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Jackson Gaddy 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Jacksing Gaddy
2.	Sex male 3. Color Col. 4. Age 80 yrs.
5.	Married or Single Single
6.	Date of death 210 - 910
7.	Cause of death Roll Raigin
8.	Duration of last illness Clary 3 month
	J. Of. Willis , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Common lohor
10.	Place of birth Countlement land los
11.	Residence 2 Sf . Ward No. 2
12.	Time of residence in the city. about 10 years
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment TMT Thurseah Omist
15.	Date of intended interment 200 20 - 1910
	E. Kung Kan dan e, Undertaker
Date	e of Certificate May 2/1/8 Residence Cox 74
	Orlege St

Child of Joseph & Miriam Gailbrath 1879

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.
1.	Name of Deceased Gailbrath
	Sex male . 3. color White . 4. Age .
5.	Married or Single
6.	Date of Death May 2 1879,
7.	Married or Single Date of Death May 2 1879, Cause of Death Still Born,
8.	Duration of last Illness
	Polo Thomas, M. D.
	Residence Blyncer
	The state of the s
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	
	Occupation
	ns,
10.	Place of Birth J. S
10. 11. 12.	Place of Birth J. S
10. 11. 12.	Place of Birth J.S. Residence Ward No. 3 Time of Residence in the City (Name of Mother Mixican Gail hath
10. 11. 12.	Place of Birth B. S. Residence Ward No. 3 Time of Residence in the City When a Minor Name of Mother Murican Gard hath Name of Father Joseph
10. 11. 12. 13.	Place of Birth B. S. Residence Ward No. 3 Time of Residence in the City When a Minor Name of Mother Marion Good hooth Name of Father Place of intended Interment Townson
10. 11. 12.	Place of Birth Residence Residence Ward No. 3 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.	Place of Birth B. S. Residence Ward No. 3 Time of Residence in the City When a Minor Name of Mother Marion Good hooth Name of Father Place of intended Interment Townson

Samuel H. Gaines 1900

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Samuel H. Haires 2. Sex Male 3. Color White 4. Age 91 yrs. 5. Married or single Married. 6. Date of death Marriety 7. Cause of death Smility 8. Duration of last illness 4. Age 91 yrs. 7. Cause of death Smility 8. Duration of last illness 4. Age 91 yrs. 7. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth January 11. Residence to surfer St. Ward No, 3. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment fairwire Crustery 15. Date of intended interment Mar. 14" 1906. Strand & Francy, Undertaker.
Date of Certificate Mar. 12" 1906. Residence City.

Mrs. Walter B. Gaines 1900

22
4
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Ms, Maller, D, Faures 2. Sex. Frencole. 3. Color Maile. 4. Age 30 yrs. 5. Married or single Married. 6. Date of death March, 27" 1900. 7. Cause of death Typhorid Hever 8. Duration of last illness 8 weeks S, M. Ovorubs, M. D. Residence Bouring Green My
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Dowlying Green Ry 11. Residence State Street . Ward No. 1
13. When a minor Name of Mother for Africa function of States of intended interment of agriculture of according to the City of the City of the States of States of States of States of States of the City of States of S
15. Date of intended interment Mari 294 1900 Lugad and Saward, Undertaker.
Date of Certificate Mch 98/1900. Residence

Willie Gaines 1896

963 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 Mellin Fainer
2. Sextende . 3. Color white . 4. Age 5 yes
5. Married or single 6. Date of Death Warm 27/1895
7. Cause of Death Pertustis
S. Duration of last Illness file days In France A Reflexiones, M. D.
Residence S.J. Asi
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Warnen Co fly
11. Residence College At . Ward No. 2
12. Time of Residence in the City
Name of Mother Sallie James
Name of Father D. A. Janus
14. Place of intended Interment Harrier Court
15. Date of intended Interment Nove 29-1396
Parthur Hayne, Undertaker.
Date of Certificate Residence

Mary H. Gaither 1905

	e
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Many & Saither	
2. Sexfunale 3. Color Blk . 4. Age 95 yra	
5. Married or single married	
6. Data of death Jan - 4 - 1905	
7. Cause of death Principle	
8. Duration of last illness	
Armilis J. Willis M. D. Residence Mais St	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth	
10. Place of birth	
De 1 doth	
11. Residence Wast 70 3 Ward No.	
11. Residence Ward No. 12. Time of residence in the City.	
11. Residence Ward No, 12. Time of residence in the City. Name of Mother	
11. Residence Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father	
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment	
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	
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment	
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	
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 Ward No. Undertaker.	
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.	

Daisy Gilson Galloway 1900

	-
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Dairy Tilson Palloway	
2. Sex fanaa. 3. Color white. 4. Age 25 gr 5. Married or single married	
6. Date of death Seft 22 1900 7. Cause of death Consumption	
8. Duration of last illness	
rHylr & J. Hughes., M. D. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth City	
11. Residence Centre 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 January Com	
15. Date of intended interment Seft 23 1900. Thawley Sayne, Undertaker.	
Date of Certificate Residence	

Hugh James Galloway 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 Jugh James Galloway
1. Name of deceased Jugh James Galloway 2. Sex male . 3. Colorwhite 4. Age 4712-
5. Married or single
6. Date of death Original 4 - 1305
7. Cause of death Intestinal Obstruction
8. Duration of last illness Jone , M. D.
Residence Coulge St
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth City.
11. Residence adam W Let Chain + 10 Ward No.
12. Time of residence in the City.
13. When a minor \\ Name of Mother \\ \frac{1200}{1200}
Name of Father 1, 1 and 1, 1
14. Place of intended interment Fauvieur Our
15. Date of intended interment
Date of Certificate Residence

James Galloway 1897

Coat of Cartificate to be Returned to the City Clerk for a Burial Permit.	9
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Janua Salloway 2. Sex Mall. 3. Color White. 4. Age 80 yra	
5. Married or single soudoner	
6. Date of Death British 7. Cause of Death British	
8. Duration of last Illness Six mills And C And C., M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth 11. Residence State + 11 Felt. Ward No.	
11. Residence State + 11 FSI. Ward No. 12. Time of Residence in the City few well a	
Name of Mother Name of Father	
14. Place of intended Interment Of Microsco	
15. Date of intended Interment 200 29/97. Undertaker.	
Date of Certificate	

Child of Lou Ella Galloway 1908

	DETTIDA	OF	ADEATH
	REIUKN	Or .	A DEATH.
	Pl 1-1 2- C-	D 7 9	paratory to Burial.
		Vicesia de Cara	
,	Nama of days and Chill	Col Low &	Ella, Galloway 4. Age 5 days
1. 2.	Name of degeased Chill Sex Maly 3.	Golor BU	1 Ago 5 days
5.	W. Sing	le	
6.			
7.	Cause of death Cour	ulsions	/
8.	Duration of last illness,	+ 11 1	ne, wh
	ý	, W. Du	mk, M. D
		Residence	BOWLDIO OREEN, KY
	Undantskan's Cor	rtificate in I	Relation to Deceased
	Undertaker's Cer	rtificate in I	Relation to Deceased.
9.			
9. 10.	Occupation Bowl	ing Gr	nu Ry
1000	Occupation Bowl	ing Gr	nu Ry
10.	Occupation Bowl	ing Gr	nu Ry
10. 11. 12.	Occupation Bowl	ing Gr	nu Ry
10. 11.	Occupation Bowl	eity 5 da	
10. 11. 12.	Occupation Place of birth Residence / O the street of th	eity 5 da mother Louis	nu Ry
10. 11. 12.	Occupation Place of birth Residence / O the first Time of residence in the of When a minor Name of Place of intended intermed	eity 5 da mother Louis	Ward No. 2 Ward No. 2 Bla Galloway Vorial Campley 3"1908
10.11.12.13.14.	Occupation Place of birth Residence Name of When a minor Name of Place of intended interme	eity 5 da mother Louis	Ward No. 2 40. Sla GERARD Undertaker
10.11.12.13.14.15.	Occupation Place of birth Residence Name of When a minor Name of Place of intended interme	eity 5 da mother Louis	Ward No. 2 Ward No. 2 Bla Galloway Vorial Campley 3"1908
10.11.12.13.14.15.	Occupation Place of birth Residence Name of Name of Place of intended intermed Date of intended intermed	eity 5 da mother Louis	Ward No. 2 40. Sola Galloway oriah Camalay 3"1908 & GERARD Undertaker BOWLDIG GREEN

Maude Galloway 1913

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1375
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mico Maude Sallaway 2. Sex Limale 3. Color White 4. Age 34 yrs
2. Sex Finale 3. Color White 4. Age 34 yrs
5. Married or single Lugle
6. Date of death 45 1 3 - 1913
7. Cause of death Mulmonary Suberculosis
8. Duration of last illness Dur Gears B. Shutherford M. D.
Residence Quulling Thung
Undertaker's Certificate in Relation to Deceased.
Leter Duck
9. Occupation Sales Lady 10. Place of birth Sales Lady
10. Place of birth 11. Residence 10/3 Center St Ward No. 2
12. Time of residence in the city
13. When a minor Name of mother
14. Place of intended interment Jarrain Comuley
116 . 1 1016
15. Date of intended interment.
GERARD & GERARD Undertaker.
Date of Certificate UNI Residence Bowling Green, K

Samuel Nelson Galloway 1906

136 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Sail Vilsan Fulloway
2. Sex male . 3. Color while . 4. Age 38 yr
5. Married or single running.
6. Date of death Naven 29 1906
7. Cause of death Tuber culasis of Jungs.
8. Duration of last illness 2 years — on man
B. 3. Kutherfords , M. D.
Residence
UNDERTHIEDE CERTIFICITE IN RELITION TO REFERED
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Warrey County
11. Residence West-Clay 21 Ward No.
12. Time of residence in the City.
(Name of Mother with Sive
13. When a minor Name of Father W. M. Halloway
14. Place of intended interment Janview Counciling
15. Date of intended interment Character 30 1806
, Undertaker.
Date of Certificate . Residence

Virginia Earl Galloway 1907

#315 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 Parsinia Carl Lactory 2. Seleman 3. Color Whiti 4. Age 18 mo 5. Married or single 34 6. Date of death Satter 6 alitis 7. Cause of death Entero 6 alitis 8. Duration of last illness life Off Wilson M. D. Residence Vashwith June
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Residence / 1 to lebellent Ward No. Ward No.
12. Time of residence in the city Name of mother Shigabeth Halloway Name of father Shows Salloway
14. Place of intended interment Fair G.
15. Date of intended interment Sipt-16-1907 Litary Ray un Undertaker.
Date of Certificate
Date of Certificate Residence Dist Nashvice Zum, brough
home for buried.

Virginia Earl Galloway 1907

ſ	(Issued by the State Board of Health of Tennessee.)	
	TRANSPORTATION OF CORPSE.	
A	Transit Permit No. (GIVE STATION NO.)	
	PHYSICIAN'S OR CORONER'S CERTIFICATE.	
	Name of deceased Virginia Ea 1 Galloway Date of Death Sept 14th 1907 Hour of Death M. Age 1 Years 6 Months 17 Days	
	Hour of Death M. Age 1 Years 6 Months 17 Days	
	Place of death Nashville Tenn Cause of death	
	which is a	
	I hereby certify that the above is true to the best of my knowledge and belief.	
-	Residence Nashville. County of Davidson State of Tenn	
8	Residence NaShvllle County of Day 103011 State of	1
	PERMIT OF LOCAL BOARD OF HEALTH.	A
	This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.	
	In the City. Nashville. County of	
	State of Tenn on the 14th day of Sept 1907 190	
	Permission is hereby given, Dorris Karsch & Co. Undertaker or Embatiner,	
	to remove for burial at Bowling Green in the County of Warren	
	State of Fone Ku, the body of Virginia Earl Galloway.	
	State of the body of Virginia Earl Galloway. who died at Neshville. County of Davidson State of Tenn on the 14th day of Sept 1907190 Aged 1 Years 6 Months 17 Days.	
	and J.G. Galloway is hereby authorized to accompany said remains.	
11111111		

Child of H. L. & Delia Galvin 1894

052	14
This Constitutes One t	aed to the City Clerk for a Burial Permit.
RETURN	OF A DEATH.
PHYSICIAN'S CERTIF	FICATE PREPARATORY TO BURIAL. Galvin
1. Name of deceased 6th	illy St L. Galoria Color Mulle 4. Age 3 mo.
5. Married or single 6. Date of Death Auto	1 20th 1894
7. Cause of Death 6.8. Duration of last Illness	igutino of Stone ach
Reside	P. Cartivic glit, M. D. ence Cil
UNDERTAKER'S CERTIF	FICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth How 21	hing free Mard No. 3 and
12. Time of Residence in the	f Mother Selia Galvin
Name of 14. Place of intended Interm 15. Date of intended Intermen	nent It Josephs Buneley
Date of Certificate July	charf of Bro., Undertaker.
Date of Certificate 3.	23/1/Residence

John Galvin 1881

This Constitutes ONE CERTIFIC	
This Constitutes ONE CERTIFIC	city Clerk for a BURIAL PERMIT
RETURN OF	A DEATH.
PHYSICIAN'S CERTIFICATE	PREPARATORY TO BURIAL.
1. Name of Deceased John	Galun
2. Sex Male . 3. Color 7	White . 4. Age 5/ years
5. Married or Single Mason	ud I
6. Date of Death July	102 1881
7. Cause of Death Chrlisw	Mostres
8. Duration of last Illness Thru	Guis
, Phu	
Andrew Printer and Andrew Printe	, iu. D.
Residence	Bouling frum
UNDERTAKER'S CERTIFICATE	IN DEL ATION TO DECEACED
9. Occupation Mychen	
10 Place of Birth Ireland	
1. Residence Main Strul	
2. Time of Residence in the City	3 years
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	
7	Tholic Cent
	Indicy Clear
5. Date of intended Interment	7/12/881
of the	Levard , Undertaker.
Date of Certificate July 10 =	. Residence
V /	
	Democrat Job Print

Mary Galvin 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Min Moura Galvin.
1.	Name of deceased Muss Mury Sacrus.
2.	Sex Thursday Color 4. Age
5.	Married or Single Dulger,
6.	Date of death May, 16" of
7.	Cause of death Phthisis pulmonalis
8.	Duration of last illness // Mos.
	Itanley O Tabel - M. D
	Residence 904 State It
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
0.	Place of birth Lolly
1.	Residence 10 th Street Ward No. 2
2.	Time of residence in the city Life lines.
	(Name of Mother Mrs Delia Falvin
3.	When a minor Name of Father Henry L. Halvier,
4.	Place of intended interment St Josephs Dring try
5.	Date of intended interment // May 18" 04,
	Drund T Frank, Undertaker
Date	of Certificate May 16" 04. Residence

Nina Galvin 1903

17
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Colvin
1. Name of deceased of Olds, Augusta January, 2. Sex Francis 3. Color White. 4. Age 14 yes.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Miss, Kinga Jalvin. 2. Sex fixed J. Color White. 4. Age 14 yrs. 5. Married or single Single 6. Date of death Julianus 30" 1903. 7. Cause of death
8. Duration of last illness A lastwight, M.D. Residence Bowling Trans Ky
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth lower 11. Residence / 0 the street, Ward No. 3
12. Time of residence in the City. Name of Mother Mus Dalia Julian Name of Father Haury & Galvin Name of Father House & Julian Name of Father House & Julian Name of Father House & Julian 14. Place of intended interment
15. Date of intended interment fully 2/1903.
Date of Certificate fulf///// Residence

Ruth Galvin 1898

1097
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Ruth, Falvin. 2. Sex Funale 3. Color Mile. 4. Age 4 mo.
5. Married or single Single
6. Date of Death Build Fines
8. Duration of last Illness Residence Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth City 11. Residence Maria Stuth. Ward No. 2
12. Time of Residence in the City Name of Mother As Shin Hahrii Name of Father Shinis Hahrii
14. Place of intended Interment A. Jose M. Connecting 15. Date of intended Interment A. 1898.
Date of Certificate Fulf 1 98, Residence

Mattie Gan 1892

Out of town
This constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mattin Gan Han
2. Sex Handle 3 Color Whate 4 Are 144
2. Sex Jemals. 3. Color White. 4. Age 14. 5. Married or Single Lingle
6. Date of Death Dec 15 1892 7. Cause of Death Deb acule gostilis following typhological
8. Duration of last Illness, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence Poltu Colege . Ward No.
12. Time of Residence in the City 3 2200
13. When a Minor. Name of Mother Jul Would
Name of Father 14. Place of intended Interment Marcan full 16,
15. Date of intended Interment 2 2 16 1892
Holdmand, Undertaker.
Date of Certificate Dic 15 Residence

Spencer Gantney 1882

Th	is Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	Gantnec
	YSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name o	of Deceased Spencer Gunting Hety
2. Sex	. 3. Color White 4. Age 83
	d or Single Single
6. Date of	Death May 8 12 18 8 2
7. Cause	of Death Old Ac
8. Duratio	on of last Illness
	710, M. D.
	Residence
UNDE	RTAKER'S CERTIFICATE IN RELATION TO DECEASED.
02.12	
9. Occupa	
10 Place o	of Birth Virginia uce Main Street . Ward No 1
11. Resider	ice Main Street . Ward No !
12. Time o	Residence in the City 50 years
	$a \ Minor \left\{ egin{array}{ll} Name \ of & Mother \\ Name \ of & Father \end{array} ight.$
13. When	Name of Father
13. When	
	of intended Interment Hairview Cent
14. Place o	Ou attach
14. Place o	intended Interment, Mge 975/882
14. Place o 15. Date o	intended Interment Mge 97/882 Holling (, Umlertaker.
	intended Interment Mge 97/882 Holling (, Umlertaker.

Child of Alice Gardner 1901

O 24
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEATH.
RETURN OF A BEATT.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Child of the Gredner 2. Sex Male 3. Color Blk . 4. Age 1 gr
2. Sex Male 3. Coffee BK . 4. Age 1 gr
2. Sex Male 3. Color Jlk . 4. Age / gr 5. Married or single sungle 6. Date of death Nel, F / 90/.
6. Date of death Net, 4/90/, 7. Cause of death Croupous pulumonia
8. Duration of last illness Thire Plans
Residence Prowling free Sky
2916 center At.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 11. Residence My Starat Ward No, 2
12. Time of residence in the City. 3 Ms. Name of Mother Alice Jacobses Name of Father.
13. When a minor Name of Father
14. Place of intended interment Lace 5/1001
15. Date of intended interment fundament. Undertaker.
Date of Certificate Dev, 4/1901. Residence

Fletcher Gardner 1910

RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Name of deceased Filetchen Fordner
Sex male 3. Color Block 4. Age -
Married or Single Mayned
Date of death Oct 24 1910
Cause of death Hardring of blood ressels
Duration of last illness One Week
With Briggs, M. D
Residence 10 H Adams
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 Mariah Cream Laws
Place of intended interment
Date of intended interment CFPARD & CFRANCE.
of Certificate Del 24/1910 Residence

Gertrude Gardner 1911

	RETURN OF A DEATH.
	948 Ph
1	Physician's Certificate Preparatory to Burial.
	Name of deceased Sistruck, Gardur Sex Famula 3. Color White 4. Age 4 mil
1. 2.	Sex Famula 3. Golor White 4. Age 4 mil
2.	Sex 3. Golor 4. Age
5.6.	Married or single January 3"1911.
7.	Date of death Larry 3"1911. Cause of death Errysinolas
8.	
0.	Duration of last illness 16 Company M. D.
	Residence B. Grunn Ry,
	Residence / Y / Y
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation // /
10.	Haranu Bu
	Place of birth Hasgow Ry
11.	Place of birth Slasgow Ry Residence // th + Sigh Ward No. /
11. 12.	This of a little it was in the site of the
	When a minor Name of mother Mrs. Richel Gardinar
12.	When a minor Name of mother Mrs. Richel Gardinar
12. 13. 14.	When a minor Name of father Mrs. Richel Gardiert Name of father Gardiert Place of intended interment Jairvina Camatay
12. 13.	Residence / the flyigh Ward No. /. Time of residence in the city 2 wars. When a minor Name of mother Mrs. Ruchel Gardens When a minor Name of father Mrs. Bardenst, Place of intended interment Jaivina Ormstuy Date of intended interment Jaw. 3" 1911.
12. 13. 14. 15.	Time of residence in the city Name of mother Name of mother Name of father Place of intended interment Law, 3" 1911. GERARD & GERARD. Undertaker.
12. 13. 14. 15.	When a minor Name of father Mrs. Richel Gardiert, Name of father Gardiert, Place of intended interment Jairvina Country Date of intended interment Jan, 3"1911.

Molly Gardner 1899

0 1/2	24
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
	,
1. Name of deceased Chied of maley Fardn 2. Sex Hernale 3. Color White 4. Age 8 money	ed
2. Sex Kenuale 3. Color White 4. Age & money	h
5. Married or single	
6. Date of death ACCV 27 - 99.	
7. Cause of death Measleb.	
8. Duration of last illness	
M. Coomb, M. D.	
Residence	
INNERTAKEN'S CERTIFICATE IN RELATION TO RECEASED	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth City	
10. Place of birth City 11. Residence Adams, Ward No. 2	-
	/
13. When a minor \ \ \text{Name of Mother Mally Gardner} \ \ \text{Name of Father} \ \ \text{Name of Father} \ \ Name of View of States and States of States and States of States and States of States of States and States of States	/
Name of Father	
14. Place of intended interment Plair Vier	
15. Date of intended interment 25 28 99	
Guard and Friand, Undertaker.	
Date of Certificate Alex 21/99 Residence	
to the state of th	
	-11111

Nathan Gardner 1913

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.
The Standard
1. Name of deceased Mathan Landrer
2. Sex male 3. Color Cal 4. Age 39 yrs
5. Married or single Single
6. Date of death April 1-1913.
7. Cause of death, Wenever - parenchy metros lephone
8. Duration of last illness about 20 days
M. D.
Residence 3/ Main & Blozen K
Undertaker's Certificate in Relation to Deceased.
9. Occupation Cook
10. Place of birth Huse Contact Ward No. 2
11. Residence 6 2 6 Custles 8 Ward No. 2 12. Time of residence in the city Claust 20 years
13. When a minor Name of mother January Gardner
14. Place of intended interment Cause City
15. Date of intended interment Copy 2 - 1913.
LE Stungken bal Undertaker.
Date of Certificate Op 1-1963. Residence
My callege St.

Child of Nathan & Nary Gardner 1898

1137	26
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Child of fathan Janda	a
2. Sex Male. 3 Color Bly . 4. Age Byst.	
5. Married or single Single	
6. Date of death May 2 for form.	
8. Duration of last illness O, D, Parter . M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
o. Place of birth fame bity sty	
11. Residence College sh . Ward No. 2	
12. Time of residence in the City	
Name of Mother Mary Landium	
Name of Mother Many Landing Name of Father Northun Landing	
14. Place of intended interment County Century	
15. Date of intended interment May 28" 98	
Gerand Sunda, Undertaker.	
Date of Certificate May & Residence	

Child of Nathan & Rosa Gardner 1910

This Constitutes One Certificate to be Retur	27 c for a Burial Permit.
RETURN OF A	EATH.
Physician's Certificate Preparat	ory to Burial.
1. Name of deceased Child of Nathan	Yardur .
1. Name of deceased Child of Mathau 2. Sex Jaly 3. Color 306, 5. Married or single angle	, 11 Mrs
z. sex	4. Age.
5. Married or single my 1"1910.	
6. Date of death famy 1"1910. 7. Cause of death Whitping Comy	h,
8. Duration of last illness	
V. E. Sygrith	y M. D.
Posidones Bon La	mig Green Sty
Residence	
Undertaker's Certificate in Relati	on to Deceased.
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
- S George Constitution	
9. Occupation BOWLING GREEN, KY	
10. Place of birth, BOWLING GREEN, KY. 11. Residence Ky Sh 527, BOWLING G	REEN, KV Ward No.
10. Place of birth, BOWLING GREEN, KY. 11. Residence Ky Sh 527, BOWLING G	REEN, KY Ward No.
10. Place of birth, BOWLING GREEN, KY. 11. Residence Ky Sh 527, BOWLING G	REEN, KV Ward No
10. Place of birth, BOWLING GREEN, KY. 11. Residence Ky Sh 527, BOWLING G	REEN, KV Ward No.
10. Place of birth SOULING GREEN, KY. 11. Residence My Souling GREEN, KY. 12. Time of residence in the city Manage of mother Mus. Ros	REEN, KV Ward No
10. Place of birth 11. Residence My St. 577, BOWLING G. 12. Time of residence in the city Name of mother Mus. Ross Name of father Mathan	REEN, KY Ward No
10. Place of birth 11. Residence My ST, BOWLING G 12. Time of residence in the city 13. When a minor Name of mother Monor 14. Place of intended interment Monor 15. Date of intended interment famy 1" 19	Landnar Landnar Louistery Loui
10. Place of birth 11. Residence My St. 577, BOWLING G 12. Time of residence in the city 13. When a minor Name of mother Mus. Ross Name of father Mona. 14. Place of intended interment Samp N'' 19. 15. Date of intended interment Samp N'' 19. LERARD & C.	a Gardnar Llounstey
10. Place of birth 11. Residence My ST, BOWLING G 12. Time of residence in the city 13. When a minor Name of father Morror 14. Place of intended interment Morror 15. Date of intended interment farmy 1999	Landnar Lounday LERARD. Undertaker. BOWLING GREEN, KY.
10. Place of birth 11. Residence My ST, BOWLING G 12. Time of residence in the city 13. When a minor Name of father Morror 14. Place of intended interment Morror 15. Date of intended interment farmy 1999	Landnar Lounday LERARD. Undertaker. BOWLING GREEN, KY.
10. Place of birth 11. Residence My ST, BOWLING G 12. Time of residence in the city 13. When a minor Name of mother Mosson 14. Place of intended interment Mosson 15. Date of intended interment famy N'' 19	Landnar Lounday LERARD. Undertaker. BOWLING GREEN, KY.

Susan J. Gardner 1906

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 Susany Pardner
2. Sex funds. 3. Color of hili. 4. Age 72 yra
5. Married or single midow
6 Date of death Charge - 7- 1906
7. Cause of death Co game Heart Transce
8. Duration of last illness Quadau
a.T. arthornaer , M. D.
Residence City
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Top and County.
11. Residence & Ward No. 2
12. Time of residence in the City. As a street of
13. When a minor Name of Mother Name of Father
14. Place of intended interment January Gentle,
15. Date of intended interment May 1906
Thawley being , Undertaker.
Date of Certificate Residence

Joseph Rice Garland 1908

96
This Constitutes One Certificate to be Returned to the City Clerk for a Burlai Permit.
DETUDN OF A DEATH
RETURN OF A DEATH.
7
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Joseph Rice Forfried
2. Sex male 3. Color while 4. Age 56 yer
5. Married or single married
6. Date of death April - 8-1908
7. Cause of death Gringing Sairin, Chronic Bright
8. Duration of last illness / start / week
F. S. Riandon , M. D.
Residence 6.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Claster
10. Place of birth 3 d Serve
11. Residence College St- bet 4 7 5 3 Ward No.
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
7
14. Place of intended interment July 9-1908
Hawley Porgus. Undertaker.
Date of Certificate . Residence
Date of Certificate

Julie A. Garland 1879

		30
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	
	RETURN OF A DEATH.	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
	1. Name of Deceased Julia a. Garband La	elan
	2. Sex Frmale . 3. Color While . 4. Age	
	5. Married or Single Niver	
	6. Date of Death Seft 5-16 1879	
	7. Cause of Death Depending.	
The state of	8. Duration of last Illness Timber Days	
-	J. h. M. Comment, M. D.	
	Residence	
The second	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
of Section 2	9. Occupation	
	10. Place of Birth Wann Cont,	
	11. Residence Sum Stat. 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 Lairview Com	
The same of the sa	Hrante Chercard, Undertaker.	
3	Date of Certificate Left 6 79. Residence	
1	Democrat Print.	
-		

R. F. Garland 1880

	RE	T V	R	N	0	F	A	D	E	A	T I	I.
	PHYS	SICIAN'S	S CEI	RTIFI	CATE	PRE	PAR	ATOR	У Т	O BU	RIAL.	
1.	Name of	Decesse	d Ce	20	4 6	Jar	lan	W		7	F1)= 11 / 11 kelkrasson	
2.	Sex P	rale	·	3. (Color	ma	like	~ .	4.	Age (60	
5.	Married	or Sing	le /	m	m	ied	5 .					
6.	Date of	Death_	Lu	ug	22	nel	18	80				TOTOLOGIA
	Cause of											
	Duration						wes	42				
						N	P	can	lun	ille	t, eur	MI
			Re.	sidence			120		7	de	een	
	UNDER	TAKER	S CE	RTIF	ICATE	EIN	RELA	ATION	N TO	DEC	CEASI	ED.
9.	Occupati	on						listanie in m			•	
10.	Place of	Birth										
11.	Residence	g		***************					•	Ward	No	2
12.	Time of	Residenc										
13.	When a	Minor	Nam	e of A	lother_		***************	Ç-10-10-10-10-10-10-10-10-10-10-10-10-10-				
- 0.		(ather_							**********
14.	Place of	intended	Inter	ment_						***************************************		
15.	Date of	intended	Inter	ment								
											, Und	ertakei
Date	of Certif	icate			ingiourna,		. 1	Residen	ce			************

Amelia Garrett 1880

	DEMENDA OF A OF ANY
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased Amelia Garett
	Sex ferral . 3. Color Whit . 4. Age 8 years
	Date of Death Oct 15 1880
	Cause of Death Acul Dyserley
	Duration of last Illness 16 Days
0.	000/14/6/00
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth Danille My
11.	Residence Elm It. Ward No.
12.	Time of Residence in the City Eight Trup
	(Name of Mother Inlen a. Garrel
13.	When a Minor Name of Father HS Garett
14.	Place of intended Interment Danielle Ky
	Date of intended Interment Oct 18 12/886
	4/06
	, Undertaker.
	Pate of Certificate Oct 17 = . Residence

Burley Garrison 1913

	33
T	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	<u>_/380</u>
	Physician's Certificate Preparatory to Burial.
	Burly Garrison
1.	Name of deceased
2.	Sex Male 3. Color While 4. Age 70 yrs.
5.	Married or single Angle
6.	Date of death apr 27/1913 Monny received of Enguire.
7.	Cause of death
8.	Duration of last illness
	M. D.
	Residence Bowling Green, Ky.
	Undertaker's Certificate in Relation to Deceased.
	Emings
9.	A TAN hu
10.	Place of birth
11.	
12.	Time of residence in the city Tay Gas Gausson
13.	When a minor Name of mother fast James Mane of father Mus. Jas James Mus. Jas James Mus. Jas James Mus. Jas Jan M
14.	7.1:0-
15.	aby n 21/10/13
10.	GERARD & GERARD. Undertaker.
D	te of Certificate aku, 73/13 Residence owling Green, Ky
Da	Residence.
*****	*

3000	

Caissia Garrison 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Miss. Caissia Garrison.
1.	Name of deceased Sex Thursday 3. Color White, 4 Age 72 yrs.
2.	
5.	Married or Single Wanter,
6.	Date of death Branchise Asthura
7.	D
8.	
	6.11. Hall, M. I
	Residence Baroling Fram 15
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Wansen, low
10.	Occupation Place of birth Residence Church, St. Ward No.3
11.	
	Time of residence in the city.
12.	
	When a minor
13.	When a minor
13. 14.	When a minor \{ \text{Name of Mother} \tag{Name of Mother}
13.	When a miner (Name of Mother

Ellen Z. Garrison 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. 2. 5.	Name of deceased Mis Ellen 3 Hassister Sex Hemule 3. Color White 4. Age 78 Married or Single Widow of the Sata Aw Jamin
6. 7. 8.	Date of death from 3 1905 Cause of death Brights dering Duration of last illness of francis , M. D. Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Place of birth
11. 12.	Residence Lallege II. Ward No. 125 Time of residence in the city.
	When a minor Name of Mother Name of Father
14.	Place of intended interment Fairur Colonia Cometry Date of intended interment June 5 1905 Auaul Herard , Undertaker.
	e of Certificate June 5/905 Residence

J. Tom Garrison 1909

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased from Farrison Sex Mala 3 Color White 4. Age 67 yrs. Married or single Suyla 4.
1.	Name of deceased to the life 17 162
2.	Sex Color 4. Age 4. Age
	Married or single Duylly Date of death August 6" 1909.
6.	Date of death 400 707.
7.	Cause of death Compelication of deserves
8.	Duration of last illness. 6
	Residence BOWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	
10.	
10. 11. 12.	Occupation Place of birth Spurfung Shawn My Residence 11 Fall Ward No. Time of residence in the city Name of mother
10. 11. 12.	Occupation Place of birth Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother
10. 11. 12.	Occupation Place of birth Spurfing Shawn fly Residence II Fall Ward No. 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 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 Place of intended interment Many, 7" 1909
10.11.12.13.14.	Occupation Place of birth 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 GERARD & GERARD. Undertaker
10. 11. 12. 13. 14. 15.	Occupation Place of birth Occupation Place of birth Occupation Place of birth Occupation Place of birth Occupation Ward No. Ward No. Time of residence in the city. When a minor Name of mother Name of father Place of intended interment Occupation Ward No. Ward No. Time of residence in the city. Occupation Ward No. Time of residence in the city. Name of mother Name of father Place of intended interment Occupation Ward No.

Child of Mrs. Lucian Garison 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	1.11 1 p MM Q.
1.	Name of deceased 6 had of auction James on
2.	Sex Male. 3. Cofor Marie 4. Age 3 www.
5.	Married or single Sugar
6.	Date of death WPN, 14-1913.
	Cause of death Churpy Cough
8.	Duration of last illness.
	Davidson Croop Ky
	Bowling Green, Ky.
	Residence
	Residence
	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
10.	Undertaker's Certificate in Relation to Deceased. Occupation
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Chastumt St. Ward No. /.
10.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Residence Christiant St. Time of residence in the city 3 weeks.
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Uhrs tunt St. Ward No. 1. Time of residence in the city 3 weeks. Name of mother tunian, James When a minor
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Christiant St. Ward No. 1. Time of residence in the city 3 weeks. (Name of mother fucian, Garuson
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence has that St. Ward No. 1. Time of residence in the city 3 was s. When a minor Name of mother Lucian, Gameson Name of father.
10, 11, 12, 13,	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Chrotunt St. Ward No. L. Time of residence in the city. 3 weeks. When a minor Name of mother fucian. Gameson Name of father Place of intended interment. APR 1 5 1913
10, 11, 12, 13, 14, 15,	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Residence Christiant St. Ward No. 1. Time of residence in the city 3 weeks. When a minor Name of mother Lucian Garnson When a minor Name of father Place of intended interment. APR 1 5 1913

Nannie Virginia Garrison 1911

<i>3</i> .
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mannie Virginia Lanner. 2. Sex Man 3. Color 1 4. Age 4 Month. 5. Married or Single Suyla. 6. Date of death Saph 17" 1911. 7. Cause of death accidentally smothered. 8. Duration of last illness.
Residence Warran Ca Ry Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth BOWLING GREEN.
11. Residence 521, 6. Charman St. Ward No. I wan
12. Time of residence in the city 4 minths 48 class.
13. When a minor Name of Father Linear Farms
14. Place of intended interment Saft. 18" 1911. 15. Date of intended interment Sept. 18" 1911. GERARD & GERARD.
Date of Certificate Supplied Residence

Bettie Garvin 1908

	his Constitutes One Certific		
	RETUR	NOF	A DEATH.
		41/	
			paratory to Burial.
	Name of deceased Sex Flammars Married or single Married of death Cause of death	Battile &	Harvin
1.	Name of deceased	hu	C 5000
2.	Sex January	3. Color	4. Age Softo.
5.	Married or single	13"1908	· · · · · · · · · · · · · · · · · · ·
6.	Date of death	ite proprie	to
7.	Oddabb of dedelining	4	saveral write.
8.	Duration of last illness	WR Fran	ncis/.
			DOWN THE COUNTY WA
		Danisland	
	Undertaker's	Residence Certificate in I	Relation to Deceased.
9.		Certificate in I	Relation to Deceased.
9.		Certificate in I	Relation to Deceased.
		Certificate in I	Relation to Deceased.
10.	Occupation Was	Certificate in I	Relation to Deceased. Ward No.
10. 11. 12.	Occupation	Certificate in I	Relation to Deceased. Ward No.
10. 11.	Occupation	Certificate in I	Relation to Deceased. Ward No.
10. 11. 12.	Occupation Place of birth Residence Time of residence in t When a minor Name Name	Certificate in I	Relation to Deceased. Ward No.
10. 11. 12.	Occupation Place of birth Residence Time of residence in the Name Name Place of intended into	Certificate in I	Ward No.
10. 11. 12. 13.	Occupation Place of birth Residence Time of residence in t When a minor Name Place of intended inte	Certificate in I	Relation to Deceased. Ward No.
10. 11. 12. 13. 14.	Occupation Place of birth Residence Time of residence in t When a minor Name Place of intended inte	Certificate in I	Ward No.
10. 11. 12. 13. 14.	Occupation Place of birth Residence Time of residence in t When a minor Name Place of intended inte	Certificate in I	Ward No. Ward N
10. 11. 12. 13. 14.	Occupation Place of birth Residence Time of residence in t When a minor Name Place of intended inte	Certificate in I	Ward No. Ward N

Frances Catherine Garvin 1901

-	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Trances Cattrine Garrine
	Sex female. 3. Color while 4. Age 72 300
5.	Married or single midam.
6.	Date of death Cpric - 6 - 1901
	Cause of death Incurrance
	Duration of last illness 2 n 8 day 2
71	I'm The Marght, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9. 10.	Occupation
10.	Occupation
10.	Occupation Place of birth
10. 11. 12.	Occupation Place of birth Residence Apple State Ward No, Time of residence in the City.
10. 11. 12.	Occupation Place of birth Residence Apple State Ward No, Time of residence in the City.
10. 11. 12.	Occupation Place of birth Residence Ward No, Time of residence in the City. When a minor Name of Mother
10. 11. 12.	Occupation Place of birth Residence Ward No, Time of residence in the City. When a minor Name of Mother Name of Father
10.11.12.13.14.	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
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence States Ward No, ' Time of residence in the City. When a minor Name of Mother Place of intended interment Date of intended interment
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence State 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
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence State 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

John Gary 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of decoased Kohu, Gary
2. Sex Male J. 3. Color Mile . 4. Age 66 912. 5. Married or single Nidoway.
6. Date of death Aug, 18/1901,
7. Cause of death 4 Almstra 8. Duration of last illness 8 wh 3
Residence Cally of
nesidence — — — — — — — — — — — — — — — — — — —
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 11. Residence Swadway, St. Ward No, /
10. Place of birth 11. Residence Swadway St. Ward No, / 12. Time of residence in the City. Savaral years,
13. When a minor Name of Mother Name of Father
14. Place of intended interments Harvery Coursely,
15. Date of intended interment and Jerash Undertaker.
Date of Certificate aug. 18/1901. Residence

John Gaslin 1891

362 4	2
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	Pro-
RECORN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	÷
1. Name of deceased John Gasline 2. Sex Mule . 3. Color White . 4. Age about 50	En
5. Married or Single Such	<i>y</i> -
6. Date of Death Dec 1273 1891	
7. Cause of Death Theuner view	
8. Duration of last Illness B H Melle E , M. D. Residence	
9. Occupation Drug man	
10. Place of Birth It Arland 11. Residence Cologe Street. Ward No. 2	
12. Time of Residence in the City 20 or 3 (1 year)	
13. When a Minor. Name of Mother Name of Father 14. Place of intended Interment	
- 15. Date of intended Interment 22 c 13 1891 About 15, Undertaker.	
Date of Certificate Sec 1891. Residence	
	100

Spencer Gaultney 1878

	43
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	Gaultney
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased Mers, Spencer Gantiney
1.	Sex Hemale . 3. Color White . 4. Age 65 400
2.	
5.	
6.	Date of Death ally 23"/878,
	Cause of Death Dearhow
8.	Duration of last Illness Several years M. D.
	Mot Driggs, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence . Ward No. 2
12.	Time of Residence in the City
12.	
13.	When a Minor { Name of Mother
	Name of Father
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
1	ate of Certificate Residence
L	ate of Certificate . Residence

Sack Gee 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 Sach See Gee	
2. Sex Mille . 3. Color While: 4. Age 70	
5. Married or Single Onwred	
6. Date of Death any 16T1 1882	
7. Cause of Death leures	
8. Duration of last Illness Luc Com	
Allenicht.	M T)
Residence Brussy brun	u. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASE 9. Occupation	Э.
The second secon	
11. Residence State Start . Ward No 2	
12. Time of Residence in the City	
13. When a Minor Name of Mother Name of Father	
Name of Father	
14. Place of intended Interment Fair very Cent	
15. Date of intended Interment, Qua 17 1882	
FloGrand Underta	ker.
Date of Certificate Oug 16782. Residence	
and of confidence . Acomence	
Democrat Job	

Emily Geran 1891

268 45
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
ADDRESS OF A SECTION
KETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
, Geran
1. Name of deceased Mus Engly Grown
2. Sex finale . 3. Color White . 4. Age 59 15. Married or Single Married
5. Married or Single Murnie
6. Date of Death more 5- 91
6. Date of Death Smerch 5-91 7. Cause of Death Smerchilis
8. Duration of last Illness / ZM
W.W. Bowling, M. D.
Residence
9. Occupation
10. Place of Birth Warren County
11. Residence Oan Kaig // The . Ward No. 121
12. Time of Residence in the City
13. When a Minor. Name of Mother
14. Place of intended Interment Haward
15. Date of intended Interment March 75/89/
Holyward, Undertaker.
Date of Certificate . Residence

Catherine Gerald 1882

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL	46 PERMIT
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO I	BURIAL.
1. Name of Deceased Cathring General Go	and .
2. Sex Junal 3. Color Irhita 4. Age.	F/- ~
5. Married or Single Marine	9220
71	
7. Cause of Death Serile Anaeria	
8. Duration of last Illness	
I Journal .	M D
Residence Bouling Si	, M. D.
nesmence Lauter to	en . In.
UNDERTAKER'S CERTIFICATE IN RELATION TO DE	CEASED
9. Occupation -	seimone.
10 Place of Birth 13 Gran 16	7
10 Place of Birth 13 Gran 19 11. Residence Sum Shal - Ward	
	No. Z
12. Time of Residence in the City	
13. When a Minor $\begin{cases} Name \ of \ Mother \end{cases}$	
$3. When a Minor \begin{cases} Name of Mother \\ Name of Father \end{cases}$	
4. Place of intended Interment Farrow Cent	
5. Date of intended Interment The 5th 1882	
4. 1. 6.6	
7. 12	, Undertaker.
Date of Certificate MN 4-82 . Residence	
	Democrat Job Print

John W. Gerald 1899

41	7-1
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	*
RETURN OF A DEATH.	
KEIOKII OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Ju, le, Levard,	
2. Sex Malel 3. Color Ithile. 4. Age 82 years	مل
5. Married or single Mulmul	
6. Date of death Dely 29 - 99 registeded	28
8. Duration of last illness A. P. Cartweylet M. D.	
A. V. Couldwight, M. D.	
Residence	
MANAGERICA STRUCTURE IN RELIGION TO RESCRICT	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Merchant	
10. Place of birth Grance	
11. Residence 1003 Cally . Ward No. 3	
12. Time of residence in the City 57 years.	
Name of Mother Name of Father	
14. Place of intended interment Jairview Comeling	1
15. Date of intended interment July 20/99	
Juan Peran, Undertaker.	
Date of Certificate July 14/99 Residence	

John W. Gerald 1899

27 000 61 41-2
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
AND ADDRESS OF THE PROPERTY OF
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased John Q, Tryan
2. Sex Males. 3. Color White. 4. Age 89 yrs,
5. Married or single Willy 29" 1899.
7. Cause of death Old age
8. Duration of last illness One year
THO Cas am sht. M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. Place of birth France
11. Residence College Struck. Ward No. 2 rd
12. Time of residence in the City
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father — 14. Place of intended interment Frairvieur Cemetry,
15. Date of intended interment July 30" 1899,
Teratal Gent Ferand, Undertaker.
Date of Certificate July 29"/899 Residence City

John German 1892

392
This Constitutes one Certificate to 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 Grownan
2. Sex Mah . 3. Color White . 4. Age 75 years
5. Married or Single Manuel 6. Date of Death March 22 1892
7. Cause of Death Face from House
8. Duration of last Illness 2 Onuls
Illinghe, M. D.
Residence CUG
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth In land 11. Residence Main Shuf. Ward No 2 —
11. Residence Mau Shuf . Ward No. 2 —
12. Time of Residence in the City 357 cm
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment St linet Cent
15. Date of intended Interment March 23 272
Holman, Undertaker.
Date of Certificate . Residence

Nukiel German 1894

688 8 49
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mulkiel Gruncen
2. Sex Mal. 3. Color 20 lut. 4. Age /117 100
5. Married or single Fresh
6. Date of Death 22 6 11 1894
7. Cause of Death (Mullianut)
8. Duration of last Illness / muk) The husan, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth City
11. Residence Furth Stut . Ward No. 4th
12. Time of Residence in the City
Name of Mother Julia Grancen Name of Father Truis
14. Place of intended Interment St Just L Cent
15. Date of intended Interment DIC 13 1894 Hollmand Ano, Undertaker.
Date of Certificate See 114. Residence Bluelly

C. Gerralds 1892

398)	ちし
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased & Lengles Henolds	
2. Sex Male . 3. Color while. 4. Age 22 5. Married or Single Married 6. Date of Death March 5-46 1852	
7. Cause of Death Company	
8. Duration of last Illness ##################################	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation datorer	
10. Place of Birth	
11. Residence . Ward No 3	< 3
13. When a Minor. Name of Mother Name of Father	
14. Place of intended Interment Farrence	
15. Date of intended Interment August 6 - Undertaker.	
Date of Certificate . Residence	

Moriah Gibson 1913

TI	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
÷	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	m. Th.
1.	Name of deceased Moriah, Libson. Sex Hannler 3. Color Black. 4. Age 68 yrs.
2.	Sex Hamala 2. Color Black. 4. Age 68 yes.
5.	Married or single, With
6.	Date of death faw. 16/1913.
7.	Cause of death Varalized lower ext
8.	Duration of last illness.
	M. D.
	Residence (3)
	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation.
10.	Occupation Place of birth
10. 11.	Occupation Place of birth Sty Residence Muchicky St Ward No. 2
10.	Occupation Place of birth Residence Muchucky Ward No. 2 Time of residence in the city
10. 11.	Occupation Place of birth Residence Marchicely Time of residence in the city Name of mother
10.11.12.13.	Occupation Place of birth Residence Name of mother Name of father
10.11.12.13.14.	Occupation Place of birth Residence Name of mother Name of father
10.11.12.13.	Occupation Place of birth Residence Name of mother When a minor Name of father Name of father
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Ward No. Z Time of residence in the city When a minor Name of mother Name of father Place of intended interment Mt. Moriah Country Date of intended interment Date of intended interment Man. 17" 1913. WERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Name of mother Name of father
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Ward No. Z Time of residence in the city When a minor Name of mother Name of father Place of intended interment Mt. Moriah Country Date of intended interment Date of intended interment Man. 17" 1913. WERARD & GERARD. Undertaker.

Claud Gilbert 1910

939 52		
TI	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 Class Lilbert	
2.	Sexmale 3. Color Cal 4. Age 2/ gro	
5.	Married or single	
6.	Date of death Ded 14 1910	
7.	Cause of death Gun Shit	
8.	Duration of last illness TEN days	
	Or D. Forlar M. D.	
	Residence	
	Undertaker's Certificate in Relation to Deceased.	
9.	Occupation Campuon Lober	
10.	Place of birth Kusellsille	
11.	Residence Boat lander bike Ward No.	
12.	Time of residence in the city about 18 md.	
13.	When a minor Name of mother & al Silbert	
10.	Name of father.	
14.	Place of intended interment Afficially asselutelle	
15.	Date of intended interment	
	frey free mandertaker.	
Da	te of Certificate has a second of the Residence	
	Con The College St.	

Child of Giles Gilbert 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.	
	Name of Deceased Gille 5	
2.	Sex fimal. 3. Color B 4. Age / year	_
5.	Married or Single Suit	
6.	Date of Death SIT26782	
7.	Cause of Death	
8.	Duration of last Illness	
	Residence	•
	Theomence.	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9.	Occupation	
10.	Place of Birth ISmer	
	7 20 W	
11.	Residence Summe Shat . Ward No !-	
	Residence Aum Shu . Ward No Line of Residence in the City	
12.	Residence Aum Shu . Ward No Line of Residence in the City	
12. 13.	Residence August 8 Ward No 1. Time of Residence in the City When a Minor Name of Mother Siller Siller	
12. 13.	Residence August 8 Ward No 1 Time of Residence in the City When a Minor Name of Mother Silling Place of intended Interment	
12. 13.	Residence August 8th . Ward No Line of Residence in the City When a Minor Name of Mother Silling Place of intended Interment Date of intended Interment 11882	
12. 13. 14. 15.	Residence Auna Sha . Ward No Line of Residence in the City When a Minor Name of Mother When a Minor Name of Father Lile Lile T Place of intended Interment Lile 1882 Hade of intended Interment Lile 1882	311111
14. 15.	Residence August 8th . Ward No Line of Residence in the City When a Minor Name of Mother Silling Place of intended Interment Date of intended Interment 11882	

Child of James Gilbert 1893

524/ 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 & hied of fas Giebers).
2. Sexterial 3. Golor With it. 4. Age 4 med.	
5. Married or single Lingle	
6. Date of Death July 11/93.	
7. Cause of Death MUNICIPUS	
8. Duration of last Illness What is a second of the secon	
Residence Residence	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth City	
11. Residence . Ward No.	
12. Time of Residence in the City	
13. When a Minor Name of Mother	
Name of Father as Gilbert	
14. Place of intended Interment Harvin Com.	
15. Date of intended Interment July 2"/93	
J. Chrand + Brt, Undertaker.	
Date of Certificate uly 2" 93 Residence	

Mrs. James Gilbert 1893

499)	55
This Constitutes One Certificate to be Feturned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Mrs James Tilbert	
2. Sex Lewall . 3. Color White . 4. Age 30 years 5. Married or single Married	
6. Date of Death April 3 - 1893,	
7. Cause of Death Paralyses of the heart	
8. Duration of last Illness	
C. C. Minkle Coron, M. D.	
Residence Residence	3
INDEDTRICES CERTIFICATE IN DELITION TO DECERTED	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
9. Occupation	
9. Occupation	
9. Occupation 10. Place of Birth 11. Residence Ward No. / 12. Time of Residence in the City 1 Name of Mother	
9. Occupation 10. Place of Birth 11. Residence	
9. Occupation 10. Place of Birth 11. Residence Ward No. / 12. Time of Residence in the City Name of Mother	
9. Occupation 10. Place of Birth 11. Residence	
9. Occupation 10. Place of Birth 11. Residence	
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 Parsition Vicinity 15. Date of intended Interment April 4-1893 All Manual 431 Number 16. Canada 431 Number Number 17. Undertaker.	
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 Parsition Vicinity 15. Date of intended Interment April 4-1893 All Manual 431 Number 16. Canada 431 Number Number 17. Undertaker.	

Kalip Gilbert 1899

565) 5h
This Constitutes one Certificate to be Returned to the City Clerk for a Buriat Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Stalip Lilbert -
2. Sex Chale . 3. Color Black . 4. Age 75
5. Married or Single Married
6. Date of Death (26 5 1899)
7. Cause of Death Nephrilis
8. Duration of last Illness ONE WELK
pro P. Partweight, M. D.
©Residence /
9. Occupation
10. Place of Birth Vague
11. Residence 3 nd bet centre + 12y. Ward No 3
12. Time of Residence in the City few days
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Authorian
15. Date of intended Interment DS 1883
Parthy Planne, Undertaker.
Date of Certificate . Residence

Mary Ann Gilbert 1877

	57
Th	is Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Decesed man ann Glest Giller
2.	Sex France 3. Color White . 4. Age 56
5-	
6.	Married or Single Willow Date of Death Dear 6 1879
7.	Cause of Death Cousumblion,
	Duration of last Illness Our gear Johnson M. D.
	Residence Bu Hench Office
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence
12.	Time of Residence in the City
1.2	When a Minor S Name of Mother
13.	When a Minor { Name of Mother Name of Father Name of Pather Name o
14.	Place of intended Interment Hairview Dessetery
15.	Date of intended Interment Dec 7" 77
	Jel Strickle & Brow, Undertaker.
Dai	te of Certificate A Sty 6 4 7 7 . Residence
	Pantagraph Print

Romelia Gilbert 1880

	51
	This Constitutes ONE CERTIFICATE to be re
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of the tsed Romelia Gellion
2.	
5.	
6.	
7.	Cause of Death Consumplier
8.	Duration of last Illness Three Jungles
	A Sofehum M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	The state of the s
11.	Residence than 16 8hm . Ward No. 2
12.	Time of Residence in the City
10	When a Minor \{ Name of Mother
15.	Name of Father
14.	Place of intended Interment Hourview Cecut
15.	Date of intended Interment Ofine 15th 1880
	Frank Clerard, Undertaker.
L	Date of Certificate Ofini 14 580. Residence
	Democrat Print.

Silas Thomas Gilbert 1910

For This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
RETURN 91 14 DEIXIII.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Selas Thomas Hilbert
2 se Male 3 Color White 4 Age 5/
5. Married or Single Duyle
6. Date of death Dept 4 1910
7. Cause of death accentification
8. Duration of last illness Juddur
Calling per [] U.W. M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation retired
10. Place of birth Rupson Couter
11. Residence Baculery & Tree 19 Ward No.
12. Time of residence in the city le little and le little
13. When a minor \\ \text{Name of Mother} \\ \text{To Ty. 11.}
14. Place of intended interment Franklin Kyl
15. Date of intended interment Supt 6 1910
Enscha Kelly/, Undertaker.
Date of Certificate 27 5 /9/0 Residence BUKy

James Gilham 1894

603
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
Since Comment Gilla Milliant
2. Sex Male . 3. Color Bl 4. Age 2 4416
5. Married or single Suyle
6. Date of Death 1911/94
7. Cause of Death Suralgin of heart
8. Duration of last Illness Ance days
D. M. D.
Residence Janling Gum Ry
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Labour
10. Place of Birth
11. Residence (aute street) Ward No. 2 24
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Mt. Mouch
15. Date of intended Interment Luby 1"/94.
A Gerard 7320; Undertaker.
Date of Certificate Heby //94. Residence

Julia Gilham 1893

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
7	Name of deceased Juha Gilliam
	A 00 000 1000
	Married or single Married - 4. Age # 2 fr
770	Date of Death Oct 18/93
	Cause of Death Caner of the work
20.5	Duration of last Illness
	GN Murphy, M. D.
	Residence Bawling heen 10
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
II.	Residence with street. Ward No. 4
12.	Time of Residence in the City
	When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13.	Name of Father
14.	Place of intended Interment A. A. Serval
15.	Date of intended Interment Oct 19/93.
	A. Gerary Thio, Undertaker.
Da	te of Certificate OCT/8/93. Residence Cotty

Sallie Gill 1910

Benjamin Gilliam 1897

990
This Constitutes One Certificate to 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 Gilliam
2. Sex Male 3. Color BMG . 4. Age
5. Married or single Married (Willewell)
6. Date of Death July 73"97,
7. Cause of Death Grissmufation
8. Duration of last Hiness 3 ov 4 Minutes
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. Place of Birth
11. Residence Sentinery struck. Ward No. 2
12. Time of Residence in the City
Name of Mother Name of Father 14. Place of intended Interment All Annual Summing 15. Date of intended Interment Fully 24"/89%. August Mass., Undertaker. Date of Certificate Fully 25/py Residence

Graham Gilliam 1908

	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	974
	Physician's Certificate Preparatory to Burial.
	Name of deceased of rations of illians
1.	
2.	Sex male 3. Color Col. 4. Age / 7
5.	Married or single Single Date of death 2,5 = 1988
6.	Date of death Cause of death Puster Figure 1
7.	Duration of last illness
8.	Molling Careno M. D.
	11. h 10 0.
	Residence Bouley her
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Cleaning & houth
10.	Place of birth Run long Green
11.	Residence Ward No. 2
12.	Name of mother Retty Gillium
13.	When a minor Name of father Lofus Gilling
14.	Place of intended interment MA Thanks
15.	
	Date of intended interment fun 27 1908
De	te of Certificate gan 27 of Residence
Da	O - A - A - A - A - A - A - A - A - A -
-311771	Dord y y cullege st
- com	

Lena Gilliam 1892

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	P
	. Name of deceased Leena German
2	2. Sex themoly 3. Color Bell . 4. Age 20 grs. 5. Married or Single Ling &
	5. Date of Death Fuby 9"/92
7	. Cause of Death Con Sumfilian
8	S. Duration of last Illness One Management
	J. F. M. C. Carry, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation
1	10. Place of Birth of ogace County
	1. Residence Ward No. 3 14
1	2. Time of Residence in the City
1	13. When a Minor. Name of Mother Celler Gellow
-	SName of Father Dead
1	4. Place of intended Interment Mt Morean We
1	5. Date of intended Interment History 10 492 .
	# Co Gerard, Undertaker
I	Date of Certificate Hiby 9"/9". Residence Wily

Mirtie Gilliam 1894

056
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Inviting Gilliane.
2. Sextural 3. Color Blk. 4. Age 26 yrs.
5. Married or single Manie of
6. Date of Death Jug. 1"/94.
7. Cause of Death Whood Hener
8. Duration of last Illness 5 weeks
J. T. Johnson M. D.
Residence Bowley lucky.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth South Luine 1/24.
11. Residence Stope street Ward No. 4 th
H.
12. Time of Residence in the City Muley
13. When a Minor Name of Mother
Name of Father
14. Place of intended Interment MA More A
15. Date of intended Interment aug 2"/94,
F. C. Guald 1920, Undertaker.
Date of Certificate Aug / 1/94/ Residence

Press Gilliam 1891

348
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Tress Gelliau
2. Sexprale . 3. Color Bf (. 4. Age 1941)
5. Married or Single Single
6. Date of Death 10020" [1891.
7. Cause of Death Consumption
8. Duration of last Illness Shree Jugue
D. I. M. C. CroyM. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Logase County
11. Residence 4th Steet . Ward No 124
12. Time of Residence in the City
13. When a Minor. Name of Mother Ollen Juliance
14. Place of intended Interment Mr Moriah Cour
15. Date of intended Interment Av 21"/91.
J. Eliar , Undertaker.
Date of Certificate 100 20/91 . Residence City .

Ellen Gillum 1893

5221	le8
This Constitutes One Certificate to be Returned to the City Clerk for a Buri	al Permit.
RETURN OF A DEATH	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Ellen Gellun	
2. Sex finale 3. Color MUC. 4. Age.	44
5. Married or single Man 2812/893	
7. Cause of Death Dookey	
8. Duration of last Illness Mon Ham a ye	ar
G. Bur	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Kentully	
11. Residence Center Strit, Ward No.	2
12. Time of Residence in the City	110721111111111111111111111111111111111
13. When a Minor	
Name of Father	
14. Place of intended Interment MM Munal	
15. Date of intended Interment from 29-18	793
Date of Certificate . Residence	ndertaker.
	700

John Gillum 1891

304)	
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
ETTURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased John Gellund 2. Sex boy . 3. Color Calands . 4. Age 12 worth 5. Married or Single Single	
2. Sex boy . 3. Color Cular Co. 4. Age 12 mouth	
5. Married or Single Single	
6. Date of Death July 6	
7. Cause of Death Diarrhaea	
8. Duration of last Illness for days	
S.J. Watkins, M.D.	
Residence	
9. Occupation 10. Place of Birth 11. Residence Chestral strue. Ward No. 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. Welation to Deceased. 18. Welation to Deceased. 19. Occupation 10. Place of Birth 11. Residence 12. Ward No. 12. Time of Residence in the City 13. When a Minor. 14. Place of intended Interment 15. Date of intended Interment 16. Welation to Deceased. 17. Ward No. 18. Ward No. 19. Occupation 19. Occupation 10. Place of Birth 11. Residence 11. Residence 12. Ward No. 12. Time of Residence in the City 13. When a Minor. 14. Place of intended Interment 15. Date of intended Interment 16. Ward No. 17. Ward No. 18. Ward No. 19. Ward No. 19. Ward No. 10. Ward No. 10. Ward No. 11. Ward No. 12. Time of Residence in the City 13. When a Minor. 14. Place of intended Interment 15. Date of intended Interment	
Date of Certificate 7/7/91. Residence	

Mollie E. Gillum 1881

	This Constitute	S ONE CERTIFICATE	S to be v	are City Clerk fo	a BURIAL PERMIT	
	R	ETURN	OF :	A DEA	TH.	
2. 5.	PHYSICIA Name of Deced Sex femal Married or Sin Date of Death	Ze . 3. Co gle .Mo	ie E. Gi Ior Wh arried	llun ile	4. Age 42	
7.	Cause of Deat	h Tnei	ignonia	υ		
8. •	Duration of las	t Illness Residen	feve d Type nce D	acgs E. Low Powling	nseul Greek	, M. D.
	UNDERTAKE		-			
9.	Occupation	ER'S CERTIFI	CATE IN	RELATIO	N TO DECEA	
9. 10	Occupation Place of Birth	ER'S CERTIFI	CATE IN	RELATIO	N TO DECEA	ASED.
9. 10 11.	Occupation Place of Birth Residence	ER'S CERTIFI	CATEIN	RELATIO	N TO DECEA	ASED.
9. 10	Occupation Place of Birth	er's CERTIFI	CATEIN	RELATIO	N TO DECEA	ASED.
9. 10 11. 12. 13.	Occupation Place of Birth Residence Time of Reside When a Minor Place of intend	nce in the City Name of M Name of Fati ed Interment	CATEIN	RELATIO	N TO DECEA	ASED.
9. 10 11. 12. 13.	Occupation Place of Birth Residence Time of Reside When a Minor	nce in the City Name of M Name of Fati ed Interment	CATEIN	RELATIO	N TO DECE!	ASED.
9. 10 11. 12. 13. 14. 15.	Occupation Place of Birth Residence Time of Reside When a Minor Place of intend	nce in the City Name of M Name of Fati ed Interment	CATEIN	RELATIO	Ward No	SED.
9. 10 11. 12. 13. 14.	Occupation Place of Birth Residence Time of Reside When a Minor Place of intend Date of intend	nce in the City Name of M Name of Fati ed Interment	CATEIN	RELATIO	Ward No	SED.

William Gillum 1908

917
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 1/1 Hilliam 2. Sex Maly 3. Color Blk. 4. Age 15 5. Married or single Single
1. Name of degeased " Butter
2. Sex Macr 3. Color 1960. 4. Age 4. Age
5. Married or single Man 14" 1408
5. Married or single Single 6. Date of death Man, 14" 1908. 7. Cause of death Innumous
8. Duration of last illness
8. Duration of last illness IfM. Edinguels, Health, Corp.
Residence At ANALING THEER, KY
Undertaker's Certificate in Relation to Deceased.
, \
9. Occupation January
9. Occupation fully Bluew Sty, 10. Place of birthe Bluew Sty,
11. Residence # Louis Mard 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 Mr Mouah Camalay.
15. Date of intended interment Max 18"1908.
GERARD & GERARD. Undertaker.
Date of Certificate //av/8/08, ResidenceBOWLING GREEN, KY

William Gillum 1908

-	
	TRANSFER PERMIT, which must in all cases accompany the body to its destination.
1	No. 606 DEFICE HEALTH COMMISSIONER.
	Certificate No. 1755 St. Louis, 3 16 68 190_
A COLUMN	Permission is hereby given to remove the body of age years months days
	Male semale witte solored single married widowed
	Date of death 3 190 from
	to Low green by Attending Physician Newsours
	S.S. Williams & M. Eamunds
100	Undertaker. Clerk Health Commissioner and Board of Health.
	SEE OTHER SIDE.

Child of Amelia Gilmer 1912

This Constitutes One Certificate to be Returned	o the City Clerk for a Burial Permit.
RETURN OF	A DEATH.
PHYSICIAN'S CERTIFICATE PREP	ARATORY TO BURIAL
	J. Gilmer Infa
1. Name of deceased Will	200
2. Sex framal. 3. Color Whi	. 4. Age —
5. Married or single Sill gr	4.
6. Date of death Dec 10	
7. Cause of death Mul	Bonn
8. Duration of last illness	W2 4-
J	Murtin , M. D.
Residence	3 awhy Green
9. Occupation Still Box	
10. Place of birth Bow Lig 4	
11. Residence	Ward No,
12. Time of residence in the City.	2
Name of Mothe	
	nt Narow
14. Place of intended interment Comment	y Ground
15. Date of intended interment Dec	11 18/2.
Enocher	Tuy, Undertaker.
Date of Certificate & Let 13 /9.12	Residence Bur Lig Free
	<u> </u>

Child of Arther Gilson 1899

× × 0 9	73
This Constitutes One Certificate to be Returned to the City Clerk for a Burial	Parmit
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Infant of Arther Lils	m
2. Sex . 3. Color Think. 4. Age —	
5. Married or single suight	
6. Date of death Fiely 111 99	
7. Cause of death Still Bown,	
8. Duration of last illness E.T. Aughes.	, M. D.
Residence	
Control of the Contro	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth — leity	
11. Residence Marii Sh. Ward No.	200
12. Time of residence in the City	20
13. When a minor Name of Mother Must, athas Lila Name of Father Athas Lila	m
14. Place of intended interment Farry and Ca	m.
15. Date of intended integment Hely 1199	
Lyun & Tunn (Un	idertaker.
Date of Certificate Heliq1/99. Residence	
	To before construct, where

Minnie E. Gilson 1898

11	3
Ть	is Constitutes One Certificate to 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 Minuse Tilson
2.	Sex Junale 3. Color Mhite! 4. Age 2.5 yrs
5.	Married or single Single,
6.	Date of death plan 28" 98
7.	Cause of death & Muniple 19
8.	Duration of last illness & The All Annual Control of last illness & The Annual Control of last illness &
	Others 18: My M. D.
	Residence Symbol Mulling
70	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10,	Place of birth Qilly
11.	Residence Gentler St. Ward No. 2 20
12.	Time of residence in the City That Sal Films
13.	When a minor Name of Mother A & X & Ilson
14.	Place of intended interment Fairwill Cumular
	Date of intended interment Now 29" 1898,
-3.	Gerand Lever Undertaker.
Date	of Certificate Man 18/9 Residence

Mrs. S. A. Gilson 1910

	This Conditions One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	11-1990
1.	Name of deceased A A Ullraw
2.	Sexternale 3 golor White 4 Age 7/
5.	Married or Single Tulaul
6.	Date of death ON 18-1910
7.	Cause of death Vaucer of Fall Bladder
8.	Duration of last illness Two mouth
	6. M. Hall, M.D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Lawerkuleer
10.	\sim
11.	719
12.	Time of residence in the city.
13.	When a minor \{ Name of Mother
14	(Name of Father
14.	Place of intended interment Tarrown Curriery
15.	Date of intended interment
Date	e of Certificate OCV 15-1910 Residence OCV

Child of S. H. & Amanda Gilson 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.
1.	Name of Deceased no vacue Lilson
2.	Sex Boy . 3. Color colete 4. Age 5 weeks
5.	Married or Single
6.	Date of Death Luly 4 to 1879
7.	Cause of Death Chalesa Sufantum -
8.	Duration of last Illness QUL QUELL
	M.D.
	Residence /
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth BG .
11.	Residence Sur Start . Ward No. 3 d
12.	Time of Residence in the City
	(Name of Mother Amounda C. Gilson
	When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13.	Name of Father A & Gilson
13. 14.	Name of Father A Hulain
14.	Name of Father A Albara Place of intended Interment Language 5 1879 Date of intended Interment Language 5 1879
14, 15,	Name of Father A Alson Place of intended Interment Language Comment

Child of Rinda Ginn 1894

609	77
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Per	nitt:
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Infant of Rinda Gine 2. Sex Mul. 3. Color What 4. Age 3 d	
2. Sex Mul 3. Color What 4. Age 3 cl	'as
5. Married or single	/
6. Date of Death March 200 1894 Wille. 7. Cause of Death March 200 1894 Wille	
7. Cause of Death March 200 1894 Weekler	owno
8. Duration of last Illness	
27, Cooule,	M. D.
Residence	1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	1969
10. Place of Birth Mean Wivolen Mills	en-management
II. Residence // // Ward No.	
12. Time of Residence in the City	
13. When a Minor \ Name of Mother Rinda Ginn	
13. When a Minor Name of Father	
14. Place of intended Interment Hourse Cent	
15. Date of intended Interment Fleh 3 -1894	
Flagury o Bro, Under	aker.
Date of Certificate Residence	

Janie Gipson 1900

	Cest 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 famil Sepason
2.	Sex Fleres 3. Color black . 4. Age 18 400
5.	Married or single
6.	Date of death June Consumption Cause of death Cause of death
7.	
8.	Duration of last illness O. D. Torber, M. D.
	Residence
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation 2 - Pt
10.	Place of birth While Stone goon
11.	Residence Garage Ward No.
12.	Time of residence in the City.
13.	When a minor Name of Mother Name of Father Ceicling Sistems
14.	Place of intended interment A
15.	Date of intended interment Jan 35-1800
10.	
Date	J. E. Handle Joll, Undertaker. e of Certificate Residence Jack 15 3 Lale 2 A A
×	

Lucy Ann Girden 1882

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT	
at to the City Clerk for a BORTAL PERMIT	-
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of Deceased Lucy Ann Girche	
2. Sex funal . 3. Colorapile . 4. Age 50 year	
5. Married or Single Andow	
6. Date of Death Oug 18- 1882	
7. Cause of Death Trophy	
8. Duration of last Illness three months	
L'OBiler, M.	1)
Residence Broker	
Residence Many James	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10 Place of Birth / Kentuly	
7 1 21 +	
12. Time of Residence in the City 14 or 13 years	
Name of Mother	
13. When a Minor Name of Father	
14. Place of intended Interment Col Ceurt	
4 40.7, 7	
	T.
Date of Certificate aug 19282. Residence	
	dot
Democrat Job Pr	me

Sarilda Gissum 1879

	80
This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PER	MIT.
RETURN OF A DEATH.	
PHYSIC AN'S CERTIFICATE PREPARATORY TO BUR 1. Name of Deceased Sarilda Sussem	OCCUPATION OF THE PROPERTY OF
2. Sex Junale. 3. Color Blak. 4. Age 13	yeen
7. Cause of Death Comps in	
8. Duration of last Illness	
non	M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECE	ASED.
9. Occupation	
10. Place of Birth Warn &	
11. Residence Ward No.	3
12. Time of Residence in the City	
13. When a Minor Name of Mother Heart Brown Name of Father Dick Robert	=
14. Place of intended Interment Col Cerrety	
15. Date of intended Interment Mar 29th 1879	
moldinard , v.	ndertaker,
Date of Certificate . Residence	
	Democrat Print.

Warre	Warren County, Kentucky Death Records, Box 2, Folder 3 (Ga - Gi)				
MSS 293 Manuscript	s & Folklife Archives	- Library Special Collections -	– Western Kentucky University		

Warre	Warren County, Kentucky Death Records, Box 2, Folder 3 (Ga - Gi)				
MSS 293 Manuscript	s & Folklife Archives	- Library Special Collections -	– Western Kentucky University		