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Robert Earley, 1899

72 23 1
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
DIVCICIDA'S CENTIFICATE DEPARATION TO DURING
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Golen J. Carley
2. Sex male. 3. Color while. 4. Age 11 mid
5. Married or single
6. Date of death Murch 30 1879
7. Cause of death Hant failure
8. Duration of last illness BLally, M. D.
Residence
ACSIGNACE AND ADDRESS OF THE PROPERTY OF THE P
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth, (6-ty)
11. Residence Upper 10 5 . Ward No. 1
12. Time of residence in the City
13. When a minor Name of Mother Sent Carley. Name of Father Bent Carley.
14. Place of intended interment Fairview Councing
15. Date of intended interment Thank 3125-1889
Thanly layer, Undertaker.
Date of Certificate Residence

Joe Easter, 1894

077
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
and the second
2. Sex Muly 3. Color Blk . 4. Age / 32
2. Sex Muly . 3. Color 2 4. Age / 3 5. Married or single
6. Date of Death October 14 1894
7. Cause of Death Cholera Infantine
8. Duration of last Illness
On Boten, M. D.
Residence
HADDDIANTERS OFFICIALLY IN DELETION TO DESCRIP
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth To mit given
11. Residence Ward No. 3
12. Time of Residence in the City
13. When a Minor Name of Mother Enum Manual
J Name of Father
14. Place of intended Interment
15. Date of intended Interment
Data of Contiferate Paris
Date of Certificate Residence

Nancy Eaton, 1897

This Constitutes One	Excidently continued to the Control of the Control	ity Clerk for a Burial Permit.
RET	TURN OF A	DEATH.
РНҮ	IGIAN'S CERTIFICATE PREPARATOR	RY TO BURIAL.
1. Name of dece	ased Mon Name a. 3. Color white	y Estern
2. Sex funn	a. 3. Color while	4. Age 7 6 7 1
5. Married or sin	igle widow	
		1887
	h Coulup	uplion
8. Duration of la	st Illness	a signed by
Supplied UNDERT	Residence Residence IN RELATION	N TO DECEASED.
9. Occupation		
	Christian Co	/
12. Time of Resid	dence in the City	2.2
13. When a Minor	Name of Mother Name of Father	
14. Place of inter	nded Interment Limit	L. Sugnificant
15. Date of intend	led Interment	
	Gratha & To	Undertaker.
Date of Certificate	. Reside	ence
		· · · · · · · · · · · · · · · · · · ·

James Emmett Eddy, [1908]

#552
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 - 8
1. Name of deceased James & mutt Eddy
2. Sex Males. 3. Color White. 4. Age two
5. Married or single
6. Date of death 22 of 300
7. Cause of death Crampania frame
8. Duration of last illness Why France M. D.
-2 .11
Residence 25 May
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Bauley Sun My Ward No, me St
12. Time of residence in the City.
13. When a minor Name of Mothe Character 6 ddy Name of Father Court "
Y
14. Place of intended interment Law Die 1st
Emucho & Dan, Undertaker.
Date of Certificate Roll 30. Residence 35/2y

Tilda Florence Eddy, 1908

Physician's Certificate Preparatory to Burial. me of deceased Tilda Florence Eddy Timala 3. Color White 4. Agelf Ma
me of deceased Tilda Florence Eddy x Jimaly 3. Color White 4. Agelf Mo arried or single 2 gl
me of deceased Silda Florence Edly x Jimali 3. Color White 4. Agelf Mo
x finale 3. Color White 4. Agelf MO
rried or single
te of death September 1-81 08
use of death Stamache Trankly
ration of last illness
Je Mindith M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
ecupation
lace of birth
esidence Baulay Hatu Kward No.
me of residence in the city
Then a minor Name of mother almaninda Eddy
(Name of Tather
ace of intended interment Jawwew Cen
ate of intended interment Siph Louis Undertaker
f Certificate Set 1 Residence Undertaker.

Carl Edwards, 1912

u \
* 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 Edward
2. Se Male 3. Color White 4. Age 20
5. Married or Single Quigle
6. Date of death 25 1912
7. Cause of death Killed by train
8. Duration of last illness 2008
LJC Lande M.D.
Residence Laurance auty
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Bauley Green 15
11. Residence Delgirunik 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 farmens Ocean
15. Date of intended interment Lune 27 1915
En Shally, Undertaker.
Date of Certificate Residence My
Duplicate Tiled in
State Buren of Vital Statistics

Charles Edwards, 1899

X	34 34 7
Th	ils Constitutes One Certificate to be Retarned to the City Clerk for a Burial Permit,
	RETURN OF A DEATH.
	ALIUAN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1,	Name of deceased Cohar Edwards
2.	Sex mace. 3. Color white. 4. Age 62 7m
5.	Married or single midower
6.	Date of death Aug 16 1899
7.	Cause of death Rumonia
8.	Duration of last illness
	O. D. Porte , M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
et.	ONDERTHACK > CERTIFICATE IN ACCUMENT TO DESCUSE.
9.	Occupation
10.	Place of birth
ii.	Residence near Fair Franch. Ward No
12.	Time of residence in the City
	When a minor Name of Mother
13.	Name of Father
14.	Place of intended interment
15.	Date of intended interment May 17 1898
	Howley tayne, Undertaker.
Date	e of Certificate Residence

Ellen Edwards, 1991

308/
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
BETTRN DF A DEATH.
1. Name of deceased Bllew Edwards
1. Name of deceased & Sun
2. San Frencales. Color Blob. 4. Age about soy is
5. Married or Single manied
6. Date of Death for Cy, 14"/91.
7. Cause of Death Consumption
8. Duration of last Illness about one year
S. Wevoule, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth January 60.
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 III Morral Com
15. Date of intended Interment July 15"/1891
Date of Certificate July 14/9/. 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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Elman E. Elwands 2. Sex 3. Color White 4. Age 8 Mo. 5. Married or single Single
1. Name of deceased Gunar O. Garage
2. Sex Macr 3. Color White 4. Age 4. Age
5. Married or single Mate 1 (1)
6. Date of death
7. Cause of death Tweller
8. Duration of last illness 3 wester JK. Po Cortioning 44 M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
DOWN ING ODDEN KY
10. Place of birth Driv B Luncky Ward No. 3
12. Time of residence in the city 8 mo
Name of mother Mis, Mancy Collivants.
13. When a minor Name of fathers plavid
13. When a minor Name of fathers Place of intended interment Sauran River, Church.
15. Date of intended interment May 18 1910
Date of Certificate May 17/1910. Residence.

Fannie Edwards, 1905

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Janus Edwards 2. Sex funa a. 3. Color Black. 4. Age 50 y- 5. Married or single
2. Sex funa a. 3. Color Black 4. Age 50 y-
5. Married or single midsu
6. Date of death
7. Cause of death Old Cause
8. Duration of last illness Management M. France M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Callege 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
14. Place of intended interment 15. Date of intended interment
The State of International Lindertaker.
Date of Certificate Residence

Forrest Edwards, 1906

	110
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Pern	
RETURN OF A DEAT	н.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Fourst Educated 2. Sex Mair 3. Color White 4. Age 1	
1. Name of deceased South Outgots.	1016
2. Sex /// 4. Age /	y yes.
5. Married or single PMASS 10.1006	
6. Date of death MAY 19 1906 7. Cause of death Tronnal.	
7. Cause of death	
8. Duration of last illness John 6. Lay,	
A DOWN THE GROWN TV	, M. D.
Residence ROWLING GREEN, KY	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
UNDERVARENCE CERTIFICATE IN INC.	
9. Occupation	
10. Place of birth Gavigation Lud.	
11 Residence Colay ST. Ward	No,
12. Time of residence in the City. Name of Mother My, Chas & Edit Name of Father Colourly & Edit	, ,
Name of Mother Mrs. Chas & Edit	yans
13. When a minor Name of Father Collarly & Coll	vails.
13. When a minor Name of Mother Mrs. Schas of Gelle Name of Father Charles of Education States of Interded Interment MAY 20 1906	
15. Date of intended interment MAY 20 1906	
GERARD & GERARD	, Undertaker.
MAY 10 1006	AND DESIGNATION OF THE PERSON
Date of Certificate MAI 13 1300 . Residence ROWLING	America (Marie Constantino)
	*

George W. Edwards, 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	1
1.	Name of deceased Lio (N Edwards
	Sex Male 3. Color Whili 4. Age
5.	Married or single
6.	Date of death Nov -3 - /907
7.	Cause of death 2001 Sine (Insanie)
8.	Duration of last illness 2
	allinding Shyaician at M. D
	Residence Takeland asylam
	Latelany 19
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Comments of Money
11.	Residence La Kaland algum Ward No.
12.	Time of residence in the city
13.	When a minor \ Name of mother
	(Name of father
14.	Place of intended interment Farrow Count
15.	Date of intended interment 97 4 190
	Thanoly Dayne Undertaker
Dat	e of Certificate Residence

George W. Edwards, 1907

(Always write with ink.)	TRAN	ISIT PERMIT.	
TI TI	RANSPORTA	TION OF C	ORPSE.
国和国际	KENTUCKY STATE	DEPARTMENT OF H	EALTH.
		Tra	nsit Permit No. 4/1 73
No. 18 Oct.	PERMIT OF LO	CAL BOARD OF HEAL	TH.
	Department of	Health, State of Kentucky.	Occ. 1
This Permit must be f			the Railroad, Express or other Tra-
P. T.	portation Agent	before a body can be shipped.	0.41
In the (City, Tofin State of Kentucky, on the	or Village.)	Count	y of Jerson
COLUMN TO SELECTION OF THE PARTY OF THE PART	6 8 K	day of	190
Permission is hereby give	h s. e		almer's License No. 23
to remove for burial at.	Jowning on	e	St. Ed.
State of	Laster d	the body of	11 Galearca,
who died at		County of f	sold of the state of the state of
		THE RESERVE OF THE PARTY OF THE	yearsda
	40 0 4 20 6	(Communicable or	Non-Communicable.)
The state of the s	special and the first transfer of the con-	ntucky State Department of 11e	allh for the Transportation of the de-
as printed on the back of	this Fermit.	(//a)	
Name of person in charg	re of Transit.	Signed /// Coll	Learn of Records of the Debartment of Health
		YX.	trar of Records of the Department of Health of the State of Kentucky

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

George W. Edwards, 1907

#340	who died at
1	(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. 417.3
	I hereby certify that the accompanying dead body of See See and a
	consigned to
	State of Jly and who died of
	has been prepared by me for transportation, in conformity with Rule Noof the Rules printed with this Permit;
	and I hold Embalmer's License Noissued by the Board of Embalming Examiners of the State of Kentucky.
	2 Jan L Shipping Undertaker
	J19 & Ches Trust Place of Business.
	City or Town of State of Kentucky.

Child of H. M and Augy Edwards, 1994

666
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Chily & Mr. Edwards
2. Sex male. 3. Color Blks. 4. Age // mo.
5. Married or single single
6. Date of Death Oct 3"/94
7. Cause of Death Cholera In Xanlam.
8. Duration of last Illness Sour Weeks
Residence State St. City.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth City -
11. Residence College sh. Ward No. 22d
12. Time of Residence in the City
Name of Mother augy Edwards
Name of Father The fedurals
14. Place of intended Interment Int Morrial lecunities
15. Date of intended Interment Oct 4 "/94
File Gerard Bes, Undertaker.
Date of Certificate Och 4/9 H. Residence letter
Residence

Infant of James and Addie Edwards, 1894

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 Infait Edwards
2. Sex mus. 3. Color while 4. Age 3 3
5. Married or single
6. Date of Death Thy 18 TEL
7. Cause of Death
8. Duration of last Illness
Munchet, Opin M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence 12 Ward No. 2
12. Time of Residence in the City
Name of Mother addin Edwards
13. When a Minor
14. Place of intended Interment
15. Date of intended Interment
Date of Certificate Residence

John Edwards, 1891

Out of town	5
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased John Edwards	
2. Sex Mail. 3. Color While 4. Age & Dyear	>_
5. Married or Single disagle	*
6. Date of Death Specie 12/18-91	
7. Cause of Death Analysis	
8. Duration of last Illness One Week	
L. J. A. C. L. M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Comon Labores	
10. Place of Birth Marven ed Sol	
	w
10. Place of Birth Markers & M. 11. Residence high St. Ward No first of 12. Time of Residence in the City 3 years	w
10. Place of Birth Markers 60. Solution 11. Residence high St. Ward No first of 12. Time of Residence in the City 3 years 13. When a Minor Name of Mother Larie Edward	w + G
10. Place of Birth Markers 60. Solution 11. Residence high St. Ward No first of 12. Time of Residence in the City 3 years 13. When a Minor Name of Mother Larie Edward	w + 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
10. Place of Birth Markers & Mard No first of 11. Residence high It. Ward No first of 12. Time of Residence in the City Bycoms 13. When a Minor. Name of Mother Larie Edward Name of Father homes & Clward 14. Place of intended Interment Kase Grabe name	W + GC
10. Place of Birth Markers & Mard No first of 11. Residence high It. Ward No first of 12. Time of Residence in the City Bycoms 13. When a Minor. Name of Mother Larie Edward Name of Father homes & Clward 14. Place of intended Interment Kase Grabe name	+ 44
10. Place of Birth Markers 60. Solution 11. Residence high St. Ward No first of 12. Time of Residence in the City 3 years 13. When a Minor Name of Mother Larie Edward	+44
10. Place of Birth Markers & Mard No first of 11. Residence Migh It. Ward No first of 12. Time of Residence in the City Bycoms 13. When a Minor. Name of Mother Larie Edward Name of Father Monney Edward 14. Place of intended Interment Kase Grabe Name 15. Date of intended Interment April 13/8/ Deathe Emalloch Undertaker.	+ 4
10. Place of Birth Marker & Mard No first of 11. Residence Migh It. Ward No first of 12. Time of Residence in the City Bycoms 13. When a Minor. Name of Mother Larie Edward Name of Father Monney Edward 14. Place of intended Interment Kase Grabe Name 15. Date of intended Interment April 13/8/ Deathe Emalloch Undertaker.	+44

Joseph Edwards, 1897

1045
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Josefah Edwards
2. Sex Mule 3. Color Bld . 4. Age 4/ Mgs
5. Married or single
6. Date of Death Ang 28" 1897
7. Cause of Death (araly sis
8. Duration of last Illness
Q. Porter, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence / Shull . Ward No. / Ward No.
12. Time of Residence in the City
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended Interment MM Monah.
15. Date of intended Interment ang 29" 1897.
Luand Frank, Undertaker.
Date of Certificate My 29/9. Residence

Merriman Edwards, 1900

n
This Constitutes One Certificate to be Returned to the City Clerk for a Buriat Permit,
RETURN OF A DEATH.
NUMCCOUNTS CENTIFICATE ANEXADOTODY TO DIDITI
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased flerrenan Odorards
2. Sex male. 3. Color Black. 4. Age 13 mis
5. Married or single
6. Date of death July -30 - 1300 7. Cause of death Meumonia
8 Duration of last illness
ODP. O. D. Porler, M. D.
·Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 6-4-
11. Residence near Fair Brand. Ward No.
12. Time of residence in the City Life
13. When a minor \ Name of Mother Ruba Eshwords -
Name of Father Watter Bolmardt -
14. Place of intended interment July 31 at 1900
15. Date of intended interment July 3 - 1900
Date of Certificate Residence

Porter Edwards, 1900

	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 Torter Edwards
2.	Sex Israle. 3. Color black. 4. Age I you
5.	Married or single
6.	Date of death March 26-19th
7.	Cause of death Broncho Pneumonia
8.	Duration of last illness
	C.D. Johnet, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Quality
11.	Residence College of Ward No, 2
12.	
	Time of residence in the City.
13.	When a minor Name of Mother Angua Education Name of Father Hamit Clause
13. 14.	When a minor Name of Mother Angus Estatement Name of Father Alansis Estatement Place of intended interment 24 International
	When a minor Name of Mother Angua Education Name of Father Hamit Clause
14.	When a minor Name of Mother Angua Education Name of Father Admit Colombia Place of intended interment Anauch Date of intended interment Anauch Colombia October Anauch Undertaker.
14. 15.	When a minor Name of Mother Angus Established Name of Father Associated Place of intended interment Angus Established Date of intended interment Angus Associated Of Standard Associated, Undertaker.
14. 15.	When a minor Name of Mother August Edwards Name of Father August Colored Place of intended interment 21 August Salarand Date of intended interment 22 August Salara
14. 15.	When a minor Name of Mother Angua Education Name of Father Admit Colombia Place of intended interment Anauch Date of intended interment Anauch Colombia October Anauch Undertaker.

Ray Edwards, 1910

19
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Tay Edwards
2. Sexpeale 3 Color White 4. Age 23
5. Married or single
6. Date of death February 19-1910
7. Cause of death Dearcha Camplication
8. Duration of last illness faur Months
1 D J Marlin M. D.
Residence Tasauling Isram King
Undertaker's Certificate in Relation to Deceased.
9. Occupation Blacks mith helper
10. Place of birth Warran Cunty /hy
11. Residence Eliverith Street Ward No.
12. Time of residence in the city.
13. When a minor Name of mother of a salv & Coduration Name of father.
14. Place of intended interment Thomas Governor
15. Date of intended interment Fely 20 /9/0
muselotte a la Undertoine
Date of Certificate Felin 25/9/10 Residence Bendung Sher

Shelley Lee Edwards, 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Shelly See Ectivords
2.	Sex Fernale. 3. Color Black. 4. Age /7 Months
5.	Married or Single
6.	Date of Death Sel 7 1881
7.	Vause of Death Chalina En Kontin
8.	Duration of last Illness Two nucky
	It Cantinific M. D.
	Residence Bowling Green Try
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10	Place of Birth Bowling Gran
11.	Residence Bawlines Gne. Ward No 2 nd
12.	Time of Residence in the City /7 Months
12.	Name of Mother Milessey Edwards
13.	When a Minor Name of Father Lac Esclusion
14.	Place of intended Interment Baroling Grew Colleged Com
15.	Date of intended Interment Set 86
	Frank June, Undertaker.
D	ate of Certificate Set 8 8 Residence B. Jun 14

Thomas Edwards, 1891

Out oftown 21
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RECORN OF A DEATH,
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Thomas Edwards
2. Sex mail . 3. Color While . 4. Age / Viger
5. Married or Single Angle
6. Date of Death may 2/19/
7. Cause of Death The henge tis
8. Duration of last Illness two weeks
J. J. H. C. C. C. M. D.
Residence
9. Occupation achaol Bay
10. Place of Birth Clarren Co
11. Residence Ward No first a
12. Time of Residence in the City 2 years
13. When a Minor. Name of Mother Areah Elleard, Name of Father Thomas Elward, 14. Place of intended Interment Thomas Buring Grand
14. Place of intended Interment Thomas Buing Grand
15. Date of intended Interment May 22 191
Jeatte Corallor Undertaker.
Date of Certificate 191. Residence

Infant of Walter Edwards, 1897

Host Cutsice City 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 Kryfant of Walter Edwards
2. Sex 3. Color 18 15 4. Age 5 012
5. Married or single
6. Date of Death Thermonia 7. Cause of Death Phermonia
8. Duration of last Illness One Week
OD, OD World M.D.
Residence , M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
10. Place of Birth
10. Place of Birth. 11. Residence Ward No.
10. Place of Birth
10. Place of Birth. 11. Residence Ward No. 12. Time of Residence in the City Name of Mother
10. Place of Birth. 11. Residence
10. Place of Birth. 11. Residence
10. Place of Birth. 11. Residence Ward No. 12. Time of Residence in the City Name of Mother Name of Father Mather Influence 14. Place of intended Interment 15. Date of intended Interment
10. Place of Birth. 11. Residence Ward No. 12. Time of Residence in the City Name of Mother Name of Father Matther Topward 14. Place of intended Interment 15. Date of intended Interment Place of intended Interment Name of Father Watther Topward Undertaker.
10. Place of Birth. 11. Residence Ward No. 12. Time of Residence in the City Name of Mother Name of Father Matther Topward 14. Place of intended Interment 15. Date of intended Interment Place of intended Interment Name of Father Watther Topward Undertaker.

Henry Edwell, 1908

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 1	Vama of deceased Servery Edwell
9 9	Name of deceased ferry Edwell Sex male. 3. Color white. 4. Age 374738
	Married or single Lington
	Date of death April 32. 1908
	Dause of death Causeumption
	Duration of last illness manthe
	2. 2. Mindett M. D
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
	Place of birth Lity
	Residence Esthettunt 7 7 Ward No,
	nesidence 2007
1.]	Time of residence in the City.
1. 1 2. '	Time of residence in the City
1. 1 2. '	Time of residence in the City.
1. 1 2. '	When a minor Name of Mother Lington Edwice Name of Father Line Edwice Place of intended interment
1. 1 2. '	When a minor Name of Father Line Sawell
1. 1 2. '	When a minor Name of Mother Lington Edwice Name of Father Line Edwice Place of intended interment

Mrs. John Edwell, 1901

24
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
11 11 8 / 11
1. Name of deceased Mis John Edwell
2. Sextanded 3 (Color 11 to Co. 4. Age 3 / 4
" (. M. () 7 - (,) 0 1 .
7. Cause of death Cancer of the Liver
8. Duration of last illness AJM = Cornack, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth farran, bounty sty 11. Residence Statu St Ward No.
11. Residence Statu St Ward No.
12. Time of residence in the City.
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended interment Farry (3) 1901
15. Date of intended interment July 2 3/1901,
Date of Certificate Fully 2 2/19.0/ Residence

Frank Elligan, 1991

100000	This Constitutes ONE CERTIFICATE to be retained in 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 Date of Death January 21 st 1881
6,	
7.	
8.	Duration of last Illness From birth.
	JE Townsend, M.D.
	Residence Bowling Green.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
200	The second secon
	Occupation /
9. 10	Place of Birth 735
10	Place of Birth 3 Ward No 3 3 Ward No 3 3 Ward No 3 3
10 11. 12.	Place of Birth 3
10 11.	Place of Birth 3 Ward No 3 3 Ward No 3 3 Ward No 3 3
10 11. 12.	Place of Birth Residence Ward No 35 3 Time of Residence in the City (Name of Mother
10 11. 12.	Place of Birth Residence . Ward No 3 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Name of Father Name of Ward No 3 3
10 11. 12. 13.	Place of Birth Residence . Ward No 3 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
110 111. 112. 113. 114.	Place of Birth Residence . Ward No 2 Time of Residence in the City When a Minor { Name of Mother . Name of Father Place of intended Interment . Date of intended Interment . , Undertaker.
110 111. 112. 113. 114.	Place of Birth Residence . Ward No 32 3 Time of Residence in the City When a Minor { Name of Mother . Name of Father . Place of intended Interment

Child of Ida Elliott, 1896

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 Childof Ada Elliott
2. Sex 3. Color BK, 4. Age /42
5. Married or single single
6. Date of Death SEP -5 1896
7. Cause of Death Entiro Colilis
8. Duration of last Illness H Menths
C. Thinslead, M. D.
Residence 9 (5° College SA
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Willy
11. Residence 6th struck . Ward No. 374
12. Time of Residence in the City
Name of Mother Ida Elliott Name of Father
14. Place of intended Interment Mh Moriah Come
15. Date of intended Interment Subt 6"/1896
F. G. Genard H. Undertaker.
Date of Certificate SEP -5 1896 . Residence

Child of Jane Elliott, 1891

27
363
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH,
1. Name of deceased Servine Elliet Baky
2. Sex Girl . 3. Color Colords. Age 18 -
5. Married or Single
6. Date of Death July 4 "
6. Date of Death July 4 1/2 7. Cause of Death Copyrilly Gronehitis
8. Duration of last Illness about aware
S, m, Coombe, M. D.
Residence
9. Occupation
10. Place of Birth Marcher CO
11. Residence Fibith It. Ward No Record
12. Time of Residence in the City a fell mantle
13. When a Minor. Name of Mother Jane Elliell
Name of Father 14 Place of intended Interment Aut Constant
The Time of Interment Control of the
15. Date of intended Interment of rely 5/8/1 Cathe trallo, Didortaker.
Date of Certificate Grily 5/9. Residence

Janie Elliott, 1913

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Fanie Ellist
2. Sex female. 3. Color Cal . 4. Age 37
5. Married or Single Single
6. Date of death mout 24 - 1918.
7. Cause of death Ceretine puresis
8. Duration of last illness about 2 mo
M. Janes , M. D.
Residence 27 More
Undertaker's Certificate in Relation to Deceased.
9. Occupation Transe Reefeer
10. Place of birth Oleny Street
11. Residence Clay Street Ward No.
11. Residence Clay Steet Ward No. 12. Time of residence in the city Desiring Cife
12. Time of residence in the city Derry Life 13. When a minor Name of Mother Such Elliatt
12. Time of residence in the city Deriving Life 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment Name of Father Name of Father Name of Father Name of Father
12. Time of residence in the city Derry Life 13. When a minor Name of Mother Such Elliatt Name of Father 14. Place of intended interment Mother Musicals
12. Time of residence in the city Deriving Life 13. When a minor Name of Mother Such Elliatt Name of Father 14. Place of intended interment Intermediate 15. Date of intended interment Intermediate, Undertaker.
12. Time of residence in the city Deriving Life 13. When a minor Name of Mother Such Elliatt Name of Father 14. Place of intended interment Intermediate 15. Date of intended interment Intermediate, Undertaker.

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, U. Ellyn L.	
2. Sex Funda . 3. Color Ahile . 4. Age 3 yes 5. Married or single Suigle	
6. Date of death Declana of the Glatis	
8. Duration of last illness In Ma bornack , M. D. Residence),
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation to. Place of birth Gily	
11. Residence Ward No. 3.	
13. When a minor Name of Mother Eyuna Elliot Name of Father And Elliot Nam	And
14. Place of intended interment Acc, 27" 1900,	
Date of Certificate Dec 17/1900. Residence	

Silas Elliott, 1901

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Silas Ellvitt
2.	Sex male. 3. Color Hack. 4. Age 23 yrs Married or single maniel
5.	Married or single hamed
6.	Date of death
	Cause of death Junov on The Brain -
8.	Duration of last illness Thu mouth a. T. M. Cormande, M. D.
	Residence State St.
	TA BEELICED
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Laborat
11.	Place of birth Sinfon Co 12 Residence City Briggs St Ward No. 3 3
12.	Time of residence in the City. # # -
13.	When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
+ M.E.	(Name of Father
14.	Place of intended interment Nr. Morial Com
15.	Date of intended interment
	Juail Land, Undertaker.
Date	e of Certificate

Ann Ellis, 1905

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Carrage Eller
2. Sex ferrale. 3. Color White. 4. Age 6 you
5. Married or single 6. Date of death & Q 24 1305
7. Cause of death The Color of Bain
8. Duration of last illness 2 meets
Goo HBlackhin M.D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Ward No.
11. Residence Ward No.
13. When a minor Name of Mother Name of Father Same & Collin
14. Place of intended interment Farmer
15. Date of intended interment 3 (3)
Hawaylaya, Undertaker.
Date of Certificate . Residence

Bessie Ellis, 1901

	e Certificate to be Returned to the City Clerk for a Burial Permit.
RETU	JRN OF A DEATH.
Physici	ian's Certificate Preparatory to Burial.
1. Name of decease	d Bessie. Fllis,
2. SexFemale,	. 3. Color Col, 4. Agell. Days,
5. Married or Sing	gle Infant,
6. Date of death	June.11,1901,
7. Cause of death	Inouition
	illness
	J. F. Holgan, M.D.
	Residence Bowling Green.Ky,
Undertak	ter's Certificate in Relation to Deceased.
9. Occupation	
	Bowling Breen.Ky,
	"" "" Ward No.
	ce in the city_Life time.
	(Name of Mother Lizzie. Ellis,
13. When a minor	Name of Father Will.Ellis,
	ed interment Mt. Mariah. Cenetary,
	linterment June.11.1911.
	Enochs & Kelley, , Undertaker.
Date of Certificate	/une.11.1911, Residence Bowling Green.Ky
	Residence

Mrs. Jake Ellis, 1909

33
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. fasta Eslis 2. Sex funds 3. Color White 4. Age 55 yrs. 5. Married or single Married 6. Date of death Mrs. 30" 1909 7. Cause of death Frank fasture 8. Duration of last illness Mrs. Bowling Green, Ky Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Waryur Country Sty 11. Residence Washington and Ward No. 2
11. Residence Washing tow and Ward No. 2
12. Time of residence in the city
13. When a minor Name of father Name of father
14. Place of intended interment Sarview Cemelery
15. Date of intended interment
Date of Certificate New 30" 1909 Residence Residence

Child of Lizzie Ellis, 1908

#537
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 2. Sex 3. Color 4. Age 1 Hours 5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness M. D. Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation
9. Occupation 10. Place of birth
9. Occupation 10. Place of birth 11. Residence Ward No.
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city Name of mother
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
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

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

Child of Lizzie Ellis, 1913

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased — Ellis Mire
2.	Sex 3. Color Cal 4. Age Stule 18
5 .	. 0
6.	Married or single Sufface 1/9/3
7.	Cause of death SMU horse
8.	Duration of last illness
	3/4 Jones, M. D.
	Residence 2/ Main St B Grunt
5	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	2
9.	Occupation July
10.	Place of birth Bawley Hun 19
11.	Residence Ward 100,
12.	The state of the s
13.	When a minor Name of Mother Zyguellis
	Place of intended interment MM auch Cun
14.	90
15.	Date of intended interment Liky 2/1/3
	Couch Michael, Undertaker.
Date	e of Certificate . Residence & True

E. T. Ellison, 1892

465
This Constitutes one Certificate to 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 6, J. Othson.
2. Sex male 3. Color While Age 65 yes
5. Married or Single Married.
6. Date of Death Nov. 14"/9'2
7. Cause of Death Lastrozulerilis
8. Duration of last Illness town with
W.W. Bowling, M. D.
Residence Bowling from /
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Thysicelas
10. Place of Birth Selection le fly.
11. Residence Ry. sheet Ward No. 3 4
12. Time of Residence in the City of week
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Hurouw
15. Date of intended Interment 15/19/97. H. Gerard, Undertaker.
Date of Certificate 15/92. Residence

James Elrod, 1893

480) 37
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
BETTEN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 Name of decorated James Colled -
1. Name of deceased famus Olived 2. Sex hale 3. Color Blk . 4. Age 55 year
5. Married or Single Hidowel
6. Date of Death Leby 13"/93,
7. Cause of Death Salumonus
8. Duration of last Illness //www &ay&
M. D.
Residence
9. Occupation
10. Place of Birth Narree Courty,
11. Residence 4th Stuck . 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 At South Security
15. Date of intended Interment Leby 14"195, 1. Gerarf & Brd , Undertaker.
Date of Certificate Juby 14/93 . Residence City

Sam Ely, 1893

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH,
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Sun Chy.
2. Sex Male 3 Color By . 4. Age 34yrs.
5. Married or Single Married 6. Date of Death Deby, 6"/93
7. Cause of Death Consemption
8. Duration of last Illness - Flows MILES
Residence 573 Leth ST
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth City
11. Residence State Stuet 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 Moular Clar
15. Date of intended Interment Field 8 " 9 3 . Floring 10 3 . Undertaker.
Date of Certificate 1997/199. Residence

Samuel Ely, 1893

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	39
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Samil & Jackson Ele 2. Sex Male . 3. Color Col . 4. Age 4 deces	3
5. Married or Single 6. Date of Death Hel 1913 1893	
7. Cause of Death Unfulical Hamorag 8. Duration of last Illness Three day	
Residence Residence) .
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Coty	
11. Residence State 200134. Ward No. 2. 12. Time of Residence in the City.	
13. When a Minor. Name of Mother Selfa Ely	
14. Place of intended Interment In Fluorial 15. Date of intended Interment Fell 1813 1893	
Date of Certificate . Residence	r.

Carlos Embry, 1907

90
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH. Physician's Certificate Preparatory to Burial.
1. Name of deceased Carlos Embry.
2. Sex Married or single Married, 4. Age 22 7.
1. Name of deceased Carlos Embry. 2. Sex Main 3. Colof White 4. Age 35 yrs, 5. Married or single Marrief, 6. Date of death Supposition - Muriling, 7. Cause of death Supposition - Muriling,
8. Duration of last illness fno. & Lay, box, Hann & M. D. Residence BOWLING GREEN, KY.
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Buther les- 11. Residence Ward No. — Ward No. —
10. Place of birth, During 124
12. Time of residence in the city
12. Time of residence in the city 13. When a minor Name of mother Name of father
12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment
12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment Sutter lost 15. Date of intended interment fully 11/17
12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment
12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Sufficient 15. Date of intended interment Sufficient GERARD & GERARD Undertaker.
12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Sufficient 15. Date of intended interment Sufficient GERARD & GERARD Undertaker.

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 Rannie Emmusin
2. Sex 3. Color #hite. 4. Age
5. Married or single
6. Date of Death ang. 18/96.
7. Cause of Death Remature Bith
8. Duration of last Illness Elluriality, M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth buty 11. Residence Huntiety Street. Ward No. 3"11
12. Time of Residence in the City
13. When a Minor Name of Mother Name Communic
14. Place of intended Interment Farround Councility 15. Date of intended Interment AUG 18 1896 4. Grand 1131, Undertaker.
Date of Certificate AUG 18 1896 . Residence

Susan Engleman, 1907

352
This Constitutes One Certificate to be Ret. ned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
m T Englis
1. Name of deceased Mrs. Susar OMfamun
2. Sex Handle 3. Color White 4. Age I'l gro
5. Married or single.
6. Date of death John 25/07. 7. Cause of death Intumary Julianculosis
11 2000 21 2000
8. Duration of last illness Engueve of Jurnel
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birty Kung. 11. Residence Maddison Lrif, Ward No.
12. Time of residence in the city
13. When a minor Name of mother Name of father
14. Place of intended interment Fairyieu Cemetery
15. Date of intended interment for 18/1917
GERARD & GERARD Undertaker.
Mrs Engluman dief in Haspital y
Ims anglawan dag in Haspital in
St. Louis Mo, Shr formuly lined hard,
El Jaran

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

Susan Engleman, 1907

dl/ 1		
0	This Certificate and Shipping Paster Below Must Be Detached at this Perforation and Securely Tacked on the End of the Coffin Box.	10 10
7 =	CERTIFICATE OF UNDERTAKER.	100
	I hereby certify that the accompanying dead body of SINSUNUM Engleman (If a minor, give the paregus name of 30)	
	Consigned to Journal in the County of State of	
1. 1800	and who died of	
	The state of the s	
00	Residence Jenics Ills Licensed Embalmer.	
111	10 Subscribed and sworn to before me this 2.7day of November 9.7.	
	SEAL PASTER. Transit Permit No.	CONTROL COM
	Station Rangagemen Must Enter Honory a Description of the Tisket the Paris Tolder	
	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 at letteries that the body has been prepared for burial	
	according to the lew of the State. Neither will be received if any fluids of offensive odors are escaping from the case. Agents will detach the Certificate and this paster at the perforation and sair them securely on the end of box before shipping.	
on white	Dated, 190)	
	From to State State State	
	No. of Ticket of Escort. Form No. of Ticket of Escort.	
1	No. of Corpse Ticket	
and the second	Via R. R. To Jawling Selen	100000
	Via	
	Via	P. 10 200
	Name of Passenger in charge	
	Place of residence.	
2. 学生	Signed Station B. M. See Rules and Instructions on the Other Side.	
	THIS TRANSIT PERMIT IS TO BE USED BY A STATE LICENSED EMBALMER ONLY	J
		. 10
An An		CONTRACTOR OF THE PARTY OF THE

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

Susan Engleman, 1907

TRANSPORTATION OF DECEASED PERSONS IN BAGGAGE CARS.

To Railroad Agents, Station and Train Baggagemen:

To Railroad Agents, Station and Train Baggagemen:

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 d

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 of death om the time of death.

Robert McLure Enlow, 1910

**1	his 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 Sabt M Zune Ceulau
2.	Sex Male 3 Color White 4 Age 76
5.	Married or Single flarrie
	Date of death June 16-1910
	Cause of death Meumong Duration of last illness Six Aay
8.	Duration of last illness () () () () () () () () () (
	Residence Powling Green for
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
	Place of birth Mead Co Ky Residence With A Carlo Walk
	ward No.
12.	Time of residence in the city.
13.	When a minor { Name of Mother
14.	Place of intended interment Frault for Ky
15.	Date of intended interment fun /7
	Sarash Januar , Undertaker.
	of Certificate 1000 Residence Cuty
Date	
Date	

Emma Bell Ennis, 1908

44
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH. Physician's Certificate Preparatory to Burial.
1. Name of deceased Miss, Emma Bell Emma 2. Sex Funala 3. Color White 4. Age 50 yro. 5. Married or single Single
1. Name of deceased his, Comma Bell Comma
2. Sextumala 3. Color While 4. Age 50 yro.
5. Married or single Dingle
6. Date of death
7. Cause of death 9. Cause of last illness 0.46 0
8. Duration of last illness. J. W. Posey. D N. b.
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
Same that considerate to the local anticologic recognition.
9. Occupation
10. Place of birth 11. Residence Warun County Ward No. —
10. Place of birth 11. Residence Warran County Ward No. — 12. Time of residence in the city
10. Place of birth 11. Residence Warun County Ward No. —
10. Place of birth 11. Residence Warraw County Ward No. — 12. Time of residence in the city Name of mother
10. Place of birth 11. Residence Warran County 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Statistics Cemelery 15. Date of intended interment Statistics Cemelery
10. Place of birth 11. Residence Waller County 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Name of father Name of father Name of father Name of father
10. Place of birth 11. Residence Ward No. — 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment Suph 14/1908 15. Date of intended interment Suph 14/1908 GERARD & GERARD. Undertaker.
10. Place of birth 11. Residence Ward No. — 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment Suph 14/1908 15. Date of intended interment Suph 14/1908 GERARD & GERARD. Undertaker.

Mrs. W. F. Ennis, 1907

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Ms. N. F. Erwis. Emile 2. Sex finals 3. Color White 4. Age 29 yrs. 5. Married or single Married 6. Date of death APR 27 1907 7. Cause of death Branchial Pronumous 8. Duration of last illness B. S. Married M. D. Residence M. D. Residence
9. Occupation 10. Place of birth Warren County
11. Residence Ward No. Ward No.
12. Time of residence in the city 13. When a minor Name of mother. 14. Place of intended interment. Fairview Cemelety 15. Date of intended interment. Solve 28 1907. GERARD & GERARD, Undertaker.
Date of Certificate. APR 27 1907 Residence BOWLING GREEN, KY

George W. Ennis, 1912

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Meow Esrica
2. Sex Male 3. Color White 4. Age/ Tokys
5. Married or Single Lufant
6. Date of death Proch 10 1912 7. Cause of death Pransano Parminismus
8. Duration of last illness Fun day
E. M. Hall-, M. D.
Residence Bauling Freu 14
Undertaker's Certificate in Relation to Deceased.
9. Occupation R. J. H. M. Kan
10. Place of birth Bawley Leen Ky 11. Residence "" " Ward No
12. Time of residence in the city. Life Time
13. When a minor { Name of Mother LK & Zerren Name of Father Suran 11
14. Place of intended interment Drokes Creek Ch
15. Date of intended interment 11 ch /1-19/2
Date of Certificate Residence 3 11

J. H. Erwin, 1913

47
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 1. Orwigg. 2. Sex 1. 3. Color White 4. Age 5 4 yrs. 5. Married or single May 7 - 1913 6. Date of death MAY 7 - 1913 7. Cause of death Cauceer Restruct 8. Duration of last illness Investment M. D. Residence Bowling Green, Ky.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Trumser, 11. Residence Win Drawsuport Form Ward No. —
11. Residence Ward No. — Ward No. —
12. Time of residence in the city
13. When a minor Name of mother Name of father
14. Place of intended interment 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 Mis. St. Environ 2. Sex Funall 3. Color Inhibit. 4. Age 38 yrs 5. Married or single Mannel . 6. Date of Death Sep. 30" 97 7. Cause of Death Mannel Conson 8. Duration of last Illness ., M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Tunnssy
11. Residence My 7 11 th Shull Ward No. 2 3 of
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Hanving Bunkley
15. Date of intended Interment Pololica 1"1897. Herender Manual , Undertaker.
Date of Certificate Och 1"9". Residence

Child of J. B. Eskew, 1913

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	1 lane, Eskew
1.	Name of deceased Child of State (
2.	Sex Malk 3. Colory William 4. Age —
5.	Married or single
6.	Date of death Still Bank
7.	Cause of death Die Tarter
8.	Duration of last illness Malacyburu, , M. D
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9. 10.	Occupation 12"B. J.
10.	Occupation Place of birth Dily Broadway Residence Broadway St Ward No, / Time of residence in the City. But & Bakerre
10. 1. 12.	Occupation Place of birth Dily Broadway Residence Broadway St Ward No, Time of residence in the City. Name of Mother Mas & Salesa When a minor
10. 1. 12.	Occupation Place of birth Residence Name of Mother Name of Father Occupation Ward No, War
10. 1. 12. 13.	Occupation Place of birth Residence Name of Mother Name of Father Place of intended interment Place of intended interment Name of Mother Name of Father Place of intended interment
10. 1. 12.	Occupation Place of birth Residence Name of Mother Name of Father Occupation Ward No, War

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 clild of Rossy Esland 2. Sex feel. 3. Color white. 4. Age 5. Married or single	
2. Sex feel. 3. Color thile. 4. Age	
5. Married or single	
6. Date of Death July - 17 - 1897	
7. Cause of Death Wellborn	
8. Duration of last Illness	
M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth France Co Ky 11. Residence First. Dt Ward No. 3	
11. Residence Jans S. S Ward No. 3	
12. Time of Residence in the City	
13. When a Minor Name of Mother Rossy Esterd_	
Name of Father	
14. Place of intended Interment Country Cember -	
15. Date of intended Interment fully - 18 - 1817 Fle Lucied Brown, Undertaker.	
Date of Certificate	

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 Musi Jossi Ethnidge 2. Sex Fumale 3. Color White 4. Age 3840.	+
5. Married or single Single	
6. Date of Death July. 6"/96.	*
7. Cause of Death Reflection	
8. Duration of last Illness	
A. F. Kodyna, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence Hunturky Sh. Ward No. 2nd	
12. Time of Residence in the City	
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name of Father	_
14. Place of intended Interment Farry Will	ng
15. Date of intended Interment fully 7 96. 4.6 Girand 113nd, Undertaker.	
Date of Certificate July 7/96 Residence	

Mrs. M. L. Ethuger, 1894

,91	٢
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Ethinger	
1. Name of deceased Mrs M. L. Ethinger	
2. Sexternale (3.) Color Suit 4. Age 40 yr	,
5. Married or single Mannin	
6. Date of Death Death Death	
7. Cause of Death Musing Live	
8. Duration of last Illness	
M. D. M. D.	
Residence Louy	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth (1994)	
11. Residence College street Ward No. 2 3	
12. Time of Residence in the City	
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name of Father	
14. Place of intended Interment January	/
15. Date of intended Interment of Co. 3/1894 Surand HB10, Undertaker.	
Date of Certificate Del 24 Residence Lity	

Fannie Eubank, 1904

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Annual England 1. Age 38 yr. 2. Sex Annual 3. Color Whith 4. Age 38 yr. 5. Married or single 4. Age 38 yr. 7. Cause of death 20 19 yr. 8. Duration of last illness 20 19 yr. Residence 9. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
1. Name of deceased 2011 2012 2013 2015 2. Sex 2011 2012 2014 2015 3. Color white 4. Age 38 9 11 5. Married or single 2019 2019 2019 7. Cause of death 2019 2019 2019 8. Duration of last illness 2011 2011 2011 2011 2011 2011 2011 20
1. Name of deceased 2011 2012 2013 2015 2. Sex 2011 2012 2014 2015 3. Color white 4. Age 38 3015 5. Married or single 2017 2017 7. Cause of death 2017 2017 7. Cause of death 2017 2017 8. Duration of last illness 2017 2017 Residence P. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
2. Sex female. 3. Color white 4. Age 38 yr. 5. Married or single 6. Date of death 20 1904 7. Cause of death acreulant Perilonnilis. 8. Duration of last illness A Sex female. 4. Age 38 yr. Cause of death 20 1904 Residence Prilonnilis. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness 9. Residence 9. M. D. Residence 1. Relation to Deceased.
5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness 9. Residence 9. M. D. Residence 1. Relation to Deceased.
6. Date of death 20 1909 7. Cause of death acreulous Peristonnitis. 8. Duration of last illness 2000 M. D. Residence
8. Duration of last illness
Residence P UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Suniform Co
11. Residence Selege & Ward No.
12. Time of residence in the City. Level Years
(Name of Mother
13. When a minor Name of Father Name of Father
14. Place of intended interment
15. Date of intended interment 22/15-4
Hawley Van , 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.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased John W Embann
2.	Sorrale 3. Colorbehite 4 Age 78
5.	Married or Single Massued
6.	Date of death Mich 30 1912
7.	Cause of death Cerebral a populary
8.	Duration of last illness Instantaneous death
	InoHBlockbur, M. D.
	Residence Bowling Green //2
	Undertaker's Certificate in Relation to Deceased.
	4
9.	Occupation retired Farmer
• 10.	Place of birth Sungson Caunty By Residence Bowling Green By Ward No.
11. 12.	Time of residence in the city about 6 years
12.	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Farmew Lon
15.	Date of intended interment april 1,1912
	· Earnah okelly Undertaker.
Dat	e of Certificate Residence B. H. Ky

Maggie Eubank, 1911

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Maggil Euclim
2. Sexternale 3. Color Cal 4. Age 5 6 gr
5. Married or single Married
6. Date of death 72. 13 - 1911.
7. Cause of death Culbral Caralysis
8. Duration of last illness Quant Ly Human
079 Doct M. D.
Residence Burking Grand
Undertaker's Certificate in Relation to Deceased.
9. Occupation Hunsekuper
10. Place of birth near Of brolling They
11. Residence 422 State 4 Ward No. 2
12. Time of residence in the city Church 3 & years
13. When a minor Name of mother Suil Builts
Name of father // Auto
14. Place of intended interment many many many
15. Date of intended interment
January Land Undertaker.
Date of Certificate 7000 114 - 1911 Residence
7 + enlige St.

Child of William and Lola Eubank, 1900

C 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 Enbank. 2. Sex Mala 3. Color Bl. 4. Age / Owls. 5. Married or single Suight 6. Date of death Jay, 12/1900.
7. Cause of death Amelitic 8. Duration of last illness , H. Store , M. D. Residence Lowling Great by
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth bity 11. Residence / Struct Ward No. 2
12. Time of residence in the City. Name of Mother Lolu Eubank Name of Father Name of Father
14. Place of intended interment 3"/1990. 15. Date of intended interment au 3"/1990. Sugard I Juand, Undertaker.
Date of Certificate July 3/1901 . Residence

Child of William and Lollie Eubank, 1898

1/63 0 57
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
AND THE PROPERTY OF THE PROPER
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Chief of Follie Entants
2. Sexferale 3. Color Black 4. Age
5. Married or single
6. Date of death Cuy - 3 - 1898
7. Cause of death Tell 1807 8. Duration of last illness
OSP orter, M. D.
Residence State ST
SUBMITTED CONTRACTOR OF THE SU
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Bunky Lu Ky
11. Residence First St. Ward No 121
12. Time of residence in the City
13. When a minor Name of Mother Helia Culoud
Name of Father
14. Place of intended interment Que 3 - 1898
15. Date of intended interment . Undertaker.
Date of Certificate Qy - 3/98. Residence
Date of Certificate

Ed Evans, 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	58
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1 Name of decorated Ed Evans	
1. Name of deceased Od Ovany 2. Sex Mala 3. Color Mila 4. Age	
2. Sex Male . 3. Color Mile . 4. Age . 5. Married or single Myura .	
6. Date of death Saft 4/190/	councy.
7. Cause of death Shorts	
8. Duration of last illness 4/2 days	
Residence Baroling Freen	1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
9. Occupation 10. Place of birth Hargout Sty 11. Residence Status St. Ward No. 2	
12. Time of residence in the City. (Name of Mother	
13. When a minor Name of Father	
14. Place of intended interment Larry Curality	
15. Date of intended interment Suft 7"1901	
Just Tured, Undert	aker.
Date of Certificate Supt, 6/1901. Residence	
· .	

Henry E. Evans, 1897

Considerity 0	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 Almy & Evens.	
2. Sex Male. 3. Color Mhile. 4. Age 24 y	20.
5. Married or single Lingle	
6. Date of Death aug. 7" 1897.	
7. Cause of Death July hour fund	
8. Duration of last Illness	
J. B. Hright M.	D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Edmonton Su.	
11. Residence State street Ward No. 3 22	6
12. Time of Residence in the City	
Name of Mother	
Name of Father	
14. Place of intended Interment Edmonton Sty	
15. Date of intended Interment and 81197 F	
Fla Luate 7 Bio, Undertak	er
Date of Certificate ANAThy Residence	CI.
J177.	MINING.
	·····

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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. J. Shalby Evans. 2. Sex Junals 3. Color Mais 4. Age 62 yrs. 5. Married or single Married. 6. Date of death Mrc. 9 " 1909. 7. Cause of death Euronaption 8. Duration of last illness J. J. Rodgars. M. D. Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
Ordertance a Commente in Relation to Deceased.
9. Occupation
10. Place of birth Narm, County 11. Residence Russelville, Riser 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 Dre, 11" 1909.
GERARD & GERARD. Undertaker. Date of Certificate Dic. 10"1909. Residence. Residence. RV
MAC SIN

James Evans, 1891

351
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 + A
1. Name of deceased As Quares
2. Sexplace 1. 3. Cylor Coll . 4. Age Hogse
5. Married or Single Married
6. Date of Death Nov. 2/3"/91,
7. Cause of Death Consumption
S. Duration of last Illness
R. J. Hamillow, M. D.
Residence Dowling len
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Harren County
11. Residence Ky, street. Ward No 13 24
12. Time of Residence in the City
13. When a Minor. Name of Mother
Name of Father
14. Place of intended Interment Ornely Occurrent
15. Date of intended Interment Color, 24 19
Data & Consider to April 213/91 P. 11
Date of Certificate 15 25/9/. Residence 1 2019

John Evans, 1898

1108	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 John Swarr	
2. Sexmall. 3. Color Black. 4. Age	
5. Married or single Married	100
6. Date of death March 3 1838	
7. Cause of death Crumonia	
8. Duration of last illness /2 days	
7m. 5 Tom W Stone, M. D.	
Residence 10th St.	
THE PROPERTY OF PRICE AND PROPERTY OF PROP	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Teacher	
10. Place of birth Binningham Celabame	
11. Residence Sky Start 13th 14th Ward No. 3	
12. Time of residence in the City 5 years	
) Name of Mother	
13. When a minor Name of Father	
14. Place of intended interment My horish	
15. Date of intended interment March 10 1884	
2H, Parylace, Undertaker.	
Date of Certificate Residence	

C. A. Everhart, 1900

7/1/20 63
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
NAME OF THE OFFICE AND ADDRESS OF THE PROPERTY
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased & A. Everhant
5. Married or single warning 4. Age Soft
6. Date of death Saw - 13 - 1700
7. Cause of death The wardent to best age
8. Duration of last illness 7.3.9V. Duration of last illness M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Ohio
11. Residence Collige St. Ward No.
12. Time of residence in the City) Name of Mother
13. When a minor Name of Mother Name of Father
14. Place of intended interment Tacrocia 6.
15. Date of intended interment August Hindertaker
Date of Certificate Residence

Charles A. Everhart, 1907

	+ 4 Parts of the reduced state from a Health, the American Public Routh Association, and the American Association as the theory
	(ORIGINAL) TRANSIT PERMIT No.
	alload.
	TRANSPORTATION OF CORPSE
	Colorado State Board of Health
	(Applications) with our wide changes of constitution of the management of the property of the constitution
4	Name of Deceased Charles a Every Last Date of Death fiely 20 - 1907
	Name of Deceased (If a minor, give parents' name also.) Hour of Death M. Age S. Years Manths Days
	Place of Death Derwer Cause of Death Tobar Onegen oria
	which is a New communicable disease and must be shipped under Rule. I hereby certify that the above is true to the best of my knowledge and belief.
	M. H. Vaylor M. D. or Coroner
	Residence DEUVER County of DEVER State Colo
	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 (My Township.) of News County of Dewer
*	State of Colo on the of day of FELY 100/ Permission is hereby given 17th M Rjel holder of Embalmers' Permit No. 283
10	to remove for burial de Bowling Green of gin the Country of
*	State of Europe Server State of Color
	on the HO day of Heby 1907 Aged 59 Years Months Days
	and bereby 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
	I Hereby Certify that the accompanying dead body of Charles and Elisthast
	Consigned to III. Errobart City of Bowling Transma country of
	State of Thy and who died of Lober President of prepared by me strictly in accordance
	with Rule 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 cetter that I hald an Embauners' Permit (No. 275) issued by said State
4	The state of the s
	Board. AMA for Halley & Pollins Shipping Undertaker.
	As a second
	Residence Natural Polo
	PASTER Transit Permit No
T	Station Baggageman must enter hereon a description of the ticket, the exact route and VIA WHAT HUNCTIONAL POINTS THE TICKET READS, which is held by the passen-
	WHAT MINCTIONAL POINTS THE TICKET READS, which is held by the passen-
	SPECIAL INSTRUCTIONS A putal case containing a corpse must not be served for transportation unless the person in charge of the remains presents a certificate of the attending paysician or coroner a permit from the Bose of Health and an Undertaker's Certificate that the body has been proposed for burial according to the law or the state. Neither will is 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.
	Agents will detach the Certificate and this paster at the perforation and tack them securely on the end of the box before shipping.
	From Decert Colo la Bowling Green side of The
	No. of Ticket of Escort Form To. of Ticket of Escort
ě	No. of Corpse Ticket Form No. of Corpse Ticket R R Ta
	Via
	Via R. R. To
	Via R. R. To

Marguerite Everhart, 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 Marguerith Freshort Sex funadle 3. Color or hier. 4. Age 827 Married or single midan
2.	Sex finales 3. Color or hier. 4. Age 827
5.	Married or single midau
6.	Date of death May L 1505
	Cause of death Fradlum Hip
8.	Duration of last illness
	Albartweight , M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth
	Residence Pollige Ward No,
12.	Time of residence in the City.
13.	When a minor \(\begin{aligned} \text{Name of Mother } \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Name of Father
14.	Place of intended interment farview 24 1305
15.	Date of intended interment
	Walrey Undertaker.
Date	of Certificate . Residence
111111111	

Infant of Amanda Ewing, 1893

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	lel
RETURN OF A LEATH.	*
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Infut of Amunda Ening	
2. Sex grac 3. Color Mac 4. Age	
5. Married or single 6. Date of Death Quy 25 1893	
7. Cause of Death Malute 18 with	5/
8. Duration of last Illness , M. I).
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Col	-15
11. Residence Colly State. Ward No. 2	
12. Time of Residence in the City Name of Mother Angel English N	***
Name of Father Chan	
14. Place of intended Interment Mr Monas	
15. Date of intended Interment Quy 6 - 1893, Undertake	 r.
Date of Certificate Residence	

Eva Ewing, 1891

3 3 8 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	le.
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Eva Dwing.	
2. Sextlewall 3. Color Bl 4 Age 6 yrs 5. Married or Single July 1	
6. Date of Death Sept. 026/9/ 7. Cause of Death Syfahaia Fauca	
8. Duration of last Illness The Anna March M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Oily	
11. Residence Manu shout. Ward No. 9 24 12. Time of Residence in the City.	
13. When a Minor. Name of Mother faile Curry	
14. Place of intended Interment 1. Moriah lew	/
Date of Certificate	

Henry Ewing, 1897

118
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Henry Ewing
2. Sexmale. 3. Color white. 4. Age 43 year
5. Married or single married
6. Date of Death Jan 2 1837
7. Cause of Death Cancerfation
8. Duration of last Illness Served year. We doctor in town. Was here only
A few days. M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Farm
10. Place of Birth Wanner Courty
11. Residence 1 The St. Ward No.
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Faire Country
15. Date of intended Interment
Part Paga, Undertaker.
Date of Certificate

Henry Ewing, 1905

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	0/- 8.
	Name of deceased thiny China
	Sexmale 3. Color While 4. Age 38 you
	Married or single married
	Date of death Chu un 18 19 Cause of death In Mana aw Storm & Bowells.
8.	Duration of last illness Survey Marke
	The state of the Man
	f. O. Verreroom, M. D.
	Residence , M. D.
	f. O. Verreroom, M. D.
	f. O. Verreroom, M. D.
	Residence
9.	Residence
10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Burring
10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Ward No,
10. i1.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Ward No, Time of residence in the City.
10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Ward No, Time of residence in the City. Name of Mother When a minor
10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Ward No, Time of residence in the City. When a minor Name of Mother Name of Father
10. 11. 12. 13.	Cocupation Place of birth Residence Ward No, Time of residence in the City. Name of Mother Name of Father Place of intended interment
10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Ward No, Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Date of intended interment
10. 11. 12. 13.	Cocupation Place of birth Residence Ward No, Time of residence in the City. Name of Mother Name of Father Place of intended interment

Jane Barnett Ewing, 1881

This Constitutes ONE CERTIFICATE to be recu	sa BURIAL PERMIT
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREI	PARATORY TO BURIAL.
1. Name of Deceased Jan Ba	huy cund
1. Name of Deceased Jan 180 2. Sex Jemah . 3. Color PM 5. Married or Single It id ow	6 . 4. Age 8 5 Jean
5. Married or Single Willow	C.
6. Date of Death Quy 19-18	
7. Cause of Death General An	
8. Duration of last Illness Six Mo	E. Lownsend M. D.
	.G. Kowacian M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN F	RELATION TO DECEASED.
9. Occupation	<u> </u>
9. Occupation 10 Place of Birth Harrin Cru 11. Residence Summer St	
	Ward No 7
12. Time of Residence in the City	
13. When a Minor \{ Name of Mother	
Name of Father	: G. t
14. Place of intended Interment Tour	19th 1881
15. Date of intended Interment Cluf	blerand, Undertaker.
Date of Certificate Quy 19 81.	Residence
Date of Certificate Confession	
ANTONIO CONTROL CONTRO	Democrat Job Print

Jennie Ewing, 1896

15/1 0
This Constitutes One Certificate to 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 Junie Ewing 2. Sexfericle 3. Color white 4. Age 37 yrs. 5. Married or single Single
2. Sexferiale. 3. Color white. 4. Age 37 yrs.
5. Married or single Single
6. Date of Death October 2,2 = 1854
7. Cause of Death Consumplish
8. Duration of last Illness
S & PM D., M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Warner County
11. Residence Por High w 11th St. Ward No.
12. Time of Residence in the City Year
Name of Mother
Name of Father
14. Place of intended Interment Fairview Cen
15. Date of intended Interment Lotolo 24 1896
Enthu & Fayne, Undertaker.
Date of Certificate Residence

Mrs. John Ewing, 1904

	This Constitutes One Certificate to be Returned to the CI	
	RETURN OF A	DLATT.
		- PURILL
	PHYSICIAN'S CERTIFICATE PREPARATOR	RY 10 BURIAL,
1 N	ma John En	ung
1. N 2. S	James deceased Color Blk	4. Age 32 yes
5. M	Married or single Married.	• •
6. I	Date of death Jay, 15"19"4	
7. 0	Name of deceased Mas John Englands Color Blk Married or single Married. Date of death Lobar Puramorus Duration of last illness	
8. I		
	JATT EUGEN	, M. D.
P.A.	1 et el	
iekl	Residence	
iekl	Residence	
iekl	Residence	
iekl	Residence UNDERTAKER'S CERTIFICATE IN RELATION	
	Residence	ON TO DECEASED.
	Residence	ON TO DECEASED.
	Residence	ON TO DECEASED.
9. (10. 1 11. 1	Residence	N TO DECEASED. Ward No,
9. 0 10. 1 11. 1 12. '	Occupation Place of birth Daniesses Residence Clay St. Time of residence in the City. (Name of Mother	N TO DECEASED. Ward No,
9. 0 10. 1 11. 1 12. '	UNDERTAKER'S CERTIFICATE IN RELATION Occupation Place of birth Democrates Residence blay St. Time of residence in the City.	N TO DECEASED. Ward No,
9. 0 10. 1 11. 1 12. '	UNDERTAKER'S CERTIFICATE IN RELATION Occupation Place of birth Demander Residence blay St. Time of residence in the City. When a minor Name of Mother Name of Father Mother Place of intended interment	N TO DECEASED. Ward No,
9. 0 10. 1 11. 1 12. '	UNDERTAKER'S CERTIFICATE IN RELATION Occupation Place of birth December . Residence Colony St. Time of residence in the City. When a minor Name of Mother Name of Father	N TO DECEASED. Ward No,
9. 0 10. 1 11. 1 12. '	UNDERTAKER'S CERTIFICATE IN RELATION Occupation Place of birth Demander Residence blay St. Time of residence in the City. When a minor Name of Mother Name of Father Mother Place of intended interment	N TO DECEASED. Ward No,
9. 0 10. 1 11. 1 12. '	UNDERTAKER'S CERTIFICATE IN RELATION Occupation Place of birth Demander Residence blay St. Time of residence in the City. When a minor Name of Mother Name of Father Mother Place of intended interment	N TO DECEASED. Ward No,

Mrs. Kate Ewing, 1911

*	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mrs Kute Enring
1.	Name of deceased
2.	Sexthemale 3. Color While 4. Age 66 yrs.
5.	Married or Single FEB 2 3 1911
6.	Date of death
7.	Cause of death Il from Interstitual y Min
8.	Duration of last illness
	Residence Barolinghum.
	Residence 15 Bull May Million
	Undertaker's Certificate in Relation to Deceased.
	11 Rilia
9.	Occupation Honor Marhvilla Terra. Place of birth Jarhvilla Jerra.
10.	Caldery Att Constant N
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 Nashvilla Janu.
15.	Date of intended interment Huby, 25 4, 194/.
	GERARD & GERARD TILL
Date	e of Certificate FEB 2 3 1911 Residence Residence

Mary S. Ewing, 1909

#6045	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 Mary & Coving	
1. Name of deceased / Auy & Covering 2. Sex Lucale 3. Color White . 4. Age 60 year	7)
5. Married or Single Hulan	
6. Date of death March, 30 1909	
7. Cause of death Camplication	
8. Duration of last illness	
Mary , M. B.	
Residence Family June Cy	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation & Kanada Carlas	
10. Place of birth	
11. Residence Rockway Ward No.	
12. Time of residence in the city	
13. When a minor { Name of Mother	
(Name of Father - Conselates	
14. Place of intended interment William State 19	
15. Date of intended interment GERARD & GERARD, Undertaker	
Date of Certificate March 30-09 Residence	
Residence	

Sallie Ewing, 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Salli Emris
2.	Name of deceased Jallie Expression Sex Hamalar 3 Color BUN. 4. Age 43 yes.
5.	Married or Single Willow
6.	Date of death Saft. 13"1911.
7.	Cause of death Albumenuria
8.	Duration of last illness-
	MEABANGS, M.D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth BOWLING GREEN, KY.
11.	Residence 100 adams & WLING GREEN. Ward No.
12.	Time of residence in the city
13.	When a minor { Name of Mother
10.	Name of Father
14.	Place of intended interment
15.	Date of intended interment Shift. 13" 1911.
	GERARD & GERARD. Undertaker.
Dat	e of Certificate BOWLING GREEN, LY

Sarah J. Ewing, 1907

	76
т	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	2
1.	Name of deceased wash & Sweet Since
2.	Sex finale 3. Color White 4. Age 10 Eye
5.	Married or single
6.	Date of death
7.	Cause of death Dysentery.
8.	Duration of last illness 2 weeke -
	M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Court of the state of the sta
11.	Residence Callege It Children Moure Ward No.
12.	Time of residence in the city
13.	When a minor Name of mother Yandla Ewings
	Name of father Sum Summer
14.	Place of intended interment
15.	Date of intended interment
V1227	Cathfawley Com Undertaker.
Da	te of Certificate

Wilkins Ewing, 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased William Evin
2.	Sex Male 3. Color B 3. 4. Age / year
5.	Married or Single Single
6.	Date of Death Sept 20 12/882
7.	Cause of Death Chalum Infantum
	Duration of last Illness Trulne Leng
	Dom J. Vhierrica M.D.
	Residence Browling Green 164
	nesmence of mining spelling of
I	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation .
0.	Place of Birth Byun
1.	Residence Mucanic Stul . Ward No 3 -
2.	Time of Residence in the City
	(Name of Mother Harret Ewing
3.	When a Minor Name of Mother Hamt Ewing Name of Father Ham
4.	Place of intended Interment Col Court
	Date of intended Interment LIT212/882
	Fles Undertaker.
Da	te of Certificate DIA 25 1-9 1- Residence
1200	nesmence.
	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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased // // Eggle 8 2. Sex ///4le 3. Color // Mile 4. Age 76 5. Married or single // 6 6. Date of death // 7
7. Cause of death Paraly 2 8. Duration of last illness 6 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8. Duration of last illness WFC or Longth M. D.
Residence V. A.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Val 11. Residence Bowling June Ward No.
11. Residence Ward No. Ward No.
12. Time of residence in the city
12. Time of residence in the city Name of mother
12. Time of residence in the city 13. When a minor Name of mother. Name of father.
12. Time of residence in the city 13. When a minor Name of mother. Name of father. 14. Place of intended interment.
12. Time of residence in the city 13. When a minor Name of mother. Name of father. 14. Place of intended interment. 15. Date of intended interment. 16. Paynettife Undertaker.
12. Time of residence in the city 13. When a minor Name of mother. Name of father. 14. Place of intended interment. 15. Date of intended interment. 16. Place of intended interment. 17. Place of intended interment. 18. Place of intended interment. 19. Place of intended interment. 19. Place of intended interment.
12. Time of residence in the city 13. When a minor Name of mother. Name of father. 14. Place of intended interment. 15. Date of intended interment. 16. Paynettife Undertaker.