


1877

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Mitchell Carl Glasscock 1907

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mitchell Carl Glasscock
2. Sex man 3. Color white 4. Age 2 mo
5. Married or single _____
6. Date of death Sept - 30 - 1907
7. Cause of death Meningitis.
8. Duration of last illness _____
B.S.P. B.S. Rutherford M. D.
Residence city

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth country
11. Residence near Elmwood Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of mother Mary E Glasscock
Name of father D. J. Glasscock
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Oct - 1st 1907
Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

Infant Glenn 1879

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 *Infant Glenn Glenn*

2. Sex *Male* . 3. Color *White* . 4. Age *11 days*

5. Married or Single _____

6. Date of Death *Sept 4th 1879* -

7. Cause of Death *Premature Birth*

8. Duration of last Illness _____

J. M. McCormack, M. D.
Residence _____

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 _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____, Residence _____

Democrat Print.

Catherine Glenn 1910

3

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

RETURN OF A DEATH.

804

Physician's Certificate Preparatory to Burial.

1. Name of deceased Catherine Glenn
2. Sex Female 3. Color White 4. Age 19 months
5. Married or single Single
6. Date of death April 23 1910.
7. Cause of death Cholera Infantum
8. Duration of last illness 8 days
W. D. Tompkins M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth BOWLING GREEN, KY.
11. Residence Center St. BOWLING GREEN, KY Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother Mrs Catherine Glenn
Name of father John M. Glenn
14. Place of intended interment St. Joseph Cemetery
15. Date of intended interment April 1910.
GERARD & GERARD Undertaker.
Date of Certificate Apr. 24/1910. Residence.....

Isaac Goldstein 1912

5

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

RETURN OF A DEATH.

12163

Physician's Certificate Preparatory to Burial.

1. Name of deceased Isaac Goldstein
2. Sex Male 3. Color White 4. Age 28 yrs
5. Married or Single Married
6. Date of death OCT 4 - 1912
7. Cause of death Abscess of Liver
8. Duration of last illness 3 wks -
F D Reader, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Shoemaker
10. Place of birth Russia
11. Residence BOWLING GREEN, KY Ward No. 1
12. Time of residence in the city 1 yr.
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment LOUISVILLE, KY.
15. Date of intended interment Oct. 6" 1912.
GERARD & GERARD, Undertaker.
Date of Certificate Oct. 5/12. Residence BOWLING GREEN, KY

Annie Mae Goodall 1913

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

RETURN OF A DEATH.

1337

Physician's Certificate Preparatory to Burial.

1. Name of deceased Annie Mae Goodall
2. Sex female 3. Color col 4. Age 18 yrs
5. Married or single Single
6. Date of death Feb. 15 - 1913.
7. Cause of death Chlorosis
8. Duration of last illness About 3 months
J. W. Mansfield M. D.
Residence Center St.

Undertaker's Certificate in Relation to Deceased.

9. Occupation School teacher
10. Place of birth Bowling Green
11. Residence Bowling Green Ward No. 7
12. Time of residence in the city for life
13. When a minor { Name of mother Christie Goodall
Name of father Jas Goodall
14. Place of intended interment Int. Mariah
15. Date of intended interment Feb. 18 - 1913
J. E. Shepherd Undertaker.
Date of Certificate Feb. 18 - 1913 Residence Don. 74 College Street

Amanda Goodnight 1901

7

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Amanda Goodnight
2. Sex female 3. Color Black 4. Age 24 yrs
5. Married or single married
6. Date of death Oct 18 1901
7. Cause of death Septicemia
8. Duration of last illness 2 wks
Black Dr. H. Blackburn, M. D.
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation "
10. Place of birth City
11. Residence 6th St State - Ward No. 2
12. Time of residence in the City. "
13. When a minor { Name of Mother "
 { Name of Father "
14. Place of intended interment St. Mariak
15. Date of intended interment Oct 19 1901
Howley Payne, Undertaker.
Date of Certificate _____ Residence _____

Mrs. J. E. Goodrum 1907

8

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs J E Goodrum*
2. Sex *Female* 3. Color *White* 4. Age *37*
5. Married or single *Married*
6. Date of death *June 6th 1907*
7. Cause of death *Pneumonia*
8. Duration of last illness *Two weeks*
H P Coatsworth M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Horse Keeper*
10. Place of birth *Simpson County*
11. Residence *Indianola St* Ward No.....
12. Time of residence in the city *10 years*
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment *Level Water Church*
15. Date of intended interment *June 8th 1907*
GERARD & GERARD Undertaker.
Date of Certificate *June 7 1907* Residence *BOWLING GREEN, KY*

Carl Gordon 1906

9

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased..... *Carl Gordon*

2. Sex..... *male* 3. Color..... *black* 4. Age..... *16 mos.*

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

6. Date of death..... *June 22-1906*

7. Cause of death..... *Dysentery*

8. Duration of last illness..... *Per*

D. D. Doolittle M. D.

Residence..... *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth..... *State St*

11. Residence..... *State St* Ward No. *2*

12. Time of residence in the city..... *16 mos.*

13. When a minor { Name of mother..... *Lizzie Gordon*
 { Name of father..... *John Gordon*

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

15. Date of intended interment..... *June 22-1906*

J. E. Shyken Undertaker.

Date of Certificate..... *June 23-1906* Residence..... *77 College*
Streets

Child of Mollie Gordon 1901

10

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *child of Mollie Gordon*
2. Sex 3. Color *Wash.* 4. Age *Still Born*
5. Married or single *— — —*
6. Date of Death *June 5-1901*
7. Cause of Death *Still Born*
8. Duration of last illness

S. W. Coombs, M. D.
Residence *State St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *— — —*
10. Place of Birth *Ky Warr Co -*
11. Residence *Kentucky St* . Ward No. *3rd*
12. Time of Residence in the City *— — —*
13. When a Minor } Name of Mother *Mollie Gordon*
 } Name of Father *— — —*
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *June - 5 - 1901*
Guard & Sons, Undertaker.
Date of Certificate Residence

Mollie Gordon 1904

11

* * 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 Mollie Gordon
2. Sex Female 3. Color White 4. Age 24
5. Married or Single Single
6. Date of death July 24th, 1904
7. Cause of death Consumption
8. Duration of last illness _____

_____, M. D.
Residence Brookings Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence Adams 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 Fairview Cemetery
15. Date of intended interment July 25th, 1904
Guard & Guard Undertaker.
Date of Certificate July 24/1904 Residence City

America Gorin 1910

12

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

RETURN OF A DEATH.

857

Physician's Certificate Preparatory to Burial.

1. Name of deceased *America Gorin*
 2. Sex *male* 3. Color *Col* 4. Age *77*
 5. Married or Single *Single*
 6. Date of death *July 9 - 1910*
 7. Cause of death *Diabetes incidental to old age.*
 8. Duration of last illness *About 3 months*
 Dr. *R. Francis*, M. D.
 Residence *College St.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Glascus Barron Co.*
 11. Residence *Center St* Ward No. *2*
 12. Time of residence in the city *About 28 yrs*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Barron County*
 15. Date of intended interment *July 12 - 1910.*
J. B. T. [Signature] Undertaker.
 Date of Certificate *July 12 - 1910* Residence *Col 7 + College St.*

Clara May Gorin 1911

13

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

RETURN OF A DEATH.

967

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Clara May Gorin*
 2. Sex *Female*
 3. Color *Female*
 4. Age *8 yrs.*
 5. Married or single *Single*
 6. Date of death *FEB 9 - 1911*
 7. Cause of death *Pneumonia following Measles*
 8. Duration of last illness *3 wks.*
- T. H. Stone* M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Warren Co.*
11. Residence *115 1/2 14th St.* Ward No. *2*
12. Time of residence in the city.....
13. When a minor { Name of mother *Jas. Gorin*
Name of father *Mother*
14. Place of intended interment *Presbyterian Church Warren Co. Cemetery*
15. Date of intended interment *FEB 9 - 1911*

GERARD & GERARD Undertaker.

Date of Certificate *FEB 9 - 1911* Residence.....

George R. Gorin 1912

14

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

RETURN OF A DEATH.

12 20

Physician's Certificate Preparatory to Burial.

1. Name of deceased George R. Gorin
2. Sex Male 3. Color White 4. Age 55 yrs.
5. Married or Single Married
6. Date of death July 21" 1912.
7. Cause of death Chronic Nephritis
8. Duration of last illness 6 mos.
F. P. Pearson, M. D.
Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation Lawyer
10. Place of birth Va.
11. Residence Park Row Ward No. 2
12. Time of residence in the city.....
13. When a minor { Name of Mother.....
 { Name of Father.....
14. Place of intended interment Fairview Cemetery
15. Date of intended interment July 21" 1912.
GERARD & GERARD., Undertaker.
Date of Certificate July 21" 1912 Residence BOWLING GREEN, KY

Jennie Gorin 1907

15

TRANSPORTATION OF CORPSE.

Transit Permit No. Jennie Gorin (GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased Mrs Jennie Gorin Date of death Feb 25 1907
(If a minor, give parents' name also.)

Hour of death 7:15 a.m. Age 52 Years 2 Months 0 Days

Place of death Memphis Tenn Cause of death Cancer Uterus
 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.

M. Gochman M. D. or Coroner.

Residence Memphis County of Shelby 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 Memphis County of Shelby
(City or township)

State of Tenn on the 25 day of Feb 1907

Permission is hereby given Hotel Grand Stanton Undertaker or Embalmer
 to remove for burial at Spring Green in the County of _____

State of Tennessee the body of Wm Jennet Gorin
 who died at Memphis County of Shelby State of Tenn

on the 25 day of Feb 1907 Aged 52 Years 2 Months 0 Days.
 and Frank A Gorb is hereby authorized to accompany said remains.

(SEAL.) Signed J. L. Anderson Secy
Health Dept.

Manley

These Duplicate Certificates must be presented to the Local Board of Health for Approval, and then sent by the Shipping Agent to the Baggage Agent of the initial line, and by him to the Secretary of the State Board of Health.

Thomas B. Gorin 1894

626/ 16

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Thos. B. Gorin
2. Sex Male 3. Color White 4. Age 71 yrs
5. Married or single Married
6. Date of Death June 5th 1914
7. Cause of Death Jaundice
8. Duration of last illness 3 weeks
B. H. McMillen, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Warren Co.
11. Residence 11th street Ward No. 1st
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Fairview Cem
15. Date of intended Intment June 6th 1914
J. C. Girard & Son, Undertaker.
Date of Certificate June 6th 1914 Residence _____

Dennis Gorman 1904

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.

1. Name of deceased *Dennis Gorman*
2. Sex *Male* 3. Color *White* 4. Age *57*
5. Married or Single *Married*
6. Date of death *April 30" 1904.*
7. Cause of death *Chronic Bright's Disease*
8. Duration of last illness _____
J. H. Blackburn, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Ireland*
11. Residence *Main St.* Ward No. *3*
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *St Joseph's Cemetery*
15. Date of intended interment *May 7" 1904*
Erhard & Erhard, Undertaker.
Date of Certificate *Apr 30" 1904* Residence *City*

Mrs. Dennis Gorman 1900

19 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 Mrs. Dennis Gorman
2. Sex Female 3. Color White 4. Age 48 yrs.
5. Married or single Married
6. Date of death Mar. 21" 1900.
7. Cause of death Lithemia
8. Duration of last illness 5 mos
Tom H. Stone, M. D.
Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Main St. Ward No. 3
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment St. Josephs, Cemetery
15. Date of intended interment Mar. 22" 1900.
Lazard and Lazard, Undertaker.
Date of Certificate 3/21/1900 Residence _____

Child of Denny Gorman

833

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 *Child of Denny Gorman* ^{Gorman}
 2. Sex *Female* 3. Color *White* 4. Age *2 mos*
 5. Married or single *Single*
 6. Date of Death *Jan 28/1896*
 7. Cause of Death *Cotarrhal fever*
 8. Duration of last illness *Two weeks*
 _____, M. D.
C. Y. Ginstead
 Residence *Collegiate*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *City*
 11. Residence *10th Street* Ward No. *4th*
 12. Time of Residence in the City _____
 13. When a Minor } Name of Mother *Mrs Denny Gorman*
 } Name of Father *Denny Gorman*
 14. Place of intended Interment *St Josephs Cemetery*
 15. Date of intended Interment *Jan 9th 1895*
 F. G. Leonard & Bro, Undertaker.
 Date of Certificate *Jan 9/1895* Residence _____

Julia Gorman 1891

339 20

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Julia Gorman Gorman*
 2. Sex *Female* 3. Color *White* 4. Age *8 1/2 months*
 5. Married or Single *Single*
 6. Date of Death *Oct 13/1911*
 7. Cause of Death *Meningitis*
 8. Duration of last Illness *6 weeks*
 J. F. Johnson, M. D.
 Residence *Bowling Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth *City*
 11. Residence *10th Street* Ward No. *4th*
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother *Julia Gorman*
 } Name of Father *Demuel Gorman*
 14. Place of intended Interment *St. Joseph Cemetery*
 15. Date of intended Interment *Oct 31/1911*
 J. B. Baird, Undertaker.
 Date of Certificate *Oct 3/1911* Residence *City*

Granville Gossom 1891

327 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.

Child of _____

1. Name of deceased *Granville Gossom.*

2. Sex *Boy* . 3. Color *Blk* . 4. Age _____

5. Married or Single *Single*

6. Date of Death *Aug 26th/1891.*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *Since born*
J.P. Coakley, M.D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City.*

11. Residence *Main Street* . Ward No. *4th*

12. Time of Residence in the City _____

13. When a Minor. } Name of Mother *Jessie Gossom*
 } Name of Father *Granville Gossom*

14. Place of intended Interment *Mt. Moriah Cem.*

15. Date of intended Interment *Aug 27th/91.*

Date of Certificate *Aug 27/91* . Residence *City.* Undertaker. *J. G. Beard*

Jennie Gossom 1896

894 22

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Jennie Gossom?
2. Sex female 3. Color col 4. Age 4 yrs
5. Married or single _____
6. Date of Death June 4 / 96
7. Cause of Death meningitis
8. Duration of last illness about one week

OSP J. D. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth city
11. Residence Main St . Ward No. 3
12. Time of Residence in the City life
13. When a Minor { Name of Mother _____
Name of Father Jennie Gossom?
14. Place of intended Interment W. Moriah
15. Date of intended Interment June 6 96

Pratt & Payne, Undertaker.
Date of Certificate _____ Residence _____

M. R. Gossom 1912

23

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

RETURN OF A DEATH.

1200

Physician's Certificate Preparatory to Burial.

1. Name of deceased MR Gossom
 2. Sex Male 3. Color White 4. Age 71
 5. Married or single widow
 6. Date of death June 13, 1912
 7. Cause of death Killed by railroad engine
 8. Duration of last illness Death immediate
- Asst Surgeon M. D.

Residence Bowling Green, Ky
Killed at Rocky Hill Station, Warren County.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farm
10. Place of birth Ky
11. Residence Rocky Hill, 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 June 15, 1912.

GERARD & GERARD.

Undertaker.

Date of Certificate June 14, 1912 **BOWLING GREEN, KY** Residence _____

Mildred N. Gossom 1897

1070

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 *Mrs Mildred N Gossom*
 2. Sex *Female* 3. Color *White* 4. Age *53*
 5. Married or single *Married*
 6. Date of Death *Nov 5 1897*
 7. Cause of Death *Heart disease*
 8. Duration of last Illness *Death immediate*
 Signature *J. N. W. Cornuck*, M. D.
 Residence *Brookings Lane, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *-*
 10. Place of Birth *Barren Co.*
 11. Residence *State St,* Ward No. *1st*
 12. Time of Residence in the City *24 yrs*
 13. When a Minor { Name of Mother _____
 { Name of Father _____
 14. ^{Date} Place of intended Interment *Nov 6 "1897"*
 15. ^{Place} ^{Date} of intended Interment *Parvies Cemetery*
 Signature *Guard Guard*, Undertaker.
 Date of Certificate *Nov 5* Residence *College St*

Child of Millie Ann Gossom 1909

570 - 25

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Baby of Millie Ann Gossom*
2. Sex 3. Color *Colored* 4. Age *still born*
5. Married or single
6. Date of death *Jan 26 - 09*
7. Cause of death
8. Duration of last illness
J. W. Willis, M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *Bowling Green*
11. Residence *Cor of 4th & High* Ward No. *2*
12. Time of residence in the City
13. When a minor { Name of Mother *Millie Ann Gossom*
{ Name of Father
14. Place of intended interment *County Cemetery*
15. Date of intended interment *Jan. 26 - 1909*
J. C. Sneyden, Undertaker.
Date of Certificate *Jan. 26 - 1909* Residence *Cor of 4th & College St.*

Elizabeth C. Gott 1904

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 *Mrs. Elizabeth C. Gott*

2. Sex *Female* 3. Color *White* 4. Age *75 yrs*

5. Married or Single *Widow*

6. Date of death *Feb. 28th 1904*

7. Cause of death *Apoplexy*

8. Duration of last illness _____

J. H. Blackburn, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth _____

11. Residence *10th Street* Ward No. *1*

12. Time of residence in the city *several months*

13. When a minor { Name of Mother _____
Name of Father _____

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Feb. 29th 1904*

Garard & Garard, Undertaker.

Date of Certificate *Feb. 28/1904* Residence _____

Miss Clarence Graham 1897

1009 27

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Clarence Graham*
2. Sex *Female* 3. Color *White* 4. Age *73 yrs*
5. Married or single *Single*
6. Date of Death *May 2" 1897.*
7. Cause of Death *Abdominal Tumor*
8. Duration of last Illness _____
B. H. Millikin, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Barren County*
11. Residence *College St.* Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *May 2" 1897.*
J. G. Lewis & Bro., Undertaker.
Date of Certificate *May 2/97* Residence *City*

Elizabeth Graham 1912

28

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

RETURN OF A DEATH.

1212

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Elizabeth Graham
2. Sex Female 3. Color White 4. Age 68 yrs.
5. Married or Single Widow
6. Date of death July 11th 1912.
7. Cause of death Paralysis
8. Duration of last illness Two years
E. H. Hall, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth ky
11. Residence Collage Ward No. 2
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment July 12th 1912.
GERARD & GERARD., Undertaker.
Date of Certificate July 11th 12. Residence BOWLING GREEN, KY

Gilbert Graham 1897

979 29

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Gilbert Graham

2. Sex Male 3. Color Blk 4. Age 69 yrs.

5. Married or single Married

6. Date of Death Jan'y. 3rd 1897.

7. Cause of Death Reid's hemorrhage

8. Duration of last Illness _____

J. D. Carter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence Main Street. Ward No. 4th

12. Time of Residence in the City _____

13. When a Minor } Name of Mother _____
 } Name of Father _____

14. Place of intended Interment St. Moriah Cem.

15. Date of intended Interment Jan'y 4th 1897

F. G. Grubb & Co., Undertaker.

Date of Certificate Jan'y 4th 1897. Residence _____

Henry Graham 1892

390 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 Henry Graham
2. Sex Female 3. Color Black 4. Age 71 7/8
5. Married or Single Married
6. Date of Death March 9th 1892
7. Cause of Death Bright Disease
8. Duration of last Illness Several months

J. M. Robinson, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth Warren County
11. Residence 12 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 Pauper Court
15. Date of intended Interment March 11th 1892
H. C. Ward, Undertaker.

Date of Certificate March Residence _____

Infant of L. A. & May Graham 1911

32

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

RETURN OF A DEATH.

1013

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of L. A. Graham*
 2. Sex *Male* 3. Color *White* 4. Age *—*
 5. Married or Single *Single*
 6. Date of death *May 16" 1911*
 7. Cause of death *Still born*
 8. Duration of last illness *—*
 W. C. A. Triggs, M. D.
 Residence *102 Adams*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*
 10. Place of birth *1316 Adams St. ROWLING GREEN, KY*
 11. Residence *" " ROWLING GREEN, KY* Ward No. *3*
 12. Time of residence in the city *—*
 13. When a minor { Name of Mother *May Graham*
 Name of Father *L. A. Graham*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *May 16" 1911.*
Edward J. Grand Undertaker.
 Date of Certificate *May 16" 1911* Residence *City*

Mary Graham 1903

33

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Mary Graham*
2. Sex *female* 3. Color *white* 4. Age *88*
5. Married or single *widow*
6. Date of death *Dec 19 1903*
7. Cause of death *Broncho Pneumonia*
8. Duration of last illness

Geo H. Blackburn, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth
11. Residence *12" 4 W Chestnut* 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*
15. Date of intended interment *Dec 20 1903*

T. HAWLEY PAYNE, Undertaker.
Funeral Director Embalmer.
Bowling Green Ky.
Residence

Date of Certificate

Child of Norah Graham 1909

#676 34

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Nora Graham.*
2. Sex *Male*
3. Color *White*
4. Age *15 mo.*
5. Married or single *Single*
6. Date of death *Aug. 5" 1909.*
7. Cause of death *Stomach & Bowel trouble*
8. Duration of last illness *J. D. Keardow.*

M. D.

Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *B. Green Ky.*
11. Residence *Portage R.R.* Ward No. *3*
12. Time of residence in the city *15 mo.*
13. When a minor { Name of mother *Nora Graham.*
Name of father.....
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Aug. 6" 1909.*

GERARD & GERARD. Undertaker.

Date of Certificate *Aug 6" 09.* Residence *BOWLING GREEN, KY*

87022K

Owing Graham 1882

25

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

RETURN OF A DEATH.

Owing
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Owing Graham Graham*
2. Sex *Male* . 3. Color *White* . 4. Age *54*
5. Married or Single *Married*
6. Date of Death *November 19th*
7. Cause of Death *Gastroitis*
8. Duration of last Illness *Seven days*
W. F. Wickwar, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Ky*
11. Residence *Main Street* . Ward No *3^d*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Col. Grant*
15. Date of intended Interment *Nov 20th 1882*
H. Johnson, Undertaker.
Date of Certificate *Nov 20th 82* . Residence _____

Democrat Job Print

Veachel E. Graham 1912

36

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

RETURN OF A DEATH.

1152

Physician's Certificate Preparatory to Burial.

1. Name of deceased Veachel E. Graham
2. Sex male 3. Color white 4. Age 3-1/2
5. Married or Single single
6. Date of death Feb - 27 - 12
7. Cause of death Toxemia from suppurative tonsillitis.
8. Duration of last illness 50 days
Irrott Blackburn, M. D.
Residence 1119 State St

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth BOWLING GREEN, KY
11. Residence 14th & Indianola Ward No. 1
12. Time of residence in the city 3 yrs
13. When a minor { Name of Mother Mattie Lay Graham
Name of Father Edgar Graham
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Feb. 28th 1912
GERARD & GERARD, Undertaker.
Date of Certificate Feb 27/12 Residence BOWLING GREEN, KY

Florence Granger 1906

37

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 *Florence Granger*
2. Sex *Female* 3. Color *Black* 4. Age *10 weeks*
5. Married or single *Single*
6. Date of death *Apr 4 - 1906*
7. Cause of death *Mal. nutrition*
8. Duration of last illness *10 weeks*
J. P. Readman, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *---*
10. Place of birth *Bowling Green*
11. Residence *First St.* Ward No. *3*
12. Time of residence in the City. *10 weeks*
13. When a minor { Name of Mother *Florence Granger*
Name of Father *---*
14. Place of intended interment *Pauper yard*
15. Date of intended interment *April 4 - 1906*
J. E. Hay Kendall Undertaker.
Date of Certificate *Apr 4 - 1906* Residence *Cor 7 & College St.*

J. H. Granger 1891

Out of town 38

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. H. Granger*
2. Sex *Male* 3. Color *White* 4. Age *46 yrs*
5. Married or Single *Married*
6. Date of Death *Aug 18th 1891*
7. Cause of Death *Influenza Spined & Brain*
8. Duration of last Illness *6 weeks*
Geo C. Richards, M. D.
Residence *Brushy Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Miller*
10. Place of Birth *Simpson Co.*
11. Residence *Adams St* Ward No. *3rd*
12. Time of Residence in the City *Thirteen months*
13. When a Minor. } Name of Mother *— —*
 } Name of Father *— —*
14. Place of intended Interment *Franklin Ky.*
15. Date of intended Interment *Aug 20th /91*
H. C. Leard, Undertaker.
Date of Certificate *Aug 19 / 91* . Residence *— —*

Laura Granger 1906

39-1

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 Laura Granger
2. Sex female 3. Color black A. Age 34
5. Married or single _____
6. Date of death _____
7. Cause of death _____
8. Duration of last illness _____

_____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Cook
10. Place of birth State of Tennessee
11. Residence Indianapolis Ward No. _____
12. Time of residence in the City _____

13. When a minor { Name of Mother Mrs Ragland
 { Name of Father _____

14. Place of intended interment Mt Moriah Cemetery
15. Date of intended interment April 5 - 1906.

J. E. Skypkendall, Undertaker.

Date of Certificate April 5 - 1906 Residence _____
Cor 7 & College St.
Bowling Green Ky.

Laura Granger 1906

39-2

INDIANA STATE BOARD OF HEALTH.

No. **939**

PERMIT FOR BURIAL.

County **MARION** Township **CENTER** Town **INDIANAPOLIS**

Date of Death **April 2nd 1906**

Decedent's full name **Laurel Bell Granger** Age **34**

Disease causing death **Aortic aneurism**

Medical attendant **S. A. Furness**

Proposed date of burial **The April 5 1906**

Proposed place of burial **Bowling Green Ky**

Undertaker **Shelton Will** Address **City**

A Certificate of Death having been filed in my office in accordance with law, I hereby authorize the burial of the body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burial must be conducted according to the rules of the State Board of Health.

Eugene Buehle
Name of Health Officer or Deputy.

Dated **Apr 4 1906**

Address
(Holder should Preserve this Permit.)

Child of Mary Granger 1896

Out of Towns 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 *child of Mary Granger*
2. Sex *female* 3. Color *Black* 4. Age *3 yrs*
5. Married or single _____
6. Date of Death *May 26/96*
7. Cause of Death _____
8. Duration of last Illness *1 yr*
Dr. Couche
Health Officer, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co.*
11. Residence *Kentucky* Ward No. *5*
12. Time of Residence in the City *4 months*
13. When a Minor { Name of Mother *Mary Granger*
Name of Father _____
14. Place of intended Interment *Plano, Ky.*
15. Date of intended Interment *May 27/96*
File Lumber Co, Undertaker.
Date of Certificate *May 27/96* Residence _____

Pearly Granger 1893

567 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 *Pearly Granger*
2. Sex *female* . 3. Color *Blk* . 4. Age *28*
5. Married or Single *married*
6. Date of Death *Oct 8 1893*
7. Cause of Death *Post mortem hemorrhage*
8. Duration of last Illness *one day*
H. P. C. *W. P. Costin*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *Delafield* . Ward No. _____
12. Time of Residence in the City *Several years*
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *St Monica's*
15. Date of intended Interment _____
Pratt & Payne, Undertaker.
Date of Certificate _____ . Residence _____

Will Granger 1906

42

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Will Granger*
 2. Sex *Male* 3. Color *Black* 4. Age *29 yrs*
 5. Married or single *S*
 6. Date of death *Sept - 1st - 1906*
 7. Cause of death *Unknown*
 8. Duration of last illness *Unknown*
 Signature: *F. D. Readman*, M. D.
 Residence: *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *(circled)*
 10. Place of birth *City*
 11. Residence *3rd & 1st* Ward No. _____
 12. Time of residence in the City *Life*
 13. When a minor { Name of Mother *Ophelia Granger*
 Name of Father *not known*
 14. Place of intended interment *County Ground Mt Vernon*
 15. Date of intended interment *April 2nd 1906*
 Signature: *W. A. Payne*, Undertaker.
 Date of Certificate _____ Residence _____

Albert Grant 1904

43

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Albert Grant*
 2. Sex *Male* 3. Color *White* 4. Age *20 yrs*
 5. Married or Single *Single*
 6. Date of death *Sept 8th 04.*
 7. Cause of death *Injury to Right Leg.*
 8. Duration of last illness
F. D. Cartwright, M. D.
 Residence *City*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Chicago, Ill*
 11. Residence *Died in Dr. Cartwright's Office* Ward No. *1st*
 12. Time of residence in the city *Several hours*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment
 15. Date of intended interment
Guard & Gerards, Undertaker.

Date of Certificate *Sept 8th 04.* Residence
Albert Grant was injured by Grand N. R. R. at Glasgow, Ky brought here and died at Dr. Cartwright's Office.

Roma Grant 1905

44

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Roma Grant
 2. Sex female 3. Color white 4. Age 8 months
 5. Married or single _____
 6. Date of death June 4 1905
 7. Cause of death _____
 8. Duration of last illness _____
 Signature Fred Cartwright, M.D.
 Residence City Physician.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth City
 11. Residence Hopewell Church Ward No. _____
 12. Time of residence in the City. Life
 13. When a minor { Name of Mother Nellie Grant
 { Name of Father Bowley Grant
 14. Place of intended interment Fairview Cem
 15. Date of intended interment June 6 1905
 Signature Harvey Payne Undertaker.
 Date of Certificate _____ Residence _____

William Grant 1905

45

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Wm Grant
2. Sex male 3. Color white 4. Age 76
5. Married or single married
6. Date of death October - 8 - 1905
7. Cause of death dysentery
8. Duration of last illness several weeks
B. B. Rutherford, M. D.
Residence C

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of birth _____
11. Residence Church St Ward No. 3
12. Time of residence in the City years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Spring Hill Cem
15. Date of intended interment October 9 1905
Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Charles Graves 1908

46

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

RETURN OF A DEATH.

444

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Chas Graves*
2. Sex *Male* 3. Color *White* 4. Age *27*
5. Married or single *Single*
6. Date of death *Apr 19 1908*
7. Cause of death *Tuberculosis*
8. Duration of last illness.....
F. D. Cartwright M. D.
Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Massachusetts*
11. Residence *Russellville Park* 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 *Apr 21 1908*
GERARD & GERARD Undertaker.
Date of Certificate *Apr 21/08* Residence *BOWLING GREEN, KY*

Child of E. H. Graves 1905

47

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of E. H. Graves*

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

5. Married or Single *Single*

6. Date of death *OCT 2- 1905*

7. Cause of death *Still Born*

8. Duration of last illness *J. W. Stour*, M. D.
Residence *B. Green, Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *City*

10. Place of birth *Church St.*

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

12. Time of residence in the city *—*

13. When a minor { Name of Mother *Mrs E. H. Graves.*
Name of Father *E. H. Graves*

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

15. Date of intended interment *OCT 2- 1905*
Guard and Guard., Undertaker.

Date of Certificate *OCT 2- 1905* Residence *—*

Joseph Samuel Graves 1907

48

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

RETURN OF A DEATH.

210

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joseph Samuel Graves.
2. Sex Male 3. Color White 4. Age 19 yrs.
5. Married or single Single
6. Date of death May 14 " 07.
7. Cause of death Tuberculosis
8. Duration of last illness F. D. Cartwright M. D.
Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Warren County
11. Residence 10th St. Ward No. 3rd
12. Time of residence in the city 3 yrs.
13. When a minor { Name of mother Mrs. W. F. Graves
 { Name of father W. F. Graves.
14. Place of intended interment Fairview Cemetery
15. Date of intended interment May 15 " 07.
GERARD & GERARD. Undertaker.
Date of Certificate May 14/07 Residence BOWLING GREEN, KY

Richard L. Graves 1908

49

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

RETURN OF A DEATH.

507

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Richard L. Graves*
2. Sex *Male* 3. Color *White* 4. Age *2 yrs*
5. ~~Married~~ single
6. Date of death *Aug 17 " 1908*
7. Cause of death *Subarachnoid - Meningitis*
8. Duration of last illness
J. F. Rodgers M. D.
Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Wattsonight Texas*
11. Residence *Russellville Pike* Ward No. *—*
12. Time of residence in the city
13. When a minor { Name of mother *Mrs. Ida Graves*
Name of father *Richard L. Graves*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Aug 18 " 1908*
GERARD & GERARD. Undertaker.
BOWLING GREEN, KY
Date of Certificate *Aug 17 " 1908* Residence

Child of W. D. & Mary Graves 1901

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 *Child of W. D. Graves*

2. Sex *female* 3. Color *white* 4. Age *6 weeks*

5. Married or single _____

6. Date of death *June 5 - 1901*

7. Cause of death *Whooping Cough*

8. Duration of last illness *One week*

A. C. Wright, M. D.

Residence *College St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Scott St - City -*

11. Residence " " Ward No. *0 1/4*

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

13. When a minor { Name of Mother *M. Mary Graves*
 { Name of Father *W. D. Graves*

14. Place of intended interment *St Joseph Cemetery*

15. Date of intended interment *June - 6 - 1901*

Edward Howard, Undertaker.

Date of Certificate _____ Residence _____

George Gray 1881

179 51

This Constitutes ONE CERTIFICATE to be ret MIT

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *George Gray*
2. Sex *male* 3. Color *white* 4. Age *29 months*
5. Married or Single *single*
6. Date of Death *Oct 27th 1881*
7. Cause of Death *cholera infantum*
8. Duration of last Illness *Ten days*
W. B. Johnson, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bowling Green*
11. Residence *Shank* Ward No *2*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Mrs Gray*
Name of Father _____
14. Place of intended Interment *Fairview Cent*
15. Date of intended Interment *Oct 28th 1881*
F. C. Gerard, Undertaker.
Date of Certificate *Oct 29th 1881* Residence _____

Democrat Job Print

J. H. Gray 1899

52

52

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Mr. J. H. Gray.
2. Sex male. 3. Color white. 4. Age about 78 years.
5. Married or single widowed
6. Date of death July 20/1899
7. Cause of death Old age
8. Duration of last illness _____
S. H. Croombs. M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Teacher
10. Place of birth _____
11. Residence Adams Street. Ward No. 3
12. Time of residence in the City 154 years
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Russell County
15. Date of intended interment July 21-1899
Gazard & Gazard Undertaker.
Date of Certificate July 20/99 Residence _____

James M. Gray 1892

53

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 *James M. Gray.*
2. Sex *Male* . 3. Color *White* . 4. Age *47 years*
5. Married or Single *Widower*
6. Date of Death *July 10"/1892*
7. Cause of Death *Heart disease*
8. Duration of last Illness *6 days*
H. P. Cottright, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Louisville Kentucky*
11. Residence *Newton Hotel* . Ward No. *2nd*
12. Time of Residence in the City *Two days*
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Louisville Ky*
15. Date of intended Interment *July 12"/1892*
A. B. Grand Undertaker.
Date of Certificate *July 11"/1892* . Residence *City*

Samuel W. Gray 1912

54

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

RETURN OF A DEATH.

12 19

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sam. W. Gray
2. Sex Male 3. Color White 4. Age 37 yrs.
5. Married or Single Married
6. Date of death July 17th 1912.
7. Cause of death Mitral Stenosis.
8. Duration of last illness Unknown
Geo. H. Blockburn, M. D.
Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Machinist
10. Place of birth Illness
11. Residence Mar White Star Lumber 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 JUL 18 1912
GERARD & GERARD., Undertaker.
Date of Certificate JUL 18 1912 Residence BOWLING GREEN, KY

Flora Greathouse 1910

55-1

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

RETURN OF A DEATH.

439
9410

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Flora Greathouse
2. Sex Female 3. Color White 4. Age 20
5. Married or Single Single
6. Date of death Dec. 13-1910
7. Cause of death Tuberculosis
8. Duration of last illness _____

_____, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence Lee Plant Miss Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
Name of Father _____
 14. Place of intended interment Fernix Cemetery
 15. Date of intended interment Dec 15-1910
- Leard Leard, Undertaker.
- Date of Certificate Dec 15-10 Residence City

Flora Greathouse 1910

558 J-7-07 2M

Illinois Central Railroad Company.
ORIGINAL
TRANSPORTATION OF CORPSE.

FORM-G. B. O. 32. Transit Permit No. _____

This Certificate must be presented to the Local Board of Health for Approval.

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of Deceased Miss F. Greathouse Grenada Miss 17/3/1900
 Date of Death December 13 (If minor, give parents' name also.) at 5 P. M.
 Age 20 Years Months Days
 Place of Death Tie Plant 4 miles south of Grenada
 Cause of Death Tuberculosis
 I hereby certify that the above is true to the best of my knowledge and belief.
 Residence Tie Plant County of Grenada State of Miss.
J. W. Chesser M. D. or Coroner.

PERMIT OF LOCAL BOARD OF HEALTH.

This Permit must be properly signed, and with Physicians Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the City (City or Township) of Grenada County of Grenada
 State of Mississippi on the 13th day of December 1900
 Permission is hereby given to remove for burial at Bowling Green
 in the County of F. Greathouse State of Kentucky the body of
Miss F. Greathouse who died at
Tie Plant County of Grenada on the 13th
 day of December 1900 Aged 20 years months days. The cause
 of death being Tuberculosis which is a (Contagious or Non-contagious.) disease.
 RULE 1. The transportation of bodies dead of small-pox, Asiatic Cholera, Yellow fever, Typhus fever or Bubonic plague, is absolutely forbidden.
 Signed: J. W. Chesser President
C. O. H. Officer Clerk
 Local Board of Health.
 [If City or Town affix Corporate Seal.]

This Permit and preceding Certificate must be detached and delivered to the person in charge of the Corpse.

Flora Greathouse 1910

Official Rules of the State Board of Health Concerning the Transportation of the Dead.

Revised and in Force April 1, 1904.

These Rules having been duly adopted and properly published, have the force of Law.

RULE 1. The transportation of bodies dead of smallpox or bubonic plague, is absolutely prohibited.

RULE 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an embalmer holding a certificate as such, issued by the state or provincial board of health, or other state or provincial authority provided by law.

After being disinfected as above, such body shall be enveloped in a layer of dry cotton, not less than one inch thick, completely wrapped in a sheet securely fastened, and encased in an air-tight zinc, tin, copper, or lead-lined coffin or iron casket, all joints and seams hermetically sealed, and all enclosed in a strong, tight wooden box. Or the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, and said coffin or casket encased in an air-tight zinc, copper, or tin-lined box, all joints and seams hermetically soldered.

For interstate transportation under this rule only embalmers holding a license issued or approved by the state or provincial board of health, or other state or provincial authority provided for by law, after examination, shall be recognized as competent to prepare such bodies for shipment.

RULE 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an improved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet securely fastened, and encased in an air-tight metallic coffin or casket, or air-tight metal-lined box, provided that this shall apply only to bodies which can reach their destination within thirty hours from the time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2. When prepared by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

RULE 4. The bodies of those dead from any cause not stated in Rules 2 and 3, may be received for transportation when encased in a sound coffin or casket and enclosed in a strong outside wooden box, provided they can reach their destination within thirty hours from the time of death. If the body cannot reach its destination within thirty hours from the time of death, it must be prepared for shipment by arterial or cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened, and encased in an air-tight metallic coffin or casket or an air-tight metal lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

RULE 5. In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected.

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit in such cases shall specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer or when there is no health officer, to other competent authority at destination advising the date and train on which the body may be shipped.

RULE 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "Corpses" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and, when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The transit permit must be made in duplicate, and the signature of physician or coroner, health officer, and undertaker, must be on both the original and duplicate copies. The undertaker's or registrar's certificate and paster of the original shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the secretary of the state or provincial board of health of the state or province from which said shipment is made.

RULE 7. When bodies are shipped by express, a transit permit, as described in Rule 6, must be made out in duplicate. The undertaker's certificate and paster of the original shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express way-bill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sent by the forwarding express agent to the secretary of the state or provincial board of health of the state or province from which said shipment was made.

RULE 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate, and enclosed in a hermetically soldered zinc, tin or copper-lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies, when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within thirty days from the time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within thirty days from time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After thirty days the casket or coffin box containing said body must be enclosed in a hermetically soldered box.

RULE 9. All rules and parts of rules conflicting with these rules are hereby repealed.

MSS 293
Bart

John S. Greathouse 1912

56

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

RETURN OF A DEATH.

1184

Physician's Certificate Preparatory to Burial.

1. Name of deceased John S Greathouse
2. Sex male 3. Color white 4. Age 73 yrs.
5. Married or single Widower
6. Date of death Apr 19 - 1912
7. Cause of death Chronic Bronchitis
8. Duration of last illness 10 yrs

J. D. Reader M. D.
 Residence Bardonia, Tenn Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Minister of the Gospel
10. Place of birth Warren Co. Ky.
11. Residence 10th St. Ward No. 2
12. Time of residence in the city 25 yrs.
13. When a minor { Name of mother _____
Name of father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Apr. 20" 1912

GERARD & GERARD. Undertaker.
Apr. 19" 1912. BOWLING GREEN, KY
 Date of Certificate Residence

Charlie Green 1897

1064 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 Charlie Green

2. Sex female 3. Color black 4. Age 2 yrs

5. Married or single _____

6. Date of Death October 16 1897

7. Cause of Death Chronic Pneumonia

8. Duration of last Illness ODP

A. D. Porter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth city

11. Residence Center St . Ward No. 3

12. Time of Residence in the City _____

13. When a Minor { Name of Mother Lou Green
Name of Father John Green

14. Place of intended Interment St. Mary's

15. Date of intended Interment October 17 1897

Pratt & Payne, Undertaker.

Date of Certificate _____ Residence _____

Dudley Green

404 58

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 Dudley Green
2. Sex Male . 3. Color Black . 4. Age 64
5. Married or Single Single
6. Date of Death May 3
7. Cause of Death Consumption
8. Duration of last Illness Some time
W. H. Hight, M. D.
Residence Burling County

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation Labourer
10. Place of Birth _____
11. Residence city . 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 County Grounds
15. Date of intended Interment May 4th
Peather & Payne, Undertaker.
Date of Certificate _____ . Residence city

George Green 1906

#117 59

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *George T. Green.*
2. Sex *Male* 3. Color *White* 4. Age *65 yrs.*
5. Married or single *Married*
6. Date of death *OCT 19 1906*
7. Cause of death *Flux*
8. Duration of last illness
J. W. Stour, M. D.
Residence *BOWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *Barron, Co. Ky.*
11. Residence *Broadway, BOWLING GREEN, KY.* 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 *OCT 20 1906*
GERARD & GERARD, Undertaker.
Date of Certificate *OCT 19 1906* Residence *BOWLING GREEN, KY*

Gilbert Odell Green 1910

60

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

RETURN OF A DEATH.

885

Physician's Certificate Preparatory to Burial.

1. Name of deceased Gilbert Odell Green
2. Sex Male 3. Color White 4. Age 17 months
5. Married or Single Single
6. Date of death Sept 1st 1910
7. Cause of death Starvation
8. Duration of last illness 3 m o.
G. E. Biddle, M. D.
Residence Burdette, Kentucky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Name
10. Place of birth Burdette, Green Ky
11. Residence Burdette Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother Mellie Green
Name of Father Hurry Green
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Sept 2nd 1910
David Howard, Undertaker.
Date of Certificate 9-1-1910 Residence City

Hester Green 1896

892/ 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 *Miss Hester Green*
2. Sex *Female* 3. Color *White* 4. Age *71 yrs.*
5. Married or single *Widow*
6. Date of Death *May 31 / 96*
7. Cause of Death *Pneumonia*
8. Duration of last Illness *one week*
S. J. Milner, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Main street* . Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *June 1 / 96*
F. C. Leonard & Bro., Undertaker.
Date of Certificate *June 1 / 96* Residence *City*

Child of John Green 1897

1077 62

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

of John

1. Name of deceased Infant - Green

2. Sex female 3. Color Black 4. Age 11 mo

5. Married or single _____

6. Date of Death Nov 24 97

7. Cause of Death Pneumonia

8. Duration of last Illness _____

O. D. Jones, 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 _____

13. When a Minor { Name of Mother Jud Green
 } Name of Father _____

14. Place of intended Interment Wet Memorial

15. Date of intended Interment Nov 25/97

Pratt & Payne, Undertaker.

Date of Certificate _____ Residence _____

Polly Green 1909

63

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

RETURN OF A DEATH.

618

Physician's Certificate Preparatory to Burial.

1. Name of deceased Polly Green
2. Sex Female 3. Color White 4. Age abt. 55 yrs.
5. Married or Single Single
6. Date of death Apr 25" 1909
7. Cause of death abdominal ascites
8. Duration of last illness _____
Wm A Briggs, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth BOWLING GREEN, KY
11. Residence Main St. Pike 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 Apr 26" 1909
GERARD & GERARD, Undertaker.
Date of Certificate Apr 26/09 Residence _____

Virginia Francis Green 1909

64

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

RETURN OF A DEATH.

643

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Virginia Francis Green*
 2. Sex *Female* 3. Color *White* 4. Age *3 yrs.*
 5. Married or Single *Single*
 6. Date of death *June 5" 1909*
 7. Cause of death *Lungemia of Lungs*
 8. Duration of last illness *3 days*
 _____, M. D.
 Residence *Richmond Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren County*
 11. Residence *Near Richmond Ky* Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother *Mrs. Mary Green*
 Name of Father *R. J. Green*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *June 6" 1909*
 _____, Undertaker.
 Date of Certificate *June 6" 1909* Residence _____

Mrs. S. W. Greenfield 1908

65-1

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

RETURN OF A DEATH.

470

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. S. W. Greenfield
2. Sex Female 3. Color White 4. Age 65 yrs.
5. Married or single Widow
6. Date of death June 11th 1908.
7. Cause of death Dysentery
8. Duration of last illness _____
Signature Jno. R. Parker M. D.
Residence Gallatin Tenn.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence Cotton Town Tenn. Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of mother _____
Name of father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June 12/1908
GERARD & GERARD Undertaker.
Date of Certificate June 12/08 Residence BOWLING GREEN, KY

Mrs. S. W. Greenfield 1908

659

TRANSPORTATION OF CORPSE.

Transit Permit No. _____
(GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased Mrs. S. W. Greenfield Date of death June 11/1908
(If a minor, give parents' name also.)

Hour of death 11 A. M. Age 65 Years _____ Months _____ Days _____

Place of death Cotton Town Tenn. Cause of death Pyæmia
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.

M. D. or Coroner.

Residence Gallatin County of Sumner 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 Cotton Town of _____ County of Sumner
(City or township.)

State of Tennessee on the 11th day of June 1908

Permission is hereby given Beason's Lab Undertaker or Embalmer.
to remove for burial at Rocky green in the County of Madison
State of Kentucky the body of Mrs. S. W. Greenfield
who died at Cotton Town County of Sumner State of Tenn
on the 11th day of June 1908 Aged _____ Years _____ Months _____ Days,
and _____ is hereby authorized to accompany said remains.

(SEAL.) Signed John R. Parler Health Officer.

These Duplicate Certificates must be presented to the Local Board of Health for Approval and then sent by the Shipping Agent to the General Baggage Agent of the initial line, and by him to the Secretary of the State Board of Health.

Fred W. Greenwood 1912

666

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

RETURN OF A DEATH.

1276

Physician's Certificate Preparatory to Burial.

1. Name of deceased Fred W. Greenwood
 2. Sex Male 3. Color White 4. Age 40 yrs
 5. Married or Single Married
 6. Date of death Oct 22/12
 7. Cause of death accidentally killed
 8. Duration of last illness _____
 Signature Jno E. Guy Curran, M.D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Michigan
 11. Residence Adams 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 Rochester, Ohio
 15. Date of intended interment Oct 25/1912
GERARD & GERARD, Undertaker.
 Date of Certificate Oct 23/12 Residence BOWLING GREEN, KY

Carrie Greer 1893

67

536

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 Carrie Greer
 2. Sex Female 3. Color White 4. Age 38 yrs
 5. Married or single Single
 6. Date of Death Aug - 19/93
 7. Cause of Death Consumption
 8. Duration of last Illness One month
Dorah J. Miller, M. D.
 Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth Livingston Co. Ky.
 11. Residence 10th Street Ward No. 2nd
 12. Time of Residence in the City _____
 13. When a Minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment Fairview Cemetery
 15. Date of intended Interment Aug - 20/93
F. C. Grand Undertaker.
 Date of Certificate Aug. 20/93 Residence City

Child of John t. & Mary Greer

68

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Jno. T. Greer.*
2. Sex *Female* 3. Color *White* 4. Age *3 mo.*
5. Married or single *Single*
6. Date of death *July 23/1901.*
7. Cause of death *Quarition*
8. Duration of last illness

Grace Brown, M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Karraw Co.*
11. Residence *6th St.* Ward No. *2*
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Mrs. Amanda Greer*
 { Name of Father *Jno. T. Greer.*
14. Place of intended interment *Rocky Hill, Ky.*
15. Date of intended interment *July 24/1901.*
Gerard T. Gerard. Undertaker.
Date of Certificate _____ Residence _____

Margret Greer 1906

71 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 *Margret Greer*
2. Sex *Female* 3. Color *White* 4. Age *10 yo.*
5. Married or single *Single*
6. Date of death *JUL 22 1906*
7. Cause of death *Dysentery*
8. Duration of last illness _____

J. H. Blackburn, M. D.
Residence *B. Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *BOWLING GREEN, KY.*
11. Residence *Christant St.* Ward No. *1*
12. Time of residence in the City *Life time*
13. When a minor { Name of Mother *Mrs Nellie Greer*
 { Name of Father *Edgar Greer*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *JUL 23 1906*
GERARD & GERARD., Undertaker.
Date of Certificate *JUL 22 1906* Residence *BOWLING GREEN, KY*

Robert Lee Greer 1904

70

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Robert Lee Greer*
 2. Sex *Male* 3. Color *White* 4. Age *18 Mo.*
 5. Married or Single *Single*
 6. Date of death *July 23" 04*
 7. Cause of death *Enteric Colitis*
 8. Duration of last illness *J. H. Blackburn*, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *City*
 11. Residence *W. Chestnut St* Ward No. *1*
 12. Time of residence in the city *18 Mo*
 13. When a minor { Name of Mother *Mrs. E. A. Greer*
 Name of Father *E. A. Greer*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *July 24" 04*
Bradford Gerard, Undertaker.
 Date of Certificate *July 23" 04* Residence _____

Mrs. B. H. Grider 1905

71

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. B. H. Grider*
 2. Sex *Female* 3. Color *White* 4. Age *78 yrs.*
 5. Married or Single *Widow*
 6. Date of death *Mar. 13-1905.*
 7. Cause of death *Pneumonia.*
 8. Duration of last illness *S. W. Coombs*, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *California*

11. Residence *13th & High 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 *Fairview Cemetery*

15. Date of intended interment *Mar 15/115.*

Guard & Grand., Undertaker.

Date of Certificate *Mar. 14/05* Residence

Child of Eliza Grider 1896

Out of town 72

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 Eliza Grider*
2. Sex 3. Color *Blk* 4. Age *4 yrs*
5. Married or single *single*
6. Date of Death *July 14/96*
7. Cause of Death *Strangula*
8. Duration of last Illness *Si 7 weeks*
W R Francis, M. D.
Residence *B. H. Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Warren Co.*
11. Residence *3rd street* Ward No. *1*
12. Time of Residence in the City
13. When a Minor } Name of Mother *Eliza Grider*
 } Name of Father
14. Place of intended Interment *Louisville Pike Church*
15. Date of intended Interment *July 15/96.*
F. C. Guard *Pres.*, Undertaker.
Date of Certificate *July 15/96.* Residence

Elizabeth Grider 1907

73

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

RETURN OF A DEATH.

231

Physician's Certificate Preparatory to Burial.

1. Name of deceased Elizabeth Grider
 2. Sex female 3. Color White 4. Age 22 mo
 5. Married or single.....
 6. Date of death June 13 - 1907
 7. Cause of death Thru followed by Entero Colitis.
 8. Duration of last illness about 3 weeks
Will A. Briggs M. D.
 Residence city of

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth city
 11. Residence East Chestnut St Ward No.....
 12. Time of residence in the city life
 13. When a minor { Name of mother Elizabeth Wooten
 Name of father Chas P Grider
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment June 14 - 1907
Stanley Payne Undertaker.
 Date of Certificate..... Residence.....

Infant of Emma Grider 1894

595 74

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
of Emma

1. Name of deceased *Infant of Grider*
2. Sex *female* . 3. Color *Black* . 4. Age *4 mos*
5. Married or Single _____
6. Date of Death *Feb 16 1894*
7. Cause of Death *Pneumonia*
8. Duration of last Illness _____
48 *mission* _____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *city*
11. Residence *High bet 12 & 13* . Ward No. *3*
12. Time of Residence in the City *life*
13. When a Minor. } Name of Mother *Emma Grider*
 } Name of Father _____
14. Place of intended Interment *Not Moriah -*
15. Date of intended Interment *Feb 17 1894*
 Prather Payne, Undertaker.
Date of Certificate _____ . Residence *city*

Moss Covington

Fannie N. Grider 1901

75

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ms Fannie W. Grider
2. Sex female 3. Color white 4. Age 68 yrs
5. Married or single Widow
6. Date of death Valvular Disease of Heart
7. Cause of death " " " "
8. Duration of last illness Six Weeks
Residence Dr. Carlwright M. D.
State St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Frank Co Kentucky
11. Residence Main St Ward No. 1st
12. Time of residence in the City Life Time
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Franklin Cemetery
15. Date of intended interment May - 4th 1901
Franklin Undertaker.
Date of Certificate _____ Residence College St

Child of Frank & Mary Grider 1898

1157 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 *Child of Frank & Mary Grider*
2. Sex *Male* 3. Color *Blk* 4. Age *2 wks.*
5. Married or single *Single*
6. Date of death *July 17th 98.*
7. Cause of death *Inanition*
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 *Kentucky Street*, Ward No. *2nd*
12. Time of residence in the City _____
13. When a minor } Name of Mother *Mary Grider*
 } Name of Father *Frank Grider*
14. Place of intended interment *County Cemetery*
15. Date of intended interment *July 18th 98.*
Guard & Guard, Undertaker.
Date of Certificate *July 18th 98.* Residence _____

Harison Grider 1910

97

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

RETURN OF A DEATH.

878

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Harison Grider*
 2. Sex *male* 3. Color *Col.* 4. Age *30 years*
 5. Married or single *married*
 6. Date of death
 7. Cause of death *Consumption*
 8. Duration of last illness *About 4 or 5 weeks*
- J. W. Willis* M. D.
Residence # *131 1/2 main st.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Common labor*
 10. Place of birth *Bowling Green*
 11. Residence *Kinton St.* Ward No.
 12. Time of residence in the city *for life*
 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 - 1910*
- J. E. Kyndall* Undertaker.
Date of Certificate *July 24 - 1910* Residence *Cor. H College St.*

Child of Harrison & Mary Grider 1878

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 Grider of Harrison + Mary Grider

2. Sex Boy 3. Color Black 4. Age 2 Weeks

5. Married or Single _____

6. Date of Death Jan'y 19

7. Cause of Death Pneumonia

8. Duration of last Illness few days

M. C. Ross, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Infant

10. Place of Birth Rowling Green

11. Residence _____ Ward No. 1

12. Time of Residence in the City Two weeks

13. When a Minor { Name of Mother Mary Grider
Name of Father Harrison Grider

14. Place of intended Interment Col Cemetery

15. Date of intended Interment Jan'y 20" 79

Stricklee, Undertaker.
Date of Certificate Jan'y 20" 79 Residence Main St Bowling Green Ky

Pantagraph Print.

James M Grider 1899

71 100 79-1

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 James M. Grider
2. Sex Male 3. Color White 4. Age 43 yrs.
5. Married or single Married
6. Date of death Nov. 12th 1899
7. Cause of death Consumption
8. Duration of last illness _____

_____, M. D.
Residence city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation mechanic
10. Place of birth Warren County
11. Residence 11th Street Ward No. 1st
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Nov. 14th 99
Garard and Garard, Undertaker.
Date of Certificate Nov 14th 99 Residence _____

James M Grider 1899

792

99

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 M. Grider
2. Sex Male 3. Color White 4. Age 43 years
5. Married or single Married
6. Date of death Nov. 14 1899
7. Cause of death Consumption
8. Duration of last illness 3 wks
H. P. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Mechanic
10. Place of birth Warren County
11. Residence 11" Ward No. 1
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father John W. Grider
14. Place of intended interment Fairview
15. Date of intended interment Nov. 14 1899
Guard & Guard, Undertaker.
Date of Certificate Nov. 13/99 Residence _____

John T Grider 1881

13 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 *John T. Grider*

2. Sex *male* . 3. Color *white* . 4. Age *6 weeks*

5. Married or Single *—*

6. Date of Death *Jan 15th 1881*

7. Cause of Death *Pneumoni*

8. Duration of last Illness *—*

, M. D.

Residence _____

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 _____

15. Date of intended Interment _____

, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Lydia Grider

81

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

RETURN OF A DEATH.

506

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lydia Grider
 2. Sex female 3. Color Black 4. Age 20
 5. Married or single married
 6. Date of death Aug 17
 7. Cause of death Consumption
 8. Duration of last illness 12 Mo
W E Tygart M. D.
 Residence City

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth.....
 11. Residence Bowling Green Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother Mrs Wm Smith
 { Name of father.....
 14. Place of intended interment mt morish
 15. Date of intended interment Aug 18
J. H. Payne (Wife) Undertaker.
 Date of Certificate Aug 17 Residence City

Mary F. Grider 1909

82

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

RETURN OF A DEATH.

582

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary F. Grider
 2. Sex Female 3. Color White 4. Age 80 years
 5. Married or single Widow
 6. Date of death Feb 26 - 1909
 7. Cause of death Old Age
 8. Duration of last illness W. W. Briggs M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
 10. Place of birth Bowling Green Ky
 11. Residence Bowling Green Ward No. 1
 12. Time of residence in the city Lifetime
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Feb 28 - 1909
GERARD & GERARD Undertaker.
 Date of Certificate Feb 26 - 09 Residence BOWLING GREEN, KY

May Grider 1878

83

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 May Grider
2. Sex Female 3. Color Black 4. Age 9 years
5. Married or Single _____
6. Date of Death June 9th 1878
7. Cause of Death Tuberculosis
8. Duration of last Illness 4 months
No Physician, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Warren County
11. Residence PS . Ward No. 1st
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Pulina Grider
Name of Father Frank Grider
14. Place of intended Interment Col. Ave.
15. Date of intended Interment June 10th 1878
Jos. C. Gerard, Undertaker.
Date of Certificate June 10th . Residence _____

Pantagraph Print.

Pelina Grider 1892

380

84

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Pelina Grider*

2. Sex *Female* 3. Color *Blk* 4. Age *61 yrs.*

5. Married or Single *Married*

6. Date of Death *Feb 3 "/192*

7. Cause of Death *Pleuritis Pulmonalis*

8. Duration of last Illness _____

B. H. Miller, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth _____

11. Residence *11th Street* . Ward No. *1st*

12. Time of Residence in the City _____

13. When a Minor. } Name of Mother _____
 } Name of Father _____

14. Place of intended Interment *St. Moriah Cem.*

15. Date of intended Interment *Feb 4 "/1892*

J. W. Gerard, Undertaker.

Date of Certificate *Feb 3 /92*. Residence *City*.

T. S. Grider 1882

85

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *T. S. Grider*
2. Sex *male* . 3. Color *white* . 4. Age *58 years*
5. Married or Single *married*
6. Date of Death *November 18th 1882*
7. Cause of Death *Heart disease*
8. Duration of last Illness *one month,*
Cartersville & Hatchers , 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 Job Print

William Henry Grider 1881

24 86

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Wm Henry Grider*

2. Sex *Male* . 3. Color *Black* . 4. Age *2 years*

5. Married or Single _____

6. Date of Death *Feb 22nd 1881*

7. Cause of Death *Whooping Cough*

8. Duration of last Illness *2 weeks*

J. J. M., M. D.

Residence *Pr Health office*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ . Ward No *3*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother _____
Name of Father _____

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Mildred Griffin 1891

309

87

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Mildred Griffin*
- 2. Sex *Female* 3. Color *White* 4. Age *14 mo.*
- 5. Married or Single *Single*
- 6. Date of Death *July 15th /91*
- 7. Cause of Death *Cholera Infantum.*
- 8. Duration of last Illness *Six mos.*

J. N. McCracker, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
- 10. Place of Birth *City*
- 11. Residence *Clay St.* Ward No. *4th*
- 12. Time of Residence in the City
- 13. When a Minor, } Name of Mother *Mrs. Chas. Griffin*
 } Name of Father *P. J. Griffin*
- 14. Place of intended Interment *Fairview Cem.*
- 15. Date of intended Interment *July 16th /91.*

F. C. Guard, Undertaker.

Date of Certificate Residence

George W. Griffith 1913

88

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

RETURN OF A DEATH.

1415

Physician's Certificate Preparatory to Burial.

1. Name of deceased George W. Griffith
2. Sex Male 3. Color White 4. Age 58 yrs.
5. Married or single Married
6. Date of death JUN 16 1913
7. Cause of death Alzheimeria Comp by Paralysis
8. Duration of last illness about a year or more
W. A. Briggs M. D.
Residence B-9 - Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Tennessee
11. Residence Ragland add. Ward No. 2
12. Time of residence in the city.....
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June 17 " 13.
GERARD & GERARD. Undertaker.
Date of Certificate JUN 16 1913 Residence.....

Irvine Griffith 1912

89

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

RETURN OF A DEATH.

1194

Physician's Certificate Preparatory to Burial.

1. Name of deceased Irvine Griffith
2. Sex Male 3. Color White 4. Age 29 yrs.
5. Married or Single Married
6. Date of death May 25 - 1912
7. Cause of death Tuberculosis (as per Vital Statistics)
8. Duration of last illness _____

Ernest C. Guard Funeral Director
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Kentucky
11. Residence Russellville 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 May 26 1912

GERARD & GERARD, Undertaker.
Date of Certificate May 26/12 Residence BOWLING GREEN, KY

Mrs. Irvine Griffith 1904

90

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Irvine Griffith*

2. Sex *Female* 3. Color *White* 4. Age *17 yrs.*

5. Married or Single *Married.*

6. Date of death *November, 10" 04.*

7. Cause of death *Consumption*

8. Duration of last illness *G. E. Huddle*, M. D.
Residence *City*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Barren, County*

11. Residence *6th 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 *Barren, County*

15. Date of intended interment *Nov. 11" 04.*

Guard and Guard, Undertaker.

Date of Certificate *Nov. 11" 04.* Residence _____

Paul Howard Grimsby 1911

91

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

RETURN OF A DEATH.

1111

Physician's Certificate Preparatory to Burial.

1. Name of deceased Paul Howard Grimsby
2. Sex Male 3. Color White 4. Age 7 days
5. Married or Single Single
6. Date of death Dec. 3rd 1911.
7. Cause of death Eclampsia
8. Duration of last illness Seven days
E. N. Hall, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth BOWLING GREEN, KY
11. Residence 822. Centre BOWLING GREEN, KY Ward No. _____
12. Time of residence in the city 7 days.
13. When a minor { Name of Mother Luana Grimsby
Name of Father H. Grimsby
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Dec. 4th 1911
GERARD & GERARD, Undertaker.
Date of Certificate Dec. 4th 1911 Residence BOWLING GREEN, KY

Letha Grissom 1893

488 92

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 Letha Grissom
2. Sex Female 3. Color White 4. Age 4 yrs.
5. Married or single Single
6. Date of Death Mar 4"/93
7. Cause of Death Cholera
8. Duration of last Illness Five Days
H. O. Corbitt, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Cumberland Co
11. Residence Center St. Ward No. 2nd
12. Time of Residence in the City Eleven months
13. When a Minor { Name of Mother Mrs Beulah Grissom
Name of Father E. O. Grissom
14. Place of intended Interment Fairview Cemetery
15. Date of intended Interment Mar 6"/92
H. O. Gerard & Bro, Undertaker.
Date of Certificate Mar 4"/93 Residence City

Ina Grubbs 1894

670 93

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 Ina Grubbs

2. Sex female 3. Color white 4. Age 20 yrs

5. Married or single single

6. Date of Death Aug 15 1894

7. Cause of Death Cystitis

8. Duration of last Illness 10 days

H.P.C. H.P. Conwright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Simpson Co Ky

11. Residence Indianola St . Ward No. 1

12. Time of Residence in the City 2 years

13. When a Minor { Name of Mother Alice Grubbs
Name of Father W.H. Grubbs

14. Place of intended Interment Fairview Cem

15. Date of intended Interment Aug 16 1894

Prather & Payne, Undertaker.

Date of Certificate _____ Residence _____

Louretta Grubbs 1913

94

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

RETURN OF A DEATH.

1377

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Louretta Grubbs.
 2. Sex Female 3. Color White 4. Age 84 yrs.
 5. Married or single Widow
 6. Date of death APR 16 1913
 7. Cause of death Chronic Nephritis
 8. Duration of last illness 2 weeks
 Signature C. S. Dowell M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Warren Co. 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 Fairview Cemetery
 15. Date of intended interment Apr 17 1913
GERARD & GERARD. Undertaker.
 Date of Certificate Apr. 17 - 1913 Residence Bowling Green, Ky

J. B. Grubbs 1881

25 95

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *J B Grubbs*

2. Sex *Male* . 3. Color *White* . 4. Age *23 years*

5. Married or Single *Single*

6. Date of Death *Feb 22 - 1881*

7. Cause of Death *Pistol shot*

8. Duration of last Illness *None*

W. H. Beasley, M. D.
Residence *Physician's Office*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Bar Tender*

10. Place of Birth *Lebanon*

11. Residence *Blsn* . Ward No *2*

12. Time of Residence in the City *1 year*

13. When a Minor { Name of Mother _____
Name of Father _____

14. Place of intended Interment *Princeton Cent*

15. Date of intended Interment *Feb 23 - 1881*

W. H. Beasley, Undertaker.

Date of Certificate *Feb 23^d 81* . Residence _____

Democrat Job Print

Anthony Guild 1891

352 96

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 *Anthony Guild*

2. Sex *Male* . 3. Color *Col* . 4. Age *40*

5. Married or Single *Married*

6. Date of Death *Dec 1st 1891*

7. Cause of Death *Consumption*

8. Duration of last Illness *3 months*

D. W. Wright M. D.

Residence *City*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Barber*

10. Place of Birth *Tenn*

11. Residence *City* . Ward No. *4*

12. Time of Residence in the City *6 yrs*

13. When a Minor.) Name of Mother
) Name of Father

14. Place of intended Interment *Int Moriah*

15. Date of intended Interment *Dec 2nd 1891*

Pratt & Bayne, Undertaker.

Date of Certificate *Dec 2nd* . Residence *City*

Jinna Gulley 1891

331 97

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.

Mid

1. Name of deceased *Jinna Gulley*

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

5. Married or Single *Single*

6. Date of Death *Sept 5th / 1891*

7. Cause of Death *Gastritis*

8. Duration of last Illness _____

B. H. Mulliken M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Allen County*

11. Residence *Nugent St.* Ward No. *4th*

12. Time of Residence in the City _____

13. When a Minor. } Name of Mother *Miss Lina Gulley*
 } Name of Father *Johnson Gulley*

14. Place of intended Interment *Fairview*

15. Date of intended Interment *Sept 6th 1891*

J. C. Grand, Undertaker.

Date of Certificate *Sept 6th 91* Residence _____

William M. Gulliver 1912

98

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

RETURN OF A DEATH.

1170

Physician's Certificate Preparatory to Burial.

1. Name of deceased *William M. Gulliver*
2. Sex *Male* 3. Color *White* 4. Age *41 yrs*
5. Married or single *Single*
6. Date of death *Mar 16 " 1912*
7. Cause of death *Septicemia Trans. comp. Pneumonia*
8. Duration of last illness *Ten days*
W. H. Briggs M. D.
Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Letcher Co. Ky*
11. Residence *Payson* BOWLING GREEN, KY 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 18 " 1912*
GERARD & GERARD. Undertaker.
Date of Certificate *Mar. 18/12* Residence *BOWLING GREEN, KY*

Bobbie Marie Gupton 1907

99

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

RETURN OF A DEATH.

284

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Bobbie Marie Gupton*
2. Sex *Female* 3. Color *White* 4. Age *5 yrs.*
5. Married or single *Single*
6. Date of death *July 28th 1907.*
7. Cause of death *Diarrhea*
8. Duration of last illness *several days.*
D. A. Campbell, M. D.
Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Logan, County*
11. Residence *High St.* Ward No. *2nd*
12. Time of residence in the city *5 mo.*
13. When a minor { Name of mother *Mrs. Clara E. Gupton*
Name of father *Charles E. Gupton*
14. Place of intended interment *St. Ann's Cemetery*
15. Date of intended interment *July 29th 1907.*
GERARD & GERARD Undertaker.
Date of Certificate *July 29th 07.* Residence *BOWLING GREEN, KY.*

Sarah E. Gupton 1907

100

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

RETURN OF A DEATH.

257

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sarah E. Gupton
 2. Sex Female 3. Color White 4. Age 11 Mos.
 5. ~~Married~~ or single
 6. Date of death July 1st 1907.
 7. Cause of death Whooping Cough
 8. Duration of last illness
D. A. Campbell M. D.
 Residence B. Grass Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth Logan, Co.
 11. Residence Ward No.
 12. Time of residence in the city 4 months
 13. When a minor { Name of mother Mrs. Clara E. Gupton
 Name of father Chas. E. Gupton
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment July 2nd 1907
GERARD & GERARD Undertaker.
 Date of Certificate July 1st 1907 Residence BOWLING GREEN, KY

Malisa Guy 1910

101

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

RETURN OF A DEATH.

894

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Malisa Guy *Guy*
- 2. Sex Female 3. Color White 4. Age 67 5/8
- 5. Married or Single Widow
- 6. Date of death Sept 13 - 1910
- 7. Cause of death Acute indigestion
- 8. Duration of last illness few hours

D. S. Petherford, M. D.
 Residence Bowling Green Ky.
Sept. 17 1910

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation _____
 - 10. Place of birth Allen County
 - 11. Residence Bowling Green Ky Ward No. _____
 - 12. Time of residence in the city Nine years
 - 13. When a minor { Name of Mother Don't know
Name of Father _____
 - 14. Place of intended interment Harmony ^{Allen County} Brown yard
 - 15. Date of intended interment Sept 14 - 1910
- Ernest H. Kelly, Undertaker.
 Date of Certificate Sept 14 - 1910 Residence Bd Ky

Mary Guzlin 1879

102

OFFICE OF
JOHN C. GERARD,
UNDERTAKER
SUMNER STREET.
Bowling Green, Ky. 1879

Mary Guzlin -
Female - White - 12 years
Single
July 2nd - 1879
Peritonitis
Sick four days
Ablesigle, M.D.

Place of Birth Bls
Ward 2nd
Name of Mother Ellen Guzlin
" " Father John "
Place of Interment - Catholic Cem
Date of Interment July 3rd 79
July 2nd 1879
Frank Gerard
Undertaker

Warren County, Kentucky Death Records, Box 2, Folder 4 (G1 to Gu)

Warren County, Kentucky Death Records, Box 2, Folder 4 (G1 to Gu)