trouble
8. Duration of last Illness _____
_____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth city
11. Residence College Street Ward No. 2
12. Time of Residence in the City _____
13. When a Minor } Name of Mother Amanda Ewing
 } Name of Father Chas
14. Place of intended Interment Mt Zion
15. Date of intended Interment Aug 26th 1893
_____, Undertaker.
Date of Certificate _____ Residence _____

Eva Ewing, 1891

338 67

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Eva Ewing.
 2. Sex Female 3. Color Blk. 4. Age 6 yrs
 5. Married or Single Single
 6. Date of Death Sept. 26/91
 7. Cause of Death Typhoid Fever
 8. Duration of last Illness Three weeks

J. R. M. O'Byrne, M. D.
 Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth City
 11. Residence Main Street Ward No. 3rd
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother Julie Ewing
 } Name of Father _____
 14. Place of intended Interment St. Monica Cem.
 15. Date of intended Interment Sept. 28/91.

G. B. Good, Undertaker.
 Date of Certificate Sept 27/91 Residence City

Henry Ewing, 1897

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 Henry Ewing
2. Sex male 3. Color white 4. Age 43 yrs
5. Married or single married
6. Date of Death Jan 2 1897
7. Cause of Death Consumption
8. Duration of last Illness several years.
No doctor in town. Was here only
a few days. , M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer
10. Place of Birth Warren County
11. Residence 11th St Ward No. 1
12. Time of Residence in the City few days
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment Fairview Cemetery
15. Date of intended Interment _____
Pratt & Payne , Undertaker.
Date of Certificate _____ Residence _____

Henry Ewing, 1905

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 Henry Ewing
 2. Sex male 3. Color white 4. Age 58 yrs
 5. Married or single married
 6. Date of death August 15 1905
 7. Cause of death Inflammation Stomach & Bowels.
 8. Duration of last illness Several weeks
J. E. Meredith, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Barrin Co Ky
 11. Residence city Ward No. _____
 12. Time of residence in the City. 20 years
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cem
 15. Date of intended interment April 17 1905
Hawley Pagan, Undertaker.
 Date of Certificate _____ Residence _____

Jane Barnett Ewing, 1881

24 70

This Constitutes ONE CERTIFICATE to be returned with a BURIAL PERMIT

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Jane Barnett Ewing*
2. Sex *Female* 3. Color *Blk* 4. Age *85 Year*
5. Married or Single *Widow*
6. Date of Death *Aug 19th 1881*
7. Cause of Death *General Anasarca*
8. Duration of last Illness *Six months*
J. G. & E. Townsend M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *Summer Street* Ward No *1*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Fairview Cent*
15. Date of intended Interment *Aug 19th 1881*
Frank Cleveland, Undertaker.
Date of Certificate *Aug 19th 81* Residence _____

Democrat Job Print

Jennie Ewing, 1896

71

957

This Constitutes One Certificate to 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 Jennie Ewing*

2. Sex *female* . 3. Color *white* . 4. Age *37 yrs.*

5. Married or single *single*

6. Date of Death *October 22nd 1896*

7. Cause of Death *Consumption*

8. Duration of last Illness _____

S. J. Mills, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence *Cor High at 11th St.* Ward No. *1*

12. Time of Residence in the City *years*

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *October 24 1896*

Prather & Payne, Undertaker.

Date of Certificate _____ Residence _____

Mrs. John Ewing, 1904

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 *Mrs. John Ewing*
 2. Sex *Female* 3. Color *Blk* 4. Age *37 yrs.*
 5. Married or single *Married.*
 6. Date of death *Jan. 15, 1904*
 7. Cause of death *Lobar Pneumonia*
 8. Duration of last illness _____
J. H. Blackburn, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Pennsylvania*
 11. Residence *Lelay 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 *Not Moriah Cemetery*
 15. Date of intended interment *Jan. 16 - 1904*
Edward J. Garard, Undertaker.
 Date of Certificate *Jan. 16, 1904* Residence _____

Mrs. Kate Ewing, 1911

73

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

RETURN OF A DEATH.

470

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Kate Ewing*
2. Sex *Female* 3. Color *White* 4. Age *66 yrs.*
5. Married or Single *Widow*
6. Date of death *FEB 23 1911*
7. Cause of death *Chronic Interstitial Nephritis*
8. Duration of last illness

J. J. Martin, M. D.
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Amusee Preparer*
10. Place of birth *Nashville Tenn.*
11. Residence *East St. Chestnut St.* Ward No. *1*
12. Time of residence in the city *Several years*
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment *Nashville Tenn.*
15. Date of intended interment *July 25th 1911*

GERARD & GERARD, Undertaker

Date of Certificate *FEB 23 1911* Residence *B. Green St.*

Mary S. Ewing, 1909

74

#604

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary S. Ewing

2. Sex Female 3. Color white 4. Age 60 years

5. Married or Single Widow

6. Date of death March 30 1909

7. Cause of death Complication

8. Duration of last illness _____

T. W. Gacy, M. D.

Residence Paulding Kentucky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Undertaker

10. Place of birth _____

11. Residence Paulding 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 March 31-09

GERARD & GERARD, Undertaker.

Date of Certificate March 30-09 Residence City

Sallie Ewing, 1911

75

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

RETURN OF A DEATH.

1076

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sallie Ewing
 2. Sex Female 3. Color Blk. 4. Age 43 yrs.
 5. Married or Single Widow
 6. Date of death Sept. 13th 1911.
 7. Cause of death Albumenuria
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth BOWLING GREEN, KY.
 11. Residence 100 Adams St. BOWLING GREEN, KY. Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Mt. Moriah Cemetery
 15. Date of intended interment Sept. 15th 1911.
GERARD & GERARD, Undertaker.
 Date of Certificate Sept. 14/1911. Residence BOWLING GREEN, KY.

Sarah J. Ewing, 1907

76

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

RETURN OF A DEATH.

229

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Sarah J. Ewing
 - 2. Sex female 3. Color white 4. Age 10 1/2 yrs
 - 5. Married or single single
 - 6. Date of death June - 9 - 1907
 - 7. Cause of death Dysentery.
 - 8. Duration of last illness 2 weeks -
- J. M. Stone M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation.....
 - 10. Place of birth Courts
 - 11. Residence College St (Children's Home) Ward No.....
 - 12. Time of residence in the city Several years
 - 13. When a minor { Name of mother Janella Ewing
Name of father Sam Ewing
 - 14. Place of intended interment Frank Ky
 - 15. Date of intended interment June 10 1907
- Harvey Payne Undertaker.

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

Wilkins Ewing, 1882

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 *Wilkins Ewing*
2. Sex *Male* 3. Color *B* 4. Age *1 year*
5. Married or Single *Single*
6. Date of Death *Sept 20th 1882*
7. Cause of Death *Cholera Infantum*
8. Duration of last Illness *Twelve days*
John F. Wilkins, M. D.
 Residence *Bunting Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *B Green*
 11. Residence *Mecanic Street* Ward No *3²*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother *Hannah Ewing*
 Name of Father *Henry* " _____
 14. Place of intended Interment *Col Grant*
 15. Date of intended Interment *Sept 20th 1882*
F. L. G., Undertaker.
- Date of Certificate *Sept 20th 1882* Residence _____

Democrat Job Print

W. W. Ezell, [1906]

78

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

RETURN OF A DEATH.

476

Physician's Certificate Preparatory to Burial.

1. Name of deceased W. W. Ezell Ezell
 2. Sex Male 3. Color White 4. Age 76
 5. Married or single Married
 6. Date of death June 17
 7. Cause of death Paralysis
 8. Duration of last illness 6 months
H. C. Corlough M. D.
 Residence B. Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Va
 11. Residence Bowling Green Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment H. Airview
 15. Date of intended interment June 18
W. H. Payne Undertaker.
 Date of Certificate June Residence.....