


1877

Box 2, Folder 6 Bowling Green, Kentucky - Death Records, He-Hi

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Child of Samantha Head 1898

1700

This Constitutes 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 Samantha Head*
2. Sex *Female* 3. Color *black* 4. Age *Still born*
5. Married or single _____
6. Date of death *Nov-22-98*
7. Cause of death *Still Born*
8. Duration of last illness _____

_____, M. D.
Residence *A. W. Council*
Health Officer

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Bowling Green Ky*
11. Residence *Kentucky St* Ward No. *3rd*
12. Time of residence in the City _____
13. When a minor { Name of Mother *Samantha Head*
Name of Father _____
14. Place of intended interment *County Co*
15. Date of intended interment *Nov-23-1898*
Guard & Son, Undertaker.

Date of Certificate *Nov-23/98* Residence _____

Charles L. Heady 1877

2

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Chas L. Heady*

2. Sex *Male* 3. Color *White* 4. Age *5 1/2 months*

5. Married or Single _____

6. Date of Death *Dec 11th 1877*

7. Cause of Death *Conjestion of Brain*

8. Duration of last Illness _____

M. Briggs, M. D.
Residence *2nd Ward*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ Ward No. *3rd*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Pantagraph Print.

Annie Healy 1910

3

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

RETURN OF A DEATH.

802

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Annie Healy
 2. Sex Female 3. Color White 4. Age 39 yrs
 5. Married or Single Single
 6. Date of death April 21 - 1910
 7. Cause of death Pulmonary Tuberculosis
 8. Duration of last illness 2 days
J. O. Keardon, M. D.
 Residence 910 1/2 Stob St

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Ky
 11. Residence Cor Patter & Chunks Sts Ward No. 2
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment St Joseph Cemetery
 15. Date of intended interment April 23/1910
GERARD & GERARD, Undertaker.
 Date of Certificate April 22 Residence City

Jimmie Heard 1891

298 4

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Jimmie Heard.*
 2. Sex *Male* 3. Color *Blk* 4. Age *1 year*
 5. Married or Single *Single*
 6. Date of Death *June 8th 1891*
 7. Cause of Death *Typhoid fever*
 8. Duration of last Illness *Four weeks*

R. J. Hamilton, M. D.
 Residence *Bowling Green Ky*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth *City.*
 11. Residence *Ky. ave.* Ward No. *3rd*
 12. Time of Residence in the City _____

13. When a Minor. } Name of Mother *Jimmie Heard.*
 } Name of Father _____

14. Place of intended Interment *Mt. Moriah Cem.*
 15. Date of intended Interment *June 9th 1891*

J. B. Gerard, Undertaker.
 Date of Certificate *June 9-91.* Residence _____

Sara Heard 1891

248 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 *Sara Heard*
2. Sex _____ 3. Color *Black* 4. Age *43 years*
5. Married or Single *Married*
6. Date of Death *January 10 — 1891*
7. Cause of Death *Cancer in Head*
8. Duration of last Illness *D^r Robinson*
pr Dr Meigs, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co*
11. Residence *Breanle St.* Ward No. *Third*
12. Time of Residence in the City *12 years*
13. When a Minor.) Name of Mother _____
) Name of Father _____
14. Place of intended Interment *Mount Mariah*
15. Date of intended Interment *Jan 10 " 1891*
Prather & Matlock Undertaker.
Date of Certificate *Jan 10 "* Residence _____

J. H. Hearldson 1892

429 6

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *J. H. Hearldson*
2. Sex *Male* . 3. Color *White* . 4. Age *44 years*
5. Married or Single *Married*
6. Date of Death *Aug 3rd 1892*
7. Cause of Death *Gastro-Intestinal Colitis*
8. Duration of last Illness *No mark -*

J. F. Duncan, M. D.
Residence *Bowling Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Carpenter*
10. Place of Birth *Warren County*
11. Residence *Church Street* . Ward No. *4th*
12. Time of Residence in the City _____

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

14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Aug 4th 1892*
F. B. Gentry, Undertaker.

Date of Certificate *Aug 3rd 1892*. Residence _____

Harvey Heckman 1909

#610.- 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 *Harvey Heckman*

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

5. Married or single *Married*

6. Date of death *APR 6 - 1909*

7. Cause of death *Complications incident to old age*

8. Duration of last illness _____

W. A. Lullis, M. D.
Residence *Rich Pond Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth _____

11. Residence *Rich Pond* Ward No. _____

12. Time of residence in the City _____

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *April 7th 1909*

Morris T. Enuchs, Undertaker.
Residence *Burling Green Ky*

Date of Certificate _____

2017A160

Willis Heffington 1910

8

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

RETURN OF A DEATH.

871

Physician's Certificate Preparatory to Burial.

1. Name of deceased Willis Heffington
 2. Sex male 3. Color white 4. Age 18
 5. Married or Single single
 6. Date of death Thurs Aug 4 - 1910
 7. Cause of death Typhoid fever
 8. Duration of last illness 55 days
J. M. Grubb, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Planing mill
 10. Place of birth _____
 11. Residence Bowling Green Ky Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father J. H. Heffington
 14. Place of intended interment Daves Creek ch
 15. Date of intended interment Aug 5 1910
Emmett Kelley, Undertaker.
 Date of Certificate AUG 10 1910 Residence B Green
AUG 15 1910

George Helen 1904

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 George Helen
2. Sex Male Color Blk 4. Age 19 yrs
5. Married or Single Single
6. Date of death Dec 8 '04
7. Cause of death Consumption
8. Duration of last illness _____
_____L. E. Huddle_____, M. D.
Residence B. Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence Kentucky St Ward No. 2
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Home, Green Ky.
15. Date of intended interment Dec 9 '04
Harold Girard, Undertaker.
Date of Certificate Dec 8 '04 Residence _____

George Helm 1913

10

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

RETURN OF A DEATH.

1352

Physician's Certificate Preparatory to Burial.

1. Name of deceased George Helm
2. Sex male 3. Color Cal. 4. Age 60 yrs.
5. Married or single married
6. Date of death Mar. 3 - 1913.
7. Cause of death Cerebral Paralysis
8. Duration of last illness About 10 ds

O. S. Poth M. D.

Residence 7 Southview Green St

Undertaker's Certificate in Relation to Deceased.

9. Occupation Trimmer Packer
10. Place of birth Clarksville Tenn.
11. Residence Porterstown in B. Ave. Ward No.
12. Time of residence in the city About 25 yrs
13. When a minor { Name of mother A. J. Mrs. Barber
Name of father Robert J. Barber
14. Place of intended interment Mt. Moriah Cem.
15. Date of intended interment Mar. 4 - 1913

J. E. Thompson Undertaker.

Date of Certificate Mar. 4 - 1913 Residence

Box 77 College St

Dr. W. D. Helm 1892

426

11

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

1. Name of deceased *Dr. W. D. Helm.*
2. Sex *Male* . 3. Color *White* . 4. Age *85 yrs*
5. Married or Single *Married*
6. Date of Death *July 25"/1892.*
7. Cause of Death *Chronic Bright's Disease*
8. Duration of last Illness *2 weeks*
A. P. Corbwright, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Hardin County*
11. Residence *8th Street* . Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Fairview Cem.*
15. Date of intended Interment *July 27"/1892.*
F. C. Shepard . Undertaker.
Date of Certificate *July 26/92.* Residence *City.*

Mrs. W. D. Helm 1893

586 12

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs W D Helm* *Helm*

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

5. Married or single *Widow*

6. Date of Death *Dec 22nd 1893*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *10 days*

Jno. P. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Adair County*

11. Residence *9th Street* . Ward No. _____

12. Time of Residence in the City _____

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

14. Place of intended Interment *Farmers Cent*

15. Date of intended Interment *Dec 24th 1893*

H. C. Grand & Bro, Undertaker.

Date of Certificate _____ . Residence _____

Child of Charles & Laura Heminger 1901

13

This Constitutes 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 Chas. Heminger.*
 2. Sex *Female* 3. Color *White* 4. Age *4 da.*
 5. Married or single *Single*
 6. Date of death *Nov. 20" 1901.*
 7. Cause of death *Inanition*
 8. Duration of last illness *3 days*
J. H. Stone, M. D.
- Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *City,*
 11. Residence *Main St.* Ward No. *3,*
 12. Time of residence in the City.
 13. When a minor { Name of Mother *Mrs. Laura Heminger*
Name of Father *Chas. Heminger*
 14. Place of intended interment *Fairview Cemetery.*
 15. Date of intended interment *Nov. 21/1901.*
Guard and Guard, Undertaker.
- Date of Certificate *Nov. 21/1901.* Residence

Emma F. Heminger 1891

342

14

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Emma F. Heminger
 2. Sex female . 3. Color white . 4. Age 3 weeks
 5. Married or Single _____
 6. Date of Death Oct 29th 1891
 7. Cause of Death Lung trouble
 8. Duration of last Illness 3 weeks
R. J. Hamilton , M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth city
 11. Residence Leitch Street . Ward No. 4th
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother Laura A. Heminger
 } Name of Father Chas C
 14. Place of intended Interment St Josephs Church
 15. Date of intended Interment Oct 29th 1891
H. H. Young , Undertaker.
 Date of Certificate _____ . Residence _____

J. Newton Heminger 1904

15

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. Newton Heminger Heminger
 2. Sex Male 3. Color White 4. Age 42 yrs.
 5. Married or Single Married
 6. Date of death July 13 "04
 7. Cause of death Lesion to heart
 8. Duration of last illness 26 days
H. P. Cortwright, M. D.
 Residence Reading Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth City
 11. Residence Scott St. Ward No. 3.
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment St. Joseph, Cemetery
 15. Date of intended interment July 14 "04.
Grandt Grand, Undertaker.
 Date of Certificate July 13-04. Residence _____

Child of Nickolas & Mollie Heminger 1891

250 167

This Constitutes 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 Nick Heminger*

2. Sex *boy* . 3. Color *white* . 4. Age _____

5. Married or Single *single*

6. Date of Death *Jan 11 / 1891*

7. Cause of Death *Still born*

8. Duration of last Illness _____

J. E. Prichard, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *City*

11. Residence _____ . Ward No. *4th*

12. Time of Residence in the City _____

13. When a Minor. } Name of Mother *Mollie Heminger*
 } Name of Father *Nickolas Heminger*

14. Place of intended Interment *Warren Cem*

15. Date of intended Interment *Jan 11 1891*

H. G. [Signature], Undertaker.

Date of Certificate _____ . Residence _____

Robert Edger Heminger 1910

17

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

RETURN OF A DEATH.

887

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Robert Edger Heminger* *Heminger*

2. Sex *Male* 3. Color *White* 4. Age *37*

5. Married or single *Single*

6. Date of death *Sept 2 1910*

7. Cause of death *Peritonitis*

8. Duration of last illness *1 wk*

T. H. Staw M. D.

Residence *Bardonia Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Machinist*

10. Place of birth *Bardonia*

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

12. Time of residence in the city *37 years*

13. When a minor { Name of mother *Mrs L C Heminger*
Name of father *L C Heminger*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Sept 4th 1910*

GERARD & GERARD Undertaker.

Date of Certificate *Sept 3 1910* Residence

Virginia Heminger 1911

18

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

RETURN OF A DEATH.

966

Heminger

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Virginia Heminger*
 2. Sex *Female* 3. Color *White* 4. Age *15 yrs.*
 5. Married or single *Single*
 6. Date of death *FEB 6 - 1911*
 7. Cause of death *Tuberculosis*
 8. Duration of last illness *7 mo*
G. W. Stone M. D.
 Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *BOWLING GREEN, KY*
 11. Residence *Adams, St.* *BOWLING GREEN, KY* Ward No.....
 12. Time of residence in the city *15 yrs.*
 13. When a minor { Name of mother *Mrs. C. C. Heminger*
 Name of father *C. C. Heminger*
 14. Place of intended interment *Parview Cemetery*
 15. Date of intended interment *FEB 6 - 1911*
GERARD & GERARD Undertaker.
 Date of Certificate *FEB 6 - 1911* Residence *BOWLING GREEN, KY*

Child of Dave & May Henderson 1891

256 19

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Dave ^{May} Henderson*
2. Sex *girl* 3. Color *White* 4. Age *Still Born*
5. Married or Single *Single*
6. Date of Death *Jan 24/1891*
7. Cause of Death *Still Born*
8. Duration of last Illness _____
J. F. McElroy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *College Street*
11. Residence *College Street* Ward No. *2*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *May* "
 } Name of Father *Dave Henderson*
14. Place of intended Interment *Mt Union*
15. Date of intended Interment *Jan 25th 1891*
H. C. Gandy, Undertaker.
Date of Certificate _____ . Residence _____

Child of Ed Henderson 1897

1195 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.

_____ of Ed

1. Name of deceased Infant - Henderson
 2. Sex _____ 3. Color Blk 4. Age _____
 5. Married or single _____
 6. Date of Death Still Born
 7. Cause of Death still born
 8. Duration of last Illness _____

J. F. McCoy, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth City
 11. Residence State _____ Ward No. 2
 12. Time of Residence in the City _____

13. When a Minor } Name of Mother _____
 } Name of Father Ed Henderson
 14. Place of intended Interment County ground
 15. Date of intended Interment July 29/97
Brother J. F. McCoy, Undertaker.

Date of Certificate _____ Residence _____

Elizabeth Henderson 1904

21

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Elizabeth Henderson*
 2. Sex *Female* 3. Color *White* 4. Age *49 yrs.*
 5. Married or Single *Widow*
 6. Date of death *Sept 25th 04.*
 7. Cause of death *Cancer*
 8. Duration of last illness *J. C. Huddle.*, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth
 11. Residence *7th St.* Ward No. *2*
 12. Time of residence in the city
 13. When a minor { Name of Mother
 { Name of Father
 14. Place of intended interment *St. Josephs Cemetery*
 15. Date of intended interment *Sept 26th 04.*
Edward Guard, Undertaker.
 Date of Certificate *Sept. 26/04* Residence *City*

Henry Henderson 1898

1114 22

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Henry Henderson
2. Sex Male 3. Color White 4. Age 43 yrs.
5. Married or single Married
6. Date of death Mar. 31" 98.
7. Cause of death Phro Pneumonia
8. Duration of last illness _____
A. G. Knight , M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Merchant
10. Place of birth _____
11. Residence Main St. Ward No. 3rd
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment St. Josephs Cemetery
15. Date of intended interment April 1" 1898.
Guard & Guard , Undertaker.
Date of Certificate Mar. 31" 98. Residence City.

Jimmie Henderson 1891

365 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.—

1. Name of deceased *Jimmie Henderson.*
2. Sex *Male* . 3. Color *White* . 4. Age *21 yrs*
5. Married or Single *Single*
6. Date of Death *Dec 23/91.*
7. Cause of Death *Pneumonia*
8. Duration of last Illness _____

J. E. McCann, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Logan County*
11. Residence *7th Street* . Ward No. *3rd*
12. Time of Residence in the City *9 yrs.*
13. When a Minor.) Name of Mother _____
) Name of Father _____
14. Place of intended Interment *Catholic Cem.*
15. Date of intended Interment *Dec 24th/91.*
H. C. Grand. Undertaker.
Date of Certificate *Dec 23/91* Residence *City*.

C. W. Hendrick 1910

2421

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

863

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *C. W. Hendrick*
 2. Sex *Male* 3. Color *White* 4. Age _____
 5. Married or Single *Single*
 6. Date of death *July 21" 1910.*
 7. Cause of death *Dysphoid fever*
 8. Duration of last illness _____

_____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Telegraph Operator*
 10. Place of birth *Warren Co*
 11. Residence *Shawnee, Oklahoma* Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *July 23" 1910.*
Garland T. Farned, Undertaker.
 Date of Certificate *July 23" 1910.* Residence _____

C. W. Hendrick 1910

THIS CERTIFICATE AND THE SHIPPING PASTER BELOW MUST BE DETACHED AT THIS PERFORATION AND SECURELY TACKED OR PASTED ON THE END OF THE COFFIN BOX.

CERTIFICATE OF UNDERTAKER

I hereby certify that the accompanying dead body of C. W. Hendrick
(If a minor, give the parents' name also)

Consigned to Bowling Green in the County of Warren State of Kentucky
 and who died of Apoplexy has been prepared by me, strictly in accordance with
 Rules of the State Board of Embalming of the State of Oklahoma for transportation by railway and in con-
 formity with said Rules as printed on the back of this permit, and I further certify that I hold an Embalmers'
 Permit (No. 343) issued by said State Board.

Residence Shawnee Ky With Fleming & Brown Shipping Undertaker W. C. Gaskins

[SHAL] **PASTER** Transit Permit No. _____
(Give Station No.)

Station baggagemen must enter hereon a description of the ticket, the exact route
 and VIA WHAT JUNCTION POINTS THE TICKET READS, which is held
 by the passenger in charge of the remains.

SPECIAL INSTRUCTIONS.—A burial case containing a corpse must not be received for transportation unless the person in charge of the
 remains presents a Certificate of the attending physician or coroner, a permit from the Board of Health and an undertaker's Certificate that the
 body has been prepared for burial according to the law of the State. Neither will it be received if any fluids or offensive odors are escaping
 from the case. Agents will detach the Certificate and this Paster at the perforation and tack them securely on the end of the box before shipping.

Date July 29 - 1910

From Shawnee to Bowling Green State Ky

No. of Ticket of Escort 9-98783 Form No. of Ticket of Escort Pass

No. of Corpse Ticket 9-98773 Form No. Corpse Ticket Pass

Via CR & P R. R. To Memphis

Via _____ R. R. To _____

Via bn R. R. To A-Mem

Via _____ R. R. To _____

Via _____ R. R. To _____

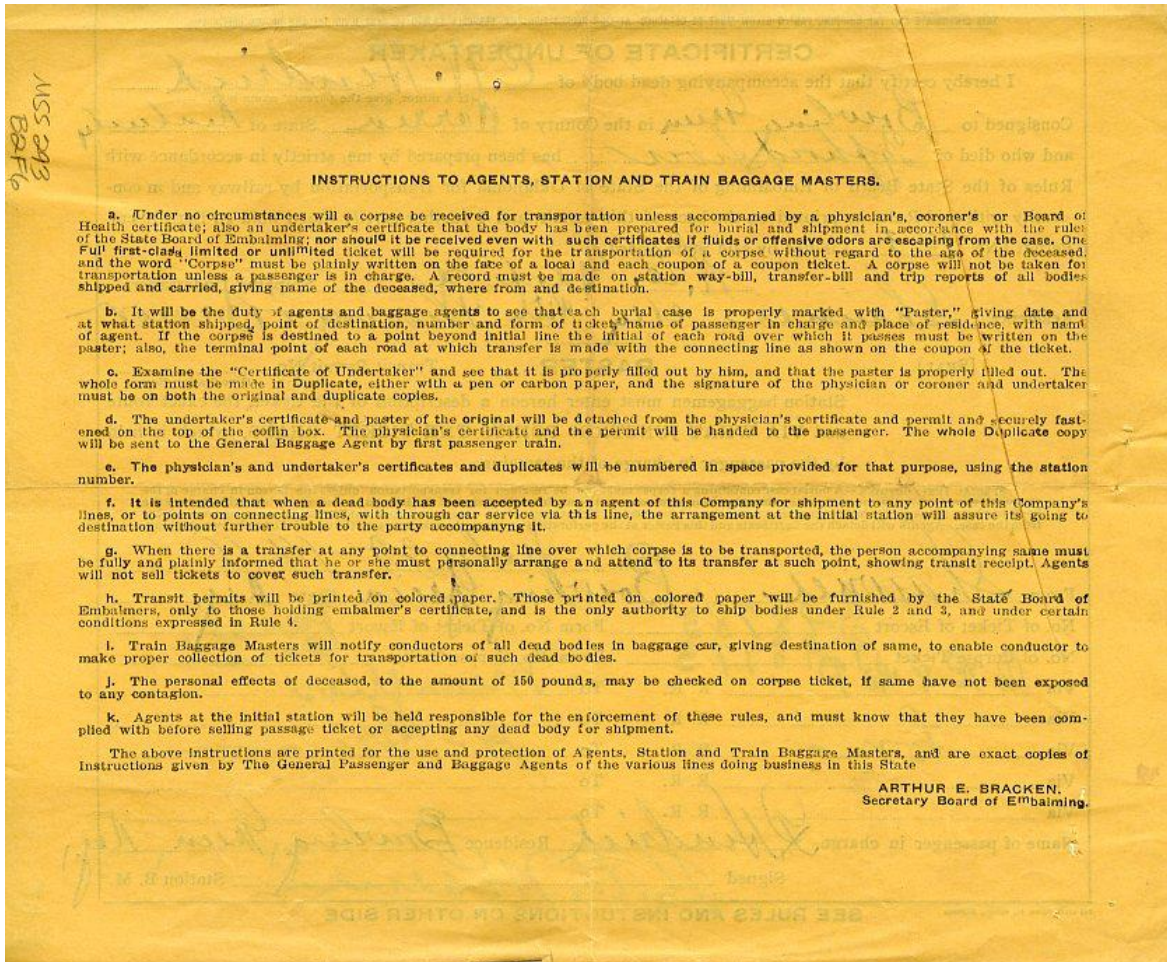
Name of passenger in charge C. W. Hendrick Residence Bowling Green Ky

Signed W. C. Gaskins Station B. M.

SEE RULES AND INSTRUCTIONS ON OTHER SIDE

242

C. W. Hendrick 1910



Mrs. E. H. Hendrick 1906

25

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

RETURN OF A DEATH.

#67

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs E. H. Hendrick*
 2. Sex *Female* 3. Color *White* 4. Age *75 yrs*
 5. Married or single *Married*
 6. Date of death *July 11" 1906.*
 7. Cause of death *Septic poison*
 8. Duration of last illness
J. G. Maradith, M. D.
 Residence *BOWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *Warren County*
 11. Residence *College St* Ward No. *2*
 12. Time of residence in the City.
 13. When a minor { Name of Mother *Mrs. H. M. Swinners*
 Name of Father *H. M. Swinners*
 14. Place of intended interment *Grivins Cemetery*
 15. Date of intended interment *July 12/06*
GERARD & GERARD., Undertaker.
 Date of Certificate *July 12/06.* Residence *BOWLING GREEN, KY*

Ellen Hendrick 1878

216

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Miss Ellen Hendrick*

2. Sex *Female* 3. Color *White* 4. Age *29*

5. Married or Single *Married*

6. Date of Death *Apr 16th 1878*

7. Cause of Death *Consumption*

8. Duration of last Illness *14 months*

A. L. ..., M. D.

Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence _____ Ward No. *2*

12. Time of Residence in the City *4 weeks*

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

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *April 17th 1878*

Jno C. Gerard, Undertaker.

Date of Certificate *April 16th 1878*. Residence _____

Pantagraph Print.

Ellen Hendrick 1898

27

Out of copy

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Miss Ellen Hendrick*
2. Sex *Female* 3. Color *White* 4. Age *24 yrs.*
5. Married or single *Single*
6. Date of death *July 21st 1898*
7. Cause of death *Consumption*
8. Duration of last illness _____
Jno. P. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County*
11. Residence *High Street* Ward No. *1*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Petty Grave yard*
15. Date of intended interment *July 22nd 1898*
Guard & Guard, Undertaker.
Date of Certificate *July 22nd 1898* Residence _____

Harold Hendrick 1912

28

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

RETURN OF A DEATH.

1240

Physician's Certificate Preparatory to Burial.

1. Name of deceased Harold Hendrick
2. Sex Male 3. Color White 4. Age
5. Married or single single
6. Date of death Sept 1st 1912
7. Cause of death Premature Death
8. Duration of last illness

D. B. Rutherford M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth BOWLING GREEN, KY
11. Residence Clay St. Ward No. 3
12. Time of residence in the city
13. When a minor { Name of mother Mary Hendricks
 Name of father Thos. S. Hendricks
14. Place of intended interment Fairview Cemetery
15. Date of intended interment SEP - 2 1912

GERARD & GERARD - Undertaker.

Date of Certificate SEP - 2 1912 Residence

Infant of L. W. & Clara Hendrick 1905

29

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

RETURN OF A DEATH.

480

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of L. W. ^{Clara} Hendrick*

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

5. Married or single *single*

6. Date of death *June, 26th 1905*

7. Cause of death *Premature Birth.*

8. Duration of last illness *W.C. Typhoid.* M. D. _____

Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Bowling Green Ky*

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

12. Time of residence in the city _____

13. When a minor { Name of mother *Mrs. Clara Hendrick*
Name of father *L. W. Hendrick*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *June, 27th 1905.*

GERARD & GERARD. Undertaker.

Date of Certificate *June, 27/05* Residence *BOWLING GREEN, KY*

Child of L. W. & Clara Hendrick 1910

30

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

RETURN OF A DEATH.

864

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of L. W. Hendrick.*
 2. Sex *Male* 3. Color *White* 4. Age *16 Mo.*
 5. Married or single *Single*
 6. Date of death *July 24 "1910.*
 7. Cause of death *Typhoid Fever*
 8. Duration of last illness *4 or 5 weeks*
 M. D. *W. E. Tognet.*
 Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *BOWLING GREEN, KY.*
 11. Residence *Center St. BOWLING GREEN, KY* Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother *Mrs. Clara Hendrick.*
 Name of father *L. W. Hendrick.*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *July 25 "1910.*
GERARD & GERARD Undertaker.
 Date of Certificate *July 25 "1910.* Residence.....

Child of Lanes & Rachal Hendrick 1896

Out of City

31

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Lanes Hendrick*
 2. Sex 3. Color *White* 4. Age
 5. Married or single *Single*
 6. Date of Death *Dec. 26th 1896*
 7. Cause of Death *Still born*
 8. Duration of last Illness
 *O. H. Mulliken*, M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of Birth *City*
 11. Residence *Main Street* . Ward No. *3rd*
 12. Time of Residence in the City
 13. When a Minor } Name of Mother *Mrs Rachal Hendrick*
 } Name of Father *Lanes Hendrick*
 14. Place of intended Interment *Petty Grove Rd. Warren Co*
 15. Date of intended Interment *Dec 27/96*
 F. C. Guard & Bro., Undertaker.
 Date of Certificate *Dec 27/96* Residence

Lois Hendrick 1900

32

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Lois Hendrick
2. Sex female 3. Color white 4. Age 3 yr
5. Married or single single
6. Date of death Sept 22-
7. Cause of death Spinal Curvature
8. Duration of last illness _____
O. B. A. Milliken M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Three Forks Tenn Co -
11. Residence Beauty Ave - Ward No. 3rd
12. Time of residence in the City 9 months
13. When a minor } Name of Mother Jamie Hendrick
 } Name of Father Robert T. " "
14. Place of intended interment Clond Lane Yel.
15. Date of intended interment Sept - 23 - 1900
Howard Oswald, Undertaker.
Date of Certificate _____ Residence _____

Mary E. Hendrick 1911

33

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

RETURN OF A DEATH.

1070

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary E. Hendrick
 2. Sex Female 3. Color White 4. Age 83 yrs.
 5. Married or Single Widow
 6. Date of death Aug. 24" 1911.
 7. Cause of death Cancer of Bladder, as per Vital Statistics
 8. Duration of last illness 6 weeks.
 Signature Engene A. Gerard
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren County
 11. Residence Mar. Green East Ky. Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Aug 25" 1911.
GERARD & GERARD. Undertaker.
 Date of Certificate Aug 24/11 Residence _____

Polly Hendrick 1904

34

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Polly Hendrick*
 2. Sex *Female* 3. Color *White* 4. Age *73 yrs*
 5. Married or Single *Widow*
 6. Date of death *Mar. 26" 1904.*
 7. Cause of death *Sarcinemia*
 8. Duration of last illness _____
 _____, M. D.
 Residence *City Physician*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence *Main 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 *Kepler, Harrods, Co.*
 15. Date of intended interment *Mar. 26" 1904.*
David J. Laird, Undertaker.
 Date of Certificate *Mar 26/1904* Residence _____

Rachial Hendrick 1896

Out of City 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 *Mrs Rachial Hendrick*
2. Sex *Female* 3. Color *white* 4. Age *71 yrs*
5. Married or single *married*
6. Date of Death *Sep - 29 1896*
7. Cause of Death *Puerperal Duetomitis*
8. Duration of last Illness _____
B H Milliken, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *Main St* Ward No. *3*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Petty Lane Yard -*
15. Date of intended Interment *Sep - 30 1896*
F. L. Grand & Bro., Undertaker.
Date of Certificate _____ Residence _____

Robert W. Hendrick 1900

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 *Robt. W. Hendrick*
 2. Sex *Male* 3. Color *White* 4. Age *76 yrs*
 5. Married or single *Married*
 6. Date of death *August, 7th 1900.*
 7. Cause of death *Chronic Brights Disease.*
 8. Duration of last illness _____
A. P. Cartwright, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Warren County*
 11. Residence *Fairview Avanna* Ward No. *2*
 12. Time of residence in the City *17 yrs*
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment *Fairview Cemetery.*
 15. Date of intended interment *Aug 8th 1900.*
 Garard Fred Garard., Undertaker.
 Date of Certificate *Aug 7th 1900.* Residence _____

Thomas T Hendrick 1908

37

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

RETURN OF A DEATH.

376

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Thos T. Hendrick*
 2. Sex *Male* 3. Color *White* 4. Age *31 yrs.*
 5. Married or single *Single*
 6. Date of death *Jan 6 1908*
 7. Cause of death *Epilepsy*
 8. Duration of last illness *Two W. Stour* M. D.
 Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *B Green Ky.*
 11. Residence *12th St.* Ward No. *2*
 12. Time of residence in the city
 13. When a minor { Name of mother
 Name of father *Dr J F Hendrick*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Jan 7 1908.*
GERARD & GERARD Undertaker.
 Date of Certificate *Jan 6/1908* Residence *BOWLING GREEN, KY.*

Infant of E. H. & Fannie Hendricks 1879

38

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

RETURN OF A DEATH.

of E.H. + Fannie

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Infant Hendricks & Hendricks*
2. Sex *Female* . 3. Color *White* . 4. Age _____
5. Married or Single _____
6. Date of Death *May 27th 1879*
7. Cause of Death *Immature Birth.*
8. Duration of last Illness _____

J. N. W. Linn , M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *BS*
11. Residence *Church* . Ward No. *3*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Fannie Hendricks*
Name of Father *E. H. Hendricks*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Aug 28th 79*

Frank C. Edwards , Undertaker.

Date of Certificate *Aug 28th 79* . Residence _____

Democrat Print.

Elijah Hendricks 1907

#192

39

This Constitutes 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 *Elijah Hendricks*
 2. Sex *Male* 3. Color *White* 4. Age *46 yrs.*
 5. Married or single *Married*
 6. Date of death *April 5" 1907*
 7. Cause of death *Pulmonary tuberculosis*
 8. Duration of last illness
Leidilla Dowell M. D.
 Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Simpson, Mo.*
 11. Residence *Morgantown Pike* Ward No. *2*
 12. Time of residence in the city *26 yrs.*
 13. When a minor { Name of mother
 Name of father
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Apr. 6" 1907*
GERARD & GERARD Undertaker.
 Date of Certificate *Apr. 5/07.* Residence *BOWLING GREEN, KY*

J. A. Hendricks 1907

305 40

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *J. A. Hendricks*
2. Sex *Male* 3. Color *White* 4. Age *63*
5. Married or single *Married*
6. Date of death *Sept 2 -*
7. Cause of death *Consumption*
8. Duration of last illness *6 weeks*

J. Martin M. D.
Residence **ROWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Laborer*
10. Place of birth *Warren County*
11. Residence *East High St* Ward No. *2*
12. Time of residence in the city *12 years*
13. When a minor { Name of mother _____
Name of father _____
14. Place of intended interment *Relief Grave yard*
15. Date of intended interment *Sept 3 1907*

GERARD & GERARD Undertaker.
Date of Certificate *Sept 3 1907* Residence **ROWLING GREEN, KY**

Mrs. J. W. Hendricks Sr. 1913

41

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

RETURN OF A DEATH.

1370

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. J. W. Hendricks Sr.
 2. Sex Female 3. Color White 4. Age 64 yrs.
 5. Married or single Married
 6. Date of death APR 7 - 1913
 7. Cause of death Organic Heart disease
 8. Duration of last illness 5 mo
G. W. Stone M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Horse Keeper
 10. Place of birth Simpson Co. Ky
 11. Residence Bowling Green, Ky Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Apr. 8th 1913.
GERARD & GERARD Undertaker.
 Date of Certificate APR 7 1913 Residence Bowling Green, Ky

R. G. Hendricks 1908

#464 42

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased..... *R. G. Hendricks*
2. Sex *Male*..... 3. Color *white*..... 4. Age *45*.....
5. Married or single..... *Married*
6. Date of death..... *May 29, 1908*
7. Cause of death..... *ascending Meningitis*
8. Duration of last illness..... *5 mo*

..... *G. E. Heddle* M. D.
Residence..... *Bowling Green, Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation..... *Carpenter*
10. Place of birth..... *Flat Rock*
11. Residence..... *Delapfield*..... Ward No.....
12. ~~Time of residence in the city~~..... *5 yrs*
13. When a minor { Name of mother.....
 { Name of father.....
14. Place of intended interment..... *Flat Rock*
15. Date of intended interment..... *May 30, 1908*

..... *J. A. Payne (wife)* Undertaker.

Date of Certificate..... *May 29, 08*..... Residence.....
..... *Bowling Green, Ky*

Easter Henley 1906

43

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Easter Henley*
 2. Sex *female* 3. Color *colored* 4. Age *24*
 5. Married or single *single*
 6. Date of death *March 10 - 1906*
 7. Cause of death *Breuchitis + Stomach trouble*
 8. Duration of last illness *About 5 months*
 J. H. Willis M. D.
 Residence *Bowling Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *housekeeper*
 10. Place of birth *bet 11 & 12 St*
 11. Residence Ward No. *1*
 12. Time of residence in the city *life*
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment *mt moriah cemu*
 15. Date of intended interment *May 11 - 1906*
J. E. Snydora Undertaker.
 Date of Certificate *May 11 1906* Residence
Cor 7 & College St.

Harriett Hanley 1897

1023 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 *Harriett Hanley*

2. Sex *Female* 3. Color *Blk* 4. Age *64*

5. Married or single *Married*

6. Date of Death *June 21" 1897*

7. Cause of Death *Heart Disease*

8. Duration of last Illness _____

A. G. Hughes, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren Co*

11. Residence *Kentucky St* Ward No. *7*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Mt Moriah*

15. Date of intended Interment *June 22" 1897*

A. G. Ward & Bro, Undertaker.

Date of Certificate *June 22/97* Residence *City*

Hugh Henley 1894

655 45

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Hugh Henley*

2. Sex *Male* 3. Color *B. W.* 4. Age *18 mo.*

5. Married or single *Single*

6. Date of Death *July 27th 1894*

7. Cause of Death *Diarrhea Infantum*

8. Duration of last illness *6 or 7 week*

J. F. McElroy, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

11. Residence *Kentucky street* Ward No. *3rd*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Mrs. Henley*
Name of Father *Will* "

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

15. Date of intended Interment *July 28th 1894.*

F. C. Gerald & Bro., Undertaker.

Date of Certificate *July 27th 1894.* Residence _____

Wanda Hanley 1891

46

285

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

Hanley

1. Name of deceased Wanda Hanley
2. Sex Female 3. Color Black 4. Age 22 years
5. Married or Single married
6. Date of Death April 26 / 1891
7. Cause of Death Consumption
8. Duration of last Illness Eight months

S. W. Corumb, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation House Keeper
10. Place of Birth medcalf co.
11. Residence State St. Ward No. first
12. Time of Residence in the City seven years
13. When a Minor. } Name of Mother Eligie Hoffman
 } Name of Father Julius Hoffman
14. Place of intended Interment St. Meris ein
15. Date of intended Interment April 26 / 1891

Quatt & Matlock, Undertaker.
Date of Certificate _____ Residence _____

John W. Henon 1906

47

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John W. Henon*
 2. Sex *Male* 3. Color *White* 4. Age *75 yrs*
 5. Married or single *widower*
 6. Date of death *June - 14 - 1906*
 7. Cause of death *Dysentery*
 8. Duration of last illness *10 days*
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Warren County*
 11. Residence *3 Chestnut St.* Ward No. _____
 12. Time of residence in the City. *2 years*
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Shrewsbury, Mason Co.*
 15. Date of intended interment *June - 15 - 1906*
Harvey Payne, Undertaker.
 Date of Certificate _____ Residence _____

John B. Henry 1878

48

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Geo. B. Henry Henry*
2. Sex *Male* 3. Color *White* 4. Age _____
5. Married or Single *Married*
6. Date of Death *Sept 2nd 1878*
7. Cause of Death *Hepatic Congestion*
8. Duration of last Illness *Two days*
- Residence *J. A. McCormack, M. D.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ Ward No. *1*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____

_____, Undertaker.
Date of Certificate _____ Residence _____

Pantagraph Print.

Mrs. M. E. Henry 1907

Ship to - *Hollie Payne Bowlinggreen Ky 49*

CERTIFICATE OF UNDERTAKER.

Hopkinsville Ky Date *July 7* 190*7*

Name of deceased *Mrs M E Henry*

Place of death *Hopkinsville Ky*

Cause of death *Red neck trouble*

For interment at *Bowlinggreen Ky*

Name of person in charge *R B Hughes*

Number of Transit permit *346*

Signed *Waller & Rogers* Undertaker
Hopkinsville Ky P. O. Address

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

From..... To..... State.....

Number of Ticket..... Form No. of Ticket.....

From..... to.....

Via..... R. R. Via..... Junction

Via..... R. R. Via..... Junction

Via..... R. R. Via..... Junction

Via..... R. R. Via..... Junction

Signed..... Station Agent

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

Mary V. Henry 1911

50

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

RETURN OF A DEATH.

1103

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mary V. Henry
 2. Sex Female 3. Color White 4. Age 72
 5. Married or Single Widow
 6. Date of death Nov 2 1911
 7. Cause of death Senile dementia
 8. Duration of last illness four months
J. B. Pitherford, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation at home
 10. Place of birth Warren co
 11. Residence Bowling Green Ky Ward No. _____
 12. Time of residence in the city 40 years
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Fairview cem
 15. Date of intended interment Nov 3 1911
Carroll Kelly, Undertaker.
 Date of Certificate _____ Residence B G Ky

Charles L. Henson 1898

51

1187

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

Chas. L. Henson *Henson*

1. Name of deceased *C. L. Henson*

2. Sex *male* 3. Color *white* 4. Age *56 yrs*

5. Married or single *married*

6. Date of death *Sept 30 1898*

7. Cause of death *Chronic Diarrhea and man lungs*

8. Duration of last illness *Several years*

J. A. Mc *J. S. ... M. D.*

Residence *Bostwick Green, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth _____

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

12. Time of residence in the City _____

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

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Oct 2 1898*

Hawe Payne, Undertaker.

Date of Certificate _____ Residence _____

Curtis N. Henton 1912

52

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

RETURN OF A DEATH.

1134

Physician's Certificate Preparatory to Burial.

1. Name of deceased Curtis N. Henton
2. Sex Male 3. Color white 4. Age 16 mos
5. Married or Single Inf
6. Date of death Jan 6 1912
7. Cause of death Cholera
8. Duration of last illness 4 days
E. N. Hall, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Bowling Green Ky
11. Residence " " Ward No.
12. Time of residence in the city Life Time
13. When a minor { Name of Mother Emma Henton
Name of Father Curtis "
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan 6 1912
E. N. Kelly, Undertaker.
Date of Certificate Residence Bowling Green Ky

Joseph M. Herad 1910

53

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

RETURN OF A DEATH.

946

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joseph M Herad Herad
 2. Sex Male 3. Color White 4. Age 7
 5. Married or Single Single
 6. Date of death Dec 25
 7. Cause of death Don't know - No Autopsy
 8. Duration of last illness 4 days -
T. B. Reason, M. D.
 Residence 414 1/2 Main St

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Burlington
 11. Residence Near City Buck Bend Pike Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother Mrs Sam Herad
 Name of Father Sam Herad
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Dec 28th 1910
Gerard & Gerard, Undertaker.
 Date of Certificate Dec 27 1910 Residence _____

Effie Heraldson 1909

54

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

RETURN OF A DEATH.

673

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss. Effie Heraldson*
 2. Sex *Female* 3. Color *White* 4. Age *19 yrs.*
 5. Married or Single *Single*
 6. Date of death *Aug 4th 1909.*
 7. Cause of death *Meningitis*
 8. Duration of last illness
F. D. Cartwright, M. D.
 Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Warren Co.*
 11. Residence *Morgantown Pike* Ward No.
 12. Time of residence in the city
 13. When a minor { Name of Mother *Mrs. Elizabeth Heraldson*
 Name of Father
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Aug 5th 1909.*
GERARD & GERARD, Undertaker.
 Date of Certificate *Aug 4/09.* Residence

Child of Lewis Herd 1881

23 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 *Child of Lewis Herd.*

2. Sex *Female* 3. Color *Calomel* 4. Age *6 years*

5. Married or Single *—*

6. Date of Death *Feb. 15th 1881*

7. Cause of Death *Asthma*

8. Duration of last Illness *4 months*

Health officer, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence, Ward No *3*

12. Time of Residence in the City

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

14. Place of intended Interment

15. Date of intended Interment

, Undertaker.

Date of Certificate, Residence

Democrat Job Print

James M. Herdman 1891

56

292

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

Herdman

1. Name of deceased James M. Herdman

2. Sex Male 3. Color White 4. Age 87 yrs

5. Married or Single Single

6. Date of Death May 21 - 1891

7. Cause of Death Asthma

8. Duration of last Illness two weeks

J. F. McEllen, M. D.

Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth Virginia

11. Residence Chestnut St. Ward No. 1st

12. Time of Residence in the City _____

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

14. Place of intended Interment Fairview Cem.

15. Date of intended Interment May 22 / 91.

J. C. Gilard, Undertaker.

Date of Certificate May 22 / 91 Residence city

Rachal Herman 1913

57

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

RETURN OF A DEATH.

1356

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Rachal Herman
 2. Sex Female 3. Color White 4. Age 70 yrs.
 5. Married or single Single
 6. Date of death MAR 4 - 1913
 7. Cause of death Intermittent Nephritis
 8. Duration of last illness About ten days
Fred W. Cartwright M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Bowling Green, Ky.
 11. Residence Main St. Bowling Green, Ky. Ward No. 2
 12. Time of residence in the city 70 yrs
 13. When a minor { Name of mother.....
 Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Mar 5 - 1913
GERARD & GERARD Undertaker.
 Date of Certificate MAR 4 - 1913 Residence Bowling Green, Ky

Dixie Herndon 1912

58

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

RETURN OF A DEATH.

1168

Physician's Certificate Preparatory to Burial.

1. Name of deceased Dixie Herndon
2. Sex Female 3. Color white 4. Age 31
5. Married or Single Single
6. Date of death March 18 1912
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness Six Months
E. M. Hall, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation at Home
10. Place of birth Warren County
11. Residence Bowling Green Ky Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Farmers Union
15. Date of intended interment March 19 1912
Ernoch & Kelly, Undertaker.
Date of Certificate _____ Residence B B Ky

Infant of Mattie Herndon 1908

59

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

RETURN OF A DEATH.

533

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of Mattie Herndon*
 2. Sex *Male* 3. Color *W* 4. Age *3 Months*
 5. Married or single *Single*
 6. Date of death *Oct. 17 / 08*
 7. Cause of death *Marasmus*
 8. Duration of last illness *Two weeks*
 _____ M. D.
 Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Bowling Green Ky*
 11. Residence *114 St.* Ward No. *8*
 12. Time of residence in the city *3 months*
 13. When a minor { Name of mother *Mattie Herndon*
 { Name of father _____
 14. Place of intended interment *Mt. Moriah Cemetery*
 15. Date of intended interment *Oct. 18" 1908*
GERARD & GERARD. Undertaker.
 Date of Certificate *Oct. 18/08* Residence **BOWLING GREEN, KY**

Mrs. W. F. Herndon 1908

66

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

RETURN OF A DEATH.

436

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. W. F. Herndon
 2. Sex Female 3. Color White 4. Age 53 yrs.
 5. Married or single Married
 6. Date of death Apr. 10 " 1908.
 7. Cause of death Tuberculosis.
 8. Duration of last illness.....
 Signature J. F. Duncan M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Warren County
 11. Residence Kentucky St. Ward No. 2
 12. Time of residence in the city 4 yrs
 13. When a minor { Name of mother _____
 { Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Apr 11 " 1908
GERARD & GERARD. Undertaker.
 Date of Certificate Apr 11 " 08. Residence BOWLING GREEN, KY

Ellice H. Herrington 1912

61

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

RETURN OF A DEATH.

1248

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ellice H. Herrington
2. Sex male 3. Color White 4. Age 4 mo.
5. Married or single Child
6. Date of death Sept. 15 - 1912
7. Cause of death Scarlet fever diarrhoea
8. Duration of last illness 3 days

J. F. Duncan, M. D.
Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Child
10. Place of birth Bowling Green
11. Residence Bowling Green Ward No. _____
12. Time of residence in the City. 2 yrs.
13. When a minor { Name of Mother Louise H. Herrington
Name of Father Will H. Herrington
14. Place of intended interment Fear View
15. Date of intended interment Sept. 16, 1912

Ernest Lee, Undertaker.
Date of Certificate Sept. 16 Residence Bowling Green

Hall Duncan Herrington 1912

62

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

RETURN OF A DEATH.

1271

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Hall Duncan Herrington*
 2. Sex *Male* 3. Color *white* 4. Age *5 mths*
 5. Married or single *Single*
 6. Date of death *Oct 15 1912*
 7. Cause of death *Inanition*
 8. Duration of last illness *Sick all his life about 5 months*
 Signature *J. H. [unclear]*, M. D.
 Residence *Barkley Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Single*
 10. Place of birth *Barkley Green Ky*
 11. Residence *'' ''* Ward No. *''*
 12. Time of residence in the City *Life time*
 13. When a minor { Name of Mother *Carry Herrington*
 Name of Father *Wm H ''*
 14. Place of intended interment *Fairview Cem*
 15. Date of intended interment *Oct 16 1912*
 Signature *Emmett Kelly* Undertaker.
 Date of Certificate _____ Residence *B Green*

Mary J. Herrod 1898

63

cut copy

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

Mary J. Herrod

1. Name of deceased *Mary J. Herrod*

2. Sex *female* 3. Color *White* 4. Age *56*

5. Married or single *Widow*

6. Date of death *Sept 6 1898*

7. Cause of death *Consumption*

8. Duration of last illness

Dr. Millican *B. H. Millican*, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of birth

11. Residence *Adams St* Ward No. *5*

12. Time of residence in the City

13. When a minor } Name of Mother
 } Name of Father

14. Place of intended interment *Richardsville*

15. Date of intended interment *Sept 7 1898*

Howley Payne, Undertaker.

Date of Certificate Residence

Fred Hespen 1904

64

☛ This Constitutes 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 *Fred Hespen* *Hespen*
2. Sex *Male* 3. Color *White* 4. Age *70 yrs.*
5. Married or Single *Married*
6. Date of death *July 17 " 04.*
7. Cause of death *Diabetes mellitus*
8. Duration of last illness *Six months*
H. P. Cortwright, M. D.
Residence *Bowling Green*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Hanover Germany*
11. Residence *Main St* Ward No. *7*
12. Time of residence in the city *40 yrs.*
13. When a minor { Name of Mother _____
Date { Name of Father _____
14. ~~Place~~ of intended interment *July 19 " 04.*
Place *Louisville Ky*
15. ~~Date~~ of intended interment *Edward J. Gaud*
Edward J. Gaud, Undertaker.
Date of Certificate _____ Residence _____

Charles Hespín 1882

65

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Charles Hespín*

2. Sex *Male* . 3. Color *White* . 4. Age *18 yrs. 9 mo.*

5. Married or Single *Single*

6. Date of Death *Dec. 17th 1882*

7. Cause of Death *Bronchitis &c.*

8. Duration of last Illness *17 day*

J. N. McCormack, M. D.
Residence *State St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Chicago*

11. Residence _____ . Ward No *200*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *S. Hespín*
Name of Father *Christ Hespín*

14. Place of intended Interment *Furness Court*

15. Date of intended Interment *Aug 18th 1882*

Flakemin, Undertaker.

Date of Certificate *Dec 15th 82* . Residence _____

Democrat Job Print

Mrs. Chris Hespian 1906

66

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

RETURN OF A DEATH.

400

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Chris Hespian
 2. Sex Female 3. Color White 4. Age 73 yrs.
 5. Married or single Married
 6. Date of death July 10 " 1908
 7. Cause of death Blues. Pneumonia
 8. Duration of last illness several weeks
Dr. H. Blackburn M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth.....
 11. Residence 6th St. B. Green Ky Ward No. 3
 12. Time of residence in the city many years
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment July 12 " 1908
GERARD & GERARD Undertaker.
 Date of Certificate July 10 " 1908 Residence BOWLING GREEN, KY

Child of J. M. & Mary Hester 1880

67

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Hester Infant of J. M. + Mary Hester

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

5. ~~Married~~ or Single

6. Date of Death Oct 15th 1880

7. Cause of Death Jaundice

8. Duration of last Illness 3 or 4 days

A. P. Conroy, M. D.
Residence West Chestnut St. B. G. Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth Blyden (Cemt Pike)

11. Residence Cemt Pike Ward No. 2

12. Time of Residence in the City

13. When a Minor { Name of Mother Mary Hester
Name of Father J. M. Hester

14. Place of intended Interment West Lexington

15. Date of intended Interment Oct 15th 1880

W. H. Hester, Undertaker.

Date of Certificate Oct 15th 80 Residence

Democrat Print.

Nancy Hester 1892

68

Out of town

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Nancy Hester*

2. Sex *Female* 3. Color *White* 4. Age *59 yrs*

5. Married or single *Widow*

6. Date of Death *Aug 10 1892*

7. Cause of Death *Old age*

8. Duration of last Illness _____

H. P. Cartwright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Simpson Co -*

11. Residence *Ky Ave -* Ward No. *2nd / 7*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Simpson Co. Ky -*

15. Date of intended Interment *Aug 12 1892*

H. C. Beard & Bro, Undertaker.

Date of Certificate *Aug 11 1892* Residence *City*

Mrs. T. P. Hester 1896

893 11 69

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs. T. P. Hester
 2. Sex Female 3. Color White 4. Age 60 yrs.
 5. Married or single Married
 6. Date of Death June 2nd / 1906
 7. Cause of Death Tubercular Meningitis
 8. Duration of last Illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 11. Residence Kentucky Ave. Ward No. 2nd
 12. Time of Residence in the City _____

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

14. Place of intended Interment Fairview Cemetery
 15. Date of intended Interment June 3rd / 1906

J. C. Guard & Bro., Undertaker.

Date of Certificate June 2nd / 1906 Residence City

William T. Hester 1908

70

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

RETURN OF A DEATH.

491

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Wm T. Hester*
 2. Sex *Male* 3. Color *White* 4. Age *56 yrs.*
 5. Married or single *Married*
 6. Date of death *July 19" 1908.*
 7. Cause of death *Consumption*
 8. Duration of last illness *D. E. Tygart,* M. D.
 Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Warren, Co*
 11. Residence *Adams St. Bowling Green* 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 *Hester Grave yard.*
 15. Date of intended interment *July 20" 1908*
GERARD & GERARD. Undertaker.
 Date of Certificate *July 20" 1908.* Residence *BOWLING GREEN, KY.*

Amelia Hickman 1911

71

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

RETURN OF A DEATH.

951

Physician's Certificate Preparatory to Burial.

1. Name of deceased Amelia Hickman
 2. Sex Female 3. Color White 4. Age About 45
 5. Married or Single Married
 6. Date of death Jan 10 - 1911
 7. Cause of death Chronic Tuberculosis
 8. Duration of last illness About one year
 _____, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Allen County
 11. Residence Bowling Green Ky Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Yoshim Church
 15. Date of intended interment Jan 12 1911
E. S. ..., Undertaker.
 Date of Certificate Jan 14 1911 Residence ...

May Hickman 1912

72

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

RETURN OF A DEATH.

1284

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss May Hickman
 2. Sex Female 3. Color White 4. Age 21 yrs.
 5. Married or Single Single
 6. Date of death Oct 31 1912
 7. Cause of death Pulmonary Tuberculosis
 8. Duration of last illness Six months
E. M. Hall, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth Warren, Co Ky
 11. Residence 8th St. Ward No. 3
 12. Time of residence in the city several years
 13. When a minor { Name of Mother
 Name of Father W. Hickman
 14. Place of intended interment Evans Church, Warren Co
 15. Date of intended interment Nov 2/12
GERARD & GERARD, Undertaker.
 Date of Certificate Nov 1/12 Residence BOWLING GREEN, KY

Vida Hickman 1912

73

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

RETURN OF A DEATH.

1764

Physician's Certificate Preparatory to Burial.

1. Name of deceased Vida Hickman
 2. Sex Female 3. Color White 4. Age 14 yrs & 6 days
 5. Married or Single Single
 6. Date of death Oct 9th 1912
 7. Cause of death Tuberculosis
 8. Duration of last illness 1 yr & 6 months
T. O. Keen, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren Co Ky
 11. Residence Eight St. #129 Ward No. 3
 12. Time of residence in the city 4 yrs
 13. When a minor { Name of Mother E. Amanda C. Hickman
 Name of Father H. Hickman
 14. Place of intended interment Gashey Church yard
 15. Date of intended interment Oct. 10/1912
GERARD & GERARD, Undertaker.
 Date of Certificate Oct. 9/12 Residence BOWLING GREEN, KY

Polly Hicks 1893

5421 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.—

Hicks

1. Name of deceased Polly Hicks

2. Sex female 3. Color Black 4. Age 61

5. Married or Single Widow

6. Date of Death April 19 1893

7. Cause of Death Uremic poison

8. Duration of last Illness

H. P. Cartwright, M. D.
Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation Housekeeper

10. Place of Birth Nelson Co

11. Residence Main St. . . . Ward No. 4

12. Time of Residence in the City 30 years.

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

14. Place of intended Interment Saint Maria's

15. Date of intended Interment April 20 1893

Prather & Payne, Undertaker.

Date of Certificate Residence

D. V. Higdon Jr. 1878

75

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *D V Higdon Jr Higdon*

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

5. Married or Single *—*

6. Date of Death *May 24th 1878*

7. Cause of Death *Tubercular meningitis*

8. Duration of last Illness *Two months*

W. H. Blakely, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ Ward No. *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment *May 25* *John E. Gowan*
Undertaker.

Date of Certificate _____ Residence _____

Pantagraph Print.

Eliza Higen 1909

76

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

RETURN OF A DEATH.

711

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Eliza Higen*
 2. Sex *Female* 3. Color *White* 4. Age *88*
 5. Married or single *Widow*
 6. Date of death *Oct 22 / 09*
 7. Cause of death *Old age*
 8. Duration of last illness *past weeks*
 J. E. Meredith, M. D.
 Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence *Bowling Green* Ward No. *Ky*
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *St Joseph*
 15. Date of intended interment *Oct 25 / 09*
Marron & Enock, Undertaker.
 Date of Certificate *Oct 25 / 09* Residence *Bowling Green Ky*

Thomas M. Higgins Jr. 1907

77

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

RETURN OF A DEATH.

275

Physician's Certificate Preparatory to Burial.

1. Name of deceased... *Thomas M. Higgins Jr.*

2. Sex *Male*..... 3. Color *White*..... 4. Age *2 yrs & 9 Months*

5. Married or single.....

6. Date of death... *June 5th 1907*

7. Cause of death... *Traumatic Meningitis*

8. Duration of last illness... *Three weeks*

D. W. Stone..... M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth... *Bowling Green Ky*

11. Residence... *Ky St. But. Main 10th*..... Ward No.....

12. Time of residence in the city... *2 yrs & 9 Months*

13. When a minor { Name of mother... *Mrs J. M. Higgins*
Name of father... *J. M. Higgins*

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

15. Date of intended interment... *June 7 1907*

GERARD & GERARD...... Undertaker.

Date of Certificate... *June 5 1907*..... Residence... **BOWLING GREEN, KY**

Mary Higgins 1909

78

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

RETURN OF A DEATH.

574

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary Higgins*
2. Sex *Female* 3. Color *White* 4. Age *75 yrs.*
5. Married or single *Widow of the late M. Higgins.*
6. Date of death *July 4" 1909.*
7. Cause of death *Cancer.*
8. Duration of last illness.....
J. H. Stover M. D.
Residence..... **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Ireland.*
11. Residence *Church & Potter St.* Ward No. *3.*
12. Time of residence in the city.....
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment *St. Joseph's Cemetery*
15. Date of intended interment *July 6" 1909.*
GERARD & GERARD. Undertaker.
Date of Certificate *July 4" 1909.* Residence **BOWLING GREEN, KY**

Mary L. Hilburn 1893

486 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.—

Hilburn

1. Name of deceased *Mrs. Mary L. Hilburn*

2. Sex *Female* . 3. Color *White* . 4. Age *48 yrs*

5. Married or Single *Widow*

6. Date of Death *Mar 2"/93*

7. Cause of Death *Inflammation of Stomach*

8. Duration of last Illness *Ten days*

Thos D. Wright, M. D.

Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence *College Street* . Ward No. *2 ed*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Warren County*

15. Date of intended Interment *March 4"/93*

J. D. Girard and Bro, Undertaker.

Date of Certificate *Mar 3"/93* . Residence *City*

Charles C. Hildreth 1904

80

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Chas C Hildreth* ^{Hildreth}
2. Sex *male* 3. Color *white* 4. Age *18 yrs*
5. Married or single *single*
6. Date of death *Aug 16 1904*
7. Cause of death *Typhoid Fever*
8. Duration of last illness

H.P.G.

J.P. Cartwright M. D.
Residence *city.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*
10. Place of birth *Woodburn*
11. Residence *E High St* Ward No.
12. Time of residence in the City *3 years*
13. When a minor { Name of Mother *Lottie Hildreth*
Name of Father *Jm Hildreth*
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *Aug 17 1904*

H. Hawley Payne, Undertaker.

Date of Certificate Residence

Hiram M. Hildreth 1911

81

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

RETURN OF A DEATH.

1007

Hildreth

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Hiram M. Hildreth
- 2. Sex Male Color White 4. Age 22 yrs.
- 5. Married or Single Single
- 6. Date of death May 4" 1911
- 7. Cause of death Pneumonia
- 8. Duration of last illness 11 days

E. W. Hall, M. D.
Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation Labourer
 - 10. Place of birth Warren Co Ky
 - 11. Residence Near Bowling Green Ky Ward No. —
 - 12. Time of residence in the city —
 - 13. When a minor { Name of Mother —
Name of Father —
 - 14. Place of intended interment Fairview Cemetery
 - 15. Date of intended interment May 5" 1911.
- Grand & Grand, Undertaker.
Date of Certificate May 5/1911 Residence —

Addie Hill 1900

82

This Constitutes 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 Addie Hill*
 2. Sex *Female* 3. Color *White* 4. Age *69 yrs*
 5. Married or single *Widow*
 6. Date of death *Oct. 27th 1900*
 7. Cause of death *Consumption*
 8. Duration of last illness
H.P. Cartwright, M. D.
 Residence *Boobling Gran Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *Warren County*
 11. Residence *College St.* Ward No. *2nd*
 12. Time of residence in the City
 13. When a minor } Name of Mother
 } Name of Father
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Oct 28th 1900.*
Gerard and Gerard, Undertaker.
 Date of Certificate *Oct 27/1900.* Residence

Camilla Hill 1892

414 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 *Camilla Hill*

2. Sex *Female* 3. Color *Blk.* 4. Age *34 yrs*

5. Married or Single *Married*

6. Date of Death *June 7/92*

7. Cause of Death *Consumption*

8. Duration of last Illness *Three months*

J. F. McElroy, M. D.

Residence _____

— UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. —

9. Occupation _____

10. Place of Birth *Warren Co.*

11. Residence *2nd street* Ward No. *1st*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Mt. Moriah*

15. Date of intended Interment *June 5/92*

J. F. McElroy, Undertaker.

Date of Certificate *June 8/92* Residence *city*

Elijah W. Hill 1891

275 84

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Elijah W. Hill*
2. Sex *Male* 3. Color *White* 4. Age *64 years*
5. Married or Single *Married*
6. Date of Death *Mar 29th 1891*
7. Cause of Death *Apoplexy*
8. Duration of last Illness _____
H. P. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Grocer*
10. Place of Birth *Warren County*
11. Residence *Adams Street* Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Mar 30 1891*
H. C. Howard Undertaker.
Date of Certificate *Mar 30 1891* Residence *City*

Frank P. Hill 1878

85

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Frank P. Hill
2. Sex Boy 3. Color White 4. Age 7 mos
5. Married or Single —
6. Date of Death March 27th 1878
7. Cause of Death Bronchitis
8. Duration of last Illness 3 mos
Wright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ Ward No. 3
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____
_____, Undertaker.
Date of Certificate _____ Residence _____

Pantagraph Print.

Jimmie Hill 1899

25 25 86

~~16~~

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Miss Fannie Hill
 2. Sex female 3. Color white 4. Age 71 yrs
 5. Married or single Single
 6. Date of death April - 11 - 1899
 7. Cause of death Erysipelas of Throat
 8. Duration of last illness One week
T. B. Wright M. D.
 Residence College, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation sewer maker
 10. Place of birth Bowling Green Ky -
 11. Residence State Street Ward No. 1st 11
 12. Time of residence in the City Life Time
 13. When a minor } Name of Mother _____
 } Name of Father Sam H. Hill
 14. Place of intended interment Fairview
 15. Date of intended interment April - 12 - 1899 -
Edward T. Ward Undertaker.
 Date of Certificate Apr - 12/99 Residence College, Ky.

Joe J. Hill 1911

87

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

RETURN OF A DEATH.

1109

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joe J. Hill

2. Sex Male 3. Color White 4. Age 81 yrs.

5. Married or Single Married

6. Date of death Nov. 28" 1911.

7. Cause of death Chronic Bronchitis

8. Duration of last illness C. B. Martin, M. D.
Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer.

10. Place of birth Warren, 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 Fairview Cemetery

15. Date of intended interment Nov. 29" 1911.

GERARD & GERARD, Undertaker.

Date of Certificate Nov. 28/1911. Residence _____

Child of Lou & Bessie Hill 1903

88

This 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 Lou + Bessie

1. Name of deceased Child Hill

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

5. Married or single _____

6. Date of death Mar 27 1903

7. Cause of death Infection

8. Duration of last illness _____

acw A. B. Wright M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth city

11. Residence Fair St Ward No. _____

12. Time of residence in the City. _____

13. When a minor { Name of Mother Bessie Hill
Name of Father Lou Hill

14. Place of intended interment Fairview Cem

15. Date of intended interment Mar 27 1903

Hawley Payne Undertaker.

Date of Certificate _____ Residence _____

MAR 28 1903

Mrs. Nathan F. Hill 1912

89

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

RETURN OF A DEATH.

1278

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Nathan F. Hill
 2. Sex Female 3. Color White 4. Age 61 yrs.
 5. Married or Single Married
 6. Date of death Oct. 27" 1912.
 7. Cause of death Laryngitis
 8. Duration of last illness 7 years
W. P. Carter, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Ky
 11. Residence Park BOWLING GREEN, KY Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Oct. 28" 1912.
GERARD & GERARD, Undertaker.
 Date of Certificate Oct 28/12 Residence BOWLING GREEN, KY

Preston Joseph Hill 1912

90-1

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

RETURN OF A DEATH.

1266

Physician's Certificate Preparatory to Burial.

- Preston Joseph Hill
1. Name of deceased P. J. Hill
 2. Sex Male 3. Color White 4. Age
 5. Married or Single Married
 6. Date of death Oct. 10" 1912
 7. Cause of death
 8. Duration of last illness

....., M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Nashville Ky
11. Residence Oakland, Ky Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
- { Name of Father
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Oct. 11" 1912

GERARD & GERARD, Undertaker.
Date of Certificate Oct. 10/12 Residence BOWLING GREEN, KY

Preston Joseph Hill 1912

Oakland, Kentucky, *Oct 11th* ⁹⁰⁻² 1912

This is to certify that
I have attended Preston
Joseph Hill and that death
occurred as a result of
Pulmonary Tuberculosis
J. W. Lewis M.D.

Samuel H. Hill 1909

#567 #567 91

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Samuel H. Hill*
2. Sex *Male* 3. Color *White* 4. Age *69 yrs.*
5. Married or single *Married*
6. Date of death *Jan. 12" 1909.*
7. Cause of death *Apoplexy.*
8. Duration of last illness *Jan. H. Blackburn* M. D.
Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Lincoln County Ky*
11. Residence *State St.* Ward No. *2*
12. Time of residence in the city *36 yrs*
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Jan. 14" 1909.*

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

Date of Certificate *Jan. 13" 09* Residence.....

Samuel W. Hill 1909

92-1

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

RETURN OF A DEATH.

566

Physician's Certificate Preparatory to Burial.

1. Name of deceased Samuel W. Hill
 2. Sex Male 3. Color White 4. Age 29 yrs
 5. Married or single Single
 6. Date of death Jan. 24" 1909.
 7. Cause of death Tuberculosis.
 8. Duration of last illness 2 1/2 Weeks
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Clark in, W.S.
 10. Place of birth Bowling Green Ky.
 11. Residence J. H. Bayard, W.M. Ward No.
 12. Time of residence in the city
 13. When a minor { Name of mother
 { Name of father: Sam Hill.
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Jan 13" 1909.
GERARD & GERARD. Undertaker.
 Date of Certificate Jan 12/09 Residence BOWLING GREEN, KY

Samuel W. Hill 1909

THIS CERTIFICATE AND THE PASTER BELOW MUST BE DETACHED AT THIS PERFORATION AND PASTED TO THE COFFIN BOX.

TRANSIT PERMIT PASTER.

CERTIFICATE OF UNDERTAKER

I hereby certify that the accompanying dead body of Samuel W. Hill (If a Minor, give the Parents' name here.)
 Consigned to S. H. Hill Address Bayard Bowling Green Ky.
 has been prepared by me, strictly in accordance with the rules of the State Board of Health, for transportation by Railway, and in conformity with said rules, as printed on the back of this Permit.

Residence Port Bayard, N. M. E. J. Green (Shipping Undertaker.)

Subscribed and sworn to before me this 16th day of January 1909

[SEAL]

RULE 2. The bodies of those who have died of Diphtheria (Membranous Croup), Scarlet Fever (Scarlatina, Scarlet Rash), Glanders, Anthrax or Leprosy shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with a proved disinfectant fluid, (b) disinfecting and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an embalmer holding a certificate as such, approved by the State Board of Health. After being disinfected as above, such body shall be enveloped in a layer of cotton, not less than one inch thick, completely wrapped in a sheet ~~and bandaged~~, and enclosed in an air-tight zinc, tin, copper or lead-lined coffin, or iron casket, all joints and seams hermetically soldered, and all enclosed in a tight, wooden box. Or the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, and said coffin or casket enclosed in an air-tight zinc, copper or tin, case, all joints and seams hermetically soldered, and all enclosed in a strong outside wooden box.

In Case of Diphtheria.—The body shall be thoroughly injected with an approved disinfectant embalming fluid, and all orifices of the body, such as the nares, mouth, rectum and vagina in the female subject then plugged with absorbent cotton. The body shall then be washed with the disinfecting fluid and wrapped in absorbent cotton layers one inch thick, then bandaged, and placed in an air-tight zinc or metallic case.

In Case of Scarlet Fever.—All clothing must be removed from the body, and the whole arterial system and cavities, including the cerebro-spinal injected with a disinfectant of the highest germicidal powers. The body must then be thoroughly washed with the disinfecting fluid; all orifices plugged with absorbent cotton, then covered with absorbent cotton one inch thick, then bandaged and placed in an air-tight zinc or metallic case.

In Case of Glanders, Anthrax or Leprosy.—After protecting the hands by either vasoline or gloves, all clothing which has been around the body shall be thoroughly removed or burned. The body shall then be thoroughly washed with a disinfectant of the highest proven germicidal powers, and sufficient of the disinfectant and embalming fluid injected into the circulatory system to thoroughly saturate all the tissues of the body. All the main cavities of the body shall be filled with the disinfectant, and all orifices plugged with absorbent cotton. The body shall be washed with the disinfectant, wrapped in absorbent cotton not less than one inch thick; then bandaged and placed in an air-tight zinc or metallic case. When the condition of the body demands the removal of the blood, it may be removed by using a bottle which contains not less than four ounces of the disinfecting fluid. The vein selected for the operation must be opened carefully and the tube introduced to the right auricle of the heart, and the blood aspirated into the bottle without exposing it to the air of the room, or without coming in contact with the hands of the operator.

STATION BAGGAGEMEN MUST ENTER HEREON A DESCRIPTION OF THE TICKET, THE EXACT ROUTE AND VIA WHAT JUNCTIONAL POINTS THE TICKET READS WHICH IS HELD BY THE PASSENGER IN CHARGE OF THE CORPSE.

Date Bayard N.M. 16 1909

From Bayard N.M. to Bowling Green State Kentucky

Form of Ticket..... No. of Ticket.....

Via..... R. R. To.....

Via..... R. R. To.....

Via..... R. R. To.....

Via..... R. R. To.....

Via..... R. R. To.....

Name of Passenger in charge..... Place of Residence.....

Signed L. C. Knowles Station Agent.

Susan Hill 1892

391/ 93

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs Susan Hill*

2. Sex *Female* . 3. Color *White* . 4. Age *61 years*

5. Married or Single *Widow of Elyah Hill and*

6. Date of Death *March 21st 1892*

7. Cause of Death *Inanition*

8. Duration of last Illness *12 days*

H. P. Costumy, M. D.

Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation

10. Place of Birth *Warren County Ky*

11. Residence *Braudway* . Ward No. *1st*

12. Time of Residence in the City

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *March 23rd 1892*

F. B. Gourd, Undertaker.

Date of Certificate . Residence

Elisha Hills 1903

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 *Elisha Hills*
2. Sex *Male* 3. Color *White* 4. Age *59 yb.*
5. Married or single *Married*
6. Date of death *Dec. 21", 1903.*
7. Cause of death *Pneumonia*
8. Duration of last illness
F. D. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *Church St.* Ward No. *3*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Dec 22", 1903.*
Gerard T Gerard, Undertaker.
Date of Certificate *Dec 22/1903* Residence _____

Mrs. John Hinchey 1903

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 *Mrs John Hinchey, Hinchey*
 2. Sex *Female* 3. Color *White* 4. Age *44 yrs*
 5. Married or single *Married*
 6. Date of death *April 10 1903*
 7. Cause of death *Cancer of Uterus*
 8. Duration of last illness _____
A. M. Conrack, M. D.
 Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Bowling Green Ky*
 11. Residence *Potter St.* Ward No. *3*
 12. Time of residence in the City *two days*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *St Josephs Cemetery*
 15. Date of intended interment *April 12 1903*
Guard & Guard, Undertaker.
 Date of Certificate *Apr. 11 1903* Residence _____

Willie J. Hinchy 1906

96
7752

ORIGINAL STATE OF ILLINOIS. Transit Permit No.

I.C.R.R. RAILROAD

TRANSPORTATION OF CORPSE.

Physician's or Coroner's Certificate.

Name of Deceased... *Willie J. Hinchy* *son of John Hinchy* *Hinchy* 1906
(If a minor, give parent's name also)

Date of Death... *Aug 6* Hour of Death... *9:30 P.M.*

Age... *7* Years... Months... Days...

Place of Death... *Ullin*

*Cause of Death... *Pernicious Malaria*

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

L. F. Robinson M. D. or Coroner.

Residence... *Ullin* County of... *Pulaski* State of... *Illinois*

Permit of Local Board of Health.

This Permit must be Properly Signed, and with Physician's Certificate Presented to the Railroad or Express Agent Before a Body can be Shipped.

In the... *Ullin*... of... *Ullin*... County of... *Pulaski*...
(City or Township)

State of... *Ill*... on the... *7*... day of... *Aug*... 1906

Permission is hereby given to remove for burial at... *Poland green Ky*...
in the County of... *Polk*... State of... *Ky*...

the body of... *Willie J. Hinchy*...
who died at... *Ullin*... County of... *Pulaski*... State of... *Ill*... on the... *6*...
day of... *Aug*... 1906 Aged... *7*... years... months... da

and... *John Hinchy*... is hereby authorized to accompany said remains.

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

[If city or town affix Corporate Seal] [Signed] *L. F. Robinson* Health Officer

This Permit and Preceding Certificate Must be Signed and Delivered to the Person in Charge of the Corpse.

Infant Hines 1911

97

TRA

HEALTH DEPARTMENT
ST. LOUIS, MISSOURI

Permit No. 2063
Reg. Dist. No. 791

St. Louis, FEB 25 1911

Permission is hereby given Wm G. Alexander
holder of Embalmer's License No. 67 to remove for burial
at Bowling Green State of Ky the body of
Name of Deceased Infant Hines
Date of Death Feb. 25 - 1911 Age: Years _____ Months _____ Days _____
Cause of Death Still Born
_____ which is non-infectious.
Medical Attendant Jno C. Braun M. D. or Coroner.
Signed W. H. Bond
HEALTH COMMISSIONER

I hereby certify that the body of Infant Hines
has been embalmed and prepared for transit in accordance with the provisions of the law.
Signed W. G. Alexander
SHIPPING UNDERTAKER.

Charlette Hines 1904

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 *Charlette Hines*
 2. Sex *Female* 3. Color *Blk.* 4. Age *64*
 5. Married or Single *Married*
 6. Date of death *Apr. 17" 1904.*
 7. Cause of death *Fibrillar Inflammation of Colon.*
 8. Duration of last illness _____
A. J. M. Leonard, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren County*
 11. Residence *11th St.* Ward No. *1*
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Mt Moriah Cemetery*
 15. Date of intended interment *Apr. 18" 1904*
Grand & Grand, Undertaker.
 Date of Certificate *Apr. 17/1904.* Residence _____

Emeline Hines 1879

99

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

RETURN OF A DEATH.

Emeline
PHYSICIAN'S CERTIFICATE PREPARATORY TO, BURIAL.

- 1. Name of Deceased *Emeline Hines*
 - 2. Sex *Female* 3. Color *White* 4. Age *not known*
 - 5. Married or Single *Widow*
 - 6. Date of Death *May 21st*
 - 7. Cause of Death *Consumption*
 - 8. Duration of last Illness *four or five months*
- J. M. Bruggs*, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
 - 10. Place of Birth *Warren County*
 - 11. Residence Ward No. *2*
 - 12. Time of Residence in the City
 - 13. When a Minor { Name of Mother
Name of Father
 - 14. Place of intended Interment *Col. Cem*
 - 15. Date of intended Interment *Sunday May 25th 79*
- Howard*, Undertaker.
Date of Certificate *May 24th 79* Residence

Democrat Print.

Frank Hines 1880

100

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Frank Hines*
2. Sex *Male* . 3. Color *Black* . 4. Age *about 49*
5. Married or Single *Married*
6. Date of Death *April 12th 1880*
7. Cause of Death *Chronic Pleuritis with Tuberculosis*
8. Duration of last Illness *4 or 5 weeks*

H. P. Cartwright M. D.

2nd Ward

Residence *Bowling Green, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Bowling Green*
11. Residence *State* . Ward No. *2*
12. Time of Residence in the City
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment *Col Cem*
15. Date of intended Interment *April 13th*

Steward, Undertaker.

Date of Certificate . Residence

Democrat Print.

Harriet Hines

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 *Harriet Hines "Casper"*

2. Sex *Female* . 3. Color *Blk* . 4. Age *not known*

5. ~~Married~~ or Single

6. Date of Death *Apr 18*

7. Cause of Death *Consumption*

8. Duration of last Illness *Several months*

McClaypool , M. D.
Residence *Blk*

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

, Undertaker.

Date of Certificate . Residence

Democrat Print.

James D. Hines 1911

102

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

RETURN OF A DEATH.

1024

Physician's Certificate Preparatory to Burial.

1. Name of deceased James D. Hines
 2. Sex Male 3. Color White 4. Age 73 years
 5. Married or Single Widower
 6. Date of death June 7 - 1911
 7. Cause of death Interstitial nephritis
 8. Duration of last illness Six months
D. W. Coombs, M. D.
 Residence Bearburg Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation Insurance
 10. Place of birth Ky
 11. Residence State St Ward No. 1
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment June 8 - 1911
Grand & Grand, Undertaker.
 Date of Certificate June 8 - 1911 Residence City

Mrs. James Hines 1907

103

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

RETURN OF A DEATH.

246

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Jas. Hines
 2. Sex Female 3. Color White 4. Age 25 yrs.
 5. Married or ~~single~~
 6. Date of death Nov 10 1907
 7. Cause of death Child Birth.
 8. Duration of last illness
J. E. Meredith M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth Warren County
 11. Residence 2nd St. Bowling Green Ky Ward No. 2
 12. Time of residence in the city few days
 13. When a minor { Name of mother Mrs. G. W. Duckett
 Name of father G. W. Duckett
 14. Place of intended interment Halls Chappell, Warren Co.
 15. Date of intended interment Nov 11/07
GERARD & GERARD Undertaker.
 Date of Certificate Nov 10/07 Residence BOWLING GREEN, KY

Mrs. James D. Hines 1910

104

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

RETURN OF A DEATH.

796

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. James D. Hines*
 2. Sex *Female* 3. Color *White* 4. Age *67*
 5. Married or Single *Married*
 6. Date of death *APR - 4 1910*
 7. Cause of death *Phthisis*
 8. Duration of last illness *3 months*
J. M. Coomber, M. D.
 Residence *B. Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren County*
 11. Residence *State St.* Ward No. *1*
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Apr.*
GERARD & GERARD., Undertaker.
 Date of Certificate *Apr. 5 1910* Residence _____

James M. Hines 1881

20 105

This 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 *James M. Hines*
- Sex *male*
- Color *white*
- Age *32*
- Married or Single *married*
- Date of Death *January 28th 1881*
- Cause of Death *nerous Exhaustion*
- Duration of last Illness *Three weeks*

Carluight & Calator, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- Occupation *Law.*
- Place of Birth *Warren County*
- Residence *Summit Street* Ward No *1*
- Time of Residence in the City
- When a Minor { Name of Mother
Name of Father
- Place of intended Interment *Fairview Cem.*
- Date of intended Interment *Jan 30th 1881*

H. Leonard, Undertaker.
Date of Certificate *Jan 29th 81*. Residence

Democrat Job Print

Jannie W. Hines 1911

106

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

RETURN OF A DEATH.

1084

Physician's Certificate Preparatory to Burial.

1. Name of deceased Jannie W. Hines
 2. Sex female 3. Color cal 4. Age 29
 5. Married or single married
 6. Date of death Sept. 28 - 1911
 7. Cause of death Acute Tuberculosis
 8. Duration of last illness About four months

 _____ M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation House Keeper
 10. Place of birth Bowling Green Ky
 11. Residence 2nd St Ward No. _____
 12. Time of residence in the city for life
 13. When a minor { Name of mother Julia H. Hilkerson
 Name of father Rueck H. Hilkerson
 14. Place of intended interment Mt. Mariah Cem.
 15. Date of intended interment Sept 30 - 1911
J. C. Humphreys Undertaker.
 Date of Certificate Sept 30, 1911 Residence _____
7th College St.

Child of Jim & Mary Hines 1896

951 107

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *child of Jim ^{Mary} Hines Col*

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

5. Married or single *single*

6. Date of Death *Oct 17th 1896*

7. Cause of Death *Still Born*

8. Duration of last Illness *—*

O. D. Porter, M. D.

Residence *#419 - State St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*

10. Place of Birth *Bourbon Ky*

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

12. Time of Residence in the City *—*

13. When a Minor { Name of Mother *Mary Hines*
Name of Father *Jim Hines*

14. Place of intended Interment *Wm. Mouch*

15. Date of intended Interment *Oct - 18th 1896*

File Guard + Bev, Undertaker.

Date of Certificate *Oct 18/96* Residence *—*

Lucy Hines 1907

108

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

RETURN OF A DEATH.

249

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lucy Hines
 2. Sex female 3. Color black 4. Age 70 yrs.
 5. Married or single single
 6. Date of death June 20 1907
 7. Cause of death Bright Diseases
 8. Duration of last illness 18 mo
H. E. Huddle M. D.
 Residence Barney Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation cook
 10. Place of birth Warren Co.
 11. Residence Warren Co. Ward No. 1
 12. Time of residence in the city fifteen years
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment mt moriah Cem.
 15. Date of intended interment June 21 1907
J. E. Skupendall Undertaker.
 Date of Certificate June 21 07 Residence War
74 College St.

Mabel Hines 1881

109

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mabel Hines*

2. Sex *Female* . 3. Color *White* . 4. Age *11 Months*

5. ~~Married~~ or Single

6. Date of Death *Sept 20 1881*

7. Cause of Death *Luthting*

8. Duration of last Illness *Three months*

H P Cortwright, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *B Green*

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

12. Time of Residence in the City

13. When a Minor { Name of Mother *Emma Hines*
Name of Father *H C Hines*

14. Place of intended Interment *Harvren Cent*

15. Date of intended Interment *Sept 21st 1881*

F. C. Goran, Undertaker.

Date of Certificate *Sept 20-81* Residence

Democrat Job Print

Mahaly Hines 1913

110

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

RETURN OF A DEATH.

1913

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mahaly Hines*
 2. Sex *female* 3. Color *colored* 4. Age *70*
 5. Married or single *married*
 6. Date of death *Mar 28 - 1913*
 7. Cause of death *Burned from clothing catching fire*
 8. Duration of last illness *six weeks*
- *W. A. Ruggs* M. D.
- Residence *B-9-74*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Cook*
 10. Place of birth *Butler County Ky.*
 11. Residence *Kentucky* Ward No. *2*
 12. Time of residence in the city *About 40 yrs*
 13. When a minor { Name of mother *Don't know*
Name of father
 14. Place of intended interment *Pauper Ground*
 15. Date of intended interment *March 28 - 1913*
- J. E. Humphreys* Undertaker.
- Date of Certificate *Mar 27 - 1913* Residence *Cor. 7th College St*

Mary Hines 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 *Mary Hines*
 2. Sex *female* 3. Color *black* 4. Age *30*
 5. Married or single *single*
 6. Date of death *Jan. 15 - 1906*
 7. Cause of death *diseased stomach*
 8. Duration of last illness *I don't know, only saw one time*
 M. D. *Wm. A. Bridges*
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Domestic*
 10. Place of birth *Bowling Green*
 11. Residence *4th St bet Park & Chew* Ward No. *2*
 12. Time of residence in the city *Thirty years*
 13. When a minor { Name of mother
 Name of father
 14. Place of intended interment *Mt. Moriah Cemetery*
 15. Date of intended interment *Jan. 16 - 1906*
J. E. D. Kendrick Undertaker.
 Date of Certificate *March 2 - 1906* Residence *Cor. 7 & College St. Bowling Green Ky.*

Mary Lee Hines 187-

112

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mary Lee Hines*
 2. Sex *Female* . 3. Color *White* . 4. Age *5 days*
 5. Married or Single _____
 6. Date of Death *Aug 17-187*
 7. Cause of Death *Respiratory Distress*
 8. Duration of last Illness *Five days*
- R. L. Hines*, M. D.
- Residence *Bellevue Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 11. Residence _____ . Ward No. *1st*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother _____
Name of Father *H. L. Hines*
 14. Place of intended Interment *Fairview Cem +*
 15. Date of intended Interment _____
- Fran K. Leonard*, Undertaker.
- Date of Certificate _____ . Residence _____

Democrat Print.

Melissa Hines

9 113

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.

1. Name of Deceased *Melissa Hines*

2. Sex *Female* . 3. Color *Black* . 4. Age *81* Years

5. Married or Single

6. Date of Death *Dec 2, 4th*

7. Cause of Death *Phthisis Pulmonalis*

8. Duration of last Illness *Long Time*

Wm Claypool, M. D.
B.G.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence . Ward No *3rd*

12. Time of Residence in the City

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

14. Place of intended Interment

15. Date of intended Interment

_____, Undertaker.

Date of Certificate . Residence

Democrat Job Print

Robert B. Hines 1903

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.

1. Name of deceased Robt. B. Hines,
2. Sex Male 3. Color White 4. Age 78 yrs.
5. Married or single Widower.
6. Date of death Dec. 13" 1903.
7. Cause of death Angina Pectoris.
8. Duration of last illness _____
S. W. Croombs, M. D.
Residence B. Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Warren County
11. Residence Christine St. Ward No. 1
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Dec. 15" 1903
Gerard & Gerard, Undertaker.
Date of Certificate Dec 14/1903. Residence _____

Roland V. Hines 1895

87

115

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Roland V. Hines
 2. Sex male 3. Color Black 4. Age 16 yrs
 5. Married or single single
 6. Date of death Oct 18-1895
 7. Cause of death Killed by Rail Road
 8. Duration of last illness Instant
 coroner W. Leavell Seygon M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Butler Co
 11. Residence Lower 10th St Ward No. 3
 12. Time of residence in the City 9 years
 13. When a minor } Name of Mother Lina Hines
 } Name of Father Jack Hines
 14. Place of intended interment Mt. Moriah
 15. Date of intended interment Oct 19 1895
Harvey Payne Undertaker.
 Date of Certificate _____ Residence _____

Silas Hines 1912

116

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

RETURN OF A DEATH.

1242

Physician's Certificate Preparatory to Burial.

1. Name of deceased Silas Hines
 2. Sex Male 3. Color Blk 4. Age 74 yrs
 5. Married or Single Widow
 6. Date of death Sept 5/1912
 7. Cause of death Carcinoma Stomach
 8. Duration of last illness Six months
 _____, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Janitor
 10. Place of birth Warren Co Ky
 11. Residence 11th St Ward No. 1
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Mt Moriah Cemetery
 15. Date of intended interment Sept. 7th 1912
Geo. J. Geo. J. Undertaker.
 Date of Certificate Sept. 6/12 Residence city

Warren W. Hines 1893

117

583

This Constitutes 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. Hannah W. Hines*

2. Sex *Female* 3. Color *White* 4. Age *77 yrs.*

5. Married or single *Married*

6. Date of Death *Dec 17/93.*

7. Cause of Death *Pneumonia.*

8. Duration of last Illness *6 Days*

Wm. C. Cramer, M. D.

Residence *Blyden Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Butler County*

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

12. Time of Residence in the City _____

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

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *Dec 18/93.*

J. W. Gerard & Son, Undertaker.

Date of Certificate *Dec 17/93* Residence *City*

Infant of Warner & Mattie Hines 1911

118

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

RETURN OF A DEATH.

972

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of Warner & Mattie Hines*

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

5. Married or single *Single*

6. Date of death *July 25" 1911.*

7. Cause of death *Still Born (as per certificate)*

8. Duration of last illness *—*

Eugene A. Grady
General Practitioner
 Residence *B. V. Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*

10. Place of birth *St. Louis, Mo*

11. Residence *" " "* Ward No. *—*

12. Time of residence in the city *—*

13. When a minor { Name of mother *Mattie Porter Hines*
 Name of father *Warner W. Hines*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *July 26" 1911*

GERARD & GERARD Undertaker.

Date of Certificate *July 26" 1911.* Residence *—*

William M. Hines

119

This Constitutes 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 M. Hines*
2. Sex *Male* 3. Color *White* 4. Age *abt. 55*
5. Married or single *Married*
6. Date of death *July 27/1901*
7. Cause of death *Shot by J. H. Higgins follow.*
8. Duration of last illness _____
Signature *B. L. Gullett, Coroner of* M. D.
Residence *Warren Co.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County*
11. Residence *Green Castle Ky* Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Halls Chapel, Warren Co.*
15. Date of intended interment *July 23/1901.*
Erard & Erard, Undertaker.
Date of Certificate *July 27/1901.* Residence _____

Zack Hines 1879

180

This Constitutes 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 *Zack Hines*
2. Sex *Male* . 3. Color *Col* . 4. Age *48*
5. Married or Single *Married*
6. Date of Death *Feb 5th 79*
7. Cause of Death *Pulmonary Pneumonia*
8. Duration of last Illness *Six months.*

J. W. Cessmire, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Carpenter*
10. Place of Birth *Warren County*
11. Residence *Church Street* . Ward No. *3*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Col Cemetery*
15. Date of intended Interment *Feb 5th 1879*

J. W. Cessmire, Undertaker.
Date of Certificate *Feb 5th 79* . Residence _____

Democrat Print.

Granville W. Hinton 1913

121

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

RETURN OF A DEATH.

1383

Physician's Certificate Preparatory to Burial.

1. Name of deceased Granville W. Hinton
 2. Sex male 3. Color cal 4. Age 16 mo.
 5. Married or single _____
 6. Date of death Apr. 29 - 1913.
 7. Cause of death meningococcus - acute nephritis
 8. Duration of last illness about 1 week
 _____ M. D.
 Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Bowling Green Ky.
 11. Residence 11 St. _____ Ward No. _____
 12. Time of residence in the city during life
 13. When a minor { Name of mother Eddie Hinton
 Name of father Alonzo Hinton
 14. Place of intended interment Mt. Mariach
 15. Date of intended interment Apr. 30 - 1913.
J. E. Kuykendall Undertaker.
 Date of Certificate Apr. 30 Residence _____
Cor. 7 & college St
Bowling Green

Joseph Hinton 1906

122

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Joseph Hinton
 2. Sex male 3. Color white 4. Age 10 yrs
 5. Married or single single
 6. Date of death Sept - 3 - 1906
 7. Cause of death Tetanus.
 8. Duration of last illness 1 week
B. S. Rutherford, M. D.
 Residence city D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "
 10. Place of birth Warren County,
 11. Residence Broadway Ward No. _____
 12. Time of residence in the City. about 2 years
 13. When a minor { Name of Mother Bessie Hinton
 { Name of Father Herschel Hinton.
 14. Place of intended interment Old Union
 15. Date of intended interment Sept 4, 1906
Howey Payne, Undertaker.
 Date of Certificate _____ Residence _____

Mamie Hinton 1903

123

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Mamie Hinton*
2. Sex *Female* 3. Color *White* 4. Age *15 yrs*
5. Married or single *Single*
6. Date of death *July 6" 1903.*
7. Cause of death *Typhoid fever*
8. Duration of last illness
Francis, *W.R. Francis*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *College St.* Ward No. *2*
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Mrs. Tom Hinton*
Name of Father *Tom Hinton*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *July 7" 1903.*
Edward J. Edward, Undertaker.
Date of Certificate *July 7/1903.* Residence _____

Pearl Hinton 1912

124-1

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

RETURN OF A DEATH.

1289

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Pearl Hinton
2. Sex Female 3. Color White 4. Age 35
5. Married or Single Married
6. Date of death Nov 20-1912
7. Cause of death Bronch
8. Duration of last illness As per Vital Statistics
Cecile A. Gerard, Registrar

Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Undertaker
10. Place of birth Ky
11. Residence Cattanooga Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Lansing, Kentucky
15. Date of intended interment Nov. 21-1912

GERARD & GERARD. _____, Undertaker.

Date of Certificate Nov 21-12 Residence BOWLING GREEN, KY

Susan Hinton 1894

126

Out of town

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Susan Hinton*

2. Sex *female* . 3. Color *White* . 4. Age *16*

5. Married or Single *Single*

6. Date of Death *Feb 24 1894*

7. Cause of Death

8. Duration of last Illness

Referred to sign.
Shippment - was
issued by health officer.

, M. D.

Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation

10. Place of Birth *Mitchellville Tenn*

11. Residence *Robinson Pike* . Ward No. *B*

12. Time of Residence in the City *7 years*

13. When a Minor. } Name of Mother *Corrie Hinton*
 } Name of Father *Jack Granger*

14. Place of intended Interment *Mitchellville Tenn*

15. Date of intended Interment *Feb 25 1894*

Prother Payne, Undertaker.

Date of Certificate Residence

Shipped Mitchellville Tenn

Infant of Thomas & Ravena Hinton 1894

591 127

This 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 Thomas + Ravena

1. Name of deceased *Infant Hinton*
2. Sex *Male* . 3. Color *white* . 4. Age *8 da*
5. Married or Single _____
6. Date of Death *Jan 20 1894*
7. Cause of Death *Premature birth*
8. Duration of last Illness _____

Amended to _____, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City*
11. Residence *4th* . Ward No. *2*
12. Time of Residence in the City _____

13. When a Minor.) Name of Mother *Ravena Hinton*
) Name of Father *Thos F Hinton*
14. Place of intended Interment *Fairview Bur*
15. Date of intended Interment *Jan 20 1894*
Batten & Payne, Undertaker.
Date of Certificate _____ . Residence _____

M. Hitch 1904

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased M. Hitch

2. Sex male 3. Color white 4. Age 70 y

5. Married or single married

6. Date of death Jan - 16 1904

7. Cause of death Stroke apoplexy

8. Duration of last illness about 1 week

John H. Blackburn, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth _____

11. Residence near Ashland fact- Ward No. _____

12. Time of residence in the City. 1 week

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

14. Place of intended interment Fairview Cem

15. Date of intended interment Jan 14 1904

Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Warren County, Kentucky Death Records, Box 2, Folder 6 (He to Hi)

Warren County, Kentucky Death Records, Box 2, Folder 6 (He to Hi)