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1877

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George W. Farley, 1898

1/87
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
l-Ht le
2. Sex Mall. 3 Color Mills. 4. Age 35 yes.
5. Married or single Single
6. Date of death September, 30" 1898,
7. Cause of death y photo Five.
8. Duration of last illness L.E. Muddle , M. D.
Residence
INNERTOWERS CERTIFICATE IN RELOTION TO RECERCES
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Bowling Tuess Sty,
11. Residence # Shad . Ward No. 2
) Name of Mother
Name of Father
14. Place of intended interment And Statement Community 15. Date of intended interment October 1" 1898"
15. Date of intended interment of the first
Date of Certificate Sep 30"98. Residence

Johanah Farley, 1900

36	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 fis to hauan Farley. 2. Sex Francoln 3. Color White . 4. Age 67,	
5. Married or single fidou. 6. Date of death April 27/1900. 7. Cause of death Brights decessara	
8. Duration of last illness H. A. Francesces , M. D.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation for which of the state of birth state of the state of th	
12. Time of residence in the City Name of Mother Name of Father	
14. Place of intended interment Stylphs Countries 15. Date of intended interment Sp. 28/900, Sugard Thursel, Undertaker.	
Date of Certificate 990. Residence	

Child of W. H. Farley, 1896

Out of town = 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 Child of A. St. Farley
2. Sex Male. 3. Color White. 4. Age 9 mil. 5. Married or single single
6. Date of Death July 13/96.
7. Cause of Death Oblera Infaulum
8. Duration of last Illness Shree on 4 Wink's
W. A. Youncio, M. D.
Residence Dulling Grzenz
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Louiswill Sty
11. Residence 4 th Street . Ward No. 2 28
12. Time of Residence in the City
13. When a Minor Name of Mother Llad. Name of Father Holling
14. Place of intended Interment Louis will sty
15. Date of intended Interment July 14/96. 4. C. Lucard H. G., Undertaker.
Date of Certificate July 13/96. Residence City

John Farrell, 1912

4-1
₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
1311
Physician's Certificate Preparatory to Burial.
John Farrell
1. Name of deceased the Sthile 17 W12
2. Sex Marian 4. Age 47 12.
5. Married or Single 1912.
1. Name of deceased form Farrell. 2. Sex Male 3. Color White 4. Age 47 yrs. 5. Married or Single Married. 6. Date of death Dru, 19" 1912. 7. Cause of death Drupsy, as four Vital Statistics
8. Duration of last illness Cugning of Grand Finand Director
Residence *OWLING GREEN. KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence 61, Paso, Juxas. Ward No.
12. Time of residence in the city
(Name of Mother
13. When a minor Name of Father Cemetery
14. Place of intended interment
15. Date of intended interment
GERARD & GERARD. Undertaker.
Date of Certificate Residence

Warren County, Kentucky Death Records, Box 2, Folder 2 (F)

John Farrell, 1912

This Certificate and the Shipping Paster below must be detached at this perforation and securely tacked or pasted on the end of the Coffin Box. CERTIFICATE OF UNDERTAKER. I hereby certify that the accompanying dead body of	P
I hereby certify that the accompanying dead body of	
consigned to Bowling Green in the County of Farren of Kontucky and who died of Dropsy has been prepared by me, strictly in accordance with Rule 12 of the Toxse 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 Embalmer's Permit (No. 337) issued by said Toxas. Board Feek Undertaking Sopping Undertaker. Residence 1 Pago, Toxas. Station Baggagemen 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 corporar, a permit from the Board of Health and an Undertaker's Certificate descaping from the case. Ascats will detach the Certificate and this paster at the perforation, and tack them securely on the end of the box before shipping. From El Pago, Toxas. to Bowling Green, of Kentucky. No. of Ticket of Escort # 6304 Form No. of Ticket of Escort # 5 200	
consigned to Howling Green in the County of Tarron of Kontucky and who died of Dropsy has been prepared by me, strictly in accordance with Rule. 12 of the Torse 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 Embalmer's Permit (No. 337) issued by said Torses. Board. (SEAL) PASTER TRANSIT PERMIT NO. Station Baggagemen 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 presents a certificate of the attending physician or exponent as a permit from the Board of Health and an Undertaker's Certificate that the body has been prepared for burnial according to the law of the sain Neither with the case. Agents will detach the Certificate and this paster at the perforation and tack them securely on the end of the standing forms. El Paso, Torses DateRes Jan, 1st , 1913 From El Paso, Torses form No. of Ticket of Escort. # S. 200	
of Kontucky and who died of Dropsy has been prepared by me, strictly in accordance with Rule 12 of the Toxse 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 Embalmer's Permit (No. 337) issued by said Toxas. Board Board Of Peak Undertaking Scipping Undertaker. Residence 1 Paro, Texas. (SEAL) PASTED TRANSIT PERMIT NO. Station Baggagemen 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 rainains presents a certificate of the attending physician or corpose, a permit from the Board of Health and an Undertaker's Certificate that the body has been prepared to burial according to the law of the state. Netther will it be received in an an Undertaker's Certificate escaping from the case. Agents will detach the Certificate and this paster at the perforation, and tack them securely on the end of the back before shipping. El Paso, Texas. DateRes. Jan. 1st , 1913. From El Paso, Texas. to Bowling Green, of Kentucky No. of Ticket of Escort. # S. 200.	
Railway and in conformity with said Rule as printed on the back of this permit, and I further certify that I hold an Embalmer's Permit (No. 337	
Railway and in conformity with said Rule as printed on the back of this permit, and I further certify that I hold an Embalmer's Permit (No. 337	100
I hold an Embalmer's Permit (No. 337	
(SEAL) PASTER TRANSIT PERMIT NO. Station Baggagemen 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 edges 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. FI Paso, Texas. to Bowling Green, of Kentucky No. of Ticket of Escort. # 6304 Form No. of Ticket of Escort. # 5.200	
(SEAL) PASTER TRANSIT PERMIT NO. Station Baggagemen 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 buriat 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. FI Paso, Texas. to Bowling Green, of Kentucky No. of Ticket of Escort. # 5.200.	
(SEAL) PASTER TRANSIT PERMIT NO Station Baggagemen 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 buriat case containing a corps must not be received for transportation unless the person in charge of the remains presents a certificate of the attending physician or coroner, as permit from the Board of Health and an Undertaker's Certificate that the body has been prepared for buriat according to the law of the state. Neither will it be received it 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. El Paso, Texas. DateRNE. Jan. 1st., 1013 From El Paso, Texas. To Bowling Green, of Kentucky No. of Ticket of Escort. # S. 200.	
Station Baggagemen 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 tack them securely on the end of the box before shipping. El Paso, Texas. DateRES. Jan. 1st., 1013 From El Paso, Texas. To Bowling Green, of Kentucky No. of Ticket of Escort. # S. 200.	
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 escaping from the beauty presents and according to the law of the stark. Neither will it be received if any fluids or offensive odors are escaping from the ease. Agents will detach the Certificate and this paster at the perforation, and tack them securely on the end of the box before shipping. El Paso, Texas. DateEng. Jan. lat., 1013 From El Paso, Texas.to Bowling Green, of Kentucky No. of Ticket of Escort. # 6.304. Form No. of Ticket of Escort. # 8.200.	
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 coroller, 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 the received it any fluids or offensive odlers 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. El Paso, Texas. DateRME, Jan, let , 1013 From El Paso, Texas.to Bowling Green, of Kentucky No. of Ticket of Escort. # 6.304 Form No. of Ticket of Escort. # 5.200	
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 Roard of Health and an Undertaker's Certificate that the body has been prepared for burial according to the law of the stark. Neither will it be received if any fluids or offensive olders are excepted 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. El Paso, Texas. DateREE, Jan, let , 1013 From El Paso, Texas.to Bowling Green, of Kentucky No. of Ticket of Escort. # 6.304 Form No. of Ticket of Escort. # 5.200	
El Paso, Texas. to Bowling Green,	
From El Paso, Texas.to Bowling Green, of Kentucky No. of Ticket of Escort # 6304 Form No. of Ticket of Escort # 200	
No. of Ticket of Escort. # 6304 Form No. of Ticket of Escort. # 5 200	
No. of Ticket of Escort. # 6304 Form No. of Ticket of Escort. # 5 200	
Vidalv, Harr & San Antonio R. R. To Houston	
Via Texas & New Orleans R. R. To Sabine Biver	
Volgans Louisiana & Texas & S. R. R.Co To. New Orleans.	
Via	
ViaLouisville & Neshville R. R. To Bowling Green, Ken,	
No. of Passenger in charge Las John Farrell Place of Residence 12 Pace, Texas.	
Signed A Pobinson Station B. M.	
SEE RULES AND INSTRUCTIONS ON THE OTHER SIDE.	

Josephine Fayne, 1907

5-1
This Constitutes One Certificate to be Retu. ded to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mus Josephery, Jayres. 2. Sextunals 3, Color 4. Age 5. Married or single Midson 6. Date of death Aug, 27"19"7 7. Cause of death & Of Thalunie Kaile.
7. Cause of death 2. Martine 2. M. D. M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence welly of 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 duy 30" 1907 15. Date of intended interment duy 30" 1907
Date of Certificate Aug 30" 1907 Residence BOWLING GREEN, IN

Warren County, Kentucky Death Records, Box 2, Folder 2 (F)

Josephine Fayne, 1907

TRA	NSPORTATIO	N CERTI	IFICAT	E.	
	HEALTH DE	PARTMENT			
	CITY C	F SAN ANTON	NIO,	2.27	190.
Permission is hereb	by granted to transport the	he body of	2		80
A. A. A. W.	Sex 27	Age	e 17	116	Pas
Nativity	Cause of Death	6,47	Years	Months	Days
Attending Physician or Co	roner 17.13	Neural.	M_{\odot}	9	
Residence of Physician or	Coroner	2	Jan.	2	
Died at San Antonio, Texas	, on the	day of		+	190
Destination	Carlo Description	19 1	7	- 100	
Shipped by			, Undertaker	, in an air-tig	ht Caske
It is hereby certifie	d that deceased died from	n non-contagious	disease.		

T. J. Fayne, 1896

6
This Constitutes One Certificate to be Retu. ed to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased I. J. Fayur 2. Sex Male 3. Color White 4 Age of Frath. 5. Married or single Has married at the time of his death 6. Date of death Strart Drases. 7. Cause of death Strart Drases.
6. Date of death Strast Drasss. 7. Cause of death Strast Drasss.
8. Duration of last illness G.J. Javan, Residence ROWLING GREEN, IV.
Undertaker's Certificate in Relation to Deceased.
Place of birth Ward No. — Ward No. — Ward No. —
13. When a minor Name of mother Name of father
14. Place of intended interment Syst. 13"1907.
Date of Certificate Sep. 13"07. My flay was Remains were disnitured at book Dichard by, on Sept 11"07. Were brought to Bowling Germ and Burned by the side of his Wife in Famourant Connatury, See H.

Sidney W. Faxon, 1911

	RETURN OF A DEATH.
	962
	Physician's Certificate Preparatory to Burial.
	5, Taxon
	Name of deceased drug W Factor
2.	Sex Male. 3. Color Whate. 4. Age 4/
5.	Married or Single
6.	Date of death
7.	Cause of death Julius Dany Tuberculoses
8.	Duration of last illness
	Of Hesey DO, M.D.
	Residence Bowling Green by
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Gracing Store
10.	Place of birth Bauly Drew Ky
11.	P 1 + ~
12.	Time of residence in the city
13.	When a minor \{ Name of Mother
	(Name of Father
14.	Place of intended interment Tayyelv Cun
15.	Date of intended interment
	Undertaker.
	e of Certificate Residence
Dat	

G. W. Felts, 1907

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 It Into Italian 1. Sex Male 3. Color White 4. Age 16. yrs. 5. Married or single Married. 6. Date of death Mar 30" 1907. 7. Cause of death Preumonia
8. Duration of last illness B. Rutherford M. D.
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Logan Conjuty 11. Residence Adams and I will St. Ward No. 12. Time of residence in the city
9. Occupation 10. Place of birth for all long a
9. Occupation 10. Place of birth forgant length of 11. Residence Adams and In the St. Ward No. 12. Time of residence in the city Name of mother
9. Occupation 10. Place of birth for any least of the state of the city ward No. 11. Residence Adams and I will 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 april 1907 15. Date of intended interment april 1907
9. Occupation 10. Place of birth fram learn lea
9. Occupation 10. Place of birth fram Conjust 11. Residence adams and with \$1. 12. Time of residence in the city 13. When a minor Name of mother Name of father. 14. Place of intended interment Fanness Cemelery 15. Date of intended interment GERARD & GERARD. Undertaker.
9. Occupation 10. Place of birth fram Conjust 11. Residence adams and with \$1. 12. Time of residence in the city 13. When a minor Name of mother Name of father. 14. Place of intended interment Fanness Cemelery 15. Date of intended interment GERARD & GERARD. Undertaker.

Murry Felts, 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.
	Jame of decoased Murry Helte Jex Malr 3. Color White 4. Age 15 Mis. Jarried or single Single 1111 2 - 1906
1. N	Tame of decoased fully state of the state of
2. S	ex Single 4. Age
5. M	farried or single
6. I 7. C	Parried or single Dul 2 - 1906 Onte of death July Colitie Cause of death July Colities
8. I	Duration of last illness
	Rowling Green, KY
	Residence ROWLING GREEN, KY
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTARERS CERTIFICATE IN RELATION TO DECEMBED.
9. (Occupation
10.	Place of birth BOWLING GREEN, KY
11. 1	Residence Woodford DV BOWLING OREEN, KY Ward No.
12.	Place of birth Residence Woodford St BOWLING PREEN, W Ward No, Fime of residence in the City. Name of Mother Name of Father Name of Father
13.	When a minor Name of Mother
	Place of intended interment Fairbire, Community
14.	Place of intended interment 225 - 1906
15.	Date of intended intermentJUL 3-1906
Date	GERARD & GERARD. , Undertaker. of Certificate JUL 2 - 1906 . Residence ROWLING GREEN, KY
THE RESERVE OF THE PERSON NAMED IN	

William H. Felts, 1907

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.
11 1/11/1
1. Name of deceased Am At. Hulls
1. Name of deceased 2. Sex Male 3. Color White 4. Age Joyce 5. Married or single 111 12 1007
5. Married or single Maurie
6. Date of death JUL 13 1907
7. Cause of death Classification of the control of
8. Duration of last illness.
O. D. Novelle M. D.
Residence William Hay
Undertaker's Certificate in Relation to Deceased.
9. Occupation Logar Co. 10. Place of birth Logar St.
9. Occupation Logan Co. 10. Place of birth Logan St. 11. Residence Wood foul St. Ward No.
9. Occupation 10. Place of birth Logan 66. 11. Residence Worldford St. 12. Time of residence in the city 20 yes.
9. Occupation 10. Place of birth for work of the city. 11. Residence work of the city. 12. Time of residence in the city. Name of mother Name of father.
9. Occupation 10. Place of birth for work of the city. 11. Residence work of the city. 12. Time of residence in the city. Name of mother Name of father.
9. Occupation 10. Place of birth for work of the city. 11. Residence work of the city. 12. Time of residence in the city. Name of mother Name of father.
9. Occupation 10. Place of birth for the city of the c
9. Occupation 10. Place of birth for factorial St. 11. Residence workford St. 12. Time of residence in the city 20 yrs. 13. When a minor Name of mother Name of father. 14. Place of intended interment Squiview Cemelery 15. Date of intended interment Sury 14" 07.
9. Occupation 10. Place of birth for factors of the city of the c
9. Occupation 10. Place of birth for factors of the city of the c
9. Occupation 10. Place of birth for factors of the city of the c

John H Fenwick 1905

4 1/2	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased John & Fruncisco Sex Male 3. Color Phile 4. Age 53
2.	Sex Male 3. Color While 4. Age 53
5.	Married or Single Maurisl
6.	Date of death Sift. 13"05
7.	Cause of death Consumption
8.	Duration of last illness
	D. O. Trudelle , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
9. 10.	Occupation
10.	Occupation Place of birth
10. 11.	Occupation Place of birth Residence Church St. Ward No. 3.
10. 11. 12.	Occupation Place of birth Residence Church St. Ward No. 3. Time of residence in the city. When a minor Name of Mother.
10. 11. 12.	Occupation Place of birth Residence Church St. Ward No. 3. Time of residence in the city. When a minor Name of Mother Name of Father
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Church St. Ward No. 3. Time of residence in the city. When a minor Name of Mother Name of Father Place of intended interment St. Justiplus Corcustury

Agnes Ferrell 1906

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
1. 2. 5. 6. 7. 8.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of deceased Agrees, Figurally Sex Fundly 3. Color thirt 4. Age 6 Min. Married or single fund, W"06. Cause of death Internegation Duration of last illness H. D. Caulwight M. D. Residence BOWLING GREEN, KY
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth BOWLING GREEN, KY Residence Haus St BOWLING GREEN, KY Ward No.
11.	/ //*
12.	Time of residence in the City. 6 Mo.
13.	When a minor Name of Mother Wing Huntla family Name of Father Place of intended interment JUN 22 1906 Date of intended interment
14.	Place of intended interment fauvinic larming
15.	Date of intended interment
	GERARD & GERARD, Undertaker.
Date	e of Certificate JUN 22 1906 . Residence BOWLING GREEN, KY
71111111	

Ira J. Ferrell 1908

#546. = 13-1 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. Namo of deceased Ina J. Firmell 2. Sex Firmall 3. Color White 4. Age 9 yro. 5. Married or single Single
5. Married or single full 5" 1908.
7. Cause of death Dip himma
8. Duration of last illness & Samuel, Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Bowling Gran Hy 11. Residence Enuss, Jakos Ward No.
11. Residence Enuis, Juxas Ward No.
12. Time of residence in the city Mus amin fashin, furrell
13. When a minor Name of father June Cemelery
14. Trace of interlact interment
Date of Certificate GERARD & GERARD. Undertaker. BOWLING GREEN. KY Residence

Warren County, Kentucky Death Records, Box 2, Folder 2 (F)

Ira J Ferrell

This Certin. 1 the Shipping Paster be	low must be detached at this	a and securely tacked or po	asted on the end of the Co. 3ox.	19
CE	RTIFICATE OF U	NDERTAKER		
I hereby certify that the accom	panying dead body of	re Era! de	elms. In . F	Farrel
Consigned to Bow len Gre		(If a minor, give	State of State of	an
and who died of Dup ther				with
Rules of the Department of Public H	ealth and Vital Statistics f	or transportation by R	ailway and in conformity	with
said rules as printed on the back of t	his permit.	m -		
ets and felfal attaineral find 2	cultural at manager 4	1 aves	Shipping Undert	aker.
Embalmer's Permit No. 223	Reside		a de la	Latt.
all the depth of the analysis of the depth of the	y salatan si valanzas. Jo	Town	aloistag a va bagrang cons se	politic
[SEAL] SEAL]	PASTE	R Trans	it Permit No. (Give Station	No.1
despoid in Venturia and part and the Sta	tion Baggagemen must en	ter hereon a descriptio	MR DESCRIPTION OF DESCRIPTION AND AND	BOSSES .
	VIA WHAT JUNCTION passenger in charge of the		ET READS, which is hel	ld by
SPECIAL INSTRUCTIONS A hurfal case conta	ining a cornse must not be received	for transportation unless the r	person in charge of the remains pre	esents
a Certificate of the attending physician or corone burial according to the law of the State. Neithe	r will it be received if any fluids or o	fensive odors are escaping fro	om the case.	Biolis Strop
Sales of Control of the section of	B Date !	1 8		American Inches
From Williams	to Cours	State	of Experience War	55
No. of Ticket of Escort	9	No. of Ticket of Escort	e 00 20 45	55
Via J. W.	R.R. To	Elacuson	ersen may in line	ORD
Via LeBiga	R.R. To	Rajer Co	aks	raids.
Via III In The	R.R. To	dage yo	<i>Y</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Via Milimpires On	rage R.R. To	Bangin	plus,	
Via Ja Za Za Com	R.R. To	Morning	For July 6	2_
Name of Passenger in charge	Jun Jan	Residence	a v	ex
	Signed	again.	Station	B.M.
				9
	The state of the s	A CONTRACTOR OF THE PARTY OF TH		

Lee Ferrell 1912

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.
La Harrell.
1. Name of deceased Liv. Furrell 2. Sex Married or single Single 5. Married or single Mars 6"1917
2. Sex 3. Color 4. Age 4. Age
5. Married or single Man h "191"
6. Date of death Al hundicities as to the Statistics
7. Cause of death of pour court, was some
8. Duration of last illness Of Guard, Junual Khurchor M. D. Residence Barrling Guard, Sg.
- Bowling Gran, St.
Residence
Undertaker's Certificate in Relation to Deceased.
O. Ossanotion
9. Occupation 10. Place of birth Junissia Junis Word No.
10. Place of birth Mushvilla Janus, Ward No.
12. Time of residence in the city
13. When a minor Name of mother Name of father
14. Place of intended interment of airwism Samaling
15. Date of intended interment War, 7" 191"
GERARD & GERARD Undertaker.
Date of Certificate May 1 1912 Residence Colly

Child of Sandy & Allice Ferrell 1896

866
This Constitutes One Certificate to be Return to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Child of Sandy Funce. 2. Sex Male. 3. Color Bld . 4. Age 22 min
5. Married or single Suight
6. Date of Death Madr 26/96
7. Cause of Death Pullunia
8. Duration of last Illness OD, Portlet, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Lity, 11. Residence Many Auch. Ward No. 4 Th
13. When a Minor Name of Mother Allice Funce Name of Father Saugh Funce Name of Father Funce Name of Fath
14. Place of intended Interment MA Morrish Coursell 15. Date of intended Interment May 17/96 F. Suand M. Doo, Undertaker.
Date of Certificate Man 26/16 Residence

W. F. Ferrell 1907

5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness Cavary 1 2 Wanneack D Residence Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth 11. Residence 12. 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	16
Physician's Certificate Preparatory to Burial. 1. Name of deceased N. T. Turvell 2. Sex Mall 3. Color White 4. Age 67pm 5. Married or single 4. Age 67pm 6. Date of death 7. Cause of death 8. Duration of last illness 8. Duration 10. Place of birth 11. Residence 12. Time of residence in the city 12. Time of residence in the city 13. When a minor 14. Name of mother 15. Date of intended interment 15. Undertaker	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
2. Sex Marcied or single 5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness 9. Occupation 10. Place of birth 11. Residence Name of mother 12. When a minor Name of father 14. Age by part of the city 15. Ward No. 16. Date of intended interment 17. Date of intended interment 18. Date of intended interment 19. Occupation 10. Place of intended interment 11. Undertaker	342
9. Occupation 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 15. Date of intended interment 16. Undertaker	2. Sex Maried or single 3. Color While 4. Age 67pm- 5. Married or single 7 1 907 6. Date of death 7 1 907 7. Cause of death 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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 15. Date of intended interment 16. Undertaker	Undertaker's Certificate in Relation to Deceased.
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 15. Date of intended interment 16. Undertaker	9. Occupation
12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment 15. Date of intended interment 16. Undertaker	
12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment 15. Date of intended interment 16. Undertaker	11. Residence Serolance /2 Ward No.
14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Undertaker	
14. Place of intended interment 15. Date of intended interment 15. Date of intended interment 15. Undertaker	13. When a minor Name of mother Name of father
Hawa, boy undertaker	1
Date of Certificate Residence	15. Date of intended interment 150 Jundertaker.
	Date of Certificate Residence

Child of William Ferrell

	The state of the s
Thi	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
7.	Name of deceased Child of Hom Furell Sex Malr 3. Color thite 4. Age 12 dayo. Married or single Single Date of death funct, 4" 1910. Cause of death for a color to Deceased. Residence Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth. BOWLING GREEN, XY.
11.	Place of birth BOWLING GREEN, XY. Residence Las fun River Bill. Ward No.
12.	This of welders in the star
13.	When a minor Name of mother Mrs. Home Fred Sinds-31-10 Name of father Mrs. Final
14.	Place of intended interment Fairnies Cometery
15.	Date of intended interment, Junt, 5" 1910
Date	GERARD & GERARD Undertaker. of Certificate funv.5"/910 Residence

Mrs. William Ferrell 1910

18
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased One William Furrell 2. Sex Sunal 3. Color White 4. Age 38 yrs. 5. Married or single Manuar 4. Age 38 yrs. 6. Date of death May 31" 1910 7. Cause of death Shood Poison Dulto ary shales 8. Duration of last illness M. Ch. Shrigge & Manuar M. D. Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
Waser Commented
10. Place of birth Revie Pike, Warren, lest 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.
15. Date of intended interment funty 1"1910.
GERARD & GERARD Undertaker. Date of Certificate 1"1910 Residence

Mattie Fields 1913

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 2. Sex Furnit 3. Color Blp 4. Age 5 49 15. 5. Married or single Manuary 6. Date of death Manuary 7. Cause of death Manuary 8. Duration of last illness Residence Burning Drum My
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth 11. Residence 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 GERARD & GERARD. Undertaker. Date of Certificate: Fully 2 1/13. Residence Owling Green, Ky.

George Finch 1892

376/- 30
This Constitutes one Certificate to be Recurred to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 , 5
1. Name of Accessed Louge Finch
2. Sex fale . 3, Color Holl 4. Age 14 mid .
5. Martied or Single Jugar
6. Date of Death [acc 18 "/92.
7. Cause of Death Herreledory Syphiles
8. Duration of last Illness fourture months It & Hamilton, M. D.
Residence Bawling Grand Ky.
Residence 75.
9. Occupation
10. Place of Birth Duly
11. Residence Ly, Stut . Ward No. 3 2
12. Time of Residence in the City
13. When a Minor. Name of Mother Office Huck
14. Place of intended Interment If Moriah been.
15. Date of intended Interment Jany 19"192
Date of Certificate 1919 Residence Undertaker.

Richard Finch 1909

21
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
RETURN GIGIT BEITH.
Physician's Certificate Preparatory to Burial.
The state of Commenter Proparation of Derivation
1. Name of deceased Kichard Fine
2. Sex male 3. Color Col 4. Age 56 300
5. Married or single married
6. Date of death (1999)
6. Date of death Culpronary Tuberculosis
8. Duration of last illness about 3 mouts
C. ZYWL- M.D.
Residence Police 15
Undertaker's Certificate in Relation to Deceased.
9. Occupation Fineral work
10. Place of birth Bowling Green
11. Residence 7 St. Ward No. 3
12. Time of residence in the city 36 720
(Name of mother Consultance Chuch
13. When a minor Name of father
14. Place of intended interment Intermedical Currety
15. Date of intended interment Using 9-1909.
J. E. Kughen La QUndertaker.
Date of Certificate Conf. 9-1909. Residence
Bowletzaus Kes Cor 7 X
Bowlingreus ky Cor 7 X Callege St. J

George Finn 1899

0 8/ 22
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Let, Finne 2. Sex March. 3. Color Ills. 4. Age 37 years 5. Married or single Manuel
6. Date of death Sept 29 49 7. Cause of death Incumonia and Inchrick-
8. Duration of last illness O. Dorler, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation ANNEY
10. Place of birth 11. Residence College St Ward No. /
12. Time of residence in the City
Name of Mother Name of Father
14. Place of intended interment JNT // LYCAN Comity
75. Date of intended interment A A Branch Grand Guard Grand Guard
Date of Certificate Start 24/9/9 Residence

Callie Fishback 1898

Outskelly 0 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 Fushback
1. Name of deceased Callie Firstach
2. Sex females 3. Color col . 4. Age 22 yrs
5. Married or single Manuel
6. Date of death
7. Cause of death Course of Course of Course of death
8. Duration of last illness 800 10 months & Theaten. M. D.
Residence Boully Ince
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
-CA
9. Occupation 10. Place of birth Wakland Ky.
12. Time of residence in the City
Name of Mother Name of Father
14. Place of intended interment Dakland /
15. Date of intended interment Spil 8-1898
Gund Plund, Undertaker.
Date of Certificate April 8 . Residence
Land of the second seco

Child of Roland & Georgina Fitch 1908

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 Child of Robord Fitch 2. Sex Founds 3. Color White 4. Age 14 Meo. 5. Married or single Single 6. Date of death Novig" 1908 7. Cause of death Elizo Coilis 8. Duration of last illness F. Casluing M. D. Residence BOWLING GREEN, KY
9. Occupation
10. Place of birth Bowling Gran Ry 11. Residence State If Ward No. 2
- David
11. IVESTUGING
11. Residence
12. Time of residence in the city 14 months Name of mother Mrs. Gangra Fitch Name of mother World Fitch
12. Time of residence in the city 14 months Name of mother Mrs. Gangra Fitch Name of mother World Fitch
12. Time of residence in the city 14 Months 13. When a minor Name of mother Voland Fitch Name of father Voland Fitch Name of intended interment Fairwire Carretary 15. Date of intended interment Nov. 10" 1908
12. Time of residence in the city 14 Months 13. When a minor Name of mother Mrs. Ganga Filch Name of father Holand Filch 14. Place of intended interment Fairwire Country
12. Time of residence in the city 14 Months 13. When a minor Name of mother Mrs. Gangla Fileh 14. Place of intended interment Mov. 10" 1908 15. Date of intended interment Mov. 10" 1908 GERARD & GERARD. Undertaker.
12. Time of residence in the city 14 Months 13. When a minor Name of mother Mrs. Gangla Filth 14. Place of intended interment Mov. 10" 1908 15. Date of intended interment Mov. 10" 1908 GERARD & GERARD. Undertaker.

Caroline M. Fitz 1910

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 deceaseds how Darwhin, M. Sith 2. Sex Fundly 3. Color Philip 4. Age Stylo. 5. Married or single fully 6. Date of death faby 14/9/0. 7. Cause of death 8. Duration of last illness M. D. Residence M. D. Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth fancovilly Ohio 11. Residence Park St. Ward No.
12. Time of residence in the city 4 /n yrs.
13. When a minor Name of mother.
14. Place of intended interment Falsy, 16/1910
15. Date of intended interment GERARD & GERAR Undertaker.
Date of Certificate That 13/1911 Residence. Moss, Fitty is the Mother of Mrs.
John, I Hove ward

Pat Fitzgerald 1894

Child of Jesse Fitzpatrick 1900

	09	6
This	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permi	ı,
	RETURN OF A DEATH.	
	www.commission.commiss	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	,
	ame of deceased Child of Jesse Fily palice	
	Sex Famaly Color Bl. 4. Age 6	
	farried or single Single	
6. I	Date of death May, 3"1900. Cause of death Miningilis	
	Duration of last illness	
0, 1	() . D. Porliz, M.	D.
	Residence	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
0	Occupation	
	Place of birth bify	
11. R	desidence Kantheky St Ward No. 2	-d
	Time of residence in the City	
	When a minor Name of Mother Sugar Frity patrice	1
13. V	Name of Father fisher frame of father fisher	To
14. I	Place of intended interment Manual 1100	N
15. I	Date of intended interment May 4" 1900,	
	Marcal Janes . Underta	ker.
Date	of Certificate 1194 Residence	
*********	*	
		adecision

Mary Fitzpatrick 1897

1077
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased has, Mary his basics 2. Sex furnale 3. Color Ithio 4. Age 80 yrb. 5. Married or single from , 6. Date of Death for, 7" 97. 7. Cause of Death large. 8. Duration of last Illness 6. Linusted, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Island.
11. Residence adams Sh. Ward No. 2 ml
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment At Josepho Gun.
15. Date of intended Interment Nov 86, 97. Lucus V Lucus, Undertaker.
Date of Certificate Chur 897. Residence
•

Elizabeth Fix 1908

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 Miss Elizabeth fix. 2. Sex Friedly 3. Color White 4. Age 13 yes. 5. Married or single 1000
AUG 22 1908
6. Date of death Inbusulosis 7. Cause of death Inbusulosis
8. Duration of last illness Jour W. Stone M. D.
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation This
11. Residence Kuntucky St. Ward No. 2
10. Place of birth This 11. Residence Kuntucky 84. 12. Time of residence in the city 9 months Ward No. 2
13. When a minor Name of mother Name of father
14. Place of intended interment Starksville, Juliu.
15. Date of intended interment GERARD & GERARD. Undertaken
Date of Certificate. GERARD & GERARD. Undertaker. BOWLID ANEN, KY Residence.

Louise Fleenor 1904

		30
	.D30000	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
		RETURN OF A DEATH.
		PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Fileenor
	1.	Name of deceased Laure Fleurer
	2.	Sex funale 3. Color mhili 4. Age 60
	5.	Married or single Lings
	6.	Date of death
	7.	Cause of death Caucus
	8.	Duration of last illness Annulle
		a The Commack , M. D.
		Residence
		AND CONTROL OF THE RELATION TO DESCRIPTION
		UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	0	
	9.	Occupation Place of birth Vinginia
	10. 11.	Residence Indianala 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 Ceru
	15.	Date of intended interment Quic 2125 1304
		File of Francisco
1		, The other contaker.
je	Date	e of Certificate
#		

Lucy Fleenor 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased ricy Fleinox
1.	1 1 1.1.4
2.	
5.	Married or Single Practice Date of death Nov 26 1911
6.	Cause of death Ceritoria
7.	
8.	Duration of last illness. J W Prey Do M. I
	Residence Bully Hun
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation It Hame
10.	Place of birth Pussue vill
11.	Residence Bawling Grun M Ward No.
12.	Time of residence in the city
13.	When a minor { Name of Mother Name of Father
14.	Place of intended interment Aussellvill
15.	Date of intended interment Nov 27 / /// Undertake
Date	e of Certificate Residence Bawley Yrun

Mary Fleenor 1910

£ 892. 32
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Miss Mary Florida 2. Sex Married or single 3. Color Mailar 4. Age / 1990. 5. Married or single 5"/9/0. 7. Cause of death Post Obarollue Peritorulit 8. Duration of last illness 1998. Residence M. D. Residence
9. Occupation 10. Place of birth Harran County
10. Place of birth Warren County
11. Residence
12. Time of residence in the city
13. When a minor Name of mother Walter Filesnov Name of father Walter Filesnov
14. Place of intended interment Pairview Cemetery
15. Date of intended interment Supl 8"1910.
Date of Certificate Supt 7/1910 Residence Residence

Mary E. Fleenor 1897

104N = 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 Mary & Theron
2. Sexference 3. Color, white 4. Age \$ 6 yes
5. Married or single modow
6. Date of Death Green 22 1497
7. Cause of Death Pheumonic
8. Duration of last Illness 700000000000000000000000000000000000
Residence , III. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
——————————————————————————————————————
9. Occupation
10. Place of Birth Vaginia
11. Residence Indiana (a St . Ward No. 1
12. Time of Residence in the City 20 years
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Fairment Com
15. Date of intended Interment Que 2 3 1857
Prattu Fay , Undertaker.
Date of Certificate Residence

Johannah Fleming 1903

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 Wiss for hayyor Flanning 2. Sex Famula 3. Color While 4. Age 60 yrs.
1. Name of deceased Distribution Through Through 2. Sex Ferrica 3. Color White 4. Age 60 yrs. 5. Married or single Single 6. Date of death July 1" 1903 7. Cause of death Amirons Ex haustine
7. Cause of death 8. Duration of last illness Meight No. D. M. D.
Mreglif , M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Inland 11. Residence Courter Sf Ward No. 2
11. Residence Ward No, 12. Time of residence in the City. Name of Mother
13. When a minor Name of Father, Josephs Comulary
15. Date of intended interment fully, 3" 1913. Savard & Frank, Undertaker.
Date of Certificate Luly 1/903. Residence

Mary Fleming 1896

9311 35	
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Mrs Mary Flenning	,
2. Sex Humale 3. Color Amil. 4. Age 70 yrs.	
5. Married or single Midow.	
6. Date of Death MIG JE 1896	
7. Cause of Death Onylisis	
8. Duration of last Illness , M. D. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth chang.	
11. Residence Ounter Shell. Ward No. 2 24	
12. Time of Residence in the City	
13. When a Minor Name of Mother Name of Father	
14. Place of intended Interment St Joseph Cenn.	
15. Date of intended Interment aug 27/96. G. Gunnel How, Undertaker.	
Date of Certificate ang 26/96 Residence	

Pat Fleming 1904

This Constitutes One Certificate to be Returned to the City Clark for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Par Floring Male White 60 uns
5. Married or Single Married
6. Date of death 7. Cause of death 6. Date of death 7. Cause of death
8. Duration of last illness on the Stone M. D.
Residence
9. Occupation
10. Place of birth faculty of
12. Time of residence in the city. #####
13. When a minor { Name of Mother
15. Date of intended interment. Set, 14/04, Frace of intended interment. Frace of intended interment.
Date of Certificate Get. 14/114. Residence.

Freddie Flint 1908

-	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Fredmin Thirt
2.	Sexmole . 3. Color Black . 4. Age 72 7
5.	Married or single
6.	Date of death Fully 13 1908
7.	Cause of death Palagain.
8.	Duration of last illness
	The Stare M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Worth Carolina
11.	Residence / Z + Person Ward No.
12.	Time of residence in the City.
13.	When a minor \{ \begin{aligned} Name of Mother \\ Name of Father \end{aligned}
14.	Place of intended interment Inf Muricia
15.	Date of intended interment 467 1468
	Markey John . Undertaker.
Dat	e of Certificate . Residence .
1	

Margarette Flowers 1911

RETURN OF A DEATH. Physician's Certificate Preparatory to Burial.
- 1098
- 1098
Physician's Certificate Preparatory to Burial.
Margarette Plowers
1. Name of deceased Margarette Flowers Hunaly White
1. Name of deceased 2. Sex Survail 3. Color Shill 5. Married or Single Surjain 6. Married Surjain
5. Married or Single
6. Date of death Capilary Bunchitis
1. Cause of death a close
O. Duration of last filless.
M.D.
Residence Poulsy Islen 15
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Butth, Looky
1 11/1/1/14
11. Residence 136 Hope St. Ward No. 2
12. Time of residence in the city.
13. When a minor { Name of Mother of A) Flavore.
Name of Father J. Wagellauxu Kantug K.
14. Place of intended interment
15. Date of intended interment 15/1911.
Date of Certificate April 1911 Residence Undertaker.

Windell Flowers 1909

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Flowers
1. Name of deceased Of in dell Filmourt 2. Sex male 3. Color Cal, 4. Age 1800.
5. Married or single 6. Date of death for 10 - 09. 7. Cause of death full round
8. Duration of last illness - Three welks Oh Parter M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Paraling Grace 11. Residence 7 Street Ward No. 2
11. Residence 7 Street Ward No. 2 12. Time of residence in the City. Suring life (Name of Mother William Fylumers)
13. When a minor Name of Father Junes Filmours 14. Place of intended interment Hanklin Ing.
15. Date of intended interment for Any Kundal Ondertaker.
Date of Certificate Juny 11-1909 Residence
7 Halligs St.

Child of Minnie Fly 1897

RETU	BN OF	A 1	DEATH.	
PHYSICIAN'S	GERTIFICATE P	REPARATOR	- Y то виріяц.	
1. Name of deceased	Luta	ul	Fly	
2. Sex	3. Color /	314	. 4. Age	
5. Married or single		_(4. Age	
6. Date of Death A	1 . 0	7-18	97	
7. Cause of Death	Still 13	om	· / · · · · · · · · · · · · · · · · · ·	
8. Duration of last Ill	ness LARO Residence	dgur		, M. I
UNDERTAKER':	S CERTIFICATE I	N RELATIO	TO DECEASED.	
9. Occupation			,	
10. Place of Birth	ily,	, ,		
11. Residence ON	legy st	W.	Ward No. 7	
2. Time of Residence	In the City	1		
3. When a Minor \ \ N	ame of Mothe	r Mis	mil F	ly
N	ame of Father			/
4. Place of intended	Interment 4	ount	y Junell	M
5. Date of intended In	Guara	&1 25 []]	-1899 310 , Unde	ertaker
-1	ha/un/	Reside	100	

Ethell Flynn 1904

	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.
	61.71
	1. Name of deceased Cinco, Sylvin
	1. Name of deceased thell, of hymnes 2. Sex Saccolor Andrew 3. Color Andrew 5. Married or Single Single
	5. Married or Single Suight
	6. Date of death Dre 21" v4,
	7. Cause of death Mkummua
	8. Duration of last illness # Stour
	June, M., D
	Residence
	Undertaker's Certificate in Relation to Deceased.
	9. Occupation
	9. Occupation 10. Place of birth Elizabeth fund.
	11. Residence Park St. Ward No.
	12. Time of residence in the city
	13. When a minor Name of Mother A. G. Flynn, Name of Father A. G. Flynn,
	13. When a minor Name of Father . Oflynur.
	14. Place of intended interment Colizability And.
	15. Date of intended intergrent Wal, V3"04.
	Grand Trans, Undertaker.
	Date of Certificate Duvy 14 Residence Residence
THE PARTY.	

Child of J. C. Follis 1894

637)	42
This Constitutes one Certificate to 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. Follie	
2. Sex 3. Color white 4. Age	
5. Married or Single	
6. Date of Death Copil 13 1834	
7. Cause of Death	***
8. Duration of last Illness	
J. P. Coslos J.M. I).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence Adam II . Ward No. 2	
12. Time of Residence in the City	
Name of Mother langle Frees	
13. When a Minor. Name of Father 9 6 Faceis	142
14. Place of intended Interment Frieder Com	
15. Date of intended Interment 4 1894	
Undertaken	
Date of Certificate . Residence	(-

Child of Ben Ford 1901

6 43
This Constitutes One Certificate to 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 Ben, Ford
2. Sex france 3. Color fract 4. Age /
6. Date of death fund, 29"/90/. 7. Cause of death Entero-leolitiz
8. Duration of last illness 5 days , M. D.
Residence Towling Duce, Key
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Oly St. Ward No. 2
12. Time of residence in the City
13. When a minor Name of Father Lew Ford. 14. Place of intended interment Tarroism Councilly
15. Date of intended interment fund 19/190/
Date of Certificate June 19/190/. Residence

Benjamin Ford 1905

	RETUF	N OF	A	DEA	TH.
	Physician'	's Certificate	Preparat	ory to Buri	al.
1.	Name of deceased	Brujami	w for	ed.	
2.	Sex Male	3. Color	file	4. Age	44 912
5.	Married or Single	Mariled.			
6.	Date of death	av. 20"05	,		
7.	Cause of death Ja	ibriculo.	us		
8.	Duration of last illne	John X.	Glacy	hau.	м г
	J	Residence			, 11. 1
		-			
	Undertaker	's Certificate	in Relati	on to Decea	sed.
9.	Occupation/				
10.	Place of birth	wer bon	uty		***************************************
11.	Residence Seute	welly St.		War	d No.
12.	Time of residence in	n the city. See	real	nais!	
19	Whan a (Na	ame of Mother			
13.		ame of Father			**** ******* ******* ******
14.	Place of intended in	iterment Jan	vin (generalis	9 .
15.	Date of intended int	erment /v/a	and &	nand	
Date	e of Certificate	N. 10"05.	. Resid	ence	, Undertake

Emma Ford 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 Mrs Emma Ford-
2. Sextenale . 3. Color while . 4. Age 367
6. Date of death Novue 22 1903-
7. Cause of death Burned-
8. Duration of last illness few hours , M. D.
7, DRESIDENCE TWORKS
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10 Place of hirth Lemman
11. Residence Jawa Main Mard No, 3
12. Time of residence in the City. Name of Mother Name of Mother
Name of Father
14. Place of intended interment OVON 24 / 503
Howey Layer. Undertaker.
Date of Certificate Residence
*

Jane Ford 1903

46
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased His Jane Ford
a female & charles 1 Age 16 9.
5. Married or single
6. Date of death face 14 1903
7. Cause of death 7
8. Duration of last illness Quilburford
<i>N.G.</i> . Ум. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation //
9. Occupation farmen bounty 10. Place of birth farmen bounty
11. Residence / Til King Ward No.
12. Time of residence in the City.
13. When a minor
(Name of Father
14. Place of intended interment Jaw 15"19113
15. Date of intended interment January January , Undertaker.
Jan 15/1012
Date of Certificate Residence

Mrs. John W. Ford 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	In y sicial s Certificate Treparatory to Buriat.
1.	Name of deceased Mrs John W Hard
2.	Sex Female 3. Color white 4. Age 63
5.	Married or Single Married
6.	Date of death June 25 1910 Cause of death Tubersulous (Pulnonsry)
7.	Cause of death Tubersulous (Oulmonery
8.	Duration of last illness About I years
	Chawell, M. D
	Residence 1/42 Coelege SX
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation House wife
10.	Place of birth Barren County
11.	Residence Main St Bowling Green Ky. Ward No. 2
12.	Time of residence in the city IH June
10	When a minor { Name of Mother
10.	Name of Father
14.	Place of intended interment Hoursew Gernelary
15.	Date of intended interment 4 19/0
	Gerard Agereud , Undertaker
Dat	e of Certificate June 27 1910 Residence
	*

Kittie Ford 1913

	48
Th	nis Constitutes One Certificate to 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, Killiv Furd Sex Funds 3. Color White 4. Age 49 yrs. Married or single
 2. 5. 	Married or single 4. Age 7.7
6.	Date of death Apr - 20 - 1913 Cause of death Carcinoma cervicis uteri
8.	Duration of last illness 245 M. D. Bowling Green, Ky.
	Residence Bowling Green, Ky.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Place of birth Residence Ward No.
10.	Place of birth Santusky
11.	Residence Groadway Ward No.
12.	Time of residence in the city
13.	When a minor Name of mother. Name of father. Place of intended interment.
14.	
15.	Date of intended interment as 21" 1913. GERARD & GERARD. Undertaker.
Dat	e of Certificate APR 2 0 1913 Residence Bowling Green,

Lucy Ford 1897

1038 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 Liey Forde 2. Sex final 3. Color Coh 4. Age 5. Married or single Ramines 6. Date of Death 6-1997 7. Cause of Death 7. Thurt 8. Duration of last lilness Residence Rate 87 UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth 11. Residence Ceghe DZ . Ward No. 2 =
12. Time of Residence in the City 14 Year
Name of Mother Rose Ford Name of Father
14. Place of intended Interment In Immed
15. Date of intended Interment John 7" 1897, Undertaker.
Date of Certificate Oct 7"97 . Residence

Sugie Ford 1913

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 Sugal Ford
2. Sofimale 3. Color white. 4. Age 20 yes
5. Married or single Lingle
6. Date of death June 1 /6 /9/3
7. Cause of death according Draunding
8. Duration of last illness Zuldent
J. T. Baltock EMEDEN
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Student
10. Place of birth Kulucky Fordsvill 11. Residence Fordsvill Ward No.
12. Time of residence in the City. Few Months
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Fordsvice 1/2
15. Date of intended interment DantKnow
Enoder McLinithdertaker.
Date of Certificate June 17 1913 Residence B Green

Thomas Ford 1903

	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.
	Name of deceased Thomas, Ford Sex Male 3. Color While 4. Age 88 yes, Married or single Married
2.	Sex Male 3. Color Mile 4. Age 88 yes,
ŏ.	Married or single Married
6.	Married or single Married Date of death Nov. 11" 1903. Cause of death Purumould
7.	Cause of death Ousumould
8.	Duration of last illness
	S. C. Muy W M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
0.	Place of birth Residence bity lacutar St. Ward No. 3.
1.	Residence Ward No
12.	
	Time of residence in the City.
3.	Time of residence in the City. Name of Mother When a minor Name of Fother
	Name of Father
14.	Place of intended interment Hairwain, Canadary
14.	Place of intended interment fairwism, brucklung Date of intended interment for 17" 1903.
3. 14. 15.	Place of intended interment fairwism, brucklung Date of intended interment for 17" 1903.
14. 15.	Place of intended interment fairwain, breaking Date of intended interment for, 17" 1903. Suandand Grand, Undertaker.

Wheeler E. Fordyce 1897

1017	52
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Whilly & Fordy ce	
2. Sex Male 3. Color White. 4. Age 18 mb	
5. Married or single Sangle	
6. Date of Death June 2" 1897	
7. Cause of Death Purlouities	
8. Duration of last Illness	
a le Hright, M. D.	
Residence Gily	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Metcalf Gonnly Try	1
11. Residence Just Shill Ward No. / "	
12. Time of Residence in the City	
13. When a Minor Name of Mother & H. Horofyce)
Name of Father, Q. M. Hording	
14. Place of intended Interment Harrie Grand	y
15. Date of intended Interment July 3 1897	
Hall Modertaker.	
Date of Certificate 11110 / G. Residence	

George W. Forrer 1907

	53
_T	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	1 Farrer
1.	Name of deceased Lo W. Farre
2.	Sexual 3. Color While 4. Age 5748
5.	Married or single Married -
6.	Date of death 13-1907
7.	Cause of death Parallelia
8.	Duration of last illness
	a.M. Brouly M. D.
	Residence Tours & Fly
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Will wright
10.	Place of birth
11.	Residence Ward No.
12.	Time of residence in the city
	(Name of mother
13.	When a minor Name of father
14.	Place of intended interment Farmer Built
15.	Date of intended interment
	Undertaker.
Da	te of Certificate Residence
1000	

Mabel Forrer 1907

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 Mules Former
2. Sex funale 3. Color Whili 4. Age 137 v2-
2. Sex finale 3. Color White 4. Age / 3 7 12 - 5. Married or single
6. Date of death 22 - 2 4 - 1907
7. Cause of death Market Premarks
8. Duration of last illness
Ja longa M. D.
Residence Soufisa My
Undertaker's Certificate in Relation to Deceased.
Ondertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Comment Comments
11. Residence Carrier Sty - Ward No.
12. Time of residence in the city
13. When a minor Name of mother Junie Farrer
13. When a minor Name of father.
14. Place of intended interment Airrien Sunt
15. Date of intended interment 22 30 = 1707
Undertaker.
Date of Certificate Residence

Child of Sam & Annie Forrester 1898

1191
This Constitutes One Certificate to 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 Daniel Horseble 2. Sex 3. Color Mile. 4. Age 2 da 5. Married or single Supple 6. Date of death Communications 7. Cause of death Communications 8. Duration of last illness UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth belly 11. Residence Scullicky Sh. Ward No. B. A.
12. Time of residence in the City Name of Mother My Kning Fronces ter
14. Place of intended interment Fauview Crusting
15. Date of intended interment Och 30"98 Lyand & Grand., Undertaker.
Date of Certificate Och 30198, Residence

Clarence Foster 1909

	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Charenel Laster
2.	sellale 3. Color White 4. Age 33
5.	Married or single Married
6.	Date of death 2001
7.	Cause of death Jugellar Vien Sincered
8.	Duration of last Illness fustgree
	Dr John & Fray Coroners
	Residence Bawling Grun &
	Undertaker's Certificate in Relation to Deceased.
188	Occupation To andle Thile
9.	
10.	Place of birth Residence Bauling Grew Ward No. Kr
11.	
12.	Time of residence in the city
13.	When a minor Name of mother
14.	Name of father. Place of intended interment Airrica Cun
14.	Date of intended interment Man 17/09
15	Date of Interned Internet on the market or of the
15.	
	te of Certificate May / 7/84 Residence By

Freelan Foster 1898

1102 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 Freelow Foster
2. Sex Calv. 3. Color Blog. 4. Age 25.5 (about) 5. Married or single Married.
6. Date of death And I 1898, 7. Cause of death And I 1898,
8. Duration of last illness
JE Murelithe D.
Residence Boucking Green
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
CH XIII
11. Residence Aut Aut Ward No.
) Name of Mother
13. When a minor Name of Father
14. Place of intended interment At Change 11898
15. Date of intended interment of the first formand for the first formand for the first formand formand for the first formand formand for the first formal
Date of Certificate Full Hally Residence

Marchall Artis Foster 1913

	58
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Per	mit.
RETURN OF A DEATH	•
Physician's Certificate Preparatory to Burial.	
1. Name of deceased 2. Sex Sexual 3. Color Mult 4. Age 5. 5. Married or single 4. Age 5. 6. Date of death 6. 7. Cause of death 6. 8. Duration of last illness 6. Residence 6. Residence 7. Residence 7. Residence 7. Relation to Deceased.	M. D.
9. Occupation 10. Place of birth Allen Calcy	
10. Place of birth A Caracteristics of the Bowling Green, Ky. Ward No.	
12. Time of residence in the city	
(Name of mother.	
13. When a minor Name of father	
14. Place of intended interment Fairviery Comafery	
15. Date of intended interment March 2 - 1913	
Date of Certificate Meh 1-1913 Residence	caker.
<u> </u>	

Sarah R. Foster 1899

59
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Sarah N. Frster
2. Sex Simale 3. Color Sella. 4. Age 45 year
5. Married or single Willow.
6. Date of death Aug W 99
7. Cause of death Consumption
8. Duration of last illness 9 mb.
Form M. Storre, M. D.
Residence Culting
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Warren lo. My
10. Place of birth Nann Co. Sly 4
12. Time of residence in the City
Name of Mother Name of Father
14. Place of intended interment Mt. Movins
15. Date of intended interment Aug 95/99
Guard Throng, Undertaker.
Date of Certificate July 711/99 Residence

Edward S. Fowler 1908

	0-
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Edward Stowler	
1. Name of deceased Colored Office 1/9	
2. Sex Male 3. Color Contrat. 4. Age 4	
5. Married or single Murr	
1. Name of deceased Color White. 4. Age 49 5. Married or single Murral 6. Date of death May 21/08 7. Cause of death Appendictor 8. Duration of last illness	
7. Cause of death appendent	
8. Duration of last illness M. I)
F. E. Heurley, M. I Residence Sewerton & Pako	001
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Sawyer	11115
10 Place of birth	25.10
11. Residence Swarton Idoho Ward No.	
12. Time of residence in the City.	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Harow Carrey	
15. Date of intended interment game 17/08 b	er.
Date of Certificate . Residence	

Edward S. Fowler 1908

	-
TRANSIT PERMIT	
122	To the
Lewiston, Idaho, June 6 190 8	
Permission is hereby given C. Nasser	The second
transport the remains of ES. Facola	
to Bolling GreenState of Kentucky for interment.	
Date of Death Mary 21/1808 Place th Lewisting of	
Age 49 years months days. Sex Hale	
Cause of Death Robenque (Tis	1
Attending Physician & Horris	The state of
TEC 11'	100
ea. Hundle M. P	
th Officer	

WA	SHINGTON STATE BOARD OF HEALTH
TRAN	NSPORTATION OF CORPSE
(0	Original) TRANSIT PERMIT No.
	organistic algorithm of many and of the body and a strength of the other hands of the delication of th
	PERMIT OF LOCAL BOARD OF HEALTH
This Permit	must be Properly Signed, and presented to the Railroad or Express Agent before a body can be shipped. **Description** **Des
A cortificate of death, regista	Jed No
in the County of the body of	Fowler
tho died at Luis day of Zuay	County of Ne Spelle State of State on the Jal
The cause of death* being and Rus, (h)	Communicable or non-communicable) Water the communicable or non-communicable or non-communicable)
*Rule 1. The transportation of	t bodies dead of smallpox or bubonic plague is absolutely forbidden

Child of T. W. & Anna Fowler 1879

	6
This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	gare.
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO FIRIAL.	
1. Name of Deceased Lufaut Forder	
2. Ser Male: . 3. Color Phite . 4. Age of days	
5 Manufad on Simula	1
6. Date of Death April 12 199	
7. Cause of Death Confistion of the love -	
8. Duration of last Illness Tweely four hours	
Restroned, M. D.	
Residence Bushing Greenly	-
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Lufant	
10. Place of Birth Bowling Green Ky,	
12 91	
, / A	
12. Time of Residence in the City # Days	
13. When a Minor Name of Mother Ausa Fowler Name of Father TW. Towler.	oraneae
Name of Father & W. Towler.	
14. Place of intended Interment Catholick Cemete	ery
15. Date of intended Interment April 12"79.	
Strickles . Undertaker.	
Date of Certificate Alsil 12 "19 Residence Man 81	
Bessen, Ky	10000-0
Democrat Print	

Henry J. Fox 1899

X 20 29 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 Stenny, J. Fox,
2. Sex Male. 3. Color Mhille 4. Age 87 yrs.
5. Married or single Hidowar
6. Date of death Apr, 23" 1899, 7. Cause of death Exhaus tim and Old Aga,
8. Duration of last illness J. H. Stand. , M. D.
Residence Bruling Frence Sty
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
Occupation
10. Place of birth Hanru Conney.
11. Residence 10 th Street . Ward No. 22d
12. Time of residence in the City
13. When a minor Name of Mother Name of Father
H · · · · · · · · · · · · · · · · · · ·
14. Place of intended interment Hanne Cementy
15. Date of intended interment AN Frank, Undertaker.
Italian little
Date of Certificate NAU 1499 Residence

Bernice Fraley 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 Bernier Fraley
	Sex Junale. 3. Color Whit. 4. Age 30 yr
	Married or single Suly - 20 - 1903
6.	
	Cause of death Catarily of Hamacha
8.	Duration of last illness
	M. M. Janer M. D.
	Residence frozen HAWT
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Leave Ward No.
12.	Time of residence in the City. (Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Farrium Con-
15.	Date of intended interment July 21 1365
	Mawly Sayne, Undertaker.
Date	of Certificate Residence

Infant of J. H. Frank 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased deglant, The sank 2. Sex 3. Color 4. Age — 5. Married or Single Sungle, 6. Date of death Still Boilin, 7. Cause of death Still Boilin,
2. Sex Male Male 4. Age —
5. Married or Single Sugle,
6. Date of death July 9" of
7. Cause of death Still Boll,
8. Duration of last illness
8. Duration of last illness of Hulkerford, M. D.
Residence Oily
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth law Mausard Fotal Colly 11. Residence Ward No. 2
11. Residence Ward No. Ward No.
12. Time of residence in the city - The Cold of
13. When a minor Name of Mother Name of Father I Thunks
14. Place of intended interment of weights Country
15. Date of intended interment fully 9"44.
Date of Certificate July 9" 0 4. Residence Residence

Fanny Franklin 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 Fanny Frounklin
2.	Sex Furnale. 3. Color Bell . 4. Age 75 years
5.	Married or Single Married
6.	Date of Death See 2 4 17 992
	Cause of Death Old age
8.	Duration of last Illness Served monety
	If In Cluy hooks, M.D.
	Residence
	— , *
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation O Join in 1:1901 (Untille Kill
10.	Place of Birth Oll Word No 2 and Ward No 2 and
11.	Residence Ward No &
12.	Time of Residence in the City CAL GOOD
13.	When a Minor Name of Mother
10.	Name of Father
14.	Place of intended Interment
15.	Date of intended Interment ALC 25 -1887
	, Undertaker.
D	ate of Certificate Residence
1)	•
	Democrat Job Print

Joseph Franklin 1910

lele
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 -11 7 111
1. Name of deceased Joseph Frankling
2. Sex male. 3. Color Cel . 4. Age about you gro
5. Married or single
6. Date of death 4 el. 18 - 1910.
7. Cause of death & A & Life
8. Duration of last illness about 2 marks
Dr. Sh. & Francis, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Farmus
10. Place of birth in Emanson Curity
11. Residence First Street Ward No. 2
12. Time of residence in the City. about Frenty years
13. When a minor \{ \text{Name of Mother } \\ \text{Name of Father } \text{\text{\$\sigma}} \]
14. Place of intended interment my mariafa Ceruelry
15. Date of intended interment 4 ft, 19-19/01 Lange Lindbland Condenses.
Date of Certificate Auf 19180 Residence

John Frasier

	RETURN OF A DEATH
1.	PHYSICIAN'S OERTIFICATE PREPARATORY TO BURIAL. Name of Deceased MW HALLE
2.	Sex Mull : 3. Color Mitatto . 4. Age 20
5.	Married or Single Longh
6.	Date of Death Nr 18
-	11 1 11 11 Monney war of Learly
8.	Duration of last Illness Fin Minches
	Glebrighe , M.D.
	Residence
9	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10	Occupation Place of Birth
10	Occupation Place of Birth Residence
10	Occupation Place of Birth Residence Ward No 3 Time of Residence in the City
10 11. 12.	Occupation Place of Birth Residence Ward No 3 Time of Residence in the City
10 11. 12.	Occupation Place of Birth Residence Ward No S Time of Residence in the City When a Minor { Name of Mother Name of Father
10 11. 12. 13.	Occupation Place of Birth Residence Ward No S Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
10 11. 12.	Occupation Place of Birth Residence Ward No S Time of Residence in the City When a Minor { Name of Mother Name of Father
10 11. 12. 13.	Occupation Place of Birth Residence

Beatrice Frazier 1900

Th	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	WHICH COLD STATE OF THE PROPERTY AND ADDRESS OF THE PROPERTY O
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1.	Name of deceased Bratrian Fragier
2.	Sex feman . 3. Color Bex . 4. Age 87
5.	Married or single
6.	Date of death Fruy 5 1900
7.	Cause of death Municipality of spinal
-	Duration of last illness W. Rruble, M. D.
To Mu	
	Residence Bowling Grunty.
9.	Occupation Occupation
10.	Place of birth Jeig
11.	Residence / at L. Ward No.
12.	Time of residence in the City
13.	When a minor Name of Mother Ella Fragin
	Name of Father In Fragi
14.	Place of intended interment
15.	Date of intended interment They 1 1900
	Hawty Jon, Undertaker.
Date	of Certificate Residence

Candy Freelin 1881

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased Pto Coardy Freder. 2. Sex Friale. 3. Color BM. 4. Age 2 years. 5. Married or Single 6. Date of Death Coard Informant. 8. Duration of last Illness Price. M. D. Residence Pr. H. O. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Ward No 2. 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment Date of Certificate Residence 16. Residence 17. Residence 18. Ward No 2. 19. County of Mother Name of Mother Name of Residence 19. County of Mother Name of Mother Name of Residence	******	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased Pro County fruiting 2. Sex Frincett. 3. Color BMC . 4. Age 2 gracus 5. Married or Single		RETURN OF A DEATH.
1. Name of Deceased Prolatice forther 2. Sex Fricals. 3. Color BMK. 4. Age 2 years 5. Married or Single 6. Date of Death God y de 1881 7. Cause of Death Goldolera Infantum 8. Duration of last Illness Profession, M.D. Residence Profession, M.D. Residence Profession 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 16. Undertaker.		- Candy Freele
5. Married or Single 6. Date of Death Cook y & 1881 7. Cause of Death Cholora Infantum 8. Duration of last Illness Physician, M. D. Residence Pr ff. C. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Ward No 2 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment 16. Undertaker.		
5. Married or Single 6. Date of Death Cook y & 1881 7. Cause of Death Cholora Infantum 8. Duration of last Illness Physician, M. D. Residence Pr ff. C. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Ward No 2 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment 16. Undertaker.	1.	Name of Deceased to Couch, Trilin
6. Date of Death Colora Infautum 8. Duration of last Illness Wasses No Plays Company M. D. Residence Pr ff. O. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Ward No 2 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment 16. Undertaker.	2.	Sex Finale. 3. Color Bell . 4. Age 2 years
8. Duration of last Illness **Playsian**, M. D. **Residence** Pr. 6.* UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence** Ward No 2.* 12. Time of Residence in the City 13. When a Minor { Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment , Undertaker.	5.	Married or Single
8. Duration of last Illness **Playsian**, M. D. **Residence** Pr. 6.* UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence** Ward No 2.* 12. Time of Residence in the City 13. When a Minor { Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment , Undertaker.	6.	Date of Death Och yell 1881
8. Duration of last Illness **Playsian**, M. D. **Residence** Pr. 6.* UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence** Ward No 2.* 12. Time of Residence in the City 13. When a Minor { Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment , Undertaker.	7.	Cause of Death Cholera Infautum
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence		
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence		no Plysicion, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Ward No 2. 12. Time of Residence in the City 13. When a Minor { Name of Mother Name of Father 14. Place of intended Interment Date of intended Interment Undertaker.		
9. Occupation 10. Place of Birth 11. Residence		APPOPULATION I I I I I I I I I I I I I I I I I I
10		
11. Residence		UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment Undertaker.	9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
13. When a Minor { Name of Mother Name of Father 14. Place of intended Interment Date of intended Interment , Undertaker.		UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
14. Place of intended Interment 15. Date of intended Interment	10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
14. Place of intended Interment 15. Date of intended Interment	10 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
14. Place of intended Interment 15. Date 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
15. Date of intended Interment , Undertaker.	10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City
, Undertaker.	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.	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
Diffe of Certificate	10 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
	110 111. 112. 113. 114.	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 , Undertaker.

Julia Freeling 1880

	ID TOTAL	DA OF		O FET WE	
	METU	IN UH	A DE	III.	
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				DRY TO BURIAL.	
	1.04			ling	
2. Sex	emale.	3. Color	Copper.	4. Age I year	3
6. Date of	Death 0 (1241	1880		
	· Death	1		he stomic	
			Days		
				K. Oncal, M. I)
	***************************************	Residence	à	200	
		Kesiaence		wave	22.2
UNDER	TAKER'S CE	RTIFICATE	IN RELATIO	ON TO DECEASED.	
UNDER 9. Occupati		RTIFICATE	IN RELATIO	ON TO DECEASED.	
9. Occupati	on	RTIFICATE	IN RELATIO	ON TO DECEASED.	
 Occupati Place of 	Oil Birth			- \frac{1}{5}	a Transman
 Occupati Place of Residence 	on Birth		•	- \frac{1}{5}	a Toperona .
 Occupati Place of Residence 	on Birth e Residence in t	he City		Ward No	
 Occupati Place of Residenc Time of 	on Birth e Residence in t	he City		- \frac{1}{5}	
 Occupati Place of Residenc Time of 	on Birth e Residence in t			Ward No	
 Occupati Place of Residence Time of When a 	on Birth e Residence in t	he City of Mother of Father		Ward No	C
 9. Occupati 10 Place of 11. Residence 12. Time of 13. When a 14. Place of 	Birth Residence in t Minor Name	of Mother of Father		Ward No	C
 9. Occupati 10 Place of 11. Residence 12. Time of 13. When a 14. Place of 	on	of Mother of Father		Ward No	
 9. Occupati 10 Place of 11. Residence 12. Time of 13. When a 14. Place of 	on	of Mother of Father		Ward No 5 -	

Mary Freeman 1909

71
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mary, Francan, Col. 2. Sex Famaly 3. Color Blk. 4. Age 2 yr. 5. Married or single Dring by 6. Date of death Droup. 7. Cause of death Droup. 8. Duration of last illness M. D. Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation. 10. Place of birth LOUISVILLE, KY. 11. Residence for as willy Ward No. 12. Time of residence in the city
12. Time of residence in the city.
11. Residence Ward No. 12. Time of residence in the city Name of mother Ms. Brown Juraman Name of father Brown Juraman Name of father Monah, Bankluy 14. Place of intended interment
14. Place of intended interment
15. Date of intended interment. Oct. 19" 1909. GERARD & GERARD. Undertaker.
Date of Certificate Oct 18/1909 Residence Residence Residence

William Freeman 1906

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	#/P
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	William France
1.	Name of decased Thursday Survivance
2.	Sex Mall . 3. Color Mall . 4. Age 16 gra
5.	Married or single and 3 " 1904"
6.	Date of death according to the
7.	Cause of death Cookers (1992)
8.	Duration of last illness find E. Hay Courner M. D.
	Residence Harren County
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Benting Green Hy
10.	Place of birth All Mary State
12.	Time of residence in the City.
	Name of Mother Mrs. Maller Juliua
13.	When a minor Name of Father atthe
14.	Place of intended interment
i5.	Date of intended interment July 4/1986.
	Guard Through Undertaker
Dat	e of Certificate Aug 8/06. Residence

Bell French 1900

69 73
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mrs Bell Hrench
2. Sex fernale. 3. Color bluck. 4. Age 2/456
5. Married or single worried
6. Date of death July 11 god
7. Cause of death / Primmerical
8. Duration of last illness unite days
O. Harabrick, M. D.
Residence Bouting Isreed of
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
· 9. Occupation Vanal keeps
10. Place of birth Queling Control
11. Residence 18 Fb & Ward No. 2
12. Time of residence in the City. 19 370
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment 200 Quanta
15. Date of intended interment July 19 19 00
J. Ellingform Jell , Undertaker.
Date of Certificate Levely 14 19 Residence Burnling -
Gula - 815 State 31-

Infant of W. C & Violet French 1906

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of deceased Infant of the Jenseh Sex French 3. Color White 4. Age / day
1. 2.	Name of deceased Infant of the French Sex French 3. Color White 4. Age 1 day
5	M-wind or single
6.	Date of death AUG 17 1906
7.	Date of death AUG 17 1906 Cause of death Insultation
8.	Duration of last illness John & Blackburn, M. D
	Residence BOWLING GREEN, KY
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
0.	
1.	Residence Clay St. Portrus addition Ward No. 2
2.	Place of birth BOWLING GREEN, KY Residence Clay St. Portus Addition Ward No, 2 Time of residence in the City. When a miner Name of Mother Wield Branning France
3.	
	Name of Father
14.	Place of intended interment AUG 18 1906 Date of intended interment AUG 18 1906
5.	GERARD & GERARD. Undertaken
	, Undertake

Alexander Frick 1913

. 75
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased algander Fried 2. Se Male. 3. Color white. 4. Agebaut 60 gr 5. Married or single Married
2. Seffule. 3. Color white. 4. Age 60 fr
5. Married or single / Pawww
6. Date of death June 19,1913
7. Cause of death Organic Hiora Diseon
8. Duration of last illness Student
g. E. Maltock leavour , M. D. Residence of waren co 19
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Stone Detter
10. Place of birth Dayton Chio Ward No.
11. Residence // // Ward No,
12. Time of residence in the City. Lighty days
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Dayton Chio
15. Date of intended interment
Date of Certificate June 2 6, 1913. Residence B Leeur
Date of Certificate June 2 6/19/3 Residence B Leeur

Chris Frisz (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 Chris Friz
2.	sextlace . 3. Color White . 4. Age fantien y
5.	Married or Single Luight
6.	Married or Single Luight Date of Death Merch yth
7.	Cause of Death Remittent fierer
8.	Duration of last Illness Three ley.
	M. V. Wilskin , M. D.
	Residence Bowling Green 1/19
	The second secon
0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Occupation
10.	Occupation Place of Birth Residence . Ward No 2,
10. 11. 12.	Occupation Place of Birth Residence Ward No 2, Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Residence Ward No 2, Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Residence Ward No 2, Time of Residence in the City When a Minor { Name of Mother Name of Father
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No 2, Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
10 11. 12.	Occupation Place of Birth Residence Ward No 2, Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No 2, Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment , Undertaker.
10 11. 12. 13.	Occupation Place of Birth Residence Ward No 2, Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment

Wade H. Frost 1894

606
This Constitutes One Certificate to be Refurned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
DUVELCIANC CERTIFICATE DEPARTMENT TO PUBLIC
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased fade H. Frost
2. Sex Mill. 3. Color Thise. 4. Age 4742.
5. Married or single MyMMM,
6. Date of Death Luby 9 /94
7. Cause of Death What Deserve
8. Duration of last Illness
——————————————————————————————————————
Residence
UNDERTAKER'S CER IFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth 11. Residence Enath street Ward No. 2, 2d
Walt 10.
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Fairview Genelery
15. Date of intended Interment Freby 6"194.
H. G. Gerard & Bro., Undertaker.
Date of Certificate Heby 6 1/94. Residence

John M. Fry 1901

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deofased John M. July 20. Sex Malk. 3. Color White. 4. Age 4744. 2. Sex Malk. 3. Color White. 4. Age 4744. 3. Color White. 4. Age 4744. 4. Age 4744. 5. Married or single Mannied. 6. Date of death Sommer July 30. 1994. 7. Cause of death Sommer July 30. M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth. 11. Residence Potter Source, Ward No. 2. 12. Time of residence in the City. Sourcal years. 13. When a minor Name of Mother Name of Father 14. Place of intended interment Source Lawrence La	78
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of declased form of first of the first o	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
1. Name of decrased John M. July 2. Sex Mala . 3. Color Maila . 4. Age 47 462 5. Married or single Manual 6. Date of death Sommunghin, 7. Cause of death Sommunghin, 8. Duration of last illness L. E. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. E. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. E. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 7. Cause of death Sommunghin, 8. Duration of last illness L. Married . 4. Age 47 462 8. Duration of last illness L. Married . 4. Age 47 462 8. Duration of last illness L. Married . 4. Age 47 462 8. Duration of last illness L. Married . 4. Age 47 462 8. Duration of last illness L. Married . 4. Age 47 462 8. Duration of last illness L. Married . 4. Age 47 462 8. Duration of last illness L. Married . 4. Age 47 462 R. Marrie	RETURN OF A DEATH.
2. Sex Made . 3. Color Maine . 4. Age 47 ffe. 5. Married or single Mannied 6. Date of death April. 20"1991. 7. Cause of death April. 10"1991. 8. Duration of last illness 6. Married or single Mannied 7. Cause of death April. 20"1991. 8. Duration of last illness 10. Residence 11. Residence Patter Stones, Ward No. 1. 12. Time of residence in the City. Surveyal years, Ward No. 1. 13. When a minor Name of Mother Name of Father 14. Place of intended interment April. 21 1901. 3. Mannied Mannied Stones . Undertaker.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
2. Sex Made . 3. Color Maine . 4. Age 47 ffe. 5. Married or single Mannied 6. Date of death April. 20"1991. 7. Cause of death April. 10"1991. 8. Duration of last illness 6. Married or single Mannied 7. Cause of death April. 20"1991. 8. Duration of last illness 10. Residence 11. Residence Patter Stones, Ward No. 1. 12. Time of residence in the City. Surveyal years, Ward No. 1. 13. When a minor Name of Mother Name of Father 14. Place of intended interment April. 21 1901. 3. Mannied Mannied Stones . Undertaker.	John the Fray
5. Married or single 6. Date of death April, 20"/991. 7. Cause of death April, 20"/991. 8. Duration of last illness UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Potter Stone, Ward No, 2 12. Time of residence in the City. Savaral years, 13. When a minor Name of Mother 14. Place of intended interment April, 2//90/. 15. Date of intended interment April, 2//90/. Strand and Strand, Undertaker.	
6. Date of death April. 20" 1991. 7. Cause of death Dominiphine, 8. Duration of last illness L. G. Murdith M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Pottan Stone, Ward No, 2 12. Time of residence in the City. Savaral years, 13. When a minor Name of Mother 14. Place of intended interment Family 21 1901. 15. Date of intended interment April, 21 1901. Linux Residence , Undertaker.	
8. Duration of last illness When a minor Name of Mother Name of Father 14. Place of intended interment of mining and send and	6. Date of death April. 20"/99/.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Potter Stoner, Ward No, 2 12. Time of residence in the City. Several years, 13. When a minor Name of Mother 14. Place of intended interment of minimum bannelary. 15. Date of intended interment April 1 1901. Learn and Several years, Undertaker.	7. Cause of death Communitation,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Potter Stone, Ward No, 2 12. Time of residence in the City. Survey years, 13. When a minor Name of Mother 14. Place of intended interment Facility of Manual Survey. 15. Date of intended interment April 1/1901. Survey and Survey. Undertaker.	8. Duration of last illness
9. Occupation 10. Place of birth 11. Residence Potter Stoure, Ward No. 7 12. Time of residence in the City. Several years, 13. When a minor Name of Mother 14. Place of intended interment Amirical Constitution. 15. Date of intended interment Amirical June 1, Undertaker.	
9. Occupation 10. Place of birth 11. Residence Potter Stoure, Ward No. 2 12. Time of residence in the City. Sward years, 13. When a minor Name of Mother Name of Father 14. Place of intended interment Fairwian banatary. 15. Date of intended interment Agricult 1 1901. Language And Success. Undertaker.	// Residence
10. Place of birth 11. Residence Potter Stone, 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 Aurivage Country, 15. Date of intended interment Aurivage Country, Light Stones Country, Undertaker.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
11. Residence Pottar Stouse, 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 Fairward baundary. 15. Date of intended interment Spirit 1/90/. Learn and June 4. Undertaker.	9. Occupation
13. When a minor Name of Mother Name of Father 14. Place of intended interment Fairwian Country. 15. Date of intended interment April 21/1901. Linear Park Fair June 4. Undertaker.	
13. When a minor Name of Mother Name of Father 14. Place of intended interment Fairwian Country. 15. Date of intended interment April 21/1901. Linear Park Fair June 4. Undertaker.	11. Residence Journ Stown , Ward No, J
13. When a minor Name of Father 14. Place of intended interment Fairward Country. 15. Date of intended interment April 21/1901. Sugard and Fairward , Undertaker.	12. Time of residence in the City.
14. Place of intended interment Aurivian Country. 15. Date of intended interment April 21/1901. Exact and French., Undertaker.	13 When a minor
Grand and Grand, Undertaker.	
11. Start at	y Payd Greened
	11:learly

Rebecca Fry 1904

11. Residence Man, St. Ward No. 12. Time of residence in the city. 13. When a minor Name of Mother 14. Place of intended interment factor 13" 04 15. Date of intended interment factor 15" 04 Straight France Undertaker.		JRN OF A DEATH.
1. Name of deceased list Austral My 2. See Married or Single Microscopy 5. Married or Single Microscopy 6. Date of death Paralysis 7. Cause of death Paralysis 8. Duration of last illness Windertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Married Married Ward No. 11. Residence Ward No. 12. Time of residence in the city Ward No. 13. When a minor Name of Mother Name of Father 14. Place of intended interment Lucius 13" 0 14 15. Date of intended interment Lucius 13" 0 14 16. Date of intended interment Lucius 13" 0 14 17. Date of intended interment Lucius 13" 0 14 18. Date of intended interment Lucius 13" 0 14 18. Date of intended interment Lucius 13" 0 14 18. Date of intended interment Lucius 13" 0 14 18. Date of intended interment Lucius 13" 0 14 18. Date of intended interment Lucius 13" 0 14 18. Date of intended interment Lucius 13" 0 14 18. Date of intended interment Lucius 13" 0 14	DL	
2. Sex flavored fidored for Single fidored for Single fidored fidored for Single fidored fidored for Single fidored fidored for Single fidored	Thysic	A A TOTAL MALL
5. Married or Single 6. Date of death 7. Cause of death 8. Duration of last illness 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Date of intended interment 18. Date of intended interment 19. Date of intended interment	1. Name of deceas	Mes Misser July
6. Date of death Paralysis, 7. Cause of death Paralysis, 8. Duration of last illness (Muradith), M. D. Residence (Muradith), M. D. Residence (March, M. D.) 10. Place of birth Indiana (March, M. D.) 11. Residence (March, M. D.) 12. Time of residence in the city (Mard No.) 13. When a minor (Name of Mother (Name of Father)) 14. Place of intended interment factor (March, March) 15. Date of intended interment factor (March, March) 16. Date of intended interment factor (March, March,	2. Sex Hecco	Mr. Chor Mill 4. Age
7. Cause of death Paralysis. 8. Duration of last illness. 1. Residence Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Indiana, St. 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 factorism for the city. 15. Date of intended interment factors of the city of the cit	5. Married or Sin	
8. Duration of last illness	6. Date of death	July 27 04
Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Many St. 11. Residence Ward No. 12. Time of residence in the city Survey St. 13. When a minor Name of Mother 14. Place of intended interment Survey 13. 15. Date of intended interment Survey 14. 16. Date of intended interment Survey 15. 17. Date of intended interment Survey 15. 18. Undertaker.	7. Cause of death	Palalysis,
Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Judiana 11. Residence Ward No. 12. Time of residence in the city 13. When a minor 14. Place of intended interment factors 15. 15. Date of intended interment factors 17. 16. Date of intended interment factors 17. 17. Findertaker.	8. Duration of las	t illness / M
Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth fuduant 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of Mother		J.C. Murden M. D.
9. Occupation 10. Place of birth Indiana 11. Residence March Ward No. 12. Time of residence in the city 13. When a minor Name of Mother 14. Place of intended interment Jacobs 19 19 14 15. Date of intended interment Jacobs 19 19 19 19 19 19 19 19 19 19 19 19 19		Residence
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10. Place of birth Macu, St. 11. Residence Macu, St. 12. Time of residence in the city Ward No. 13. When a minor Name of Mother 14. Place of intended interment factorism Court along 15. Date of intended interment factor 19. 16. Date of intended interment factor 19. 17. Contractor of Mother 18. When a minor Name of Father 19. Date of intended interment factor 19. 19. Date of intended interment factor	Underta	ker's Certificate in Relation to Deceased.
10. Place of birth Indiana 11. Residence Macu, St. 12. Time of residence in the city Ward No. 13. When a minor Name of Mother 14. Place of intended interment Jacobs 19"04 15. Date of intended interment Jacobs 19"04 Jacob	9. Occupation	
11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father Name of intended interment Name of Father Ward No. War	10. Place of birth	Indiana
12. Time of residence in the city 13. When a minor Name of Mother Name of Father Name of Father Name of intended interment Name of Father Name of Fathe		Tactor to
13. When a minor Name of Mother Name of Father Name of Father Name of Father Name of Father Name of Mother Name of Father Name of Mother Name of Father Name of Mother Name of Father Name of Father Name of Mother Name of Father Name of Mother Name of Father Name of Mother Name of Mothe		1.12.11
13. When a minor Name of Father 14. Place of intended interment four 13"04 15. Date of intended interment four 17"04 June 14" OH Ju	12. Time of residen	nce in the city
14. Place of intended interment factor 13"04 15. Date of intended interment factor 13"04 June 14 June 14 June 15 Jun		(N. D.C.)
15. Date of intended internant function 13"04 June 15		Name of Mother
Jun Hat Outer	13. When a minor	Name of Mother Name of Father The warm for a learn
Date of Certificate Residence Residence	13. When a minor14. Place of intend	Name of Mother Name of Father Led interment Lucy 13" 04
	13. When a minor14. Place of intend	Name of Mother Name of Father Hed interment factor 13"04 ed interment factor 12"04
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	13. When a minor14. Place of intendent15. Date of intendent	Name of Mother Name of Father Hed interment factor of the strength of interment factor of the strength of th

Charles Pendleton Funk 1904

80
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Char Pendleton Frunk
2. Sex male . 3. Color White . 4. Age // ye
5. Married or single
6. Date of death Heart Transact
7. Cause of death Scarl Cracke
8. Duration of last illness
INVATUE CERMINEN, M. D.
C Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Ack Ward No.
12. Time of residence in the City
13. When a minor Name of Father M. B. Function
14. Place of intended interment Thirveur Com
15. Date of intended interment 4-1904
Huney Taya, Undertaker.
Date of Certificate . Residence

Clara B. Funk 1913

81-1
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 2. Sex Junaly 3. Color Halls 4. Age 62 415 5. Married or single Manning 6. Date of death Lany 2"/9/3. 7. Cause of death Phanmania (as pur Ital Statiotics) 8. Duration of last illness Guynne of Junal June of Junal June of June 18 Jun
Undertaker's Certificate in Relation to Deceased. 9. Occupation
10. Place of birth Inginia
9. Occupation 10. Place of birth finguia 11. Residence Clay St. Ward No.
13. When a minor Name of mother Name of father 14. Place of intended interment Fairnian Country
15. Date of intended interment, Jan, 9º 1913
Date of Certificate Jan, 9" 1913. Residence aty Mrs. Clara & French dire in Throught, Cal.

Clara B. Funk 1913

dy to	No. OFFICE OF COUNTY REGISTRAR
the bo	Los Angeles, Cal. 190
erment ipany	Permission is hereby given for the removal in a sealed Metallic Case or Coffin, of the
it Before Intermen cases accompan estination.	Died Jan 2 - 190 V. Place of Death Flendel Calif.
	Cause of Death Cheunonia
al Pe	Age wyears, 3 months, 19 days, Sex Jema Race White
Remon t must	Physician ReChare
Permit	To Bawling Town, My.
This	CLERKOP DEPARTMENT

Edward Funk 1913

Infant of H. S. & Clara Funk 1891

259
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
ETLEU A TO KEULER.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Infant of A S. Fund. 2. Sex male . 3. Color White 4. Age 12 da
5. Married or Single fully
6. Date of Death Jacy 28"/1891,
7. Cause of Death Amazina
8. Duration of last Illness
25 Jf f 11 f d f 264, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Oldy Street. Ward No 4th. 11. Residence Clay Street. Ward No 4th. 12. Time of Residence in the City Jude da.
12 Time of Residence in the City Tue of Section &
No eva tolara B.t.
13. When a Minor. Name of Father A.
14. Place of intended Interment Hairwiew level.
15. Date of intended Interment Juny 29"/91
H. G. Jacob, Undertaker.
Date of Certificate any 29-9/. Residence bety.

John Funk 1879

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of Deceased from 17 Hemlo
2. Sex mule 3. Color While 4. Age 10 days
5. Married or Single Snyle:
6. Date of Death Jone 12 1879
7. Cause of Death Fris mus facultine
8. Duration of last Illness 3 Chap's
me lelufprol. per bright M. D.
Residence Brilling Ben 19
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Bowling Green
11. Residence mear Defot. Ward No. 37
12. Time of Residence in the City 10 Nays
13. When a Minor Name of Mother 17, Hunt
Name of Father C, D, Hunk
14. Place of intended Interment Genetary
15. Date of intended Interment June 13"78
De Com Comment de la Contractor de la Condestater.
Date of Certificate fling 12 18, Residence State St.
Pantagraph Print.

Jain Fuqua 1909

85
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Jain?
1. Name of deceased fair Fuguer 2. Sex funch 3. Color Cal. 4. Age 56
5. Married or single Jung le
6. Date of death Sufat, 14 - 1909.
7. Cause of death Bright disease
8. Duration of last illness affaut 3 munta
Sp. M. Q. Brigg & M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Huskeyaer
10. Place of birth Swith union /ty,
11. Residence 699 Ty St Ward No. 3
12. Time of residence in the city.
13. When a minor Name of mother Jane Gring ua
14. Place of intended interment South union
15. Date of intended interment Dife 5 - 1909
J. G. Huy Kudaee Undertaker.
Date of Certificate DyNY 4 1909. Residence
J & Callege & S.T.
<u> </u>

Jane Fuqua 1897

1046	
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Janu Fingma	
2. Sextimale 3. Color Blk . 4. Age	
5. Married or single Willow	
6. Date of Death ang 29" 1897	
7. Cause of Death Skinsh failure	
8. Duration of last Illness	
O. D. Portix M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence E. G. Hustinish. Ward No. 1 st	
12. Time of Residence in the City	
Name of Mother	
13. When a Minor Name of Father	
14. Place of intended Interment Mh. Morrah	
15. Date of intended Interment augus 0" 1897.	
Guard Guard Undertaker.	
Date of Certificate Ang 30/47 Residence	
A Residence	

William Fuqua 1909

87
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Silliam Angua 2. Sex male 3. Color Col 4. Age 50 5. Married or single married 6. Date of death 1999 2/1999 7. Cause of death Succession Sillness Register Source 8. Duration of last illness Register Source M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Laborer 10. Place of birth Main Steps, Ward No. 7 11. Residence Man Cormoin Steps, Ward No. 7 12. Time of residence in the City. Obust to Manual Steps Ward No. 7 13. When a minor Name of Mother 14. Place of intended interment Intermed Condity 15. Date of intended interment to Steps Ste

Child og C. G. & Mary Furry 1896

874
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Aung ?
1. Name of deceased Childy & Fring
2. Sex 3. Color 17 119 4. Age 17 da.
5. Married or single single
6. Date of Death Africe 12/1896
7. Cause of Death Initialized
8. Duration of last Illness, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth City
11. Residence Quilly Street Ward No. 2 24
12. Time of Residence in the City
Name of Mother Mis Mary Finny Name of Father O. G. Finger,
14. Place of intended Interment Sh Jose plas Counting
15. Date of intended Interment april 13/1896 Ho Guard & Bro, Undertaker.
Date of Certificate Apr 12/96. Residence fifty.

Warren County, Kentucky Death Records, Box 2, Folder 2 (F)	
MSS 293 Manuscripts & Folklife Archives – Library Special Collections – Western Kentucky University	_