

1877

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James F. Hackney 1906

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

RETURN OF A DEATH.

61

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *James F. Hackney*
2. Sex *Male* 3. Color *White* 4. Age *6 yrs.*
5. Married or single *Married*
6. Date of death *JUL 4 - 1906*
7. Cause of death *Locomotor Ataxia*
8. Duration of last illness *20 yrs*
J. W. Stone, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *La. Grange, Tenn.*
11. Residence *Main St.* Ward No. _____
12. Time of residence in the City. *Forty seven years*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *JUL 6 - 1906*
GERARD & GERARD, Undertaker.
Date of Certificate *JUL 5 - 1906* Residence *BOWLING GREEN, KY.*

Levi Hackney 1879

2

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Levi Hackney*

2. Sex *Male* . 3. Color *Black* . 4. Age *23*

5. Married or Single *Single*

6. Date of Death *August 23 1879*

7. Cause of Death *Pulmonary Consumption*

8. Duration of last Illness *one year*

J. F. McElroy, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ Ward No. *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Duplicat Print.

James Haden 1891

262 3

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *James Haden*
2. Sex *Male* 3. Color *White* 4. Age *62 years*
5. Married or Single *Married*
6. Date of Death *Feb 14th 1891*
7. Cause of Death *Heart*
8. Duration of last Illness *3 months*
J. A. Conwright, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Farmer*
10. Place of Birth *Logan County*
11. Residence *Bradway* Ward No. *1st*
12. Time of Residence in the City *4 years*
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Farmers Court*
15. Date of intended Interment *Feb 15th 1891*
File Grounds, Undertaker.
Date of Certificate *Feb 14th 91*. Residence _____

Birdie Hagan 1900

4

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 Birdie Hagan
Birdie Hagan

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

5. Married or single married

6. Date of death Oct 3 1900

7. Cause of death suicide by hanging.

8. Duration of last illness _____

coron B. H. Bullin Coroner, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth Mauroe Family

11. Residence Ky bet main + 10th . Ward No. _____

12. Time of residence in the City _____

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

14. Place of intended interment Tompkinsville Ky -

15. Date of intended interment _____

L. Hawley Payne , Undertaker.

Date of Certificate _____ Residence _____

Child of J. M. & Ella Hagan 1898

5

out of copy

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 J. M. Hagan*
2. Sex *Female* 3. Color *White* 4. Age *3 mo.*
5. Married or single *Single*
6. Date of death *July 18th 98.*
7. Cause of death *Enteric Colitis*
8. Duration of last illness *5 weeks*
C. G. M. D., M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Thompsonville Ky.*
11. Residence *Kentucky street* Ward No. *2*
12. Time of residence in the City *one month*
13. When a minor } Name of Mother *Mrs Ella Hagan*
 } Name of Father *J. M. Hagan*
14. Place of intended interment *Thompsonville Ky.*
15. Date of intended interment *July 20th 98.*
Guard & Guard, Undertaker.
Date of Certificate *July 18th 98* Residence *City*

Jennie Hagan 1900

38

6

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Jennie Hagan Hagan
2. Sex female 3. Color white 4. Age 2 yrs
5. Married or single _____
6. Date of death May 2 1900
7. Cause of death pneumonia
8. Duration of last illness _____

Dr J S M _____ M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Woodford St
11. Residence City Ward No. 5
12. Time of residence in the City _____
13. When a minor } Name of Mother Dora Hagan
 } Name of Father Geo Hagan
14. Place of intended interment Fairview
15. Date of intended interment May 3 1900

Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Infant of John D. Hagan 1908

7

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

of John D.

1. Name of deceased Infant - Hagan
2. Sex — 3. Color white 4. Age 1 mo
5. Married or single —
6. Date of death Aug 29-04
7. Cause of death Transition
8. Duration of last illness —

Dr. Meredith J. E. Meredith, M. D.
Residence —

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation —
10. Place of birth City
11. Residence — Ward No. —
12. Time of residence in the City. life
13. When a minor { Name of Mother —
Name of Father John D. Hagan
14. Place of intended interment Fairview Cem
15. Date of intended interment Aug 30-04

Hawley Payne, Undertaker.
Date of Certificate — Residence —

Roy Lee Hagan 1907

8

#309

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 *Roy Lee Hagan*

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

5. Married or single _____

6. Date of death *September 6 1907*

7. Cause of death *Infantile*

8. Duration of last illness *weeks*

Dr *Murdeth* *J. E. Murdeth* M. D.

Residence *City P*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *City*

11. Residence *Fair St* Ward No. _____

12. Time of residence in the city *life*

13. When a minor { Name of mother *Dora Hagan*
Name of father *Jno Hagan*

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Sept 8 1907*

Harvey Payne Undertaker.

Date of Certificate _____ Residence _____

Infant Child of John & Dora Hagans 1899

9

~~8~~ ~~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 *Infant Hagans*

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

5. Married or single _____

6. Date of death *Jan 31 1899*

7. Cause of death *Still Born*

8. Duration of last illness _____

Dr. Hendrick _____ *J. E. Hunter*, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *City*

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

12. Time of residence in the City _____

13. When a minor } Name of Mother *Dora Hagans*
 } Name of Father *John Hagans*

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Jan 31 1899*

Undertaker.

Date of Certificate _____ Residence _____

Virgil R. Hagerman 1897

Out City

10

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Virgil R. Hagerman*
2. Sex *male* 3. Color *white* 4. Age *24 yrs*
5. Married or single *single*
6. Date of Death *July 16 1897*
7. Cause of Death *Typhoid fever.*
8. Duration of last Illness *15 days.*

A. J. McCombs, M. D.

Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Lawyer*
10. Place of Birth *Warren County*
11. Residence *11th & Chestnut* at Ward No. *1*
12. Time of Residence in the City *1 yr*

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

14. Place of intended Interment *Mt Pleasant*

15. Date of intended Interment *July 17 1897*

Prather & Payne, Undertaker.

Date of Certificate _____ . Residence _____

Mrs. A. J. Hagey 1903

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. A. J. Hagey*
 2. Sex *Female* 3. Color *White* 4. Age *70 yrs.*
 5. Married or single *Married.*
 6. Date of death *January 6" 1903.*
 7. Cause of death *Paralysis*
 8. Duration of last illness *4 yrs.*
 Signature *Sarah J. Millard*, M. D.
 Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Huntsville Ala.*
 11. Residence *Adams Street* Ward No. *3.*
 12. Time of residence in the City. *3 yrs.*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Ogden Vault Fairview Cemetery*
 15. Date of intended interment *January 8" 1903.*
 Signature *Grand & Grand*, Undertaker.

Date of Certificate *Jan. 7" 1903* Residence _____
Remains will be shipped to Nashville Tenn. for
burial in Mt Olive Cemetery in a few weeks.
Remains shipped Mar. 11/1903 E A Grand

James Haley 1879

12

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased James Haley Haley
2. Sex Male . 3. Color Black . 4. Age 20 yrs
5. Married or Single Single
6. Date of Death March 30 1879
7. Cause of Death Consumption
8. Duration of last Illness Four Months
J. T. Melroy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ . Ward No. 7th
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____
_____, Undertaker.
Date of Certificate _____ . Residence _____

Democrat Print.

Maude C Haley 1909

13

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

RETURN OF A DEATH.

692

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Maude C. Haley.*
2. Sex *Female*
3. Color *White*
4. Age *19 yrs.*
5. Married or single *Single*
6. Date of death *Sept 10" 1909.*
7. Cause of death *Typhoid Fever*
8. Duration of last illness.....

J. H. Duncan M. D.
Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Warren County*
11. Residence *7th Street* Ward No. *2*
12. Time of residence in the city *Several Weeks*
13. When a minor { Name of mother.....
 { Name of father *Thomas Haley*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Sept. 11" 1909.*

GERARD & GERARD. Undertaker.
BOWLING GREEN, KY

Date of Certificate *Sept. 11/1909.* Residence.....

896 214
1909

Rachael Haley 1904

14

* * 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 Rachael Haley
2. Sex Male 3. Color White 4. Age 87
5. Married or Single Married
6. Date of death June 14 1904
7. Cause of death Old age and Paralysis.
8. Duration of last illness Several days
J. B. Meredith, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation Laborer
10. Place of birth Warren Co Ky
11. Residence Near Alexander Factory Ward No. 3
12. Time of residence in the city 40 years
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June 15 1904
Gerard & Gerard, Undertaker.
Date of Certificate June 15 1904 Residence _____

Ader Hall 1880

15

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 Ader Hall

2. Sex female . 3. Color african . 4. Age 8 months

5. Married or Single _____

6. Date of Death June 25th 1880

7. Cause of Death Cholera infantum

8. Duration of last Illness four weeks

C. G. Oreal, M. D.

Residence Reconia, T.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ . Ward No. 3

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Print.

Charlie Hall 1909

730 16

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

RETURN OF A DEATH.

730

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Charlie Hall

2. Sex male 3. Color leak 4. Age 24 yrs

5. Married or single Single

6. Date of death Dec. 8 - 1909.

7. Cause of death Pistol Wound

8. Duration of last illness 34 hours

J. E. Kuddace, M. D.

Residence Burdette Ave
1909

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer

10. Place of birth Warren co.

11. Residence 7 St. Ward No. 3

12. Time of residence in the City. about 10 yrs

13. When a minor { Name of Mother Ewing Hall
Name of Father Wm Hall

14. Place of intended interment at burial center

15. Date of intended interment Dec. 9 - 1909.

J. E. Kuddace Undertaker.

Date of Certificate Dec. 9 - 09 Residence Cor. 7th College St

Henderson Hall 1892

Out of town 17

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Henderson Hall*
2. Sex *Male* 3. Color *Blk.* 4. Age *3 1/2 yrs.*
5. Married or Single *Single*
6. Date of Death *Mar 24/92*
7. Cause of Death *Scrophulous*
8. Duration of last Illness _____
J. E. Mendenhall, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co.*
11. Residence *State Street* Ward No. *1st*
12. Time of Residence in the City *6 weeks*
13. When a Minor. } Name of Mother *Laura Hall*
 } Name of Father *John*
14. Place of intended Interment *Bristol Ky.*
15. Date of intended Interment *Mar 25/92*
J. W. Gerard, Undertaker.
Date of Certificate *Mar 24/92* Residence *City*

Infant Child of Henry & Addie Hall 1904

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. *of Henry + Addie*

1. Name of deceased *Infant Hall*
2. Sex *—* 3. Color *BLK* 4. Age *—*
5. Married or single *—*
6. Date of death *Nov - 14 - 1904*
7. Cause of death *new born Congenital Syphilis*
8. Duration of last illness *—*

J. H. B. *Geo. H. Blackburn* M. D.
Residence *—*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*
10. Place of birth *city*
11. Residence *Centerville* Ward No. *—*
12. Time of residence in the City. *—*
13. When a minor { Name of Mother *Addie Hall*
Name of Father *Henry Hall*
14. Place of intended interment *at Memorial*
15. Date of intended interment *Nov 14 1904*

Howard Payne Undertaker.
Date of Certificate *—* Residence *—*

Lou Hall 1893

5121/ 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 Lou Hall
2. Sex Female 3. Color Blk 4. Age 50 yrs.
5. Married or single Married
6. Date of Death May 10th / 93.
7. Cause of Death Paralysis
8. Duration of last Illness Several months
J. W. Daniels, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence 2nd Ward No. 1st
12. Time of Residence in the City 6 months
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment St. Thomas
15. Date of intended Interment _____
F. L. Guard & B... Undertaker.
Date of Certificate May 11th / 93. Residence city

Mary Francis Hall 1911

20

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

RETURN OF A DEATH.

980

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mary Francis Hall
2. Sex female 3. Color lead. 4. Age _____
5. Married or Single single
6. Date of death march 15 - 1911
7. Cause of death Premature birth 6 or 7 months
8. Duration of last illness a few days

W. A. Brugge, M. D.
Residence 102 Adams

Undertaker's Certificate in Relation to Deceased.

9. Occupation none
10. Place of birth Summit Street 326
11. Residence Summit St 326 Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother Daniel Hall
Name of Father Leonard Hall
14. Place of intended interment mt. moriah cemetery
15. Date of intended interment march 18 - 1911
J. E. Kuykendall, Undertaker.
Date of Certificate Jan. 17 1911 Residence _____
74 College Street

Nancy Hall 1880

21

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Nancy Hall*

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

5. Married or Single *Married*

6. Date of Death *Aug 4 1880*

7. Cause of Death *Consumption*

8. Duration of last Illness *Two Months*

C. K. Ornel, M. D.

Residence *3rd ward*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Tenn*

11. Residence *Mecanic Street* . 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 *Col Cemetery*

15. Date of intended Interment *Aug 5th*

H. Edwards , Undertaker.

Date of Certificate *Aug 5th 80.* Residence

Democrat Print.

Mrs. N. Hallinan 1901

22

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. N. Hallinan, Hallinan*
2. Sex *Female* 3. Color *White* 4. Age *64 yrs.*
5. Married or single *Married*
6. Date of death *Feb. 5 " 1901*
7. Cause of death *Paralysis*
8. Duration of last illness _____
J. E. Meredith, M. D.
Residence *27 Green Key*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Ireland*
11. Residence *Scott St.* Ward No. *9th*
12. Time of residence in the City. *36 yrs.*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *Feb. 6 " 1901*
Guard and Guard, Undertaker.
Date of Certificate *Feb. 5 / 1901* Residence *City*

Nathaniel Hallinan 1901

23

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.

Hallinan

1. Name of deceased *Nathaniel Hallinan*
2. Sex *Male* 3. Color *White* 4. Age *68 yrs*
5. Married or single *Widower*
6. Date of death *May 21 1901.*
7. Cause of death *Internal Thoracic Tumor*
8. Duration of last illness *2 m*
Tom W. Stroy, M. D.
Residence *Calley St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *Ireland*
11. Residence Ward No. *3*
12. Time of residence in the City.
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *May 22/1901.*
Guard and Guard, Undertaker.
- Date of Certificate *May 22/1901* Residence

Bell Hallsell 1906

This constitutes One Certificate for the Burial of a Deceased Person.

RETURN OF A DEATH.

242

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Bell, Hallsell*
2. Sex *Female* 3. Color *White* 4. Age *37 yrs.*
5. Married or single _____
6. Date of death *APR 24 1906*
7. Cause of death *Nephritis.*
8. Duration of last illness *Widow Louisville Ky.*
GERARD & GERARD, M. D.
Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *BOWLING GREEN, KY.*
11. Residence *Louisville 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 *Mt. Moriah Cemetery*
15. Date of intended interment *APR 25 1906*
GERARD & GERARD, Undertaker.
Date of Certificate *APR 25 1906* Residence *BOWLING GREEN, KY.*

Bell Hallsell 1906

FRONT. 24-1

No. 24-1

TRANSIT PERMIT.

LOUISVILLE, KY., *April 24th 1906*

Permission is hereby given to remove the remains of *Bell Hallsell*
aged *37 years* who died at *Louisville*
on the *24th* day of *April* 190*6*. The cause of death being *Chronic*
Nephritis, which is a *Non* disease, and a
Transit Permit being asked for burial at *Bowling Green Ky*
in the State of *Ky*

THIS PERMIT MUST IN ALL CASES ACCOMPANY THE BODY TO ITS DESTINATION.

NAME OF UNDERTAKER:
L D Bax

NAME OF MEDICAL ATTENDANT:
J A Acree

Signed by *M K Allen*
HEALTH OFFICER.
Geo Wilson
SEC'Y BOARD OF HEALTH.

Margaret Hamberger 1899

Insufficient Mitral valve 97 25-1

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 *Mrs Margaret Hamberger*
2. Sex *Female* 3. Color *White* 4. Age *64 years*
5. Married or single *Widow*
6. Date of death *Nov-10-99*
7. Cause of death *Insufficiency of the mitral valve
Heart Disease*
8. Duration of last illness _____
J. M. Cornack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Virginia*
11. Residence *Paris* Ward No. *1*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Fairview*
15. Date of intended interment *Nov. 12/99*
Garard & Garard, Undertaker.
Date of Certificate *Nov. 11/99* Residence _____

Margaret Hamberger 1899

70 98 25-2

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Mrs. Margaret Hamberger,
2. Sex Female 3. Color White 4. Age 64.
5. Married or single Widow,
6. Date of death November, 10th 1899,
7. Cause of death Heart disease,
8. Duration of last illness _____
J. A. Mc Coyneck, M. D.
Residence City,

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Europe,
11. Residence 927 Park Street Ward No. 1st
12. Time of residence in the City 4 years
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Fairview Cemetery,
15. Date of intended interment Nov, 12th 1899
Gerard and Gerard, Undertaker.
Date of Certificate Nov, 11th 1899, Residence City

Margaret Hamby 1893

537 26

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Margaret Hamby*
2. Sex *Female* 3. Color *White* 4. Age *54*
5. Married or single *Widow*
6. Date of Death *Aug 24th 1893*
7. Cause of Death *Pneumonia*
8. Duration of last Illness *Several months*
W. M. Clugford, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Penn*
11. Residence *Adams* Ward No. *3^d*
12. Time of Residence in the City *22 years*
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Lanier Cent*
15. Date of intended Interment *Aug 25th 1893*
H. O. [unclear] & Bro, Undertaker.
Date of Certificate _____ Residence _____

Calvin Hamilton 1910

27

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

RETURN OF A DEATH.

756

Physician's Certificate Preparatory to Burial.

1. Name of deceased Calvin Hamilton.
2. Sex Male
3. Color White
4. Age 89 yrs.
5. Married or single Widower.
6. Date of death Jan'y 24" 1910.
7. Cause of death Smility.
8. Duration of last illness.....

J. H. Blackburn. M. D.
Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Cowland Alabama.
11. Residence Clay St. Portus Addition Ward No. 2.
12. Time of residence in the city 10 yrs.
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan'y 25" 1910

GERARD & GERARD. Undertaker.
BOWLING GREEN, KY

Date of Certificate Jan. 24/1910. Residence.....

Elizabeth Hamilton 1908

557

28

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Elizabeth P. Hamilton*
2. Sex *Female* 3. Color *White* 4. Age *65*
5. Married or single *Widow*
6. Date of death *Dec 10*
7. Cause of death *Femility*
8. Duration of last illness *Three months*

John Blackburn M. D.
Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
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 *Green River Union*
15. Date of intended interment *Dec 12*

Ernest & Davis Undertaker.

Date of Certificate *Dec 11/08* Residence *B. Ky*

Mrs. V. A. Hamilton 1910

29

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

RETURN OF A DEATH.

747

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. V. A. Hamilton
 2. Sex Female 3. Color White 4. Age 47
 5. Married or single Married
 6. Date of death Jan. 8-1910
 7. Cause of death Pulmonary Tuberculosis
 8. Duration of last illness _____
 _____ M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Indiana
 11. Residence Adams St Ward No. 3
 12. Time of residence in the city _____
 13. When a minor { Name of mother _____
 { Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Jan 10-1910
GERARD & GERARD, Undertaker.
 Date of Certificate Jan-10-1910 BOWLING GREEN, KY. Residence _____

Ambros Hampton 1913

30

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

RETURN OF A DEATH.

1398

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ambros Hampton
2. Sex male 3. Color cal 4. Age 8 1/2
5. Married or Single Single
6. Date of death May 20 - 1913
7. Cause of death genital Paralysis
8. Duration of last illness _____

_____, M. D.
Residence Bowling Green 15

Undertaker's Certificate in Relation to Deceased.

9. Occupation nurse
10. Place of birth Kentucky
11. Residence 5th & 6th St. Ward No. 2
12. Time of residence in the city Don't know
13. When a minor { Name of Mother Malinda Parish
Name of Father Don't know
14. Place of intended interment Mt. Mariah
15. Date of intended interment May 23 - 1913
Jessie Kendall, Undertaker.
Date of Certificate May 21 - 1913 Residence Co. 7
4 College St.

Ben S. Hampton 1908

311

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

RETURN OF A DEATH.

407

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ben S. Hampton
2. Sex Male 3. Color White 4. Age 39
5. Married or single Married
6. Date of death July 24/08.
7. Cause of death Tuberculosis
8. Duration of last illness H. O. Wilks, M. D.
Residence Waco, Tex.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Warren Co
11. Residence Waco, Texas Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother.....
 { Name of father.....
14. Place of intended interment Fairview Cemetery
15. Date of intended interment July 29" 1908.
GERARD & GERARD Undertaker.
Date of Certificate July 28/1908. Residence ROBERTO GREEN

Ben S. Hampton 1908

31-2
10-05-12

Form 1271.

MISSOURI, KANSAS & TEXAS RAILWAY SYSTEM.
MISSOURI KANSAS & TEXAS RAILWAY CO.
THE MISSOURI, KANSAS & TEXAS RAILWAY CO. OF TEXAS
TRANSPORTATION OF CORPSES.
TRANSIT PERMIT. 846

THIS CERTIFICATE MUST BE PRESENTED TO THE LOCAL BOARD OF HEALTH FOR APPROVAL.
PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of Deceased B S Hampton Feb'y 25 1908
(If Minor give parents names also.)

Date of Death Feb'y 24 / 08

Age 39 Years 0 Months 0 Days

Place of Death Waco Texas

Cause of Death Tuberculosis

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

Residence Waco County of McLennan State of Texas M. D. or Coroner W. A. Wrenes

PERMIT OF LOCAL BOARD OF HEALTH.

This Permit must be Properly Signed, and with Physician's Certificate Presented to the Railroad or Express Agent before a body can be shipped.

In the City of Waco County of McLennan
(City or Township.)

State of Texas on the 24 day of Feb'y 1908

Permission is hereby given to remove for burial at Bowling Green
in the county of McLennan State of Ky the body of B S Hampton who died at Waco County of McLennan on the 24 day of Feb'y Aged 39 Years 0 months 0 days. The cause of death being Tuberculosis which is a Contagious or Non-Contagious disease.

Signed, K H Aynesworth President.
J R Batickey Clerk.
(If City or Town affix Corporate Seal.) Local Board of Health.

OBSERVE RULES GOVERNING ON BACK OF THIS PERMIT.
This permit and preceding Certificate must be DETACHED AND DELIVERED TO THE PERSON IN CHARGE OF THE CORPSE. (OVER.)

MSS 293
BHS

Ben S. Hampton 1908

Missouri, Kansas & Texas Railway System.
 Missouri, Kansas & Texas Railway Co.
 The Missouri, Kansas & Texas Railway Co. of Texas.

Transportation of Corpses.

TRANSIT PERMIT.

From *Waco Tex*
 To *St Louis Mo*
 State of *Mo*
 Body of *B. S. Hampton*
 Carrier

R. R.
 R. R.
 R. R.
 R. R.
 R. R.
 R. R.

DIRECTIONS.

This permit must accompany the body to its destination, and be delivered with it.

GEO. H. BOWER,
 General Baggage Agent.

RULES OF THE STATE BOARD OF HEALTH FOR THE TRANSPORTATION OF DEAD BODIES.

RULE 1. The transportation of bodies of persons dead of Diphtheria Small Pox, Asiatic Cholera, Leprosy, Typhus Fever, or Yellow Fever, is absolutely forbidden.

RULE 2. The bodies of those who have died of Anthrax, Scarlet Fever, Puerperal Fever, Typhoid Fever, Erysipelas, measles, and other contagious infectious or communicable diseases, must be wrapped in a sheet thoroughly saturated with a strong solution of bi-chloride of mercury, in the proportion of one ounce of bi-chloride of mercury to a gallon of water, and encased in an air-tight zinc, tin, copper, or lead-lined coffin, or in an air-tight iron casket, hermetically sealed, and all enclosed in a strong, tight wooden box, or the body must be prepared for shipment by being wrapped in a sheet and disinfected by a solution of bi-chloride of mercury as above, and placed in a strong coffin or casket, and said coffin or casket encased in a hermetically sealed, (soldered) zinc, copper or tin case, and all enclosed in a strong outside wooden box of material not less than one inch and a half thick.

RULE 3. In cases of contagious, infectious or communicable diseases, the body must not be accompanied by articles which have been exposed to the infection of the disease. And in addition to permit from Board of Health or proper health authority, Agents will require an affidavit from the shipping undertaker, stating how body has been prepared, and kind of coffin or casket used, which must be in conformity with rule 2.

RULE 4. The bodies of persons dead of diseases that are not contagious, infectious or communicable, may be received for transportation to local points in same State, when encased in a sound coffin or metallic case, and enclosed in a strong, wooden box, securely fastened so it may be safely handled. But when it is proposed to transport them out of the State to an Inter-state point (unless the time required for transport on from the initial point to destination does not exceed eighteen hours,) they must be encased in an air-tight zinc, tin, copper or lead-lined coffin, or an air-tight iron casket, or a strong coffin or casket encased in a hermetically sealed (soldered) zinc, copper or tin case, and all enclosed in a strong, outside wooden box of material not less than one inch thick. In all cases the outside box must be provided with four iron chest handles.

RULE 5. Every dead body must be accompanied by a person in charge, who must be provided with a ticket, and also present a full, first-class ticket, marked "corpse," and a transit permit from Board of Health, or proper health authority, giving permission for the removal, and showing name of deceased, age, place of death, cause of death, and (if of a contagious or infectious nature) the point to which it is to be shipped, medical attendant and name of undertaker.

RULE 6. The box containing corpse must be plainly marked with paper, showing name of deceased, place of death, cause of death, in addition to which certificate of attending physician, showing cause of death, must be attached to the box, the point to which it is to be shipped, number of transit permit issued in connection, and name of person in charge of the remains. There must also be blank spaces at bottom of paper for Station Agent at initial point to fill in the form and number of passage, ticket, where from, where to, and route to destination, of such ticket.

RULE 7. It is intended that no dead body shall be moved which may be the means of spreading disease, therefore all disinterred bodies, dead from any disease or cause, will be treated as infectious and dangerous to the public health, and will not be accepted for transportation unless said removal has been approved by the State Board of Health, and the consent of the health authority of the locality to which the corpse is consigned, has been first obtained, and the disinterred remains enclosed in a hermetically sealed (soldered) zinc, tin or copper-lined coffin or box, or box encased in hermetically sealed (soldered) zinc, tin or copper case.

RULE 8. No corpse must be received for transportation, even if accompanied with proper certificates, as provided for above, if fluids are escaping from the case, or if it has become offensive in any degree.

Cleaver Hampton 1904

32

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Cleaver Hampton
2. Sex man 3. Color Black 4. Age 20yr
5. Married or single Single
6. Date of death May 20 - 1904
7. Cause of death Shot.
8. Duration of last illness _____
_____ M. D.
Residence acting coroner

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence High St Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Crest Memorial
15. Date of intended interment May 21 - 1904
_____ Undertaker.
Date of Certificate _____ Residence _____

Hettie Hampton 1878

33

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Hettie Hampton*
 2. Sex *Female*. 3. Color *Black*. 4. Age *7 months*
 5. Married or Single *Single*
 6. Date of Death *over 21st 1878*
 7. Cause of Death *Dist- Fever*
 8. Duration of last Illness *3 day*
- No Physician*, M. D.
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____, Ward No. *2*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____

_____, Undertaker.
Date of Certificate _____, Residence _____

Democrat Print.

Child of Isaac & Susan Hampton 1882

34

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

RETURN OF A DEATH.

Infant of
Isaac & Susan H.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *no name Hampton*
 - 2. Sex *male* . 3. Color *BLK* . 4. Age *2 weeks*
 - 5. Married or Single *—*
 - 6. Date of Death *May 2^d 1882*
 - 7. Cause of Death *Typhoid miasmatic*
 - 8. Duration of last Illness *—*
- No physician, M. D.*
- Residence*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation *—*
 - 10. Place of Birth *Shelby Street*
 - 11. Residence *Bowling Green Ward No 2*
 - 12. Time of Residence in the City *—*
 - 13. When a Minor { Name of Mother *Susan H Hampton*
Name of Father *Isaac Hampton*
 - 14. Place of intended Interment *Colony Cemetery*
 - 15. Date of intended Interment *—*
- D. M. Carpenter*, Undertaker.
- Date of Certificate *May 3^d* . Residence *Bowling Green Ky*

Democrat Job Print

Luane Hampton 1909

35

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

RETURN OF A DEATH.

6807

Physician's Certificate Preparatory to Burial.

1. Name of deceased Luane W Hampton
2. Sex female 3. Color col 4. Age 74 yrs
5. Married or single married
6. Date of death Sept 7 - 1909
7. Cause of death Paralysis
8. Duration of last illness about 3 months
O. Roster M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
10. Place of birth Bowling Green Warren Co
11. Residence Ret. Col. + Stafford 6 St Ward No. 2
12. Time of residence in the city During life
13. When a minor { Name of mother.....
 { Name of father.....
14. Place of intended interment Int. Mariah Cemetery
15. Date of intended interment Sept. 8 - 1909
J. E. Snyder Undertaker.
Date of Certificate Sept. 8 - 1909 Residence.....
77 College St

Margaret Hampton 1891

Out of town 36

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Margaret Hampton*
2. Sex *Female* . 3. Color *White* . 4. Age *53*
5. Married or Single *Single*
6. Date of Death *Dec 31st 1891*
7. Cause of Death *Cancer*
8. Duration of last Illness *one year*
J. G. McElroy . M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Kentucky*
11. Residence *Adams Street* . Ward No. *3^d*
12. Time of Residence in the City _____
13. When a Minor.) Name of Mother _____
) Name of Father _____
14. Place of intended Interment *Banner River Church*
15. Date of intended Interment *Jan 1st 1891*
G. G. Grand , Undertaker.
Date of Certificate _____ . Residence _____

Robert Hampton 1908

37

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

RETURN OF A DEATH.

467

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Robert Hampton
2. Sex male 3. Color black 4. Age 45 yrs
5. Married or single married
6. Date of death June 4 - 1908.
7. Cause of death Pneumonia
8. Duration of last illness Two or Three Weeks
O. D. Miller M. D.
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Common Labor
10. Place of birth Bowling Green
11. Residence Tenth St Ward No. _____
12. Time of residence in the City. during life
13. When a minor { Name of Mother Luan Hampton
Name of Father Ambros Hampton
14. Place of intended interment Mt. Moriah Cemety
15. Date of intended interment June 5 - 1908.
J. C. Kuykendall Undertaker.
Date of Certificate June 5 1908 Residence Cor College St.

Sam Hampton 1899

38

~~73~~ #546

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 Sam Hampton
2. Sex male 3. Color Black 4. Age 27 yrs
5. Married or single Single
6. Date of death July 2 1899
7. Cause of death Heart Disease
8. Duration of last illness 2 mo

7 W. S.
2. P. G.

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Center St Ward No. 2
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment W. B. G. Hall
15. Date of intended interment July 3 1899

Hawley, Undertaker.

Date of Certificate _____ Residence _____

Zoella Hampton 1913

39

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

RETURN OF A DEATH.

1329

Physician's Certificate Preparatory to Burial.

1. Name of deceased Zoella Hampton
2. Sex female 3. Color col 4. Age 10 yrs
5. Married or Single single
6. Date of death Feb. 2 - 1913.
7. Cause of death S. clampsia during childbirth
8. Duration of last illness about 2 weeks
Z. H. Jones, M. D.
Residence Blount Ky
217 main st

Undertaker's Certificate in Relation to Deceased.

9. Occupation School Girl
10. Place of birth Woodbury Ky
11. Residence High St Ward No. 2
12. Time of residence in the city about 6 months
13. When a minor { Name of Mother Mattie Hampton
Name of Father Charlie Hampton
14. Place of intended interment Mt. Moriah
15. Date of intended interment Feb 4 - 1913
J. E. Humphreys, Undertaker.
Date of Certificate Feb 4 - 1913 Residence Opp. 74 College St

Mrs. William Hancock 1901

40

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs Wm Hancock.
2. Sex female 3. Color white 4. Age 31y
5. Married or single married
6. Date of death June 18 - 1901 -
7. Cause of death Consumption
8. Duration of last illness Several months

No.

Dr Grace Brown M. D.
Residence State St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

Undertaker.

9. Occupation _____
10. Place of birth Ky. Allenville
11. Residence Admas St. Ward No. 3
12. Time of residence in the City. Three years.
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June - 19 - 1901

Grace Brown, Undertaker.

Date of Certificate _____ Residence _____

Mrs. Charles E. Haner 1907

41

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Charles E. Haner* ^{Haner}

2. Sex *Female* 3. Color *White* 4. Age *35 yrs.*

5. Married or single *Married*

6. Date of death *July 25" 1907*

7. Cause of death *Septic Meningitis*

8. Duration of last illness *8 days.*

Lillian South M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Warren Co.*

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

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

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *July 26" 1907*

GERARD & GERARD Undertaker.

Date of Certificate *July 26/07* Residence **BOWLING GREEN, KY**

Michael Hanlay 1905

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 Michael Hanlay
2. Sex Male 3. Color White 4. Age 91 yrs.
5. Married or Single Widower
6. Date of death May 30 '05
7. Cause of death Old age
8. Duration of last illness _____
John E. Gray Coroner, M. D.
Residence of Warren Co.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Ireland
11. Residence State St. 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 St. Joseph Cemetery
15. Date of intended interment May 31 '05
Arant Guard, Undertaker.
Date of Certificate May 30 '05 Residence _____

Dominick Hanley 1879

43

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.

- 1. Name of Deceased *Dominick Hanley*
 - 2. Sex *Male* . 3. Color *White* . 4. Age *36*
 - 5. Married or Single *Married*
 - 6. Date of Death *Aug 18, 1879*
 - 7. Cause of Death *Valvular disease of the heart*
 - 8. Duration of last Illness *Died suddenly*
- Al Thomas*, M. D.
- Residence *B Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
 - 10. Place of Birth
 - 11. Residence . Ward No. *2*
 - 12. Time of Residence in the City
 - 13. When a Minor { *Name of Mother*
Name of Father
 - 14. Place of intended Interment *Catholic Cemetery*
 - 15. Date of intended Interment *Aug 18th 79*
- Frank Gibson*, Undertaker.
- Date of Certificate . Residence

Democrat Print.

Child of Henry Hanley 1904

44

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Henry Hanley*
2. Sex *Male* 3. Color *White* 4. Age *7 months*
5. Married or Single *Single*
6. Date of death *Mar 30, 1904*
7. Cause of death *Perasals*
8. Duration of last illness
J. H. Blackburn, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Kerty*
11. Residence *14th High* Ward No. *1*
12. Time of residence in the city _____
13. When a minor { Name of Mother *Mrs. Henry Hanley*
Name of Father *Henry Hanley*
14. Place of intended interment *Maddison Mills, Warren Co*
15. Date of intended interment *Mar, 31, 1904*
Gerard J. Gerard, Undertaker.
Date of Certificate *Mar, 31, 1904* Residence _____

Mrs. M. E. Hanley 1907

45-1

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

RETURN OF A DEATH.

263

Physician's Certificate Preparatory to Burial.

1. Name of deceased M. E. Hanley
2. Sex female 3. Color white 4. Age 65 yr
5. Married or single widow
6. Date of death July - 7 - 1907
7. Cause of death kidney trouble
8. Duration of last illness

Joe M. Ferguson M. D.
 Residence Hopkinsville Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth
11. Residence Hopkinsville 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 Lawrence Court
15. Date of intended interment July - 8 - 1907

W. H. Hanley Undertaker.

Date of Certificate Residence

Mrs. M. E. Hanley

45-2

FRONT.

No. 346

Transit Permit.

IN the town of Hopkinsville, County of Christian, 1907

Permission is hereby given to remove the remains of Mrs. M. E. Hanley
 aged 65, who died at Hopkinsville
 on the 7 day of July, 1907, the cause of death being Kidney trouble
 which is a non contagious disease, and a
 Transit Permit being asked for burial at Bowling Green
 in the State of Ky.

Name of Undertaker, WALLER & KUGLER (Signed by) J. L. Hamilton
Joe M. Ferguson, M.D. (Official title) R. C. C.
 Name of Medical Attendant, (P. O. Address)

Note Undertaker's Affidavit on Back.

BACK.

State of Kentucky, Date July 8, 1907

I Hereby Certify: That the body of Mrs. M. E. Hanley named in this
 transit permit has been prepared by me for transportation by being embalmed

(Signed) Waller P. Rogers Undertaker

State of Kentucky
 County of Christian On this 8 day of July, A. D., 1907
 before me, a Barley Matter (Notary Public, Justice of the Peace), in and for the
 County and State aforesaid, personally appeared Barley Matter
 to me known and made oath and says that all the statements contained in the foregoing are true.

Sworn and subscribed to before me, this 8 day of July, A. D., 1907

[SEAL] J. L. Hamilton
R. C. C.

Undertaker's Affidavit—Infectious or Contagious Disease.

MSS 293
E015

Child of M. J. & Mary Hanley 1896

878

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. Child of M. J. + Mary

1. Name of deceased Child of M. J. Hanley.
2. Sex Female 3. Color White 4. Age 4 yrs.
5. Married or single Single.
6. Date of Death April 16/96.
7. Cause of Death Measles after measles.
8. Duration of last Illness Eight weeks.

D. McLenahan, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence State Street Ward No. 2nd
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Mrs. Mary Hanley
Name of Father M. J. Hanley
14. Place of intended Interment St. Joseph's
15. Date of intended Interment April 17/96

F. C. Richard & Co., Undertaker.

Date of Certificate Apr 16/96 Residence _____

Child of M. J. & Mary Hanley 1898

1162 47

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL *of M. J. + Mary*

1. Name of deceased *Child of M. J. Hanley.*
2. Sex *Female* 3. Color *White* 4. Age *6 months*
5. Married or single *Single*
6. Date of death *July 29 "98.*
7. Cause of death *Strangulation*
8. Duration of last illness _____

J. B. Knight, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *State Street* Ward No. *7*
12. Time of residence in the City _____
13. When a minor { Name of Mother *Mrs. Mary Hanley "Deid"*
Name of Father *M. J. Hanley.*
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *July 30 "98.*
Gerard & Gerard, Undertaker.
Date of Certificate *July 30 "98* Residence _____

Mrs. M. J. Hanley

1160 48

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Mrs M. J. Hanley.*
2. Sex *Female.* 3. Color *White.* 4. Age *36 yrs.*
5. Married or single *Married*
6. Date of death *July, 24th 98*
7. Cause of death *Bright's disease*
8. Duration of last illness _____
T. B. Wright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Bowling Green Ky.*
11. Residence *State Street* Ward No. *2*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *July 25th 98.*
Levard & Guard Undertaker.
Date of Certificate *July 25/98,* Residence _____

Mrs. M. J. Hanley 1913

49

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

RETURN OF A DEATH.

1381

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. M. J. Hanley
2. Sex Female 3. Color White 4. Age 56 yrs
5. Married or single Married
6. Date of death Apr 24/1913.
7. Cause of death Organic Heart Disease
8. Duration of last illness 3 yrs
G. W. Stone M. D.
Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Bowling Green, Ky.
11. Residence College St. Ward No. 2
12. Time of residence in the city.....
13. When a minor { Name of mother.....
 Name of father.....
14. Place of intended interment St. Joseph's Cemetery
15. Date of intended interment Apr. 24/13.
GERARD & GERARD. Undertaker.
Date of Certificate Apr. 23/13 Residence Bowling Green, Ky.

Child of Robert & Effie Hanley 1896

924 50

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Robt Hanley*
2. Sex 3. Color *Blk* 4. Age *4 wks*
5. Married or single *single*
6. Date of Death **AUG 10 1896**
7. Cause of Death *Croup*
8. Duration of last Illness
O. D. Porter, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *City*
11. Residence *State street* Ward No. *1st*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Mrs Effie Hanley*
Name of Father *Robt Hanley*
14. Place of intended Interment *Mt Monah Cem*
15. Date of intended Interment **AUG 10 1896**
F. C. Gerard & Bro, Undertaker.
Date of Certificate **AUG 10 1896** Residence

Ruth Hanson 1911

51

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

RETURN OF A DEATH.

1088

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ruth Hanson
2. Sex Female 3. Color White 4. Age 5 Mo.
5. Married or Single Child
6. Date of death Oct 7 - 1911
7. Cause of death Inanition
8. Duration of last illness 2 1/2 months
W. J. Mastri, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Infant
10. Place of birth Louisville Ky
11. Residence Bowling Green Ward No. _____
12. Time of residence in the city 3 Mo
13. When a minor { Name of Mother Ruth Hanson
Name of Father John Hanson
14. Place of intended interment Garview
15. Date of intended interment Oct 8 1911
Brooks & Kelly, Undertaker.
Date of Certificate Oct 8 1911 Residence Bowling Green

Fannie Hardcastle 1912

52

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

RETURN OF A DEATH.

1295

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Fannie Hardcastle.
 2. Sex Female 3. Color White 4. Age 35 yrs.
 5. Married or Single Married
 6. Date of death Dec 13" 1914
 7. Cause of death Pulmonary Tuberculosis
 8. Duration of last illness 6 months
E. N. Hall, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Bowling Green.
 11. Residence Portage RR. 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 Farrar Cemetery
 15. Date of intended interment Dec. 14" 1914
GERARD & GERARD. Undertaker.
 Date of Certificate Dec. 13/14 Residence BOWLING GREEN. KY

Child of James & Fannie Hardcastle 1898

1191 53

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL *of James & Fannie*

1. Name of deceased *Child of James Hardcastle*
2. Sex *Female* 3. Color *White* 4. Age *5 mo.*
5. Married or single *Single*
6. Date of death *Sept. 9" 98*
7. Cause of death *Inanition*
8. Duration of last illness
J. E. Meredith, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *Barry Street* Ward No. *2nd*
12. Time of residence in the City _____
13. When a minor } Name of Mother *Mrs. Fannie Hardcastle*
 } Name of Father *James R. Hardcastle*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Sept 9" 98*
Edward & Edward, Undertaker.
Date of Certificate *Sept 9" 98*, Residence _____

Alex Hardie 1892

467 54

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Alex. Hardie.*
2. Sex *male* . 3. Color *Blk.* . 4. Age *28 yrs*
5. Married or Single *Single.*
6. Date of Death *Nov. 24-1892*
7. Cause of Death *Pneumonia*
8. Duration of last Illness _____
G. N. Murphy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence *Kentucky St.* Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *Nov. 25/92*
J. C. Gerard, Undertaker.
Date of Certificate *Nov 25/92* Residence *City*

Infant of Eddie Hardin 1896

55

Out of town
This constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant Hardin*
2. Sex *—* 3. Color *Blk* 4. Age *1 da*
5. Married or single *—*
6. Date of Death *Jan - 8 - 1896*
7. Cause of Death *—*
8. Duration of last Illness *—*

Buried in Country _____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*
10. Place of Birth *city*
11. Residence *center st* . Ward No. *3*
12. Time of Residence in the City *—*

13. When a Minor { Name of Mother *Eddie Hardin*
Name of Father *—*

14. Place of intended Interment *Wardburne Ky*
15. Date of intended Interment *Jan 8 1896*

Arthur A. Payne, Undertaker.

Date of Certificate _____ . Residence _____

Jennie Hardin 1898

Out of City 56

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Jennie Hardin*
2. Sex *female* 3. Color *BLK* 4. Age *12 yrs*
5. Married or single *single*
6. Date of death *March 13 1898*
7. Cause of death *Consumption*
8. Duration of last illness *Six months*
Tom W Stone, M. D.
Residence *10th St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Woodburn Ky*
11. Residence *Center St.* Ward No. *3*
12. Time of residence in the City _____
13. When a minor } Name of Mother *Linda Hardin*
 } Name of Father *Jim Hardin*
14. Place of intended interment *Woodburn Ky*
15. Date of intended interment *March 14 1898*
W. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Nannie Hardin 1905

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 *Nannie Hardin*

2. Sex *female* 3. Color *Black* 4. Age *39 yrs*

5. Married or single *married*

6. Date of death *Nov 21st 1905*

7. Cause of death *Heart Failure*

8. Duration of last illness *Wustan tuncan*

F.D. Beardan, M. D.

Residence *R*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Camels*

11. Residence *Lower Main* 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 *W. Memorial*

15. Date of intended interment *Nov 23 1905*

F. Hawes, Undertaker.

Date of Certificate _____ Residence _____

Oscar Hardin 1897

991 58

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Oscar Hardin*
2. Sex *Male* 3. Color *Blk* 4. Age *51 yrs.*
5. Married or single *Single*
6. Date of Death *March 6" 1897*
7. Cause of Death *Hemorrhage of lung*
8. Duration of last illness _____
G. N. Murphy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *Main street* Ward No. *5th*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. ^{Date} ~~Place~~ of intended Interment *Mar 7" 1897*
15. ^{Place} ~~Date~~ of intended Interment *Mt. Moriah Cem*
F. C. Guard and Bro., Undertaker.
Date of Certificate *Mar 6/97* Residence _____

Rose Hardin 1901

59

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Rosa Hardin.*
2. Sex *Female* 3. Color *Blk.* 4. Age *46 yrs*
5. Married or single *Widow.*
6. Date of death *Feb'y, 17/1901.*
7. Cause of death *Dropsy.*
8. Duration of last illness _____
J. H. Stone, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County*
11. Residence *E. Chestnut St* Ward No. *1*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Mt. Moriah, Cemetery*
15. Date of intended interment *Feb'y, 18/1901.*
Gerard T Gerard, Undertaker.
Date of Certificate *Feb'y, 18/1901.* Residence _____

Mrs. William Hardin 1903

60

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Maria Hardin*
2. Sex *Female* 3. Color *Blk* 4. Age *39 yrs.*
5. Married or single *Married.*
6. Date of death *Dec 3rd 1903.*
7. Cause of death *Chronic Bright's Disease*
8. Duration of last illness _____

N. A. Biggs, M. D.
Residence *Bohling Lane Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Tennessee*
11. Residence *Canton St* Ward No. *2*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment *Mt Moriah Cemetery*
15. Date of intended interment *Dec 4th 1903*
Edward T. Grand, Undertaker.
Date of Certificate *Dec 4th 1903.* Residence _____

William T. Hardin

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

RETURN OF A DEATH.

247

Physician's Certificate Preparatory to Burial.

1. Name of deceased Wm T Hardin
2. Sex male 3. Color white 4. Age 77 yrs
5. Married or single widow
6. Date of death June - 20 - 1907
7. Cause of death Heart trouble
8. Duration of last illness Some weeks
Halls Brigg M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth Logan co Ky
11. Residence Woodburn Ward No.....
12. Time of residence in the city not at all
13. When a minor { Name of mother —
Name of father —
14. Place of intended interment Fairview Cemt
15. Date of intended interment June 20 1907
A. Hawley Payne Undertaker.
Date of Certificate..... Residence.....

1907

Albert Harding 1906

141 62

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Albert Harding
2. Sex Male 3. Color Blk. 4. Age 45
5. Married or single Single
6. Date of death Dec 13/06
7. Cause of death Pulmonary Tuberculosis.
8. Duration of last illness.....
Frederic D. Reardon M. D.
Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Warren Co.
11. Residence Daugherty Alley 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 Mount Moriah Cemetery
15. Date of intended interment Dec 24/06
GERARD & GERARD Undertaker.
Date of Certificate Dec. 24/06 Residence BOWLING GREEN, KY

David A Harding 1906

63

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *David A. Harding*
2. Sex *Male* 3. Color *White* 4. Age *13 yrs*
5. Married or single *Single*
6. Date of death *Aug. 11 '06.*
7. Cause of death *Cardiac Valvular Lesions of heart.*
8. Duration of last illness *Lillian South*, M. D.
Residence *BOWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Winchester Ky.*
11. Residence *Nashville Pike* Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Miss Patten C. Harding*
Name of Father *J. A. Harding*
14. Place of intended interment *Foreign Cemetery*
15. Date of intended interment *Aug 17/1906.*
GERARD & GERARD, Undertaker.
Date of Certificate *Aug 11/06.* Residence *BOWLING GREEN, KY*

John W. Harlan 1912

64

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

RETURN OF A DEATH.

1205

Physician's Certificate Preparatory to Burial.

1. Name of deceased John W. Harlan,
2. Sex Male 3. Color White 4. Age 50 yrs
5. Married or Single Married
6. Date of death JUN 24 1912
7. Cause of death Gun shot wound
8. Duration of last illness 7 days.
Geo E Gray, Coroner, Warren Co, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Supt. White Stone Quarry
10. Place of birth Tenn.
11. Residence BOWLING GREEN, KY. Ward No. 1
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Nashville, Tenn.
15. Date of intended interment JUN 25 1912
GERARD & GERARD., Undertaker.
Date of Certificate JUN 25 1912 Residence BOWLING GREEN, KY

Nora Harland 1912

65

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

RETURN OF A DEATH.

1244

Physician's Certificate Preparatory to Burial.

1. Name of deceased Nora Harland
 2. Sex Female 3. Color White 4. Age 24 yrs
 5. Married or Single Single
 6. Date of death SEP - 9 1912
 7. Cause of death Pellagra
 8. Duration of last illness 3 weeks to my knowledge
G. B. Huddle, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Logan Co.
 11. Residence Main St. Ward No. 3
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Sept. 10/12
GERARD & GERARD., Undertaker.
 Date of Certificate SEP - 9 1912 Residence BOWLING GREEN, KY

Ida Harper 1898

1177 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 Ida Harper
2. Sex Male 3. Color Blk 4. Age 8 mo.
5. Married or single _____
6. Date of death Sept. 20, 1898
7. Cause of death Infantile Convulsions
8. Duration of last illness 2 months
W. P. Corbridge, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Warren County
11. Residence Seventh St. Ward No. 3d
12. Time of residence in the City one week
13. When a minor { Name of Mother Ida Harper
Name of Father _____
14. Place of intended interment County Cen
15. Date of intended interment Sept. 20, 1898
Gerald & Gerard, Undertaker.
Date of Certificate _____ Residence _____

Marion Harper 1911

67

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

RETURN OF A DEATH.

1054

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Marion Harper*

2. Sex *Male* 3. Color *White* 4. Age *67 yrs*

5. Married or Single *Widow*

6. Date of death *AUG 1 - 1911*

7. Cause of death *Cerebral Hemorrhage*

8. Duration of last illness *48 hours* *overnight*, M. D.

Residence *13 Ave*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Warren County*

10. Place of birth *Louisville Ky.*

11. Residence *Louisville 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 *Mount Olivet Cemetery*

15. Date of intended interment *Aug. 2nd 1911*

GERARD & GERARD, Undertaker.

Date of Certificate *Aug 2/1911* Residence *—*

Robert Harper 1892

504 68

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Robert Harper
2. Sex Male . 3. Color Wal . 4. Age 22
5. Married or Single Single
6. Date of Death Dec 28 1892
7. Cause of Death Hung by mob.
8. Duration of last Illness _____
E. B. Porter J. R. W. G., M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of Birth _____
11. Residence South Main . . . Ward No. 4
12. Time of Residence in the City _____
13. When a Minor.) Name of Mother J
) Name of Father _____
14. Place of intended Interment Not Memorial
15. Date of intended Interment Dec 29/92
Pratt & Payne, Undertaker.
Date of Certificate _____ . Residence _____

Harvilla, Horrace, Minnie, & Thomas Harpool 1910

69

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

RETURN OF A DEATH.

927

Physician's Certificate Preparatory to Burial.

Thomas Minnie
 1. Name of deceased *Horrace Harvilla Harpool*
 2. Sex *Female* 3. Color *Caucasian* 4. Age *55+24*
 5. Married or single *all Single*
 6. Date of death *Nov 9-1910*
 7. Cause of death *Burned in Burning House*
 8. Duration of last illness *Sudden*
 J. E. Gray Coroner W. M. D.
 Residence *Bauley Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *none*
 10. Place of birth *Bauley Green Ky*
 11. Residence *" "* Ward No. _____
 12. Time of residence in the city *Life time*
 13. When a minor { Name of mother *Lida Harpool*
 Name of father *Craig Harpool*
 14. Place of intended interment *MT Marshah cem*
 15. Date of intended interment *Nov 10-1910*
 ENOCHS & KELLEY
 _____ Undertaker.
 Date of Certificate _____ Residence *Bauley Green Ky*

Child of Sallie Harpool 1898

1129 70

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Sallie Harpool.*
2. Sex *Female* 3. Color *Blk* 4. Age *1 mo.*
5. Married or single *single*
6. Date of Death *May, 18th 1898*
7. Cause of Death *Croup*
8. Duration of last Illness
Ben L Gulliver Co., M. D.
Residence *Warren Co.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *City.*
11. Residence *Broad street* Ward No. *3rd*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Sallie Harpool,*
Name of Father
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *May, 18th 1898*
Guard & Guard, Undertaker.
Date of Certificate *May 18th 1898* Residence

William Henry Harrell 1906

71-2

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Wm H Harrell*
2. Sex *Male* 3. Color *White* 4. Age *72 yrs.*
5. Married or single *Widower.*
6. Date of death *Nov. 11 1906.*
7. Cause of death *Heart disease*
8. Duration of last illness
R. O. Tucker, M. D.
Residence *Nashville Tenn.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *Nashville Tennessee* Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment *St Josephs Cemetery.*
15. Date of intended interment *Nov. 12/1906.*

GERARD & GERARD., Undertaker.
Date of Certificate *Nov. 12/1906.* Residence **BOWLING GREEN, KY**

William Henry Harrell 1906

71-2
71-1
William Henry Harrell

TRANSPORTATION OF CORPSE.

Transit Permit No. _____
(GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased William Henry Harrell Date of Death Nov 11 1906
(If a minor, give parents' name also)

Hour of Death 4:30 a. M. Age 72 Years _____ Months _____ Days _____

Place of death 528 Second St. N. Cause of death Heart disease
which is a Heart non-communicable disease.
(Communicable or non-communicable.)

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

R. Mueller M. D. or Coroner.

Residence Nashville County of Davidson State of Tenn

PERMIT OF LOCAL BOARD OF HEALTH.

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

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

State of Tennessee on the 12 day of Nov 1906

Permission is hereby given Wiles, Wilkerson & Co Undertaker or Embalmer,
to remove for burial at Bowling Green in the County of _____
State of Kentucky the body of William Henry Harrell
who died at Nashville County of Davidson State of Tenn
on the 11 day of Nov 1906 aged 72 Years _____ Months _____ Days,
and Miss J. W. Adams is hereby authorized to accompany said remains.

(SEAL.) Signed Larkin Smith Health Officer.

#12

Child of A. B. Harris 1905

72

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of A. B. Harris.*

2. Sex *Male* 3. Color *White* 4. Age *5 days*

5. Married or Single *Single*

6. Date of death *Dec. 17" 05*

7. Cause of death *Inanition*

8. Duration of last illness _____

J. W. Stone, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *City*

11. Residence *10th St.* Ward No. *3*

12. Time of residence in the city *5 days*

13. When a minor { Name of Mother *Mrs. A. B. Harris*
Name of Father *A. B. Harris*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Dec 18" 05*

Erard & Erard, Undertaker.

Date of Certificate *Dec. 18/05* Residence _____

Cecil Harris 1908

73

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

RETURN OF A DEATH.

459

Physician's Certificate Preparatory to Burial.

1. Name of deceased Cecil Harris
 2. Sex Female 3. Color White 4. Age 8 Mo.
 5. Married or single single
 6. Date of death May 17 1908
 7. Cause of death Inter-colic
 8. Duration of last illness Tom W. Stow M. D.
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth BOWLING GREEN, KY
 11. Residence 10th Street BOWLING GREEN, KY Ward No. 2
 12. Time of residence in the city Lifes time
 13. When a minor { Name of mother Mrs. Julia Harris
 Name of father A. B. Harris
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment MAY 18 1908
GERARD & GERARD Undertaker.
 Date of Certificate MAY 18 1908 Residence BOWLING GREEN, KY

MAY 20 1908

Cinda Harris 1906

74

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Cinda Harris Harris
2. Sex female 3. Color white 4. Age 20 yrs
5. Married or single single
6. Date of death March 11th 1906
7. Cause of death Consumption
8. Duration of last illness months
J. H. Blackburn M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth County
11. Residence E. High St Ward No, _____
12. Time of residence in the City life
13. When a minor { Name of Mother Julia Harris
Name of Father J. H. Harris
14. Place of intended interment Spaker Creek
15. Date of intended interment March 11 - 1906
Harvey Bayne Undertaker.
Date of Certificate _____ Residence _____

Edmond Harris 1913

75

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

RETURN OF A DEATH.

1426

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Edmond Harris
2. Sex Male 3. Color white 4. Age 3 days
5. Married or single Inf
6. Date of death June 25 1913
7. Cause of death Strangulation or other
8. Duration of last illness 8 days
Physician W. H. Francis M. D.
Residence Gallego

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Inf
10. Place of birth Bowling Green Ky
11. Residence " " Ward No. _____
12. Time of residence in the City Lif. Time
13. When a minor { Name of Mother Eulah Harris
Name of Father J. W. Harris
14. Place of intended interment Petty Ground
15. Date of intended interment June 26 1913
Undertaker Enoch McGinnis
Date of Certificate June 26 1913 Residence B. Hill

Edna Harris 1912

76

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

RETURN OF A DEATH.

1188

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Edna Harris
2. Sex Female 3. Color White 4. Age 27 yrs.
5. Married or Single Married
6. Date of death May 7" 1912
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness 1 to 2 yrs
Dr. H. Beachbum, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Kentucky
11. Residence Near BOWLING GREEN, KY Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother Mrs. J. Carson
Name of Father J. Carson
14. Place of intended interment Fairview Cemetery
15. Date of intended interment May 8" 1912
GERARD & GERARD, Undertaker.
Date of Certificate May 8" 1912 Residence BOWLING GREEN, KY

Elmer Harris 1910

77

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

RETURN OF A DEATH.

850

Physician's Certificate Preparatory to Burial.

1. Name of deceased Elmer Harris
2. Sex male 3. Color white 4. Age 4 months
5. Married or Single single
6. Date of death June 23/1910
7. Cause of death jaundice
8. Duration of last illness _____

J. B. Meredith, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Bowling Green Ky
11. Residence " " " " Ward No. "
12. Time of residence in the city Life
13. When a minor { Name of Mother _____
Name of Father Armen Harris
14. Place of intended interment St Joseph Cem
15. Date of intended interment June 24 1910
Edw. Kelly, Undertaker.
Date of Certificate June 25-1910 Residence Bowling Green

Elvin Harris 1910

78

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

RETURN OF A DEATH.

849

Physician's Certificate Preparatory to Burial.

1. Name of deceased Elvin Harris
2. Sex male 3. Color white 4. Age 44 years
5. Married or Single single
6. Date of death June 21-1910
7. Cause of death _____
8. Duration of last illness _____

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

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Bowling Green Ky
11. Residence " " " " Ward No. _____
12. Time of residence in the city life time
13. When a minor { Name of Mother _____
Name of Father Orville Harris
14. Place of intended interment St James cem
15. Date of intended interment June 23 1910
Ericks & Kelley, Undertaker.
Date of Certificate June 22 1910 Residence B'g Ky

George Harris 1900

18 79

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased George Harris
2. Sex Male 3. Color Blk 4. Age 75
5. Married or single Married
6. Date of death Mar 5 1900
7. Cause of death Paralysis
8. Duration of last illness _____

J. D. Forster, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Deacon
10. Place of birth Kanawha Co.
11. Residence Main St. Ward No. 3rd
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Mt. Moriah Cem.
15. Date of intended interment Mar. 6/1900
Garard & Garard, Undertaker.
Date of Certificate Mar. 6/1900 Residence _____

Child of Lum Harris 1904

80

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

RETURN OF A DEATH.

Lum
Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Lum Harris*

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

5. Married or Single *Single*

6. Date of death *Aug 2 '04.*

7. Cause of death *Scarlet Fever*

8. Duration of last illness

A. G. Waight, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *City*

11. Residence *Near Sliding, Bond Factory* Ward No. *2*

12. Time of residence in the city

13. When a minor { Name of Mother *Mrs. Lum Harris*
Name of Father *Lum Harris*

14. Place of intended interment *Drakesburg Co. Warren Co.*

15. Date of intended interment *Aug 3 '04.*

Sevier & Guard, Undertaker.

Date of Certificate *Aug 3/04* Residence

Minnie Harris 1907

#160 81

— 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 Minnie Harris
2. Sex female 3. Color white 4. Age 22 yrs
5. Married or single single
6. Date of death Feb 15-07
7. Cause of death Broch pneumonia
8. Duration of last illness Two weeks
B. S. Rutherford, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "
10. Place of birth Simpson Co Ky -
11. Residence Normal Danmory Ward No. _____
12. Time of residence in the City 6 weeks
13. When a minor { Name of Mother not given
 { Name of Father James Harris
14. Place of intended interment Franklin Ky -
15. Date of intended interment Feb - 17 - 07
E. W. House & Son, Undertaker.
Date of Certificate _____ Residence Franklin Ky -

Mrs. Orville Harris 1910

82

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

RETURN OF A DEATH.

789

Physician's Certificate Preparatory to Burial.

1. Name of deceased..... *Mrs. Orville Harris*

2. Sex *Female*..... 3. Color *White*..... 4. Age *19-*.....

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

6. Date of death..... *Mch. 18th. 1910*

7. Cause of death..... *Puerperal Sepsis*

8. Duration of last illness..... *18 days*

..... *F. O'Riardon*..... M. D.

Residence..... *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation..... *-*

10. Place of birth..... *-*

11. Residence..... *-*..... Ward No.....

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

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

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

15. Date of intended interment..... *Mch. 19th. 1910*

..... *Morris Enoch*..... Undertaker. S

Date of Certificate..... Residence..... *Bowling Green Ky*

Rody Harris 1900

40 83

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Rody Harris
2. Sex Female 3. Color Blk 4. Age 75
5. Married or single _____
6. Date of death May 4th 1900.
7. Cause of death Complication of Senescence, with Old age.
8. Duration of last illness _____

_____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeeper
10. Place of birth _____
11. Residence College St. Ward No. 2nd
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Mt Moriah Cem.
15. Date of intended interment May 5th 1900.
Garard & Garard, Undertaker.
Date of Certificate May 5, 1900 Residence _____

Sarah Harris 1899

73

105

84

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Sarah Harris Harris
 2. Sex female 3. Color Black 4. Age 89 yrs
 5. Married or single widow
 6. Date of death Dec 2 1899
 7. Cause of death Pneumonia
 8. Duration of last illness 1 wk
T.W.S. T.W. Stone, M. D.
 Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence Fair Ground Ward No. _____
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment Mt Merion
 15. Date of intended interment Dec 3 1899
Blawie Pugh, Undertaker.
 Date of Certificate _____ Residence _____

Sylvester A. Harris 1911

85

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

RETURN OF A DEATH.

963

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sylvester A. Harris
2. Sex male 3. Color white 4. Age 67
5. Married or Single married
6. Date of death Jan 2nd 1911
7. Cause of death Arteriosclerosis
8. Duration of last illness Two months + 20 days
B. D. Rutherford, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Real estate
10. Place of birth Warrington County Ky
11. Residence Bowling Green Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Farrar's cemetery
15. Date of intended interment Jan 4 1911
E. M. Kelly, Undertaker.
Date of Certificate _____ Residence Bowling Green Ky

Child of Thomas & Olley Harris 1903

86

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Thomas Harris*

2. Sex *Female* 3. Color *Blk* 4. Age *3 days*

5. Married or single *single*

6. Date of death *July 31, 1903*

7. Cause of death *Duarrition*

8. Duration of last illness _____

G. C. Huddle, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *City*

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

12. Time of residence in the City. _____

13. When a minor { Name of Mother *Mrs. Olley Harris*
Name of Father *Thomas Harris*

14. Place of intended interment *W. F. Memorial Cemetery*

15. Date of intended interment *Aug 1, 1903*

Gardner & Secord, Undertaker.

Date of Certificate *Aug 1, 1903* Residence _____

Mrs. A. A. Harrison 1904

87

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. A. A. Harrison*

2. Sex *Female* 3. Color *White* 4. Age *63 yrs.*

5. Married or Single *Married*

6. Date of death *Sept 26 " 04*

7. Cause of death *Bright's Disease*

8. Duration of last illness *J. W. Struss*, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Warren Co.*

11. Residence *Chestnut St (East)* Ward No. *1*

12. Time of residence in the city _____

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Sept. 27 " 04*

Garard & Garard, Undertaker.

Date of Certificate *Sept. 27, 04* Residence _____

Bettie Harrison 1908

#519 88-1

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 *Mrs. Bettie Harrison*

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

5. Married or single *Widow of Frank Harrison*

6. Date of death *Sept 23" 1908*

7. Cause of death *Heart failure*

8. Duration of last illness

E. A. Guard, Undertaker

Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth

11. Residence *Hop Runville 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 *Union Cemetery*

15. Date of intended interment *Sept 24" 1908*

GERARD & GERARD. Undertaker.

Date of Certificate *Sept 24/1908* Residence **BOWLING GREEN, KY**

5

Bettie Harrison 1908

88-2
Harrison

CERTIFICATE OF UNDERTAKER.

Hopkinsville, Ky. Date Sept 23 1908

Name of deceased Bettie Harrison

Place of death Hopkinsville Ky

Cause of death Heart Failure

For interment at Bowling Green Ky

Name of person in charge Southern Exp Co

Number of Transit permit

Signed WALLER & ROGERS Undertaker

Hopkinsville Ky P. O. Address

The above is to be filled out by Undertaker and attached to box containing corpse.

From Hopkinsville To Bowling Green State Ky

Number of Ticket Form No. of Ticket

From to

Via R. R. Via Junction

Via R. R. Via Junction

Via R. R. Via Junction

Via R. R. Via Junction

Signed Station Agent

The above to be filled out by Agent or Baggage man at the initial point, showing description of ticket, which held by passenger in charge of corpse, exact route, and via what Junction point it reads.

James Harrison 1879

89

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased James Harrison
2. Sex male . 3. Color White . 4. Age Seven
5. Married or Single _____
6. Date of Death Oct 28 79
7. Cause of Death Inflammation of the Brain
8. Duration of last Illness Four weeks

Althomas M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth BG
11. Residence _____ Bluer . Ward No. 2
12. Time of Residence in the City _____
13. When a Minor { Name of Mother E Harrison
Name of Father Frank "
14. Place of intended Interment Nov 29th / 1879
15. Date of intended Interment Fairview Cem

Frank C. Geraner . Undertaker.
Date of Certificate Nov 28th 79 . Residence _____

Democrat Print.

Lula Nayrocken Harrison 1900

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 *Lula (Nayrocken) Harrison*
2. Sex *female* . 3. Color *white* . 4. Age *34 yrs.*
5. Married or single *married*
6. Date of death *Nov 18 1900*
7. Cause of death *Consumption*
8. Duration of last illness *3 weeks*
J.P.L. *H.P. Cortwright*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*
10. Place of birth *Warren County*
11. Residence *East Chestnut* . Ward No. *2*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Nov - 19 1900*
Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Infant of Henry & Leha Hart 1892

387 91

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

of Henry + Leha

1. Name of deceased Infant Hart

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

5. Married or Single Single

6. Date of Death Mar 1st 92

7. Cause of Death Still Born

8. Duration of last Illness

W. M. D., M. D.
Residence Imperial, Ky

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation

10. Place of Birth City

11. Residence State St . Ward No. 1st

12. Time of Residence in the City

13. When a Minor. } Name of Mother Mrs Leha Hart
 } Name of Father Henry

14. Place of intended Interment Fairview Cem

15. Date of intended Interment Mar 1st 92

J. C. Guard, Undertaker.

Date of Certificate Mar 1 - 192 Residence

Thomas E. Hart 1911

92

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

RETURN OF A DEATH.

1057

Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas E. Hart
 2. Sex Male 3. Color White 4. Age about 60 years
 5. Married or Single about 60 years
 6. Date of death July 26" 1911.
 7. Cause of death Killed by L & W R. R.
 8. Duration of last illness _____
R. S. Hunter, M. D.
 Residence Bowling Green, Warren Co.

Undertaker's Certificate in Relation to Deceased.

9. Occupation about 60 years
 10. Place of birth _____
 11. Residence _____ Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cemetery.
 15. Date of intended interment July 27" 1911.

GERARD & GERARD.

Undertaker.

Date of Certificate July 26" 1911 Residence BOWLING GREEN, KY

This Body found on L & W R. R. 1/4 Miles north of B.G. Ky. Papers found on Body indicate him to be Thos. E. Hart.

Child of W. J. Harvell 1904

93

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

of Mr. & Mrs. *Harvell*

1. Name of deceased *Child of W. J. Harvell*
2. Sex *Male* 3. Color *White* 4. Age *11 Months*
5. Married or Single
6. Date of death *Sept 29 1904*
7. Cause of death *Inanition*
8. Duration of last illness *Several Months*
A. C. Wright, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth
11. Residence *Delapfeld* Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother *Mrs W. J. Harvell*
 { Name of Father *W. J. Harvell*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Sept 30th 1904*
Gerard & Gerard, Undertaker.

Date of Certificate *Sept 30 1904* Residence

Edward Harvey 1898

1123 94

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 Edward Harvey
2. Sex Male 3. Color White 4. Age 21 yrb.
5. Married or single Single
6. Date of death Apr 30 1898
7. Cause of death Typhoid Fever
8. Duration of last illness Several days
N.C. Cartwright M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Philadelphia Pa
11. Residence Fairview Ave. Ward No. 1st
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Apr 30 1898
Edward & Guard Undertaker.
Date of Certificate Apr 30/98 Residence _____

Edwin Harvey 1913

95

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

RETURN OF A DEATH.

1424

Physician's Certificate Preparatory to Burial.

1. Name of deceased Edwin Harvey
 2. Sex Male 3. Color White 4. Age 22 yrs.
 5. Married or single Single
 6. Date of death JUN 24 1913
 7. Cause of death Hemorrhage from bowels - typhoid fever
 8. Duration of last illness 27 days -
 _____ M. D.
J. H. Blackburn
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Student
 10. Place of birth _____
 11. Residence (Tyler town Miss) Geo. Thompson's Residence on 10th St bet. Elm Park
side at St Joseph Hospital Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of mother Mrs. R. L. Harvey
 Name of father " " " Tyler town Miss
 14. Place of intended interment Tyler town
 15. Date of intended interment July 26 1913.
GERARD & GERARD. Undertaker.
Bowling Green, Ky.
 Date of Certificate JUN 24 1913 Residence _____
a student in Normal School

James W. Harvey 1904

96

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *James W. Harvey*
2. Sex *Male* 3. Color *White* 4. Age *64 yrs*
5. Married or Single *Married*
6. Date of death *June 15" 1904.*
7. Cause of death *Cancer*
8. Duration of last illness _____
J. H. Blackburn, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Dover, Delaware*
11. Residence *Fairview Ave* Ward No. *1*
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *June 16" 04.*
Edward & Leonard, Undertaker.
Date of Certificate *June 15" 04.* Residence _____

John Harvey 1898

1174

97

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *John Harvey Harvey*
2. Sex *male* 3. Color *white* 4. Age *4* *yr*
5. Married or single *single*
6. Date of death *September 4 1898*
7. Cause of death *Consumption.*
8. Duration of last illness *4 months*
Tom W. Stone, M. D.
Residence *College St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Hardin Co Ky*
11. Residence *At hand factory* Ward No. *8*
12. Time of residence in the City *year*
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *St Joseph Cem*
15. Date of intended interment *Sept 6th 1898*
J. Harvey Payne, Undertaker.
Date of Certificate _____ Residence _____

John M. Harvey 1911

98

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

RETURN OF A DEATH.

1059 (1059)

Physician's Certificate Preparatory to Burial.

1. Name of deceased John M. Harvey
2. Sex Male 3. Color white 4. Age 39
5. Married or single married
6. Date of death Aug 5 1911
7. Cause of death Valvula disease of heart.
8. Duration of last illness 1 year -
Cartwright & Heine M. D. S
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Lawyer
10. Place of birth Warren County
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 Farmwood Cem
15. Date of intended interment Aug 7 1911
Enochs & Kelly Undertaker.
- Date of Certificate..... Residence B. G. Ky

Mary W. Harvey 1908

99-1

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

RETURN OF A DEATH.

476

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary W. Harvey*
2. Sex *Female* 3. Color *White* 4. Age *50 yrs.*
5. Married or single *Married*
6. Date of death *June 17 1908*
7. Cause of death *Narrow Prostration*
8. Duration of last illness *W. R. Rickard* M. D.
Residence *Nashville Tenn*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth.....
11. Residence *Nashville Tenn.* Ward No. _____
12. Time of residence in the city.....
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *June 18/1908.*
GERARD & GERARD. Undertaker.
- Date of Certificate *June 18/08.* Residence **BOWLING GREEN, KY**

Mary W. Harvey 1908

TRANSPORTATION OF CORPSE.

Transit Permit No. _____
(GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased Mary W. Harvey Date of Death June 18 1908
(If a minor, give parents' name also)

Hour of Death 1469 M. Age 50 Years Months _____ Days _____

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

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

M. P. Richard M. D. or Coroner.

Residence West Nashville County of _____ State of _____

PERMIT OF LOCAL BOARD OF HEALTH.

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

In the City of Nashville County of Davidson
(City or town)

State of Tenn on the 18 day of June 1908

Permission is hereby given Wiley Williamson Undertaker or Embalmer,
to remove for burial at Bolton in the County of _____
State of Ky the body of Mary W. Harvey
who died at Nashville County of Davidson State of Tenn
on the 18 day of June 1908 Aged 50 Years _____ Months _____ Days _____
and E. E. Hill is hereby authorized to accompany said remains.

(SEAL.) Signed E. E. Hill Health Officer.

1816

Child of W. J. Maggie Harvey 1907

100

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.
of W. J. + Maggie

1. Name of deceased *Child of W. J. Harvey.*

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

5. Married or single *Single*

6. Date of death *JAN 19 1907*

7. Cause of death *Steel Burn*

8. Duration of last illness *J. N. Blackburn* M. D.
Residence *Bowling Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*

10. Place of birth *Bowling Green Ky.*

11. Residence *Cemetery Pike* Ward No. *1*

12. Time of residence in the city *—*

13. When a minor { Name of mother *Mrs. Maggie Harvey*
Name of father *W. J. Harvey*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Jan. 19th 1907.*

GERARD & GERARD Undertaker.

Date of Certificate *Jan. 19/07.* Residence **BOWLING GREEN, KY**

Ed. W. Haskins 1908

101

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

RETURN OF A DEATH.

343

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ed. W. Haskins
 2. Sex Male 3. Color White 4. Age 33 yrs.
 5. Married or single Married
 6. Date of death Jan 2nd 1908
 7. Cause of death Complication
 8. Duration of last illness _____
 _____ M. D.
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Jeffersonville Ind.
 11. Residence Louisville Pike Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Jan 3rd 1908
GERARD & GERARD Undertaker.
 Date of Certificate Jan 2/08 Residence BOWLING GREEN, KY.

Irving E. Haskins 1882

102

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

RETURN OF A DEATH.

Irving
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Irving E. Haskins*

2. Sex *Male* . 3. Color *black* . 4. Age *19 mo*

5. Married or Single

6. Date of Death ~~April 24~~ *May 3^d*

7. Cause of Death *Mumps*

8. Duration of last Illness *24 hours*

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Blount*

11. Residence *Green street* . Ward No *1st*

12. Time of Residence in the City

13. When a Minor { Name of Mother *Amin Haskins*
Name of Father *Edmond* "

14. Place of intended Interment *Col Cemetery*

15. Date of intended Interment *May 4th 1882*

F. L. Townsend, Undertaker.

Date of Certificate *May 3rd 82* Residence

Democrat Job Print

J. O. Haskins 1907

103

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

RETURN OF A DEATH.

183

Physician's Certificate Preparatory to Burial.

1. Name of deceased J O Haskins
 2. Sex Male 3. Color White 4. Age 55 yrs
 5. Married or single Married
 6. Date of death Mar. 18 1907
 7. Cause of death Uremic Poison
 8. Duration of last illness a J. M. G. Lormark & A. L. Wright M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth Kentucky

11. Residence Louisville Park Ward No.

12. Time of residence in the city

13. When a minor { Name of mother

{ Name of father

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Mar 19-07

Guard & Guard Undertaker.

Date of Certificate Mar 18/07 Residence

200 2311
2900

George Haslip 1908

104

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

RETURN OF A DEATH.

392

Physician's Certificate Preparatory to Burial.

1. Name of deceased Geo. Haslip Haslip
 2. Sex male 3. Color black 4. Age.....
 5. Married or single married
 6. Date of death Jan 15th 1908
 7. Cause of death Heart Failure
 8. Duration of last illness 7 years bed on bed
W. E. Gray, M.D.
 Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation Harshler
 10. Place of birth Glusport Ky
 11. Residence Banking Green Ky St. Ward No. 7
 12. Time of residence in the city Thirty five years
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment St. Maria's Cemetery
 15. Date of intended interment Jan. 16 - 1908
J. E. Kuykendall Undertaker.
 Date of Certificate Jan 16 - 08 Residence.....
7 College St.

Joseph Frank Hatcher 1906

105

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

TRANSPORTATION OF CORPSE.

Transit Permit No. _____
(GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased Joseph Frank Hatcher. Date of Death Apr 3 1906
(If a minor, give parents' name also)

Hour of Death 8.05 A M. Age 50 Years 6 Months 17 Days

Place of death 1027 Belmont Ave Cause of death Pneumonia
which is a Non-Communicable disease.
(Communicable or non-communicable.)

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

W. S. Emery M. D. or Coroner.

Residence Nashville County of Davidson State of Tenn

PERMIT OF LOCAL BOARD OF HEALTH.

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

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

State of Tenn on the 3 day of Apr 1906

Permission is hereby given Finley M Dorris Undertaker or Embalmer,
to remove for burial at Bowling Green in the County of _____
State of Ky the body of Joseph Frank Hatcher
who died at Nashville County of Davidson State of Tenn
on the 3 day of Apr 1906 Aged 50 Years 6 Months 17 Days,
and Mr E C Payne is hereby authorized to accompany said remains.

(SEAL.) Signed Laurie Smith Health Officer.

Ernest Hawkins 1899

106

~~X~~ ~~X~~ 5

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 Ernest Hawkins
2. Sex man 3. Color black 4. Age 17 yrs
5. Married or single Single
6. Date of death Jan 15 1899
7. Cause of death Meningitis
8. Duration of last illness _____
O. D. Porter M. D.
O. D. P. Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of birth _____
11. Residence Edmund + 4 St Ward No. 2
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment St Miriam's
15. Date of intended interment Jan 16 1899
Thawley Payne Undertaker.
Date of Certificate _____ Residence _____

Nannie M. Hawkins 1882

107

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 *Nannie M Hawkins*
2. Sex *Female* . 3. Color *White* . 4. Age *26 years*
5. Married or Single *Single*
6. Date of Death *Nov 8th 1882*
7. Cause of Death *Phthisis Pulmonalis*
8. Duration of last Illness *Two Years*

J. J. Townsend, M. D.
Residence *B. P. P. off.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bowling Green Ky*
11. Residence *Adams Street* . Ward No *3^o*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Fairview Cent*
15. Date of intended Interment *Nov 10th 1882*

H. A. Grand, Undertaker.
Date of Certificate *Nov 9th 1882* Residence _____

Democrat Job Print

P. B Hawkins 1893

493 108

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 *Capt P B Hawkins*
2. Sex *Male* 3. Color *White* 4. Age *76 yrs*
5. Married or single *Married*
6. Date of Death *Mar 20/93*
7. Cause of Death *Heart disease & general prostration*
8. Duration of last Illness *2 months*
H P Cortwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence *Adams St* Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Sprioview Cem*
15. Date of intended Interment *Mar 22/93*
H B Gerard & Bros, Undertaker.
Date of Certificate *Mar 21/93* Residence *City*

Eliza Jane Hawley 1901

109

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Ms. Eliza Jane Hawley*
2. Sex *Female* 3. Color *White* 4. Age *56 yrs.*
5. Married or single *Widow*
6. Date of death *Oct. 2nd / 1901.*
7. Cause of death *Exhaustion*
8. Duration of last illness
M. D. *A. S. McComack* M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Tennessee*
11. Residence *Kentucky St.* Ward No. *2*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Campbell, Tennessee,*
15. Date of intended interment *Oct. 4 / 1901*
Guard and Guard, Undertaker.
Date of Certificate *Oct. 3 / 1901* Residence _____

Philip Hay 1901

110

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 Philip Hay
2. Sex male 3. Color white 4. Age 67 yrs
5. Married or single widower
6. Date of death Oct-19-1901
7. Cause of death Rail Road Accused
8. Duration of last illness three hours
A. G. Wright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer
10. Place of birth Ireland
11. Residence Trotter St Ward No. 1st
12. Time of residence in the City one year
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Oct 20 - 1901
Guard & Guard Undertaker.
Date of Certificate _____ Residence _____

William V. Hay 1912

111

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

RETURN OF A DEATH.

1285

Physician's Certificate Preparatory to Burial.

1. Name of deceased William V. Hay

2. Sex Male 3. Color White 4. Age 38 yrs.

5. Married or Single Single

6. Date of death Nov 25/1912

7. Cause of death Chronic Interstitial Pneumonia

8. Duration of last illness _____

Fred S. Centurigh, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Warren Co. Ky.

11. Residence Courtesy Pike Ward No. _____

12. Time of residence in the city _____

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

14. Place of intended interment Harvian Cemetery

15. Date of intended interment Nov 25/1912

GERARD & GERARD. _____, Undertaker.

Date of Certificate Nov. 5/12 Residence BOWLING GREEN, KY

Child of John M. & Hettie Haydan 1907

310 112

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 John M. Haydan*

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

5. ~~Married~~ or single

6. Date of death *Sept. 11" 07.*

7. Cause of death *Premature Birth*

8. Duration of last illness

J. F. Rodgers M. D.

Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *Warren Co.*

11. Residence *" "* Ward No.

12. Time of residence in the city

13. When a minor { Name of mother *Mrs. Hettie Haydan*
Name of father *John M. Haydan*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Sept. 11/07*

GERARD & GERARD Undertaker.

Date of Certificate *Sept. 11/07* Residence *BOWLING GREEN, KY.*

Sarah J. Hayes 1910

113

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

RETURN OF A DEATH.

912

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Sarah J Hayes*
 2. Sex *Female* 3. Color *white* 4. Age *67*
 5. Married or single *married*
 6. Date of death *Oct 17 - 1910*
 7. Cause of death *Organic Heart Disease - Arterio-sclerous*
 8. Duration of last illness *2 to 3 mo*
 M. D. *Wm H Blochbum*
 Residence *#1119 State St*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *man*
 10. Place of birth *Don't know*
 11. Residence *Louisville 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 *Cove Hill Louisville*
 15. Date of intended interment *Oct 18 1910*
 Enoch Kelley Undertaker.
 Date of Certificate *OCT 24 1910* Residence *B. Kelley*

Beulah Haynes 1910

114

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

RETURN OF A DEATH.

914

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Beulah Haynes
2. Sex Female 3. Color white 4. Age 38
5. Married or single married
6. Date of death Oct 21 1910
7. Cause of death Acute Carbolic Acid
8. Duration of last illness Suicide from Carbolic acid

John E. May M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation none
10. Place of birth Warren county
11. Residence Bowling Green Ky Ward No. _____
12. Time of residence in the city one year
13. When a minor { Name of mother Don't know
 Name of father 11
14. Place of intended interment Woolburn
15. Date of intended interment Oct 22 1910

Ernest Kelley Undertaker.
 Date of Certificate OCT 21 1910 Residence Bowling Green

Mrs. John L. Haynes 1903

115

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 John L Haynes*
2. Sex *Female* 3. Color *White* 4. Age *39*
5. Married or single *Married*
6. Date of death *March 27th 1903*
7. Cause of death *Tuberculosis of Lungs*
8. Duration of last illness *Several Months*
Rilla Sewall M. D.
Residence *College St City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren Co*
11. Residence *Le Louf street* Ward No. *3*
12. Time of residence in the City. *About 2 years*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Berea Church Graveyard*
15. Date of intended interment *March 28th 1903*
Gerard T Gerard, Undertaker.
Date of Certificate *Mar 27th 1903* Residence _____

Buchard Hays

116

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

RETURN OF A DEATH.

Buchard
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Buchard Hays Hays*
 - 2. Sex *Male* . 3. Color *Black* . 4. Age *2yr 9mo*
 - 5. Married or Single _____
 - 6. Date of Death *18th October*
 - 7. Cause of Death *Hereditary Syphilis*
 - 8. Duration of last Illness *Several days*
No Physician _____, M. D.
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
 - 10. Place of Birth _____
 - 11. Residence _____ . Ward No. *2*
 - 12. Time of Residence in the City _____
 - 13. When a Minor { Name of Mother _____
Name of Father _____
 - 14. Place of intended Interment _____
 - 15. Date of intended Interment _____
- _____, Undertaker.
- Date of Certificate _____ . Residence _____

Democrat Print.

J. H. Hays 1908

117

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

RETURN OF A DEATH.

428

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. H. Hays
2. Sex Male 3. Color White 4. Age 62 yds.
5. Married or single Married
6. Date of death May 28, 1908.
7. Cause of death Pneumonia
8. Duration of last illness 7 days

Residence J. H. Satterfield, M. D.
Three Forks Warren Co.
BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer.
10. Place of birth Warren Co.
11. Residence Three Forks Warren Co Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of mother _____
Name of father _____
14. Place of intended interment Farmers Cemetery.
15. Date of intended interment May 30, 1908

E. S. + Ed. C. Satterfield Undertaker.
Date of Certificate May 30, 1908. Residence BOWLING GREEN, KY.

James Lockwood Dunaway Hays 1909

118

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

RETURN OF A DEATH.

695

Physician's Certificate Preparatory to Burial.

1. Name of deceased James Lockwood Dunaway Hays
 2. Sex Male 3. Color White 4. Age 48 years
 5. Married or single single
 6. Date of death Sept 16/09
 7. Cause of death in apoplexy
 8. Duration of last illness life time

W.R. Francis M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Bowling Green Ky
 11. Residence " " " " Ward No. _____
 12. Time of residence in the city 7 or 8 months
 13. When a minor { Name of mother _____
 { Name of father J.P. Hays
 14. Place of intended interment Farmers Cem
 15. Date of intended interment Sept 17
Morris Busch Undertaker. S
 Date of Certificate Sept 16/09 Residence Bell

William Hays 1911

119

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

RETURN OF A DEATH.

1082

Physician's Certificate Preparatory to Burial.

1. Name of deceased William J Hays
2. Sex male 3. Color White 4. Age 76
5. Married or Single married
6. Date of death Sept 19 1911
7. Cause of death Chronic Nephritis
8. Duration of last illness 11 Days
H. J. Mautts, M. D.
Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation Retired Farmer
10. Place of birth Warren County
11. Residence Bowling Green Ward No. _____
12. Time of residence in the city Two years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment Sept 20 1911
Esselberry, Undertaker.
Date of Certificate _____ Residence B. S. M.

Callie Hays 1906

120

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 Callie Hazelip
2. Sex female 3. Color white 4. Age 25 yrs
5. Married or single single
6. Date of death Aug 14 1906
7. Cause of death Typhoid Fever
8. Duration of last illness 4 weeks
J. E. Meredith, M. D.
Residence city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth not given
11. Residence Clay & Woodford Ward No. _____
12. Time of residence in the City. 3 yrs
13. When a minor { Name of Mother Elizabeth Hazelip
 { Name of Father W. T. Hazelip
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Aug 15 1906
Harvey Payne Undertaker.
Date of Certificate _____ Residence _____

John G. Hazelip 1908

121

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

RETURN OF A DEATH.

409

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John G. Hazelip
2. Sex male 3. Color white 4. Age 28 yrs
5. Married or single unmarried
6. Date of death March - 4 - 1908
7. Cause of death Chronic Dysentery
8. Duration of last illness long
J. D. Centwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Mail Carrier
10. Place of birth Edmonson County Ky
11. Residence Cor Nugent + Church Ward No. _____
12. Time of residence in the City. 2 years
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Edmonson Co Ky
15. Date of intended interment Mar - 5 - 08
Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Thomas Hazelip 1904

122

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Thomas Hazelip
2. Sex male 3. Color white 4. Age 82 yrs
5. Married or single widower
6. Date of death Sept-27-1904
7. Cause of death complications
8. Duration of last illness long time
A. T. McComack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Upper State Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment Sept 28-04
Harvey Payne, Undertaker.
Date of Certificate _____ Residence _____

Warren County, Kentucky Death Records, Box 2, Folder 5 (Hac to Haz)

Warren County, Kentucky Death Records, Box 2, Folder 5 (Hac to Haz)