


1877

## Box 2, Folder 2 Bowling Green, Kentucky - Death Records, F

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George W. Farley, 1898

1183

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *George W. Farley,*  
2. Sex *Male.* 3. Color *White.* 4. Age *35 yrs.*  
5. Married or single *Single*  
6. Date of death *September, 30" 1898,*  
7. Cause of death *Typhoid Fever.*  
8. Duration of last illness \_\_\_\_\_  
*J. E. Meredith*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Bowling Green Ky.*  
11. Residence *4<sup>th</sup> Street* Ward No. *2<sup>nd</sup>*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *St. Josephs Cemetery*  
15. Date of intended interment *October 1" 1898.*  
*Guard & Guard*, Undertaker.  
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 Mrs. Johanah Farley.  
2. Sex Female 3. Color White 4. Age 67.  
5. Married or single Widow  
6. Date of death Apr. 27/1900.  
7. Cause of death Bright's disease  
8. Duration of last illness \_\_\_\_\_  
N. R. Francis M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housewife  
10. Place of birth Ireland.  
11. Residence 3rd St Ward No. 2  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment St Josephs Cemetery  
15. Date of intended interment Apr. 28/1900.  
Guard & Guard, Undertaker.  
Date of Certificate Apr 28/1900. 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 W. H. Farley*  
2. Sex *Male* 3. Color *White* 4. Age *9 mos.*  
5. Married or single *single*  
6. Date of Death *July 13/96.*  
7. Cause of Death *Colera infantum*  
8. Duration of last Illness *Three or 4 weeks*  
*W. R. Francis*, M. D.  
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Louisville Ky*  
11. Residence *4th Street* Ward No. *2nd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Dead.*  
Name of Father *W. H. Farley*  
14. Place of intended Interment *Louisville Ky*  
15. Date of intended Interment *July 14/96.*  
*A. C. Guard & Bro.*, 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.

1. Name of deceased John Farrell  
2. Sex Male 3. Color White 4. Age 47 yrs.  
5. Married or Single Married  
6. Date of death Dec. 29<sup>th</sup> 1912.  
7. Cause of death Dropsy, as per Vital Statistics  
8. Duration of last illness Engman & Gerard Funeral Director  
Residence BOWLING GREEN, KY

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

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence El. Paso, Texas. Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment JAN 6 - 1913

GERARD & GERARD. Undertaker.  
JAN 6 - 1913  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

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

John Farrell, 1912

4-211

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 John Farrell (If a minor give the parents' name also.) consigned to Bowling Green in the County of Warren of Kentucky and who died of Dropsy has been prepared by me, strictly in accordance with Rule 12 of the Texas 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 Texas Board.

Residence El Paso, Texas *J. M. Peak* of Peak Undertaking Co. Shipping Undertaker.

(SEAL) PASTER TRANSIT PERMIT NO. \_\_\_\_\_

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

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

El Paso, Texas Date 2nd, Jan, 1st, 1913

From El Paso, Texas to Bowling Green, of Kentucky

No. of Ticket of Escort # 6304 Form No. of Ticket of Escort # S. 200

No. of Corpse Ticket # 6303 Form No. of Corpse Ticket # S. 200

Via Alv. Harr. & San Antonio R. R. To Houston

Via Texas & New Orleans R. R. To Sabine River

Via Morgans Louisiana & Texas & S. R. Co R. R. To New Orleans.

Via Louisiana Western R.R. Co R. R. To \_\_\_\_\_

Via Louisville & Nashville R. R. To Bowling Green, Ken,

No. of Passengers in charge Mrs. John Farrell Place of Residence El Paso, Texas.

Signed *J. A. Robinson* Station B. M.

SEE RULES AND INSTRUCTIONS ON THE OTHER SIDE.



Josephine Fayne, 1907

5-1

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 *Miss Josephine Fayne.*
- 2. Sex *Female* 3. Color *White* 4. Age .....
- 5. Married or single *Widow*
- 6. Date of death *Aug. 27" 1907*
- 7. Cause of death *Ex ofthalmic Keratitis*
- 8. Duration of last illness .....

M. D. ....

Residence **BOWLING GREEN, KY.**

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation .....
- 10. Place of birth .....
- 11. Residence *College St.* Ward No. *2*
- 12. Time of residence in the city .....
- 13. When a minor { Name of mother .....
- Name of father .....
- 14. Place of intended interment *Fairview Cemetery*
- 15. Date of intended interment *Aug 30" 1907*

**GERARD & GERARD** Undertaker.

Date of Certificate *Aug 30" 1907* Residence **BOWLING GREEN, KY**

*Mrs. Fayne is the mother of Mrs. H. H. Chung.*

Josephine Fayne, 1907

5-2

**TRANSPORTATION CERTIFICATE.**

**HEALTH DEPARTMENT.**

CITY OF SAN ANTONIO, \_\_\_\_\_ 190\_\_\_\_\_

Permission is hereby granted to transport the body of \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_  
Years Months Days

Nativity \_\_\_\_\_ Cause of Death \_\_\_\_\_

Attending Physician or Coroner \_\_\_\_\_

Residence of Physician or Coroner \_\_\_\_\_

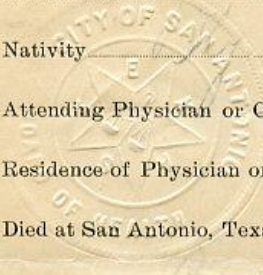
Died at San Antonio, Texas, on the \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_\_

Destination \_\_\_\_\_

Shipped by \_\_\_\_\_, Undertaker, in an air-tight Casket.

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

Undertaker. \_\_\_\_\_ M. D.  
Health Officer.





T. J. Fayne, 1896

6

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

## RETURN OF A DEATH.

312

### Physician's Certificate Preparatory to Burial.

1. Name of deceased T. J. Fayne

2. Sex Male 3. Color White 4. Age 44 yrs at time of death

5. Married or single Was married at the time of his death

6. Date of death Dead in 1896.

7. Cause of death Heart Disease.

8. Duration of last illness 6 A. S. Ward. M. D.

Residence BOWLING GREEN, KY.

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

9. Occupation.....

10. Place of birth.....

11. Residence Crab Orchard Ky. Ward No. \_\_\_\_\_

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

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Sept 13" 1907.

GERARD & GERARD Undertaker.

Date of Certificate Sept. 13" 07. Residence BOWLING GREEN, KY

*Mr. Fayne's remains were disinterred at Crab Orchard Ky. on Sept. 11" 07. Were brought to Bowling Green and Buried by the side of his wife in Fairview Cemetery, Gre St.*

898 20A  
8989







G. W. Felts, 1907

8

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

# RETURN OF A DEATH.

189

## Physician's Certificate Preparatory to Burial.

1. Name of deceased G. W. Felts  
2. Sex Male 3. Color White 4. Age 76 yrs.  
5. Married or single Married  
6. Date of death Mar 30" 1907.  
7. Cause of death Pneumonia  
8. Duration of last illness  
B. S. Rutherford M. D.  
Residence BOWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth Logansport, Ind.  
11. Residence Adams and 17th St. Ward No. 2  
12. Time of residence in the city.....  
13. When a minor { Name of mother.....  
Name of father.....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Apr 1" 1907  
GERARD & GERARD. Undertaker.  
Date of Certificate Mar 31" 1907 Residence BOWLING GREEN, KY

Murry Felts, 1906

9

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

# RETURN OF A DEATH.

*756*

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Murry Felts*  
 2. Sex *Male* 3. Color *White* 4. Age *15 Mos.*  
 5. Married or single *Single*  
 6. Date of death *JUL 2 - 1906*  
 7. Cause of death *Intest. Colitis*  
 8. Duration of last illness  
*J. C. Murditt*, M. D.  
 Residence *BOWLING GREEN, KY*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
 10. Place of birth *BOWLING GREEN, KY*  
 11. Residence *Woodford St* *BOWLING GREEN, KY* Ward No.  
 12. Time of residence in the City. *Life time*  
 13. When a minor { Name of Mother *Mrs. Nevada Felts*  
 Name of Father *J. C. Felts*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *JUL 3 - 1906*  
*GERARD & GERARD*, Undertaker.  
 Date of Certificate *JUL 2 - 1906* Residence *BOWLING GREEN, KY*



William H. Felts, 1907

16

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

## RETURN OF A DEATH.

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

1. Name of deceased Wm H. Felts  
2. Sex Male 3. Color White 4. Age 70 yrs.  
5. Married or single Married  
6. Date of death JUL 13 1907  
7. Cause of death Old age  
8. Duration of last illness.....  
C. S. Dowell M. D.  
Residence B Green Ky.

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

9. Occupation.....  
10. Place of birth Logan, Co.  
11. Residence Woodford St. Ward No. 2  
12. Time of residence in the city 20 yrs.  
13. When a minor { Name of mother.....  
                          { Name of father.....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment July 14 1907.  
GERARD & GERARD Undertaker.  
Date of Certificate JUL 13 1907 Residence BOWLING GREEN, KY



John H Fenwick 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 *John H Fenwick*  
2. Sex *Male* 3. Color *White* 4. Age *53*  
5. Married or Single *Married*  
6. Date of death *Sept. 13 '05*  
7. Cause of death *Consumption*  
8. Duration of last illness  
*G. C. Huddell*, M. D.  
Residence

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
10. Place of birth  
11. Residence *Church St.* Ward No. *3*  
12. Time of residence in the city  
13. When a minor { Name of Mother  
Name of Father  
14. Place of intended interment *St. Josephs Cemetery*  
15. Date of intended interment *Sept. 15 '05*  
*Board & Guard*, Undertaker.  
Date of Certificate *Sept. 15 '05* Residence *City*



Agnes Ferrell 1906

12

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Agnes Ferrell*  
2. Sex *Female* 3. Color *White* 4. Age *6 Mos.*  
5. Married or single *Single*  
6. Date of death *June 22<sup>nd</sup> 06.*  
7. Cause of death *Tubercular Meningitis*  
8. Duration of last illness \_\_\_\_\_  
\_\_\_\_\_ *H. D. Cartwright*, M. D.  
Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *BOWLING GREEN, KY.*  
11. Residence *Adams St* *BOWLING GREEN, KY.* Ward No. \_\_\_\_\_  
12. Time of residence in the City. *6 Mos.*  
13. When a minor { Name of Mother *Mrs. Harrietta Ferrell*  
Name of Father *Wm Ferrell*  
14. Place of intended interment *Fairview Cemetery*  
*JUN 22 1906*  
15. Date of intended interment \_\_\_\_\_  
*GERARD & GERARD,* Undertaker.  
Date of Certificate *JUN 22 1906* Residence *BOWLING GREEN, KY*



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. Name of deceased *Ira J. Ferrell*  
2. Sex *Female* 3. Color *White* 4. Age *9 yrs.*  
5. Married or single *Single*  
6. Date of death *Nov. 15 1908.*  
7. Cause of death *Diphtheria*  
8. Duration of last illness *E. A. Gerard,*  
*E. A.*  
Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation  
10. Place of birth *Bowling Green Ky*  
11. Residence *Emmis, Texas* Ward No.  
12. Time of residence in the city  
13. When a minor { Name of mother *Mrs. Annie Hespire Ferrell*  
Name of father *Geo. Ferrell*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Nov. 1908*  
*GERARD & GERARD.* Undertaker.  
*BOWLING GREEN, KY*  
Date of Certificate *Nov. 1908.* Residence



Ira J Ferrell

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

### CERTIFICATE OF UNDERTAKER

I hereby certify that the accompanying dead body of Mrs. J. F. Ferrell  
(If a minor, give parents' name also)  
 Consigned to Cor. G. Green in the County of \_\_\_\_\_ State of Kentucky  
 and who died of Diphtheria has been prepared by me, strictly in accordance with  
 Rules of the Department of Public Health and Vital Statistics for transportation by Railway and in conformity with  
 said rules as printed on the back of this permit.

Shipping Undertaker. R. Marjia

Embalmer's Permit No. 503 Residence \_\_\_\_\_ Town \_\_\_\_\_

[SEAL] **PASTER** Transit Permit No. \_\_\_\_\_  
(Give Station No.)

Station Baggage men must enter hereon a description of the ticket, the exact route  
 and VIA WHAT JUNCTION 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.

Date 11-17-8

From Emmis to Bowling Green State of Ky.

No. of Ticket of Escort 85-81 Form No. of Ticket of Escort 8-10-10 4-35

No. of Corpse Ticket 86-82 Form No. of Corpse Ticket 8-10-10 4-35

Via S.M. R.R. To Union

Via Big Sandy R.R. To High Oaks

Via Big Sandy R.R. To Edge Jct.

Via Memphis Bridge R.R. To Memphis

Via Big Sandy R.R. To Bowling Green Ky.

Name of Passenger in charge Mrs J. F. Ferrell Residence Emmis Dec

Signed J. H. Logan Station B.M.



Lee Ferrell 1912

14

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

# RETURN OF A DEATH.

1158

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Lee Ferrell  
 2. Sex Male 3. Color White 4. Age 27 yrs.  
 5. Married or single Single  
 6. Date of death Mar 6" 1914  
 7. Cause of death Ap pendicitis, as per Vital Statistics  
 8. Duration of last illness E. A. Gerard, General Director  
 M. D.  
 Residence Bowling Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Tennessee  
 11. Residence Nashville Tenn. Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
 Name of father.....  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Mar. 7" 1914  
 GERARD & GERARD.....Undertaker.  
 Date of Certificate Mar 7" 1914 Residence City



Child of Sandy & Alice Ferrell 1896

866 15

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Sandy Ferrell*  
2. Sex *Male* 3. Color *Blk* 4. Age *22 months*  
5. Married or single *Single*  
6. Date of Death *Mar 26/96*  
7. Cause of Death *Pneumonia*  
8. Duration of last Illness \_\_\_\_\_  
*O. D. Porter*, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Main Street* Ward No. *4th*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother *Alice Ferrell*  
                          } Name of Father *Sandy Ferrell*  
14. Place of intended Interment *Mt Moriah Cemetery*  
15. Date of intended Interment *Mar 27/96*  
*F. C. Guard & Bro*, Undertaker.  
Date of Certificate *Mar 26/96* Residence \_\_\_\_\_

W. F. Ferrell 1907

16

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

# RETURN OF A DEATH.

349

## Physician's Certificate Preparatory to Burial.

1. Name of deceased W. F. Ferrell
2. Sex male      3. Color white      4. Age 67 yrs
5. Married or single married
6. Date of death Nov - 4 - 1907
7. Cause of death Cerebral Limer
8. Duration of last illness Several weeks  
a C Wright M.D. & Wandalet M.D.  
of  
 Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
  10. Place of birth Iowa
  11. Residence Indianapolis Ind Ward No.....
  12. Time of residence in the city.....
  13. When a minor { Name of mother.....  
 Name of father.....
  14. Place of intended interment Fairview Cem
  15. Date of intended interment Nov 5, 1907  
Haway Baym Undertaker.
- Date of Certificate.....      Residence.....



Child of William Ferrell

17

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

# RETURN OF A DEATH.

828

### Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Wm Ferrell*  
 2. Sex *Male* 3. Color *White* 4. Age *12 days*  
 5. Married or single *Single*  
 6. Date of death *June 4" 1910*  
 7. Cause of death *Assaetion*  
 8. Duration of last illness.....  
 .....

*J. E. Meredith* M. D.  
 Residence.....

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

9. Occupation.....  
 10. Place of birth *BOWLING GREEN, KY.*  
 11. Residence *Gaspar River Pike* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *Mrs Wm Ferrell (died 5-31-10)*  
 Name of father *Wm Ferrell*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *June 5" 1910*  
 .....

*GERARD & GERARD* Undertaker.  
 Date of Certificate *June 5" 1910* 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.

820

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. William Ferrell*  
 2. Sex *Female* 3. Color *White* 4. Age *38 yrs.*  
 5. Married or single *Married*  
 6. Date of death *May 31" 1910*  
 7. Cause of death *Blood Poison due to erysipelas*  
 8. Duration of last illness.....  
*W. A. B. Briggs & J. E. Mendick* M. D.  
 Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Warren County*  
 11. Residence *Gasper River Pike, Warren Co.* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *June 1" 1910.*  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *June 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.

1341

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mattie Fields
2. Sex Female
3. Color Blk
4. Age 54 yrs.
5. Married or single Married
6. Date of death Feb'y 21/13
7. Cause of death Arteriosclerosis
8. Duration of last illness

Z. K. Jones M. D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Paris, Ind.
11. Residence Duboisfield Ward No.
12. Time of residence in the city
13. When a minor { Name of mother  
Name of father
14. Place of intended interment Mt. Moriah
15. Date of intended interment Feb'y 23<sup>rd</sup> 1913

**GERARD & GERARD.** Undertaker.

Date of Certificate Feb'y 22/13 Residence Bowling Green, Ky.

George Finch 1892

376- 20

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of Deceased *George Finch*  
2. Sex *Male* 3. Color *Blk* 4. Age *14 mo.*  
5. Married or Single *Single*  
6. Date of Death *Jan 18"/92.*  
7. Cause of Death *Hereditary Syphilis*  
8. Duration of last Illness *fourteen months*  
*D. J. Hamilton*, M. D.  
Residence *Bowling Green Ky.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Ky. Street* . Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Cathie Finch*  
                          } Name of Father *Richard "*  
14. Place of intended Interment *St. Francis Cem.*  
15. Date of intended Interment *Jan 19"/92*  
*J. B. Gerard* Undertaker.  
Date of Certificate *Jan 18"/92* Residence *City.*



Richard Finch 1909

21

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

## RETURN OF A DEATH.

678

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

1. Name of deceased..... *Richard Finch*

2. Sex *male* 3. Color *col* 4. Age *36 yrs*

5. Married or single..... *married*

6. Date of death..... *Aug. 7 - 1909*

7. Cause of death..... *Pulmonary Tuberculosis*

8. Duration of last illness..... *About 3 months*

*O. D. White* M. D.

Residence..... *Spencer 15*

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

9. Occupation..... *General work*

10. Place of birth..... *Bowling Green*

11. Residence..... *7 St.* Ward No. *3*

12. Time of residence in the city..... *36 yrs*

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

14. Place of intended interment..... *mt. maria's Cemetery*

15. Date of intended interment..... *Aug 9 - 1909.*

*J. E. Shepherd* Undertaker.

Date of Certificate..... *Aug. 9 - 1909.* Residence.....  
*Bowling Green Ky Cor 7th*  
*College St.*

George Finn 1899

81

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 Geo. Finn  
 2. Sex male 3. Color Blk. 4. Age 27 years  
 5. Married or single married  
 6. Date of death Sept 29/99  
 7. Cause of death Pneumonia and Inebriety  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer  
 10. Place of birth \_\_\_\_\_  
 11. Residence Levee St Ward No. 1  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment Mt. Moriah Cemetery  
 15. Date of intended interment Sept 30/99  
Garard and Garard, Undertaker.  
 Date of Certificate Sept 29/99 Residence \_\_\_\_\_



Callie Fishback 1898

*23*

*Out of City*

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL *Fishback*

1. Name of deceased *Callie Fishback*  
2. Sex *female* 3. Color *wh* 4. Age *22 yrs*  
5. Married or single *married*  
6. Date of death *April - 7 - 1898*  
7. Cause of death *Consumption*  
8. Duration of last illness *8 or 10 months*  
*E. T. Hughes*, M. D.  
Residence *Bowling Green*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Cook*  
10. Place of birth *Oakland Ky.*  
11. Residence *71. street* Ward No. *1<sup>st</sup>*  
12. Time of residence in the City *one year*  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Oakland Ky.*  
15. Date of intended interment *April 8 - 1898*  
*Guard & Guard*, Undertaker.  
Date of Certificate *April 8* Residence \_\_\_\_\_

Child of Roland & Georgina Fitch 1908

24

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

# RETURN OF A DEATH.

540

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Roland Fitch*  
 2. Sex *Female* 3. Color *White* 4. Age *14 mo.*  
 5. Married or single *Single*  
 6. Date of death *Nov. 9" 1908*  
 7. Cause of death *Elicocitis*  
 8. Duration of last illness.....  
*4 to 6 weeks* M. D.  
 Residence **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Bowling Green Ky.*  
 11. Residence *State St.* Ward No. *2*  
 12. Time of residence in the city *14 months*  
 13. When a minor { Name of mother *Mrs. Georgina Fitch*  
 Name of father *Roland Fitch*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Nov. 10" 1908*  
**GERARD & GERARD.** Undertaker.  
 Date of Certificate *Nov 10/08* Residence **BOWLING GREEN, KY**



Caroline M. Fitz 1910

25

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

# RETURN OF A DEATH.

768

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Caroline M. Fitz*  
 2. Sex *Female* 3. Color *White* 4. Age *84 yrs.*  
 5. Married or single *Widow*  
 6. Date of death *July 14/1910.*  
 7. Cause of death *La Grippe*  
 8. Duration of last illness  
 Signature *B. R. Nowall* M. D.  
 Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth *Zanesville Ohio*  
 11. Residence *Park St.* Ward No. *1*  
 12. Time of residence in the city *4 1/2 yrs.*  
 13. When a minor { Name of mother  
                           { Name of father  
 14. Place of intended interment *Springfield Ohio*  
 15. Date of intended interment *July 16/1910.*  
 Signature *GERARD & GERARD* Undertaker.  
 Date of Certificate *July 15/1910.* Residence  
*Mrs. Fitz is the mother of Mrs. John J. Woodward.*

Pat Fitzgerald 1894

26

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Pat Fitzgerald*

2. Sex *Male* 3. Color *White* 4. Age *65 yrs.*

5. Married or single *Married*

6. Date of Death *Feb 11/94*

7. Cause of Death *Arteriosclerosis of heart*

8. Duration of last Illness *Some months*

*A. C. Lynch*, M. D.

Residence *B. B. Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Ireland*

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

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

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

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

15. Date of intended Interment *Feb 3/94*

*J. L. Gerard & Bro.*, Undertaker.

Date of Certificate *Feb 2/94* Residence *City*



Child of Jesse Fitzpatrick 1900

39 27

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Jesse Fitzpatrick*  
2. Sex *Female* Color *Blk* 4. Age *6*  
5. Married or single *Single*  
6. Date of death *May 3" 1900.*  
7. Cause of death *Meningitis*  
8. Duration of last illness \_\_\_\_\_  
*O. J. Donlin, M. D.*  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *Southey St.* Ward No. *2<sup>nd</sup>*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father *Jesse Fitzpatrick*  
14. Place of intended interment *Mr. Moran, Cemetery*  
15. Date of intended interment *May 4" 1900.*  
*Guard and Guard* , Undertaker.  
Date of Certificate *May 4/1900* Residence \_\_\_\_\_

Mary Fitzpatrick 1897

1074 28

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Mary Fitzpatrick*  
2. Sex *Female* 3. Color *White* 4. Age *80 yrs.*  
5. Married or single *Widow*  
6. Date of Death *Nov. 7<sup>th</sup> 97*  
7. Cause of Death *Old age*  
8. Duration of last Illness \_\_\_\_\_  
*C. P. Gimsted*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ireland*  
11. Residence *Adams St.* Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *St. Joseph's Cem.*  
15. Date of intended Interment *Nov 8<sup>th</sup> 97*  
*Gerard & Gerard*, Undertaker.  
Date of Certificate *Nov 8<sup>th</sup> 97* Residence *City*



Elizabeth Fix 1908

29

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

# RETURN OF A DEATH.

509

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss. Elizabeth Fix.*  
 2. Sex *Female* 3. Color *White* 4. Age *23 yrs.*  
 5. Married or single *Single*  
 6. Date of death **AUG 22 1908**  
 7. Cause of death *Tuberculosis*  
 8. Duration of last illness *Two W. Weeks* M. D.  
 Residence **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Ohio*  
 11. Residence *Kentucky St.* Ward No. *2*  
 12. Time of residence in the city *9 months*  
 13. When a minor { Name of mother.....  
                           Name of father.....  
 14. Place of intended interment *Clarksville, Tenn.*  
 15. Date of intended interment *Aug 23/1908*  
**GERARD & GERARD.** Undertaker.  
 Date of Certificate **AUG 22 1908** Residence **BOWLING GREEN, KY**

Louise Fleenor 1904

30

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Fleenor

1. Name of deceased Louise Fleenor

2. Sex female 3. Color white 4. Age 60

5. Married or single single

6. Date of death April 20 1904

7. Cause of death Cancer

8. Duration of last illness months

A. T. M. Connally, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth Virginia

11. Residence Indianola St Ward No. \_\_\_\_\_

12. Time of residence in the City. years

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

14. Place of intended interment Fairview Cem

15. Date of intended interment April 21<sup>st</sup> 1904

Hewley Baynes, Undertaker.

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



Lucy Fleenor 1911

31

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

# RETURN OF A DEATH.

1108

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Lucy Fleenor  
 2. Sex Female 3. Color White 4. Age 43  
 5. Married or Single Married  
 6. Date of death Nov 26 1911  
 7. Cause of death Peritonitis  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_ J. W. Pacy D.O.  
 \_\_\_\_\_ M.D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation at home  
 10. Place of birth Russellville  
 11. Residence Bowling Green Ky Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Russellville  
 15. Date of intended interment Nov 27 1911  
Emmie Kelly, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence Bowling Green Ky

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 Fleenor*  
 2. Sex *Female* 3. Color *White* 4. Age *12 yrs.*  
 5. Married or single *Single*  
 6. Date of death *Sept. 6" 1910.*  
 7. Cause of death *Poat operative Peritonitis*  
 8. Duration of last illness *1 wk*  
*T. W. Stone* M. D.  
 Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Warren County*  
 11. Residence..... " " Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *Mrs. Walter P. Fleenor*  
                           { Name of father *Walter P. Fleenor*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Sept. 8" 1910.*  
*GERARD & GERARD*, Undertaker.  
 Date of Certificate *Sept. 7/ 1910* Residence.....



Mary E. Fleenor 1897

1042 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.

*Fleenor*

1. Name of deceased *Mrs Mary E Fleenor*

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

5. Married or single *widow*

6. Date of Death *Aug 22 1897*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *3 or 4 weeks*

*W. B. [Signature]*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Virginia*

11. Residence *Indianola St* . Ward No. *5*

12. Time of Residence in the City *20 years*

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Aug 23 1897*

*Arthur [Signature]*, 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 *Miss Johannah Fleming*  
2. Sex *Female* 3. Color *White* 4. Age *60 yrs.*  
5. Married or single *Single*  
6. Date of death *July 1<sup>st</sup> 1903*  
7. Cause of death *Nervous Exhaustion*  
8. Duration of last illness \_\_\_\_\_  
*Wright* \_\_\_\_\_ *A. B. Wright* M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of birth *Ireland*  
11. Residence *Center St* Ward No. *2*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *St Josephs Cemetery*  
15. Date of intended interment *July 3<sup>rd</sup> 1903.*  
*Guard & Guard* Undertaker.  
Date of Certificate *July 2<sup>nd</sup> 1903.* Residence \_\_\_\_\_



Mary Fleming 1896

937 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 Fleming*  
2. Sex *Female* 3. Color *White* 4. Age *70 yrs.*  
5. Married or single *Widow.*  
6. Date of Death *Aug 25"/1896.*  
7. Cause of Death *Pneumonia*  
8. Duration of last illness \_\_\_\_\_  
*J. C. Meredith*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ireland.*  
11. Residence *Center street* Ward No. *2nd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *St Josephs Cem.*  
15. Date of intended Interment *Aug 27/96.*  
*J. C. Gerard & Bro.*, Undertaker.  
Date of Certificate *Aug 26/96.* Residence \_\_\_\_\_

Pat Fleming 1904

36

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Pat Fleming*  
2. Sex *Male* 3. Color *White* 4. Age *60 yrs.*  
5. Married or Single *Married*  
6. Date of death *Oct 17 1904.*  
7. Cause of death *Convulsion*  
8. Duration of last illness *8 hrs.*  
*J. H. Stone*, M. D.  
Residence

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
10. Place of birth  
11. Residence *Center St.* Ward No. *2*  
12. Time of residence in the city *44 yrs.*  
13. When a minor { Name of Mother  
Name of Father  
14. Place of intended interment *St. Josephs Cemetery*  
15. Date of intended interment *Oct. 14/04.*  
*Frank T. Girard*, Undertaker.  
Date of Certificate *Oct. 14/04.* Residence



Freddie Flint 1908

37

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

## RETURN OF A DEATH.

*405*

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Freddie Flint*

2. Sex *male*      3. Color *Black*      4. Age *72 yrs*

5. Married or single *Single*

6. Date of death *July 13 1908*

7. Cause of death *Paralysis*

8. Duration of last illness *five weeks*

*J. W. Lane*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *North Carolina*

11. Residence *12 + Park*      Ward No. \_\_\_\_\_

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

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

14. Place of intended interment *Not known*

15. Date of intended interment *July 14/08*

*Hawley Payne*, Undertaker.

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

Margarette Flowers 1911

38

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

1098  
**RETURN OF A DEATH.**  
1098

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

1. Name of deceased Margarette Flowers  
 2. Sex Female 3. Color White 4. Age 2 yrs  
 5. Married or Single Single  
 6. Date of death Nov 14/1911  
 7. Cause of death Capillary Bronchitis  
 8. Duration of last illness 10 days  
 \_\_\_\_\_, M. D.  
 Residence Bowling Green Ky

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

9. Occupation \_\_\_\_\_  
 10. Place of birth Bethu, La Ky  
 11. Residence 136 Hope St. Ward No. 2  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother Ehija Flowers  
 Name of Father F. W. Flowers  
 14. Place of intended interment Woodbury, Kentucky  
 15. Date of intended interment Nov. 13/1911.  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate Nov. 14/1911 Residence City



Windell Flowers 1909

39

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

# RETURN OF A DEATH.

564

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

1. Name of deceased *Windell Flowers*
2. Sex *male*      3. Color *col.*      4. Age *18 mo.*
5. Married or single \_\_\_\_\_
6. Date of death *Jan. 10 - 09.*
7. Cause of death *Pneumonia*
8. Duration of last illness *Three weeks*
- \_\_\_\_\_ , M. D.  
*Ch. Porter*
- Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of birth *Bowling Green*
11. Residence *7 Street*      Ward No. *2*
12. Time of residence in the City. *during life*
13. When a minor { Name of Mother *Velma Flowers*  
                          Name of Father *James Flowers*
14. Place of intended interment *Franklin Hy.*
15. Date of intended interment *Jan. 11 - 1909.*
- \_\_\_\_\_ Undertaker.  
*J. E. Kuykendall*
- Date of Certificate *Jan. 11 1909*      Residence \_\_\_\_\_  
*7 College St.*

Child of Minnie Fly 1897

1008 40

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Infant Fly  
2. Sex \_\_\_\_\_ 3. Color Blk 4. Age \_\_\_\_\_  
5. Married or single \_\_\_\_\_  
6. Date of Death April 27 - 1897  
7. Cause of Death Still Born  
8. Duration of last Illness \_\_\_\_\_

J. F. Rodgers, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth City  
11. Residence College street. Ward No. 2  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother Minnie Fly  
                          { Name of Father \_\_\_\_\_  
14. Place of intended Interment County Cemetery  
15. Date of intended Interment Apr 28 - 1897  
J. G. Guard Undertaker.  
Date of Certificate Apr 27/97 Residence \_\_\_\_\_



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.**

1. Name of deceased *Ethell Flynn*

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

5. Married or Single *Single*

6. Date of death *Dec 21 " 04.*

7. Cause of death *Murmur*

8. Duration of last illness *Some W. Stom*, M. D.

Residence .....

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

9. Occupation .....

10. Place of birth *Elizabeth Ind.*

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

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

13. When a minor { Name of Mother *Mrs. Josie Flynn*  
Name of Father *J. P. Flynn*

14. Place of intended interment *Elizabeth Ind.*

15. Date of intended interment *Dec. 23 " 04.*

*Gerard D. Grand*, Undertaker.

Date of Certificate *Dec 27/04* Residence .....

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. Follis*  
2. Sex \_\_\_\_\_ 3. Color *white* 4. Age \_\_\_\_\_  
5. ~~Married~~ or Single \_\_\_\_\_  
6. Date of Death *April 13 1894*  
7. Cause of Death *premature birth*  
8. Duration of last Illness *short*  
*H. P. Coster* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Wistar*  
11. Residence *Adams St* . Ward No. *2*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Jan J. Follis*  
                          } Name of Father *J. C. Follis*  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *Apr 14 1894*  
*Robert Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Child of Ben Ford 1901

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 *Female* 3. Color *White* 4. Age *17 months*  
5. Married or single *Single*  
6. Date of death *June 29<sup>th</sup> 1901.*  
7. Cause of death *Enterocolitis.*  
8. Duration of last illness *5 days*  
*J. H. Rogers*, M. D.  
Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *College St.* Ward No. *2*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother *Mrs Ben Ford.*  
Name of Father *Ben Ford.*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *June 29/1901*  
*Edward and Edward*, Undertaker.  
Date of Certificate *June 29/1901.* Residence \_\_\_\_\_

Benjamin Ford 1905

44

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

## RETURN OF A DEATH.

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

1. Name of deceased *Benjamin Ford.*  
2. Sex *Male* Color *White* 4. Age *44 yrs*  
3. Married or Single *Married.*  
6. Date of death *Mar. 20" 05.*  
7. Cause of death *Tuberculosis*  
8. Duration of last illness \_\_\_\_\_  
*John. H. Blackman.*, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of birth *Warren County*  
11. Residence *Kentucky St.* Ward No. *3*  
12. Time of residence in the city *Several years.*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery.*  
15. Date of intended interment *Mar. 21" 05.*  
*Grand and Grand.*, Undertaker.  
Date of Certificate *Mar. 20" 05.* Residence \_\_\_\_\_



Emma Ford 1905

45

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Emma Ford*  
2. Sex *female* 3. Color *white* 4. Age *36 yr*  
5. Married or single *married*  
6. Date of death *Nov 22 1903*  
7. Cause of death *Burned*  
8. Duration of last illness *few hours*  
*J. H. Blackburn*, M. D.  
*F. D. Cartwright*  
Residence

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Tennessee*  
11. Residence *Lawrence Hill* Ward No. *3*  
12. Time of residence in the City. *4 months*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cem*  
15. Date of intended interment *Nov 24 1903*  
*Hewley Payne* 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 *Mrs Jane Ford*  
2. Sex *Female* 3. Color *White* 4. Age *76 yrs*  
5. Married or single *Widow*  
6. Date of death *Jan 14" 1903*  
7. Cause of death *Apoplexy*  
8. Duration of last illness  
*D. C. Rutherford*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Warren County*  
11. Residence *17<sup>th</sup> St.* Ward No. *1*  
12. Time of residence in the City *several days*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Jan 15" 1903*  
*Guard & Guard*, Undertaker.  
Date of Certificate *Jan 15/1903* Residence \_\_\_\_\_



Mrs. John W. Ford 1910

47

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

# RETURN OF A DEATH.

848

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs John W Ford
2. Sex Female      3. Color white      4. Age 63
5. Married or Single Married
6. Date of death June 25 1910
7. Cause of death Tuberculosis (Pulmonary)
8. Duration of last illness About 3 years  
C. B. Dewell, M. D.  
Residence 1142 College St

## Undertaker's Certificate in Relation to Deceased.

9. Occupation House wife
  10. Place of birth Barron County
  11. Residence Main St Bowling Green Ky.      Ward No. 2
  12. Time of residence in the city 14 years
  13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_
  14. Place of intended interment Fairview Cemetery
  15. Date of intended interment June 27 1910  
Gerard & Gerard, Undertaker.
- Date of Certificate June 27 1910      Residence \_\_\_\_\_

Kittie Ford 1913

48

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

# RETURN OF A DEATH.

1378

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Kittie Ford*  
 2. Sex *Female* 3. Color *White* 4. Age *49 yrs.*  
 5. Married or single *Widow*  
 6. Date of death *Apr - 20 - 1913*  
 7. Cause of death *Carcinoma cervicis uteri*  
 8. Duration of last illness *2 yrs*  
 \_\_\_\_\_ M. D.  
*Jno. H. Blackburn*  
 Residence *Bowling Green, Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Kentucky*  
 11. Residence *Broadway* Ward No. *1*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of mother \_\_\_\_\_  
                           Name of father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Apr. 21 1913.*  
 \_\_\_\_\_ Undertaker.  
*GERARD & GERARD.*  
 Date of Certificate *APR 20 1913* Residence *Bowling Green, K*



Lucy Ford 1897

1058 49

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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1. Name of deceased Lucy Ford

2. Sex female 3. Color Col 4. Age \_\_\_\_\_

5. Married or single was married

6. Date of Death Oct 6 - 1897

7. Cause of Death Tumor of Throat

8. Duration of last Illness Five Months

W. D. Potter, M. D.

Residence State St

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth Tennessee

11. Residence Eight St Ward No. 2<sup>nd</sup>

12. Time of Residence in the City 14 years

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

14. Place of intended Interment My funeral

15. Date of intended Interment Oct 7<sup>th</sup> 1897

Guard & Guard, Undertaker.

Date of Certificate Oct 7<sup>th</sup> 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.

1416

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Miss Sugie Ford  
 2. Sex Female 3. Color white 4. Age About 20 yrs  
 5. Married or single Single  
 6. Date of death June 16 1913  
 7. Cause of death Accidental Drowning  
 8. Duration of last illness Sudden  
J. E. Matlock M.D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Student  
 10. Place of birth Kentucky Fordsville  
 11. Residence Fordsville Ward No. \_\_\_\_\_  
 12. Time of residence in the City. Few months  
 13. When a minor { Name of Mother \_\_\_\_\_  
 { Name of Father \_\_\_\_\_  
 14. Place of intended interment Fordsville Ky  
 15. Date of intended interment Don't know  
Ernest McQuinn Undertaker.  
 Date of Certificate June 17 1913 Residence B. Green



Thomas Ford 1903

51

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

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Thomas Ford*  
2. Sex *Male* 3. Color *White* 4. Age *88 yrs.*  
5. Married or single *Married*  
6. Date of death *Nov. 11" 1903.*  
7. Cause of death *Pneumonia*  
8. Duration of last illness \_\_\_\_\_  
*A. G. Wright*, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *City Center St.* Ward No. *3*,  
12. Time of residence in the City. *Several years.*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Nov. 12" 1903.*  
*Grand and Grand*, Undertaker.  
Date of Certificate *Nov. 12/1903.* Residence *City*

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 *Wheeler E. Fordyce*
- 2. Sex *Male* 3. Color *White* 4. Age *18 yob*
- 5. Married or single *Single*
- 6. Date of Death *June 2<sup>nd</sup> 1897*
- 7. Cause of Death *Pneumonia*
- 8. Duration of last Illness \_\_\_\_\_

*A. C. Wright*, M. D.  
 Residence *City*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of Birth *Wetzel County Ky*
- 11. Residence *Fourth street* Ward No. *1<sup>st</sup>*
- 12. Time of Residence in the City \_\_\_\_\_
- 13. When a Minor } Name of Mother *Mrs E. W. Fordyce*  
 } Name of Father *E. W. Fordyce*
- 14. Place of intended Interment *Fairview Cemetery*
- 15. Date of intended Interment *June 3<sup>rd</sup> 1897*

*H. O. Howard* Undertaker.  
 Date of Certificate *June 3/97* Residence \_\_\_\_\_



George W. Forrer 1907

53

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

# RETURN OF A DEATH.

292

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Geo W Forrer *Forrer*

2. Sex male 3. Color white 4. Age 57 *yo*

5. Married or single married

6. Date of death August 13 1907

7. Cause of death Paralysis

8. Duration of last illness months

A. M. Broudy M. D.

Residence Louisia Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Millwright

10. Place of birth .....

11. Residence Louisia Ky Ward No. ....

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

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

{ Name of father .....

14. Place of intended interment Fairview Bury

15. Date of intended interment Aug 15 1907

Edw. Day Payson Undertaker.

Date of Certificate .....

Residence .....

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 *Mabel Forrer*
- 2. Sex *female* 3. Color *white* 4. Age *13 yrs -*
- 5. Married or single *single*
- 6. Date of death *March - 24 - 1907*
- 7. Cause of death *Pneumonia*
- 8. Duration of last illness

*J. S. Myggs* M. D.  
 Residence *Douglas Ky*

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation *"*
- 10. Place of birth *Warren County*
- 11. Residence *Louisia Ky -* Ward No. ....
- 12. Time of residence in the city
- 13. When a minor { Name of mother *Surie Forrer*  
 Name of father *Geo Forrer -*
- 14. Place of intended interment *Fairview Cem -*
- 15. Date of intended interment *March 30<sup>th</sup> 1907 -*

*Harvey Payne* Undertaker.

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



Child of Sam & Annie Forrester 1898

1195 55

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Sam Forrester*  
2. Sex \_\_\_\_\_ 3. Color *White* 4. Age *2 da*  
5. Married or single *Single*  
6. Date of death *Oct 29 1898*  
7. Cause of death *Convulsions*  
8. Duration of last illness \_\_\_\_\_  
*B. H. Killiken*, M. D.  
Residence *B. Grassy*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *Hullsey St* Ward No. *22nd*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother *Mrs Annie Forrester*  
                          } Name of Father *Sam Forrester*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Oct 30 1898*  
*Leard & Leard*, Undertaker.  
Date of Certificate *Oct 30 1898* Residence \_\_\_\_\_

Clarence Foster 1909

#62af

56

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Clarence Foster*  
 2. Sex *Male* 3. Color *White* 4. Age *33*  
 5. Married or single *Married*  
 6. Date of death *May 15/09*  
 7. Cause of death *Jugular Vein Severed*  
 8. Duration of last illness *Just got*  
 Dr. *John E. Gray* Coroner M. D.  
 Residence *Bowling Green Ky*

Throat cut

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Handle Miles*  
 10. Place of birth  
 11. Residence *Bowling Green* Ward No. *Km*  
 12. Time of residence in the city *10 yrs*  
 13. When a minor { Name of mother  
 Name of father  
 14. Place of intended interment *Fairview Cem*  
 15. Date of intended interment *May 17/09*  
*Marriott Truckee* Undertaker.  
 Date of Certificate *May 17/09* Residence *B.G. Ky*



Freelan Foster 1898

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 Freelan Foster  
 2. Sex Male 3. Color Blk 4. Age 55 (about)  
 5. Married or single Married  
 6. Date of death Feb 21" 1898  
 7. Cause of death Pneumonia  
 8. Duration of last illness \_\_\_\_\_

J. E. Meredith M. D.  
 Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth Allen County  
 11. Residence State Street Ward No. 1st  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment Mt. Moriah Cemetery  
 15. Date of intended interment Feb 22" 1898  
Guard & Guard Undertaker.  
 Date of Certificate Feb 22/1898 Residence \_\_\_\_\_

Marchall Artis Foster 1913

58

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

# RETURN OF A DEATH.

1349

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Marshall Artis Foster  
 2. Sex Female 3. Color White 4. Age 54  
 5. Married or single Single  
 6. Date of death March 1st 1913  
 7. Cause of death Chorea of Lung  
 8. Duration of last illness 9 days  
J. H. Stone M. D.  
 Residence Bowling Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Allen Ky.  
 11. Residence Bowling Green, Ky. Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment March 2nd 1913  
Genard Grand Undertaker.  
 Date of Certificate Mar. 1 1913 Residence City



Sarah R. Foster 1899

67 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 R. Foster  
 2. Sex Female 3. Color W. C. 4. Age 45 years  
 5. Married or single Widow  
 6. Date of death Aug 24 / 99  
 7. Cause of death Consumption  
 8. Duration of last illness 9 mo.  
Tom W. Stone, M. D.  
 Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth Warren Co. Ky.  
 11. Residence 11" Ward No. 1  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment Mt. Moriah  
 15. Date of intended interment Aug 25 / 99  
Edward J. Givard, Undertaker.  
 Date of Certificate Aug 24 / 99 Residence \_\_\_\_\_

Edward S. Fowler 1908

60-1

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

## RETURN OF A DEATH.

474

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Edward S. Fowler  
2. Sex male 3. Color white 4. Age 49  
5. Married or single married  
6. Date of death May 21/08  
7. Cause of death Apoplexy  
8. Duration of last illness \_\_\_\_\_

J. S. Hendley, M. D.  
Residence Swanton Idaho

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Sawyer  
10. Place of birth \_\_\_\_\_  
11. Residence Swanton Idaho Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Warren County  
15. Date of intended interment June 17/08  
J. H. Payne wife, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Edward S. Fowler 1908

1001  
122

### TRANSIT PERMIT

Lewiston, Idaho, June 6 1908

Permission is hereby given C. J. Vasser  
to transport the remains of E. S. Fowler  
to Bolling Green State of Kentucky for interment.  
Date of Death May 21 1908 Place Lewiston Id  
Age 49 years  months  days. Sex Male  
Cause of Death Appendicitis  
Attending Physician J. B. Morris  
J. L. Hinkle M. D.  
Health Officer

60-311  
V. S. No. 5.

FOR USE ONLY BY WASHINGTON LICENSED EMBALMERS.

### WASHINGTON STATE BOARD OF HEALTH

## TRANSPORTATION OF CORPSE

(Original) TRANSIT PERMIT No. \_\_\_\_\_

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.

Lewiston Ida June 4 1908  
Washington

A certificate of death, registered No. \_\_\_\_\_, having been filed in accordance with the laws of Washington, permission is hereby given to remove  
for burial at Bolling Green  
in the County of Warren State of Kentucky  
the body of E. S. Fowler  
who died at Lewiston County of Nezperce State of Ida on the 21  
day of May 1908 Aged 49 years  months  days  
The cause of death\* being Appendicitis which is a non-communicable disease  
(communicable or non-communicable)  
and Miss Prudence Fowler is hereby authorized to accompany said remains.

\* Rule 1. The transportation of bodies dead of smallpox or bubonic plague is absolutely forbidden.

(If city or town affix corporate seal.) Signed J. L. Hinkle Health Officer.

This permit must be detached and delivered to the Person in charge of the corpse.

MSS 893  
B272



Child of T. W. & Anna Fowler  
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 *Infant Fowler*  
2. Sex *Male* 3. Color *White* 4. Age *4 days*  
5. Married or Single  
6. Date of Death *April 12<sup>th</sup> 79*  
7. Cause of Death *Congestion of the liver*  
8. Duration of last Illness *Twenty four hours*  
*R. S. Thomas*, M. D.  
Residence *Bowling Green*

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

9. Occupation *Infant*  
10. Place of Birth *Bowling Green Ky.*  
11. Residence *Main St.* Ward No. *3<sup>rd</sup>*  
12. Time of Residence in the City *4 Days*  
13. When a Minor { Name of Mother *Anna Fowler*  
Name of Father *T. W. Fowler.*  
14. Place of intended Interment *Catholic Cemetery*  
15. Date of intended Interment *April 12<sup>th</sup> 79.*  
*Strickles*, Undertaker.  
Date of Certificate *April 12<sup>th</sup> 79* Residence *Main St.*  
*B Green Ky*

Democrat Print.



Henry J. Fox 1899

~~18~~ ~~29~~ 29 62

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Henry J. Fox,  
2. Sex Male, 3. Color White, 4. Age 87 yrs.  
5. Married or single Widower  
6. Date of death Apr. 23<sup>rd</sup> 1899  
7. Cause of death Exhaustion and Old Age.  
8. Duration of last illness \_\_\_\_\_  
J. H. Stone, M. D.  
Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Warren County,  
11. Residence 10<sup>th</sup> Street Ward No. 2<sup>nd</sup>  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Apr 24<sup>th</sup> 1899  
Guard & Guard, Undertaker.  
Date of Certificate Apr. 24/99 Residence City

Bernice Fraley 1905

63

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Bernice Fraley  
2. Sex female 3. Color white 4. Age 30 yrs  
5. Married or single single  
6. Date of death July - 20 - 1905  
7. Cause of death Cataract of Stomach  
8. Duration of last illness weeks

W. H. Fraley, M. D.  
Residence Frozen Row

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Fairview  
11. Residence State # 428 Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_

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

14. Place of intended interment Fairview Cem  
15. Date of intended interment July 21 1905

J. Hawley Payne, Undertaker.

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



Infant of J. H. Frank 1904

64

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

## RETURN OF A DEATH.

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

1. Name of deceased Infant, Frank  
2. Sex Male 3. Color White 4. Age —  
5. Married or Single Single  
6. Date of death July 9 "04  
7. Cause of death Still Born  
8. Duration of last illness P. F. Rutherford, M. D.  
Residence City

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

9. Occupation —  
10. Place of birth City  
11. Residence Mansard Hotel, City Ward No. 2  
12. Time of residence in the city —  
13. When a minor { Name of Mother Mrs. A. Franks  
Name of Father J. H. Franks  
14. Place of intended interment St. Josephs Cemetery  
15. Date of intended interment July 9 "04  
Edward J. Ward, Undertaker.  
Date of Certificate July 9 "04 Residence —

Fanny Franklin 1882

65

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

### RETURN OF A DEATH.

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

1. Name of Deceased *Fanny Franklin*
2. Sex *Female* . 3. Color *Blk* . 4. Age *75 years*
5. Married or Single *Married*
6. Date of Death *Dec 24 1882*
7. Cause of Death *old age*
8. Duration of last Illness *several months*  
*W. McClaybrook*, M. D.
- Residence .....

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

9. Occupation .....
10. Place of Birth *Edmonson County Ky*
11. Residence *Green Ky* Ward No *2nd*
12. Time of Residence in the City *one year*
13. When a Minor { Name of Mother .....
- { Name of Father .....
14. Place of intended Interment .....
15. Date of intended Interment *Dec 25<sup>th</sup> 1882*
- ....., Undertaker.
- Date of Certificate .....
- Residence .....

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.

771

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Joseph Franklin  
2. Sex male 3. Color red 4. Age About 70 yrs  
5. Married or single Single  
6. Date of death Feb. 18 - 1910.  
7. Cause of death La Grip  
8. Duration of last illness about 2 weeks  
Dr. Ch. R. Francis, M. D.  
Residence \_\_\_\_\_

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

9. Occupation Farmer  
10. Place of birth in Emmons County  
11. Residence First Street Ward No. 2  
12. Time of residence in the City. About forty years  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father Abh  
14. Place of intended interment mt. mariahs cemetery  
15. Date of intended interment Feb. 19 - 1910  
J. E. Ruykindall, Undertaker.  
Date of Certificate Feb 19, 1910 Residence \_\_\_\_\_  
Cor. 7th & College St.

John Frasier

67

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

## RETURN OF A DEATH

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Frasier*

2. Sex *Male* ; 3. Color *White* . 4. Age *90*

5. Married or Single *Single*

6. Date of Death *Apr 18<sup>th</sup>*

7. Cause of Death *Stomach of heart*

8. Duration of last Illness *Five months*  
*Helwighe* , M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence \_\_\_\_\_ Ward No *3*

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

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

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

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

Democrat Job Print



Beatrice Frazier 1900

68

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Beatrice Frazier  
2. Sex female . 3. Color WEX . 4. Age 8 yrs  
5. Married or single —  
6. Date of death July 5 1900  
7. Cause of death Pneumonia complicated by spinal meningitis.  
8. Duration of last illness —

Dr. Ruble W. R. Ruble, M. D.  
Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation —  
10. Place of birth Indy  
11. Residence 125 1/2 . Ward No. —  
12. Time of residence in the City —  
13. When a minor } Name of Mother Ella Frazier  
                          } Name of Father Joe Frazier  
14. Place of intended interment Not known  
15. Date of intended interment July 6 1900  
J. Hawley Payne, Undertaker.  
Date of Certificate — . Residence —

Candy Freelin 1881

9 69

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

**RETURN OF A DEATH.**

Candy Freelin  
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased No Candy Freelin  
2. Sex Female 3. Color Blk 4. Age 2 years  
5. Married or Single \_\_\_\_\_  
6. Date of Death Oct 4<sup>th</sup> 1881  
7. Cause of Death Cholera Infantum  
8. Duration of last Illness 4 weeks  
No Physician, 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 \_\_\_\_\_  
\_\_\_\_\_, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Democrat Job Print



Julia Freeling 1880

70

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Julia freeling*

2. Sex *female* . 3. Color *Copper* . 4. Age *3 years*

5. Married or Single *[blacked out]*

6. Date of Death *Oct 24<sup>th</sup> 1880*

7. Cause of Death *absces of the Stomac*

8. Duration of last Illness *17 days*

*Dr. G. Oneal, M. D.*

Residence *3<sup>rd</sup> ward*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence \_\_\_\_\_ . Ward No *5<sup>th</sup>*

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

13. When a Minor { Name of Mother *Simmy Freeland*  
Name of Father *Jack*

14. Place of intended Interment *Col Cent*

15. Date of intended Interment *Oct 25<sup>th</sup> 1880*

*[Signature]*, Undertaker.

Date of Certificate *25<sup>th</sup> Oct* . Residence \_\_\_\_\_

Democrat Job Print

Mary Freeman 1909

71

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

# RETURN OF A DEATH.

708

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mary. Freeman. Col.  
 2. Sex Female 3. Color Blk. 4. Age 2 yrs.  
 5. Married or single Single  
 6. Date of death Oct. 18" 1909.  
 7. Cause of death Group  
 8. Duration of last illness.....  
J. W. Willis M. D.  
 Residence..... **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth **LOUISVILLE, KY.**  
 11. Residence Jonesville, Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother Mrs. Brown Freeman  
 Name of father Brown Freeman  
 14. Place of intended interment Mt. Moriah, Danstoy  
 15. Date of intended interment Oct. 19" 1909.  
**GERARD & GERARD.** Undertaker.  
 Date of Certificate Oct. 18/1909. Residence **BOWLING GREEN, KY**



William Freeman 1906

72

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

## RETURN OF A DEATH.

#76

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased William Freeman  
2. Sex Male 3. Color White 4. Age 16 yrs  
5. Married or single Single  
6. Date of death Aug 3 1906  
7. Cause of death accidentally shot  
8. Duration of last illness \_\_\_\_\_  
J. E. Gray, M. D.  
Residence Warren County

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Bowling Green Ky  
11. Residence State St Ward No. 2  
12. Time of residence in the City. Life time  
13. When a minor { Name of Mother Mrs. Mattie Freeman  
Name of Father Arthur Freeman  
14. Place of intended interment Arbun Ky  
15. Date of intended interment Aug 4 1906  
Guard & Guard, Undertaker.  
Date of Certificate Aug 3/06 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 French*  
 2. Sex *female* 3. Color *black* 4. Age *21 yrs*  
 5. Married or single *married*  
 6. Date of death *July 12 1900*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness *nine days*  
 \_\_\_\_\_  
*W. S. Hardbricks*, M. D.  
 Residence *Bowling Green*  
*on 10th & College Sts.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *seamstress*  
 10. Place of birth *Bowling Green*  
 11. Residence *10th St.* Ward No. *3rd*  
 12. Time of residence in the City. *15 yrs*  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Mt. Zion*  
 15. Date of intended interment *July 13 1900*  
 \_\_\_\_\_  
*J. E. Heywood*, Undertaker.  
 Date of Certificate *July 14 1900* Residence *Bowling Green -*  
*815 State St.*



Infant of W. C & Violet French 1906

74

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of W. C. French*  
2. Sex *Female* 3. Color *White* 4. Age *1 day*  
5. ~~Married~~ or single  
6. Date of death **AUG 17 1906**  
7. Cause of death *Inanition*  
8. Duration of last illness  
*John H Blackburn*, M. D.  
Residence **BOWLING GREEN, KY**

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of birth **BOWLING GREEN, KY**  
11. Residence *Clay St. Postoffice Addition* Ward No. *2*  
12. Time of residence in the City.  
13. When a minor { Name of Mother *Violet Dearing French*  
Name of Father *W. C. French*  
14. Place of intended interment *Rollville Warren Co.*  
15. Date of intended interment **AUG 18 1906**  
**GERARD & GERARD**, Undertaker.  
Date of Certificate **AUG 18 1906** Residence **BOWLING GREEN, KY**

Alexander Frick 1913

75

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

# RETURN OF A DEATH.

1425

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Alexander Frick  
 2. Sex Male 3. Color white 4. Age about 60 yrs  
 5. Married or single Married  
 6. Date of death June 19, 1913  
 7. Cause of death Organic Heart Disease  
 8. Duration of last illness Sudden  
J. E. Matlock M. D.  
 Residence of women co 14

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Stone Setter  
 10. Place of birth Dayton Ohio  
 11. Residence " " " Ward No.  
 12. Time of residence in the City. Sixty days  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Dayton Ohio  
 15. Date of intended interment \_\_\_\_\_  
Ernest Mc Ginnis Undertaker.  
 Date of Shipment June 19, 1913.  
 Date of Certificate June 26, 1913 Residence B Green



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 Frisz*

2. Sex *Male* . 3. Color *White* . 4. Age *13* ~~fourteen~~ years

5. Married or Single *Single*

6. Date of Death *March 7th*

7. Cause of Death *Remittent fever*

8. Duration of last Illness *Three wks.*

*W. A. Vilesius*, M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

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

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

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

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

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

Democrat Job Print

Wade H. Frost 1894

606

77

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Wade H. Frost
2. Sex Male 3. Color White 4. Age 47 yrs.
5. Married or single Married
6. Date of Death Feb 5<sup>th</sup> 1904
7. Cause of Death Heart Disease
8. Duration of last Illness \_\_\_\_\_

J. E. Mendenhall, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of Birth \_\_\_\_\_
11. Residence Eight street Ward No. 2<sup>nd</sup>
12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment Fairview Cemetery
15. Date of intended Interment Feb 6<sup>th</sup> 1904

F. C. Grand & Bro., Undertaker.

Date of Certificate Feb 6<sup>th</sup> 1904 Residence \_\_\_\_\_



John M. Fry 1901

78

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

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John M. Fry*  
2. Sex *Male* 3. Color *White* 4. Age *47 yrs*  
5. Married or single *Married*  
6. Date of death *April, 20<sup>th</sup> 1901.*  
7. Cause of death *Consumption,*  
8. Duration of last illness  
*J. E. Meredith* M. D.  
Residence

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

9. Occupation  
10. Place of birth  
11. Residence *Potter House,* Ward No. *2*  
12. Time of residence in the City. *Several years,*  
13. When a minor { Name of Mother  
Name of Father  
14. Place of intended interment *Fairview Cemetery.*  
15. Date of intended interment *April, 21/1901.*  
*Edward and Edward*, Undertaker.  
Date of Certificate *April, 21/1901* Residence

Rebecca Fry 1904

79

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Rebecca Fry*  
 2. Sex *Female* Color *White* 4. Age *88 yrs*  
 5. Married or Single *Widow*  
 6. Date of death *June 27, 04*  
 7. Cause of death *Paralysis*  
 8. Duration of last illness \_\_\_\_\_  
*J. C. Murdeth*, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Indiana*  
*Mam, St*  
 11. Residence \_\_\_\_\_ Ward No. *2*  
 12. Time of residence in the city *4 yrs.*  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Lawson Cemetery*  
 15. Date of intended interment *June 27, 04*  
*Edward T. Grand* Undertaker.  
 Date of Certificate *June 27, 04* Residence *City*



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 Funk  
2. Sex male 3. Color white 4. Age 11 yrs  
5. Married or single \_\_\_\_\_  
6. Date of death March 8-1904  
7. Cause of death Heart Trouble  
8. Duration of last illness \_\_\_\_\_  
J. M. T. McCann, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence High St Ward No. \_\_\_\_\_  
12. Time of residence in the City. 1 yr  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father M. B. Funk  
14. Place of intended interment Fairview Cem  
15. Date of intended interment Mar 9-1904  
Shawney, 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.

1316

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Clara B. Funk.  
 2. Sex Female 3. Color White 4. Age 62 yrs.  
 5. Married or single Married  
 6. Date of death Jan'y 2<sup>d</sup> 1913.  
 7. Cause of death Pneumonia (as per Vital Statistics)  
 8. Duration of last illness Engma A. Grand (Funeral Director)  
 Residence Bowling Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Virginia.  
 11. Residence Clay St. Ward No. 4  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           Name of father.....  
 14. Place of intended interment Fairview Cemetery.  
 15. Date of intended interment Jan. 9<sup>th</sup> 1913.  
   Grand & Grand Undertaker.  
 Date of Certificate Jan, 9<sup>th</sup> 1913. Residence City.  
Mrs. Clara B. Funk died in Shubuta, Cal.  
E. A. Grand.



Clara B. Funk 1913

818

Removal Permit Before Interment  
This Permit must in all cases accompany the body to its destination.

No. 1 **OFFICE OF COUNTY REGISTRAR**  
Los Angeles, Cal., Jan - 3 - 1913

**Permission** is hereby given for the removal, in a sealed Metallic Case or Coffin, of the remains of Mrs Clara B. Funk

Died Jan 2 - 1913, Place of Death Glendale Calif.

Cause of Death Pneumonia

Age 62 years, 3 months, 19 days, Sex Female Race White

Place of Birth Va.

Physician R. E. Chase

To Bowling Green Ky.

A. R. Malaga CLERK OF DEPARTMENT G. B. Woodberry REGISTRAR

Edward Funk 1913

82

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

# RETURN OF A DEATH.

1317

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Edward Funk  
 2. Sex Male 3. Color White 4. Age 15 yrs.  
 5. Married or single Single  
 6. Date of death Jan 9, 1913.  
 7. Cause of death Gun Shot Wound  
 8. Duration of last illness 2 Days  
J. G. Heudelle M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Louisville Ky  
 11. Residence Clay St. BOWLING GREEN, KY Ward No.....  
 12. Time of residence in the city 12 yrs.  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Jan. 10, 1913  
GERARD & GERARD. Undertaker.  
 Date of Certificate Jan. 10, 1913. Residence BOWLING GREEN, KY  
Died in St. Joseph's Hospital. Bowling Green Ky



Infant of H. S. & Clara Funk 1891

259

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Infant of H. S. Funk*  
2. Sex *Male* . 3. Color *White* . 4. Age *12 da*  
5. Married or Single *Single*  
6. Date of Death *July 28"/1891.*  
7. Cause of Death *Hemorrhage*  
8. Duration of last Illness  
*B. H. Miller*, M. D.  
Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation  
10. Place of Birth *City*  
11. Residence *Clay Street* . Ward No. *4th*  
12. Time of Residence in the City *Twelve da.*  
13. When a Minor. } Name of Mother *Clara B. Funk*  
                          } Name of Father *H. S. "*  
14. Place of intended Interment *Fairview Cem.*  
15. Date of intended Interment *July 29"/91*  
*J. O. Gears*, Undertaker.  
Date of Certificate *July 29-91.* Residence *City.*

John Funk 1879

84

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John W. Funk*  
2. Sex *male* 3. Color *White* 4. Age *10 days*  
5. Married or Single *Single*  
6. Date of Death *June 12<sup>th</sup> 1879*  
7. Cause of Death *Trismus Acute*  
8. Duration of last Illness *3 days*  
*Wm. C. Strickle, M. D.*  
Residence *Bowling Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of Birth *Bowling Green*  
11. Residence *near Depot.* Ward No. *3<sup>rd</sup>*  
12. Time of Residence in the City *10 days*  
13. When a Minor { Name of Mother *A. B. Funk*  
Name of Father *C. B. Funk*  
14. Place of intended Interment *Cemetery*  
15. Date of intended Interment *June 13<sup>th</sup> 78*  
Date of Certificate *June 12<sup>th</sup> 78* Residence *State St.*  
*Wm. C. Strickle, Undertaker.*  
*Bowling Green Ky*

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.

685

## Physician's Certificate Preparatory to Burial.

*Jain?*

1. Name of deceased *Jain Fuqua*  
 2. Sex *female* 3. Color *cul.* 4. Age *56*  
 5. Married or single *single*  
 6. Date of death *Sept. 4 - 1909.*  
 7. Cause of death *Bright disease*  
 8. Duration of last illness *about 3 months*  
*St. M. Q. Briggs M. D.*  
 Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Nurskeeper*  
 10. Place of birth *South Union Ky.*  
 11. Residence *639 Ky St* Ward No. *3*  
 12. Time of residence in the city *2 yrs*  
 13. When a minor { Name of mother *Jane Fuqua*  
 Name of father *J. W. W.*  
 14. Place of intended interment *South Union*  
 15. Date of intended interment *Sept 5 - 1909*  
*J. E. Hays Keadace* Undertaker.  
 Date of Certificate *Sept 4 - 1909.* Residence *7 & College St.*

Jane Fuqua 1897

86

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

---

1. Name of deceased Jane Fuqua

2. Sex Female 3. Color Blk 4. Age \_\_\_\_\_

5. Married or single Widow

6. Date of Death Aug 29" 1897

7. Cause of Death Heart failure

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

O. D. Porter, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

---

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

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

11. Residence E. Chestnut Ward No. 1st

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

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

14. Place of intended Interment Mt. Moriah

15. Date of intended Interment Aug 30" 1897.

Guard & Guard Undertaker.

Date of Certificate Aug 30/97 Residence \_\_\_\_\_



William Fuqua 1909

87

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

## RETURN OF A DEATH.

736

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased William Fuqua
2. Sex male 3. Color Col. 4. Age 50
5. Married or single married
6. Date of death Dec. 21-09.
7. Cause of death Pneumonia
8. Duration of last illness About 6 days  
Dr. Porter, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer
10. Place of birth Main St.
11. Residence near Cornsaint & 8th Ward No. 3
12. Time of residence in the City. about 6 months
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment County Ground  
~~Met. Church Cemetery~~
15. Date of intended interment Dec. 23-1909

J. E. Kuykendall, Undertaker.

Date of Certificate Dec. 23 Residence \_\_\_\_\_  
Con 74 College St.

Child of C. G. & Mary Furry 1896

874 88

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. *Furry?*

1. Name of deceased *Child of C. G. Furry*  
2. Sex ..... 3. Color *White* 4. Age *17 da.*  
5. Married or single *single*  
6. Date of Death *April 12/1896*  
7. Cause of Death *Innervation*  
8. Duration of last Illness  
*J. A. Murphy*, M. D.  
Residence .....

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation .....  
10. Place of Birth *City*  
11. Residence *Centre Street* Ward No. *2nd*  
12. Time of Residence in the City .....  
13. When a Minor { Name of Mother *Mrs Mary Furry*  
                          { Name of Father *C. G. Furry*  
14. Place of intended Interment *St Josephs Cemetery*  
15. Date of intended Interment *April 13/1896*  
*J. B. Grand* Undertaker.  
Date of Certificate *Apr 12/96* Residence *City*



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