


1877

## Box 2, Folder 3 Bowling Green, Kentucky - Death Records, Ga-Gi

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### Recommended Citation

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Jackson Gaddy 1910

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Jackson Gaddy  
 2. Sex male 3. Color col. 4. Age 50 yrs.  
 5. Married or Single Single  
 6. Date of death May 20 - 1910  
 7. Cause of death Heart disease  
 8. Duration of last illness About 3 months  
J. W. Willis, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Common labor  
 10. Place of birth Lumbland Co.  
 11. Residence 2 St Ward No. 2  
 12. Time of residence in the city About 10 years  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment mt mariah cemetery  
 15. Date of intended interment May 20 - 1910  
J. E. Kuykendass, Undertaker.  
 Date of Certificate May 27 1910 Residence Cor. 7th  
College St.



Child of Joseph & Miriam Gailbrath 1879

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.

1. Name of Deceased *Gailbrath*

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

5. ~~Married or Single~~

6. Date of Death *May 2 1879*

7. Cause of Death *Still Born*

8. Duration of last Illness

*Robt Thomas*, M. D.

Residence *Bellevue*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Bellevue*

11. Residence . Ward No. *3*

12. Time of Residence in the City

13. When a Minor { Name of Mother *Miriam Gailbrath*  
Name of Father *Joseph*

14. Place of intended Interment *Bellevue*

15. Date of intended Interment

*J. G. Gailbrath*, Undertaker.

Date of Certificate . Residence

Democrat Print.

Samuel H. Gaines 1900

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 *Samuel H. Gaines*  
 2. Sex *Male* 3. Color *White* 4. Age *91 yrs.*  
 5. Married or single *Married*  
 6. Date of death *March 11" 1906.*  
 7. Cause of death *Senility*  
 8. Duration of last illness \_\_\_\_\_  
*A. J. McComacks*, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Tennessee*  
 11. Residence *Center 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 *Fairview Cemetery*  
 15. Date of intended interment *Mar. 14" 1906.*  
*Gerard & Gerard*, Undertaker.  
 Date of Certificate *Mar. 12" 1906.* Residence *City*



Mrs. Walter B. Gaines 1900

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Mrs. Walter B. Gaines*  
2. Sex *Female* 3. Color *White* 4. Age *30 yrs.*  
5. Married or single *Married*  
6. Date of death *March, 27<sup>th</sup> 1900.*  
7. Cause of death *Typhoid Fever*  
8. Duration of last illness *8 weeks*  
*S. H. Coombs*, 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 Street* Ward No. *1<sup>st</sup>*  
12. Time of residence in the City  
13. When a minor } Name of Mother *Mrs. Jas. A. Amies*  
                          } Name of Father *Jas. A. Amies*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Mar, 29<sup>th</sup> 1900*  
*Gurgood and Gurgood*, Undertaker.  
Date of Certificate *March 28, 1900* Residence *City*

Willie Gaines 1896

5

963

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 Willie Gaines

2. Sex female 3. Color white 4. Age 5 yrs

5. Married or single single

6. Date of Death Nov 27/1896

7. Cause of Death Pertussis

8. Duration of last Illness Nine days

Dr. Francis W. R. Francis, M. D.

Residence B. G. Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth Warren Co Ky

11. Residence College St . Ward No. 2

12. Time of Residence in the City years

13. When a Minor { Name of Mother Sallie Gaines  
Name of Father B. A. Gaines

14. Place of intended Interment Lawrence Green

15. Date of intended Interment Nov 28-1896

Roath & Payne, Undertaker.

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



Mary H. Gaither 1905

le

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.

*Gaither*

1. Name of deceased *Mary H. Gaither*

2. Sex *female* 3. Color *BLK* 4. Age *35 yrs*

5. Married or single *married*

6. Date of death *Jan - 4 - 1905*

7. Cause of death *Premature Labor*

8. Duration of last illness *Several days*

*H. Willis* *J. W. Willis*, M. D.  
Residence *Main St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *Tenn*

11. Residence *West 70<sup>th</sup>* Ward No. \_\_\_\_\_

12. Time of residence in the City. *2 years*

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

14. Place of intended interment *Wm. Minish*

15. Date of intended interment *Jan 6 1905*

*Harvey Payne*, Undertaker.

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

Daisy Gilson Galloway 1900

7<sup>3</sup>

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 Daisy Gilson Galloway  
2. Sex female 3. Color white 4. Age 25 yr  
5. Married or single married  
6. Date of death Sept 22 1900  
7. Cause of death Consumption  
8. Duration of last illness \_\_\_\_\_

Dr. Hughes E. T. Hughes, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth city  
11. Residence Center St Ward No. 2  
12. Time of residence in the City life  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Bur  
15. Date of intended interment Sept 23 1900  
Hawley Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Hugh James Galloway 1905

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Hugh James Galloway*

2. Sex *male* 3. Color *white* 4. Age *4 yrs -*

5. Married or single \_\_\_\_\_

6. Date of death *August 4 - 1905*

7. Cause of death *Intestinal Obstruction*

8. Duration of last illness *2 days -*

*J. W. Stone*, M. D.  
Residence *College St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *City*

11. Residence *Adams St bet Main & 10<sup>th</sup>* Ward No. \_\_\_\_\_

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

13. When a minor { Name of Mother *Bess Galloway*  
Name of Father *Tom T. Galloway*

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *August 5 - 1905*

*Harvey Payne* Undertaker.

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

James Galloway 1897

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*Warren County*  
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 James Galloway  
 2. Sex Male 3. Color white 4. Age 80 yrs  
 5. Married or single widower  
 6. Date of Death Nov 27 97  
 7. Cause of Death Pneumonia  
 8. Duration of last Illness Six weeks

D. M. C. \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth \_\_\_\_\_  
 11. Residence State + 12<sup>th</sup> St Ward No. \_\_\_\_\_  
 12. Time of Residence in the City few weeks  
 13. When a Minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment Old Union  
 15. Date of intended Interment Nov 29/97

Pratt & Rogers, Undertaker.

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



Child of Lou Ella Galloway 1908

10

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

# RETURN OF A DEATH.

579

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of Lou Ella Galloway  
 2. Sex Male 3. Color Blk 4. Age 5 days  
 5. Married or single Single  
 6. Date of death Oct 13 " 1908  
 7. Cause of death Convulsions  
 8. Duration of last illness.....  
 Signature J. W. Stone M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Bowling Green Ky  
 11. Residence 10th St Ward No. 2  
 12. Time of residence in the city 5 days  
 13. When a minor { Name of mother Lou Ella Galloway  
                           { Name of father.....  
 14. Place of intended interment Mt. Moriah Cemetery  
 15. Date of intended interment Oct. 13 " 1908  
 Signature GERARD & GERARD Undertaker.  
 Date of Certificate Oct. 13 " 1908 Residence BOWLING GREEN, KY



Maude Galloway 1913

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 11

# RETURN OF A DEATH.

1913

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Maude Galloway  
 2. Sex Female 3. Color White 4. Age 34 yrs  
 5. Married or single Single  
 6. Date of death Apr 13 - 1913  
 7. Cause of death Pulmonary tuberculosis  
 8. Duration of last illness Two years  
R. S. Petherford M. D.  
 Residence Bowling Green

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Sales Lady  
 10. Place of birth Ky  
 11. Residence 1013 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 Farriss Cemetery  
 15. Date of intended interment Apr 14 - 1913  
GERARD & GERARD Undertaker.  
 Date of Certificate Apr 13 - 13 Residence Bowling Green, Ky



Samuel Nelson Galloway 1906

#136 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 Samuel Nelson Galloway  
2. Sex male 3. Color white 4. Age 38 yrs  
5. Married or single married  
6. Date of death Novem 29 1906  
7. Cause of death Tuberculosis of lungs.  
8. Duration of last illness 2 years - or more  
B. S. Rutherford, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "  
10. Place of birth Warren County  
11. Residence West Clay St. Ward No. \_\_\_\_\_  
12. Time of residence in the City. years  
13. When a minor { Name of Mother not given  
Name of Father W. N. Galloway  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Novem 30 1906  
Hawley Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Virginia Earl Galloway 1907

#314 131

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 *Virginia Earl Galloway*  
2. Sex *Female* 3. Color *White* 4. Age *18 mo*  
5. Married or single *single*  
6. Date of death *Sept 14-1907*  
7. Cause of death *Enterocolitis.*  
8. Duration of last illness *life.*  
*O. H. Wilson* M. D.  
Residence *Nashville Tenn*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *None*  
10. Place of birth *Warren County Ky*  
11. Residence *12th + 8th Street* Ward No. ....  
12. Time of residence in the city *life.*  
13. When a minor { Name of mother *Elizabeth H Galloway*  
Name of father *J. Grover Galloway*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Sept-16-1907*  
*V. Hawley Payne* Undertaker.  
Date of Certificate ..... Residence .....  
*Sept Nashville Tenn, brought home for burial.*



Virginia Earl Galloway 1907

132

(Issued by the State Board of Health of Tennessee.)

**TRANSPORTATION OF CORPSE.**

Transit Permit No. \_\_\_\_\_  
(GIVE STATION NO.)

**PHYSICIAN'S OR CORONER'S CERTIFICATE.**

Name of deceased Virginia Earl Galloway Date of Death Sept 14th 1907  
(If a minor, give parents' name also)

Hour of Death \_\_\_\_\_ M. Age 1 Years 6 Months 17 Days

Place of death Nashville Tenn Cause of death ruin (cancer)  
which is a non communicable disease.  
(Communicable or non-communicable)

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

J. H. Nelson M. D. or Coroner.

Residence Nashville. County of Davidson State of Tenn

**PERMIT OF LOCAL BOARD OF HEALTH.**

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

In the City of Nashville. County of Davidson  
(City or township)

State of Tenn on the 14th day of Sept 1907

Permission is hereby given, Dorris Karsch & Co. Undertaker or Embalmer,  
to remove for burial at Bowling Green in the County of Warren

State of Tenn Ky. the body of Virginia Earl Galloway.  
who died at Nashville. County of Davidson State of Tenn

on the 14th day of Sept 1907 Aged 1 Years 6 Months 17 Days,  
and J.G. Galloway is hereby authorized to accompany said remains.

(SEAL.) Signed Larkin Smith Health Officer.

Child of H. L. & Delia Galvin 1894

652 14

This Constitutes One of \_\_\_\_\_ Sent to the City Clerk for a Burial Permit.

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. *Galvin*

1. Name of deceased *Child of H. L. Galvin*  
 2. Sex *Male* 3. Color *White* 4. Age *3 mo.*  
 5. Married or single *Single*  
 6. Date of Death *July 20<sup>th</sup>, 1894*  
 7. Cause of Death *Congestion of Stomach*  
 8. Duration of last Illness \_\_\_\_\_

*Geo. P. Cartwright*, M. D.  
 Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Bowling Green Ky.*  
 11. Residence *Main Street* Ward No. *3<sup>rd</sup>*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother *Mrs. Delia Galvin*  
                           } Name of Father *H. L. Galvin*  
 14. Place of intended Interment *St. Joseph's Cemetery*  
 15. Date of intended Interment *July 22<sup>nd</sup> 1894*

*A. C. Shepard & Co.*, Undertaker.  
 Date of Certificate *July 23/94.* Residence \_\_\_\_\_



John Galvin 1881

10 15

This Constitutes ONE CERTIFICATE for the City Clerk for a BURIAL PERMIT

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Galvin*  
2. Sex *Male* 3. Color *White* 4. Age *51 years*  
5. Married or Single *Married*  
6. Date of Death *July 10<sup>th</sup> 1881*  
7. Cause of Death *Apoplexy*  
8. Duration of last Illness *Three days*  
*H. H. H. H.*, M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Merchant*  
10. Place of Birth *Ireland*  
11. Residence *Main Street* Ward No *2*  
12. Time of Residence in the City *13 years*  
13. When a Minor { Name of Mother  
Name of Father  
14. Place of intended Interment *Catholic Court*  
15. Date of intended Interment *July 10<sup>th</sup> 1881*  
*A. H. Howard*, Undertaker.  
Date of Certificate *July 10<sup>th</sup>* Residence

Democrat Job Print

Mary Galvin 1904

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

## RETURN OF A DEATH.

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

1. Name of deceased *Miss Mary Galvin.*

2. Sex *Female*, Color *White*, 4. Age \_\_\_\_\_

5. Married or Single *Single.*

6. Date of death *May 16" 04.*

7. Cause of death *Phthisis Pulmonalis.*

8. Duration of last illness *11 Mos.*

*Stanley O. Label -*, M. D.

Residence *904 State St.*

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

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

10. Place of birth *City*

11. Residence *10<sup>th</sup> Street*, Ward No. *2*

12. Time of residence in the city *Life time.*

13. When a minor { Name of Mother *Mrs. Delia Galvin,*  
Name of Father *Henry L. Galvin.*

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

15. Date of intended interment *May 18" 04.*

*Garard & Garard*, Undertaker.

Date of Certificate *May 16" 04.* Residence \_\_\_\_\_



Nina Galvin 1903

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Galvin

1. Name of deceased *Miss Nina Galvin*
2. Sex *Female* 3. Color *White* 4. Age *14 yrs.*
5. Married or single *Single*
6. Date of death *June 30, 1903.*
7. Cause of death *Tuberculosis*
8. Duration of last illness

*Cartwright*

*H. P. Cartwright*, M.D.  
 Residence *Boonville, Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
  10. Place of birth *City*
  11. Residence *10th street.* Ward No. *3*
  12. Time of residence in the City.
  13. When a minor { Name of Mother *Mrs. Delia Galvin*  
Name of Father *Henry L. Galvin*
  14. Place of intended interment *St. Joseph's Cemetery*
  15. Date of intended interment *July 2, 1903.*
- Edward L. Lillard*, Undertaker.
- Date of Certificate *July 1, 1903.* Residence

Ruth Galvin 1898

18

1097

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 *Ruth Galvin*

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

5. Married or single *Single*

6. Date of Death *January 31" 1898*

7. Cause of Death *Brain Fever*

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

*H. P. Cartwright*, 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. *2<sup>nd</sup>*

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

13. When a Minor { Name of Mother *Mrs Delia Galvin*  
                              Name of Father *Henry Galvin*

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

15. Date of intended Interment *Feb 2" 1898.*

*Gerard & Gerard*, Undertaker.

Date of Certificate *Feb 1" 98*      Residence \_\_\_\_\_



Mattie Gan 1892

*Out of town* 19

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

**RETURN OF A DEATH.**

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mattie Gan Gan*

2. Sex *female* . 3. Color *White* . 4. Age *14*

5. Married or Single *Single*

6. Date of Death *Dec 15<sup>th</sup> 1892*

7. Cause of Death *Sub acute gastritis following typhoid fever*

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

*J. W. Coombs*, M. D.

Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

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

10. Place of Birth *Kentucky*

11. Residence *Potters College* . Ward No. \_\_\_\_\_

12. Time of Residence in the City *3 mos*

13. When a Minor. } Name of Mother *Jno W Gan*  
 } Name of Father \_\_\_\_\_

14. Place of intended Interment *Morganfield Ky*

15. Date of intended Interment *Dec 16<sup>th</sup> 1892*

*W. G. G. G.*, Undertaker.

Date of Certificate *Dec 15<sup>th</sup>* . Residence \_\_\_\_\_

Spencer Gantney 1882

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

**RETURN OF A DEATH.**

Gantney

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Spencer Gantney Gantney?*
- 2. Sex ..... 3. Color *White* 4. Age *83*
- 5. Married or Single *Single*
- 6. Date of Death *May 8<sup>th</sup> 1882*
- 7. Cause of Death *Old Age*
- 8. Duration of last Illness  
*No* \_\_\_\_\_, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of Birth *Virginia*
- 11. Residence *Main Street* Ward No *1*
- 12. Time of Residence in the City *50 years*
- 13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
- 14. Place of intended Interment *Fairview Cent*
- 15. Date of intended Interment *May 9<sup>th</sup> 1882*  
*F. C. Howard*, Undertaker.
- Date of Certificate *May 8<sup>th</sup> 82* Residence \_\_\_\_\_

Democrat Job Print



Child of Alice Gardner 1901

21

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Alice Gardner*  
 2. Sex *Male* 3. Color *Blk* 4. Age *1 yr*  
 5. Married or single *single*  
 6. Date of death *Dec. 3 / 1901.*  
 7. Cause of death *Croupous pneumonia*  
 8. Duration of last illness *Five Days*  
 Residence *W. Hughes, M. D.*  
*Franklin, Ky*  
*296 Center St.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence *Ky Street* Ward No. *2*  
 12. Time of residence in the City. *3 Mo.*  
 13. When a minor { Name of Mother *Alice Gardner*  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Lafayette Truss.*  
 15. Date of intended interment *Dec 5 / 1901.*  
*Guard & Garard*, Undertaker.  
 Date of Certificate *Dec 4 / 1901* Residence \_\_\_\_\_

Fletcher Gardner 1910

28

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

# RETURN OF A DEATH.

916

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Fletcher Gardner  
 2. Sex male 3. Color Black 4. Age \_\_\_\_\_  
 5. Married or Single married  
 6. Date of death Oct 24 1910  
 7. Cause of death Hardening of blood vessels  
 8. Duration of last illness one week  
 \_\_\_\_\_, M. D.  
 Residence 108 Adams

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence \_\_\_\_\_ Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Mt. Moriah Cemetery  
 15. Date of intended interment Oct 25/1910  
GERARD & GERARD, Undertaker.  
 Date of Certificate Oct. 24/1910 Residence \_\_\_\_\_



Gertrude Gardner 1911

23

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

# RETURN OF A DEATH.

948

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Gertrude Gardner  
 2. Sex Female 3. Color White 4. Age 47 mo  
 5. Married or single Single  
 6. Date of death January 3" 1911.  
 7. Cause of death Erysipelas  
 8. Duration of last illness 16 Days  
 Signature J. P. Gumbel M. D.  
 Residence B. Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Glasgow Ky  
 11. Residence 11th & High Ward No. 1  
 12. Time of residence in the city 2 years  
 13. When a minor { Name of mother Mrs. Rachel Gardner  
                           Name of father Wm R Gardner  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Jan. 3" 1911.  
GERARD & GERARD. Undertaker.  
 Date of Certificate Jan. 3" 1911 Residence.....

Molly Gardner 1899

112  
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 Child of Molly Gardner  
 2. Sex Female 3. Color White 4. Age 8 months  
 5. Married or single \_\_\_\_\_  
 6. Date of death Dec 27-99  
 7. Cause of death measles  
 8. Duration of last illness \_\_\_\_\_

J. W. Coomb, M. D.  
City Physician

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth City  
 11. Residence Adams Ward No. 2  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother Molly Gardner  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview  
 15. Date of intended interment Dec. 28-99  
Garard and Garard, Undertaker.  
 Date of Certificate Dec 27/99 Residence \_\_\_\_\_



Nathan Gardner 1913

25

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

# RETURN OF A DEATH.

1365

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Nathan Gardner <sup>Gardner</sup>

2. Sex male 3. Color col 4. Age 39 yrs

5. Married or single Single

6. Date of death April 1 - 1913

7. Cause of death Wernia - purpuric malarial

8. Duration of last illness about 30 days

Z. K. Jones M. D.

Residence 311 Main St. Bowling Green

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Cook

10. Place of birth Horse Cave

11. Residence 636 Center St Ward No. 2

12. Time of residence in the city about 20 yrs

13. When a minor { Name of mother Jaimie Gardner  
Name of father Grand Gardner

14. Place of intended interment Cave City

15. Date of intended interment Apr 2 - 1913

J. E. Kuykendall Undertaker.

Date of Certificate Apr 1 - 1913 Residence Cave City  
74 College St.

Child of Nathan & Nary Gardner 1898

113M 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 Nathan Gardner*  
2. Sex *Male* 3. Color *Blk* 4. Age *3 yrs*  
5. Married or single *Single*  
6. Date of death *May 27 '98*  
7. Cause of death *Typhoid fever.*  
8. Duration of last illness \_\_\_\_\_

*O. D. Porter* , M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Sane City Ky*  
11. Residence *College st* Ward No. *2*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother *Mary Gardner*  
                          } Name of Father *Nathan Gardner*  
14. Place of intended interment *County Cemetery*  
15. Date of intended interment *May 28 '98*

*Levard & Levard* , Undertaker.  
Date of Certificate *May 27/98* Residence \_\_\_\_\_



Child of Nathan & Rosa Gardner 1910

27

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

## RETURN OF A DEATH.

743

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

1. Name of deceased *Child of Nathan Gardner*

2. Sex *Male* 3. Color *Blk.* 4. Age *7 yrs*

5. Married or single *single*

6. Date of death *Jan 1" 1910.*

7. Cause of death *Whooping Cough.*

8. Duration of last illness.....

*W. E. Dygrett,* M. D.

Residence *Bowling Green Ky.*

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

9. Occupation.....

10. Place of birth *BOWLING GREEN, KY.*

11. Residence *Ky St. 527.* *BOWLING GREEN, KY* Ward No.....

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

13. When a minor { Name of mother *Mrs. Rosa Gardner*  
Name of father *Nathan*

14. Place of intended interment *Mt. Moriah Cemetery*

15. Date of intended interment *Jan 2" 1910.*

*GERARD & GERARD,* Undertaker.  
*BOWLING GREEN, KY.*

Date of Certificate *Jan 1" 1910.* Residence.....

Susan J. Gardner 1906

# 78 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 Susan J Gardner  
2. Sex female 3. Color White 4. Age 72 yrs  
5. Married or single widow  
6. Date of death May - 7 - 1906  
7. Cause of death Organic Heart trouble  
8. Duration of last illness acute  
A. T. W. Bonner, M. D.  
Residence city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Warren County  
11. Residence E. High St Ward No. 2  
12. Time of residence in the City Home at Princeton 14  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cem.  
15. Date of intended interment May 1906  
J. Hawley Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Joseph Rice Garland 1908

29

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

RETURN OF A DEATH.

435

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Joseph Rice Garland  
 2. Sex male 3. Color white 4. Age 56 yrs  
 5. Married or single married  
 6. Date of death April - 8 - 1908  
 7. Cause of death uricemic毒症, Chronic Bright's  
 8. Duration of last illness fatally about 1 week  
F. D. Reardon, M. D.  
 Residence city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Plasterer  
 10. Place of birth not given  
 11. Residence College St bet 4<sup>th</sup> & 5<sup>th</sup> 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 - Cent  
 15. Date of intended interment April - 9 - 1908  
Hawley Payne, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

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 *Julie A. Garland*  
2. Sex *Female* . 3. Color *White* . 4. Age \_\_\_\_\_  
5. Married or Single *Widow*  
6. Date of Death *Sept 5<sup>th</sup> 1879*  
7. Cause of Death *Dysentery.*  
8. Duration of last Illness *Several days*  
*J. N. Milernark*, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren Co., Ky.*  
11. Residence *Summit Street* . 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 Cem.*  
15. Date of intended Interment *Sept 6<sup>th</sup> 1879*  
*Frank C. Gerard*, Undertaker.  
Date of Certificate *Sept 6<sup>th</sup> 1879*. Residence \_\_\_\_\_

Democrat Print.



R. F. Garland 1880

31

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *R. F. Garland*
2. Sex *Male*      3. Color *White*      4. Age *60*
5. Married or Single *Married*
6. Date of Death *Aug 22<sup>nd</sup> 1880*
7. Cause of Death *Consumption*
8. Duration of last Illness *Four weeks*  
*H. P. Cartwright*, M. D.  
Residence *Bowling Green*

## 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 .....

Pantagraph Print.



Amelia Garrett 1880

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 *Amelia Garrett*

2. Sex *Female* . 3. Color *White* . 4. Age *8 years*

5. Married or Single *Single*

6. Date of Death *Oct 15<sup>th</sup> 1880*

7. Cause of Death *Acute dysentery*

8. Duration of last Illness *16 Days*

*J. M. McCormick*, M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Danville Ky*

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

12. Time of Residence in the City *Eight Years*

13. When a Minor { Name of Mother *Julia A. Garrett*  
Name of Father *W S Garrett*

14. Place of intended Interment *Danville Ky*

15. Date of intended Interment *Oct 18<sup>th</sup> 1880*

*F. Helser*, Undertaker.

Date of Certificate *Oct 17<sup>th</sup>* . Residence \_\_\_\_\_

Democrat Print.



Burley Garrison 1913

33

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

RETURN OF A DEATH.

1380

Physician's Certificate Preparatory to Burial.

1. Name of deceased Burley Garrison  
 2. Sex Male 3. Color White 4. Age 20 yrs.  
 5. Married or single Single  
 6. Date of death Apr. 27/1913  
 7. Cause of death Wound received by Engine.  
 8. Duration of last illness 10 Weeks  
J. H. Grubb M. D.  
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Engineer  
 10. Place of birth Butts, Ky.  
 11. Residence Main St. Ward No. 3  
 12. Time of residence in the city 2 yrs.  
 13. When a minor { Name of mother Jas. Garrison  
 Name of father Mrs. Jas Garrison  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Apr. 23" 1913  
GERARD & GERARD. Undertaker.  
 Date of Certificate Apr. 23/13 Residence Bowling Green, Ky.

Caissia Garrison 1911

34

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

# RETURN OF A DEATH.

497

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Caissia Garrison  
 2. Sex Female 3. Color White 4. Age 72 yrs.  
 5. Married or Single Widow  
 6. Date of death Apr. 5" 1911  
 7. Cause of death Bronchitis Asthma  
 8. Duration of last illness One hour  
 \_\_\_\_\_, M. D.  
 Residence Bowling Green 16

## Undertaker's Certificate in Relation to Deceased:

9. Occupation \_\_\_\_\_  
 10. Place of birth Warren, Co  
 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 Bethel, Church, Warren, Co.  
 15. Date of intended interment Apr. 7" 1911.  
GERARD & GERARD., Undertaker.  
 Date of Certificate Apr. 6" 1911 Residence \_\_\_\_\_



Ellen Z. Garrison 1905

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 *Ms. Ellen Z Garrison*

2. Sex *Female* 3. Color *White* 4. Age *78*

5. Married or Single *Widow of the Late A W Garrison*

6. Date of death *June 3 1905*

7. Cause of death *Bright's disease*

8. Duration of last illness *Several Weeks*  
*W. F. Francis*, M. D.  
Residence .....

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

9. Occupation .....

10. Place of birth .....

11. Residence *College St* 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 *Fairview Cemetery*

15. Date of intended interment *June 5 1905*  
*Gerard Gerard*, Undertaker.

Date of Certificate *June 5 1905* Residence .....

J. Tom Garrison 1909

#677 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 J. Tom Garrison  
 2. Sex Male 3. Color White 4. Age 67 yrs.  
 5. Married or single Single  
 6. Date of death August 6" 1909.  
 7. Cause of death Complication of diseases  
 8. Duration of last illness.....  
 C. S. Dowell M. D.  
 Residence..... **BOWLING GREEN, KY**

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

9. Occupation.....  
 10. Place of birth Bowling Green Ky  
 11. Residence 11<sup>th</sup> Park Ward No. 1  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
 { Name of father.....  
 14. Place of intended interment Garrison Cemetery  
 15. Date of intended interment Aug. 7" 1909  
**GERARD & GERARD.** Undertaker.  
 Date of Certificate Aug 7" 09 Residence **BOWLING GREEN, KY**



Child of Mrs. Lucian Garrison 1913

37

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

## RETURN OF A DEATH.

1376

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

1. Name of deceased *Child of Lucian<sup>M/M</sup> Garrison*

2. Sex *Male* 3. Color *White* 4. Age *3 weeks*

5. Married or single *Single*

6. Date of death *Apr. 14-1913*

7. Cause of death *Whooping Cough*

8. Duration of last illness *about 10 days*

*J. H. Duncan* 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 *Christina St.* Ward No. *1*

12. Time of residence in the city *3 weeks*

13. When a minor { Name of mother *Ms Lucian Garrison*

Name of father.....

14. Place of intended interment *Garrison Cemetery*

15. Date of intended interment *APR 15 1913*

**GERARD & GERARD.** Undertaker.

Date of Certificate *APR 15 1913* Residence *Bowling Green, Ky.*

Nannie Virginia Garrison 1911

28

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

## RETURN OF A DEATH.

1079

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Nannie Virginia Garrison.  
2. Sex Female 3. Color White 4. Age 4 Months  
5. Married or Single Single  
6. Date of death Sept. 17<sup>th</sup> 1911.  
7. Cause of death accidentally smothered.  
8. Duration of last illness \_\_\_\_\_  
Signature Dr. E. J. [unclear] Corcoran of M. D.  
Residence Warren Co. Ky

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

9. Occupation \_\_\_\_\_  
10. Place of birth BOWLING GREEN, KY  
11. Residence 521 E. Chestnut St. Ward No. 1 ward  
12. Time of residence in the city 4 months & 8 days  
13. When a minor { Name of Mother Mrs. Basia Garrison  
Name of Father Lillian Garrison  
14. Place of intended interment Garrison Cemetery  
15. Date of intended interment Sept. 18<sup>th</sup> 1911.  
GERARD & GERARD. \_\_\_\_\_, Undertaker.  
Date of Certificate Sept 18<sup>th</sup> 1911 Residence \_\_\_\_\_



Bettie Garvin 1908

39

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

## RETURN OF A DEATH.

*417*

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Bettie Garvin*
2. Sex *Female* 3. Color *Gold* 4. Age *50 yrs.*
5. Married or single *Married*
6. Date of death *Mar. 13 " 1908*
7. Cause of death *acute nephritis*
8. Duration of last illness *several weeks*  
*W. R. Francis* M. D.

Residence *BOWLING GREEN, KY.*

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Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Warren County*
11. Residence *Dalopfield* Ward No. \_\_\_\_\_
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *Mar. 16 " 1908*

*GERARD & GERARD* Undertaker.

Date of Certificate *Mar 14/08* Residence *BOWLING GREEN, KY*

Frances Catherine Garvin 1901

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 *Frances Catherine Garvin*  
2. Sex *female* 3. Color *white* 4. Age *72 yrs*  
5. Married or single *widow*  
6. Date of death *April - 6 - 1901*  
7. Cause of death *Pneumonia*  
8. Duration of last illness *2 or 3 days*  
*713 w* *F. B. Knight* M. D.  
Residence

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of birth  
11. Residence *Upper State St* Ward No. *1*  
12. Time of residence in the City. *" "*  
13. When a minor { Name of Mother *" "*  
Name of Father *" "*  
14. Place of intended interment *Rowlett Station*  
15. Date of intended interment *April - 7 - 1901*  
*Hawley Payne* Undertaker.  
Date of Certificate Residence



John Gary 1901

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 *John Gary*  
2. Sex *Male* 3. Color *White* 4. Age *66 yrs*  
5. Married or single *Widower*  
6. Date of death *Aug. 18/1901.*  
7. Cause of death *Exhaustion*  
8. Duration of last illness *8 wks*  
*Tom W. Stone* M. D.  
Residence *College St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *Broadway St.* Ward No. *1*  
12. Time of residence in the City. *Several years.*  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery.*  
15. Date of intended interment *Aug. 19<sup>th</sup> 1901.*  
*Edward Paul Gerard*, Undertaker.  
Date of Certificate *Aug. 18/1901.* Residence \_\_\_\_\_





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.

1. Name of Deceased *Mrs. Spencer Gaultney*

2. Sex *Female* . 3. Color *white* . 4. Age *65 years*

5. Married or Single *Married*

6. Date of Death *Aug 13 1878.*

7. Cause of Death *Diarhona*

8. Duration of last Illness *Several years*

*Not Druggs*, 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 \_\_\_\_\_

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 Print.



Sack Gee 1882

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 *Sack Gee*

2. Sex *Male* . 3. Color *White* . 4. Age *70*

5. Married or Single *Married*

6. Date of Death *Aug 16<sup>th</sup> 1882*

7. Cause of Death *Cancer*

8. Duration of last Illness *Two years*

*DeKnight*, M. D.

Residence *Bonding Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence *State Street* . 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 Cem*

15. Date of intended Interment *Aug 17<sup>th</sup> 1882*

*H. C. G. Ward*, Undertaker.

Date of Certificate *Aug 16<sup>th</sup> 82* Residence \_\_\_\_\_

Democrat Job Print



Emily Geran 1891

268 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 Emily Geran*  
2. Sex *female* 3. Color *White* 4. Age *59<sup>th</sup>*  
5. Married or Single *Married*  
6. Date of Death *March 5 - 91*  
7. Cause of Death *Bronchitis*  
8. Duration of last Illness *1 W*

*W. W. Bowling*, M. D.  
Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *Parkway 11<sup>th</sup>* 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 *Harwood*  
15. Date of intended Interment *March 7<sup>th</sup> 1891*

*H. C. Grand*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Catherine Gerald 1882

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 *Catharine Gerald Gerard*

2. Sex *Female* . 3. Color *White* . 4. Age *56 years*

5. Married or Single *Married*

6. Date of Death *Nov 3<sup>d</sup> 1882*

7. Cause of Death *Senile Anemia*

8. Duration of last Illness *0*

*S. J. Townsend* , M. D.  
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *TB Green Ky*

11. Residence *Sumner Street* . Ward No *1*

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

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

14. Place of intended Interment *Farrow Cem*

15. Date of intended Interment *Nov 5<sup>th</sup> 1882*

*Frank Leonard* , Undertaker.

Date of Certificate *Nov 4<sup>th</sup> 82* . Residence \_\_\_\_\_

Democrat Job Print



John W. Gerald 1899

60 471

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. Gerald  
2. Sex male 3. Color white 4. Age 82 years  
5. Married or single widower  
6. Date of death July 29 - 99  
7. Cause of death old age, chronic Bright's disease  
8. Duration of last illness \_\_\_\_\_  
H. P. Cartwright, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Merchant  
10. Place of birth France  
11. Residence 1003 College Ward No. 3  
12. Time of residence in the City 57 years  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment July 30/99  
Gerald & Gerard, Undertaker.  
Date of Certificate July 29/99 Residence \_\_\_\_\_

John W. Gerald 1899

27 61 47-2

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 *John C. Gerard*  
2. Sex *Male* 3. Color *White* 4. Age *87 yrs.*  
5. Married or single *Widower*  
6. Date of death *July 29<sup>th</sup> 1899.*  
7. Cause of death *Old age*  
8. Duration of last illness *One year*  
*H. P. Cartwright, M. D.*  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *France*  
11. Residence *College 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 *July 30<sup>th</sup> 1899.*  
*Gerard & Co. Gerard*, Undertaker.  
Date of Certificate *July 29<sup>th</sup> 1899* Residence *Cory,*



John German 1892

392 48

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John German*  
2. Sex *Male* 3. Color *White* 4. Age *75 years*  
5. Married or Single *Married*  
6. Date of Death *March 22<sup>nd</sup> 1892*  
7. Cause of Death *Fall from House*  
8. Duration of last Illness *3 Weeks*  
*Schuyler*, M. D.  
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ireland*  
11. Residence *Main Street* . Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City *35 years*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *St Joseph Court*  
15. Date of intended Interment *March 23<sup>rd</sup> 92*  
*H. B. Grundy*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Nukiel German 1894

658 49

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Nukiel German *Kennan*

2. Sex Male 3. Color White 4. Age 11 years

5. Married or single Single

6. Date of Death Dec 11<sup>th</sup> 1894

7. Cause of Death Pneumonia

8. Duration of last Illness 1 week

J. F. Johnson, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth City

11. Residence Fourth Street Ward No. 4<sup>th</sup>

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

13. When a Minor } Name of Mother Julia German  
                          } Name of Father Denis "

14. Place of intended Interment St Joseph's Cent

15. Date of intended Interment Dec 13<sup>th</sup> 1894

Chas. G. ..., Undertaker.

Date of Certificate Dec 11<sup>th</sup> Residence Blount



C. Gerralds 1892

398

50

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *C. Gerralds Gerralds*

2. Sex *Male* . 3. Color *white* . 4. Age *22*

5. Married or Single *Married*

6. Date of Death *March 5<sup>th</sup> 1892*

7. Cause of Death *Dyspnoea Haemorrhagica*

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

*H. P. Cortwright* M. D.

Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *laborer*

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

11. Residence *city* . 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 *Fairview*

15. Date of intended Interment *March 6<sup>th</sup>*

*Prather Payne*, Undertaker.

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

Moriah Gibson 1913

51

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

# RETURN OF A DEATH.

1319

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Moriah Gibson  
 2. Sex Female 3. Color Black 4. Age 68 yrs  
 5. Married or single Widow  
 6. Date of death Jan. 16/1913  
 7. Cause of death Paralyzed lower ext  
 8. Duration of last illness one year  
 \_\_\_\_\_ M. D.  
 Residence B. G. - Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Ky  
 11. Residence Kentucky 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 Mt. Moriah Cemetery  
 15. Date of intended interment Jan. 17" 1913  
GERARD & GERARD. Undertaker.  
 Date of Certificate Jan 17/1913 Residence B. G. - Ky



Claud Gilbert 1910

52

939

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

## RETURN OF A DEATH.

938  
939  
Physician's Certificate Preparatory to Burial.

1. Name of deceased..... Claud Gilbert

2. Sex male..... 3. Color red..... 4. Age 2 1/2 yrs

5. Married or single..... Single

6. Date of death..... Dec 14 - 1910

7. Cause of death..... gun shot

8. Duration of last illness..... Ten days

..... O. P. Fortin M. D.

Residence.....

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

9. Occupation..... Common Laborer

10. Place of birth..... Russellville

11. Residence..... Boat Landing Pike Ward No.....

12. Time of residence in the city..... About 18 mo.

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

14. Place of intended interment..... Mt. Russellville

15. Date of intended interment..... Dec 15 - 1910

..... J. S. Thompson Undertaker.

Date of Certificate..... Dec 15 - 1910 Residence.....  
Cor. 7<sup>th</sup> & College St.

Child of Giles Gilbert 1882

53

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Gilbert*

2. Sex *Female* 3. Color *B* 4. Age *1 year*

5. Married or Single *Single*

6. Date of Death *Sept 26 1882*

7. Cause of Death

8. Duration of last Illness

, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Blymes*

11. Residence *Sumner Street* Ward No *2*

12. Time of Residence in the City

13. When a Minor { Name of Mother *Gilbert*  
Name of Father *Giles Gilbert*

14. Place of intended Interment *Col Cent*

15. Date of intended Interment *Sept 26 1882*

*H. L. L. L. L.* Undertaker.

Date of Certificate Residence

Democrat Job Print



Child of James Gilbert 1893

54

524

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 Jas Gilbert  
 2. Sex Female 3. Color White 4. Age 4 mos.  
 5. Married or single Single  
 6. Date of Death July 1<sup>st</sup> 1903  
 7. Cause of Death Meningitis  
 8. Duration of last Illness \_\_\_\_\_  
 \_\_\_\_\_  
 W. R. Francis, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth City  
 11. Residence \_\_\_\_\_ Ward No. 1<sup>st</sup>  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother Dead  
                           } Name of Father Jas Gilbert  
 14. Place of intended Interment Garvin Cem.  
 15. Date of intended Interment July 2<sup>nd</sup> 1903  
   J. C. Howard + Bro, Undertaker.  
 Date of Certificate July 2<sup>nd</sup> 1903 Residence \_\_\_\_\_

Mrs. James Gilbert 1893

499 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 Mrs James Gilbert  
 2. Sex Female 3. Color White 4. Age 30 years  
 5. Married or single Married  
 6. Date of Death April 3 - 1893  
 7. Cause of Death Paralysis of the heart  
 8. Duration of last Illness \_\_\_\_\_

W. P. Munkle Coroner, M. D.  
 Residence Warren Co Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth \_\_\_\_\_  
 11. Residence \_\_\_\_\_ 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 April 4 - 1893  
A. C. Gerard & Bro \_\_\_\_\_, Undertaker.  
 Date of Certificate April 3 - '93 Residence Italy



Kalip Gilbert 1899

565

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 *Kalip Gilbert*  
2. Sex *Male* . 3. Color *Black*. 4. Age *75*  
5. Married or Single *Married*  
6. Date of Death *Oct 5 1899*  
7. Cause of Death *Nephritis*  
8. Duration of last Illness *one week*  
*Jno. P. Partwright*, M. D.  
Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation  
10. Place of Birth *Virginia*  
11. Residence *3rd St. between 4th & 14th*. 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 *St. Ann's*  
15. Date of intended Interment *Oct 7 1899*  
*Partwright & Payne*, Undertaker.  
Date of Certificate . Residence

Mary Ann Gilbert 1877

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 *Mary Ann Gilbert Gilbert*
2. Sex *Female* 3. Color *White* 4. Age *56*
5. Married or Single *Widow*
6. Date of Death *Dec 6<sup>th</sup> 1877*
7. Cause of Death *Consumption*
8. Duration of last Illness *One year*  
*Dr Johnson*, M. D.  
Residence *121 1/2 Main St*

## 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 *Fairview Cemetery*
15. Date of intended Interment *Dec 7<sup>th</sup> 77*  
*J. M. Strickland & Bro*, Undertaker.  
Date of Certificate *Dec 6<sup>th</sup> 77* . . . . . Residence *State Street B. Green St*

Pantagraph Print.



Romelia Gilbert 1880

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 *Romelia Gilbert*
2. Sex *Female* . 3. Color *White* . 4. Age *31*
5. Married or Single *Married*
6. Date of Death *April 14<sup>th</sup> 1880*
7. Cause of Death *Consumption*
8. Duration of last Illness *Three months*

*A. B. Johnson* M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Butte Co*
11. Residence *Frank 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 Court*
15. Date of intended Interment *April 15<sup>th</sup> 1880*

*Frank C. Oberard*, Undertaker.

Date of Certificate *April 14<sup>th</sup> 80* . Residence

Democrat Print.



Silas Thomas Gilbert 1910

59

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

# RETURN OF A DEATH.

890

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Silas Thomas Gilbert  
 2. Sex Male 3. Color White 4. Age 57  
 5. Married or Single Single  
 6. Date of death Sept 4 1910  
 7. Cause of death Acute Indigestion  
 8. Duration of last illness Sudden  
E. C. Clump J. P. W., M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation retired  
 10. Place of birth Renfrew County  
 11. Residence Bowling Green Ky Ward No. \_\_\_\_\_  
 12. Time of residence in the city 16 years  
 13. When a minor { Name of Mother Don't know  
                           Name of Father W. O. P. Gilbert  
 14. Place of intended interment Franklin Ky  
 15. Date of intended interment Sept 6 1910  
Enscher & Kelly, Undertaker.  
 Date of Certificate Sept 5 1910 Residence B. Ky



James Gilham 1894

603 60

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased James Gilham Gilham  
2. Sex Male 3. Color Blk. 4. Age 24 yrs  
5. Married or single Single  
6. Date of Death Jan 31 1894  
7. Cause of Death Neuralgia of heart  
8. Duration of last Illness Three days  
G. N. Murphy, M. D.  
Residence Barling Gun, Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer  
10. Place of Birth \_\_\_\_\_  
11. Residence Center 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 Mt. Moriah  
15. Date of intended Interment Feb 4 1894  
F. L. Herard & Bro.; Undertaker.  
Date of Certificate Feb 9 1894 Residence \_\_\_\_\_

Julia Gilham 1893

560 61

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Julia Gilham

2. Sex female 3. Color blk 4. Age 42 yrs

5. Married or single married

6. Date of Death Oct. 18/93

7. Cause of Death Cancer of the womb

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

G. N. Murphy, M. D.  
Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence North street 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 Mt. Moriah

15. Date of intended Interment Oct. 19/93

F. L. Grand & Co., Undertaker.

Date of Certificate Oct. 18/93 Residence City





Benjamin Gilliam 1897

990 63

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 Benjamin Gilliam

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

5. Married or single Married (Widowed)

6. Date of Death July 23<sup>rd</sup> 97.

7. Cause of Death Consumption

8. Duration of last illness 3 or 4 months

J. H. Leavells, M. D.

Residence Death Officer

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence Kentucky street 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 Mt. Moriah Cemetery

15. Date of intended Interment July 24<sup>th</sup> 1897.

P. C. Kuard & Bro., Undertaker.

Date of Certificate July 23/97 Residence \_\_\_\_\_





Lena Gilliam 1892

383 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 Lena Gilliam  
2. Sex Female . 3. Color Black . 4. Age 20 yrs  
5. Married or Single Single  
6. Date of Death July 9<sup>th</sup> 1922  
7. Cause of Death Consumption  
8. Duration of last Illness one year  
J. F. McElroy, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth Logan County  
11. Residence Center St . Ward No. 3<sup>rd</sup>  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother Ellen Gilliam  
                          } Name of Father Dead  
14. Place of intended Interment Mt. Zioniah Cem  
15. Date of intended Interment July 10<sup>th</sup> 1922  
F. W. Gerard, Undertaker.  
Date of Certificate July 9<sup>th</sup> 1922 . Residence City



Mirtie Gilliam 1894

656 666

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 *Mirtie Gilliam*

2. Sex *Female* 3. Color *Blk* 4. Age *26 yrs*

5. Married or single *Married*

6. Date of Death *Aug. 1<sup>st</sup> 1904*

7. Cause of Death *Diphtheria*

8. Duration of last illness *5 weeks*

*J. F. Johnson*, M. D.  
Residence *Bowling Green Ky.*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *South Union Ky.*

11. Residence *Hope street* Ward No. *4<sup>th</sup>*

12. Time of Residence in the City *Three yrs.*

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

14. Place of intended Interment *Mt Moriah*

15. Date of intended Interment *Aug 2<sup>nd</sup> 1904*

*F. C. Guald*, Undertaker.

Date of Certificate *Aug 1<sup>st</sup> 1904* Residence \_\_\_\_\_

Press Gilliam 1891

348 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 *Press Gilliam*  
2. Sex *Male* . 3. Color *Black* . 4. Age *19 yrs*  
5. Married or Single *Single*  
6. Date of Death *Nov 20<sup>th</sup> / 1891.*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *Three months*  
*J. H. McCloy M. D.*  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Logan County*  
11. Residence *4<sup>th</sup> Street* . Ward No *1<sup>st</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Ellen Gilliam*  
                          } Name of Father *- Dead -*  
14. Place of intended Interment *Mt Moriah Cem*  
15. Date of intended Interment *Nov 21<sup>st</sup> / 91.*  
*J. C. Guarant* , Undertaker.  
Date of Certificate *Nov 20/91* . Residence *City* .



Ellen Gillum 1893

5221 le8

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ellen Gillum  
 2. Sex female 3. Color Wh. 4. Age 44  
 5. Married or single Widow  
 6. Date of Death Jun 28<sup>th</sup> 1893  
 7. Cause of Death Droopy  
 8. Duration of last Illness More than a year  
E. Burr, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth Kentucky  
 11. Residence Center Street, 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 Mt Union  
 15. Date of intended Interment Jun 29<sup>th</sup> 1893  
F. C. Grand, Undertaker.

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

John Gillum 1891

304 69

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John Gillum*  
2. Sex *boy* 3. Color *Caucas.* 4. Age *12 months*  
5. Married or Single *Single*  
6. Date of Death *July 6<sup>th</sup>*  
7. Cause of Death *Diarrhoea*  
8. Duration of last Illness *four days*  
*S. J. Watkins, M. D.*  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *South Union*  
11. Residence *Chestnut street* . Ward No. *1*  
12. Time of Residence in the City *8 months*  
13. When a Minor. ) Name of Mother *Menta Gillum*  
                          ) Name of Father *Jno Gillum*  
14. Place of intended Interment *St. Moriah*  
15. Date of intended Interment *July 7<sup>th</sup>*  
*Pratt & Black* Undertaker.  
Date of Certificate *7/7/91* . Residence \_\_\_\_\_



Mollie E. Gillum 1881

28 70

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mollie E. Gillum*

2. Sex *Female* . 3. Color *White* . 4. Age *42 years*

5. Married or Single *Married*

6. Date of Death *March 2<sup>nd</sup> 1881*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *five days*

*J. E. Townsend*, M. D.  
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence \_\_\_\_\_ . Ward No. *3<sup>rd</sup>*

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

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

14. Place of intended Interment *Fierdier Semetary*

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

*J. E. Gerard*, Undertaker.

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

Democrat Job Print

William Gillum 1908

71-1

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

# RETURN OF A DEATH.

421

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Wm Gillum  
 2. Sex Male 3. Color Blk. 4. Age 75  
 5. Married or single Single  
 6. Date of death Mar 14 1908.  
 7. Cause of death Pneumonia  
 8. Duration of last illness H. M. Edmunds, Health, Care,  
 M. D.  
 Residence St. Louis Mo.  
BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Janitor  
 10. Place of birth Blount Ky.  
 11. Residence St. Louis Mo. Ward No. ....  
 12. Time of residence in the city .....  
 13. When a minor { Name of mother .....  
 { Name of father .....  
 14. Place of intended interment Mt Moriah Cemetery.  
 15. Date of intended interment Mar 18 1908.  
GERARD & GERARD. Undertaker.  
 Date of Certificate Mar 18/08. Residence BOWLING GREEN, KY



William Gillum 1908

TRANSFER PERMIT, which must in all cases accompany the body to its destination.

No. **606** OFFICE **HEALTH COMMISSIONER.**

Certificate No. 1755 St. Louis, 3/16/08 1908

Wm Gillum Permission is hereby given to remove the body of  
age 25 years 0 months 0 days

Male ~~female~~ ~~white~~ ~~colored~~ ~~single~~ ~~married~~ ~~widowed~~

Cause of Death Pneumonia

Date of death 3/14/08 1908, from —

to Bowling Green Ky Attending Physician P. Remours

S.S. Williams Undertaker. H.M. Edmunds Clerk Health Commissioner and Board of Health.  
Dr Taylor Castle

SEE OTHER SIDE.

Child of Amelia Gilmer 1912

72

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

RETURN OF A DEATH.

1297

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Lill B. Gilmer, Infant*

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

5. Married or single *Lill B. Gilmer*

6. Date of death *Dec 10 1912*

7. Cause of death *Still Born*

8. Duration of last illness *—*

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Still Born*

10. Place of birth *Bowling Green*

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

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

13. When a minor { Name of Mother *Amelia Gilmer*  
Name of Father *Not Known*

14. Place of intended interment *County Ground*

15. Date of intended interment *Dec 11 1912*

*Enoch K. Key*, Undertaker.

Date of Certificate *Dec 13 1912* Residence *Bowling Green*



Child of Arther Gilson 1899

73

~~X~~      ~~X~~      9

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

## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Infant of Arther Gilson  
 2. Sex \_\_\_\_\_ 3. Color White 4. Age \_\_\_\_\_  
 5. Married or single single  
 6. Date of death Feb 11 99  
 7. Cause of death Still Born  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_ City  
 11. Residence Main St Ward No. 2nd  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother Mrs. Arther Gilson  
                           } Name of Father Arther Gilson  
 14. Place of intended interment Fairview Cem.  
 15. Date of intended interment Feb 11 99  
Edward & Edward Undertaker.  
 Date of Certificate Feb 11 99 Residence \_\_\_\_\_

Minnie E. Gilson 1898

74

1113

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 Minnie E. Gilson*  
 2. Sex *Female* 3. Color *White* 4. Age *25 yrs*  
 5. Married or single *Single*  
 6. Date of death *Mar 28 1898*  
 7. Cause of death *Consumption*  
 8. Duration of last illness *6 months*  
*Thomas B. Wright*, M. D.  
 Residence *Burlington*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *City*  
 11. Residence *Center St* Ward No. *2nd*  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother *Mrs S. A. Gilson*  
                           } Name of Father *S. A. Gilson*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Mar 29 1898*  
*Gerard & Gerard* Undertaker.  
 Date of Certificate *Mar 28 1898* Residence \_\_\_\_\_



Mrs. S. A. Gilson 1910

75

This constitutes one certificate to be returned to the City Clerk for a Burial Permit.

# RETURN OF A DEATH.

910

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. S. A. Gilson  
 2. Sex Female 3. Color White 4. Age 71  
 5. Married or Single Widow  
 6. Date of death Oct. 15-1910  
 7. Cause of death Cancer of Gall Bladder  
 8. Duration of last illness Inoperable Two months  
E. N. Hall, M. D.

Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Undertaker  
 10. Place of birth Illinois  
 11. Residence Burling 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 Oct 16-1910  
Gerard W. Grant, Undertaker.  
 Date of Certificate Oct 15-1910 Residence City

Child of S. H. & Amanda Gilson 1879

76

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 *No name Gilson*

2. Sex *Boy* . 3. Color *White* . 4. Age *5 weeks*

5. Married or Single \_\_\_\_\_

6. Date of Death *July 4<sup>th</sup> 1879*

7. Cause of Death *Cholera Infantum*

8. Duration of last Illness *One week*

*W. B. C. C. C. C.* , M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *B.S.*

11. Residence *Green Street* . Ward No. *3<sup>d</sup>*

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

13. When a Minor { Name of Mother *Amanda C. Gilson*  
Name of Father *S. H. Gilson*

14. Place of intended Interment *Funerary Home*

15. Date of intended Interment *July 5<sup>th</sup> 1879*

*Frank B. C. C. C.* , Undertaker.

Date of Certificate *July 5<sup>th</sup> 79* . Residence \_\_\_\_\_

Democrat Print.



Child of Rinda Ginn 1894

609 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 *Infant of Rinda Ginn*  
2. Sex *mal* 3. Color *white* 4. Age *3 days*  
5. Married or single *—*  
6. Date of Death *near Woolen Mills*  
7. Cause of Death *March 2<sup>nd</sup> 1894 unknown*  
8. Duration of last Illness *—*

*J. W. Coomber*, M. D.  
Residence *—*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*  
10. Place of Birth *near Woolen Mills*  
11. Residence *// // //* Ward No. *—*  
12. Time of Residence in the City *—*  
13. When a Minor } Name of Mother *Rinda Ginn*  
                          } Name of Father *—*  
14. Place of intended Interment *Home Cent*  
15. Date of intended Interment *Feb 3<sup>rd</sup> 1894*

*F. L. Ginn*, Undertaker.  
Date of Certificate *—* Residence *—*

Janie Gipson 1900

104 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 Janie Gipson
2. Sex Female 3. Color Black 4. Age 18 1/2
5. Married or single Single
6. Date of death June 29 1900
7. Cause of death Consumption
8. Duration of last illness Two months  
O. S. Torbet, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of birth White Stone Quarry
11. Residence Quarry Ward No. \_\_\_\_\_
12. Time of residence in the City. \_\_\_\_\_
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father Leidney Gipson
14. Place of intended interment At Quarry
15. Date of intended interment June 30 1900  
J. E. Kuykendall, Undertaker.

Date of Certificate \_\_\_\_\_ Residence Newling Green  
815 State St.



Lucy Ann Girden 1882

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 *Lucy Ann Girden*

2. Sex *Female* . 3. Color *W/C* . 4. Age *50 years*

5. Married or Single *Widow*

6. Date of Death *Aug 18<sup>th</sup> 1882*

7. Cause of Death *Dropsy*

8. Duration of last Illness *Three months*

*S. C. Porter*, M. D.

Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Kentucky*

11. Residence *Near McCune Street* . Ward No *3<sup>d</sup>*

12. Time of Residence in the City *14 or 15 years*

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

14. Place of intended Interment *Col Cemetery*

15. Date of intended Interment *Aug 19<sup>th</sup> 1882*

*F. C. Girard*, Undertaker.

Date of Certificate *Aug 19<sup>th</sup> 82* . Residence \_\_\_\_\_

Democrat Job Print



Sarilda Gissum 1879

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 *Sarilda Gissum*
2. Sex *Female* . 3. Color *Black* . 4. Age *13 years*
5. Married or Single *Single*
6. Date of Death
7. Cause of Death *Croup*
8. Duration of last Illness

*None* M. D.

Residence

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

9. Occupation
10. Place of Birth *Warren Co*
11. Residence . . . . . Ward No. *3*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Hannah Gissum*  
Name of Father *Dick Roberts*
14. Place of intended Interment *Col Cemetery*
15. Date of intended Interment *Mar 29<sup>th</sup> 1879*

*J. M. Girard* , Undertaker.

Date of Certificate . . . . . Residence

Democrat Print.



Warren County, Kentucky Death Records, Box 2, Folder 3 (Ga - Gi)

Warren County, Kentucky Death Records, Box 2, Folder 3 (Ga - Gi)