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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.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Janus, F. Sargury
2 Sev 1/400 3. Color 1 4. Age 6/7.
5 Married or single Married
6. Date of death JUL 47 1906
7. Cause of death Locomoter alexia
8. Duration of last illness 20 J. Slove, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation January, January. 10. Place of birth La Gyanger, Trum.
11 Residence Macu, St. Ward No,
12. Time of residence in the City. Forty swow years
13. When a minor
Name of Father
14. Place of intended interment JUL 6-1906
GERARD & GERARD., Undertaker.
Date of Certificate JUL 5- 1906 . Residence BOWEING GREEN, KY.

Levi Hackney 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
2011	The second of the second of the city clerk for a Box and Person.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deased Levi Hackney
2.	Sex Mal . 3. Color. Black . 4. Age 23
	Married or Single Single
	Date of Death August 23 1979
7.	Cause of Death Bulmonary Consumption
8.	Duration of last Illness one year
	& Fill Eling, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	and the state of t
9.	
9. 10.	Occupation
10.	Occupation Place of Birth
10. 11.	Occupation Place of Birth Residence Ward No. 2
10.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the Sity
10. 11. 12.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the Sity When a Minor Name of Mother
10. 11. 12.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City When a Minor Name of Mother Name of Father
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City When a Minor Name of Mother Name of Father
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment Undertaker.

James Haden 1891

262
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Activity residences, activity or patter or setting or activity act
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Junes Haden
2. Sex Thale . 3. Color White . 4. Age 62 years
5. Married or Single Manued
6. Date of Death #16-14th 1891
7. Cause of Death Ward June
8. Duration of last Illness 3 Moulle
Ag Cortainfit, M.D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Harmen
10. Place of Birth Rogan County
11. Residence Braduaj Ward No 1et
12. Time of Residence in the City 4 7ec
13. When a Minor. Name of Mother Name of Father
Name of Father
14. Place of intended Interment Hanned Coul
15. Date of intended Interment, Feb 15 1891
The Line , Undertaker.
Date of Certificate Feel 14 9/. Residence

Birdie Hagan 1900

This Constitutes One	Certificate to be Returned to the City Cl	erk for a Burial Permit.
RET	URN OF A DE	ATH.
PHY	SICIAN'S CERTIFICATE PREPARATORY TO	BURIAL
1. Name of decease	d Bidie OHago	gan
2. Sex Jemale	. 3. Color arhilt.	4. Age
5. Married or sing	e married	
	Oat 3 190	
7. Cause of death	fincide by have	sins.
8. Duration of last	illness	
	Bh Culline Co	ranio Mp
	Residence	
	MANAGEMENT AND	
UNDER	TAKER'S CERTIFICATE IN RELATION TO	DECEASED.
9. Occupation		
to. Place of birth	mouroe for	7
11. Residence Ky	but main + 10 th.	Ward No.
	ce in the City	
13. When a minor	Name of Mother Name of Father	
	ed interment Tompkinwill	
15. Date of intend		
	Thaw by Nayn	, Undertaker
Date of Certificate	. Residence	e
		1

Child of J. M. & Ella Hagan 1898

Out Henry
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
With It My Marger
2. Sex Frenche 3. Color White. 4. Age 9 mile.
5. Married or single Single
6. Date of death July 18"98. 7. Cause of death Enless Colilis
8. Duration of last illness 5 Weeks
Ellymisticuel, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
to. Place of birth Thompsfind ville sty,
11. Residence Suitedly struck Ward No. 2
Name of Mother Ms Ella, Stagne
Name of Father & M. Kagoust.
14. Place of intended interment Thunfalfiles will by
15. Date of intended interment July 20 198.
Jerann X Dunn . Undertaker.
Date of Certificate 18 18 Residence

Jennie Hagan 1900

38	4
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Per	mit,
RETURN OF A DEATH.	
WHEN THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Jennie Hagan 24	egan
2. Sexpense. 3. Color white. 4. Age 2 rock	<u> </u>
1. Name of deceased Jennie Hazar H 2. Sexpunae. 3. Color white. 4. Age 2 mms. 5. Married or single	
6. Date of death May	over to the Berry
7. Cause of death 8. Duration of last illness	
Drg & m & J& Mercetts	M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Wordford St	
II. Residence Ward No.	3
12. Time of residence in the City Name of Mother Dona Hasa	س
Name of Mother Dora Haga Name of Father Jus Hagaw	
14. Place of intended interment Jairview	Maria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de
15. Date of intended interment Hay 3 1800	
Hawley Tayne. Unde	rtaker.
Date of Certificate Residence	aranner er
And the state of t	

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.
1. Name of deceased In Land Hage 1 2. Sex 3. Color white . 4. Age 1 ma
2. Sex 3. Color white 4. Age / ma
5. Married or single
6. Date of death aug 29-04
7. Cause of death humilian
8. Duration of last illness
Or mendeth J. T. Muridett, M. D.
Residence /
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence Ward No.
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father No. 2, Hague
, 14. Place of intended interment
15. Date of intended interment
Howey Day , Undertaker.
Date of Certificate . Residence

Roy Lee Hagan 1907

#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 Ray Lee Hagaw 2. Sex male 3. Color White 4. Age 6 mo 5. Married or single 6. Date of death Leptunbur 6 1907 7. Cause of death Lawrence 8. Duration of last illness Augustus M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
1:,-
10. Place of birth Only 11. Residence Fair Ward No.
12. Time of residence in the city.
13. When a minor Name of mother of the Photogram of State
14. Place of intended interment Jan William Sum Sum Sum Sum Sum Sum Sum Sum Sum Su
Date of Certificate Residence

Infant Child of John & Dora Hagans 1899

X 8 9
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased In Jan Hagano
2. Sex . 3. Color arhici . 4. Age
5. Married or single
6. Date of death 9a. 3/ 1899
7. Cause of death Still for the still for th
8. Duration of last illness I heredist I have the M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Ward No. 17
11. Residence Olay IF . Ward No. I
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 Farrier June
15. Date of intended interment 31 1855
Totarly Joyn Undertaker.
Date of Certificate Residence

Virgil R. Hagerman 1897

outery >	0
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 Virgie Rlagisman	
2. Sexonale 3. Color while 4. Age 24722	
5. Married or single Linger	
6. Date of Death July 16 1897	
7. Cause of Death Typhrid fever	
8. Duration of last Illness 16 days.	
a. 7. m and M. D.	
Residence Bool Sunk	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Tawyer	
10. Place of Birth Cramin County	
11. Residence 11 th + Chestral at Ward No.	
12. Time of Residence in the City / -	
Name of Mother	
13. When a Minor Name of Father	OH CO
14. Place of intended Interment Aut Bleacaut	30
15. Date of intended Interment July 17 1887	
Grather Hay me, 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 Mors, A. F. Hagry
2. Sex Female 3. Color, White 4. Age 70 yes.
1. Name of deceased Mors, A, F, Hugry 2. Sex French 3. Color, White 4. Age 70 yes. 5. Married or single Married.
6. Date of death January 6 / 7 / 3 .
7. Cause of death Paralysis
8. Duration of last illness 4 yes Mullevin
Bouling Fran Kel
Residence /
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Juntsville Ha
Adams Street 3
and the second s
12. Time of residence in the City. (Name of Mother
13. When a minor Name of Father
14. Place of intended interment Ogden Vault Faciocen Canalage
is. Date of intended interment farmary 8 1903.
Jeran Juna , Undertaker.
Parte of Certificate Jarry, 7"/90%, Residence Remains well be ship find to Sanwille Ferry for
Burial in Mt Olive Curitary in a few weeks
Remains shipals Mar. 11/9/19 & alfasoul
11000

James Haley 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased James Staley Haley Sex Male . 3. Color Black . 4. Age 20 yrs
2.	Sex Mal . 3. Color Black . 4. Age 20 yrs
5.	
	Date of Death Phanch 30 1879
	Cause of Death Condumption
8.	Duration of last Illness Four Mouths
	IT Melley, M.D.
	Residence
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
10.	Place of Birth
11.	Residence
12.	Time of Residence in the City
13.	When a Minor { Name of Mother
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
	ate of Certificate . Residence
D	

Maude C Haley 1909

	692		ATH.
hysician's C	ertificate Pre	paratory to	Burial.
deceased Mi	iss Marc	dr. 6. 3.	Valry. Age 19 yes
male	3. Colgr	ite.	Age 19 418
or single			
eath DAPT	10"1909	·	
death of	1 phoul a	tever	
of last illness	POX		
	J #10	nuea	M, D
	Residence	BOWLI	TO OBEEN, KY
	ertificate in P		
ion	a		
birth War	Strad	uly	
ce 7 " 6) with		, Ward No. 2
residence in the	city Deva	in Wer	Ke
. (Name o	f mother		, , ,
minor (Name o	w weeken of the partition of the partiti	nus As	terry
intended intern			
intended interm		11"1909	*************************
ficate Sups	GERARD (11/1909.	& GERAR BOW . Residence	Undertaker
	Silve	GERARD	GERARD & GERAR

Rachael Haley 1904

* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	14
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Pachall Harley	220
1. Name of deceased Pachall Hally 2. Sex Male . 3. Color White 4. Age 87	
5. Married or Single Marriel	
6. Date of death from 14 1904 and Paralysis. 7. Cause of death Old age and Paralysis.	
8. Duration of last illness of Seneral Alugs	100
8. Duration of last illness Severel deugh , M. I.),
Residence	20
Undertaker's Certificate in Relation to Deceased.	
9. Occupation Labour	
10. Place of birth Wesser to Ky	
11. Residence Yeur at handle Freedy Ward No. 3	
12. Time of residence in the city 40 flux	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment House lemeling	-
15. Date of intended interment fine 15 1904	
Gerand Tesasel, Undertaken	r.
Date of Certificate Jan 15-1904 Residence	ii.

Ader Hall 1880

6 7	
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSIC AN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	The state of the s
2.	Sex female. 3. Color africa. 4. Age & mon
5.	Married or Single
6.	57 TOTAL STATE OF THE STATE OF
7.	Cause of Death Cholory mlynlon
8.	Duration of last Illness four weeks
	Duration of last Illness four weeks. C. G. Oneal, M.
	Residence Me comic II
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
	Occupation
10. 11. 12.	Occupation Place of Birth Residence Ward No. 3 Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Residence Ward No. 3 Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Residence Ward No. 3 Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Residence Ward No. 3 Time of Residence in the City When a Minor { Name of Mother Name of Father
10, 11, 12, 13,	Occupation Place of Birth Residence
10, 11, 12, 13,	Occupation Place of Birth Residence Ward No. 3 Time of Residence in the City When a Minor { Name of Mother Name of Father
10, 111, 112, 13, 44,	Occupation Place of Birth Residence Ward No. 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment , Undertaker
10, 111. 12. 13. 4.	Occupation Place of Birth Residence Ward No. 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment
10, 111, 112, 13, 44,	Occupation Place of Birth Residence Ward No. 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment , Undertaker

Charlie Hall 1909

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased & farlie Hall 2. Sex male 3. Color leal 4. Age 24 yr
5. Married or single Single 999. 6. Date of death Rec 999. 7. Cause of death Listal Manual
8. Duration of last illness 34 Muney. 19 Muchelle, M. D. Residence Burdhylsteen
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Louise 10. Place of birth Charren Co.
11. Residence / H. Ward No. 9 12. Time of residence in the City. About 10 900
13. When a minor Name of Mother Lewing Hull Name of Father Many Hull
14. Place of intended interment week, 9—1919, 1. 15. Date of intended interment & Marchael M
Date of Certificate 12 ft. 9-19 Residence

Henderson Hall 1892

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
BETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased "Feecherson Hall.
2. Sex hale 3. Color Bl. (. 4. Age 31/2 42 6.
5. Married or Single Jeig 4. 6. Date of Death Man 32 4"/92"
7. Cause of Death San Land
8. Duration of last Illness
J. S. Mareline M. D.
Residence
9. Occupation
10. Place of Birth faller led -
11. Residence Half Street. Ward No / 2/
12. Time of Residence in the City 6 weeks
12. Time of Residence in the City 6 weeks 13. When a Minor. Name of Mother Jacua Holl Name of Father
14. Place of intended Interment Official Ry,
15. Date of intended Interment Than 25/92
J. O. Ferrey, Undertaker.
Date of Certificate Har 24/9. Residence Cety

Infant Child of Henry & Addie Hall 1904

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. of Henry + Addie
2.5.6.	Name of deceased In few Hall Sex
8.	Duration of last illness A. A. Residence Cause of death PACO Property Congruence (Space) M. D. Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation Place of birth Cily Residence Cutta Ward No,
12.	Time of residence in the City. Name of Mother Adia Hau Name of Father Hay
	Place of intended interment Date of intended interment Whit Hardy A. W. Undertaker.
Date	of Certificate . Residence

Lou Hall 1893

5121
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 Low Have
2. Sex Hundle 3. Color Blil - 4. Age 50 yro.
5. Married or single hay 10" / 93.
7. Cause of Death Carely sie
8. Duration of last Illness Secretal menchs
M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation — — — —
10. Place of Birth
11. Residence 22d . Ward No.
12. Time of Residence in the City
13. When a Minor Name of Mother Name of Father
14. Place of intended Interment Int Mouah -
15. Date of intended Interment
Date of Certificate May 11 1/19 Residence Leity

Mary Francis Hall 1911

20
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mary Transis Wall 2. Sexfimal. 3. Color Cost. 4. Age
2. Sexfimal 3. Color Col. 4. Age
5. Married or Single Single
6. Date of death march 57 Good moulk ches 7. Cause of death Prematice birth 607 7 moulk ches
7. Cause of death Oremalure Vill
8. Duration of last illness a few days
Residence / De Adams
Residence Z. C.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 71071
10. Place of birth Serveyth Street 326
11. Residence Sensith 81 326 Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Paiself Hull
13. When a minor Name of Father Learner Tyuk
14. Place of intended interment MM Morial Runda
15. Date of intended interment Mully 18 - 19/1
Date of Certificate 79, Residence
Date of Certificate Street, Residence

Nancy Hall 1880

This Constitutes ONE CERT	IFICATE to be returned to the City Clerk for a BURIAL PERMIT.
RETU	RN OF A DEATH.
PHYSICIAN'S CER	TIFICATE PREPARATORY TO BURIAL.
1. Name of Deceased	None Hall
2. Sex fimale.	3. Color Copper. 4. Age 2 5
5. Married or Single &	Married
	uy 4 1 8 80
	Consumtion
8. Duration of last Illness	twee Months
	M. Oned, M. D.
Res	sidence 30 word
1000	
UNDERTAKER'S CEI	RTIFICATE IN RELATION TO DECEASED.
9. Occupation	
11. Residence Mecce	wie Shif. Ward No. 3
12. Time of Residence in the	e City
13. When a Minor \{ Name of	f Mother
13. When a Minor Name of	f Father
14. Place of intended Intern	nent Of Court
15. Date of intended Intern	nent Aug 5-12
S. C.	Moldings . Undertaker.
Date of Certificate	Residence
	parallel account of the second
	Democrat Print,

Mrs. N. Hallinan 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mes N, Saylinan, Halling 2. Sex Friedly . 3. Color Shile . 4. Age 64 yes, 5. Married or single Married.
6. Date of death Haby, 5"1901,
7. Cause of death Gualgrus 8. Duration of last illness Mouradith , M. D. Residence B June Kry
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
9. Occupation 10. Place of birth lufacely, 11. Residence Scott St. Ward No., 9 11. 12. Time of residence in the City. 36 yes.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Faby 6"1901, 15. Date of intended interment Faby 6"1901, Lyand and Grand . (Undertaker.
Date of Certificate Fuby, 5/1901, Residence bity

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 Nathanier Hallinger 2. Sex Wale 3. Golor White 4. Age 68 yes 5. Married or single Willower
6. Date of death May 21 1901.
7. Cause of death Inluming should come 8. Duration of last illness 2 mm Jone Westing, M. D.
Residence Calley Sf.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
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 of your way
Date of Certificate May 21/90/ Residence.

Bell Hallsell 1906

Some July Policenstitutes One Cerally, 1920 J. S. Corpe St. Phys. Sec. 25 5 5 5 5 2 Burlet Pormit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Brw, Hallyll 2. Sex Januar 3. Color Hally 4. Age 37 yrb. 5. Married or single 6. Date of death APR 24 1906 7. Cause of death Aphrilis. 8. Duration of last illness Number January (LAVELE) & CLAVELED & CLAVELED, M. D. Residence BOWLING GREEN, KY.
9. Occupation 10. Place of birth BOWLING GREEN, KY. 11. Residence Ward No.
11. Residence Louisville Ry . Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Mr. Moreal Junior
15. Date of intended interment APR 25 1906 GERARD & GERARD, Undertaker.
Date of Certificate APR 25 1906 . Residence BOWLING GREEN, KY.

Bell Hallsell 1906

1		FRONT. 24-1	
	> 7	TRANSIT PERMIT.	
Naco los	OMPA	LOUISVILLE, KY., april 24th 1906	12
	ACC	Permission is hereby given to remove the remains of Bell Hallsell	- 4
	ASES	aged 37 years who died at Louisville	
1	AUL C	on the 24th day of april 190 le. The cause of death being Chronic Nehhits , which is a Non disease, and	
	TIOT	Transit Permit being asked for burial at Bowling Green Ky	a
	BODY	in the State of Ky	
1	THE	NAME OF THOUSATAKER Signed by	-
	E S	NAME OF MEDICAL ATTENDANT: NAME OF MEDICAL ATTENDANT: NAME OF MEDICAL ATTENDANT:	
Pacter	F	Ja acree Jeo Wilson X SECY BOARD OF HEALTH.	y
9			1

Margaret Hamberger 1899

susuffice mitral valve . 97 3	5-1
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 MM Maryant Hamberger 2. Sex Demace 3. Color White. 4. Age 64 year	
	-
5. Married or single Didni.	
6. Date of death Northigroy of the mitial balor	
7. Cause of death Acast Disease	
8. Duration of last illness	
8. Duration of last illness JAME Connack. M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Virginia 11. Residence Jack . Ward No.	
ro. Place of birth largeria	
11. Residence JAM . Ward No.	
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father	
Name of Father	
14. Place of intended interment Tary View	
15. Date of intended interment	
Guard Frank, Undertaker.	
Date of Certificate / // 9.9 Residence	
/	
	15

Margaret Hamberger 1899

700,98 25-3
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 Man, Mangrah, Nambergel, 2. Sex Francisco. 3. Color Mile . 4. Age 64. 5. Married or single Widow, 6. Date of death November, 10" 1899. 7. Cause of death Neart deasser. 8. Duration of last illness A. M. D. Residence Oily
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Curope. 11. Residence 927 Park, Shireh. Ward No. 1. 12. Time of residence in the City 4 years 13. When a minor Name of Mother Name of Father 14. Place of intended interment Fairvirin Curvety, 15. Date of intended interment for, 12" 1899 Grand and Grand, Undertaker. Date of Certificate And 11" 1899, Residence City
A CONTRACTOR OF THE PROPERTY O

Margaret Hamby 1893

53	D = 5
Thi	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
*	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
ı. 1	Name of deceased Marcunt Hourty
2. 5	Sex franch 3. Color Whith 4. Age J4
5. 1	Married or single Widow,
6. I	Date of Death Quy 24th 1893
7. (Cause of Death' Party
8. 1	Duration of last Illness June Imonthy
	Will Charles M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
0. (Occupation
	Place of Birth Penn
	Residence Holaurs . Ward No. 3
	Time of Residence in the City 22 years
12.	Name of Mother
13. 1	When a Minor }
	Name of Father Place of intended Interment Harrien Court
	Q 1.13 1000
15. 1	Date of intended Interment Clug LS -1893 HOllerad Tho, Undertaker.
Date	of Certificate Residence

Calvin Hamilton 1910

-	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 2. 5. 6. 7. 8.	Name of deceased balvin, Aparithm. Sex Mall 3, Color hit 4. Age 89 yrs. Married or single Miloner Date of death fany 24" 1910. Cause of death Smility. Duration of last illness M. Blackburn, M. D. Residence Bowling Gram, M. D. Residence Bowling Gram, M. D.
9.	
	Occupation
10.	Occupation Place of birth Courthand Alabama.
10. 11.	Occupation Place of birth Contland Alabama. Residence Clay St. Portus Addition Ward No. 2.
10.	Time of residence in the city / 0 yrs
10. 11.	Time of residence in the city / 0 yrs
10. 11. 12.	When a minor Name of mother Name of father
10. 11. 12. 13.	When a minor Name of mother Name of father. Place of intended interment.
10. 11. 12.	Time of residence in the city / o yro When a minor Name of mother Name of father Place of intended interment Jany 25"1910 GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14.	When a minor Name of mother Name of father Place of intended interment Name of father
10. 11. 12. 13. 14.	Place of intended interment Jany 15"1910 GERARD & GERARD. Undertaker. BOWLING GREEN. KY

Elizabeth Hamilton 1908

# 557					
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.					
RETURN OF A DEATH.					
RETURN OF A DEATH.					
Physician's Cartificate Properatory to Buriel					
Physician's Certificate Preparatory to Burial.					
1. Name of deceased Elizabeth PHamilton					
1. Name of deceased Elizabeth PHassilton 2. Sex June 3. Color White 4. Age 65					
5. Married or single Willow					
6. Date of death Die e 10					
7. Cause of death Femility					
8. Duration of last illness three Issanth					
Jahr Blackburn M. D.					
Residence Barreny Green Kn					
Undertaker's Certificate in Relation to Deceased.					
9. Occupation					
10. Place of birth					
11. Residence Sausay Green / Cy Ward No					
12. Time of residence in the city.					
13. When a minor Name of mother Name of father					
(Name of father					
19 15					
15. Date of intended interment () Undertaker.					
Date of Certificate Dec// 18 Residence B. Huy					
nesidence.					

Mrs. V. A. Hamilton 1910

99				
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.				
RETURN OF A DEATH.				
Physician's Certificate Preparatory to Burial.				
1. Name of deceased Ms. V. A. Autullate 2. Sexetimate 3. Color Phile 4. Age 4.7 5. Married or single Manuel 6. Date of death fact, 8-1910 7. Cause of death Dunnonary Subtractions 8. Duration of last illness Residence Undertaker's Certificate in Relation to Deceased.				
9. Occupation				
10. Place of birth Judiana				
11. Residence Udaus 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 Sarrace Occutery				
15. Date of intended interment				
Date of Certificate AW-10-1910 Residence 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 Cambrer Monton
1. Name of deceased Cambring Humpton 2. Sex mule 3. Color Que 4. Age 8 \$
5. Married or Single Single
6. Date of death may 20 - 1918.
7. Cause of death General Printysis
8. Duration of last illness
U. Z. Fostin , M. D.
Residence Bowling Green 15
Undertaker's Certificate in Relation to Deceased.
9. Occupation hore
10. Place of birth Lintucky 11. Residence 5t 5t Ward No. 3
0 1 5
12. Time of residence in the city hours forms of Name of Mother malinda Parish
13. When a minor Name of Father Pourt Round
14. Place of intended interment ms. marial
15 Date of intended interment Mass 25 - 1913
JELKing Bindau, Undertaker.
Date of Certificate May 2/-193 Residence Con 7
+ calle ge St.

Ben S. Hampton 1908

311					
Phis Constitutes One Certificate to be Retailed to the City Clerk for a Burial Permit.					
RETURN OF A DEATH.					
Physician's Certificate Preparatory to Burial.					
1. Name of deceased Ban S. Afague ton					
1. Name of decleased 10 2 2 Sex Maly 3. Color White 4. Age 39. 5. Married or single Manney 1 4 6. Date of death Tuby 1408. 7. Cause of death Tuby Substitutions					
5. Married or single Manning					
6. Date of death July 1408.					
7. Cause of death Jubirculosis					
8. Duration of last illness # 0, Wilks, M.D.					
M. D.					
Residence Waco, Jay					
Undertaker's Certificate in Relation to Deceased.					
Total of the second of the sec					
9. Occupation					
10. Place of birth farm Cd					
11. Residence Wall, Jux as Ward No.					
12. Time of residence in the city					
13. When a minor \ Name of mother					
(Name of father.					
14. Place of intended interment The hand part of the p					
15. Date of intended interment July 1998;					
15. Date of intended interment.					
GERARD & GERARD Undertaker.					
Constant of Constant					
Fulnas Laus GERARD Undertaker.					
Fulnas Laus GERARD Undertaker.					
Fulnas Laus GERARD Undertaker.					

Ben S. Hampton 1908

	Form 1271.	10-05
MISSOURI.	KANSAS & TEXAS RAILWAY SYSTEM	M.
	MISSOURI, KANSAS & TEXAS RAILWAY CO. THE MISSOURI, KANSAS & TEXAS RAILWAY CO. OF TEXAS	
	TRANSPORTATION OF CORPSES.	
	TRANSIT PERMIT 8 76	
THIS CERTIFICATE		AL.
	PHYSICIAN'S OR CORONER'S CERTIFICATE.	
	deby 28	1908
Name of Deceased	DD Lampton	
	(If Minor give parents names also.) Febru 2.4/08	
Date of Death		
Age	Years Months	Days
Place of Death	Wice Olexas	
Cause of Death	Julierculasis	
I hereby certify that	the above is true to the best of my knowledge and belief.	
1110	Wolwekes M. D. or	Coroner.
Residence Waco	County of McLennan State of Jexas	
- management	PERMIT OF LOCAL BOARD OF HEALTH.	MATERIAL CONCENSION
This Permit must be Proper	rly Signed, and with Physician's Certificate Presented to the Railroad or Expr	ess Agent
In the City	of Contract of Me Lennan	/
In the City of Tranship.)	2.4" Fohr	8
Ditte of minimum is a similar	Bulling	1909
	en to remove for burial at South	
in the county of	B D Stamotin	e body of
lvae	me Leman 24"	o died at
TO	County of John County on the	······
day of	Aged Tears months days. The	
death being	Which is a Contagions of Jon Consugions	diséase.
1944 1		esident-
(If Cky or Town Corporate Sea		Clerk.
	IING ON BACK OF THIS PERMIT. Local Board of Health. ertificate must be DETACHED AND DELIVERED TO THE PERSON IN CHARGI	EOFTHE
	CORPSE.	(OVER.)

Ben S. Hampton 1908



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 these who have died of Anthrax, Scarlet Fever, Puerp ral Fever, Typhoid Fever, Eryspelas, measles, and other contagious infectious or communicable diseases, must be wrapped in a sheet thoroughly saturated with a strong solution of bischloride of mercury, in the proportion of one ounce of bischloride of mercury to a gallon of water, as demeased in an air-tight zinc, tile, copper, or lead-lined coffin, or in an air-tight iron casket, hermetically scaled, and all enclosed in a strong tight wooden box, or the body must be piepszed for shipment by being wrapped in a sheet and shiptered by a solution of bischloride of mercury as above, and placed in a strong coffin or casket, and said coffin or casket each sid in a hermetically scaled, (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.

Strong outside wooden box of material not less than one inch and a h.ff thick,

RUE 3. In cases of contagious, infectious or con manicable 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 anthority. Agents will require an affidavit from the shipping undertaker, stating bow body has been prepared, and kind of ceffin or cask t used, which must be in conformity with rule 2.

RUE 4. The bodies of persons de de of dise sest that are not contagious, infections communicable, may be received for transportation to local points in same State, when encased in a sound coffin or metallic case, at dencioses in a strong, wooden box, securely fastened so it may be safely hendled. But when it is proposed to transport them out of the State to an interstate point (unless the time required for transportation from the initial point to destination does not exceed eighteen hours,) they must be encased in an interight inc, tim, copper or lead-lined coffin, or one in-tight from casket, or astrong coffin creask to make in a hermitically seaded (sed erec) sinc, copper or time asset, 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 prevised with four iron cheat handles.

RUE 5. Every deed body must be accompanied by a person in charge, who must be provided with a teket, and also present a full, first-class tilet, marked

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 tilket, marked "corpse," and a transit permit from Board of Health, or proper health authority, civing 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 a tendant and name of undertaker.

RULE 6. The box containing corpse must be plainly marked with paster, showing name of deceased, place 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 paster 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 disintered bodies, dead from any disease or cause, will be treated as infections and dancerous to the public health, and will not be a copted 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 disintered remains enclosed in a hermetically scaled (soldered) zinc, the or copper-lined coffiner box, or how one at all in hermetically scaled (soldered) zinc, the or copper-lined coffiner box, or how one at a line in hermetically scaled (soldered) zinc, the or copper-lined coffiner box, or how one at a line in hermetically scaled (soldered) zinc, the or copper-lined coffiner box, or how one at a line in hermetically scaled (soldered) zinc, the or copper-lined coffiner box, or how one at a line in the form.

in a hermetically scaled (soldered)zine, the or copper-lined coffin or box, or box one a clinhermetically scaled (soldered)zine, the or copper c sc.

RULE S. 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
A700-	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	DUNCHANG CERTIFICATE DEPARTMENT TO DURING
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased bleaver Lampton
2.	Sex mac. 3. Color Black. 4. Age 2011. Married or single Lingle
5.	
6.	Date of death May 20, 1904
7.	Cause of death Shot.
8.	Duration of last illness
3r	EANOUNE GING , M.D.
) -	Residence acting corrower
	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
15.	Date of intended interment 21-1504
	Howay 12, Undertaker.
Dat	e of Certificate Residence
72	

Hettie Hampton 1878

			33
No.		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
	1.	Name of Deceased Hettie Hamplice Gample	Har
	2.	Sex Fundle. 3. Color Black. 4. Age 7 Westell	-
	5.	Married or Single Andle	
	6.		
	7.	Cause of Death Derel - Errer	
	8.	Duration of last Illness 3 clay	
		To Physicalar. M. D.	
		Residence	
		UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	9.		
	10.		
	11.	Residence	
	12.		
		(Name of Mother	
	13.	When a Minor { Name of Father	
	14.	Place of intended Interment	
	15.	Date of intended Interment	lants.
		, Undertaker.	
10	D	ate of Certificate . Residence	
100			
		Democrat Print.	

Child of Isaac & Susan Hampton 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH. That of Tsage + Susan
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased no nous Hampto
2.	Sex mull. 3. Color BUC. 4. Age 2 wirtes
5.	Married or Single —
6.	Date of Death May 2 1882
7.	Date of Death May 2 - 1882 Cause of Death Zourus Maracustine
	Duration of last Illness
0.	no physicio. M. U.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	
	Occupation
10.	Place of Birth Shills State 1
10. 11.	
11.	Place of Birth Sully State Ward No 2
	Place of Birth State State Ward No 2 Time of Residence in the City
11. 12.	Place of Birth State State Ward No 2 Time of Residence in the City
11. 12. 13.	Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father Saace Name of Father
11. 12. 13.	Place of Birth Residence Ward No 2 Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Name of Level Cells Place of intended Interment
11. 12. 13.	Place of Birth Residence Ward No 2 Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment
11. 12. 13.	Place of Birth Residence Ward No 2 Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment Undertaker.
11. 12. 13. 14.	Place of Birth Residence Ward No 2 Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment

Luane Hampton 1909

35
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased X MANN Hamfaton 2. Sex Limal 3. Color Col. 4. Age 74 fro 5. Married or single married
2. Sex Lunal 3. Color Cal. 4. Age 74 grs
5. Married or single married
6. Date of death Lept 7 - 1909
7. Cause of death Yaralaris
8. Duration of last illness about 3 months
Of Roster M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
\(\frac{1}{2}\)
9. Occupation Vausekeeper
10. Place of birth Buwling Green Starrer Co.
11. Residence Bet Cal + Staff on 6 8 Ward No. 2
12. Time of residence in the city Ling Life
13. When a minor
(Name of father.
14. Place of intended interment Infi murah Cemetry
15. Date of intended interment Sept. 8 - 1909
La El Dall Undertaker.
Date of Certificate Adolf 7-199, Residence
Tokege 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 Marjant Haufson	
2. Sex Junel . 3. Color Whit . 4. Age 53	
5. Married or Single Jull	
6. Date of Death Sec 3/4/89/	
7. Cause of Death Cauces	
8. Duration of last Illness The year	
8. Duration of last Illness The year General M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Kentucky 11. Residence addisses Sheet, 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 Bauer River Church	
15. Date of intended Interment Jun 121891	- THE CO.
469 Joseph, Undertaker.	
Date of Certificate Residence	

Robert Hampton 1908

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 Hamptone
2. Sex male . 3. Color black. 4. Age 45 gro 5. Married or single marced
6. Date of death freme 4 - 908. 7. Cause of death fremonia 8. Duration of last illness free free free free free free free f
Residence Bowthy Green Ky
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Common Lake 10. Place of birth Daw Ling Green 11. Residence Firsth St. Ward No.
12. Time of residence in the City. during life
13. When a minor Name of Mother Luashn Nampton Name of Father Suchroo Hampton 14. Place of intended interment Mf. mariah Curuty
15. Date of intended interment first 5-1908. New Kerr dall Undertaker.
Date of Certificate Julie 1908. Residence Con Julie St.

Sam Hampton 1899

13 45 46 38
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
AND
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Sam Sampston
2. Sex male. 3. Color Black. 4. Age 27 yre
5. Married or single Rugerus
6. Date of death 2 1885
7. Cause of death Neart Dize Gal
8. Duration of last illness 2 mg 7 W . S J. W. Slave , M. D.
7. W. S. M. D. Residence culling 2t
Kesidence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
· to. Place of birth
11. Residence Centre II. 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 Luly 3 1899
Mawly an Undertaker.
Date of Certificate Residence

Zoella Hampton 1913

P P This	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
R	ETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. Na	me of deceased 3 vella Humpton
2. Se:	final 3. Color Col 1 Age 15 yrs
5. Ma	rried or Single Ling le
6. Da	te of death Gel 2- 1913.
	use of death & clampore during Childbirth
8. Du	ration of last illness Wort 2 neeks
	M. D.
	Residence Blorum Ky
	Undertaker's Certificate in Relation to Deceased.
9. Oc	cupation School Girl
	ace of birth If solling Thy
	sidence High Sh Ward No. 2
	ne of residence in the city aleus 6 months
- 4	(Name of Mother mallie Humplan
13. WI	nen a minor Name of Father Churchie Hampton
14. Pla	ace of intended interment Mf. murish
15. Da	te of intended interment / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	LEATHING July, Undertaker.
Date of	Certificate Take 4 - 19/3 Residence
Do	7.77 Callege St

Mrs. William Hancock 1901

ACTORNO	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of deceased me wow flancock.
2.	Sex female 3. Color while 4. Age 314
5.	Married or single manis
6.	Date of death 18- 1901-
7.	Cause of death Consumption
8.	Duration of last illness Leveral hoth
	Du Grow Brown M. D.
	Residence State St.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. $U_{ndert_{nk}}$
9.	
10.	Occupation
11.	Occupation Place of birth Ky. achuville
II.	Place of birth Ky. aclumville Residence adman St. Ward No. 3
12.	Place of birth My. Achimical Ward No. 3 = Time of residence in the City. Thru year.
12.	Place of birth Ky. aclumville Residence adman St. Ward No. 3
12.	Place of birth My. Achinicile Residence Adman S.F. Ward No. 3 = Time of residence in the City. Three year. When a minor
12. 13.	Place of birth My. Achinical Ward No. 3 = Time of residence in the City. Three year. When a minor Name of Mother Name of Father
12. 13. 14. 15.	Place of birth
12. 13. 14. 15.	Place of birth

Mrs. Charles E. Haner 1907

0 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. lehas 6. Haner 2. Sex Finnals 3. Color 4. Age 35 yrs, 5. Married or single Manney.
2. Sex filled 3. Color (4. Age 3.) 45. 5. Married or single Maniety, 6. Date of death fully 25"/9" 5"
5. Married or single fully 25"/9" \$6. Date of death Subtle Munification of last illness 8 days. 8. Duration of last illness 8 days. M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Jaurn 10. 10. Place of birth Jaurn 11. 11. Residence Status F. Word No.
10. Place of birth 1. Residence Status 1. Ward No. /
12. Time of residence in the city
13. When a minor Name of mother
14. Place of intended interment Fully 26" 1901
Date of Certificate Tuby 26/07, Residence OWLING GREEN, KY

Michael Hanlay 1905

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1.	Name of deceased Michial Statetting
2.	Sex Male . B., Color While 4. Age 91 912
5.	Married or Single Willows
6.	Date of death May 30" 05
7.	Cause of death Old age,
8.	Duration of last illness
	John O Fray Garonov, M. I
	Residence of Warren Kon,
	Hadadakada Carifo a a Palairan Palairan
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
0.	Occupation Justine
0. 1.	Occupation Place of birth Julianily State 36
0, 1, 2,	Occupation Place of birth Residence Time of residence in the city (Name of Mother
0, 1, 2,	Occupation Place of birth Julaud Residence State St. Time of residence in the city.
0. 1. 2. 3.	Occupation Place of birth Residence State Ward No. Time of residence in the city When a minor Name of Mother
0. 1. 2. 3.	Occupation Place of birth Residence Time of residence in the city Ward No. Ward No. Time of residence in the city Name of Mother Name of Father Name of Father
0. 1. 2. 3.	Occupation Place of birth Residence Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Many 21' 25
4 . 5 .	Occupation Place of birth Residence Ward No Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Name of Father Name of Father Place of intended interment Name of Father Place of intended interment Name of Father Name of Father
0. 1. 2. 3. 4.	Occupation Place of birth Residence Ward No Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment May 31"05 May 440 0"40 5" Undertaken

Dominick Hanley 1879

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.
1.	Name of Deceased Dominiek Hauley Sex mule . 3. Color White . 4. Age 36"
2.	Sex mules . 3. Color Shele . 4. Age 36"
5.	Married or Single manue.
6.	Date of Death aug 18,787 9
7.	Date of Death Ought, 787 9 Cause of Death Valuer disease of the heart
8.	Duration of last Illness Dried Andduly Robbonus, M. D.
	alchomus , M. D.
	Residence BGrien 19
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
	Place of Birth
11.	Residence
	Time of Residence in the City .
13	When a Minor { Name of Mother
10.	
14	Place of intended Interment Outholio Emeloy
L. A.	Date of intended Interment auf 18 m 79
15.	1 1/1 /1
	Frank Obrag . Undertaker.

Child of Henry Hanley 1904

	RETURN OF A DEATH.	
	ABTORN OF TERESTINE	
	Physician's Certificate Preparatory to Burial.	
	11:11:11:11	
1.	Name of deceased landay framey standing	
2.	Sex dale 3. Color Mule 4. Age 7 months	Ch
5.	Married or Single Snigle.	
6.	Date of death 20" 1904,	
7.	Cause of death Manual	
8.	Duration of last illness	
	& St. Blackburn, M. I	D.
	Residence	
	Undertaker's Certificate in Relation to Deceased.	
q		
9.	Occupation Leity	
10.	Occupation Place of birth	
10. 11.	Occupation Place of birth Residence / 4 th Thigh Ward No. /	
10.	Occupation Place of birth Residence / 4 the pregn Residence in the city Time of residence in the city Many Hamles	
10. 11. 12.	Occupation Place of birth Residence / # The Thegh Residence in the city Ward No. / Time of residence in the city When a minor Name of Mother Ward No. /	
10. 11. 12.	Occupation Place of birth Residence / # The place ward No. Time of residence in the city When a minor Name of Mother Name of Father Manual Common Mother Manual Common	
10. 11. 12. 13.	Occupation Place of birth Residence / # The place ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Mandaisma Mills, Hauran Mandaisma Mills, Hauran	- 6
10. 11. 12. 13.	Occupation Place of birth Residence / # The place ward No. Time of residence in the city When a minor Name of Mother Name of Father Manual Common Mother Manual Common	- 6
10. 11. 12. 13.	Occupation Place of birth Residence / # The place ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Mandaisma Mills, Hauran Mandaisma Mills, Hauran	· ·

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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence State Mary Ward No.
12. Time of residence in the city
13. When a minor Name of mother Name of father
14. Place of intended interment Town Court
15. Date of intended interment fully 6 5 5
Hauters and Undertaker.
Date of Certificate Residence

Mrs. M. E. Hanley

	FRONT. 45-9
MUST IN ALL CASES ACCOMPANY THE BODY TO ITS DESTINATION.	Permission is hereby given to remove the remains of Mas ME Hawley aged 6 who died at Kof Kries ville on the 7 day of And 190 7, the cause of death being Kidney Swedde which is a Man Cauly would sease, and a Transit Vernit being asked for burial at Bown line Shace
THIS PERMIT MU BOD	Name of Undertaker, Name of Medical Attendant, (Signed by) (Signed by) (Official title.) (P. O. Address.)
	Note Undertaker's Affidavit on Back.

BACK.	
State of Kulueky Date July	8 100 5
I Hereby Certify: That the body of Mus WE Thurder	named in this
	chalunel
(Signed) Waller Thus	
State of Menticary	leg A. D., 190.
before me, a(Notarp Public, Justice of the P	A. D., 190.
County and State aforesaid, personally appeared Bailey	
to me known and made oath and says that all the statements contained in the	
Sworn and subscribed to before me, this & day of July	7 , A. D., 190. 5
[SEAL] ZZZZZZ	ec T
Undertaker's Affidavit—Infectious or Contagious Disease.	
3 A P	88
	MSS

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. M.J. + May
1. Name of deceased Childy A. Stauley.
2. Sex Herrale 3. Color Mill. 4. Age 4 yrs. 5. Married or single Single.
6. Date of Death April 16/96
7. Cause of Death Mening this aptir measles - 8. Duration of last Illness English money.
d. T. M. Cernuck, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Ofly
11. Residence State Shall. Ward No. 4 34
12. Time of Residence in the City
Name of Mothers, Mary Starrley Name of Father M. O. Starrley
14. Place of intended Interment Stacking
15. Date of intended, Interment Marie 17"196
F. 6 Gward HB10, Undertaker.
Date of Certificate Afst 16/9. 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.	
of M.J. + Ma	LV4
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	J
1. Name of deceased Child of My Sauley. 2. Sex Hemale 3. Color Mills . 4. Age & Mount	00
2. Sex Hemale 3. Color Mitte. 4. Age 6 Mount	the
5. Married or single Single	
6. Date of death fully 29" 98,	
7. Cause of death Annualities 8. Duration of last illness	
J. B. Kright M.	D
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
OUDCLINICA OCCUPANTA LA RECLINA LA RECLINA	
9. Occupation	
10. Place of birth City	
11. Residence State SMEET. Ward No. F	
12. Time of residence in the City	y "Drea
13. When a minor Name of Mother Mrs. Mary Sauley, Name of Father M. J. Stanley,	
14. Place of intended interment St. Josephs leaves	terg
15. Date of intended interment July 30 98,	
Gerard & Farard., Undertak	er.
Date of Certificate MM 30 98 Residence	
	*

Mrs. M. J. Hanley

1160	o o	48
This Constitu	ttes One Certificate to be Returned to the City Clerk for a Burial P	'ermit,
R	ETURN OF A DEATH.	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
2. Sex HE	or single Married	ys.
6. Date of 6	death July, 24"98 death Brights deasess	
8. Duration	of last illness J.B. Hright,	, M. D.
	Residence	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	birth Bowling Green Sky	
11. Residence	e State Street . Ward No.	7
	residence in the City	
	minor Name of Mother Name of Father intended interment St. Jose Jahrs, Orn	nirty
15. Date of	Levand & Guard, Un	dertaker.
Date of Cert	tificate July 25/98, Residence	
	The state of the s	

Mrs. M. J. Hanley 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 2. 5. 6. 7. 8.	Name of deceased Sex fluid 3. Color Whith 4. Age 56 4 4. Married or single Mannie 4. Age 56 4 5. Date of death Of cause / Least Disc Duration of last illness M. I. Residence Bowling Green, Ky.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
	Occupation Place of birth Bowling Green, Ky.
9. 10. 11.	Occupation Place of birth Residence Ward No. 2
10.	Occupation Place of birth Residence Ward No. Time of residence in the city
10. 11. 12.	Occupation. Place of birth Residence Solling Green, Ky. Ward No. Time of residence in the city When a minor Name of mother.
10. 11.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father
10. 11. 12. 13.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment

Child of Robert & Effie Hanley 1896

924 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 Child of Roll Hanley,
2. Sex 3. Color D. 4. Age 4 m/lo, 5. Married or single Single AUG 10 1896
6. Date of Death 7. Cause of Death Outsp.
8. Duration of last Illness O.D. Porter, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Dilly
11. Residence Auto Anth. Ward No. / Ward No.
Name of Mother Mis Effic Hauley Name of Father Rule Hauley
14. Place of intended Interment M Monah Cune 15. Date of intended Interment AUG 10 1896
416 Gerard TBio, Undertaker.
Date of Certificate AUG 10 1896 . Residence

Ruth Hanson 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Ruth Hansen
2.	Sex Fernale. 3. Color White. 4. Age 5=970.
5.	Married or Single Chill
6.	Date of death Ock 7 - 1911
7.	Cause of death Inamiliar
8.	Duration of last illness 1 124 mo M
	My masting, M. D.
	Residence Brukery Bruk
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Infanil
10.	Place of birth Louis wille Ty
11.	Residence Benling Ise. Ward No.
12.	Time of residence in the city_3 90 6
13.	When a minor Name of Mother Tan Handle
14.	Place of intended interment Gassiew
15.	Date of intended interment ON 5 /9//
	Enoch & Ally Undertaker
Dat	e of Certificate Oct 8 1911 . Residence But j Jun

Fannie Hardcastle 1912

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 4 4
*	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mrs. France Stardeastly.
1.	Hamala White
2. 5.	Name of deceased Mrs. Fanner Stardeastly. Sex Flynnala Married or Single Married of Single Married of Single
6.	Date of death Sac 13" 1912
7.	Cause of death Pulmonan Tuberculasi
8.	Duration of last illness 6 hearths
0.	E. W. Hall, M. D.
	Residence Barding Grand
	Residence
	W-1
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	
	Occupation
10.	Occupation Place of birth Description Place of birth
10. 11.	Occupation Place of birth Residence Putags WW. Ward No. 3 Time of residence in the city.
10. 11. 12.	Occupation Place of birth Residence Putags WW. Ward No. 3 Time of residence in the city. When a minor Name of Mother
10. 11. 12.	Occupation Place of birth Residence Putags WW. Ward No. 3 Time of residence in the city. When a minor Name of Mother Name of Father Fauvrers Cemelers
10.11.12.13.14.	Occupation Place of birth Residence Putages Ward No. Time of residence in the city. When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Carrenable & Carrenable Carr
10. 11. 12. 13. 14.	Occupation Place of birth Residence Putage Ward No. 5 Time of residence in the city. When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Date of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Lowling Green. Residence Partages WW. Residence in the city. Ward No. Time of residence in the city. When a minor Name of Mother Name of Father Place of intended interment Date of intended interment GERARD & GERARD. Undertaker.

Child of James & Fannie Hardcastle 1898

//9/	3
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
** Fank	e
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL OF James & Found	
1. Name of deceased Child of James Sandens	the
2. Sex Fremale 3 Color White 4. Age 5 mo.	
5. Married or single Single	
6. Date of death Sept. 3"98	
7. Cause of death Anaustine	
8. Duration of last illness	
f, E, Muedille, M. D.	
/ Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Leity	-
11. Residence Barry Stuck . Ward No. 2"	
72 Time of residence in the City	+1
Name of Mothems. Farming Hardenster Name of Father James R. Hardenste	de
the experient beings	X
14. Place of intended interment Supt 9"98	7
Luand & Grand, Undertaker.	
Date of Certificate Super 198, Residence	

Alex Hardie 1892

467 . 54
This Constitutes one Certificate to be turned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
10-11
1. Name of deceased Alex Hardin.
2. Sex male . 3. Color 200. 4. Age 28-425
5. Married or Single Seigle.
6. Date of Death Nov, 24-1892
7. Cause of Death Incurrence
8. Duration of last Illness
G. V. Mushhem. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Reulierky St. Ward No 3 -d
12. Time of Residence in the City
13. When a Minor. Name of Mother
13. When a Minor. Name of Father
14. Place of intended Interment builty Cerveley
15. Date of intended Interment Nov, 125 192
Il Gerard., Undertaker.
Date of Certificate Sou 25/9? Residence Coly

Infant of Eddie Hardin 1896

Cert of itoreer 55
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Infant Handin
2. Sex 3. Color Blk . 4. Age / e/a
5. Married or single
6. Date of Death Jun - 8 - 1896
7. Cause of Death
8. Duration of last Illness
B, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
ONDERTRICAL S SERTIFICATE OF REMAINING TO DESCRISED.
9. Occupation
10. Place of Birth
11. Residence Cutter 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 Wandburn /2
15. Date of intended Interment Jan 8 1866
Justine & Phys., Undertaker.
Date of Certificate Residence

Jennie Hardin 1898

Out of duy.	
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Pe	emit.
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Junie Hardin	
2. Sex female. 3. Color BUX. 4. Age 12 yaz	_
5. Married or single drift	
6. Date of death hanch 13 1898	
7. Cause of death Consumption 8. Duration of last illness Six amounts	
8. Duration of last illness	
Tom W Stone.	M. D.
Residence 107K	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Moodburn Sty	
11. Residence Centar St Ward No.	
12. Time of residence in the City	
13. When a minor Name of Mother Canada Hardin	
Name of Father June Darolin	and the same of th
14. Place of intended interment Mandburn	1
15. Date of intended interment and 14 189	0
Attawayon, Unde	
Date of Certificate Residence	
	and the same

Nannie Hardin 1905

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Namin Hardin. 2. Sex final. 3. Color Black . 4. Age 39 m. 5. Married or single married 6. Date of death Nov 21 ft. 7. Cause of death Heart Pailing 8. Duration of last illness Lineau Cancan 7.D. Residence . M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence Lawer 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 All 23 1805
15. Date of intended interment, Undertaker.
Date of Certificate . Residence

Oscar Hardin 1897

991	58
Th	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
ı. I	Name of deceased Oscar Andin.
2. \$	Sex Mall. 3. Color Blf. 4. Age 51 yrs.
5. 1	Married or single Single
	Date of Death March 6" 1897
	Cause of Death Hamma they of the
8. 1	Duration of last Iliness
	J N Mushhy, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. (Occupation
10. I	Place of Birth JAMA Dath May
11. I	Residence Man Shell. Ward No. 5 mg
12.	Time of Residence in the City
1	Name of Mother
13.	When a Minor Name of Father
14.	Since of intended Interment Nan 4" 1899
15. I	Sale of intended Interment Alto Morrah Gun
	F. G. Guard and Bro., Undertaker.
Date	of Certificate Man 6/an Residence
Date	Residence
Annual Control	
FORMALIA	

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 Mosa Stardin. 2. Sex Francisco 3, Colof Blk . 4. Age 46 yes
5. Married or single Will 17/190/. 6. Date of death Drupsy.
8. Duration of last illness J. H. Stown , M. D.
Residence Dowling Tream 1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Narywy Dounty 11. Residence O, Churchiul SH Ward No.
12. Time of residence in the City
14. Place of intended interment Holling Moriak, Caurales
15. Date of intended interment July, 18/1901, June 15. Undertaker.
Date of Certificate Fully 18/19!./ Residence

Mrs. William Hardin 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 Mesthilians Hardin Sextanuals 3. Color Bl 4. Age 39 yrs. Married or single Marriel. Date of death Nac 3"/9"3. Cause of death Chimic Bughts Deasess
2.	Sextimula 3. Color Bll . · 4. Age 39 Ms.
5.	Married or single Maurin.
6.	Date of death Nay 3 /903.
7.	Cause of death Church The Cause of death
8.	Duration of last illness & Briggs, M. D.
	W. S. Briggs, M. D. Residence Blokeling Jurn My
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Junus 84 Residence Gunter 84 Ward No. 2
12.	Time of residence in the City.
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment My Morray Courses
15.	Date of intended interment
	Frank Thurk, Undertaker.
Da	te of Certificate JH/9"3 Residence

William T. Hardin

1. N	Physician's C	247		ATH.
1. N	Physician's C	247		
		Certificate Pre		
			paratory to	Burial.
	0		_	
0 0		my Ha		42.
2. Se	excuale	3. Color Wh	ui 4.	Age 777~
	arried or single			
	ate of death			
	ause of death			
8. D	uration of last illness			
	Z.	talls	1m	M. D.
		Residence		
	II laka C		1	
	Undertaker's C	ertificate in r	- lation to	Deceased.
9. (Decupation /	m		
	Place of birth a			
11. I	Residence Woo	Sound		Ward No
	Time of residence in the			
13. V	When a minor Name o	of mother		
14. H	Place of intended intern		view a	sunt-
	Date of intended intern	()	~ 20	1907
		VIII	lug fay.	Undertaker.
Data	of Certificate		/	
Date	or certificate	nonementarion and	. nesidence	***************************************

Albert Harding 1906

#141
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 Albart Sfanding 2. Sex 3. Color Bl. 4. Age 45 5. Married or single Single
1. Name of decembed N Wart Afanding
2. Sex 7000 3. Color 5007. 4. Age 43
5. Married or single
6. Date of death Polymen Townselves
8. Duration of last illness Find D Reardon M. D.
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Wayren Co.
9. Occupation 10. Place of birth Harry Co. 11. Residence Daughtry Ollry Ward No. 3.
12. Time of residence in the city
13. When a minor Name of mother Name of father Manager of Manager
14. Place of intended interment and the state of the stat
15. Date of intended interment. ACC 74/16
Date of Certificate 940, 24/06. Residen & WLING GREEN, KY

David A Harding 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of decreased Savid, A Harding 2. Sex Male 3. Color Philip 4. Age / 3 yes 5. Married or single Surger
6. Date of death Cardio Willendor Juster of heart.
8. Duration of last illness Lillaw South , M. D. Residence BOWLING GREEN. KV
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Winchester Ky. 11. Residence Was hills Pike Ward No.
12. Time of residence in the City. Name of Mother Mus. Pallir b. Harding Name of Father J. Harding
14. Place of intended interment Junior Curally 15. Date of intended interment GERARD & GERARD, Undertaker.
Date of Certificate Cay 11/06. Residence powling GREEN, KY

John W. Harlan 1912

***	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	1205 DE1111.
	Physician's Costificator Programme Books
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Whin W. Santaw,
2.	Sex Mala 3, Color, Malla 4. Age 50 yrs.
5.	Married or Single Manual
6	Date of death JUN 2 4 1912
	Cause of death Lun shot would
	Duration of last illness 7 days,
	Jose & hay Coronor, Warren Od., M. D.
	B. J. GOWLING GREEN. KY
	V Residence
	Undertaker's Certificate in Relation to Deceased.
	Commercia Supt White Stone Inarry
9.	Occupation Supt White Stone Lowey
10.	Place of birth SOWLING GREED, KY.
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 // Mashwell, January
15.	Date of intended interment JUN 2 5 1912
	GERARD & GERARD. , Undertaker.
Date	of Certificate JUN 2 5 1912 Residence BOWLING GREEN, KY

Nora Harland 1912

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🔻 🤻
5	RETURN OF A DEATH.
1	1244
	Physician's Certificate Preparatory to Burial.
	Nora Harlan
1.	Name of deceased Add Handay
2.	Sex Junille 3. Color Mutte. 4. Age 9 44
5.	Married or Single SEP - 9 1912
6.	Date of death
7.	Cause of death Fellagra
8.	Duration of last illness 14435 Tolly Brown Cope
	M.D.
	Residence BOWLING GREEN. KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Logan Od
11.	Residence Warn St. Ward No. 3
12.	Ward Homeling
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 Saph, 10/12
10.	GERARD & GERARD.
	SEP - 9 1912 , Undertaker.
D	e of Certificate Residence SOWLING GREEN KY
Date	

Ida Harper 1898

1/1/
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 Law Harper
2. Sex Malle. 3. Color Pll. 4. Age 8 ma.
5. Married or single
6. Date of death Sept 21 1898 7. Cause of death
8. Duration of last illness 2 2 VYP Cortwiph , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
A PROBLEM VINIOUS AND A POST OF THE PROPERTY O
9. Occupation
10. Place of birth Harren Country
11. Residence Seventh St. Ward No. 34
12. Time of residence in the City one week
13. When a minor Name of Mother Ha Harper Name of Father
14. Place of intended interment lawyty len
15. Date of intended inferment Sept 20 1898,
Thaig Herard, 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.
Physician's Certificate Preparatory to Burial.
Musim Harbar
1. Name of deceased
2. Sex Color 4. Age Willoway 4. Age
5. Married or Single AUG 1 - 1911
6. Date of death 7. Cause of death
8. Duration of last illness Combact Human
SPE oranght M.D.
Residence 3 h
Undertaker's Certificate in Relation to Deceased.
9. Occupation - Manufacture Ma
10. Place of birth 2 is well as MA
11. Residence Ward No.
12. Time of residence in the city.
13. When a minor Name of Mother
14. Place of intended interment my blillian County
15. Date of intended interment aug. 2"1911
GERARD & GERARD, Undertaker.
Date of Certificate 1911 Residence Residence

Robert Harper 1892

504)	6.
This Constitutes one Certificate to	o be Returned to the City Clerk for a Burial Permit,
RETURN	OP A DEATH.
PHYSICIAN'S CE	RTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased	Ox Harpen
2. Sex Mare . 3. C	olor Ool . 4. Age ZZ
5. Married or Single	
6. Date of Death	28 1852
7. Cause of Death	ing by mot.
8. Duration of last Illness_	
. La	A Gray J. K. W. J., M. D.
	Residence
UNDERTAKER'S CEL	RTIFICATE IN RELATION TO DECEASED.
9. Occupation 920	form
10. Place of Birth	
11. Residence	. Ward No.
12. Time of Residence in the	e City
) Name	of Mother
· · · · · · · · · · · · · · · · · · ·	of Father
14. Place of intended Interm	ent At Morish
15. Date of intended Interm	ent B2C 23/32
Summer fresh	Bracket Joyn, Undertaker.
Date of Certificate	. Residence
	<u> </u>

Harvilla, Horrace, Minnie, & Thomas Harpool 1910

	RETURN OF A DEATH.
	927
	Physician's Certificate Preparatory to Burial.
	Thomas Minnie
1.	Name of deceased Harrace Harvilla Harpool
2.	Sex Junales 3. Color Calland 4. Ago Trof 2+
5.	Married or single all Single
6.	Date of death Nov 9-19100
7.	Cause of death Burnand in Burning I dae
8.	Duration of last illness Suddent
	Jus E Ley Coron W. M. I
	Residence Bauly Brum 16
	Undertaker's Certificate in Relation to Deceased.
	. Undertaker's Certificate in Relation to Deceased.
•9.	Occupation Tax
• 9. 10.	Occupation Tan Place of birth Banky Green
10. 11.	Occupation Tank Place of birth Banky Island Residence Ward No.
10. 11.	Occupation Place of birth Bassley Residence Ward No. Time of residence in the city Life time
10. 11. 12.	Occupation Place of birth Banky Island Residence Ward No. Time of residence in the city Life time (Name of mother Ala Islandan)
10. 11. 12.	Occupation Place of birth Bandy Halin Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Name of father
10. 11. 12. 13.	Occupation Place of birth Bandy Halin Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Name of mother Name of father Name of mother Name of father Name of father Name of father Name of father Name of mother Name of father Name of father Name of mother Name of father
10. 11. 12. 13.	Occupation Place of birth Bandy Halin Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Name of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Bandy Halin Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Name of father Place of intended interment Name of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Residence Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Name of intended interment

Child of Sallie Harpool 1898

1/27
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
11:01 / 6 .0: 1/ / 0
1. Name of deceased Shill of Salle Naybool.
2. Sex Funal 3. Color Blf. 4. Age / me.
5. Married or single surge
6. Date of Death May 18 198
7. Cause of Death Onny
8. Duration of last Illness But & bullet bar
Residence Hanne Co.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth letty.
11. Residence Bunul stull. Ward No. 3rd
12. Time of Residence in the City
Name of Mother Salhi Sarbool.
Name of Father
14. Place of intended Interment Country Country
15. Date of intended Interment May, 18198
Lucial Still, Undertaker.
Date of Certificate /////////////////////Residence

William Henry Harrell 1906

8. Duration of last illness "Residence Mushwills France", M. D. Residence Mushwills France. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwills Januars Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment How, Many 1996. 15. Date of intended interment How, Many 1996. GERARD & GERARD. Undertake	1. Name of deceased Win A. Sarrell 2. Sex Matr. 3. Color Whith . 4. Age Tryps. 5. Married or single Widoww. 6. Date of death Frank drasses. 8. Duration of last illness . Jurks	
1. Name of deceased War & Sarrel 2. Sex Main 3. Color White 4. Age 77 years 5. Married or single Widoww. 6. Date of death Fract 11"1906. 7. Cause of death Frank Massiss 8. Duration of last illness Factorial Massississ Residence Massississ 9. Occupation 10. Place of birth 11. Residence Assississississississississississississi	1. Name of deceased Win A. Sarrell 2. Sex Matr. 3. Color Whith . 4. Age Tryps. 5. Married or single Widoway. 6. Date of death fort 11"1906. 7. Cause of death frank drasses 8. Duration of last illness When a minor Name of Mother 13. When a minor Name of Mother 14. Place of intended interment of fort 11 Married interment of GERARD. 15. Date of intended interment of GERARD. 16. Date of intended interment of GERARD. 17. June 1906. 18. When a minor Name of Mother 19. Occupation 10. Place of intended interment of June 1906. 11. Cause of Mother 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment of June 1906. 15. Date of intended interment of June 1906. 16. Date of intended interment of June 1906. GERARD & GERARD. CARNEL AND CARNEL AND CONTROL OF THE PROPERTY OF	
1. Name of deceased War & Sarrel 2. Sex Main 3. Color White 4. Age 77 years 5. Married or single Widoww. 6. Date of death Fract 11"1906. 7. Cause of death Frank Massiss 8. Duration of last illness Factorial Massississ Residence Massississ 9. Occupation 10. Place of birth 11. Residence Assississississississississississississi	1. Name of deceased Win A. Sarrell 2. Sex Matr. 3. Color Whith . 4. Age Tryps. 5. Married or single Widoway. 6. Date of death fort 11"1906. 7. Cause of death frank drasses 8. Duration of last illness When a minor Name of Mother 13. When a minor Name of Mother 14. Place of intended interment of fort 11 Married interment of GERARD. 15. Date of intended interment of GERARD. 16. Date of intended interment of GERARD. 17. June 1906. 18. When a minor Name of Mother 19. Occupation 10. Place of intended interment of June 1906. 11. Cause of Mother 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment of June 1906. 15. Date of intended interment of June 1906. 16. Date of intended interment of June 1906. GERARD & GERARD. CARNEL AND CARNEL AND CONTROL OF THE PROPERTY OF	
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1. Name of deceased War & Sarrel 2. Sex Main 3. Color White 4. Age 77 years 5. Married or single Widoww. 6. Date of death Fract 11"1906. 7. Cause of death Frank Massiss 8. Duration of last illness Factorial Massississ Residence Massississ 9. Occupation 10. Place of birth 11. Residence Assississississississississississississi	1. Name of deceased Win A. Sarrell 2. Sex Matr. 3. Color Whith . 4. Age Tryps. 5. Married or single Widoway. 6. Date of death fort 11"1906. 7. Cause of death frank drasses 8. Duration of last illness When a minor Name of Mother 13. When a minor Name of Mother 14. Place of intended interment of fort 11 Married interment of GERARD. 15. Date of intended interment of GERARD. 16. Date of intended interment of GERARD. 17. June 1906. 18. When a minor Name of Mother 19. Occupation 10. Place of intended interment of June 1906. 11. Cause of Mother 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment of June 1906. 15. Date of intended interment of June 1906. 16. Date of intended interment of June 1906. GERARD & GERARD. CARNEL AND CARNEL AND CONTROL OF THE PROPERTY OF	The state of the s
8. Duration of last illness "Residence Mushwills France", M. D. Residence Mushwills France. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwills Januars Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment How, Many 1996. 15. Date of intended interment How, Many 1996. GERARD & GERARD. Undertake	8. Duration of last illness When a minor Name of Father Name of Father Name of Father Name of intended interment Ferral Research of Father No. M. D. Residence Markoville France Ward No. 12. Time of residence in the City. Name of Father Name of Father Name of intended interment For Intended interment Fo	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
8. Duration of last illness "Residence Mushwills France", M. D. Residence Mushwills France. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwills Januars Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment How, Many 1996. 15. Date of intended interment How, Many 1996. GERARD & GERARD. Undertake	8. Duration of last illness When a minor Name of Father Name of Father Name of Father Name of intended interment Ferral Research of Father Name of intended interment No. M. D. Residence Markoville January Ward No. Name of Father Name of Father Name of Father Name of intended interment For Intended interment GERARD & GERARD. Undertaker.	Wow It Shorell
8. Duration of last illness "Residence Mushwills France", M. D. Residence Mushwills France. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwills Januars Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment How, Many 1996. 15. Date of intended interment How, Many 1996. GERARD & GERARD. Undertake	8. Duration of last illness When a minor Name of Father Name of Father Name of Father Name of intended interment Ferral Research of Father No. M. D. Residence Markoville France Ward No. 12. Time of residence in the City. Name of Father Name of Father Name of intended interment For Intended interment Fo	1. Name of deceased 11 N. State 1
8. Duration of last illness "Residence Mushwills France", M. D. Residence Mushwills France. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwills Januars Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment How, Many 1996. 15. Date of intended interment How, Many 1996. GERARD & GERARD. Undertake	8. Duration of last illness When a minor Name of Father Name of Father Name of Father Name of intended interment Ferral Research of Father No. M. D. Residence Markoville France Ward No. 12. Time of residence in the City. Name of Father Name of Father Name of intended interment For Intended interment Fo	2. Sex Macro 3. Color White 4. Age / 4
8. Duration of last illness "Residence Mushwills France", M. D. Residence Mushwills France. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwills Januars Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment How, Many 1996. 15. Date of intended interment How, Many 1996. GERARD & GERARD. Undertake	8. Duration of last illness When a minor Name of Father Name of Father Name of Father Name of intended interment Ferral Research of Father No. M. D. Residence Markoville France Ward No. 12. Time of residence in the City. Name of Father Name of Father Name of intended interment For Intended interment Fo	5. Married or single
8. Duration of last illness Officery. Residence Mashwells From. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwells Januars Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment Hose Information of the City o	8. Duration of last illness (Internal Markovilla France Markovill	6. Date of death 100, 11, 1906.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence hashwolls farmers are Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment of fasher farmers for intended interment of fasher farmers. 15. Date of intended interment of farmers of the City of the	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwolle Jannesser Ward No. 12. Time of residence in the City. Name of Mother Name of Father Name of Father Name of intended interment Form, 17/906 GERARD & GERARD., Undertaker.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence hashwolls farmers are Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment of fasher farmers for intended interment of fasher farmers. 15. Date of intended interment of farmers of the City of the	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwolle Jannesser Ward No. 12. Time of residence in the City. Name of Mother Name of Father Name of Father Name of intended interment Form, 17/906 GERARD & GERARD., Undertaker.	8. Duration of last illness
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence hashwolls farmers are Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment of fasher farmers for intended interment of fasher farmers. 15. Date of intended interment of farmers of the City of the	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Nashwolle Jannesser Ward No. 12. Time of residence in the City. Name of Mother Name of Father Name of Father Name of intended interment Form, 17/906 GERARD & GERARD., Undertaker.	M. D.
9. Occupation 10. Place of birth 11. Residence Ashardla January Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment How Manage of Father 15. Date of intended interment How Manage of Father 16. CERARD & GERARD. , Undertake	9. Occupation 10. Place of birth 11. Residence Sashwolls Jannesses Ward No, 12. Time of residence in the City. Name of Mother Name of Father Name of Father 14. Place of intended interment Stars bas Brunchen 15. Date of intended interment Story Migob. GERARD & GERARD., Undertaker.	Residence Manufactor fraction.
9. Occupation 10. Place of birth 11. Residence Ashardla January Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment How Manage of Father 15. Date of intended interment How Manage of Father 16. CERARD & GERARD. , Undertake	9. Occupation 10. Place of birth 11. Residence Sashwells Jannesses Ward No, 12. Time of residence in the City. Name of Mother Name of Father Name of Father 14. Place of intended interment Stars bas Daniels . 15. Date of intended interment Stars bas Daniels . GERARD & GERARD., Undertaker.	
9. Occupation 10. Place of birth 11. Residence Ashardla January Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment How Manage of Father 15. Date of intended interment How Manage of Father 16. CERARD & GERARD. , Undertake	9. Occupation 10. Place of birth 11. Residence Sashwells Jannesses Ward No, 12. Time of residence in the City. Name of Mother Name of Father Name of Father 14. Place of intended interment Stars bas Daniels . 15. Date of intended interment Stars bas Daniels . GERARD & GERARD., Undertaker.	UNDEDTAVED'S CERTIFICATE IN RELATION TO DECEASED
10. Place of birth 11. Residence Nashwolle Jannesser Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment Hose place of intended interment How IN 1906. GERARD & GERARD., Undertake	10. Place of birth 11. Residence Nashwells Jannesser Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment Hose phase Carnetters. 15. Date of intended interment Hove 1 1/1906. GERARD & GERARD. Undertaker.	UNDERTAKEN S CENTIFICATE III REEATON TO DECENSED.
10. Place of birth 11. Residence Nashwolle Jannesser Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment Hose place of intended interment How IN 1906. GERARD & GERARD., Undertake	10. Place of birth 11. Residence Nashwells Jannesser Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment Hose phase Carnetters. 15. Date of intended interment Hove 1 1/1906. GERARD & GERARD. Undertaker.	9 Occupation
12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment How Many of Father 15. Date of intended interment How Many of Father GERARD & GERARD., Undertake	12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment How, Manage of Father 15. Date of intended interment How, Manage of Father GERARD & GERARD., Undertaker.	
12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment How Many of Father 15. Date of intended interment How Many of Father GERARD & GERARD., Undertake	12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment How, Manage of Father 15. Date of intended interment How, Manage of Father GERARD & GERARD., Undertaker.	had alla lamessar
13. When a minor Name of Mother 14. Place of intended interment How Mgob. 15. Date of intended interment GERARD & GERARD. , Undertake	Name of Mother Name of Father Name of Mother Name of Father Name of GERARD & GERARD. Undertaker.	11 Residence / Ward No.
14. Place of intended interment of four 11/1906. 15. Date of intended interment four 11/1906. GERARD & GERARD., Undertake	14. Place of intended interment Avy 18/1906. 15. Date of intended interment Avy 18/1906. GERARD & GERARD., Undertaker.	
14. Place of intended interment of four 11/1906. 15. Date of intended interment of 11/1906. GERARD & GERARD., Undertake	14. Place of intended interment Avy 18/1906. 15. Date of intended interment Avy 18/1906. GERARD & GERARD., Undertaker.	12. Time of residence in the City.
15. Date of intended interment Stov. 11/1906. GERARD & GERARD., Undertake	is. Date of intended interment Stov. 11/1906. GERARD & GERARD., Undertaker.	12. Time of residence in the City.
GERARD & GERARD. , Undertake	GERARD & GERARD. , Undertaker.	12. Time of residence in the City. 13. When a minor Name of Mother Name of Father
- Will		12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment Hossipha Oruntary.
Date of Certificate () Residence BUWDING GREEN, R.	Date of Certificate A Residence BUW LING GRABIN & C.	12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment How Mygob. 15. Date of intended interment How Mygob.
		12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment of Jass pha Quantum. 15. Date of intended interment Jov. 11/1906. GERARD & GERARD., Undertaker.
		12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment How, 1 1/1906. 15. Date of intended interment GERARD & GERARD. , Undertaker.

William Henry Harrell 1906

411	
Fi	TRANSPORTATION OF CORPSE.
	Transit Permit No. (GIVE STATION NO.)
rell	DUVELOIANIS OF COPONER'S CERTIFICATE
松	Name of deceased William Henry Junell Date of Death Over 16 1986
CAR.	Hour of Death 30 Q M. Age 7 2 Years Months Days
A WAY	Place of death 528 W Seona Shir Cause of death Seart alicens which is a heart non-communicable disease.
lys:III;	I hereby certify that the above is true to the best of my knowledge and belief.
	Residence Cashville County of Davidson State of
	Residence Wholle County of Savedson State of
	DEDMIT OF TOOM DOADD OF HEALTH
0	PERMIT OF LOCAL BOARD OF HEALTH. This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express
0	This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.
0	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 North City of
6	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 State of Lines on the 12 day of Nov 1906 Permission is hereby given Wiles Wilkerson YCO Undertaker or Embalmer,
0	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 Washing. State of County of Java 1906 Permission is hereby given Wiles Wilkerson Y Co Undertaker or Embalmer, to remove for burial at Borlinglessen in the County of
0	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 Nownship.) State of Leaves on the 2 day of Now 190 6 Permission is hereby given Wiles Wilkerson Y Co Undertaker or Embalmer, to remove for burial at Borlingless in the County of State of Leaves Horrell who died at Nashville County of Davidson State of Leaves
N.	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 Natural County of Davidson (City of township.) State of Vermission is hereby given Wiles Wilkerson Y Co Undertaker or Embalmer, to remove for burial at Bowlinglerson in the County of State of Vertureley the body of William Henry Harrell who died at Nashville County of Davidson State of Jenny Months Days,
#12 0	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 Nownship.) State of Leaves on the 2 day of Now 190 6 Permission is hereby given Wiles Wilkerson Y Co Undertaker or Embalmer, to remove for burial at Borlingless in the County of State of Leaves Horrell who died at Nashville County of Davidson State of Leaves

Child of A. B. Harris 1905

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	1 1 th of AR Showing
1.	Name of deceased Chunk M. J. Lyamis.
2.	Sex Mary . 13. Color Jan 4. Age 3 days
5.	Married or Single Duy W
6.	Date of death New 11 "03
7.	Cause of death Manianum
8.	Duration of last illness # Stand
	J. N. D. , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation //
10.	Place of birth
11.	Residence / Ward No.
12.	Time of residence in the city May AB Haus
13.	When a minor Name of Mother A. B. Starris
111	the wight langling
14. 15.	Place of intended interment Nat 18"95
10.	Grand Frank Undertaker.
De	te of Certificate New 18/05 Residence
אכנ	te of Certificate.
.,,,,,,	

Cecil Harris 1908

	73
	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 becch. Hayys 2. Sex 3. Color 4. Age Mo. 5. Married or single, single 6. Date of death May 17" 1908. 7. Cause of death South Story 8. Duration of last illness Town of Story Residence Residence Residence
	Undertaker's Certificate in Relation to Deceased.
	9. Occupation BOWLING GREEN, KY
	10. Place of birth 11. Residence / o the Start BOYLING GREEN, KY Ward No.
	12. Time of residence in the city Life Wille
	13. When a minor Name of mother His fulia Haus. Name of father H. B. Haus.
	14. Place of intended interment. Fairview Cemetery MAY 18 1908
.,	15. Date of intended interment
	Date of Certificate MAY 18 1908 Residence OWLING GREEN, KY
	SPO 2DM STAN

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 Enida Harrie Harris
2. Sexfunale 3. Color while 4. Age 20 your 5. Married or single dingle
5. Married or single fingle
6. Date of death March 11th 1906
7. Cause of death Causemption
8. Duration of last illness mouth JHBlackburn, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Caury
11. Residence 3, Thigh St. Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother This war Name of Father I Thanks
14. Place of intended interment Spakes Que
15. Date of intended interment word -11 - 1906
Whowing Baym, 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.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
51 . 71 .
1. Name of deceased Edmond Harris
2. Serrale. 3. Color white. 4. Age 3 days
5. Married or single
6. Date of death July 25 1915
7. Cause of death I franchistan or Ollassa
8. Duration of last illness
MATHRICO, M.D.
Residence Collys S
2
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
A
9. Occupation Lef
10. Place of birth Bauly Freu /2/ 11. Residence "Ward No.
11. Residence // Ward No,
12. Time of residence in the City. Life time
13. When a minor Name of Mother Eulah Harris
Name of Father JW-Harris
14. Place of intended interment Witty Goor you
15. Date of intended interment 26 1913
Ewoh Mo Gravindertaker.
Date of Certificate June 264/9/3 Residence Bolle

Edna Harris 1912

	RETURN OF A DEATH.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	the Settincate Treparatory to Burian.
1.	Name of deceased Mrs. Gdna, Hams
2.	Name of deceased Mrs. Edna, Hams Sex Famula 3. Color White 4. Age 27 410.
5.	Married or Single
6.	Date of death May 7" 1912
7.	Cause of death Pulmonony Inbeculosis
8.	Duration of last illness / to / rayro
	Groff Blackburn, M. D.
	Residence ROWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9	
9.	
10.	Occupation Place of birth New ROWLING GREEN KY
10. 11.	Occupation Place of birth Residence Nav. ROWLING GREEN. KY Ward No.
10.	Occupation Place of birth Residence Residence in the city Anna A Canana
10. 11. 12.	Occupation Place of birth Residence Rowline Green. KY Ward No. Time of residence in the city Name of Mother Mary, Johanson
10.11.12.13.	Occupation Place of birth Residence Residence Name of Mother Name of Father Place of birth Ward No. Ward No.
10.11.12.13.14.	Occupation Place of birth Residence Residence Name of Mother Name of Father Place of intended interment Place of intended interment Name of Mother Place of intended interment Name of Ward No. Place of intended interment Name of Father Name of Father Name of Father Name of Ward No.
10.11.12.13.	Occupation Place of birth Residence Residence Name of Mother Name of Mother Name of Father Place of intended interment Name of intended interment Name of Father Place of intended interment Name of Father Name of Father Place of intended interment Name of Father Occupation Ward No. Ward No. Ward No. Place of intended interment Name of Father Name of Father Occupation Ward No.
10. 11. 12. 13. 14.	Occupation Place of birth Residence Residence Name of Mother Name of Mother Name of Father Place of intended interment May 8"1912 GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14.	Occupation Place of birth Residence Residence Name of Mother Name of Mother Name of Father Place of intended interment May 8"/9/2 CFERARD & GERARD. Undertaker.

Elmer Harris 1910

	77
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	• •
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Elmus Harris	

2. sexmall 3. Colorlahite. 4. Age 4 Man	
5. Married or Single	
6. Date of death 23/19/0	
7. Cause of death fandament	
8. Duration of last illness	*****
JO Marrell K.M.	D.
Residence South Share	-17
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	****
10. Place of birth Carrely Gran pay	
11. Residence Ward No.	
12. Time of residence in the city	*****
13. When a minor Name of Mother Ormer Har	1100
14. Place of intended interment I lase to have	
15. Date of intended interment 2 1 1913	an
E. S S. 19 . 18	<u></u>
Date of Certificate 25-1910 Residence Blee	er.
Residence	1

Elvin Harris 1910

	RETURN OF A DEATH.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	E . 71
1.	Name of deceased a land flam
2.	Sexmale 3. Colofabile 4. Age 4 mos
5.	Married or Single
6.	Date of death
7.	Cause of death
8.	Duration of last illness
	J. C. M. D.
	Residence & and thing Gald 19
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Bauly Green 16
11.	Residence Ward No.
12.	Time of residence in the city Life triangle
10	(Name of Mother
13.	When a minor Name of Father County Harris
14.	Place of intended interment of January en
15.	Date of intended interment July 12 1919
	English & Milling, Undertaker.
Dat	e of Certificate Anna 22 19 Residence 13 4 12.

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 Leorga, Sams 2. Sex Mala . F. Color Blk . 4. Age 75, 5. Married or single Manned.
6. Date of death Mar 5" 1900. 7. Cause of death Paralysis.
8. Duration of last illness (J. D. Forler, M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Residence Marie St. Ward No. 3 2d.
12. Time of residence in the City Name of Mother Name of Father Name of intended interment Name of Father
14. Place of intended interment Mr. Mount Court, 15. Date of intended interment Mar. 6/1900. Levand / Land. , Undertaker.
Date of Certificate Mar, 6/1900. Residence

Child of Lum Harris 1904

er e	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Shill of Lugar, Hauris.
1.	Markey -
 5. 	Sex 3. Color 4. Age Married or Single Snight.
6.	Date of death aug 2"04.
7.	Cause of death Searlet From
8.	Duration of last illness
	A.C. Wught, M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	
	Occupation
9. 0.	Occupation Place of birth Loily, Mrav Slidner Bland Factor
0.	Occupation Place of birth City,
0. 1. 2.	Occupation Place of birth Colly, Residence Prandleduz Bland Facty Ward No. 2 Time of residence in the city (Name of Mother Mrs. Luyur, Harris
0. 1. 2.	Occupation Place of birth Residence Prandling Bland Facty Ward No. 2 Time of residence in the city
0.	Occupation Place of birth Colly, Residence PravBliday Bland Facty Ward No. 2 Time of residence in the city Name of Mother Mrs. Luyur, Harris When a minor
0. 1. 2. 3.	Occupation Place of birth Lowy, Residence Mrav Shidar Bland Facty Ward No. 2 Time of residence in the city When a minor Name of Mother Mrs. Lyw, Harris Name of Father Lum, Lawrs.
0. 1. 2. 3.	Occupation Place of birth Colly, Residence PravBlishop Bland Facty Ward No. 2 Time of residence in the city When a minor Name of Mother Mas, Lugar, Harris Name of Father Place of intended interment Prakes bury bk, Fauren by

Minnie Harris 1907

#160
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 Pyrinis Harris
2. Sexfinale 3. Color white 4. Age 27 yrs 5. Married or single single
5. Married or single Since
6. Date of death Faky 15-07
6. Date of death Frochs preumonia
8. Duration of last illness wood weeks
B. Butherford, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Simpson 60 ty-
11. Residence Normal Danuelong . Ward No.
12. Time of residence in the City. 6 mesks
13. When a minor Name of Mother Janus Harris
14. Place of intended interment franklin 12 =
15. Date of intended interment Auby - 17 - 07
3. h. Itamis Jan, Undertaker.
Date of Certificate . Residence Franklin 144

Mrs. Orville Harris 1910

	82-
	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Pl
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs. Orville Harris
2.	Sex timals 3. ColorWhite 4. Age 19-
5.	Married or single married n:
6.	Date of death Mich. 18 th 1910
7.	Cause of death Purperal Sepsio
8.	Duration of last illness 19 days
	7 DRiandon M.D.
	Residence Bowling Green in
	Tresidences
	And the second s
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth
11.	Residence Ward No.
12.	Time of residence in the city
	(Name of mother
13.	When a minor Name of father
14.	Place of intended interment St Jasepho Comelery
15.	Date of intended interment Mich - 19th : 1980
	marris Enoch SUndertaker. S
Dat	te of Certificate Residence Rozulais
	K.
	7

Rody Harris 1900

46	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 Fody Sarris. 2. Sex France. 3. Color B. 4. Age 7.5	
5. Married or single 6. Date of death May 4 1 1900, 7. Cause of death Complication of decrease, with the	lage
8. Duration of last illness H. Francis, M.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Wouseleaso	
10. Place of birth 11. Residence bollige St. Ward No. 92	d
12. Time of residence in the City	
Name of Mother Name of Father Name of Father Name of Father	
14. Place of intended interment May 5 1/900. 15. Date of intended interment May 5 1/900. Luxurd & Guine May 5 1/900. Undertal	ker.
Date of Certificate May 5/1900. Residence	adratia
	Wil-line

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
1. Name of deceased Sarah Harrie Harr	ie
2. Sex female. 3. Color Black. 4. Age 85 pm	
5. Married or single Midne 6. Date of death Dec 2 1895	
6. Date of death 7. Cause of death 7. Cause of death	
8. Duration of last illness / wh	
T.M.S. T.W. Stone M. I).
Residence College SI	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
Olinearly of the least the sections.	
9. Occupation	
ro. Place of birth	
11. Residence Jair hand . Ward No.	100
12. Time of residence in the City Name of Mother	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment At Morrot	
15. Date of intended interment Dec 3 1875	-
Bawley Trym, Undertake	r.
Date of Certificate	

Sylvester A. Harris 1911

A SELECTION OF THE PERSON OF T	85
	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	O Total S Certificate Treparatory to Burian.
1.	Name of deceased of luster O Harris
2.	Sex male . 3. Color White 4. Age 67
5.	Married or Single Myrul
6.	Date of death 200 /9/1
7.	Cause of death Arterior Cleronis
8.	Duration of last illness Two quouths + 20 days
.08	Residence Towling Green ply
	Residence outure wreen fly
	Undertaker's Certificate in Relation to Deceased.
	D 0 +1
9.	Occupation Malestate
10.	Place of birth Angelia Castly / 197
11.	Residence Junilry Frees. Ward No.
12.	Time of residence in the city
13.	When a minor Name of Mother Name of Father
	(Praise of Patrici
14	Place of intended interment / augustus / augustus /
14. 15.	Place of intended interment factory 4 1911
	Place of intended interment 1911 Date of intended interment 1911 Envelope Melly Undertaker.
15.	Date of intended interment
15.	Date of intended interment 200 4 1911 Envels of Ally, Undertaker.
15.	Date of intended interment 200 4 1911 Envels of Ally, Undertaker.

Child of Thomas & Olley Harris 1903

Ale .
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 . 1 . 0 . 11 .
1. Name of deceased
5. Married or single sungle. 6. Date of death July 31/1903
7. Cause of death Succeilien
8. Duration of last illness
Residence Lowling Lunky
Kesidence X
AND CONTINUE OF DEPARTMENT OF DEPARTMENT OF DECEMBER
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Oug
11. Residence Curry St. Ward No. 3.
12. Time of residence in the City. Ollay Harra
13. When a minor Name of Father Thurse
14. Place of intended interment MOY. MOSICIAN COLUMNIES
15. Date of intended interment aug 1794 &
Date of Certificate Aug/"1918: Residence
Date of Certificate 1977, Residence

Mrs. A. A. Harrison 1904

97
RETURN OF A DEATH.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Brs A. X Harrison
1. Name of deceased 12 N. C. Spanisher 2. Sex Junaly 3. Color White 4. Age 63 yrb.
5. Married or Single Mauril
6. Date of death Sept 26 "94
7. Cause of death Brights Drasus
8. Duration of last illness
J. W. D. M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation A
10. Place of birth faith 100,
11. Residence Dushunt & 1 [Gost] Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Name of Father
14. Place of intended interment farvir Crumbery
15. Date of intended interment Jeff. 27"04
Date of Certificate Supl 2 1,01/ Residence
184

Bettie Harrison 1908

#519
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. Bettir Harrison
2. Sextundly 3, Color White 4. Age 5. Married or single Widow of Frank Hauison.
6. Date of death Steart failure
8. Duration of last illness & Grand, Undantakar
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Kins villa Ry . Ward No.
12. Time of residence in the city
13. When a minor Name of mother.
14. Place of intended interment. Services Cemelery
15. Date of intended interment Saft 24" 1908 .
Date of Certificate Suff w4/1908 . Residence R
F1

Bettie Harrison 1908

100	Harrison 88-2
and the last of the last	CERTIFICATE OF UNDERTAKER.
Section of the last	Hopshinsville/M Date Sept 23 1908
The second second	Name of deceased Sellie Y and a selling Place of death. Standard Selling Selli
	Cause of death Agast Jailynn
-	Name of person in charge Sauthun Efgo Co
1	Number of Transit permit. Signed WALLER & ROUSER Undertaker.
1	Ty Mollano Ville 7 P. O. Address
	From Flore Ham Willero Bawking Islac. State. The
1	Number of Ticket Form No. of Ticket
	From to Junction
SASAL STREET, SA	Via
	Via
	Signed Station Agent
1	The above to be filled out by Agent or Baggageman at the initial point, showing description of ticket, which meld by passenger in charge of corpse, exact route, and via what Junction point it reads.

James Harrison 1879

***************************************	A series of the	. 89
TI	his Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERS	AIT.
	RETURN OF A DEATH.	
PH	YSICIAN'S CERTIFICATE PREPARATORY TO BUR	IAL.
1. Name	of Deceased Junes Canal to	
	mare . 3. color Milo . 4. Age de	# 7 - Kan
5. Marri	ied or Single	1
6. Date of	of Death Det 28:79	
	of Death Cuflemation of the B.	acc
8. Durat	tion of last Mness Hour Fine &	2
	alethomy	W D
	Residence	,
UNDI	ERTAKER'S CERTIFICATE IN RELATION TO DECE.	ASED.
9. Оссира	//	
10. Place	of Birth 139	
11. Reside	ence Blue . Ward No. o	2
12. Time o	of Residence in the City	
	a Minor Name of Mother & Haccisin Name of Father Hoank	
13. When	Name of Father Hoank	
	of intended Interment New 29th 1879	
14. Place	of meetings into the party of t	
	of intended Interment Hagriew Cent	
15. Date of	of intended Interment Hayriew Cent Frank Cherare . 11,	dertaker.
15. Date of	of intended Interment Hagriew Cent	dertaker.

Lula Nayrocken Harrison 1900

Duration of last illness 3 Curio M. I. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Armen Canada Residence Sant Chestrust Ward No. 2 Time of residence in the City Name of Mother Name of Father Place of intended interment Arman Canada Name of Mother Date of intended interment Arman Canada Name of Father Date of intended interment Arman Canada Date of intended interment Canada Dat					9	0
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Name of deceased Life (Vayrocker) Harrison. Sex of war. 3. Color whit. 4. Age 344 yroc. Married or single concerned. Date of death 18 1900 Cause of death 18 1900 Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Branen County. Residence Sent Charlett Ward No. 2 Time of residence in the City Name of Mother Name of Mother Name of Father. Place of intended interment Lawrence and Country. Date of intended interment Lawrence and Country. Undertaken.	This Constitutes One Certificate to	be Returned	l to the Cit	y Clerk for a	Burial Permit,	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Name of deceased Life (Vayrocker) Harrison. Sex of war. 3. Color whit. 4. Age 344 yroc. Married or single concerned. Date of death 18 1900 Cause of death 18 1900 Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Branen County. Residence Sent Charlett Ward No. 2 Time of residence in the City Name of Mother Name of Mother Name of Father. Place of intended interment Lawrence and Country. Date of intended interment Lawrence and Country. Undertaken.	RETURN	OF	A 1	DEAT	Н.	
Name of deceased Asia (Nayrocker) Harrison. Sex gleman. 3. Color white. 4. Age 344 400. Married or single married. Date of death Nav 18 1900. Cause of death Harring Married. Duration of last illness 3 curred. Whose of the Color of the Color of the City. Residence Sant Chestrust. Ward No. 2. Time of residence in the City. Name of Mother Name of Mother. Name of Father. Place of intended interment Sant view Canaday. Date of intended interment Sant view Canaday. Undertaken.		No.				
Married or single Married or single Date of death Cause of death Duration of last illness When a minor Name of Mother Name of Father Place of intended interment Married or single 18 1900 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M	PHYSICIAN'S CERT	TIFICATE PRE	PARATORY	TO BURIAL		
Married or single Married or single Date of death Cause of death Duration of last illness When a minor Name of Mother Name of Father Place of intended interment Married or single 18 1900 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 Married or single M. 1900 M. 1900 M. 1900 M. 1900 M. 1900 Married or single M. 1900 M	1. Name of deceased And	a (V	ayroc	n.))	James o	~
Date of death Cause of death Duration of last illness 3 Curify Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence in the City When a minor Name of Father Place of intended interment Place of intended interment Date of intended interment Mary No. 2	2. Sex glunaca. 3.	Color mh	ie .	4. Age	3440-	
Duration of last illness 3 Curio Manual Manu						
Duration of last illness 3 Curio Manual Manu	6. Date of death Na	~	18	19	00	
Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Brance Caulty Residence Sast Chestrust Ward No. 2 Time of residence in the City Name of Mother Name of Father Place of intended interment Tairwiew Caunty Date of intended interment Tairwiew Caunty Undertake	7. Cause of death		ptin	Maria and a second		
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Dramu Caunty Residence Sast Chestrust Ward No. 2 Time of residence in the City Name of Mother Name of Father Place of intended interment Tanview Caunty Date of intended interment Tanview Caunty Undertake		and the same of th				
. Occupation Place of birth Brancu Caunty Residence Sant Chestrust . Ward No. 2 Time of residence in the City Name of Mother Name of Father Place of intended interment Javinium Caunty Date of intended interment Javinium Caunty Undertake	- X A).
Place of birth Brance Court Residence Sout Chesture . Ward No. 2 Time of residence in the City Name of Mother Name of Father Place of intended interment Janvaiew Country Date of intended interment . Undertake	UNDERTAKER'S CE	RTIFICATE IN	RELATION	TO DECEASE).	
Residence Sant Chestrust . Ward No. 2 Time of residence in the City Name of Mother Name of Father Place of intended interment fair view Country Date of intended interment for January Undertake		-				
. Time of residence in the City Name of Mother Name of Father Place of intended interment faviview and the City Date of intended interment faviview and the City Undertake	to. Place of birth BF	innu	Ca	mitt		
Name of Mother Name of Father Place of intended interment January Date of intended interment And Harmany Undertake	11. Residence East Ch	estr	m/-	. War	d No. 2	
Name of Mother Name of Father Place of intended interment January Date of intended interment And Harmany Undertake	12. Time of residence in the	City -				
Date of intended interment for your Country Undertake						
Date of intended interment for your Country Undertake	13. When a minor Name of	Father				
Hawley Canne, Undertake			nie	w Eur	uting	-
L. William Conf. Comp.	15. Date of intended intermen	I Na	1-/	9-19	10	
ate of Certificate Residence		en la	1/2	in	, Undertake	u.
	Date of Certificate		Resi	dence		
	***************************************		***************************************			

Infant of Henry & Leha Hart 1892

387
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Infant. Hart
2. Sex male . 3. Color White 4. Age
5. Married or Single July
6. Date of Death May 1"/92
7. Cause of Death Sull Source
8. Duration of last Illness
of Strugth, M. D.
Residence Dentine French
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth forty
11. Residence State . Ward No / 21
12. Time of Residence in the City
13. When a Minor. Name of Mother Mis Leha Hart.
Name of Father Trucky
14. Place of intended Interment Harriviel Com
15. Date of intended Interment flar 12292
Floguard, Undertaker.
Date of Certificate Man / - / 9! 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.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Thomas E. Hart
2.	Sex Male 3. Color White 4. Age don't Know
5.	Married or Single don't flura
6.	Date of death July 76" 1911.
7.	Cause of death Killrel by L M. R.
8.	Duration of last illness
	Residence Mountage (M. D.
	Residence waren la
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Dout Kum
10.	Place of birth
11.	Residence Ward No
12.	Time of residence in the city-
13.	When a minor { Name of Mother
10.	Name of Father
14.	Place of intended interment
15.	Date of intended interment 1977
	GERARD & GERARD. Undertaker.
Dat	Born brond in JAN RR III Miles The
By	My Palus fund in Body : Linety Le to for
The state of the	n & Hart
Jones	

Child of W. J. Harvell 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
6 -01 d 115 7 11 Hawell
1. Name of deceased Child of W.J. Huvell
2. Sex Male. 3. Color While. 4. Age // Months
5. Married or Single
6. Date of death Sept 29 1904
7. Cause of death Inanchin
8. Duration of last illness sexual Manths
A C. Wright, M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence delifield . Ward No.
12. Time of residence in the city.
13 When a minor Name of Mother Mrs W. J. Howell
13. When a minor Name of Father 20 J Howell
14. Place of intended interment Faire Cerustan
15. Date of intended interment Bot Seft 30 # 1904
Gerand Thrank, Undertaker.
Date of Certificate 26130/404 Residence

Edward Harvey 1898

1123 0 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 Odward Hanny
2. Sex Mall. 3. Color Mill. 4. Age 3/416.
5. Married or single Sunger 6. Date of death Nav 3011 1898
6. Date of death Africal Server
8. Duration of last illness Several days
A. Cartweight. M. D.
Residence
INNERTOKED'S CERTIFICATE IN DELOTION TO RECERCEN
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Philadelphia Pa
11. Residence Farmitule Ave. Ward No. / Sh
12. Time of residence in the City Name of Mother
Name of Father
14. Place of intended interment Familian Cumiling
15. Date of intended interment NAV 30"/1898
Levall & Liver Undertaker.
Date of Certificate NAV 30/9 Residence
A CONTRACTOR OF THE PROPERTY O

Edwin Harvey 1913

95
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 Edwin, Harvay 2. Sex 3. Color White 4. Age 22 yes. 5. Married or single JUN 2 4 1913
6. Date of death Lenwrhage from towels typhoid fer 8. Duration of last illness 27 hays -
Bowling Green, Ky, Residence
Undertaker's Certificate in Relation to Deceased. 9. Occupation
10. Place of birth 11. Residence Tyler Strong Mississer on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 11. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 12. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 13. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 14. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 15. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence on 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence On 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence On 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence On 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence On 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence On 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence On 10 th Str het. Emothers 16. Residence Tyler 2horn pents Risidence On 10 th Str het. Emothers 16. Residence Tyler 2horn pents
12. Time of residence in the city 7001 10 Polyman
13. When a minor Name of mother Name of father 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14. Place of intended interment July 26 1913. 15. Date of intended interment July 26 1913.
15. Date of intended interment GERARD & GERARD. Undertaker.
Date of Certificate JUN 2 4 1913 When the State of Certificate Would School Sc

James W. Harvey 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of degeased facurs, H. Harvey 2. Sex Malv 3. Color White 4. Age 64 yes 5. Married or Single Macual
1. Name of degeased facurs, If Sparrey
2. Sex Male . 13. Color Mach . 4. Age 64 yes
5. Married or Single Maurell
6. Date of death fruit 15"1904.
7. Cause of death Laucer
8. Duration of last illness
8. Duration of last illness JH Black frem , M. D.
Residence
II hak to come a part of the p
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation Lover, Delaway 10. Place of birth Fairving av
11. Residence Factoria COV Ward No.
12. Time of residence in the city
13. When a minor \{ Name of Mother
Name of Father
14. Place of intended interment
15. Date of intended interment
Lucio La Mario De La Company d
Date of Certificate Residence Residence

John Harvey 1898

1172 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 Ino Havey Harvey 2. Sex man. 2. Color whilt. 4. Age 4
5. Married or single Light 6. Date of death Lepturber 4 1898
7. Cause of death Condinate Company Com. 8. Duration of last illness / Months
Fon W. Stone, M. D. Residence Callyle St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Dardin Co My
12. Time of residence in the City
Name of Mother Name of Father
14. Place of intended interment A faith 6
Thably Payre, 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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased falm 21 Transing 2. Small 3. Color white 4. Age 3.9 5. Married or single many
2. Small 3. Color white 4. Age 39
5. Married or single Manua
6. Date of death aug 5 1911
7. Cause of death Valvula disease of wart,
8. Duration of last illness Cartweight & Helic M. D.
Residence Bouling Green 19
Undertaker's Certificate in Relation to Deceased.
9. Occupation Lawyer
10. Place of birth Warren Causty
11. Residence Bawling True Ky Ward No.
12. Time of residence in the city
13. When a minor Name of mother
7
15. Date of intended interment and fill Undertaker.
Date of Certificate Residence B. H.y.

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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. Mary Mr Harvry 2. Sex Francis 3. Color Market 4. Age 50 yrs 5. Married or single Market 6. Date of death June 17" 1908 7. Cause of death Narvous Prostration
2. Sex Francis 3. Color Mille 4. Age 50 yrs
5. Married or single Marriel
6. Date of death 17" 1908
7. Cause of death Navous (Prosumum
8. Duration of last illness W.R. Rickard M. D. Residence Mashvilla Januar
Mushvilla Tum
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
10. Place of birth 11. Residence Mashwill Funn, Ward No.
12. Time of residence in the city
13. When a minor Name of mother Name of father Warneleys
14. Place of intended interment Fauview Cemetery
15. Date of intended interment Juny 18/1908.
GERARD & GERARD. Undertaker.
Date of Certificate / 18/08, Residence BOWLING GREEN, B
Spg 278
一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个

Mary W. Harvey 1908

	TRANSPORTATION OF CORPSE.	
	Transit Permit No. (GIVE STATION NO.)	
	(GIVE STATION NO.)	
	Mysician Son Cononer's Certificate /9/19/	8
	Name of deceased (If a mind, give pareuts name also)	
11/26	Hour of Death 489 M. Age Years 50 Months Days	4
	Place of death Marhull Lun Cause of death	
	which is a	
	I hereby certify that the above is true to the best of my knowledge and belief. M. D. or Coroner.	
	Residence MAN World 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	
	O. # Ant before tody gan be shipped.	
	In the Conty of Hashouth County of Cari Mon	_
	State of on the day of 190 8	
	Permission is hereby given Will Oll Eusen Her Undertaker or Embalmer,	
1/2	to remove for burial at Bollingues in the Country of	
1	who died at market County of Davidson State of Time	
	who died at market County of Services State of Jon 1908 Aged 50 Years Months D	
1	and E Thick is hereby authorized to accompany said remains.	
A	(SEAL.) Signed College Health Officer.	200
	Sugnetify Sugnetify Beautify Determined to the State of t	1100

Child of W. J. Maggie Harvey 1907

100
This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Perm
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
of W. J. + Maggie
1. Name of deceased bhild of Wiff
2. Sex fruill 3. Golor Will 4. Age 4.
5. Married or single Suight JAN 19 1907
6. Date of death Atill Burn
7. Cause of death
8. Duration of last illness John John Committee of Mark John D.
Residence Byran Ry
Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in 110
9. Occupation
9. Occupation 10. Place of birth Bourfuig Guru Ky, 11. Residence Cuurtry Pike Ward No.
12. Time of residence in the city Mus, Maggar Harvy
13. When a minor Name of father. Maggin Harvey
14. Place of intended interment
15. Date of intended interment Jan. 19 1907.
GERARD & GERARD Undertaker.
Date of Certificate, Jun. 19/17. Residence OWLING GREEN, KY
V

Ed. W. Haskins 1908

101
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 Od. M. Hastfins 2. Sex Mall 3. Color Thill 4. Age 33 yrs. 5. Married or single Maurin 4. Age 33 yrs. 6. Date of death fan v'' 1908. 7. Cause of death Complication 8. Duration of last illness # P. Francis M. D. Residence ROWLING GREEN, IT
Undertaker's Certificate in Relation to Deceased. 9. Occupation
9. Occupation 10. Place of birth of fusion wills fish 11. Residence Linis wills Pikr Ward No.
12. Time of residence in the city 13. When a minor Name of mother Name of father
14. Place of intended interment Stainwiew Cemetery 15. Date of intended interment July 3"1908
Date of Certificate Jun 1/28, Residence ROWLING GREEN, K

Irving E. Haskins 1882

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BUR	IAL PERMIT
RETURN OF A DEATE	
PHYSICIAN'S CERTIFICATE PREPARATORY T	O BURIAL.
1. Name of Deceased Cony C. Hasten	
2. Sex Mah . 3. Color black . 4. Ag	10 19 mo
5. Married or Single	
6. Date of Death May 3	
7. Cause of Death Musichan Com	<i>p</i>
8. Duration of last Illness 24 Lowe	
J. O Zm.	, <i>M. D.</i>
Residence Dowling	
UNDERTAKER'S CERTIFICATE IN RELATION TO	DECEASED.
9. Occupation	
10 Place of Birth	
11. Residence Assure 8hul . War	d No /
12. Time of Residence in the City	
13 When y Minor Name of Mother Ann Ha	Man
13. When a Minor Name of Father Zalmend	
14. Place of intended Interment Col Court	
15. Date of intended Interment May 4 1882	¥
7/M	Undertaker.
Date of Certificate May 37-52 Residence	, concrement,
	Damouret Lab Defer
	Democrat Job Print

J. O. Haskins 1907

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased 2. Sex 3. Color 4. Age 5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness M. D. M. D.
Residence
rvesidence
9. Occupation
9. Occupation
9. Occupation
9. Occupation 10. Place of birth
9. Occupation 10. Place of birth 11. Residence Ward No.
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city
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 Name of father
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 15. Date of intended interment Manual Advances M
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 15. Date of intended interment Man 1867 Undertaker
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment Man 1867 Undertaker
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment Man 1867 Undertaker

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.
l. 4-1:171-0's
1. Name of deceased Leo. Horlip Harly 2. Sex Male 3. Color black 4. Age
ne.
5. Married or single Mularied 6. Date of death 15 1918
7. Cause of death A Flort Flander
8. Duration of last illness 7 pages 1 Alexander 1944
Instance Commo
Residence Bankley Spilly
Undertaker's Certificate in Relation to Deceased.
Indestables a certificate in Kelation to Deceased
——————————————————————————————————————
9. Occupation Harseler
9. Occupation Harseler 10. Place of birth Glustan Dry 11. Residence Bushing Green My St, Ward No. 3
9. Occupation Harseler 10. Place of birth Glustan Dry 11. Residence Bushing Green My St, Ward No. 3
9. Occupation Harseler 10. Place of birth Glus Gaul Dry 11. Residence Burling Grune My St, Ward No. 3. 12. Time of residence in the city Thirty fine years (Name of mother
9. Occupation Harseler 10. Place of birth Glus faul Dry 11. Residence Bunking from May If, Ward No. 3 12. Time of residence in the city Thirty from years Name of mother Name of father
9. Occupation Farseler 10. Place of birth Glus fam Dry 11. Residence Bunking from My St, Ward No. 3. 12. Time of residence in the city Thirty from years 13. When a minor Name of mother Name of father 14. Place of intended interment My St, mariah Country
9. Occupation Harseler 10. Place of birth Glussau Dry 11. Residence Burling grant My St, Ward No. 7 12. Time of residence in the city Thirty fring years 13. When a minor Name of mother 14. Place of intended interment My Franciah Country 15. Date of intended interment June 16-1908
9. Occupation Harseler 10. Place of birth Glusdan Ding 11. Residence Burking grant My St, Ward No. 7 12. Time of residence in the city Thirty fring years 13. When a minor Name of mother 14. Place of intended interment 1996 mariah Centery 15. Date of intended interment June 16-1908 16. Kungkundace Undertaker.
9. Occupation Harseler 10. Place of birth Glussau Ding 11. Residence June Green Ding of Ward No. 7 12. Time of residence in the city Thirty from years 13. When a minor Name of mother 14. Place of intended interment The mariah Cumitry 15. Date of intended interment June 16-1908 16. Kungkenduce Undertaker. Date of Certificate June 16-05 Residence
9. Occupation Harseler 10. Place of birth Glusdan Ding 11. Residence Burking grant My St, Ward No. 7 12. Time of residence in the city Thirty fring years 13. When a minor Name of mother 14. Place of intended interment 1996 mariah Centery 15. Date of intended interment June 16-1908 16. Kungkundace Undertaker.
9. Occupation Harseler 10. Place of birth Glussau Ding 11. Residence June Green Ding of Ward No. 7 12. Time of residence in the city Thirty from years 13. When a minor Name of mother 14. Place of intended interment The mariah Cumitry 15. Date of intended interment June 16-1908 16. Kungkenduce Undertaker. Date of Certificate June 16-05 Residence
9. Occupation Harseler 10. Place of birth Glussau Ding 11. Residence June Green Ding of Ward No. 7 12. Time of residence in the city Thirty from years 13. When a minor Name of mother 14. Place of intended interment The mariah Cumitry 15. Date of intended interment June 16-1908 16. Kungkenduce Undertaker. Date of Certificate June 16-05 Residence

Joseph Frank Hatcher 1906

TRA	NSPORTATION	OF COR	PSE.	
	Transit Permit No.			
	(GI	VE STATION NO.)		
PH'	YSICIAN'S OR CORONER	R'S CERTIFICA	TE. TOOC	
Name of deceased Joseph	n Frank Hatcher.	Date of Death	Apr 3 1906	
Hour of Death 8.05 A ⁽¹⁾ Place of death 1027 Be 11	M. Age Yeo	ers 6 Mgr	ths Days	
Place of death 1027 Bell	nont AveCause	of death	rum ano	
which is a Ken-Cenn	cable or non-communicable.)	1		
		my lengulades an	d. helief.	
I hereby certify that the	above is true to the best of			
	W.	Enny	M. D. or Corone	er.
Residence Nashville	W.	Enny		er.
Residence Nashville	County of Davids	Surgeon S	M. D. or Corone State of Tenn	
Residence Nashville This permit must be properly	County of Davids PERMIT OF LOCAL BOAR signed, and with Physician' Agent before a body car	RD OF HEALTH s Certificate present the shimed.	M. D. or Corone State of Tenn	
Residence Nashville This permit must be properly	County of Davids PERMIT OF LOCAL BOAI signed, and with Physician' Agent before a body can of Nashville	RD OF HEALTH s Certificate present be shipped. County of	M. D. or Corone State of Tenn	Express
Residence Nashville This permit must be properly In the City	County of Davids PERMIT OF LOCAL BOAR signed, and with Physician' Agent before a body car	RD OF HEALTH s Certificate present be shipped. County of	M. D. or Corone State of Tenn	Express
Residence Nashville This permit must be properly In the City State of Tenn Permission is hereby given	County of Davids PERMIT OF LOCAL BOAR signed, and with Physician' Agent before a body can of Nashville on the Finley H Dorris	RD OF HEALTH s Certificate present n be shipped. County of day of	M. D. or Corone State of Tenn . ated to the Railroad or . Davidson Apr 1906 . Undertaker or Em	Express
Residence Nashville This permit must be properly In the City State of Tenn Permission is hereby given to remove for hurial at	County of Davids PERMIT OF LOCAL BOAR signed, and with Physician' Agent before a body can nashville on the Finley M Dorris Sowling Oreen	RD OF HEALTH s Certificate present to be shipped. County of day of the County of	M. D. or Corone State of Tenn . nted to the Railroad or . Davidson Apr 1906 . Undertaker or Em	Express
Residence Nashville This permit must be properly In the City (City or township.) State of Tenn Permission is hereby given to remove for burial at State of Ky	County of Davids PERMIT OF LOCAL BOAR signed, and with Physician' Agent before a body can of Nashville on the 2 Finley M Dorris Bowling Green the body of	RD OF HEALTH s Certificate present be shipped. County of day of the County of South Frank	M. D. or Corone State of Tenn	Express190balmer,
Residence Nashville This permit must be properly In the City State of Tenn Permission is hereby given to remove for burial at State of Ky who died at Nashville	County of Davids PERMIT OF LOCAL BOAR signed, and with Physician' Agent before a body can of Nashville on the Finley M Dorris 30wling Oreen the body of County of	RD OF HEALTH s Certificate present be shipped. County of day of the County of South Frank	M. D. or Corone State of Tenn	Express190 balmer,
Residence Nashville This permit must be properly In the City State of Tenn Permission is hereby given to remove for burial at State of Ky who died at Nashville on the 3 day of	County of Davids PERMIT OF LOCAL BOAR signed, and with Physician' Agent before a body can of Nashville on the Finley M Dorris 30wling Oreen the body of County of	RD OF HEALTH s Certificate present to be shipped. County of day of the County of Sosph Frank Davids on Sed 50 Years	M. D. or Corone State of Tenn . nted to the Railroad or . Davidson Apr 1906 . Undertaker or Em Hatcher State of Tenn 6 Months 17	Express190 balmer,

Ernest Hawkins 1899

X 5 106
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 Greet Hunking
sex man. 3. Color black. 4. Age 17 7
5. Married or single Lije 6. Date of death Law 15- 1819
6. Date of death Municipality 7. Cause of death Municipality
8. Duration of last illness O Dorling, D.
Q.T.P. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Laboration
10. Place of birth 11. Residence Schrifted + 4 Lt Ward No. Z
12. Time of residence in the City
13. When a minor Name of Mother Name of Father
14. Place of intended interment
15. Date of intended interment
Date of Certificate Residence

Nannie M. Hawkins 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Mansin M. Hawkins
2.	Sex Junal . 3. Color White . 4. Age 26 years
5.	Married or Single Lingh
6,	Date of Death Two 8th 1882
7.	Cause of Death Phtheis Gulmon the
8.	Duration of last Illness Zana Green
	O. January M. D.
	Residence B. Salu.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation 7
10.	Place of Birth Bouling Guen Ky
1.	Residence adams Shut . Ward No 3
2.	Time of Residence in the City
	(Name of Mother
3.	When a Minor { Name of Mother Name of Father Name of States Name o
4.	Place of intended Interment Faire Cent
5.	Date of intended Interment Zy 10-1882
	H.C. Gerard Undertaker.
7)	ate of Certificate In 9-1882, Residence
11	are of corrections and an area of the corrections and the corrections are a correction and the corrections are a correction and the corrections are a corrections are a corrections are a corrections are a correction and the corrections are a correction and the correction are a correction are a correction and the correction are a correction are a correction and the correction are a c

P. B Hawkins 1893

493)	*		108
This Constitutes One Certific	cate to be Returned to the t	City Clerk for a Burial P	ermit.
RETUR	sh of a	DEATH.	
PHYSICIAN'S	CERTIFICATE PREPARATO	RY TO BURIAL.	
r. Name of deceased	Col GB	Hawk	ud)
2. Sex Male	3, Color thile	4. Age 7	byrd
5. Married or single 6. Date of Death	gar 2 out	73,	
7. Cause of Death	Fort l'eso	(Thiland)	brostolier
8. Duration of last Illn	ess 2 months	1	, M. D.
	Residence	· · · · · · · · · · · · · · · · · · ·	****************
UNDERTAKER'S	CERTIFICATE IN RELATIO	ON TO DECEASED.	
9. Occupation			
10. Place of Birth		7	
11. Residence Ads	7013	. Ward No. 27 =	11
12. Time of Residence	in the City		
13. When a Minor	me of Mother		
14. Place of intended I	71- 1	wiew (Vend.
15. Date of intended Int	11000	22"/93,	
Date of Certificate	Ch2//9 Resid	once Coll	ertaker.

Eliza Jane Hawley 1901

0
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 Als Chija Jayry Sawley 2. Sex French 3 John White 4 Ages 6 yes.
111:4.411
6. Date of death Oct, 2"/1901.
7. Cause of death Exhausling
8. Duration of last illness Hole Connact M. D.
8. Duration of last illness Ab Connach, M. D. Residence Towling Gran Sy,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Januarre
9. Occupation 10. Place of birth faunasses 11. Residence Austracty 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 Campley, Juneser,
15. Date of intended interment July 1991
Date of Certificate Let, 3/1901 . Residence

Philip Hay 1901

Ĉ 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 District
6. Date of death 0-7-19-190/
7. Cause of death Raul Acad Queuch
8. Duration of last illness The hous
Tt, G, Omgle , M. D.
Residence V
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Harmer
10. Place of birth Juland
11. Residence Inche ST Ward No, 12
12. Time of residence in the City. Con you
13. When a minor Name of Mother
14. Place of intended interment Saine Country
0-5 20 -1910
15. Date of intended interment Lugar Vicar Undertaker.
Date of Certificate . Residence

William V. Hay 1912

••	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. F
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	William & Harr
1.	Name of deceased White 2011
2.	Sex 3. Golor 4. Age 38 gra
5.	Married or Single 2002.
6.	Date of death 100 46/19/2
7.	Cause of death Morre merrillo fremunia
8.	Duration of last illness (Catuara hh
	SOWLING GREEN, KY
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Warran Colly.
11.	Residence Osmaling (J.M. Ward No
12.	Time of residence in the city
13.	When a minor { Name of Mother
	Name of Father
14.	Place of intended interment
15.	Date of intended interment
Date	e of Certificate Tax, 5/17. Residence ROWLING GREEN. RY

Child of John M. & Hettie Haydan 1907

3/0
This Constitutes One Certificate to be Retained to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased bhill of high Haydun 2. Sex funds 3. Color 4. Age 5. Married or single 6. Date of death Suff / " 07. 7. Cause of death Cumatur Birth 8. Duration of last illness M. D. Residence BOWLING GREEN. KY. Undertaker's Certificate in Relation to Deceased.
9. Occupation Varyer 60
10. Place of birth Warry 60
10. Place of birth Warraw Lab. 11. Residence " Ward No.
10. Place of birth Warran Lab. 11. Residence Ward No. 12. Time of residence in the city Ward No. (Name of mother Ms. Hattie Haylan
10. Place of birth Warraw Lab. 11. Residence " Ward No.
10. Place of birth Warraw Lab. 11. Residence
10. Place of birth Warraw Lab. 11. Residence "" Ward No. 12. Time of residence in the city Ward No. 13. When a minor Name of mother Mrs. Nattlik Harylan Name of father from Haylan ,
10. Place of birth Warraw Lab. 11. Residence " Ward No. 12. Time of residence in the city Ward No. 13. When a minor Name of mother Ms. Nattlik Haydan Name of father Ino M Haydan. 14. Place of intended interment Rayram Cemetery
10. Place of birth Warring Lab. 11. Residence "" Ward No. 12. Time of residence in the city

Sarah J. Hayes 1910

113
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
The section of Continuence Treparatory to Burian
1 Name of deceased Mrs Surah 1 Hanse
1. Name of deceased Nrs Surah J Tayes 2. Sexamale 3. Color White 4. Age 6.7
5. Married or single massed
6. Date of death
7. Cause of death Organic Heart Disease arterior, 8. Duration of last illness 253 mo
8. Duration of last illness 2 to 3 mo
Residence #1119 State SX
Residence #///9 State St
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Dant Know 11. Residence Lamisville Ky Ward No.
12. Time of residence in the city
13. When a minor Name of mother
14. Place of intended interment Cov2 / till Laurell
15. Date of intended interment Oct 18 1910
15. Date of intended interment
Date of Certificate OCT 2 44910 Residence BBULLY
Enrich of Killing Undertaker.
Enrich of Killing Undertaker.

Beulah Haynes 1910

114
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.
Mar D
1. Name of deceased Beulah Hayner
2. Setimale 3. Color white 4. Age 38 5. Married or single married
6. Date of death Oct 2 / 1910
7. Cause of death Surside from Corbolic acid
7. Cause of death Surside from Corbile and 8. Duration of last illness M. D.
M. D.
Residence Barrey Green Her
Undertaker's Certificate in Relation to Deceased.
order and a continuate in Relation to Deceased.
9. Occupation
9. Occupation 2222 10. Place of birth Warren sunty
9. Occupation 10. Place of birth Warren aunty 11. Residence Bankling Street Ky Ward No.
9. Occupation 10. Place of birth Warren sunty 11. Residence Bandly Green (My Ward No.) 12. Time of residence in the city (Name of mother Dant Green)
9. Occupation 10. Place of birth Warren sunty 11. Residence Bandly Sun (y Ward No.) 12. Time of residence in the city Name of mother Sant Input
9. Occupation 10. Place of birth Warren sunty 11. Residence Bandly Sun (ky Ward No.) 12. Time of residence in the city one years Name of mother Dant (ky) Name of father
9. Occupation 10. Place of birth Warring sunty 11. Residence Bauly Sun (y Ward No.) 12. Time of residence in the city Name of mother Name of father 14. Place of intended interment Wood burn 15. Date of intended interment Oct 22 1910
9. Occupation 10. Place of birth Warren sunty 11. Residence Bandy Sun / ward No. 12. Time of residence in the city on years 13. When a minor Name of mother Sant/Inna Name of father 14. Place of intended interment Woodburn
9. Occupation 10. Place of birth Warring sunty 11. Residence Bauly Sun (y Ward No.) 12. Time of residence in the city Name of mother Name of father 14. Place of intended interment Wood burn 15. Date of intended interment Oct 22 1910
9. Occupation 10. Place of birth Warren sunty 11. Residence Bauly Sun y Ward No. 12. Time of residence in the city Name of mother Sant Known Name of father 14. Place of intended interment Wook burn 15. Date of intended interment Oct 27 1910 Equation William Undertaker.
9. Occupation 10. Place of birth Warren sunty 11. Residence Bauly Sun y Ward No. 12. Time of residence in the city Name of mother Sant Known Name of father 14. Place of intended interment Wook burn 15. Date of intended interment Oct 27 1910 Equation William Undertaker.
9. Occupation 10. Place of birth Warren sunty 11. Residence Bauly Sun y Ward No. 12. Time of residence in the city Name of mother Sant Known Name of father 14. Place of intended interment Wook burn 15. Date of intended interment Oct 27 1910 Equation William Undertaker.

Mrs. John L. Haynes 1903

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	DUDGISHUS CONTINUES DEPUDITABLE TO DUDGI
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Mrs John L Hagnes Sex Fremal. 3. Color White 4. Age 39
2.	Sex Fremal 3. Color White 4. Age 39
	Married or single Washiel
6.	Date of death March 27th 1903
7.	Cause of death Tubuscules of Lings Duration of last illness Severel Worlds
8.	Rilla Dervell , M. D.
	Residence leallege St leity
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Place of birth Warrence leo
10.	Prace of office Aviocatic Co
	Residence to law street Ward No. 3
11. 12.	Residence le louf street Ward No. 3 Time of residence in the City. About & years
11. 12.	Time of residence in the City. about & years
11. 12.	Time of residence in the City. About 2 years When a minor Name of Mother When a minor Name of Fether
11. 12.	Time of residence in the City. About 2 years When a minor Name of Mother When a minor Name of Fether
11. 12. 13.	Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Besch Schuck Grayya Date of intended interment March 28th 1903
11. 12. 13. 14.	Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Bench lehnch Isageya Date of intended interment March 28th 1903 Levend Theraed, Undertaker.
11. 12. 13. 14.	Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Besch Schuck Brazily Date of intended interment March 28th 1903

Buchard Hays

	RETURN OF A DEATH.
	Buchard
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased Suchurt House Hay
2.	Sex Male . 3. Color Blick . 4. Age 21/2 93
5.	
6.	Date of Death 18th October
	Cause of Death Hireditany Sephalis
8.	Duration of last Illness Several Dury
	Do Impreian M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9,	Occupation
10.	Place of Birth
11.	Residence
12.	
	(Name of Mother
13.	When a Minor { Name of Father
14.	Place of intended Interment
1.1.	Date of intended Interment
15	Dute of antennen Interment
15.	. Undertaker.
15.	· Chaertaker.

J. H. Hays 1908

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 Adays 2. Sex Male 3. Color Finite 4. Age 62 446 5. Married or single Manual 6. Date of death Man 18/1908,
Physician's Certificate Preparatory to Burial. 1. Name of deceased A Age 1 1 2. Sex Male 1 3. Color fibrile 4. Age 62 4 5. Married or single Manual 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Name of deceased At Agys 2. Sex Male 3. Color White 4. Age 62 46 5. Married or single Manual 1. Name of deceased At Agys 4. Age 62 46 5. Married or single Manual 1. Name of deceased At Agys 4. Age 62 46 5. Married or single Manual 5. Married or single Manual 5. Married or single Manual 6. Married
2. Sex Male Manual 4. Age 62 4th 5. Married or single Manual 28 1208
6. Date of death Passacratical 7. Cause of death Passacratical 8. Duration of last illness 2 days
Residence Thirty BANK HOUR GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farman. 10. Place of birth Junion Co
10. Place of birth flavor froks Hause Od Ward No.
12. Time of residence in the city
13. When a minor Name of father
14. Place of intended interment May 30" 1908
Date of Certificate May 30" 1908, Residence OWLING OBEEN, KY.

James Lockwood Dunaway Hays 1909

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased amila La a ward The army Thank
2.	Name of deceased amis Lacrinor & Dungway Hay Sex Male 3. Color White 4. Age of Man
5.	Married or single Pingle
6.	Date of death Sept 16/09
7.	Cause of death 211 aprilion
8.	Duration of last illness life time
	WR Francis M. D.
	Residence Bourfrieg Freur TK
	<i>h</i>
	Undertaker's Certificate in Relation to Deceased
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	Occupation
10.	Occupation Place of birth Sauling Green 189
10. 11. 12.	Occupation Place of birth Samla Sum Sum Residence '' Ward No. Time of residence in the city Sum
10. 11.	Occupation Place of birth Saula Sun Sun Residence !! Ward No. Time of residence in the city Town Manual Sun
10. 11. 12.	Occupation Place of birth Samla Sum Sum Residence '' Ward No. Time of residence in the city Sum
10. 11. 12.	Occupation Place of birth and Manual
10. 11. 12. 13.	Occupation Place of birth and Sum
10. 11. 12. 13. 14.	Occupation Place of birth and Sum

William Hays 1911

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 William J. Kays
2.	sexmul. 3. Color White 4. Age 76
5.	Married or Single Prairie
6.	Date of death Sept 191411
7.	Cause of death Spronie Mishritis
8.	Duration of last illness // Dofs
	Spllutto, M. D.
f - cepie	Residence Cowlingsum
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Returns Famour
10.	Place of birth Warren Carty
11.	Residence Bawling Green Go Ward No.
12.	Time of residence in the city Two Year
13.	When a minor { Name of Mother Name of Father
14.	Place of intended interment farmer Cum
15.	Date of intended interment Type 20 1911
	Undertaker.
Dat	e of Certificate Residence

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 famale. 3. Color while . 4. Age 25 gm 5. Married or single suigle
5. Married or single Suigle
6. Date of death Cens 14 1806
7. Cause of death right haid fave
8. Duration of last illness 4 weeks
J.E. Munimote M.D.
Residence C
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 201 - Several ford Ward No.
11. Residence Ward No. 12. Time of residence in the City. 3
13. When a minor Name of Mother Will Washington
14. Place of intended interment Farrier Court
15. Date of intended interment 15 1906
Date of Certificate . Residence

John G. Hazelip 1908

18	4
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
709	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL,	
1. Name of deceased One G. Hazelija	
2. Sex made . 3. Color will 4. Age 28 yr	
6. Date of death August - 4 - 1508	400
8. Duration of last illness	
7. Cause of death Charic Dyantes 8. Duration of last illness Angelian M. D. Cautavis M. D. M. D.	
Residence	
DEPOSITEDES CENTIFICATE IN DELATION TO DESCREEN	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Mail Carrier	
10. Place of birth Edmonion County My	
11. Residence Cer Nugul + Church Ward No.	
12. Time of residence in the City. Z	
(Name of Mother	225
13. When a minor Name of Father	**
14. Place of intended interment Edguardon Co /ty	
15. Date of intended interment 1100-5-07	
Hawley Dayne, Undertake	r.
Date of Certificate . Residence	

Thomas Hazelip 1904

Amu	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 That Hazely
2.	Sexmale 3. Color mili 4. Age 82 ym
5.	Married or single
6.	Date of death Sept - 27 - 1904
7.	Cause of death Camp tiention
8.	Duration of last illness Ling Cin
	A / My: Conwalk , M. D.
	Residence
	ANNOTATIVE CENTIFICATE IN DELITION TO DECELCED
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9	
9,	Occupation
10.	Occupation Place of birth
10. 11.	Occupation Place of birth Residence Apper State Ward No.
10.	Occupation Place of birth Residence Apper State Ward No, Time of residence in the City.
10. 11.	Occupation Place of birth Residence Apper State Ward No, Time of residence in the City. When a minor Name of Mother
10. 11. 12.	Occupation Place of birth Residence Apper State Ward No, Time of residence in the City. When a minor Name of Mother Name of Father
10. 11. 12.	Occupation Place of birth Residence Appear State Ward No. Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment
10. 11. 12. 13.	Occupation Place of birth Residence Apper State Ward No. Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Father Date of intended interment 28-54
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Apper State Ward No, Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Father Date of intended interment State 28-544 Lawray Say we, Undertaker.
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Apper State Ward No. Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Father Date of intended interment 28-54
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Apper State Ward No, Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Father Date of intended interment State 28-544 Lawray Say we, Undertaker.

Warren County, Kentucky L	Death Records, Box 2, Fold	ler 5 (Hac to Haz)
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	Warren County, Kentucky Death Records, Box 2, Folder 5 (Hac to Haz)		
M00 000	Manuscripto & Folklife Archives	Library Consist Callestians	Martan Kartal Halland