Western Kentucky University TopSCHOLAR®

Bowling Green, Kentucky – Death Records, 1877-1913

Manuscripts

1877

Box 2, Folder 4 Bowling Green, Kentucky - Death Records, Gl-Gu

Manuscripts & Folklife Archives Western Kentucky University, mssfa@wku.edu

Follow this and additional works at: https://digitalcommons.wku.edu/bg_ky_death_records Part of the Demography, Population, and Ecology Commons, and the Family, Life Course, and Society Commons

Recommended Citation

Folklife Archives, Manuscripts &, "Box 2, Folder 4 Bowling Green, Kentucky - Death Records, Gl-Gu" (1877). *Bowling Green, Kentucky* – *Death Records, 1877-1913.* Paper 8. https://digitalcommons.wku.edu/bg_ky_death_records/8

This Finding Aid is brought to you for free and open access by TopSCHOLAR[®]. It has been accepted for inclusion in Bowling Green, Kentucky – Death Records, 1877-1913 by an authorized administrator of TopSCHOLAR[®]. For more information, please contact topscholar@wku.edu.

Mitchell Carl Glasscock 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mitchell Cort Huscock
	Sex mar 3. Color while 4. Age 2 mc
	Married or single
	Date of death _ 20 - 1907
7.	Cause of death Manin Jilie .
	Duration of last illness
03-	SP. B.S. Ruthinford M.D.
	Residence CLCy
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation.
10.	Occupation
10. 11.	Occupation Place of birth Country Residence near himmond Ward No.
10.	Occupation Place of birth County Residence near Intervood Ward No. Time of residence in the city
10. 11.	Occupation Place of birth County Residence near Intervoord Ward No. Time of residence in the city Name of mother Mary & Blancock
10. 11. 12. 13.	Occupation Place of birth County Residence near Intervoord Ward No. Time of residence in the city When a minor Name of mother Marry Element Name of father D. Philascock
 10. 11. 12. 13. 14. 	Occupation Place of birth County Residence near Interview Residence in the city Time of residence in the city When a minor Name of mother Mary Element Name of father Of Planscock Place of intended interment Fathering Country
10. 11. 12. 13.	Occupation Place of birth County Residence near Intervoord Ward No. Time of residence in the city When a minor Name of mother Marry Element Name of father D. Philascock
 10. 11. 12. 13. 14. 15. 	Occupation Place of birth County Residence mean Interview Ward No. Time of residence in the city When a minor Name of mother Mary Element Ward No. When a minor Name of mother Mary Element Country Name of father D. Place occup Place of intended interment Friender 1907 Date of intended interment Friender 1907 Mawley Pary Undertaker
 10. 11. 12. 13. 14. 15. 	Occupation Place of birth Country Residence mean Interview Ward No. Time of residence in the city When a minor Name of mother Mary Eklancock When a minor Name of father Of Placescock Place of intended interment Father Country Date of intended interment Father Of 1907
 10. 11. 12. 13. 14. 15. 	Occupation Place of birth County Residence mean Intervoord Ward No. Time of residence in the city When a minor Name of mother Mary Eklamenek When a minor Name of father Diffusioner Place of intended interment Frequency Date of intended interment Frequency Date of intended interment Frequency Date of intended interment Frequency Date of intended interment Frequency Mary Eklander Mary Eklander Mary Eklander Mary Eklander Mary Eklander Mary Eklander Mary
 10. 11. 12. 13. 14. 15. 	Occupation Place of birth County Residence mean Interview Ward No. Time of residence in the city When a minor Name of mother Mary Element Ward No. When a minor Name of mother Mary Element Country Name of father D. Place occup Place of intended interment Friender 1907 Date of intended interment Friender 1907 Mawley Pary Undertaker

Infant Glenn 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	· · · · · · · · · · · · · · · · · · ·
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Infant Aleuce Henn
2.	Sex Weal . 3. Color White . 4. Age / Days
5.	Married or Single Date of Death July 4 the 1879
6,	Date of Death And 4 ac 15 19 - Cause of Death Remature Berth
7.	Cause of Death Munature Burtu
8.	Duration of last Illness
	Mullonualle, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED
9.	Occupation
.0.	Place of Birth
1.	Residence Ward No.
3-37- 	Residence Ward No Time of Residence in the City
1. 2.	Residence Ward No Time of Residence in the City
1.	Residence
1. 12.	Residence Ward No Time of Residence in the City
1. 2. .3.	Residence . Ward No. Time of Residence in the City . When a Minor Name of Mother Name of Father .
1. 2. 3. 4.	Residence . Ward No. Time of Residence in the City . When a Minor Name of Mother Name of Father . Place of intended Interment .

Catherine Glenn 1910

T	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	1 H. Glenn
1.	Name of deceased bathaning Spinn, Sex Sunal 3. Color Anter 4. Age 19 months Married or single Sjugle
2.	Sex Journald 3. Color Matt 4. Age 19 month
5.	Married or single Jught
6.	Date of death Nov 23" 1910.
7.	Cause of death Cholera Infantum
8.	Duration of last illness. & days
	Whitomacre M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Occupation
10. 11.	Occupation Place of birth SOWLING CREEN, KY. Residence Guiland SOWLING GREEN, KY Ward No.
10.	Occupation Place of birth SOWLING CREEN, KY. Residence Guiland SOWLING GREEN, KY Ward No. Time of residence in the city
10. 11.	Occupation Place of birth SOWLING ORDEN, KY. Residence Control ROWLING OREEN, KY Ward No. Time of residence in the city Name of mother Was bothman Shum. When a minor
10. 11. 12.	Occupation Place of birth SOWLING CREEN, KY. Residence Guitar SA SOWLING GREEN, KY Ward No. Time of residence in the city
10. 11. 12. 13.	Occupation Place of birth SOWLING ORDEN, KY. Residence Cuntur St. BOWLING OREEN, KY Ward No. Time of residence in the city When a minor Name of mother Wo by throw Shure Name of father form M. Struct
 10. 11. 12. 13. 14. 	Occupation Place of birth SOWLING ORDEN, KY. Residence Cuttur ROWLING OREEN, KY Residence in the city Time of residence in the city When a minor Name of mother the bathwing Shure Name of father Place of intended interment of form of the function Place of intended interment of the form of the function Name of father of the form of the function Place of intended interment of the form of the function Place of intended interment of the form of the f
10. 11. 12. 13. 14. 15.	Occupation Place of birth BOWLING ORDEN, KY Residence With ROWLING GREEN, KY Residence in the city Time of residence in the city When a minor Name of mother We both M. Manuelle Name of father Place of intended interment A. Josuph, Country Date of intended interment
10. 11. 12. 13. 14. 15.	Occupation Place of birth SOWLING ORDEN, KY. Residence Muture RowLING OREEN, KY Residence in the city Time of residence in the city When a minor Name of mother Mo bathmun Shuru Name of father Place of intended interment A formore, Output Place of intended interment A formore, Output Date of intended interment A formore, Output Date of intended interment A formore, Output GERARD & GERARD, Undertaker.
10. 11. 12. 13. 14. 15.	Occupation Place of birth BOWLING ORDEN, KY Residence With ROWLING GREEN, KY Residence in the city Time of residence in the city When a minor Name of mother We both M. Manuelle Name of father Place of intended interment A. Josuph, Country Date of intended interment
10. 11. 12. 13. 14. 15.	Occupation Place of birth BOWLING GREEN, KY Residence With ROWLING GREEN, KY Residence in the city Time of residence in the city When a minor Name of mother We both M. Ward No. When a minor Name of father Place of intended interment A formore, Commuting Date of intended interment A formore, Commuting Commuting A formore, Commuting A formore, Commuting Date of intended interment A formore, Commuting A formore, Commuting Date of intended interment A formore, Comm

Andra M. Glover 1911

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 andram, Mour
2. Sou soule 3. Color Mhit 4. Age 3 mts
5. Married or single 6. Date of death AJNY 13 - 1911
7. Cause of death Molpa Infonton
8. Duration of last illness of chapp
fN Grants M. D.
Residence Porthing Green 14
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Bamley Green 10.
9. Occupation 10. Place of birth Bamley Green March Ward No. 11. Residence
9. Occupation 10. Place of birth Bamley Juene March 11. Residence 12. Time of residence in the city Life form (Name of mother Harry, Harry)
9. Occupation 10. Place of birth Bamley Green March Ward No. 11. Residence
9. Occupation 10. Place of birth Banday frem m 11. Residence 12. Time of residence in the city Life from Name of mother Flagg flagg
 9. Occupation 10. Place of birth Bamley Juent Mark 11. Residence 12. Time of residence in the city Lynn 13. When a minor Name of mother Harry Blaver 14. Place of intended interment Language of the second sec
 9. Occupation. 10. Place of birth Bamley Jueur March 11. Residence 12. Time of residence in the city Life from Ward No. 12. Time of residence in the city Life from March March 13. When a minor Name of mother Hara March 14. Place of intended interment famme from the march March March 15. Date of intended interment Any 14 1911 16. Date of intended interment Any 14 1911 17. Date of intended interment Any 14 1911 18. When a minor Centre of the march Mar
 9. Occupation. 10. Place of birth Bamley Jueur Mainer 11. Residence. 12. Time of residence in the city. 13. When a minor Name of mother Hara Haven 14. Place of intended interment. 15. Date of intended interment. 16. Date of intended interment. 17. Mainer Market 14. 19.1 18. When a minor Annual 14. 19.1 19. Date of intended interment. 19. Date of intended interment. 19. Date of intended interment. 10. Date of intended interment. 11. Residence. 12. Time of intended interment. 13. When a minor Name of mother Annual Name of the city. 14. Place of intended interment. 15. Date of intended interment. 16. Date of intended interment. 17. Date of intended interment. 18. Date of intended interment. 19. Date of intended interment.
 9. Occupation. 10. Place of birth Bamley Jueur March 11. Residence 12. Time of residence in the city Life from Ward No. 12. Time of residence in the city Life from March March 13. When a minor Name of mother Hara March 14. Place of intended interment famme from the march March March 15. Date of intended interment Any 14 1911 16. Date of intended interment Any 14 1911 17. Date of intended interment Any 14 1911 18. When a minor Centre of the march Mar
 9. Occupation. 10. Place of birth Bamley Jueur March 11. Residence 12. Time of residence in the city Life from Ward No. 12. Time of residence in the city Life from March March 13. When a minor Name of mother Hara March 14. Place of intended interment famme from the march March March 15. Date of intended interment Any 14 1911 16. Date of intended interment Any 14 1911 17. Date of intended interment Any 14 1911 18. When a minor Centre of the march Mar

Isaac Goldstein 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Isnar, Gottlottin Sex Male 3. Color White 4. Age 28 yrs. Married or Single Marriel
1.	Name of deceased White 28 Mm
2.	Sex 3. Color 4. Age 20 72
	Date of death OCT 4 - 1912
6.	Cause of death above ses The ver
7.	2
8.	
	Bowling GREEN, KY
	Residence
	Undertaker's Certificate in Relation to Deceased.
	Require
9.	Occupation Shormakan Russia
10.	Place of birth
11.	Residence BOWLING GREEN, KY. Ward No. /
12.	Time of residence in the city
13.	When a minor { Name of Mother
	Name of Father
14.	Place of intended interment
15.	Date of intended interment.
Date	of Certificate OV. 5/12, Residence ROWLING GREEN. KY

Annie Mae Goodall 1913

Thi	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
]	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Cimil mais Goodace
1. 1	vanie of deceased
2. 8	Sex femal 3. Color Cal 4. Age 13 m
6. 1	Date of death Tech. 15- 1913. Cause of death Chlorosis
	Duration of last illness Cebaut 3 months
8. 1	
	Marfield M. D.
	Residence Center St.
	The second se
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Schutter Chiller
10.	Place of birth Bauching Success
11.	Residence Bankling Recent Ward No. Z
12.	Time of residence in the city for the
13.	When a minor Name of mother Cherentie How all
10.	Name of father fas Good all
14.	Place of intended interment marich
15.	Date of intended interment. 17 - ch. 18 - 1913
	Jacobara Dace Undertaker.
Date	of Certificate Freek. 15-19.3 Residence
	con. Tot dalle ye street

Amanda Goodnight 1901

	ETURN O	FA	DEAT	Ή.
	PHYSICIAN'S CERTIFICATI	E PREPARATORY	TO BURIAL.	
	0-	6		1
1. Name o	f deceased Aman	da To	odmy	M-
2. Sex	mate 3. Color	Black		24 72
	l or single man			
6. Date o	f death	14	1701	
7. Cause o	of death Septice	enna		
8. Duratio	on of last illness	diff.	bl.	
3 lock	AND	M. M. J.C.	acron	~~~, M
	Residenc	e Dou	olingla	eengi
			-)	
	UNDERTAKER'S CERTIFICAT	F IN RELATION	TO DECEASED.	
9. Occup	ation			\supset
10. Place	of birth City			
11. Reside	nce 6th but state	a chest	- Ward	No, 🧶
	f residence in the City.			
	(Nama of Mothe			
13. When	a minor Name of Father			~)
14. Place	of intended interment	of the	rich	
i5. Date o	of intended interment	SA- 1,	19	· /
	Haw	lingt	Eyna	, Undertak
			/	
Date of Cer	tificate	. Resid	lence	

Mrs. J. E. Goodrum 1907

2 6 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 Mis & E Goodium
1. Name of deceased Mus J Co geodium
2. Sex Fremale 3. Color White 4. Age 37
5. Married or single Manuel
6. Date of death free 6 th 1907
7. Cause of death Provenice
8. Duration of last illness Juc wicks
AP Cartwright M. D.
Residence
and the second secon
Undertaker's Certificate in Relation to Deceased.
9. Occupation Ann Keeper
9. Occupation Anse Keeper 10. Place of birth Simpson County 11. Residence Indianalu St Ward No.
11. Residence Indumaly St Ward No.
12. Time of residence in the city 10 yrst
(Name of mother
13. When a minor Name of father
14. Place of intended interment level Water Church
15. Date of intended interment fundre gt 1907
GERARD & GERARD. Undertaker. Date of Certificate June 7/907. 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 Cartifacta Research and Resid
Physician's Certificate Preparatory to Burial.
h o e li i i i i
1. Name of deceased Carl Gordon
2. Sex male 3. Color block 4. Age 16 ms.
5. Married or single
6. Date of death french 22-1906
7. Cause of death Dysen lity
8. Duration of last illness fan
<u>О ХУЛОРИ</u> М. D.
Residence owthey frem the
0, / -
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 mcs.
Name of mother Lin zig Gordon
13. When a minor Name of father The Lordon
14. Place of intended interment Mr. Monces Cemete
15. Date of intended interment of march 22-1906
J. E. Slong ken datedertaker.
Date of Certificate Judice 27-1906 Residence 77 College
Streets

Child of Mollie Gordon 1901

REI	TURN OF A DEATH.
PHYS	ICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of dece	ased child of Mollie Lordon
2. Sex	ased chied of Mollie Gordon 3. Color Mach. 4. Age Stue Bor
	ıgle <u>~~</u> ~~
	June . 5- 1901
7. Cause of Deat	th Still Born
8. Duration of la	nst Illness
	S.W. Coomber, M. D
	Residence State St
UNDERT	TAKER'S CERTIFICATE IN RELATION TO DECEASED.
o Occupation	<u> </u>
10. Place of Birth	, My man Co -
LL Residence	Kentucky St . Ward No. 3 -
12 Time of Resi	idence in the City
in the or rest	Name of Mother Mollie Gordon
13. When a Mino	r Name of Mother Mollie Gordon
14 Place of inte	nded Interment County lamiting
	8
Duce of mich	ded Interment from - 0 - 1901 Guard Strang, Undertaker
Data of Contifact	
Date of Certificato	e

Mollie Gordon 1904

🕈 🕈 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🕈
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased, Moltin Gorden
2. Sex Funder 3. Color White 4. Age 24
5. Married or Single Angle
6. Date of death Juby 24" 1904
7. Cause of death bousumplier
8. Duration of last illness
M, J, Dugp, M. D.
Residence morning Hum Ry
Undertaker's Certificate in Relation to Deceased.
· · · · · · · · · · · · · · · · · · ·
11. Residence Adams, St.
12. Time of residence in the city
(Name of Nother
13. When a minor Name of Father
14. Place of intended interment Faulture Canutary
15. Date of intended interment July 23 1904
Date of Certificate Fuby 14/1904 Residence

America Gorin 1910

	RETURN OF A DEATH.
1	
	Physician's Certificate Preparatory to Burial.
	nin Sonn
1.	Name of deceased and ica Sain
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 (Dialoge incidental to ald age.
8.	Duration of last illness_ abaut 3 marths
	Ch. R. Trancis, M. D.
	Residence leallege St-
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Clascen Barren Co.
11.	Residence Cipiter St Ward No. 2
12.	Time of residence in the city about 20 gr
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Rance Current
15.	Date of intended interment_ July 12 - 1910.
	1 8 / Efghen De Undertaker.
Dat	e of Certificate friel 12-1 QuResidence
	con y + callege St.

Clara May Gorin 1911

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
 Name of deceased blance May. Gomin Sex Fundle 3. Color Flunder 4. Age 81400. Married or single Single Married or single FEB 9 - 1911 Date of death FEB 9 - 1911 Cause of death Commonia following Measles Duration of last illness. 3 ml. M. D.
Residence Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth 11. Residence 115, #1114 St. Ward No. 2
12. Time of residence in the city failed as, Store 13. When a minor Name of mother as, Store Name of father Ass, Store Name o
14. Place of intended interment. Description 15. Date of intended interment. FEB 9 - 1911
GERARD & GERARD. Undertaker. Date of Certificate. FEB 9 - 1911 Residence.

George R. Gorin 1912

	RETURN OF A DEATH. 1220
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Kurger R. Gorun Sex Marine 3. Color White 4. Age 55 Marine Married or Single Marined
2.	Sex Maria . 3. Color White 4. Age 55 Ma
5.	Married or Single
6.	Date of death fuly 21" 1912. Cause of death Chr. mie Miphiit is
7.	Cause of death Chanie Nephrit's
8.	Duration of last illness 6 Mrs
	FP/Lionon, M. I
	Residence Bawergan
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Lawyur
10.	Place of hirth
11.	Residence Park Now Ward No. 2
12.	Time of residence in the city
12.	
13.	When a minor Name of Father
14.	Place of intended interment
15.	Date of intended interment July 2/11/912.
	GERARD & GERARD.
Dat	e of Certificate July 11"1912 Residence BOWLING GREEN. K

Jennie Gorin 1907

	NUMEROOM OF THE OWNER OF THE OWNER				
			-		
			1		
	· · · · ·				
	TRAN	SPORTAT	ION OF C	ORPSE.	•
	1	Transit Permit I	lo		
1		Jeynie Ha	GIVE STATION NO.		i di
X2	4/10 A/	3/1	BONER'S CERT		,251
Name of a	15 Alfamino	r, give parents' name also	and the second se	-	7 10
Hour of de Place of d	inn 19	Age	Years 2 Cause of deat.	Montas	Days
which is a	now Com	nunecable	disease.	i cancer 1	and the
I here	by certify that the abo	r non communicable.) we is true to the be	st of my knowled g	s and belief.	
	1/11	1	M XI A T		v Coroner.
Residence	Mamphin	County of	Thely	State of	enn
1.10.5	PER	MIT OF LOCAL	BOARD OF HE	АІТН	
This perm	t must be properly sign	red, and with Phy	sician's Certificate	presented to the Rail	road gr Express
In the	letter, of	Agent hefore a l	by an be shipped	und She	d.
State of	(City or township)	In om	the Quet	and Feb	de south
and the second second second	is hereby given H	let Som	rolenter	Undertak	er or Embalmer
	or perial at Sort	ing Sare	in the County		
State of Swho died a	+ Menthick	the body of	5 gland year	State of	4
on the	25 day of f	chil 1	DUCT. 1 001 15 2	Years 2 Month	hs_O_Days.
and	ank a go	no is here	how with on fred ton	company said remai	
(SEA	T i	Signed	V. lin	rdiens.	bech.

Thomas B. Gorin 1894

62.6 TF is Constitutes One Certificate to be arned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased MALL Borice 2. Sex Mall 3, Color Matt. 4. Age 71 420.
5. Married or single Manuel
6. Date of Death from 3 197 7. Cause of Death from the
8. Duration of last Allness <u>Junette</u> B. Michielen, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Manuello
11. Residence 1/ the struct. Ward No. 1 24 12. Time of Residence in the City
13. When a Minor Name of Mother
14. Place of intended Interment Farrouw Com 15. Date of intended Interment June 6"/94 F. O. Cuard HBuchdertaker.
Date of Certificate June 6"/97 esidence
· · · · · · · · · · · · · · · · · · ·

Dennis Gorman 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of decessed Samues Loquian Sex Male 3. Color White 4. Age 57 Married or Single Married
2.	Sex Mile Age 57
	l'A structure in the second se
7.	Cause of death Chines Rugnis Wearer
8.	Duration of last illness JAB loca burn, M.
	Д, М.
	Residence
	Residence Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.
9. 10.	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Maland Marin St
10. 11. 12.	Undertaker's Certificate in Relation to Deceased.
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased.
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased.
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased.
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased.

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. Danning Gorman. 2. Sex Parnola. 3. Color White 4. Age 48 yrs. 5. Married or single Manual.	
6. Date of death Mar, 21" 1900.	
7. Cause of death	•
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth 11. Residence Main Sh. 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 Sh Josaphs, Curretar	4
Date of Certificate 3/21/1900	

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 Duny Gorman
2. Sex Finale 3. Color White 4. Age 2 mo
5. Married or single Single
6. Date of Death Jan 8/1896
7. Cause of Death Colombal fin
8. Duration of last Iliness Two wills
C. Hinstead, M. D.
Residence Celley, M
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Cuty
11. Residence / Oth Sturk. Ward No. 4th
12. Time of Residence in the City
13. When a Minor Name of Mother Mrs Duny Joyman Name of Father Denny Joyman
14. Place of intended Interment Storephins Curiting
15. Date of intended Interment Jardy, 9th 18905
F. C. Luard +Bro, Undertaker.
Date of Certificate Jany 9/1895 Residence

Julia Gorman 1891

3.3.9 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	н
RETURN OF A DEATH.	
1. Name of deceased Julia Jorquan Jormas 2. Sex Junaly 3. Color Affile . 4. Age Sh ma	2/1
5. Married or Single Single	ele
7. Cause of Death Munigities	
8. Duration of last Illness <u>6 hunder</u> , M. D. Residence <u>Bundung</u> hund	14
9. Occupation 10. Place of Birth Offy	
11. Residence 10 th Jetuch . Ward No. 4 th . 12. Time of Residence in the City	
13. When a Minor. Name of Mother Julia Joyman	//
14. Place of intended Interment Alaseph Curreter 15. Date of intended Interment 4-3'91	1.
Date of Certificate	
- Additional - Add	

Granville Gossom 1891

2 3 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETUO 5' DE ATPLE PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 0 hild elle 1. Name of deceased 2. Sex 40 3. ·) 4. Age 5. Married or Single 6. Date of Death L 7. Cause of Death 8. Duration of last Illness 🛩 M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation 10. Place of Birth 11. Residence Macu Street Ward No. 12. Time of Residence in the City_) Name of Mother 13. When a Minor. Name of Father ha 14. Place of intended Interment_ 15. Date of intended Interment due Undertaker. Date of Certificate CL Residence.

Jennie Gossom 1896

89 4 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	22
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Junio Daccon 2. Sexferment 3. Color Cal 4. Age 4 Jun	~
5. Married or single 6. Date of Death June 64 / 8 6	
7. Cause of Death Meningitic 8. Duration of last Illness about one week	
6 P Residence M. D.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth	
11. Residence Main Mard No. 3 12. Time of Residence in the City	
13. When a Minor Name of Mother	-
14. Place of intended Interment	
Date of Certificate	

M. R. Gossom 1912

	RETURN OF A DEATH.
	1200
	Physician's Certificate Preparatory to Burial.
	$\overline{2}$
1.	Name of deceased MR France
2.	Sex Male 3. Color White 4. Age 71 Married or single midmon
5.	
6.	Date of death forme 13. 1912 Cause of death Killed by juilwal king in Duration of last illness allest immediate
7.	Cause of death Rulled by justical tring the
8.	Duration of last illness dear immediate
	litted at Rochy Fice Station, Chansen Con
/1	and a writing free trating chrowing com
	Undertaker's Certificate in Relation to Deceased.
	Harran AN
9.	Occupation Former.
	A • •
10.	Place of birth
10. 11.	/////
	Place of birth Maching Hull, My Ward No.
11. 12.	Place of birth Maching Hull, My Ward No.
11. 12.	Place of birth Marching Hull, My Ward No
11. 12. 13.	Place of birth with Hul, My Ward No. Residence Ward No. Time of residence in the city. When a minor Name of mother Name of father Place of intended interment Faithur Computing
11. 12. 13.	Place of birth with Mul. My Ward No. Residence Working Mul. My Ward No. Time of residence in the city. When a minor Name of mother. Name of father. Place of intended interment Fairman Comptend Place of intended interment function 15'1912. Date of intended interment function 15'1912.
11. 12. 13. 14.	Place of birth with Mul. My Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Fairwir Comptend Place of intended interment furth 15" 1912. Date of intended interment furth 15" 1912. GERARD & GERARD. Undertake
11. 12. 13. 14.	Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment GERARD & GERARD. Undertake

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 Mildred 1 Jossan	
2. Sex Final 3. Color Whit. 4. Age 53	
5. Married or single Marriel	•
6. Date of Death Un 5 1872	
7. Cause of Death Heart direct	
8. Duration of last Illness lear immediat	-
A. W. W. Conneck, M. D	
Residence Burling Free, K	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Barren. Ro.	
. 11. Residence State St. Ward No. 17	
12. Time of Residence in the City 12 4 yrs	
13. When a Minor } Name of Mother	
Name of Father	
14. Place of intended Interment 100.6 1894	
15. Date of intended Interment And Sanverto Quale.	y)
Lucard Lucard, Undertaker	
Date of Certificate 105 5- Residence College 8	2.
	24

Child of Millie Ann Gossom 1909

570- This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
 Name of deceased Bally of millie and former Sex
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
 9. Occupation
14. Place of intended interment Curryty Centerry 15. Date of intended interment Jun, 26-1909 J. C. Stugken Jacc. Undertaker. Date of Certificate June, 26-1909 Residence
Date of Certificate June 26-1909 Residence

Elizabeth C. Gott 1904

A This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial. 1. Name of deceased 2. Sex 3. Color White 4. Age 75 yrs 5. Married or Single Willow 6. Date of death Muly 18" 1904 7. Cause of death Appropriaty
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. 12. Time of residence in the city. purchase Monthles
 13. When a minor Name of Mother 14. Place of intended interment Further Currenting 15. Date of intended interment Fuby N9" 1904 16. Date of intended interment Fuby N9" 1904
Juby 18/1904 Residence, Undertaker.

Miss Clarence Graham 1897

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 <i>Ciss Channel Graham</i> 2. Sex Fundle. 3. Color White. 4. Age 7-3 yrs 5. Married or single Single. 6. Date of Death <i>May 2" 1897</i> , 7. Cause of Death <i>Holominial Dunnor</i> 8. Duration of last Illness
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Barry Goundy 11. Residence Gallege S.L. Ward No. 1998 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment Gaining Country 15. Date of intended Interment Chay 2" 1897 15. Date of intended Interment Chay 2" 1897 16. Lund Mino, Undertaker. Date of Certificate Min 2 for Residence

Elizabeth Graham 1912

	FTUDN OF A DEATH
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased the Chy about Shahar .
2.	Amala White 68 yrs.
	Married or Single
	July 11" 1911
	Date of death for all print
	Cause of death Aracypes
. 8.	Duration of last illness
	Bauling G. M. D
	Residence Beroling Fren 12
1	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
	Mar.
10.	Place of birth
	Place of birth Ward No. 2
11.	hollage 2
11. 12.	Residence Ward No. 22
11. 12.	Residence Ward No.
11. 12. 13.	Residence
11. 12. 13. 14.	Residence Ward No. Wa
11. 12. 13. 14.	Residence Ward No. Wa
11. 12. 13. 14. 15.	Residence Ward No. Wa

Gilbert Graham 1897

979 0	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 Suthan Sugham	
2. Sex Male . 3. Color Allo. 4. Age 69 yrs.	
5. Married or single Maurino	
6. Date of Death Jany & "/189 7.	
7. Cause of Death Rever hum hay	
8. Duration of last Illness	
Al South M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence Main Struck. Ward No. 4	
12. Time of Residence in the City	. 95
13. When a Minor Name of Mother	_
14. Place of intended Interment Mh Mariah Qu	m,
15. Date of intended Interment fann H"/1894	
F. & Sunah (Jule , Undertaker.	
Date of Certificate any 4/9 4. Residence	

Child of Grover Graham 1909

30 * * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Orill of Sworth, Braham 2. Sex Junaly 3. Colory Thits 4. Age 19mo.
5. Married or Single
6. Date of death holina Infantion 7. Cause of death Cholina Infantion
8. Duration of last illness-
Residence Brinding Guar My
Undertaker's Certificate in Relation to Deceased.
9. Occupation - Warran An
10. Place of birth March R. R. Ward No. 3
12. Time of residence in the city
13. When a minor { Name of Mother Jonan Brohum
14. Place of intended interment
15. Date of intended interment GERARD & GERARD, Undertaker.
Date of Certificate JUL 10 1909 Residence

Henry Graham 1892

3 9 3 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Henry Wahun
2. Sex Jemah 3. Color Plack. 4. Age 711 7 cm
5. Married or Single Maurie
6. Date of Death March 973 1892
7. Cause of Death Bright Dinane
8. Duration of last Illness Several munito
M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Warren Curry 11. Residence 12 Shat . Ward No. 2
11. Residence 12 Shut
12. Time of Residence in the City
13. When a Minor. Name of Mother
14. Place of intended Interment Paufue Cent
15. Date of intended Interment March 1117-1892
Date of Certificate March . Residence

Infant of L. A. & May Graham 1911

	35
**	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🕈 🕈
•	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Infantation W Inaham
2.	Sex Male 3, Color Matter 4. Age
5.	Married or Single Snight
6.	Date of death "May 16" 1911
7.	Cause of death Sall form
8.	Duration of last illness
	WEABriggs , M. D.
	Residence / 0 & Adams
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation SowLING GREEN, KY
10.	Place of birth /.2/16 With Dig opprover
11.	Residence // // Ward No. 3.
12.	Time of residence in the city
13.	When a minor Name of Mother 74
	Name of Father A. M. Manan
14.	Place of intended interment Fairwice Cometery
15.	Date of intended interment May, 16" 1911. Smart Garant Undertaker
	Sman Isman
	May 16" 1911 Jointer
Dat	e of Certificate May. 16"1911. Residence City
Dat	e of Certificate May. 16"1911. Residence Gity
.Dat	e of Certificate May. 16"1911. Residence Gily

Mary Graham 1903

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	2 O.
1.	Name of deceased from Brany Trohan
2.	Sex finale 3. Color while 4. Age 85 Married or single millow
5.	Married or single millow
6.	Date of death Dec 19 190 3
7.	Cause of death Broucho Premier
8.	Duration of last illness
	Juott, Blacktum, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth
11.	Residence /2" & W Chechurt Ward No,
12.	Time of residence in the City.
13.	When a minor { Name of Mother
	Name of Father
14.	Place of intended interment farment
15.	Date of intended interment
	Fuseral Director Embalmer, Undertaker.
Date	of Certificate

Child of Norah Graham 1909

	ficate to be Returned to the City Cle	34 rk for a Burial Permit.
RETUR	N OF A D	EATH.
 Name of deceased Sex Math Sex Math Married or single Date of death Cause of death 	s Certificate Preparatory hill of Nora & 3. Color White Single 9. 5" 1909. mael Howald S. J. D. Reardow.	hohan. 4. Age 15-mo. trible
	ResidenceB	OWLING GREEN, KY
Undertaker's	Certificate in Relation to	o Deceased.
9. Occupation.	Grann Kir	
9. Occupation. 10. Place of birth B. 11. Decidence Porta	Grann Ry. gu R.R.	W1 X - 2
 9. Occupation. 10. Place of birth. 11. Residence. 12. Time of residence in 	gnan Ry. gn R.R.	Ward No. S.
 9. Occupation. 10. Place of birth. 11. Residence. 12. Time of residence in (Nar) 	Gran Ry. ga R.R. the city 15 mo. Nora Gra	Ward No. S.
 9. Occupation. 10. Place of birth 9. 11. Residence 9. Augusta 12. Time of residence in 13. When a minor { Nan Nan 	Gran Ry. ga R.R. the city. 15 mo. ne of mother. ne of father	Ward No. S. ham.
 9. Occupation. 10. Place of birth 11. Residence 12. Time of residence in 13. When a minor { Nan Nan 14. Place of intended in 	Gran Ry. ga R.R. the city. 15 mo. ne of mother ne of father terment	Ward No. s. 3. han. utery
 9. Occupation. 10. Place of birth. 11. Residence. 12. Time of residence in 13. When a minor { Nan Nan 14. Place of intended in 15. Date of intended int 	lerment.	Ward No. s. 3. han. utery
15. Date of intended int	GERARD & GERA	a
15. Date of intended int	terment aug. 6" 1909.	RD. Undertaker.
15. Date of intended int	GERARD & GERA	RD. Undertaker.
15. Date of intended int	GERARD & GERA	RD. Undertaker.

Owing Graham 1882

35 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Coning Grehami Hacham Sex Mary . 3. Color Ungarta . 4. Age 54 1. 2. Married or Single Manual 5. 1916 6. Date of Death Acreman Cause of Death Sus 7. 8. Duration of last Illness Second dorp W. J. Wiercuss , M.D. Residence Burking Green 14 UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Place of Birth 10. Ward No 30 Residence Main Street 11. 12. Time of Residence in the City_ When a Minor Name of Mother Name of Father 13. 14. Place of intended Interment of Con 15. Date of intended Interment , Undertaker. Date of Certificate 202207582 Residence Democrat Job Print

Veachel E. Graham 1912

	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 Verele Tarkan
2.	e .
5.	Married or Single
6.	Date of death tely-27-12
7.	Cause of death Dorcarma from supporting
8.	Duration of last illness Soars
	Residence 1119 State SX
	Residence 1119 state st
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation SOWLING GREEN, KY
10.	Place of birth Residence 14 Th Thulianola Ward No.
11. 10	Residence 14 2 Vox Ward No. Time of residence in the city 3 4 m Mattin Law Stanbarry
12.	
13.	When a minor { Name of Mother Balgar, Syaham Name of Father Edgar, Syaham
14.	Place of intended interment Fairview Cemetery
CALCED AND IN	Techy 2011 din
	Date of intended interment TMY. 28 1912
	1 GEDIDE 1 E
15.	GERARD & GERARD, Undertaker.
15.	GERARD & GERARD, Undertaker.

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 Grouger
2. Sex Fernale . 3. Color Blook . 4. Age / O Weeks
5. Married or single Surges
6. Date of death and 4- 1906
7. Cause of death Mol. mutrition
8. Duration of last illness 10 weeks TReacher, M. D.
Residence Bowling French
9 7
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Pauling Eruse
10. Place of birth Pauling Erun 11. Residence Friest St. Ward No. 3
10. Place of birth O awling kruck 11. Residence Frick Ward No, 3 12. Time of residence in the City. 10 weeks
10. Place of birth <i>Pauling kruck</i> 11. Residence <i>Frick off</i> . Ward No, <i>3</i> 12. Time of residence in the City. <i>10 weeks</i> Name of Mother <i>Fronce Granger</i>
10. Place of birth O awling kruck 11. Residence Frick Ward No, 3 12. Time of residence in the City. 10 weeks 13. When a minor Name of Mother 13. When a minor Name of Father
 Place of birth O awling kruck Residence Fried Off. Ward No, 3 Time of residence in the City. 10 weeks Time of residence in the City. 10 weeks When a minor Name of Mother Folorence Granger When a minor Name of Father
 Place of birth O awling kruck Residence Fried H. Ward No, 3 Time of residence in the City. 10 weeks Time of residence in the City. 10 weeks When a minor Name of Mother Folorence Granger When a minor Name of Father Place of intended interment O away Gard Date of intended interment O aver Gard
10. Place of birth <i>Pauling kruck</i> 11. Residence <i>Fried II</i> . Ward No, <i>3</i> 12. Time of residence in the City. <i>10 weeks</i> 13. When a minor Name of Mother <i>Folorence branger</i> 14. Place of intended interment <i>Pauler gard</i> 15. Date of intended interment <i>Aprle 4-1906</i> <i>J. E. Nugkindall</i> Undertaker.
 Place of birth O awling kruck Residence Fried H. Ward No, 3 Time of residence in the City. 10 weeks Time of residence in the City. 10 weeks When a minor Name of Mother Folorence Granger When a minor Name of Father Place of intended interment O away Gard Date of intended interment O aver Gard
10. Place of birth <i>Pauling kruck</i> 11. Residence <i>Fried II</i> . Ward No, <i>3</i> 12. Time of residence in the City. <i>10 weeks</i> 13. When a minor Name of Mother <i>Folorence branger</i> 14. Place of intended interment <i>Pauler gard</i> 15. Date of intended interment <i>Aprle 4-1906</i> <i>J. E. Nugkindall</i> Undertaker.

J. H. Granger 1891

38 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETORN (1) 1 FL A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased 2. Sex Inal 00 . 3. Color 4. Age 5. Married or Single 6. Date of Death a 7. Cause of Death un TI 8. Duration of last Illness ands 100 61 . M. D. Residence Freehico -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation Mille 10. Place of Birth Vun 11. Residence Uda 0 Ward No. 12. Time of Residence in the City____ 22) Name of Mother 13. When a Minor. Name of Fathe 14. Place of intended Interment Tha 15. Date of intended Interment , Undertaker. Date of Certificate LLLL4 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
2. Sex Jemale . 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.
10. Place of birth State of Tenneller
9. Occupation 600K 10. Place of birth State of Timmessee 11. Residence Indianapalio Ward No.
12 Time of residence in the City
13. When a minor Name of Mother Mrs Regland
14. Place of intended interment Mr morial cumetory 15. Date of intended interment Operil 5-1906.
15. Date of intended interment Oferil 5-1906.
Date of Certificate april 5= 1904 Residence
Date of Certificate Official 5= 190% Residence
bor yt bollege At. Bowling Green My.
Dowling green My.
0

Laura Granger 1906

-	INDIANA	STATE	BOARD OF	F HEALTH. 39-2	L .
No	939		OR BUR		
County	MARION	Township	CENTER	Town INDIANAPOLIS	- 6
Deceder Disease Medicu	nt's full name Z causing death A	aurel 18 ortie an	urism	uger Age 34	
Propose Propose	d date of burial	Bowlin	for Frent		6
A Cer said decea	aker tificate of Death having b sed person as stated above, ording to the rules of the Sta	een filed in my office it	Address n accordance with law, from a dangerous com	s	of on-
Dated_	apr 4	190 b	Name of H	Address	
Rt		A O'Datas		(Holder should Preserve this Permi	t.)

Child of Mary Granger 1896

Cut of Town	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 many Granger 2. Sex Jonale 3. Color Hack . 4. Age 3 yr	
5. Married or single 6. Date of Death May r/e/gle	
7. Cause of Death	
8. Duration of last Illness In Cooucle Health Officer, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Co .	
11. Residence Kucky . Ward No 9 - 12. Time of Residence in the City 4 mmth	
13. When a Minor Name of Mother Mary hauger	-
14. Place of intended Interment Plano, 14,	
15. Date of intended Interment May 27/196 The Lundren, Undertaker.	
Date of Certificate May 2 /96, Residence	
	•

Pearly Granger 1893

567	L
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1. Name of deceased Pearly Dranger,	
2. Sexfernade . 3. Color Blk . 4. Age 28	
5. Married or Single Manie d	
6. Date of Death Och 6 1893	
7. Cause of Death Rost front Kuncher	
8. Duration of last Illness Dry clay	
AIP.C. wpcolinite, M.D.	
Residence	
9. Occupation	
10. Place of Birth Mannen Country	
11. Residence Delaferte, . Ward No.	
12. Time of Residence in the City I sound years	
12 When Min) Name of Mother	
13. When a Minor. Name of Mother Name of Father	
14. Place of intended Interment At Mania	
15. Date of intended Interment	
Grathers Paym, 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 hanger
2. Sex forale 3. Color Black 4. Age 29m
5. Married or single
6. Date of death and the fight
7. Cause of death
8. Duration of last illness huproen, M. D.
Residence Bowlingheen Thy
UNPERTITION CERTIFICATE IN DELATION TO DECERCED
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Oily
11. Residence 3 7 4 / Ky Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother Ophilia hanger
14. Place of intended interment Land hand hur huriah
i5. Date of intended interment
Throby & aym, 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 decoased Albert Thank
2. Sex Male 3. Color While 4. Age 20 yrs
5. Married or Single Single.
6. Date of death Sept. 8"04,
7. Cause of death Inquiry, to Right Leg.
8. Duration of last illness
J. D. Carlwright , M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Chicago, All
11. Residence Died in De Carterryble Officer Nard No. 1st
12. Time of residence in the city. Savaral hours
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment
15. Date of intended interment
, Undertaker.
Date of Certificate the way included by fand h PP
al Margour Ry bringht here and Sig lat
Sy Continights Officer

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.
P-4.1
1. Name of deceased Roma hand
2. Sexfunan 3. Color mhili 4. Age 8 mors da
5. Married or single 6. Date of death Frances 4 1905
7. Cause of death
8. Duration of last illness
The Open an in the m. D.
Residence Ity Physician.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Europ
11. Residence Augure hurch Ward No,
Name of Mother Nettin mult
13. When a minor Name of Father Bewly hunt
14. Place of intended interment Fairvier Com
15. Date of intended interment
Hawbuy Day
Date of Certificate Residence

William Grant 1905

	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	An me the state
1.	Name of deceased Mithaut
2.	Sex mult . 3. Color a hit . 4. Age 716
5.	Married or single
6.	Date of death Detuber - 8 - 1905
7.	Cause of death Ayantary
8.	Duration of last illness densted and the
	<u>И. 2. 6. Ливнитрета</u> , М. С
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. (1. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

Charles Graves 1908

- 46
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
 Name of decensed blue Strawy Sex 3.1 Color 4. Age 71 Married or single Surglie Date of death 400 19 19 19 08 Date of death Jubrueuloous Duration of last illness F A Curtury M. D. Residence Survey Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Junassal 11. Residence Kussalluilla Parka Ward No.
12. Time of residence in the city
 (Name of father. 14. Place of intended interment. 15. Date of intended interment. GERARD & GERARD. Undertaker.
Date of Certificate 0/24 21/08 Residence BOWLING GREEN, KY

Child of E. H. Graves 1905

♥ ♥ This Constitutes One CertiAcate 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 G. A. Guarna
2. Sex Facually 3. Color White 4. Age 5. Married or Single Single .
6. Date of death OGT 2- 1905
 Cause of death Duration of last illness Duration of last illness
Residence B. Gurn, Ky
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth wirth St. 11. Residence blunch St. Ward No. 3.
12. Time of residence in the city Thus to At Shawas
13. When a minor { Name of Mother
14. Place of intended interment of Josephs Churchary
15. Date of intended interment June June June June June June June June
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.
Physician's Certificate Preparatory to Burial.
 Name of deceased for the Samual Anaves, Name of deceased for the Samual Anaves, Sex 3. Color Maile 4. Age 19 476. Married or single Single 7. Date of death May 14 '97. Cause of death Interculosus Duration of last illness - a the single sing
1. Name of deceased for the Danger March,
2. Sex 1/2 5 . 3. Golor Mill 4. Age 19 4.10.
5. Married or single Drug W
6. Date of death
7. Cause of death Suboucculosus
8. Duration of last illness A Cartwright M. D.
M. D.
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation former bounty
9. Occupation former bounty
9. Occupation 10. Place of birth Marring bounty 11. Residence / 0 th St. 12. Time of residence in the city 3 Mrs.
 9. Occupation 10. Place of birth have boundy 11. Residence / 0 th St. Ward No. 3 rd 12. Time of residence in the city 3 ms. Ward No. 3 rd 13. When a minor Name of mother MS. Frances
9. Occupation former bounty
 9. Occupation 10. Place of birth harmy boundry 10. Place of birth harmy boundry 11. Residence / 0 th St. 12. Time of residence in the city 3 yrs. 12. Time of residence in the city 3 yrs. 13. When a minor Name of mother with f. Sharras, Name of father. 14. Ward No. 3 the start of the
 9. Occupation. 10. Place of birth. <i>Harring boundry</i> 11. Residence / 0 th St. Ward No. 3 ml 12. Time of residence in the city 3 ms. 13. When a minor Name of mother. 14. Place of intended interment.
 9. Occupation 10. Place of birth horizon boundary 11. Residence / 0 th St. 12. Time of residence in the city 3 ms. 12. Time of residence in the city 3 ms. 13. When a minor Name of mother. 14. Place of intended interment. 15. Date of intended interment.
 9. Occupation 10. Place of birth form, bounty 11. Residence / 0 th St. 12. Time of residence in the city 3 form. 13. When a minor Name of mother. 14. Place of intended interment. 15. Date of intended interment. 16. GERARD & GERARD. Undertaker.
 9. Occupation 10. Place of birth form, bounty 11. Residence / 0 th St. 12. Time of residence in the city 3 form. 13. When a minor Name of mother. 14. Place of intended interment. 15. Date of intended interment. 16. GERARD & GERARD. Undertaker.
 9. Occupation 10. Place of birth form, bounty 11. Residence / 0 th St. 12. Time of residence in the city 3 form. 13. When a minor Name of mother. 14. Place of intended interment. 15. Date of intended interment. 16. GERARD & GERARD. Undertaker.

Richard L. Graves 1908

6. 49
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
A A A DI
1. Name of deceased Richard, J. Asavas. 2. Sex Mala 3. Color White 4. Age 270
2. Sex Male 3. Color While 4. Age 27th
6. Date of death any 17, 1908
 Married or single Date of death <i>Mulf 17</i> "1998 Cause of death <i>Internular - Muning itis</i> Puretion of last illness
8. Duration of last illness
8. Duration of last illness J. F. Rodgers M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Waston off Texas
 Occupation Whitmight Jux as. Place of birth Mutaneth Jux as. Residence Russellville Pike Ward No
12. Time of residence in the city Thus, I day Grands
12. Time of residence in the city. 13. When a minor Name of mother Mus, Ida, Grauns Name of father. Richard, b. Groups
14. Place of intended interment Failurew Complety
15. Date of intended interment <i>angl8"</i> /908
GERARD & GERARD. Undertaker.
Date of Certificate and 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 72.0 Gran Graves 2. Sexfemale . 3. Color white . 4. Age 6 meter 5. Married or single
2. Sexfemale 3. Color While 4. Age 6 mutris
6. Date of death June . 5- 1901 7. Cause of death Whooping Conf 8. Duration of last illness and mile
8. Duration of last illness and mich. a. C. Wright, M. D. Residence College St
Residence College St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Scoth & I - leity - 11. Residence """ Ward No. 8 - 12. Time of residence in the City. Life Time
12. Time of residence in the City. Life home
13. When a minor Name of Mother Mr. Mary Chaves
14. Place of intended interment from - 6-1901
15. Date of intended interment Surand Undertaker.
Date of Certificate Residence

George Gray 1881

This Constitutes ONE CERTIFICATE to be ret	AMIT
RETURN OF A D.	ЕАТИ.
PHYSICIAN'S CERTIFICATE PREPARA	TORY TO BURIAL.
1. Name of Deceased George Gray	
2. Sex male . 3. color while	. 4. Age 29 march
5. Married or Single lingle	
6. Date of Death acht 12712188	7
7. Cause of Death Choloron Ind	autern
8. Duration of last Illness Len days	
H:	Behrenne, M.D.
Residence	/
UNDERTAKER'S CERTIFICATE IN RELAT	TION TO DECEASED.
9. Occupation 10 Place of Birth Bluling Guen	name of the second s
	III. 1. N. 7
	. Ward No Z
2. Time of Residence in the City	0
3. When a Minor Name of Mother Mus	may
4	
4. Place of intended Interment four our	ecar n
· DI CULLIA Actor	- X X
5. Date of intended Interment Oct 28	
Filderard	, Undertaker.
5. Date of intended Interment Oct 28 Holycard Date of Certificate Oct 28 81. Resid	, Undertaker.

J. H. Gray 1899

	0 5W 50
This	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
г. 1	Name of deceased Ind. JK Mary; Sex Mary. 3. Color which 4. Age about 78%
2.	Sex Male. 3. Color While 4. Age about 78/1
5.	Married or single Midoria
6.	Date of death http://www.aga Cause of death Maga
	Cause of death and a grade and a grade a g
8.	Duration of last illness Aboomber, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Decunation Icacher
	occupation
10.	Place of birth Residence Adams Studt. Ward No. 3
12.	Time of residence in the City 15 years
13.	When a minor Name of Mother
	Place of intended interment Aussceeducerty
τ5.	Date of intended interment puly 21-1692
	Japand Paccind, Undertaker.
Date	of Certificate Huly 20/9 Residence

James M. Gray 1892

Out oftown &	53
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1. Name of deceased June firey ,	1
2. Sex Male . 3. Color White . 4. Age 47412 5. Married or Single Hidower	
6. Date of Death Juby 10 "192	
7. Cause of Death John August 8. Duration of last Illness 6 August	
7 R. Cartinight, M. D.	
Residence	
9. Occupation	
10. Place of Birth Louisville Mutuerly	
11. Residence few tous Hotel. Ward No 22d	
12. Time of Residence in the City Live days	t.
13. When a Minor. Name of Mother	
) Name of Father	
14. Place of intended Interment formoute The	
15. Date of intended Interment Juby 12"/1892 Juand Undertaker. Date of Certificate Fuby 11"/92 . Residence Wity	
- Hosticitor	

Samuel W. Gray 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Saw, W. Gray Sex Malu 3. Color, 4. Age 37 yrs. Married or Single Manual
1.	Name of deceased when the hold of the
2.	Sex
5.	Married or Single
6.	Married or Single Manuan Date of death huly 17" 191V. Cause of death Muthal Stanosis.
7.	Cause of death Mulal Sumosus,
8.	Duration of last illness
	Just Blockburn, M. D
	Residence BOWLING GREEN. KT.
	Undertaker's Certificate in Relation to Deceased.
-	Machinish
9.	Occupation Machinist
9. 10.	Occupation Machinist Place of birth Junessine
	Occupation Machinish Place of birth Junessine Residence Mar White Sture Juny Ward No.
10.	Occupation Machimst Place of birth Junessing Residence Mar White Sture Juny Residence in the city
10. 11. 12.	Residence Mar Whith Sture Junny Ward No
10. 11.	Residence Mar White Sture Junny Ward No
10. 11. 12.	Residence May Whith Stury Junny, Ward No
10. 11. 12. 13.	Residence May Whith Stury Junny, Ward No
 10. 11. 12. 13. 14. 	Residence <u>May Whith Stury Linny</u> Ward No Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment. Date of intended interment. Date of intended interment. CERPARD & GERARD.
 10. 11. 12. 13. 14. 15. 	Residence May Whith Stury Junny, Ward No

Flora Greathouse 1910

	RETURN OF A DEATH.
	<u>439</u> 940
	Physician's Certificate Preparatory to Burial.
1	m. H. J. f.
1. 2.	Name of deceased the Tlava Arealhance Sextende 3. polor White 4. Age 20
2. 5.	1 1.
о. 6.	Married or Single Date of death
0. 7.	Cause of death Aubucularies
8.	Duration of last illness
0.	Duration of fast miless, M. D
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth
11.	Residence Lie Plant Mico, Ward No.
12.	Time of residence in the city
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Farmin Cuntury
	Date of intended interment Q NW 15-1910
15.	Jurard Gurard, Undertaker
15.	
	e of Certificate Du 10-10 Residence City

Flora Greathouse 1910

i the Deed.	Illinois Centr	al Railroad		istano.
FORM-G. B. O. 3	TRANSPOR	TATION OF		<u> </u>
	This Certificate must be pro	esented to the Local Bo	and of Health for Approval.	
the state Ph	YSICIAN'S OR	ORONER	S CERTIFICATE.	12
	mint	A TP	rena apples 1	1/A90 0
Name of Deceas	a russ C	dif Mines, give pare	ints' name also.)	2- 11
Date of Death	Years	Months	Days	e
Place of Death	Tie Plant	4 miles so	utter grenad	ale.
Cause of Death_	Jubrealow	ist.	A	
- I hereby cer	tify that the above is true	to the best of my kno	Charles Alles	or Coroner.
Residence 9	las Clant	Country of Ane	ward State of M	Grower.
	PERMIT OF LO	CAL BOAR	D OF HEALTH.	Enclint Analysis
This Permit must be p	operly signed, and with Physicians	Certificate presented to the	Railroad or Express Agent before a body	can be shipped.
In the	(Chy or Township.)	menada	County of Onuc	1000
State of	eby given to remove for bu	10 mil	ing Green	
Permission is he	The American a sense of the da	State	of Kentucky	the body of
Permission is he		DUUUD		
	F. Greather	ne	The set of the set of the set of the set of the second	who died at
A CONTRACTOR OF	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O	County of Gree	The set of the set of the set of the set of the second	College State Sector
in the County of. Josephine day of Other	Fl, Greather Fl, Greather 190	County of <u>Gree</u> Aged Wyear	on the 13	the died at
in the County of. <u>J</u> day of <u>Dy</u> of death being	Tubroulosis	County of <u>Gree</u> Aged Wyear which i	on the 13	the died at
in the County of. <u>J</u> day of <u>Dy</u> of death being	Jubreev lastes Sportation of bodies dead of small-pc	County of <u>Gree</u> Aged Wyear which i	on the 13	the died at

Flora Greathouse 1910

Fbe SSW 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 I. 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 (membraneous 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 the-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 sixpment 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 in-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, as defined and directed in Rule 2, the air-tight scaling 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 collin 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 ar-light metallic collin or easket or an air-light metallined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalamer, as defined and directed in Rule 2, the air-light scaling 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 shall officer, to other competent authority at destination advising the date and train on which the body may be expected. 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. "Corpset" for the transportation of the body, and a transit permit showing physicana's or coroner's certificate, name of decased, date and hour of death, ago, place of death, cause of death, and attainable, 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 autorized by the health attactive of the singular of the signature of physician or coroner, health officer, and undertaker, must be on 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 certificate and passage of the signature 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 a least four handles. The physician's certificate and transit shall be discaked for the baggage department, of a mitfall ine, 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 master of the original shall be detached from the transit permit and securely instemed on the cofin 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 hedith, and shall not be accepted for trans-portation 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 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 or 3 (according to the nature of the disease causing death), provided shipment takes place within thirty days from the ime of death. The shipment 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 per-mission 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.

John S. Greathouse 1912

RETURN OF A DEATH.
1184
Physician's Certificate Preparatory to Burial.
Name of deceased John S Just Louis
Sex male of 3. Color White 4. Age 7.3 1/2
Married or single Wadowww.
Date of death 0 19 19 - 1912
Cause of death C. June Buget and
Duration of last illness
Forman M.
Residence Surpluse the la
Undertaker's Certificate in Relation to Deceased.
Occupation Muistar of the Jos pal.
Occupation Manistan of The Jos pal. Place of birth Manan, Co. Sy.
Residence 10 the DF. Ward No. 2
Time of residence in the city 7.5 yrs .
When a minor { Name of mother
(Name of father
Place of intended interment.
GERARD & GERARD. Undertak
abal LOULALD SOWLING GREEN. KY
e of Certificate

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. Sexfanale 3. Color Alack 4. Age 2 yre
5. Married or single
6. Date of Death October 16 1887
7. Cause of Death Chronic Incumoria
8. Duration of last Illness
OTT ODANOTET, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Canta Ct Ward No. 3
12. Time of Residence in the City
Name of Mother face tomen
13. When a Minor Name of Father John Green
14. Place of intended Interment
15. Date of intended Interment Color 17 1898
Pratty Penn, Undertaker.
Date of Certificate Residence

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

Dudley Green

404 58
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
STRUCT A RICH A RICHTON PROSTONIALOT
RETURN OF A DEATH.
1. Name of deceased Dudley Them
2. Sex Male . 3. Color Black . 4. Age 64
5. Married or Single Single
6. Date of Death may 3
7. Cause of Death Dinsuppling
8. Duration of last Illness Anne ung
DEMART CHO, M. D.
Residence Durling Brandy
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED
9. Occupation Labor
10. Place of Birth
11. Residence lity Ward No 4
12. Time of Residence in the City
13. When a Minor.
S Name of Father
14. Place of intended Interment County Grande
15. Date of intended Interment May 4th
Prather Payne, Undertaker.
Date of Certificate

George Green 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	9
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Grongert Junn. 2. Sex Maler 3. Color Julter 4. Age 654 5. Married or single Married 6. Date of death OCT 19 1906 7. Cause of death Flurt	
1. Name of deceased a grant of the of	ns.
2. Sex March 3. Color Jacob 4. Age 00	
5. Married or single OCT 19 1906	
 Married or single Married Date of death OCT 19 1906 Cause of death Flurt 	
9 Duration of last illness	
Residence BOWLING GREEN, KY	, M. D.
Residence BOWLING GREEN, KY	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
UNDERTAKERS CERTIFICATE IN REDATION TO DECORDED.	
9. Occupation	
10. Place of birth Barrow, bo. Ky,	
9. Occupation 10. Place of birth Burn, Co. My, 11. Residence Buradway, BOWLING GREEN, KY. Ward No.	7
12. Time of residence in the City.	
13. When a minor Name of Mother	
Name of Father	
14. Place of intended interment Jawan Chungling	
15. Date of intended interment 001201900	
	ertaker.
Date of Certificate OCT 19 1906 . Residence <u>BOWLING GRE</u>	EN, KY
	ilannan an a

Gilbert Odell Green 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Silbert Odul Sview
2.	Sex Male 3. Color White 4. Age 17 mant
5.	Married or Single Jugle
6.	Date of death
7.	Cause of death Ananition
8.	Duration of last illness.
	A. O. Muddle, M. D.
	Residence Ocultury
	Undertaker's Certificate in Relation to Deceased.
	7
9.	Occupation laur
10.	Place of birth Sauthing Street Sty
11.	Residence Ward No
	Time of residence in the city.
12.	
12. 13.	When a minor Name of Mother Mury Green
13.	When a minor Name of Father Mury Green
	Place of intended interment Fairview Guitery
13. 14.	When a minor Name of Father Hurry Green Place of intended interment Fairwicher Currentery Date of intended interment Stafe 2 no 1910
13. 14. 15.	Place of intended interment Fairview Guitery
13. 14. 15.	When a minor Name of Father Murry Green Place of intended interment Fairwicher Curry Date of intended interment Joseph 2nd 1910 Undertaker.

Hester Green 1896

39 %/ 6
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Must Auster Succe.
2. SexRemale. 3. Color White . 4. Age 7/ 40.
6. Date of Death May 31"/96
7. Cause of Death <i>Innuna</i> 8. Duration of last Illness <i>OW MUCK</i>
S. J. Millsoft, M. D.
Residence City
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth City 11. Residence Main stuck . Ward No. 3nd
12. Time of Residence in the City
13. When a Minor Name of Mother
14. Place of intended Interment Farious Cureting
15. Date of intended Interment func 1"/96. Fill Guand Theo., Undertaker.
Date of Certificate June 1"/9 6 Residence 6 ily

Child of John Green 1897

1077		X	62
RETURN	the second second		
PHYSICIAN'S CERTIFIC	ATE PREPARAT	DRY TO BURIAL.	
1. Name of deceased In	faut	- Green	
2. Sex fernale. 3. Col	or Blac	1. 4. Age // -	no
5. Married or single			
6. Date of Death Nav	24	57	*
	umon		
8. Duration of last Illness	4		
	0.	15 your	, M. D.
Residen	.ce		
UNDERTAKER'S CERTIFIC	CATE IN RELAT	ION TO DECEASED.	
9. Occupation	<u></u>		
10. Place of Birth	ig i		
11. Residence Center	'st	. Ward No. Z	
12. Time of Residence in the	City		
) Name of .	Mother 22	is here	_
13. When a Minor Kame of 1	6		
14. Place of intended Interme	nt lut	Morian	
15. Date of intended Interment	11	2 5/97	
Gr.	actin +	Unde	ertaker.
Date of Certificate	Reci	dence, o nu	
	Tresh		
	-		-

Polly Green 1909

* * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Poly. Gran.
1. Name of deceased Poly, Strun, 2. Sex Frinale 3. Color White 4. Age abt. 55 400
5. Married or Single Single
6. Date of death Opr 25" 1909. 7. Cause of death abdominal ascistrs.
8. Duration of last illness-
Mr. Algriggs, M. D.
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Marine Parker
11. Residence Mard NI, VIII Ward No.
 12. Time of residence in the city
Name of Father
14. Place of intended interment annual Company
15. Date of intended interment GERARD & GERARD, Undertaker.
Date of Certificate 4116/07: Residence
*

Virginia Francis Green 1909

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Virginia Francis Garan
1.	Name of deceased
2.	Sex Famaler & Color While 4. Age 3 yrs.
5.	Married or Single Mught,
6.	Date of death fund, 5" 19119
7.	Cause of death Sangemi of Lings.
8.	Duration of last illness 3 days.
	H-Aballey M. D.
	Residence Richfund Sig
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Partin Quinting
11.	Residence Maar Mich ports Oby Ward No.
12.	Time of residence in the city
10	When a minor { Name of Mother Mrs. Mary Grun
13.	When a minor Name of Father N. Sunn.
14.	Place of intended interment Faitwiew Cemetery
15.	Date of intended interment_ June, 6"1909.
	GERARD & GERARD, Undertaker
	te of Certificate MMV. 6"19"9. Residence
Dat	Acsidence
Dat	

Mrs. S. W. Greenfield 1908

Th	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	1 INT 1.00
1. 2.	Name of deceased Mrs. S.J. Granfild Sex Thursday Wildow 4. Age 65 yrs, Married or single, Wildow
	MALIN Out
	Married or single
	Cause of death Lysentary
	Duration of last illness. JWS.R. Parfar Residence Fallatice True
	Kesidence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Residence Wotton Town Trunk, Ward No.
11. 12.	Waru No.
12.	Time of residence in the city
18.	When a minor Name of mother Name of father
14.	Place of intended interment.
15.	Date of intended interment June 12/1908
Date	of Certificate June 12/08 Residence BOWLING GREEN, K

Mrs. S. W. Greenfield 1908

	TRANSPORTATION OF CORPSE.
	Transit Permit No. (Give Station No.)
	PHYSICIAN'S OR CORONER'S CERTIFICATE.
	Name of deceased MAS, I Green fried Date of death June 11/1908
	Hour of death A. M. Age GO Years Months Days
	Place of death Colton Town June Cause of death Dy surtery
	which is a more Communicable or non-communicable. disease.
	I hereby certify that the above is true to the best of my knowledge and belief.
	G. John A Carles M. D. or Coroner.
	Residence Jallatic Coupty of December State of Free
	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 Calton Town of Country of Country of Country
	State of Terres on the 1/ the day of france 1900 8
	Permission is hereby given Jeanson & Labor Undertaker or Embalmer.
	to remove for burial at Dors ling green in the County of Marrie
	State of Kenteredy the body of M. Q. G. Greenfued who died at Collon Lown County of Seemsner State of Leur
	on the // day of June 190 \$ Aged Years Months Days,
	and is hereby authorized to accompany said remains.
	(SEAL.) Signed Jahn, R. Pauler Health Officer.
ľ	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

66
🕈 🔻 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 First. W. Spranwood 2. Sex Mala 3. Color White 4. Age 40 yrs.
5. Married or Single
 Date of death Cause of death Duration of last illness
Residence SOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Michigan Adams Sh
11. Residence Ward No. 2
12. Time of residence in the city
13. When a minor { Name of Mother
14. Place of intended interment Michaeler -
15. Date of intended interment.
Date of Certificate GERARD, Undertaker. Date of Certificate Residence OWLING GREEN, KY

Carrie Greer 1893

536/ 10 47
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased this Carries Server 2. Sex Fundly 3. Color White 4. Age 38 yrs - 5. Married or single Single -
6. Date of Death Jug- 19/93
7. Cause of Death Construction of last Illness of Multiples, M. D. Residence Angling Mun.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth in the intervention for the
Date of Certificate ang 20 Residence lety

Child of John t. & Mary Greer

RETURN OF A D	DEATH.
DHVSICIAN'S CEDTIEICATE DEEDADATODY T	
	1
Name of deceased Child of Ing. J. Sex France 3. Cotor White Married or single Single	Greer.
sex Francala 3. Cofor White	4. Age 3 100.
Jarried or single Suight Date of death July, & 3/1991, Dause of death July, & 3/1991, Dause of death July, & 3/1991,	
Date of death July, 23/1921.	
Jause of death fugurilion	
Duration of last illness Guace Brown Residence Bowlu	
Juace Brown	, M. D
Residence Bowhu	ig Trean My
UNDERTAKER'S CERTIFICATE IN RELATION TO	J UECEASED.
Place of birth farran 60.	
Decupation Place of birth farman 60, Residence 6 th St.	Ward No, K
	1 1
When a minor { Name of Mother bus, due	wanda Freel
Name of Father	Verev,
Place of intended interment 70944 070	, 11Y.
Date of intended interment	in the second se
Israid Jen	Undertake
of Certificate Residen	ce

Margret Greer 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Carguet June 2. Sex Funder 3. Color White 4. Age 10 yrs. 5. Married or single Single
6. Date of death UL 42 1940 7. Cause of death Myountry
8. Duration of last illness
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth BOWLING GREEN, KY.
11. Residence & holuwor, for time Ward No, 12. Time of residence in the City. Life time Ward No, Name of Mother Mus Willie June
 13. When a minor Name of Father, Eugar Guar 14. Place of intended interment JUL 23 1906 15. Date of intended interment JUL 23 1906
GERARD & GERARD., Undertaker. Date of Certificate JUL 22 1906 . Residence ROWLING GREEN, KY

Robert Lee Greer 1904

TD * * 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 deceysed White Line June 2. Sex Male 3. Color White 4. Age/8 Mro. 5. Married or Single Single. 6. Date of death Luly 23"04 7. Cause of death Extrao Evilitis 8. Duration of last illness
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth bity 11. Residence A. Chrothur St Ward No.
11. Residence Ward No. 12. Time of residence in the city 18 Mo. 13. When a minor Name of Mother Name of Father 6 M. Mull.
14. Place of intended interment huly, 24"04. 15. Date of intended interment huly, 24"04.
Date of Certificate fully 73"04. Residence

Mrs. B. H. Grider 1905

**	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🕈 💐
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs, B. B. Grider
2.	Name of deceased White A. Age 78412.
5.	Married or Single
6.	Date of death Mar, 13-1905.
7.	Cause of death
8.	Duration of last illness JW boomber
	, M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occurrentian
10.	Occurrentian
10. 11.	Occupation Place of birth balifornina Residence 13th & Aligh St. Ward No.
10.	Occupation Place of birth by lifornina Residence 13th R Aligh St. Time of residence in the city
10. 11. 12.	Occupation Place of birth balifornina Residence 13th & Aligh St. Ward No.
10. 11. 12.	Occupation Place of birth bylifornina Residence / 3 th & Aligh St. Time of residence in the city When a minor { Name of Mother
10. 11. 12. 13.	Occupation Place of birth by liferina Residence 19th R Aligh St. Time of residence in the city When a minor Name of Mother Name of Father Therefore a stress
 10. 11. 12. 13. 14. 	Occupation Place of birth byliforina Residence 19th R Aligh St. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Fariring brunting Many 151 -
 10. 11. 12. 13. 14. 15. 	Occupation Place of birth bylifornina Residence / 3 th Righ St Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Farining brunting Date of intended interment Mar 15/115.
 10. 11. 12. 13. 14. 15. 	Occupation Place of birth bylifornina Residence / 3 the Raigh St Time of residence in the city Time of residence in the city When a minor Name of Mother Name of Mother Name of Father Place of intended interment Farining brunting Date of intended interment Mar 15/115 Date of intended interment Mar 15/115 Mar 14/115
 10. 11. 12. 13. 14. 15. 	Occupation Place of birth bylifornina Residence / 3 the Raigh St Time of residence in the city Time of residence in the city When a minor Name of Mother Name of Mother Name of Father Place of intended interment Farining brunting Date of intended interment Mar 15/115 Date of intended interment Mar 15/115 Mar 14/115

Child of Eliza Grider 1896

Out of town	172
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 Chill of Elija Frider 2. Sex	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Hamme 60. 11. Residence & M study . Ward No. 12. Time of Residence in the City 13. When a Minor Name of Mother Eliza Guiden 14. Place of intended Interment Inviscouil Pike 6. 15. Date of intended Interment July 15/96. 15. Date of intended Interment July 15/96. 15. Date of Certificate July 15/96. Residence	

Elizabeth Grider 1907

This Constitutes One Certificate to be Returned to the City Clerk for a Buria	173 11 Permit.
RETURN OF A DEAT	H.
Physician's Certificate Preparatory to Burial.	
1. Name of deceased <i>Cligabeth Tricler</i> 2. Sexpender 3. Color While 4. Age 23 5. Married or single	3 mð
6. Date of death June -13 - 1907 7. Cause of death Flux followed by Entire Colice 8. Duration of last illness about 3 mich	5.
Will a Brigge	
Undertaker's Certificate in Relation to Decease	d.
9. Occupation	
	No
12. Time of residence in the city 13. When a minor Name of mother Shipubith Noo Name of father That Philu	ten 1
14. Place of intended interment Januar Tem	ut
15. Date of intended interment free -190	Zndertaker.
Date of Certificate	

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.	
1. Name of deceased Infant of Grider	
2. Sex Jamatra . 3. Color Rluck . 4. Age 4 anota	
5. Married or Single	
6. Date of Death 7. 16 1854	
7. Cause of Death Incurranic	
8. Duration of last Illness	
B. St. Mellellers, M. D.	
Residence	
9. Occupation	
10. Place of Birth City 11. Residence Sky by 12 + 18 . Ward No. 3	
11. Residence they but 12 + 18 . Ward No. 3	
12. Time of Residence in the City life	
12. Time of Residence in the City Life 13. When a Minor. Name of Mother Emma Grider	
S Name of Father	
14. Place of intended Interment not Moriah -	
15. Date of intended Interment 7.6 17 1894.	
Crathur Payne, Undertaker.	
Date of Certificate . Residence city	
Allose Evojus ton.	

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 Mrs Famile . W. Gider
2. Sex female. 3. Color white . 4. Age 68 yrs.
2. Sex funde. 3. Color white . 4. Age 68 yrs. 5. Married or single Widow
6. Date of death Valvelar Success That
7. Cause of death
8. Duration of last illness wif techo.
Jur Carlinght , M. D.
Residence lat St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth France Co Kentucky
11. Residence Mar St Ward No, 100
12. Time of residence in the City. Life Jime
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment thank the the
15. Date of intended interment May - 4 = 1401
Date of Certificate . Residence CligeSt

Child of Frank & Mary Grider 1898

1157 -0 - 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 Aary
1. Name of deceased Wild of Frank, Inder
2. Sex Malle. 3. Color BUN : Age 2 TOKe.
5. Married or single
6. Date of death fully, 1
7. Cause of death <i>Johnandum</i>
8. Duration of last illness the Returnet M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth letty
1. Male Street and
12. Time of residence in the City Mary Guder
12. Time of residence in the City 13. When a minor Name of Mother Mary Guider Name of Father Frank Suider
14. Place of intended interment County Crimetury
15. Date of intended interment July 18".98.
Juan & Lund, Undertaker.
Date of Certificate July 18198, Residence

Harison Grider 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	e
1.	Name of deceased Harison Grider
2.	Sex male 3. Color Col. 4. Age 32 je
5.	Married or single married
6.	Date of death
7.	Cause of death Consumption -
8.	Duration of last illness about lear & when
	f. M. Willis. M.
	Residence # 131/2 main at.
	Undertaker's Certificate in Relation to Deceased.
	1
9.	Occupation Common labor
10.	Place of birth Bowling Green
11.	Residence Ward No. Ward No.
12.	Time of residence in the city for life
10	(Name of mother
13.	When a minor Name of father
14.	Place of intended interment Mt. moriak Cuncto
15.	Date of intended interment fully 24 - 1910 1
	John mykindal Undertake
Dat	te of Certificate. Jechy 2 4-1.910, Residence.
	1

	TU U							
					-			
	VSICIAN'S		1		RATORY	L TO B		
	of Decease			DI	ab		Grider	1 11.
	Bay		. Color	Mai	erc.	4. Age	LM	urg
5. Marr	ied or Sing	and the second sec		10				
6. Date o	of Death	Jar	m j	14 .				
7. Cause	of Death	B	in	ionia	<u></u>			· · · · · · · · · · · · · · · · · · ·
8. Durai	tion of last	Illness	fer	w f	ray	1		
			/		2 81	say	1	, M. D.
		Reside	ence			-1-)
UNDE	RTAKER	S CERT	TIFICAT	E IN RE	LATION	TO DI	ÉCEAS	ED.
9. Occup	ation		In,	fairs	r			
10. Place	of Birth		Row	ling	Green	L		
11. Reside	nce					. War	d No.	1
12. Time	of Resident	e in the	City	Juno	- We	ok	30	· 111
		Name o	f Mother	2	Nary	, ly,	ida	N
13. When	a Minor <	Name	f Fathar	A	Hartin	And	Grie	lan
11 Dian	of intended			and	N	Nov 10	tim	ier
				di	· · · ·	on all	4/0	7
15. Date	of intended	Interme	nt	12	the po	20,		•
Date of Ce	dificato	Que	1 20	Cu Ha	Pril	ee,	, Un	dertaker.
	unuue /	Y. Chitchend	and the second		Residenc	C	rpn	VVVV

Child of Harrison & Mary Grider 1878

James M Grider 1899

71 0 100 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 Junger My Judar
2. Sex Male . 3. Color Marte . 4. Age 4.3 yes, 5. Married or single Marced
6. Date of death / 12 18 19,
7. Cause of death Cousing time
8. Duration of last illness
Residence
mental and an
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Mychange V
10. Place of birth Walker County
11. Residence // Ward No. / Ward No. /
12. Time of residence in the City
13. When a minor Name of Mother Name of Father
14. Place of intended interment Fairview Camelory
15. Date of intended interment Nov, 14, 99, Juand and Guid Junand, Undertaker.
B (()

James M Grider 1899

· 99. 19-2
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 fas, Willed 2. Sex Male. 3. Color White 4. Age H 2 year
5. Married or single Manuela
6. Date of death Nov. 192 1899 7. Cause of death Consumptions
8. Duration of last illness my truth , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation mechanic
10. Place of birth Nanen leaunty 11. Residence //" Ward No. /
11. Residence // Ward No.
12. Time of residence in the City
13. When a minor Name of Mother Name of Father Cal prove Will
14. Place of intended interment flat Vierd.
15. Date of intended interment NV, 14 1899 Junand Fridad, Undertaker.
Date of Certificate $\frac{107,13}{9}$ Residence

John T Grider 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
1.	PHYSICIAN'S OURTIFICATE PREPARATORY TO BURIAL. Name of Deceased
2.	sex Malle . 3. Color White . 4. Age & Weeks
5. 6.	Married or Single Jun 15-11 1881
о. 7.	Cause of Death Preumoni
8.	Duration of last Illness
	, <i>M. D.</i>
	Residence
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED, Occupation Place of Birth
10.	Occupation Place of Birth
10. 11.	Occupation Place of Birth Residence Ward No
10. 11. 12.	Occupation Place of Birth
10. 11. 12. 13.	Occupation Place of Birth Residence . Ward No Time of Residence in the City
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor Name of Mother Name of Father
10. 11. 12. 13. 14.	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment
10. 11. 12. 13. 14. 15.	Occupation Place of Birth Residence . Ward No Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment

Lydia Grider

т	his 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.
	0
1.	Name of deceased India Grider
2.	Sex France & Color Black 4. Age 20
5.	Married or single maniel
6.	Date of death ang 17."
7.	Date of death ang 17!' Cause of death bons from
8.	
	Duration of last illness /2 JM 0. E. Tygort M. D
	Residence City
	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	Occupation
	Occupation
10.	Occupation Place of birth Residence Bowling Your Ward No. Time of residence in the city
10. 11. 12.	Occupation Place of birth Residence Bowling Your Ward No. Time of residence in the city (Name of mother Mrs. Mm. Smith
10. 11.	Occupation Place of birth Residence Bouling your Ward No. Time of residence in the city When a minor Name of mother Mrs. Mm Smith Name of father.
10. 11. 12.	Occupation Place of birth Residence Bowling Journ Ward No. Time of residence in the city When a minor Name of mother Mrs. Mm Smith Name of father 11 Place of intended interment. Mrs. Morrisch
10. 11. 12. 13.	Occupation Place of birth Residence Bowling Jown Ward No. Time of residence in the city When a minor Name of mother Mars Mm Smith Name of father 11 Place of intended interment Mh Moriech Date of intended interment Ling 58
 10. 11. 12. 13. 14. 	Occupation Place of birth Residence Bowling Journ Ward No. Time of residence in the city When a minor Name of mother Mrs. Mm Smith Name of father 11 Place of intended interment. Mrs. Morrisch
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Bowling Jown Ward No. Time of residence in the city When a minor Name of mother Mars Mm Smith Name of father 11 Place of intended interment Mh Moriech Date of intended interment Ling 58
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Dowling your Ward No. Time of residence in the city When a minor Name of mother Mrs. Mm Smith When a minor Name of father Place of intended interment. M. Morish Date of intended interment. M. Morish Date of intended interment. M. Morish T. H. Cayne (MiffUndertaker
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Dowling your Ward No. Time of residence in the city When a minor Name of mother Mrs. Mm Smith When a minor Name of father Place of intended interment. M. Morish Date of intended interment. M. Morish Date of intended interment. M. Morish T. H. Cayne (MiffUndertaker
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Dowling your Ward No. Time of residence in the city When a minor Name of mother Mrs. Mm Smith When a minor Name of father Place of intended interment. M. Morish Date of intended interment. M. Morish Date of intended interment. M. Morish T. H. Cayne (MiffUndertaker

Mary F. Grider 1909

This Constitutes One Certificate to be Returned to the City Clerk for a	82 Burial Permit.
RETURN OF A DEA	ATH.
Physician's Certificate Preparatory to Bu	rial.
m. Mar + G.	1:
1. Name of deceased flor May Luc	ger Sola
2. Sex Junale 3, Color White 4. Ag	re 804 Ears
5. Married or single pludace	
0. Date of death	
8. Duration of last illness. If My Riggs	ND
ROWLI	MO OREEN, KY
Residence	
9. Occupation April 2010	eased.
10. Place of birth Sacoling Sycan 10	
	Ward No.
12. Time of residence in the city Life Truce	
13. When a minor { Name of mother	
Name of father Fauvrew Cemeter	10 4
14. Place of intended interment	
15. Date of intended interment	
Date of Certificate $\frac{GERARD}{26-09}$ Residence	Undertaker.

May Grider 1878

83 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. RETURN DEAT $\mathbf{O}\mathbf{F}$ A H. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Ι. Sex Land 3. Color 4. Age 2. Married or Single 5. Date of Death 6. 7. Cause of Death us mouth 8. Duration of last Illness 26 ma Rhur , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation. 9. 10. Place of Birth Warne 11. Residence Ward No. Time of Residence in the City. 12. Name of Mother Verlina to When a Minor 13. Name of Father Franks And 14. Place of intended Interment 15. Date of intended Interment_ Undertaker. Date of Certificate Residence Pantagraph Print

Pelina Grider 1892

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETORN OF A DEATH, ————————————————————————————————————
1
1. Name of deceased Petrica Grider. 2. Sex Tencale 3. Color BLR . 4. Age 61 yrs. 5. Married or Single Married. 6. Date of Death Treby 3" 192
2. Sex Temale 3. Golor BUR . 4. Age 61 yrs.
5. Married or Single Married.
a sure of Doutin
7. Cause of Death Politicis Dubmanalis
8. Duration of last Illness
3. A. M. M. D.
Residence
9. Occupation
10. Place of Birth
10. Place of Birth 11. Residence 11 the Stuck. Ward No 1 24
12. Time of Residence in the City
13. When a Minor.) Name of Mother
S Name of Fathey
14. Place of intended Interment Afforiah Wew
15. Date of intended Interment Fieby 4 1/1892
A. D. Serara, Undertaker.
Date of Certificate Fich 3/92. Residence Wily,

T. S. Grider 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased 7. S. Guider
2. 8	sex Mall. 3. Color White . 4. Age 58 year
5. i	Married or Single married
	Date of Death Arrencher 18th 1882
7. (Vause of Death Heart direan
8.	Duration of last Illness One month,
	Cartury + Hatcher, M.D.
	Residence
	NDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	NDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Place of Birth
9. 10	Occupation
9. 10 11.	Occupation Place of Birth
9. 10 11. 12.	Occupation
9. 10 11. 12. 13.	Occupation Place of Birth Residence Time of Residence in the City
 9. 10 11. 12. 13. 14. 	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father
 9. 10 11. 12. 13. 14. 	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment
 9. 10 11. 12. 13. 14. 15. 	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment
9. 10 11. 12. 13. 14.	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment

William Henry Grider 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
2.	
5.	Married or Single
6.	1
7.	
8.	Duration of last Illness 2 Works
	M.D.
	Residence Pr Heath officer
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
10.	Occupation Place of Birth
10. 11.	Occupation Place of Birth Residence . Ward No 3
10. 11. 12.	Occupation Place of Birth Residence . Ward No 3 Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Residence . Ward No 3
10. 11.	Occupation Place of Birth Residence . Ward No 3 Time of Residence in the City When a Minor Name of Mother Name of Father.
10. 11. 12. 13.	Occupation Place of Birth Residence . Ward No 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
10. 111. 12. 13. 14.	Occupation Place of Birth Residence Ward No 3 Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment
10. 111. 12. 13. 14.	Occupation Place of Birth Residence . Ward No 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment

Mildred Griffin 1891

00 87 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit, RETUR 180. -PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.-July mildred. 1. Name of deceased 2. Sex Seconde 3. Golor White . 4. Age 14 5. Married or Single Jungle 6. Date of Death Lucle Infaulum. 7. Cause of Death Choura 8. Duration of last Illness St Ma ruall . M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence a Ward No. 12. Time of Residence in the City.) Name of Mothe 13. When a Minor. Name of Father 14. Place of intended Interment Harr 15. Date of intended Interment , Undertaker. Date of Certificate Residence

George W. Griffith 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Gronger, W. Syiffith Sex Mala Married or single Married 4. Age 58/202.
1.	Name of deceased drorge, 1, of full the
2.	Sex Mala 3. Color White 4. Age 58/22.
5.	Married or single
6.	Date of death JUNI 0 1010
7.	Cause of death Albumannia comp by Paraty Duration of last illness about a year or more
8.	Duration of last illness about a year some
	W To A Brigge M. I
	Residence 3-9 - Nor
	Undertaker's Certificate in Relation to Deceased.
9	Occupation
9. 10	Occupation. Place of hirth Junualista
10.	Occupation Place of birth Junialson Residence Ray Laura add. Ward No. 2
	Place of birth frank add. Residence Way Laure add. Ward No. 2
10. 11. 12.	Place of birth Junuarian Residence May face add . Ward No. 2 Time of residence in the city
10. 11.	Place of birth function Residence Ray face and Ward No. 2 Time of residence in the city
10. 11. 12.	Place of birth function Residence Ray face and Ward No. 2 Time of residence in the city
10. 11. 12. 13.	Place of birth. Junium Residence. May facult add. Ward No. 2 Time of residence in the city. When a minor Name of mother Name of father Place of intended interment. Junium Connectory Place of intended interment. Junium, 17, 13.
10. 11. 12. 13. 14.	Place of birth. Junit and A. Ward No. 2 Residence. May fault add . Ward No. 2 Time of residence in the city
10. 11. 12. 13. 14. 15.	Place of birth fag taund add . Residence fag taund add . Time of residence in the city

Irvine Griffith 1912

1	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	1 - 4. Al.th
1.	Name of deceased Mouth July M
2.	Sex Mall By Color While 4. Age 29 1910
5.	Married or Single
6.	Date of death May 25-1912
7.	Cause of death Interentosis as sur Utal Statistic
8.	Duration of last illness
	Eugene a grord turnal Duretter
	Residence BOWLING GREEN. KY
	· · · · · · · · · · · · · · · · · · ·
	Undertaker's Certificate in Relation to Deceased.
0	Occurrentian
9.	Occupation Kintucky
10.	Place of birthy Kuntucky Aussellville Kn
10. 11.	Place of birthy Kuntucky Residence Mussellvulle Ky Ward No
10.	Place of birthy Kuntucky Residence Mussellich Ky Ward No Time of residence in the city
10. 11. 12.	Place of birthy Mutucky Residence Mussellville Ky Time of residence in the city When a minor { Name of Mother
10. 11. 12. 13.	Place of birthy Mutuchy Residence Mussellwille My Time of residence in the city When a minor { Name of Mother Name of Father Wrining Competenty
10. 11. 12. 13. 14.	Place of birthy Mutuchy Residence Mussellwille My Time of residence in the city
10. 11. 12. 13. 14.	Place of birthy Mutuchy Residence Mussellwille My Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment May . 26"/9/14
10. 11. 12. 13. 14.	Place of birthy Residence Time of residence in the city When a minor When a minor Place of intended interment Place of intended interment May, 26"/9/2. GERARD & GERARD. May 100 GPEPA
10. 11. 12. 13. 14.	Place of birthy Mutuchy Residence Mussellwille My Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment May . 7.6"/19/14.

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, Twing Briffith 2. Sex Hundler 3. Color Mith 4. Age 17.915. 5. Married or Single Maund. 6. Date of death Amander, 10" 04.
 Cause of death Duration of last illness O. Anddle M. D. Residence Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Barran, County 11. Residence 6 7. St. Ward No. 2
12. Time of residence in the city. 13. When a minor
14. Place of intended interment Arran, County 15. Date of intended interment Aw, 11" 04, Huard and Groud
Date of Certificate
· · · · · · · · · · · · · · · · · · ·

Paul Howard Grimsby 1911

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 Paul Howard Stringhung 2. Sex 3 Color White A ge 7 days. 5. Married or Single Single. 6. Date of death Dre, 3" 1911. 7. Cause of death Celpuppia 8. Duration of last illness Since days E. M. Pall, M. D. Residence Baweing Lung
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth
11. Residence 872. Cruth HOWLING GREEN. KY Ward No.
12. Time of residence in the city June June & June Law
13. When a minor Name of Mother M.J. Shumo lup,
14. Place of intended interment Fairview Complety
15. Date of intended interment LlW, 4"1911
GERARD & GERARD., Undertaker. Date of Certificate Dre. 4°1911 Residence OWLING GREEN. KX

Letha Grissom 1893

488/
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.
I. Name of deceased Lelha Juscour
2. Sex Frendley 3. Golor I hile 4. Age 4 yrs -
5. Married or single Sugle
6. Date of Death Mar 4 193
7. Cause of Death
8. Duration of last Illness The Arus
A Costionift, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Counterfand lod
11. Residence Counter St. Ward No. 2 2d
12. Time of Residence in the City Eleven houths.
) Name of Mother's Beele gueson
13. When a Minor Name of Father E. O. Gresson
14. Place of intended Interment Farricia bernaty.
15. Date of intended Interment Twor 6 192
He Gerard ABro Undertaker
Date of Certificate hav 4/93. Residence bily

Ina Grubbs 1894

670 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 Frubbs
2. Sexfunale. 3. Color while 4. Age 20 yas
5. Married or single ange 15 1894
7. Cause of Death gelilies 8. Duration of last Illness 10 Days
or Duration of last miless
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Sumpton des My 11. Residence Indianola St. Ward No.
12. Time of Residence in the City gran
13. When a Minor Name of Father M. H. Mubbe
14. Place of intended Interment Fairbury Courses
Prather Pay ., Undertaker.
Date of Certificate

Louretta Grubbs 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	m P T, 4 ll.
1.	Name of deceased Mrs. Lowentla, Jubbs. Sextruman 3. Color White 4. Age 84 yrs. Married or single Michael 1013
2.	Sex Funda 4. Age 7 90.
5.	Married or single APR 1 6 1913
6.	Date of death Cause of death Chronic Nephritis
7.	
8.	Duration of last illness 2 weeks
	Basidanas Bowling Green, Ky,
	Residence.
	Undertaker's Certificate in Relation to Deceased.
(April 1	
9.	Occupation Warraw Co Ky
10.	Place of birth Warraw Co. Ky
10. 11.	Place of birth Warraw Co. Ky Residence Kuntuchy St. Ward No. 2
10.	Place of birth Warraw Co. Ky Residence Ward No. 2 Time of residence in the city
10. 11.	Place of birth Warraw Co. Ky Residence Muntucity St. Ward No. 2 Time of residence in the city When a minor Name of mother.
10. 11. 12. 13.	Place of birth Marrin Co. Ky Residence Marchief St. Ward No. 2 Time of residence in the city When a minor Name of mother. Name of father Commetery
 10. 11. 12. 13. 14. 	Place of birth Hammer Co. Ky Residence Kurther St. Ward No. 2 Time of residence in the city When a minor Name of mother Name of father Place of intended interment.
10. 11. 12. 13.	Place of birth Maxim Co. Ky Residence Marthue M. Ward No. 2 Time of residence in the city When a minor Name of mother Name of father Place of intended interment. Martin Competency Date of intended interment. Mart 17"1913
 10. 11. 12. 13. 14. 15. 	Place of birth Maxim Co. Ky Residence Martine M. Ward No. 2 Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Date of intended interment GERARD & GERARD. Undertaker
 10. 11. 12. 13. 14. 15. 	Place of birth Maxim Co. Ky Residence Marthue My St. Ward No. 2 Time of residence in the city When a minor Name of mother Name of father Place of intended interment. Martin Cemetery Date of intended interment. MM 17"1913

J. B. Grubbs 1881

This Constitutes ONE CERTIFICATE to be retu.	. Clerk for a BURIAL PERMIT
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PRE	PARATORY TO BURIAL.
1. Name of Deceased 1 B Brul	1
2. Sex Man. 3. Color The	a. 4. Age 23 years
5. Married or Single Single	
6. Date of Death Fire 22 =	1881 1981
7. Cause of Death Pirton 8.	hot
8. Duration of last Illness	
11514	Stattly , M.D.
Residence 74	intet officer
UNDERTAKER'S CERTIFICATE IN	RELATION TO DECEASED.
9. Occupation Bar Lundon	and the second se
10 Place of Birth Junn	ananana ananana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana
11. Residence Ban	. Ward No /
12. Time of Residence in the City	Than
(Name of Mother	
13. When a Minor { Name of Father	
14. Place of intended Interment Park	and fear
15. Date of intended Interment	623=1881
meg.	, Undertaker.
Date of Certificate Fil 23-81	Residence

Anthony Guild 1891

352 96
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
· RETURN OF A DEATH.
Juild
1. Name of deceased tulhany Full
2. Sex male . 3. Color Col .: 4. Age 4
5. Married or Single Manuel
6. Date of Death de la
7. Cause of Death Ungungouch
8. Duration of last Illness
Residence
9. Occupation Barbar
10. Place of Birth Lenne
11. Residence Gilly
12. Time of Residence in the City 6 472
13. When a Minor. Name of Father
11,11, 11, 11, 11, 11, 11, 11, 11, 11,
14. Place of intended Interment At Monake
15. Date of intended Interment
Data of Contificate De 2 nd Billion (
Date of Certificate And 2 . Residence

Jinna Gulley 1891

97 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETOR 5. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.-1. Name of deceased una (1 2. Sex funale . 3. Color Whe unde 5. Married or Single 6. Date of Death .. 7. Cause of Death Sond S. Duration of last Illness M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation 10. Place of Birth Allen Care 11. Residence Mugust Stat Ward No 12. Time of Residence in the City) Name of Mother 13. When a Minor. Name of Father 14. Place of intended Interment a 15. Date of intended Interment 0 Undertaker. Date of Certificate > Residence

William M. Gulliver 1912

This Constitutes One' Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
11' in li 1 million
1. Name of deceased William M. Jullival
1. Name of deceased Halliam M. Gullions 2. Sex Mala 3. Color White 4. Age 41 yrs
5. Married or single
 Married or single Mail 16" 1917 Date of death
7. Cause of death Delering Tremes comp Promotion
 Date of death Melerium Trumo comp Printing Duration of last illness. Ten days
W To Briggs M. D.
Residence SOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Gutthe Co. My
 9. Occupation 10. Place of birth Dutth Co. My 11. Residence Paymer SOWLING GREEN. KY Ward No. 3
•
13. When a minor { Name of mother
14. Place of intended interment Fairniew Cemetery
 Place of intended interment. Max 18"19/1/ Date of intended interment. Max 18"19/1/
GERARD & GERARD. Undertaker.
Date of Certificate May 18/12 Residence OWLING GREEN.
/

Bobbie Marie Gupton 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	in the state of th
1.	Name of deceased Bobbin Marin, Supton Sectionals 3 Color White 1 Are 5 1/20.
2.	Sex Frunder 3. Color White 4. Age 5 1/20.
5.	Name of deceased Sex Junder 3. Color White 4. Age 5 yrs. Married or single Single
6.	Date of death July 78" 1907.
7.	Cause of death Diahra
8.	in as all dance
	Duration of last illness. Swann and p. U.A. Campbell, M. D.
	Residence ROWLING GREEN, KY
	itestuence
	and the providence in Relation to Decreased.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	Place of birth Logar County
10.	Residence High St. Ward No. 2"
11.	Time of mail and in the star 5 140.
14.	When a minor Name of mother Mus. Claud E. Jupton Name of father Chailes, E. Supton
13.	When a minor Name of father Chaules, & Supter
14.	Place of intended interment Fraining Cemetery
15.	Date of intended interment July 29" 1907
	OFRARD & GERARD Undertaker.
	e of Certificate July 99. "D7. Residence DOMLING GREEN.

Sarah E. Gupton 1907

<u></u>	bis Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Sarah, E. Juplin Sex Funal 3. Color White 4. Age/1 Mrs.
1.	Sex Funal 3. Color White 4. Age/1 hrs.
1	
5.	Married or single.
6. 7	Cause of death Whooping have h
7. 8.	Married or single. Date of death fully 1"17. Cause of death Whooping bong h Duration of last illness.
0.	Duration of last illness. DA, baup bill M. D. Residence
	B Gerand My
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Logar 60.
11.	Residence Ward No.
12.	Time of residence in the city 4 mmtha
	Residence Ward No. Time of residence in the city 4 <i>humtha</i> <i>Mus. blau. 6. Juptice</i> When a minor Name of mother. Name of father. Place of intended interment <i>Fairwiew Completely</i>
13.	When a minor Name of father. Chas. E. Juptin
14.	Place of intended interment Fairview Cometery
15.	Place of intended interment. July N1907
	GERARD & GERARD, Undertaker.
Date	e of Certificate fuly 1 "/"7. ResidenceOWLING GREEN, 1

Malisa Guy 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Malisa, Kuy/ Kuy
	Name of deceased fulling
2.	setemale 3. colorWhite 4. Age to 7 5%
5.	Married or Single Widow
6.	Date of death Sifet 13 - 1911
7.	Cause of death Aturte undigestion
8.	Duration of last illness feur hours
	3, S, Mutherford, M. I
	Residence Bouching Green 1
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth aller County
11.	Residence Bawling Green Ky Ward No.
12.	Time of residence in the city Nin yrans
	(Name of Mother Donat Knows
13.	When a minor Name of Father
14.	Place of intended interment Harmony Mrove Ward
15.	Date of intended interment Sigt 141-1910
	Europhan Kelly , Undertake
Date	e of Certificate Supple 14 1910 Residence B& Kup

Mary Guzlin 1879

COFFICE OF 102 JOHN C. GERARD, DIFIRMENCAUSOFIR SUMNER STREET. Bowling Green, Ky.__ 187 Many Luglin -Finale - While - 12 zeors Single July 2~ 1879 Portonitio sich four duys Allinghe mo Place of Birth Bb Ward 2000 Nam of Mother Ellen Bastin " " Hather John " Place of Interment - Catholic Cem Date of Interment July 32-79 July 2 - 1879 Kank Handertaken