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Child of Samantha Head 1898

1200
This Constitutes One Certificate to be Returned to the City Clerk for a Barial Permit,
RETURN OF A DEATH.
MANAGER AND
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased child of Sain anthr Head 2. Sex finally . 3. Color Black. 4. Age Still from
5. Married or single
6. Date of death 100- 32- 28
7. Cause of death Still Brief
8. Duration of last illness
Residence IN Comba
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Bowling Ch. 14
11. Residence Kurdusky St Ward No 3 - 8
12. Time of residence in the City
Name of Mother Samantha Head-
14. Place of intended interment
15. Date of intended interment for 23-1898 Luand Fland, Undertaker.
Date of Certificate 1/2-23/98 Residence
Name and the second

Charles L. Heady 1877

	R E	r v	RN	0	F	A	DE	A	T :	H.
	PHYSI	CIAN'S	CERTI	FICAT	E PRE	EPARA	TORY	To BU	JRIAI	L.
	Name of	Deceased	1 M	W .	L.	Hero	1			
2.	Sex M	sale	3	. Color_	Mt	ite	/	. Age	(1 min
5.	Married o	or Singl	0	\smile						*****************
6.	Date of D	eath_	De	01	4	18,	77,	~	*************	
7.	Cause of	Death	Cony	cole	in	of	Dru	in		
8.	Duration	of last	Uness	7	1	0				
				1/6,	Dord	iggs	NOW.	1	/	, M. D.
			Reside	nce	2-9		vau			
1	UNDERT	'AKER'	S CERT	TFICAT	E IN	RELA	TION 7	TO DE	CEAS	SED.
9.	Occupatio	n								*****************
10.	Place of E	Birth								
11.	Residence						•	Ward	l No.	320
12.	Time of	Residence	in the	City	entropolis de la composition della composition d		THE STATE OF THE S			
13.	When a 1	Minor \	Name oj Name oj	Mother						
J		(Name oj	f Father		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			
4.	Place of 1	intended	Intermen	t		71011000-000-000				
5	Date of i	ntended	Intermen	ıt	100000000000000000000000000000000000000					***************************************
3.						-	_		17.	dertaker.

Annie Healy 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Miss Annie Healy
2.	Sex Jenual 3. Color White 4. Age 39 400
5.	Married or Single Surgle
6.	Date of death Upril 21-1910
7.	Cause of death Pulmonon Nuberculous
	Duration of last illness 2 days
	Forenden , M. D.
	Residence 910 2 Stole 81-
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Ky -
11.	Place of birth Car Patter & Church Str Ward No. 2
12.	Time of residence in the city-
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment of Jaseph Cemetry
15.	Date of intended interment Usuil 23/1918
334	GERARD & GERARD Undertaker.
Date	e of Certificate April 22 Residence City

Jimmie Heard 1891

298	ł
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Juine Hears.	
2. Sex Hale J. 3. Color Bll . 4. Age / year	
5. Married or Single Jungle	
6. Date of Death July 8"/1891	
7. Cause of Death Typhvill fury 8. Duration of last Illness Lour wasse	
R. J. Namel ton, M. D.	
Residence Bowling Gray Sky	
9. Occupation	
10. Place of Birth City.	
11. Residence Hy and Ward No. 3 2 0	
12. Time of Residence in the City	
13. When a Minor. Name of Mother Maccine Geard	ρ,
14. Place of intended Interment A.J. Morrick Recu	/
15. Date of intended Interment June 9 1/1891	
J. Officeack, Undertaker.	
Date of Certificate fucce 9-9/, Residence	
	*

Sara Heard 1891

248
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Lara Heard
2. Sex . 3. Color Bluck . 4. Age 445 years
5. Married or Single Musud
6. Date of Death January 10 - 189/ 7. Cause of Death Cather in Head 8. Duration of last Illness Development
8. Duration of last Illness De Robertson
por 20 me les , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Warten Car
11. Residence Breamie St. Ward No. Third
12. Time of Residence in the City 12 1/2006
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Mount Mariah
15. Date of intended Interment Law 10 " 1891
Orather & Mallook 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 & Hearldson	
2. Sex Male . 3. Color White . 4. Age 44 your	7
5. Married or Single Maured	
6. Date of Death Oug. 3d 1899	
7. Cause of Death Gas to Intisterial Colitis	
S. Duration of last Illness 200 mark -	
Residence Con ling Frank	/
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Carpenter	
10. Place of Birth Waven County 11. Residence Church Sheet . Ward No. 4th	
11. Residence Church shet . Ward No. 4'	
12. Time of Residence in the City	
13. When a Minor. Name of Mother	
) Name of Father	
14. Place of intended Interment Harries Cent	
15. Date of intended Interment Clug 45/892	
Date of Certificate Oug 3292. Residence	

Harvey Heckman 1909

#610	. 7
This Constitutes One Certificate to be Returned to the C	City Clerk for a Burial Permit.
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREPARATO	RY TO BURIAL.
1. Name of deceased Harvey He	ckman
2. Sex male . 3. Color white	
5. Married or single Marrief	
6. Date of deathAPR 6 = 1909	
7. Cause of death Camplication	medent to all age
8 Duration of last illness	Callis M.D.
Residence ULL	h Dong Ky
A	
Residence Ria UNDERTAKER'S CERTIFICATE IN RELATION	DN TO DECEASED.
9. Occupation	
10. Place of birth 11. Residence Rich Pond	West Vo
11. Residence With Ford 12. Time of residence in the City.	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Frage 2	ew Cerneters
15. Date of intended interment april	
~ . / .	
Date of Certificate Res	Mochs, Undertaker. sidence Bouling Green Thy

Willis Heffington 1910

₹ ₹ Thi	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🗣 🗣
P	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. N	ame of deceased Willis Helfungton
2. S	exprale. 3. Color Whith. 4. Age 18
5. M	arried or Single Dingle
6. D	ate of death Murfary 4-1910
7. C	ause of death Lyphand frees
8. D	uration of last illness 55 644
	J. J. M. D.
	Residence Bouling Green
	Undertaker's Certificate in Relation to Deceased.
	PI Tall
9. O	ccupation Carry Mill
	lace of birth
	esidence Burly Greek Kon Ward No.
12. Ti	ime of residence in the city.
13. W	Then a minor Name of Mother 174 Theffington
14. P	lace of intended interment Disser Cress of
	ate of intended interment and 6 1916
	Enather Killen, Undertaker.
Date o	f Certificate AUG TO 1910 Residence BYK
	AUG 15 1910

George Helen 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	George Helm
1. 2.	Name of deceased Drough Stranger Sex Male Sex Color SKO 4 Age 19 yrs
5.	Name of deceased Front Afterna Sex Male Color Gue 4. Age 19 1912 Married or Single Sing to
6.	Dec 8"04
7.	Cause of death Surb numbtion
8.	Duration of last illness
	H & Aludder
	Residence B. Green Ry
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
0.	Place of birth
	11 + 11 (1
1.	Residence Sentucky St Ward No. 2
	Kentucky Sh
12.	When a minor Name of Mother
12.	Time of residence in the city
12.	When a minor Name of Mother Name of Father Place of intended interment Name of Father Name of Father Name of Father Name of Father
12. 13.	When a minor Name of Mother Name of Father
12. 13.	When a minor Name of Mother Name of Father Place of intended interment Name of Father Name of Father

George Helm 1913

		10
	T	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
		RETURN OF A DEATH.
		Physician's Certificate Preparatory to Burial.
		7
	1.	Name of deceased George Helad
	2.	Sex male 3. Color Cal. 4. Age les you
	5.	Married or single Married
	6.	
	7.	Date of death Mar 3-918. Cause of death Curibral Paralypis
	8.	Duration of last illness about 10 ds
		QZPother M.D.
		Residence 1 Bow huge frew 15
*		
		H. I. a. k. a. c.
		Undertaker's Certificate in Relation to Deceased.
	9.	
	9. 10.	Occupation Jalanur Pucker
		Occupation Ty lamer Packer Place of birth Clarks will Jense,
	10.	Occupation I lawr Packer Place of birth Clarks will Jense, Residence Porterlaws in B. Green Ward No.
	10. 11. 12.	Occupation Of Lance Packer Place of birth Classics will herry, Residence Portestance in B. Green Ward No. Time of residence in the city Classific 35 yrs (Name of mother Change Banks
	10. 11.	Occupation of lance Packer Place of birth Classics ville Jense, Residence Portestann in B. Green Ward No. Time of residence in the city Classific 35 yrs When a minor Name of mother (19 yrus Barly)
	10. 11. 12.	Occupation Of Lance Packer Place of birth Classics will herry, Residence Portestance in B. Green Ward No. Time of residence in the city Classific 35 yrs (Name of mother Change Banks
	10. 11. 12.	Occupation I lance Packer Place of birth Classics will pense, Residence Portestance in B. Green Ward No. Time of residence in the city Classif 35 yrs When a minor Name of mother Company Barrier Name of father Duffish from
	10. 11. 12. 13.	Occupation I land Packer Place of birth Classics will pense, Residence Portestans in B. Free Ward No. Time of residence in the city Classich 35 yrs When a minor Name of mother (19 yrus Barker Name of father Duffer from Place of intended interment Mr. Manually Cond.
	10. 11. 12. 13. 14. 15.	Occupation I land Packer Place of birth Plant will penne, Residence Portestance in B. January No. Time of residence in the city Classific 35 yrs When a minor Name of mother of January Bankar Name of father Duffer from Place of intended interment Marian Const. Date of intended interment Marian Grand.
	10. 11. 12. 13. 14. 15.	Occupation I land Packer Place of birth Clarks will Jense, Residence And I was Brown No. Time of residence in the city Classification of Mame of mother of Manual Packer Name of father Auf Place of intended interment Manual Const. Date of intended interment Manual Formula Endertaker.
	10. 11. 12. 13. 14. 15.	Occupation I land Packer Place of birth Clarks will Jense, Residence And I was Brown No. Time of residence in the city Classification of Mame of mother of Manual Packer Name of father Auf Place of intended interment Manual Const. Date of intended interment Manual Formula Endertaker.
	10. 11. 12. 13. 14. 15.	Occupation I land Packer Place of birth Clarks will Jense, Residence And I was Brown No. Time of residence in the city Classification of Mame of mother of Manual Packer Name of father Auf Place of intended interment Manual Const. Date of intended interment Manual Formula Endertaker.

Dr. W. D. Helm 1892

426)
This Constitutes one Certificate to be Returned to the City Cterk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased DNW, D, Heliu.
2. Sex hale . 3, Color Ithile . 4. Age 85 yrs
5. Married or Single harried
6. Date of Death July 20"/1892.
7. Cause of Death Charice Brights Down
8. Duration of last Illness 2 wells
Residence
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Hardine County
11. Residence 8 the Stuck . Ward No. 124
12. Time of Residence in the City
. 13. When a Minor. Name of Mother
Name of Father
14. Place of intended Interment Favorew Occur,
15. Date of intended Interment July 27"/1892.
J. O. Journal . , Undertaker.
Date of Certificate 14 26/92. Residence

Mrs. W. D. Helm 1893

586) is
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mus Wo Hilm
2. Sex fund. 3. Color White. 4. Age 78 years
5. Married or single Widow
6. Date of Death Dreumonia 7. Cause of Death Dreumonia
1 - 0
h. acat
groff, wawrigh, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Adais Courts
11. Residence 972 Start . Ward No.
12. Time of Residence in the City
) Name of Mother
Name of Father
14. Place of intended Interment Harrien Cent
15. Date of intended Interment Dec 24th/893
Je Chrond Bro, Undertaker.
Date of Certificate Residence

Child of Charles & Laura Heminger 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased build a bhar Strumger. 2. Sex Junals 3. Color White 4. Age 4 dd. 5. Married or single Surgh. 6. Date of death a for 20" 1901. 7. Cause of death American
8. Duration of last illness
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth bity, 11. Residence Main, St. Ward No. 3.
12. Time of residence in the City. Name of Mother Mrs Laura Sfruingar 13. When a minor
14. Place of intended interment Hairwin Grandley. 15. Date of intended interment Nov. 11/1901.
Date of Certificate new 21/1901 Residence

Emma F. Heminger 1891

342	
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Eurona & Henry	
2. Sex fruit . 3. Color White . 4. Age 3 we	-
5. Married or Single	
6. Date of Death Oct 29B1891	
6. Date of Death Oct 29B1891 7. Cause of Death Lung trauble	OFFICION .
8. Duration of last Illness Zwuco	
R. J. Naccillay, M.	D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth City	
10. Place of Birth C. T. 11. Residence furth Study. Ward No # E	
12. Time of Residence in the City	
13. When a Minor. Name of Mother Chas & House	· E
14. Place of intended Interment Strack Out	*******
15. Date of intended Interment Odinary	
Undertak	er.
Date of Certificate . Residence	
•	istinos

J. Newton Heminger 1904

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased for the Manuager. Harminger
2. Sex Mall Mall Thir 4. Age 42 grs.
5. Married or Single
6. Date of death July 19 0 14
7. Cause of death ly to Least
8. Duration of last illness 26 days
of plantinght, M.D.
Residence / darding /
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
14. Place of intended interment Tosals h. Becurating
15. Date of intended interment July 14" 04,
Fire of Medical Frank , Undertaker.
Date of Certificate July 13-04, Residence

Child of Nickolas & Mollie Heminger 1891

250	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 chier of Mick Heiner	ge
2. Sex by . 3. Color White . 4. Age	
5. Married or Single Siegle	
6. Date of Death Jany 11"/157/	
7. Cause of Death Still Bernet	ransa.
8. Duration of last Illness	
Q & Mulling	D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Oily.	1
11. Residence . Ward No # th	-
12. Time of Residence in the City	
13. When a Minor. Name of Wother Moller Heim	re
Name of Father Mickeles Herrin	ug
14. Place of intended Interment Hoursen Court	
15. Date of intended Interment Jun 1891	
. Holling, Undertake	r.
Date of Certificate . Residence	

Robert Edger Heminger 1910

	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Robert Edger Henringer
1.	Sex Male 3. Color White 4. Age 37
	Married or single Inique
	Date of death Sept 2 /9/0
	Cause of death Court on the Court of last illness of last illn
8.	Duration of last illness
	Residence Bowling Recent
	Residence Dowling Recent
	Undertaker's Certificate in Relation to Deceased.
	Occupation Machinist
9.	
10.	Place of birth Street Ward No. 3
11. 12.	
12.	Time of residence in the city 37 years When a minor Name of mother Mrs & le Henry Name of father Le Henry 1
13.	When a minor Name of father L le Alana - Man
14.	Place of intended interment Fairviers Cemetery
15.	Date of intended interment Sept 4 1910
	GERARD & GERARD. Undertaker.
Dot	e of Certificate Sept 3 1910 Residence
Dat	e of Certificate. Sugar Residence

Virginia Heminger 1911

	18
_T	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 2. 5. 6. 7. 8.	Name of deceased 2 (41) (11) (11) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	CANTA TATA A TATA A TATA
11.	Place of birth BUWLING GREEN, KY
12.	Residence Manus, St. BOWLING GREEN, KY Ward No.
	Time of residence in the city 15 Mrs.
13.	When a minor Name of mother 18.6.6. Hannings
13. 14.	When a minor Name of mother M. S. Sannings Name of father Sannings Place of intended interment Canada Cometaly
	When a minor Name of mother M. S., S. Manningss When a minor Name of father. Place of intended interment. PEB 6 - 1911
14. 15.	When a minor Name of mother W. b. Sammagar Name of father Canada Cometary Place of intended interment Canada Cometary

Child of Dave & May Henderson 1891

256	¥ 19
This Constitu	ntes one Certificate to be Returned to the City Clerk for a Burial Permit.
R	ETURN DE A DEATH.
_	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	deceased Child of Dave Henderson
1. Name of	1
2. Sex 91	3. Color Mel . 4. Age Still Bum
5. Married o	or Single Stringle
6. Date of	Death Jan 24/1891,
7. Cause of	Death Shill Borne
. S. Duration	of last Illness
	Marine Ma
	Residence
	HARDER PROPERTY OF THE DESIGNATION OF THE PROPERTY OF THE PROP
0.0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupati	Birth College Stut
11. Residence	e Celly Huy. Ward No. 2
	Residence in the City
13. When a	Minor. Name of Mother May !! Name of Father Daw Uenders
14. Place of	intended Interment Int Munich
15. Date of	intended Interment Jun 25-1890
	J. C. J. Undertaker.
Date of Cert	ificate Residence

Child of Ed Henderson 1897

This Constitutes One Certificate to be Returned to the City Clerk for a Bursal Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. of Ed
1. Name of deceased Infant Henderson
1. Name of deceased Infant Henderson 2. Sex 3. Color BUK . 4. Age
5. Married or single
6. Date of Death Stall Banks
7. Cause of Death Still born 8. Duration of last Illness
97 m= 9 Felle Com, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Corp. 11. Residence State of . Ward No. Z
12. Time of Residence in the City
Name of Mother Name of Father & Bunderson
14. Place of intended Interment
15. Date of intended Interment 39/9/
De 6 G 16
Date of Certificate

Elizabeth Henderson 1904

2 This Constitutes
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. Elizabeth Hunderson
2 Sexteenale 3 Color White 4. Age 49 grs.
5. Married or Single Widord
6. Date of death Sapt 25" out.
7. Cause of death Control 8. Duration of last illness 4.
J. E. Guddle. M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
——————————————————————————————————————
9. Occupation
10. Place of birth 11. Residence 7 th St. Ward No. 2
12. Time of residence in the city
13. When a minor { Name of Mother
14. Place of intended interment of Josephs Country
15. Date of intended interment State 26"04;
Date of Certificate Sept. 96/114 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 Huny Hundinson
2. Sex Male. 3. Color Ithile. 4. Age 4 3, yrs.
5. Married or single Manuello. 6. Date of death Man, 31" 98.
7. Cause of death Plus Pnumouna
8. Duration of last illness
S. G. Waght. M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Muchant
9. Occupation //www.v.
11. Residence Main Sh. Ward No. 3 and
12. Time of residence in the City
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father Shalls Counties
15. Date of intended interment April 1" 1898.
Guard Luand, Undertaker.
Date of Certificate Mar 31"98. Residence Giff,

Jimmie Henderson 1891

3 6 5 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	23
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased finning founders on 2. Sex fale 1. 3 Color White . 4. Age 21418	
5. Married or Single Lingle 6. Date of Death Dyc 23/91,	
7. Cause of Death American	
8. Duration of last Illness	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Togaw County 11. Residence 7" fluit . Ward No. 3 2d	
12. Time of Residence in the City 9 43	
13. When a Minor. Name of Mother Name of Father	
14. Place of intended Interment Office Olive, 15. Date of intended Interment Office 214 "/91,	
Date of Certificate De 28/9/Residence Undertaker.	

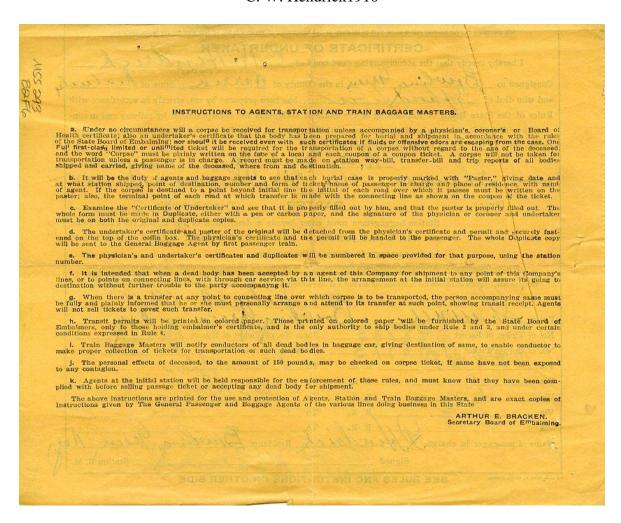
C. W. Hendrick 1910

RETURN OF A DEATH.	- 4
Physician's Certificate Preparatory to Burial.	
6th Hundrick	
1. Name of deceased Oly Lymnamy	
2. Sex 7 (200) 3. Color 4. Age	
5. Married or Single Suight	
6. Date of death July 21 1910.	
7. Cause of death // phoist faury	
8. Duration of last illness	
, M	[. D .
Residence	
DOMESTIC CONTROL OF THE PARTY O	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation Tulngraph Operator	
10. Place of birth of Marian Cod	
Shawner Oaklahuna	******
12. Time of residence in the city.	
13. When a minor \{ Name of Mother	
Name of Father	
14. Place of intended interment James 1910	
15. Date of intended interment	
Julian & Lauren, Underta	ker.
Date of Certificate Residence	

C. W. Hendrick 1910

THIS GESTIFICATE AND THE SHIPPING PASTER BELOW MUST BE DETACHED AT THIS PERFORATION AND SECURELY TACKED OR PASSED ON THE END OF THE COFFIN BOX.	
CERTIFICATE OF UNDERTAKER	
I hereby certify that the accompanying dead body of	
I hereby certify that the accompanying dead body of	
Consigned to Dewling Mean in the County of Arten State of Menter	4
and who died of Alvid five has been prepared by me, strictly in accordance with	1
Rules of the State Board of Embalming of the State of Oklahoma for transportation by railway and in con-	10 W
ormity with said Rules as printed on the back of this permit, and I further certify that I hold an Embalmers'	(E)
Permit (No. 343) issued by said State Board	
M. Ce, Jashiph Shipping Undertaker.	ille Ig
ALL WITH W. JAA - TV	
Residence Shauru etta nun Funning I / 10000	
[Shal] PASTER Transit Permit No.	4
(Give Station No.)	in the
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 c roner, 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	AND THE STATE OF
body has been prepared for burish according to the law of the State. Neither will it be received if any fluids or offensive odors are escaping from the case. Agon's will detach the Certificate and this Paster at the perforation and tack them securely on the end of the box before shapping.	00 80
D. Ally 29-19/0	
Same Santi Assessing	
From Shaway to Dowling Them State 144	42
No. of Ticket of Escort Form No. of Ticket of Escort	00
No. of Corpse Ticket Form No. Corpse Ticket	Sil
Via R. R. To	
Via O R.R. To A	
Via STA R. R. To Harry	
Via R. R. To	-02
Via () (/R. R. / , To, G)	
Will dais Brut Anna 1	
	11
Signed Station B. M.	1 8
THE STITE, MATTER M., METPORAL SELECTIONS ON OTHER SIDE	1 +
	1/9

C. W. Hendrick1910



Mrs. E. H. Hendrick 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.
 2. 5. 6. 7. 	Name of deceased Description of last illness Residence BOWLING GREEN, KY Name of deceased Description of Last illness Residence BOWLING GREEN, KY
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9,	Occupation
10.	Place of office of
11.	Residence Ovellege St. Ward No. 2
12.	Time of residence in the City. Was Affile Ammuni
13.	When a minor Name of Mother WM Surimons Name of Father
14.	Place of intended interment Jurioum Countlery
15.	Date of intended interment #106 GERARD & GERARD., Undertaker.
D	e of Certificate 11/16. Residence BOWLING GREEN, A
Date	

Ellen Hendrick 1878

							or a BURIA	
RI	T	UR	N (F	A	DE	AT	H.
PL	IVSICIA	N'S CEI	RTIFICA	TE PRI	EDARA'	LOBA T	O URL	Δ.Ι.
			1					Hendre
								g.
					-			
			Mi					
			apr					
7. Cause	e of Dea	th	60	nzi	nf	teere		
8. Dura	tion of la	st Illness	15	4	220			<i>p</i>
					4			C, M. D.
		Ke	sidence		fort.	ulu /	4.1622	4/9
UND	ERTAK	ER'S CE	ERTIFICA	ATE IN	RELA	TION T	O DECE.	ASED.
9. Occu		*****************			• Seminarian		energe contracts	
10. Place	of Birth	Wa	un C	ment				
							Ward A	To. 2
12. Time					we.	tes -		
13. Whe	n a Mino	m } Nam	of Earl			+	HT 04(0,007)	
				Section 19 Description	د ـ د ـ د	0		· ·
14. Place				1:	veen	dem	Ley	
15. Date	of inten	ded Inter	ment	tun	67-	- 187	8	
		1	· In	000	Ger	and	······································	Undertaker.
Date of C					47.	7 7		

Ellen Hendrick 1898

Out ryoung to	27
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Miss Ellen Sendre 2. Sex Ferrall, 3. Color White. 4. Age 24 yrs	K
('a//	· .
6. Date of death July, 21, 198,	
7. Cause of death Cousing pline	
8. Duration of last illness	
Juo. O. Carburight	
Kesidence	1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
g. Occupation	
10. Place of birth Harrey Countly.	
11. Residence Stight Street Ward No. /	
12. Time of residence in the City	
Name of Mother Name of Father	
14. Place of intended interment Petty Grave yard	
15. Date of intended interment July, 201 1898.	
Guard & General. , Undertaker	
Date of Certificate ANY 2298, Residence	
4.	

Harold Hendrick 1912

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 Harvill Shardiness 2. Sex Maria 3. Color White 4. Age 5. Married or single 5. Married or single 6. Date of death Sast, 1" 1912 7. Cause of death Sumalure Surth 8. Duration of last illness 9. Sautherford M. D. Residence Surling Green My Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth HOWLING GREEN, KY
9. Occupation 10. Place of birth ROWLING GREEN. KY 11. Residence Ward No. 3 12. Time of residence in the city
12. Time of residence in the city
12. Time of residence in the city Name of mother Name of father, Thus, S. Stundareks
14. Place of intended interment Fairview Cemetery
15. Date of intended interment
GERARD & GERARD Undertaker. Date of Certificate SEP - 2 1912 Residence.

Infant of L. W. & Clara Hendrick 1905

99
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Infant of L. Huccolrick 2. Sex Junola 3. Colg. White 4. Age —
5. Married or single single
6. Date of death Princitive Birth,
7. Cause of death Ormaleur Bulk,
8. Duration of last illness UE. Tygut. M. D.
Residence BOWLING GREEN, KY.
Residence Dott Mind Statistics
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Bornling Learn Sty 11. Residence Centre St. Ward No.
10. Place of birth Party St
12. Time of residence in the city. Mus. Clava, Amdricle
13. When a minor Name of mother Name of father
14. Place of intended interment Fairviau Crimatry
15. Date of intended interment June, of 1905,
GERARD & GERARD. Undertaker. Date of Certificate June 1908 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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Child of Sundrich. 2. Sex Male 3. Color Att 4. Age 6/16. 5. Married or single Single
6. Date of death 1111, 24 1910.
7. Cause of death Typhwrid Fierer
8. Duration of last illness # 5 week W. B. Tygnet M. D. Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
A WITE SO ROWLING OPERN RV
12. Time of residence in the city Mrs. Chara, Thurchick.
13. When a minor Name of mother Name of father.
14. Place of intended interment Canality
15. Date of intended interment 23 1910.
Date of Certificate 1912 5"1910 Residence

Child of Lanes & Rachal Hendrick 1896

	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. N	ame of deceased Chily of Lamo Sundrick
	ex 3. Color Hhill 4. Age —
	arried or single Lingle
	ate of Death Luc, 26"/1876
	ause of Death Mill barn
	uration of last Illness
	BA Mulliken M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. O	ceupation
	lace of Birth City
11. R	esidence Mani Shuf . Ward No. 3nd
	ime of Residence in the City
	Name of Mother Mrs Rachal Shudru
13. W	hen a Minor Name of Father Laura Auda
14 P	lace of intended Interment Putty Graw Jel. Warren
13. 1	ate of intended Interment Nic 27 /96
	O de la
Date (of Certificate Will 1/96 Residence

Lois Hendrick 1900

6	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 Lois Hundrick	
2. Sex female. 3. Color white. 4. Age 3 yr	
5. Married or single 2 - jl	
5. Married or single Sugar Comments of death Sift 22- 7. Cause of death Springle Comments of the Comments of	
7. Cause of death Spring Constant	
8. Duration of last illness	
BAMeaker. M. D.	
Residence	
■ determination conscious action care discussion (conscious conscious consc	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Thru Forks name Co-	
11. Residence Beauty ane - Ward No. 3	
Time of an idence in the City 9 months	
12. Time of residence in the City 9 months Name of Mother Famin Hundrick	
13. When a minor Name of Mother Janin Hundrick Name of Father Robert, 7, "	
14. Place of intended interment Chook have Joh.	
15. Date of intended interment LK - 23 - 4900	
thank the L. Undertaker.	
Date of Certificate, Residence	

Mary E. Hendrick 1911

	RETURN OF A DEATH.
	1070
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs. Mary E. Handrick
2.	Name of deceased Mrs. Mary E. Sandrick Sex Franch 3. Color White 4. Age 83 yrs. Married or Single Willow
5.	Married or Single Willow
6.	Data of days ang, 24" 1911.
	Cause of death Cancer of Bhalder, while Statist
7.	
8.	Duration of last illness 6 warse
	Juniel Digital
	Residence Bowling Juliu Sur.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
	Place of birth Wasyn Bounty
10.	Many offeren Contactor Kin
11.	Residence Ward No. Ward No.
12.	Time of residence in the city
13.	When a minor { Name of Mother
	Name of Father
14.	Place of intended interment Hanvian Canvary
15.	Date of intended interment Muy 25" 1911.
LO.	GERARD & GÉRARD. Undertaker
10.	, Olidertaker
	e of Certificate (My 74/)/ Residence

Polly Hendrick 1904

₹ ₹ This Constitutes One Certificate to be Returned to the	City Clerk for a Burial Permit. 🗸 🔻
RETURN OF A	DEATH.
Physician's Certificate Prepar	atory to Burial.
Mis Poely Ha	uduick
1. Name of deceased While	W. 4. Age /3 yes
2 Sex 3 Color Bickers	. 4. Age
5. Married or Single	
6. Date of death 1904.	
7. Cause of death Saulty	
8. Duration of last illness	ff
F. D. Gallwig	, M. D.
Residence Coulty	Physican
Undertaker's Certificate in Rela	ation to Deceased.
Undertaker's Certificate in Rela	ation to Deceased.
9. Occupation	
9. Occupation 10. Place of birth	. Ward No.
9. Occupation 10. Place of birth 11. Residence Many St. 12. Time of residence in the city. (Name of Mother.	. Ward No.
9. Occupation 10. Place of birth 11. Residence August 12. Residence	. Ward No.
9. Occupation 10. Place of birth 11. Residence Many St. 12. Time of residence in the city. 13. When a minor Name of Mother Name of Father	. Ward No.
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of Mother Name of Father 14. Place of intended interment	. Ward No.
9. Occupation 10. Place of birth 11. Residence Many St. 12. Time of residence in the city. 13. When a minor Name of Mother Name of Father	farren, leo.
9. Occupation 10. Place of birth 11. Residence Many St. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father 14. Place of intended interment Many Many Many	. Ward No.
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of Mother Name of Father 14. Place of intended interment Name of Father Name of Father	farren, leo.
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of Mother Name of Father 14. Place of intended interment Name of Father	farren, leo.

Rachial Hendrick 1896

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	
Phisician's certificate preparation to bound	
1. Name of decoased Ast A Hunguer.	
2. Sex Mule 3. Color Shile . 4. Age 76 yes	
5. Married or single Married,	
6. Date of death Jugust, 7" 1900. 7. Cause of death Chronic Brights Deusser,	
8. Duration of last illness A. Carlwright, M. I.).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
REPLACEMENT AND THE PROPERTY OF THE PROPERTY O	
9. Occupation 10. Place of birth Harren County	
Margaren alama Was No 2	
12. Time of residence in the City 17 year	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Fairview Camelery	•
15. Date of intended interment Aug 8"1990, Lanard Sund Sanard, Undertake	
Gardell Garant. , Undertake	r.
Date of Certificate ang 7"1900. Residence	
	10000

Thomas T Hendrick 1908

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of decoased Thus J. Haydrich 2. Sex Male 3. Color 4. Age 31 yrs.
5 Married or single. Dunger
6. Date of death farry 6 1908 7. Cause of death & filipsy
8. Duration of last illness Jow W. Stour M. D.
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation B Garrin Ry,
10. Place of birth 11. Residence 12 Ward No. 2
12. Time of residence in the city 13. When a minor Name of mother
13. When a minor Name of father of A Hundred 14. Place of intended interment garage Gemeters
15. Date of intended interment famy 7'1908. GERARD & GERARD Undertaker.
Date of Certificate Jun 6/1908 Residence BOWLING GREEN, 1

Infant of E. H. & Fannie Hendricks 1879

		38
7	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	
	RETURN OF A DEATH.	
	PHYSICIA'S CERTIFICATE PREPARATORY TO BURIAL.	
1.	Name of Deceased Mout Judnoto & Hens	lies
2.	Sex Fund . 3. Color White . 4. Age	
5.	Married or Single	
6.	Married or Single Date of Death 1999 97 to 1879	
7.	Cause of Beath Describer Bills.	
8.	Duration of last Illness	
	II. M. Cerrack, M	D.
	Residence	
9. 10.	Occupation Place of Birth BG	
	Trace of Birth 12 5	
11.	Residence Church . Ward No. 3	
11. 12.	Residence Chund . Ward No. 3 Time of Residence in the City	
11. 12.	Residence Chund . Ward No. 3 Time of Residence in the City	
11. 12.	Residence Church . Ward No. 3	
11. 12. 13.	Residence Chard Ward No. 3 Time of Residence in the City When a Minor Name of Mother Four Hendriks Name of Father F. H. Hendriks Place of intended Interment Four ion Care	
11. 12. 13.	Residence Church. Ward No. 3 Time of Residence in the City When a Minor Name of Mother Four Kendnik. Name of Father F. H. Hendnik.	
11. 12. 13.	Residence Chard Ward No. 3 Time of Residence in the City When a Minor Name of Mother Four Hendriks Name of Father F. H. Hendriks Place of intended Interment Four ion Care	ker.
11. 12. 13. 14. 15.	Residence Chro Ward No. 3 Time of Residence in the City When a Minor { Name of Mother Farm Hendriks Name of Father F. H. Hendriks Place of intended Interment Farming C Date of intended Interment City 28 ^{T-} 27 Frank lober and , Undertain	ker.
11. 12. 13. 14. 15.	Residence Chard	ker.

Elijah Hendricks 1907

#192 0 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 Cligah Armstrucke
2. Sex Male 3. Coffer While 4. Age 46 yes.
5. Married or single Manuay.
1. Name of deceased Elijah Hendricke. 2. Sex Malk 3. Color While 4. Age #6 yrs. 5. Married or single Manual. 6. Date of death Phinonomy Inductions
7. Cause of death Manning Miles
8. Duration of last illness.
Residence BOWLING GREEN, KY.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Sun poon, led. 11. Residence Morganitown Pikh Ward No.
11. Residence Morganitan part Ward No.
12. Time of residence in the city 26 yrs.
13. When a minor Name of mother
14. Place of intended interment. Fairview Cemetery
15. Date of intended interment apr, 6"1907.
15. Date of intended interment apr, 6"1907.
15. Date of intended interment GERARD & GERARD. Undertaker. Date of Certificate GW, 5/07. Residence BOWLING GREEN, KY
GERARD & GERARD. Undertaker.
GERARD & GERARD Undertaker.
GERARD & GERARD. Undertaker.

J. A. Hendricks 1907

	301 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 & Alendrois
2.	Sex Male 3. Color White 4. Age 63
5,	Married or single Marriel
6.	Date of death Self 2 -
7.	Cause of death Consumption
8.	Duration of last illness & wiggs
	MARTINO M.D.
	Residence ROWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Lahren
10.	Place of high
11,	Residence Evst High St Ward No. 2
12.	Time of residence in the city /2 7 1
13.	(Name of mother
10.	variation of facility
14.	Place of intended interment Relty Grave yerd Date of intended interment Sept 9 1904
15.	Date of intended interment Sept 9 1904
	LIERARD & GERARD Undertaker
Date	of Certificate Seft 3 1907 Residence ROWLING GREEN, KY

Mrs. J. W. Hendricks Sr. 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Ms. (M. Age 64 400) Name of deceased Ms. (M. Name of deceased Ms. (M. Age 64 400) Name of deceased Ms. (M. Name of deceased Ms.
1.	Name of deceased Mrs. L. Mayuluchs. St.
2.	Sex Farnally 3. Color Athle 4. Age 64 416
5.	Married or single Maurel .
6.	
7.	Cause of death Organic Steast disease
8.	Duration of last illness & 200 5 W. Storre M. D.
	Residence Bowling Green, Ky.
	Undertaker's Certificate in Relation to Deceased.
	Song Richer
9.	Occupation Hono & Ruber Place of birth Sunpan, lov. Kuf
10.	Place of birth Author, According Group Kit
11.	Residence Bowling Green, Ward No.
12.	Time of residence in the city
13.	When a minor Name of mother.
14.	Franciew Cometery
15.	and 8" 1913
	GERARD & GERARD. Undertaker
	te of Certificate APR 7 1913 ResidenceBowling Green
1)01	Testuence.

R. G. Hendricks 1908

464 This Constitutes One Certificate to 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. Kenedrick
2. Sex Male 3. Color White 4. Age XV
5. Married or single Massie
6. Date of death May 29, 1908 7. Cause of death ascurding militis
8. Duration of last illness 5 27 0 S.E. Huddle M. D.
Residence Bowling Grange
Residence Couring Minis
Undertaker's Certificate in Relation to Deceased.
9. Occupation Carpettion
9. Occupation Carpention 10. Place of birth Alas Rock
9. Occupation Carpentin
9. Occupation Carpentus 10. Place of birth Alas Rock 11. Residence Selafield Ward No. 12. Time of residence in the city
9. Occupation Carpentus 10. Place of birth Alas Rock 11. Residence Selafield Ward No. 12. Time of residence in the city
9. Occupation Carpentus 10. Place of birth Alax Cock 11. Residence Selafield Ward No. 12. Time of residence in the city Name of mother Name of father
9. Occupation Carletto 10. Place of birth Hol. Cock 11. Residence Selafield Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Alax Rock
9. Occupation Carpentus 10. Place of birth Alax Cock 11. Residence Selafield Ward No. 12. Time of residence in the city Name of mother Name of father
9. Occupation Carlette 10. Place of birth Hol. Coeld 11. Residence Sclaffield Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Alax Rock 15. Date of intended interment May 30 1988.
9. Occupation Carletto 10. Place of birth Hol. Cock 11. Residence Selafield Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Alax Rock
9. Occupation Carlette 10. Place of birth Hol. Coeld 11. Residence Sclaffield Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Alax Rock 15. Date of intended interment May 30 1988.
9. Occupation Carlette 10. Place of birth Hol. Coeld 11. Residence Sclaffield Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Alax Rock 15. Date of intended interment May 30 1988.

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 Costificate Property to Book 1
Physician's Certificate Preparatory to Burial.
1. Name of deceased Carter Newlyy
2. Sex Amail 3. Color Colored 4. Age le
5. Married or single Ling L
6. Date of death Manage 10 - 190 las
7. Cause of death Britisht to the trumble
8. Duration of last illness & Comment to Marches
Ja Ch Ti Charletter M. D.
Residence Bawling Grann By
Undertaker's Certificate in Relation to Deceased.
9. Occupation Nausleeker
10. Place of birth but 11 11 15
11. Residence Ward No.
12. Time of residence in the city.
Name of mother
(Name of father
14. Place of intended interment MA Moriah Cem.
15. Date of intended interment. May 11-1906
J. E. Duylinda & Undertaker.
Date of Certificate Many Residence Residence
Cory & pallyge off,
The state of the s

Harriett Hanley 1897

10.13
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 Atarrieth Study 2. Sex Finale. 3. Color BSK. 4. Age 64
5. Married or single Manniel
6. Date of Death June 21" 1897 7. Cause of Death Sheart Quarise
8. Duration of last Illness
a G. Wright, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
- The state of the
9. Occupation
10. Place of Birth Kanul Go
11. Residence Suntricky Sh. Ward No. 7
12. Time of Residence in the City
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended Interment Mr Moriah
15. Date of intended Interment frue 22"/877 Al June 1810 (Undertaker.
Date of Certificate Juni 22/Residence Dill

Hugh Henley 1894

655	45
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Nyw Hully	
2. Sex Male. 3. Color B 4. Age/8 Mil	
5. Married or single July	
6. Date of Death My 27"/94	
7. Cause of Death / Katre Infanture	
8. Duration of last Illness 610 Keek	1
Je MCEO) by , M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence Kentalthy sheet Ward No. 3 24	
12. Time of Residence in the City	
13. When a Minor Name of Mother Mith Huly	
Name of Father Hy	/
14. Place of intended Interment Mr Morish Court	
15. Date of intended Interment July 28"/894.	
Date of Certificate 1114 2/194. Residence	

Wanda Hanley 1891

285) 46
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH,
1. Name of deceased Manila Herika
2. Sex Finail 3. Color Black. Age 22 years
5. Married or Single marroad
6. Date of Death April .26/1891
1. Cause of Death Continuation
8. Duration of last Illness Ceglit months
Lett, Coombe, M. D.
Residence
9. Occupation Kause Kechen
10. Place of Birth medcalf co
11. Residence State St. Ward No pirst
12. Time of Residence in the City Sewer years
13. When a Minor. Name of Mother Elique Haffman
14. Place of intended Interment All mering ein
15. Date of intended Interment april 26/18 9/ Qualter + maker, 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.
PHISICIAN'S CERTIFICATE PREFARATORY TO BORNAL.
1. Name of deceased from My ferror
2. Sex May . 3. Color While . 4. Age 75 yrs
5. Married or single modern
6. Date of death 3 4 - 1906
7. Cause of death Dysentery
8. Duration of last illness , M. D. , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UMPERIANER'S CENTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Narrew frame
11. Residence & Chestrut X, Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Inventory musan Co
15. Date of intended interment June 15 936
Thawly Jayne, Undertaker.
Date of Certificate . Residence

John B. Henry 1878

	RETURN OF A DEATH.
- 3	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Decembed Just, Blowny Hearthy Sex Mule 3. Color White 4. Age
2.	Sex Mule . 3. Color Mile . 4. Age
	Married or Single Musico.
	Date of Death left 243/818_
	Cause of Death Depatie Congestion.
8.	Duration of last Illness Tors Lait -
	Residence
0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
	Place of Birth
	Residence
11.	
	Time of Residence in the City
12.	Time of Residence in the City(Name of Mother
12.	
12.	(Name of Mother
12.	When a Minor $\begin{cases} Name \ of \ Mother \\ Name \ of \ Father \end{cases}$::
12.	When a Minor { Name of Mother

Mrs. M. E. Henry 1907

S (CERTIFICA	TÉ OF I	UNDERTAK	ER.	/
Hop Kes	isvelle	Me Date	July	7	190.7
Name of deceased!			ry /		
Place of death	/ 1 ,	svilly	Name of the second		
Cause of death	1		1/10	*	
For ir iterment at		1 20 2		4	
Name of person in charge			ties 1		
Number of Transit perm	it 046	in (111)		
			And the second state of the second se	yes Unde	
		/ ~	3	e Ky P.), Address
The above is to b	e filled out by Uno		-		
From		To		State	
Number of Ticket					
From					
Via					
	Signed			Sta	tion Agent
TOU 1 CHE CHE	d out he agent or	Ragge roman at t	he initial point sho	wing description of ti	eket which

Mary V. Henry 1911

50
₹ ₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
mantal
1. Name of deceased Mary Hurry 2. Sexfamul 3. Color White 4. Age 7.2
5. Married or Single Wallow
6. Date of death Nov 2 9 1
7. Cause of death Simila demantiq
8. Duration of last illness July mouths
Shifterford M.D.
Residence Towling Green 14
Undertaker's Certificate in Relation to Deceased.
9. Occupation at Hame
10. Place of birth Wassen &o
11. Residence Basulny Guen Ward No.
12. Time of residence in the city. 40 Miss.
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment Farry un ann
15. Date of intended interment, NOV 3 /9//
Carolin OKully Undertaker.
Date of Certificate Residence & The

Charles L. Henson 1898

1/87 51
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Character Herror Herror 1. Name of deceased 6. L. Hurror
2. Sex male. 3. Color while. 4. Age 56 yrc
5. Married or single married
6. Date of death 20 1488
7. Cause of death Chronic Sianhes and man lungs -
2n Mie C. 18.000 leverne C.M. D.
Residence Bossling Green, Ry
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Woodford 25. Ward No. 3
12. Time of residence in the City
13. When a minor Name of Mother Name of Father Name of intended interment Father
Name of Pather
0-7-2 1838
15. Date of intended interment Color Landson L
Date of Certificate Residence

Curtis N. Henton 1912

59 * * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
6 + 2 1 +
1. Name of deceased Curtis In Hunton 2. Sexhale 3 Color White 4 Age/6 Many
0
6. Date of death
7. Cause of death
8. Duration of last illness
Residence , M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Bauling Green Mr.
11. Residence Ward No.
(Name of Mother Ezzana Hunton
13. When a minor Name of Father Curtis
14. Place of intended interment Larriew Cycling
15. Date of intended interment June 6 79/2
Englis Kelly, Undertaker.
Date of Certificate Residence B. H. et al.

Joseph M. Herad 1910

	RETURN OF A DEATH.
	946
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Joseph M Herail Herail
2.	Name of deceased Joseph Ml Herail Herail Sex Male 3. Color White 4. Age 7
5.	Married or Single Single
6	Date of death duce 25
7.	Cause of death Dont Proce - no Outopay
8.	Duration of last illness 4 0 0 0
	1 Readon, M. D.
	Residence 4142 Man & +
	Undertaker's Certificate in Relation to Deceased.
0	
9.	Occupation Brade A.
10.	Place of birth Benefity bench Bend Ward No.
12.	Time of residence in the city.
13.	When a minor Name of Mother Mus Sam Herad Name of Father Sam Sterad
14.	Place of intended interment Hairway Comment
15.	Date of intended interment Lee 28th 1910
	Gerard Gerard , Undertaker.
Dat	e of Certificate Lee 27 1910 Residence.

Effie Heraldson 1909

* *	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Miss, Effin Straldson
2.	Sex Funals 3. Color theth 4. Age 19 yrs.
5.	Married or Single Single
6.	D. aug 41/1909.
7.	Cause of death Mainingstis
8.	D. 4. 11 (11)
u.	H. W. Warlwight
	Residence , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Warrent Da
10.	Residence Marganton Piks Ward No.
11.	Residence Ward No
12.	Time of residence in the city.
13.	When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10.	Name of Father
14.	Place of intended interment Fauview Cemetery
15.	Date of intended interment dug 5"1909.
	GERARD & GERARD, Undertaker.
-	e of Certificate aug 4/09. Residence
Dat	//
Dat	
Dat	

Child of Lewis Herd 1881

	This Constitutes ONE CERTIFICATE to 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 News.
2.	Sex Frmale. 3. Color Caloner. 4. Age 6 3ucs
5.	Married or Single
6.	Date of Death 726 15 to 1881 Cause of Death asthma
7.	
8.	Duration of last Illness 4 Moulls
	Health office M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	
9. 10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence . Ward No 3 Time of Residence in the City
10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence . Ward No 3
10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence . Ward No 3 Time of Residence in the City
10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor Name of Mother Name of Father
10 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor { Name of Mother Place of intended Interment Place of intended Interment
10 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No 3 Time of Residence in the City. When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment

James M. Herdman 1891

292)	56
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
BETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1 — Herdman	
1. Name of deceased James In Herdinan.	
1. Name of deceased James In Herdenson. 2. Sex Male . 3. Color White . 4. Age 87, year	_
5. Married or Single Single	
6. Date of Death May 2/-189/.	**:
7. Cause of Death / Asheria	
8. Duration of last Illness Awe weeks	
J. C. C. C. M. D.	
Residence	
9. Occupation	
10. Place of Birth Gurginia	
11. Residence Chestrut It. 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 Cen	<u> </u>
15. Date of intended Interment hay 22/9/.	
J. C. Tand, Undertaker	
Date of Certificate May 22/9 Residence Certy	>
	5

Rachal Herman 1913

	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Miss Rachal Herdman Sex Junala J. 3. Color It hither 4. Age 70 yrs.
1.	Name of deceased was value of warmer of deceased sex fluinals 4. Age 70 918.
2.	Sex Hunder 1.3. Cofor White 4. Age 7 4 918
5.	Married or single
6.	Date of death MAR 4 - 1913
	Cause of death fortential Rephritis
8.	Duration of last illness May tun days
	Fred W Carturyly M. D.
	Residence Bowling Green, Ky.
9.	Undertaker's Certificate in Relation to Deceased.
9. 10.	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bowling Green, Ky. Residence Many St. Bowling Green, Ward No. 2
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bowling Green, Ky. Residence Many St. Bowling Green, Ward No. 2
10. 11. 12.	Occupation Place of birth Bowling Green, Ky. Residence Many St. Bowling Green, Ward No. 2 Time of residence in the city Name of mother
10. 11. 12.	Occupation Place of birth Bowling Green, Ky. Residence Many St. Bowling Green, Ward No. 2 Time of residence in the city 70 year
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bowling Green, Ky. Residence Many St. Bowling Green, Ward No. 2 Time of residence in the city 70 yrs When a minor Name of mother. Name of father Place of intended interment
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth. Bowling Green, Ky. Residence. Main St. Bowling Green, Ward No. 7 Time of residence in the city. 70 yrs. When a minor Name of mother. When a minor Name of father. Place of intended interment. May 5-1913.
10.11.12.13.14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bowling Green, Ky. Residence Man St. Bowling Green, Ward No. 2 Time of residence in the city 70 year When a minor Name of mother. Name of father. Place of intended interment. Date of intended interment. GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bowling Green, Ky. Residence Many St. Bowling Green, Ward No. 2 Time of residence in the city 70 yrs When a minor Name of mother When a minor Name of father Place of intended interment Date of intended interment GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bowling Green, Ky. Residence Many St. Bowling Green, Ward No. 2 Time of residence in the city 70 yrs When a minor Name of mother When a minor Name of father Place of intended interment Date of intended interment GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bowling Green, Ky. Residence Many St. Bowling Green, Ward No. 2 Time of residence in the city 70 yrs When a minor Name of mother. When a minor Name of father Place of intended interment. Date of intended interment. GERARD & GERARD. Undertaker.

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.
Α
1. Name of deceased Diffice Hunder
2. Sexternale 3. Colorwhite 4. Age 3/
5. Married or Single
6. Date of death
7. Cause of death Offlynone Subarantees
8. Duration of last illness
6-11-97 all , M. D.
Residence Cocoling French
Undertaker's Certificate in Relation to Deceased.
9. Occupation of Home
10. Place of birth Warren santy
11. Residence Bawley Green / Ward No.
12. Time of residence in the city
13. When a minor \{ Name of Mother
Name of Father
14. Place of intended interment Farmury Quin
15. Date of intended interment 12 04 1915
De 10 15 1
Date of Certificate Residence S.J.

Infant of Mattie Herndon 1908

59	
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Perm	it.
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased And that Ame And Age 3 hr. 2. Sex 3. Color 4. Age 3 hr. 5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness Accordance Married Green, KY Residence BOWLING GREEN, KY	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth Briting Grean Ry	
11. Residence Mark Ward No. 3	
12. Time of residence in the city 3 months	
12. Time of residence in the city	
14. Place of intended interment	
15. Date of intended interment. GERARD & GERARD. Undertal	ker.
Date of Certificate Jef 18/08 - Residence Residence	I, KY

Mrs. W. F. Herndon 1908

, c
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Ms. J.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Farran County 11. Residence Multicelly St. Ward No. 12. Time of residence in the city Hyrs 13. When a minor Name of mother Name of father. 14. Place of intended interment Fairness Cemetery
15. Date of intended interment GERARD & GERARD
Date of Certificate ONII"08, Residence OWLING GREEN, KY

Ellice H. Herrington 1912

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Sm. 1040
1.	Name of deceased Sheer Afterring ton
2.	Sex mal. 3. Color Whe . 4. Age # mo
5.	Married or single
6.	Date of death 15-1912,
7.	Cause of death Frankow diswhork
8.	Duration of last illness 3 2 2 5
	J. J. D, M. D.
	Residence Bowhny Freenk
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	CHECKTORE III RECATOR TO DECEASE.
9.	Occupation Chill
10.	
11.	Place of birth Bawky Green Ward No,
	mile and the second
	When a minor Name of Mother Lary Hungton. Name of Father Will Harry To
13.	When a minor Name of Father OVIII AX 233 - The
14.	Place of intended interment Four Verin
15.	Date of intended interment LAX . 12 . 1912
	English to Lee Undertaker.
-	b 129
Dat	e of Certificate July , 4 . Residence Brilly Sun,

Hall Duncan Herrington 1912

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of deceased House Dunian
	Name of deceased tall furtient
	Sexuale. 3. ColorWhite 4. Age & WS
	Married or single
6.	Date of death OCA 15 1912
7.	Cause of death drunt.
8.	000
	the state of the s
	Residence Barthay Free L
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Lif
10.	Place of birth Barbly Lun M
11.	Residence // Ward No,
12.	Time of residence in the City.
13.	When a minor Name of Mother Carry Thursday
****	Name of Father
14.	Place of intended interment farmers Cur
15.	Date of intended interment Ct/6/9/11
	Errsh okally Undertaker.
Date	of Certificate . Residence B Hely
	2

Mary J. Herrod 1898

Out x perly	le3
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
The second secon	
Mary & Herrol PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
Mary J. Herrol Name of deceased Mary J. Herrord	
2. Sexfemale. 3. Color Arthite 4. Age 56	
5. Married or single Willow	
6. Date of death System 1888 7. Cause of death Current in the contraction	
8. Duration of last illness	
Do Michigan B. H. Millither M. D.	
Residence	
The state of the s	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth	
11. Residence Cann St. Ward No. S	
12. Time of residence in the City	
73. When a minor Name of Mother Name of Father	
14. Place of intended interment Richardwiller	
15. Date of intended interment Sept 7 1898	
Shwly Vary, Undertaker.	
Date of Certificate Residence	

Fred Hespen 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased fred freshay Response 2. Sex Male 3. Color fresh 4. Age found. 5. Married or Single Range 6. Date of death fresh 7" 0 4. 7. Cause of death Range Ran
WPCorture II., M.D. Residence Banking ham Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Howard Franciscopy 11. Residence Ward No. 1. 12. Time of residence in the city 40 yrs.
12. Time of residence in the city
14. Riese of intended interment July 19"04. Place 15. Date of intended interment July June 19 June 1
Date of Certificate Residence

Charles Hespin 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	
2.	Sex male . 3. Color White 4. Age 18 yrs.9 m
5.	
6.	Date of Death Dec. 17 1882
7.	Cause of Death Bronchitis va.
8.	Duration of last Illness 17 day
	2 n. n. Cormack. M. D.
	Residence State Sh
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
9. 10.	Occupation
	Occupation Place of Birth Ohear D
10. 11.	Occupation Place of Birth Charge Residence . Ward No Zee
10. 11. 12.	Occupation Place of Birth Chacap Residence . Ward No Z Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Chacap Residence . Ward No Z Time of Residence in the City
10. 11. 12. 13.	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father
10. 11. 12. 13.	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment
10. 11. 12. 13.	Occupation Place of Birth Residence Residence Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment
10. 11. 12. 13.	Occupation Place of Birth Residence
10. 11. 12. 13.	Occupation Place of Birth Residence Residence Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment

Mrs. Chris Hespin 1906

ble
This Constitutes One Certificate to be Retunded to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Ms. Ohus, Syrspin. 2. Sex Frinals M. 3. Color Thits, 4. Age 73 yrs.
5. Married or single 10"1908 6. Date of death July 10"1908
8. Duration of last illness progral write. 8. Duration of last illness progral write.
Residence BOWLING GREEN KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth the St. B. Grann Sty Ward No. 3
11. Residence 6 th St. B. Trum My 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 Fairniery Cemetery
15. Date of intended interment July 17/118
Date of Certificate July 10"1908. Residence ROWLING GREEN

Child of J. M. & Mary Hester 1880

	This 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 Arshi J. M. + Mary Heste Sex Male. 3. Color Whit. 4. Age 3 much
5.	Married or Single Date of Death Def 15-1880
	Cause of Death Joundie
	Duration of last Illness 3 67 4 days
	Residence Hist Chestrut St 13. G.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Place of Birth Bon (Cent Pe/a)
	Place of Birth Residence Cent Pila. Ward No. 2
12.	Time of Residence in the City
13.	When a Minor Name of Mother Many Man Control Name of Father Man Minor
14.	Place of intended Interment Cot Ficegoine
15.	Date of intended Interment Of 15 1880 . Undertaker.
De	ate of Certificate Conference Residence
hindusters.	

Nancy Hester 1892

Out of towns
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mis havey Alester
2. Sex Fundle. 3. Color Phile . 4. Age 89-75
5. Married or single Hidow-
6. Date of Death Que 9/0 1/9 3
7. Cause of Death OCO age
8. Duration of last Illness A Carhoright, M. D.
Residence .
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Simpson Led-
11. Residence Ty ave Ward No. 2 ad
12. Time of Residence in the City
13. When a Minor Name of Father
14. Place of intended Interment Simp son leo, Ky _
15. Date of intended Interment ang 12"/93
Date of Certificate Ling 11/93. Residence

Mrs. T. P. Hester 1896

893/
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mrs. J. P. Strister.
2. Sextrincale 3. Color White. 4. Age 60 yrs. 5. Married or single Married
6. Date of Death July "/96. 7. Cause of Death Suberculer Meningelis
8. Duration of last Illness
Residence Bowlindingen L
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Sunticely and. Ward No. 2 nd
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Fariview Country
15. Date of intended Interment June 9"96. Florida Al 1800., Undertaker.
Date of Certificate June 4/96. Residence 6 11/19

William T. Hester 1908

RETURN OF A DEATH.
491
Physician's Certificate Preparatory to Burial.
Name of deceased will, Startar Sex Walk 3. Color While 4. Age 5646. Married or single Manual 4. Age 5646. Date of death fully 19"1908. Cause of death Consumpto time Duration of last illness F.E. Jygraff. M. D. Residence ROWLING GREEN, IN
Occupation Walles ha
Place of birth Warray, Cos. Residence adams, St. Bowling Geran Ward No.
Residence Ward No.
Time of residence in the city
When a minor Name of mother Name of father
(Name of father
Place of intended interment Tuesday Court And
Date of intended interment
GERARD & GERARD. Undertaker. ate of Certificate July 20"/908, Residence Res

Amelia Hickman 1911

This Constitutes Can Continue to Burney to the Continue to the
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased asselva Thickman
2. Sexuale 3. Color White 4. Age
5. Married or Single Manage
6. Date of death Land 10 - 1911
7. Cause of death Selsonis Tuberculous
8. Duration of last illness
ISMANTINO, M. D.
Residence Bawlinghum
14_
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth allen Canatas
11. Residence Bulling Green My Ward No.
12. Time of residence in the city
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Yashun Christof
15. Date of intended interment 12 / 2 / 9//
La gallage, Undertaker.
Date of Certificate fan 1 4 /9// Residence HAMA

May Hickman 1912

ŧ	RETURN OF A DEATH.
	NETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 2. 5. 6. 7.	Name of deceased Miss May Nichman See 3. Color Mhile 4. Age 21 yrs. Married or Single Date of death Pulmonan Super Cause of death Pulmonan Super Cause of death
8.	Duration of last illness Signature South Sall , M. D. Residence SOWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	
	Occupation
10.	Occupation Place of birth Manun, Ed Sty
10. 11. 12.	Occupation Place of birth Wanner, Ed Sky Residence 8th St. Ward No. 23.
10. 11. 12.	Occupation Place of birth Residence Ward No. 3. Time of residence in the city Name of Mother When a minor
10.11.12.13.14.	Occupation Place of birth Residence Ward No. 23. Time of residence in the city Ward No. 23. Ward No. 24. Wa
10. 11. 12. 13. 14.	Occupation Place of birth Residence Name of Mother Name of Father Name of Intended interment

Vida Hickman 1912

	RETURN OF A DEATH.
4	1764
	Physician's Certificate Preparatory to Burial.
	71.1-11.1
1.	Name of deceased was specifically
2.	Name of deceased Vida Stickman Sex Januar 3, Color White Married or Single Sungle Date of death Och 9, 1912.
5.	Married or Single Sungla
6.	Date of death Web. 9 19/2.
7.	Cause of death Zubrauloris
8.	Duration of last illness / 1/2 / 6 moult
	Totalin. ND
	Residence Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
10.	Undertaker's Certificate in Relation to Deceased.
9. 10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Sight Sh, #, 29 Ward No. 3
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Gight Sh. #, 29 Time of residence in the city # yis (Name of Mother
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Orght St. #, 29 Ward No. 3 Time of residence in the city 4 yrs (Name of Mother Churchen & Justine When a mires)
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Organt Sh. #, 29 Ward No. 3 Time of residence in the city When a minor Name of Mother Name of Father Name of Father
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ought Sh. #, 29 Ward No. 3 Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Out 10 10 10 10 10 10 10 10 10 10 10 10 10
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ought St. #, 29 Ward No. 3 Time of residence in the city Name of Mother Name of Father Place of intended interment Out. 10/9/12 GERARD & GERARD
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ought Sh. #, 29 Ward No. 3 Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Out 10 10 10 10 10 10 10 10 10 10 10 10 10

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.
1. Name of deceased Cally Reckle
2. Sex funate 3. Color Black 4. Age 6/ 5. Married or Single Willow
6. Date of Death Soul 19 1833
7. Cause of Death Wernie Joison
8. Duration of last Illness
A. F. Cartninght, M. D.
Residence
9. Occupation Amelation To Deceased.
10. Place of Birth Velane Co
11. Residence Municipal St. Ward No.
12. Time of Residence in the City 30 mans
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment But Moreah
15. Date of intended Interment 201873
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 DEA	TH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO E	BURIAL.
1. Name of Deceased & V Hisocon &	2 Higdon
2. Sex Bay . 3. Color Black . 4. Age	Lisian
W	
6. Date of Death May 24th 1848	
6. Date of Death Micky 2/- 1818	
7. Cause of Death Luburculus hierin	gills
8. Duration of last Illness Ino mouths	
	ily, M. D.
, Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO D	ECEASED.
9. Occupation	
10. Place of Birth	
11. Residence	ard No.2/
12. Time of Residence in the City	
13. When a Minor { Name of Mother	A Commission of the Commission
14. Place of intended Interment	-/0
15. Date of intended Interment A Start	v C your
Y W	, Undertaker.
Date of Certificate	
	Pantagraph Print.
	Same of the same o

Eliza Higens 1909

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.
m. El. H. sigens
1. Name of deceased Mrs & Cya Myans
2. Spinale 3. Color of hite. 1/Age 8 8
5. Married or single Adda ow
6. Date of death OCF 27/09
8. Duration of last illness and weeks. M. D.
Residence Barnly Bru
Residence O Salva Saly Salva
- y
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Bawley Green Ward No, Ky
12. Time of residence in the City.
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended interment of fasiph with
15. Date of intended interment 25 709
Marris & Engels, Undertaker.
Date of Certificate S. Residence T. Residence

Thomas M. Higgans Jr. 1907

	17
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	-
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Thomas M. Liggans fr. 2. Sex Male 3. Color While 4. Age & yes Married or single. 6. Date of death from 5th 1907 7. Cause of death Frankalle Mening to 8. Duration of last illness Three were 9. M. I. Residence.	
Undertaker's Certificate in Relation to Deceased. 9. Occupation.	
10. Place of birth Benling Gauss My	
11. Residence My St But Mains 10th Ward No	
12. Time of residence in the city & 7 musto	
13. When a minor Name of mother Mrs J. M. Liggues Name of father J. M. Higgains	
14. Place of intended interment It Joseph's lewettry	
15. Date of intended interment free 7 1907 GERARD & GERARD. Undertake	r.
Date of Certificate July 5 /90 7 Residence BOWLING OREE	N, 1
	en DA

Mary Higgins 1909

78
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased fis. Mary fliggins 2. Sextimate 3 Color thin fats M. Age 75 yro. 5. Married or single History of the lats M. Higgins. 6. Date of death Cluby 4" 1909. 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 Irrlynd.
11. Residence Church Y Worth 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 of Josepho. Cumulary
15. Date of intended intermentally 6"1909.
Date of Certificate Fuby 4" 1909. Residence Residence

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 Stilbure,
2. Sexuale . 3, Color faile . 4. Age 48 yrs . 5. Married or Single / Ladou
6. Date of Death 2 2 / 93, 7. Cause of Death 2 2 / 93, 7. Cause of Death 2 2 / 93,
8. Duration of last Illness Den days
Thus & Mrghy, M. D.
Residence
UNDERTINED APPRICATE IN DELITION TO DESCRIP
9. Occupation 9. Occupation 7.
10. Place of Birth Harrenglowity
11. Residence College Stiet Ward No. 2 2d
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment farry with levely
15. Date of intended Interments Jack 4 1/93. Superaker.
Date of Certificate Mar 3"/93 . Residence Clay

Charles C. Hildreth 1904

_	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	1, 01. Hildreth
	Name of deceased Whan C. Stidnith
2.	Sexmals . 3. Color white . 4. Age 18 yrs
5.	Married or single
	Date of death aug 16 1904
	Cause of death Typhoid Few
8.	Duration of last illness 948 Syllarlwright M. D.
Hel	Regidence , M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
	Place of birth Modhum
11.	Residence E High St Ward No.
12.	Time of residence in the City. 3 years
18.	When a minor Name of Mother Justilianth
10.	Name of Father fullilant
	Place of intended interment
15.	Date of intended interment duy 17 1904
	Hawey May w, Undertaker.
Date	of Certificate Residence
Seriorecon	

Hiram M. Hildreth 1911

	DECEMBER OF A STATE
	RETURN OF A DEATH.
	Ti'll of the
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Siram, M. Stildeth
2.	Mula White arms
5.	Married or Single Single
6.	Much 11 11 11
	Date of death
7.	Duration of last illness // Asys
8.	Duration of last illness / Aug / F 7/ Aug /
	B. D. U. M. D.
	Residence Doubling Trum 14
	Undertaker's Certificate in Relation to Deceased.
	f lux
9.	Occupation A available of the control of the contro
10.	
20.	Place of birth Marin Od My
11.	Place of birth Warran Od Ry Residence War Bowling Gran Sty Ward No.
	Mear Bowling Gran Sy -
11. 12.	Residence Man Bowling Sham My Ward No.
11.	Residence Man Bowling Gram My Ward No.
11. 12.	Residence Man Bowling Sham My Ward No. Time of residence in the city. When a minor { Name of Mother
11.12.13.	Residence Man Bowling Sham My Ward No. Time of residence in the city. When a minor Name of Mother Name of Father Samueland
11.12.13.14.	Residence Ward Bowking Sham My Ward No. Time of residence in the city. When a minor Name of Mother Place of intended interment May 5"/911. Date of intended interment May 5"/911.
11. 12. 13. 14. 15.	Residence Ward Bowking Sham My Ward No. Time of residence in the city. When a minor Name of Mother Place of intended interment May 5"/911. Date of intended interment May 5"/911.
11. 12. 13. 14. 15.	Residence Bowling Flown My Ward No. Time of residence in the city. When a minor Name of Mother Name of Father Place of intended interment May 5"/9". Date of intended interment My Junary, Undertaker.
11. 12. 13. 14. 15.	Residence Name of Mother When a minor Name of Mother Name of Father Place of intended interment May 5"/9//. Man 5 // 4//. Undertaker.

Addie Hill 1900

T	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1.	Name of deceased Mrs Adding Still
2.	sex Tunale. 3. Color While . 4. Age 69 yrs,
5.	Married or single Hilloul Date of death Det, 27"1999
6. 7.	Cause of death Cousann plion
8.	Duration of last illness
	HP. Cartwinght, M. D.
	Residence Bowling Frank
	SAME SECURITARION COMPANIENCE AND STATE OF THE SECURITARION COMPANIENCE SECURITARION PROPERTY.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Narran County
α,	Residence College St. Ward No. 2 20
12.	Time of residence in the City
13.	When a minor Name of Mother Name of Father
	Place of intended interment Fairvirul Camalary
14.	Date of intended interment Oct 18 1900.
- 3.	Garard and Garard, Undertaker.
Dat	e of Certificate Oct 27/1908. Residence
22	
	to the second se

Camilla Hill 1892

414 83
This Constitutes one Certificate to be Resurned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Camilla Tfill
2. Sex Humale 3. Color Blic. 4. Age 34 yrs
5. Married or Single Maniet
6. Date of Death June 7/92
7. Cause of Death Can Sumplian
8. Duration of last Illness Three Months
J. J. M. Plage, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Thank The
11. Residence 2 2 Street . Ward No / 2/
12. Time of Residence in the City
13. When a Minor. Name of Mother
14. Place of intended Interment Intermed
15. Date of intended Interment June 8"/92
Fleguard Undertaker.
Date of Certificate June 8/92 Residence Letty

Elijah W. Hill 1891

275 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Olijah II, Hill. 2. Sex Shale . 3. Color White . 4. Age 64 years
5. Married or Single Married. 6. Date of Death Mar 29"//89/.
7. Cause of Death Opopleyy 8. Duration of last Illness
Residence , M. D.
9. Occupation Grocer. 10. Place of Birth Warren County: 11. Residence Adams Street Ward No. Bird
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father 14. Place of intended Interment Farroccio Concellery.
15. Date of intended Interment Man 3791. J. Girano, Undertaker.
Date of Certificate Man 30/189/Residence City

Frank P. Hill 1878

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a	BURIAL PERMIT.
RETURN OF A DEA	TH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO B	
1. Name of Deceased Frank P. Will	
2. Sex 13 by . 3. Color White . 4. Age	7 mos
7. Cause of Death Brown Suites	
8. Duration of last Illness 3 Vices	
wright	, M. D.
Residence	******************************
UNDERTAKER'S CERTIFICATE IN RELATION TO DI	ECEASED.
9. Occupation	1
10. Place of Birth	
11. Residence	rd No. 3
12. Time of Residence in the City	
13. When a Minor $\begin{cases} Name \ of \ Mother \\ Name \ of \ Father \end{cases}$	
14. Place of intended Interment	
15. Date of intended Interment	
13. Date of intended Interment	
13. Dute of interment Interment	, Undertaker.
Date of Certificate	, Undertaker.

Jimmie Hill 1899

1 2 0 25 de
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Mirs Jamie Flill 2. Sex female 3. Color while. 4. Age 2/yrs
5. Married or single Single
6. Date of death april - 11 - 1899
7. Cause of death Perysipelas of Throat
8. Duration of last illness
7 B. Might, M. D.
Residence College, St.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Sun Maleur
10. Place of birth Governog the Ry- 11. Residence State Street. Ward No / **
12. Time of residence in the City Ly
Name of Mother Name of Father Sam H. Hill
14. Place of intended interment Frairrur
15. Date of intended interment april -12-1899-
Llard Mangindertaker.
Date of Certificate 91-12/99, Residence leollege. St.

Joe J. Hill 1911

87
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
-110g.
Physician's Certificate Preparatory to Burial.
1. Name of deceased for Still
2. Sex Mals Color Hotel 4. Age 81 yrs.
5. Married or Single
6. Date of death North 28" 1911.
7. Cause of death Church Humburg
8. Duration of last illness— (1), Martino , M. D.
HOWLING GREEN, KY.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmar.
9. Occupation Warran, los.
11. Residence // // Ward No.
12. Time of residence in the city.
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment.
15. Date of intended interment 2000, 27, 4911,
GERARD & GERARD, Undertaker.
Date of Certificate 1720, 20/19/1. Residence

Child of Lou & Bessie Hill 1903

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
of Lou + Bessie
1. Name of deceased Oul All
2. Sex 3. Color while 4. Age
5. Married or single
6. Date of death 1111 27 1903
7. Cause of death Industry
8. Duration of last illness
acw a. E. Wright, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Culy
1. Residence Ward No,
7. //4
11. Residence Ward No, 12. Time of residence in the City. Name of Mother Built Hills.
11. Residence Ward No, 12. Time of residence in the City.
11. Residence Ward No, 12. Time of residence in the City. Name of Mother Built Hills.
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Residence Residence
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Undertaker.
11. Residence Ward No, 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Date of Certificate Residence

Mrs. Nathan F. Hill 1912

	RETURN OF A DEATH.
1	1278
	Physician's Certificate Preparatory to Burial,
1.	Name of deceased Mrs. Wathau J. Stell
2.	Sex Jamala Color While 4 Age 6/ Mrs
5.	Married or Single
6.	Date of death Wev. 27 1912.
7.	Cause of death Saby Municipal
8.	Duration of last illness
	- y Carting W. M. D.
	Residence SOWLING GREEN, KY
	ACSIGNICE
	Acsidence
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Portugue of Back OCCUPATION OF THE PROPERTY OF
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence BOWLING GREEN, KY Ward No.
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence 80WLING GREEN, KY Ward No. Time of residence in the city
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence BOWLING GREEN, KY Ward No. Time of residence in the city When a minor Name of Mother
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence BOWLING GREEN, KY Ward No. Time of residence in the city When a minor Name of Mother Name of Father.
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence BOWLING GREEN, KY Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence BOWLING GREEN, KY Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Oct. 28" 1912,
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence BOWLING GREEN, KY Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Occupation to Deceased.

Preston Joseph Hill 1912

3	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Pl Still + Preston Joseph Hill
2.	Male Male
5.	Married or Single
6.	Det 10" 1912
7.	Cause of death
8.	Duration of last illness-
	Residence
9.	
10.	Occupation
111.	Place of birth Warran lew Ky
11.	Place of birth Hauss less Sty Residence Ward Loud Sty Ward No.
	Place of birth Naum les Ky
11.	Place of birth Naural Law Sty Residence Oak Laural Sty Ward No. Time of residence in the city (Name of Mother
11. 12.	Place of birth Naural Sty Residence Ward No. Time of residence in the city When a minor Name of Mother
11. 12. 13.	Place of birth Name of Mother When a minor Name of Father Ward No. Ward No. Ward No.
11. 12. 13. 14. 15.	Place of birth Hauss law My Residence Ward Louis My Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Place of intended interment

Preston Joseph Hill 1912

Oakland, Kentucky, Oct/11th 90-9
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. L.

Samuel H. Hill 1909

\$569 #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 Samurl Stylill 2. Sex Male 3. Color White 4. Age 9 yrs. 5. Married or single Marrier . 6. Date of death fam 12" 1909. 7. Cause of death A b b b bry 1888. Buration of last illness
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth St. Lincon County My 11. Residence State St. Ward No. 2
11. Residence Ward No.
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 Cemelery
15. Date of intended interment fary 14" 1909.
GERARO & GERARD. Undertaker.
Date of Certificate Karry 13"09 Residence 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.
Physician's Certificate Preparatory to Burial.
1. Name of decrased Samuel W. Ifill. 2. Sex Male 3. Color White 4. Age 29420 5. Married or single Single 6. Date of death fam, H"1909. 7. Cause of death Interculosis. 8. Duration of last illness Survey. Residence Sowling GREEN, KY
9. Occupation Clark in Hospital Strawn Sty.
11. Residence ##: Bayaw, NM. Ward No
13. When a minor Name of mother Sam Affice. Name of father Sam Medice. 14. Place of intended interment.
15. Date of intended interment famy 13"1909. GERARD & GERARD. Undertaker.
Date of Certificate Lawy 17/09. Residence Residence

Samuel W. Hill 1909

	THIS CERTIFICATE AND THE PASTER BELOW MUST BE DETACHED AT THIS PERFORATION AND PASTED TO THE COFFIN BOX.
No. of the last	TRANSIT PERMIT PASTER.
	CERTIFICATE OF UNDERTAKER
	I hereby cartify the the the agrammenting dard body of Committee Will Hill
	Consigned to: S. H. Address Address Address to the State Board of Health, for transportation by Railway, and in
	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.
	404000
	Residence Hort Bayard N. M.
	Subscribed and sworn to before me this. Lotte day of Party 1909.
	RULE 2. The bodies of those who have died of Diphtheria (Membranous Croup), Scarlet Faver (Scarlatina, Scarlet Rush), Glanders, Authrax or
10 . 3	a proved disinfectant fluid, (b) disinfecting and stopping of all ordines with absorbent cotton, and (c) washing the bedy with the disinfectant, all of which must be done by an emphalment holding a certificate as such approved by the State Beard of Health, they beddy with the disinfectant, all of
	shall be enveloped in a layer of cotton, not less than one inch thick, completely wrapped in a sheet and bradered, and ancessed in an air-tight, sinc, tin, copper or lead-lined coffin, or iron casket, all joints and seams hermetically soldered, and all enchant 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 encased in an air-tight sinc, cooper or tin, case, all joints and seams hermetically soldered, and all enclosed in a strong outside wooden box.
	the case of Dipherenta.—The body shall be thoroughly injected with an approved disintectant 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 wramped in absorbent cellon layers one jeet thick then bendayed and placed in an all titlet give or materille ears.
	In Case of Scarlet Fever. All clothing must be removed from the body, and the whole arrenal system and cavities, including the ecrebro-spinal injected with a disinfectant of the highest germicidal powers. The body must then be thoroughly warded with the disinfecting fluid; all origins plunged
	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 vascline or gloves all clothing which has been around the body shall be the required by protecting the control of the c
	of the disinfectant and embalming fluid injected into the circulatory system to thoroughly saturate all the tissues of the body. All the main carries of the body shall be filled with the disinfectant, and all ordices plurged with absorbert cutton. The body shall be wested with the disinfectant, wanged in
	absorbent cotton not less than one inch thick; then bandaged and placed in an air-light zinc or marallic 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 places of the disinfecting fluid. The vein selected for the
	RULE 2. The bodies of those who have died of Diphtheria (Membranous Croup), Scarlet Fiver (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 fintd, (b) disinfecting and stopping of all ordices with absorbent cotton, and (c) washing the pody with the disinfectinat, all of which must be done by an enhalmer holding a certificate as such, approved by the State Board of Headth. After being displaceted as above, such body shall be cuveleded in a layer of cotton, not less than one inch thick, completely wrapped in a sheet sail, spranding, and ancies of in an air-tight, zinc, tin, copper or inc., case, all joints and seams hermetically soldered, and all enclosed in a strong coulin or casket encased in an air-tight zinc, copper or tin, case, all joints and seams hermetically soldered, and all enclosed in a strong coulin or casket encased in an air-tight zinc, copper or tin, case, all joints and seams hermetically soldered, and all enclosed in a strong coulin or casket encased in an air-tight zinc error and an air tight zinc and a seams hermetically soldered, and all enclosed in a strong couling the country such as zinc, copper or tin, case, all joints and seams hermetically soldered, and all enclosed in a strong couling the washed with the manual country of the body, such as zinc, copper or tin, case, all joints and seams hermetically soldered, and all enclosed in a strong couling the country soldered and variable and variable to the female subject then plugged with absorbed solder. The body shall then be washed with the female subject then plugged with absorbed an air-tight zinc or metallic case. In Case of Scatter Fever—All clothing must be removed from the hody, and the whole attends system and cavities, including the errors spinal injected with a disinfecting the lands by ellier va
	STATION BAGGAGEMEN MUST ENTER HEREON A DESCRIPTION OF THE TICKET, THE EXACT ROUTE AND VIA WHAT JUNC- TIONAL POINTS THE TICKET READS WHICH IS HELD BY THE PASSENGER IN CHARGE OF THE CORPSE.
	- Data Sacral non 16 1000
	From Bayard non to Bowling Jun State Hentucky
	Form of Ticket
	Via
	-Via
100000	
100	Name of Passenger in charge
	Name of Passenger in charge. Place of Residence. Signed A. J. C. Mowles Station Agent.

Susan Hill 1892

1911	3
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH,	
PHYSICIAN'S CERTIFICATE FSPARATORY TO BURIAL	
1. Name of deceased Susan Hell,	
2. Sex Annala 3 Color Whit 4 Age la langer	
5. Married or Single Wiclow of Elical Hill be	М
2. Sex funal. 3. Color White . 4. Age 6/ June 5. Married or Single Wielow of Elyah Will be 6. Date of Death March 2/2/1892	(
7. Cause of Death & racition	
8. Duration of last Illness 12 2 2	
JE Cir Cury M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
2. 0 -4-1/	
10. Place of Birth Warren County 11. Residence Brandway Ward No.	
12. Time of Residence in the City	
13. When a Minor. Name of Mother	
) Name of Pather	
14. Place of intended Interment Hours Quif 15. Date of intended Interment May 2 2/32/892	
Hollow , Undertaker.	
Date of Certificate . Residence	

Elisha Hills 1903

	94
499	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. No	ame of deceded Elisha Stible. x Male 3. Color Wile 4. Age 5946. arried or single Married
2. Se 5. M	arried or single Marrerd
6. Da 7. Ca	arried or single Married ate of death Mre. 11" 1903. ause of death Purumoura
8. D	uration of last illness J. Whorliving bl., M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. O	ecupation
	esidence Church St. Ward No, 3
12. T	ime of residence in the City.
	Vhen a minor Name of Mother Name of Father
	Place of intended interment Jairvine Concerning
15. D	Jacan of intended interment Sexual Texas (Undertaker.
Date of	of Certificate Nac 1/190.3 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. N	ame of deceased Mrs John Hinchey, Hinchey
2. Se	The Color White 4. Age 44 gran
0, 20	arrice of bings and arrived
6. D	ate of death April . 10 " 1903.
7. C	ause of death Caucar of Mine.
8. D	Puration of last illness TM= Communic MD
	Residence Lowling Fran Ky
	Residence X
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. (Occupation
	Place of birth Bowling True Ky
	desidence Potter 87. Ward No. 3
12. T	lime of residence in the City. Low days
13. V	Vhen a minor \{ \text{Name of Mother}
	(Name of Father)
	Place of intended interment April 12" 1903
15. I	Date of intended interment Special Undertaker
	fav 11/1/2/13 Undertaker.
Date	of Certificate // ///// Residence

Willie J. Hinchy 1906

PRIGINAL	STATE OF	ILLINOIS.	Transit Permit No. 7755
	SHOULD IN THE SHAPE SHAPE AN	o materio conservati pate sul	and nothing the modern than the same
TRA	NSPORTAT	PION OF Co	lonte.
Name of Deceased	alf. Hinc		of John Hickory
Date of Death	The state of the s	Hour or De	ath. V. 9.3.0 D. D. Days. —
*Cause of Death	in Carlos bove is true to the best of		belief.
Jesidene Jullium	J. J.	Robins	M. D. or Coroner. State of Delinities
	nit of Local		Health. Express Agent Before a Body can be Shipped.
In the (Gry or Township)	1 1 1	County ofday of	Julaska 1
Permission ishereby given to re in the County of	* Waran	State of	Wife of the
who died at. Miny	And the state of t	State of	Ollo on the 4
and Affer X		eby authorized to acco	mpany said remains.
[If city or town offix Corporate Scal] This Permit and Pr	[Signed]	hed and Delivered to the Pers	on in Charge of the Corpse.

Infant Hines 1911

	TRA	97
	HEALTH DEPARTMENT ST. LOUIS, MISSOURI	Permit No. 2063 Reg. Dist. No. 291
Permission is hereby given M	st. Louis, m G. Alexande	FER 25.1911
	Green State of My	to remove for burial
	5-1911 Age: Years	_MonthsDays
Cause of Death Stell		
Medical Affendant Ino	C. Braun Signed	M. D. or Coroner. HEALTH COMMISSIONER
I hereby certify that the body of	MAMI JUNES transit in accordance with the provisions	
has been embained and prepared for	Signed III. Must	

Charlette Hines 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Charlette Hins
l.	Name of deceased Blk 41
2.	Name of deceased Charlette fines Sex Januar 3. Color, Blb. 4. Age 64 Married or Single Manual
5.	
3.	RI I I X IOI
7.	
3.	Duration of last illness
	, м. р
	Residence
	Undertaker's Certificate in Relation to Deceased.
).	Occupation - Wayru, County
).	Place of birth Nayry County
	Residence // Ward No./
l.	
	Time of residence in the city
2.	(Name of Mother
2.	When a minor \{ Name of Mother
1. 2. 3.	When a minor { Name of Mother
2. 3.	When a minor Name of Mother Name of Father Name of Father
2. 3.	When a minor Name of Mother Name of Father Whomah Curry Place of intended interment Date of intended interment Frank Farank
2. 3. 1.	When a minor Name of Mother Name of Father Manual Current Place of intended interment Name of Mother Name of Mother

Emeline Hines 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO, BURIAL.
1	Name of Veceased English Annes
	i ik
	Sex Sexuale. 3. Color pullate . 4. Age and Those
6.	Married or Single W. S. Kory Date of Death Pray DA
	Duration of last Illness fine extra months
0.	
	JA Bougge, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
	Occupation
10.	Occupation Place of Birth Warm Count
10. 11.	Occupation Place of Birth Wann County Residence Ward No. 2
10.	Occupation Place of Birth Warm Count Residence Ward No. 2 Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Warm Count Residence Ward No. 2 Time of Residence in the City (Name of Mother
10. 11. 12.	Occupation Place of Birth Warm Count Residence Ward No. 2 Time of Residence in the City When a Minor Name of Mother Name of Father
10.11.12.13.14.	Occupation Place of Birth Wann Count Residence Ward No. 2 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Cot, Count
10.11.12.13.14.	Occupation Place of Birth Wann Count Residence Ward No. 2 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Cot, Count
10.11.12.13.14.	Occupation Place of Birth Warm Count Residence Ward No. 2 Time of Residence in the City When a Minor Name of Mother Name of Father
10. 11. 12. 13. 14. 15.	Place of Birth Warm County Residence Ward No. 2 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Col Curv Date of intended Interment Sunday May 25 79

Frank Hines 1880

	This Constitutes ONE CERTIFICATE to be retyed to the	he City Clerk for a BURIAL PERMIT.
	RETURN OF A	DEATH.
	PHYSIC AN'S CERTIFICATE PREP	ARATORY TO BURIAL.
1.	Name of Deceased Frank His	nus 🤼 .
2.	Sex Male . 3. Color Bla	ck. 4. Age about 49.
5.	Married or Single Married	
6.	10:072	1889
7.	Cause of Death Chronic Cleurities	with Suberculasis
8.	Duration of last Illness 4 or 5 &	rrlw
	F.O. Car	twisht of ND
g unh	Wand Residence Bowlis	twight for soc. M. D.
	UNDERTAKER'S CERTIFICATE IN RI	ELATION TO DECEASED.
9.	Occupation	
10.	Place of Birth Broling Su	
11.	Residence State	. Ward No. 2
	Time of Residence in the City	
	Name of Mother	
13.	When a Minor { Name of Mother	
		Cent
15.	Date of intended Interment Afril	1315
		La- 1
7)	A. P. O. C. L.	, Undertaker.
Da	ate of Certificate	Residence
		Democrat Print.

Harriet Hines

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Farrick offing. Chargeer Sex Genal . 3. Color Pelk . 4. Age not know
	Married or Single Date of Death Okr 18
7.	Date of Death Opr 18 Cause of Death Consumption
8.	Duration of last Illness Deveral months
	molayfrol , M. D.
	Residence S4
0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation Place of Birth
11.	Residence
12.	Time of Residence in the City
13.	When a Minor { Name of Mother
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
De	ate of Certificate

James D. Hines 1911

•	102
22	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 and fine
2.	Sex Mall 3, Color Mall 4. Age 7 3 years
5.	Married or Single Hidauni
6.	Date of death frue /- /9/1
7.	Cause of death Autor tilial mephilis
8.	Duration of last illness — Line month
	2 m. Coombr , M. D.
	Residence Sauluig Green
	Undertaker's Certificate in Relation to Deceased.
	——————————————————————————————————————
9.	Occupation Chaman
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 starrow Currely
15.	Date of intended interment
	Undertaker.
Dat	e of Certificate 1911. Residence Ct.

Mrs. James Hines 1907

T	nis Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mu Tus Hings
1.	Name of deceased
2.	Sex Hamuro 3. Color 4. Age 4.
5.	Married or single
6.	Date of death And Anth.
7.	Cause of death May 100000
8.	Duration of last illness The Muchilia
	M. D.
	Residence BOWLING GREEN, IY
	Undertaker's Certificate in Relation to Deceased.
9,	Occupation
10.	Place of birth Wayray Connet
11.	Residence Van St. D. Jaken Joy Ward No.
12.	Time of residence in the city fan day
13.	When a minor Name of mother When a minor
	Name of father
14.	Place of intended interment Auch to the state of the stat
15.	Date of intended interment GERARD & GERARD Undertaker
	noviolat
Da	te of Certificate Residence BOWLING GREEN,

Mrs. James D. Hines 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased As James D. Jines. Sex James 3. Color, July 4. Age 67
2.	Sex General 23. Color, White 4. Age 67
5.	Married or Single Manual
6.	Date of death APR - 4 1910
7.	Cause of death Phthisis
8.	3 months
0.	Duration of last illness 1 n Country, M. I
	Residence Berun Ky
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
0.	Occupation Place of birth Wann, County
	State Ah
1.	Residence Ward No.
2.	Time of residence in the city
3.	When a minor { Name of Mother
	Name of Father Cemetery
4.	Place of intended interment
5.	Date of intended interment 'CEPARD & GERARD
	UERARD & CERARD. Undertaken
	this FII . AIA

James M. Hines 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Junes In James
2.	Sex mule . 3. Color White . 4. Age 3
5.	Married or Single married
6,	Date of Death Junuary 28# 1881
	Cause of Death herrors Explansh
8.	Duration of last Illness Three weeken
	Carluficht & (butote , M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation & aw:
0	Place of Birth Mainie County
1.	Residence Suntino Strate. Ward No 1
2.	Time of Residence in the City
	(Name of Mother
3.	When a Minor Name of Father
4.	Place of intended Interment Hoursend Cecut
5.	Date of intended Interment Jan # 30-1881
	Flogerand, Undertaker.
7	ate of Certificate Jan 29th 81. Residence
D	we of corresponding to the contraction of the contr

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 & Vinco
2. Sex funkly 3. Color Cal 4. Age 29
5. Married or single married
6. Date of death Supt 28 - 1911.
7. Cause of death Aut Suberculoses
8. Duration of last illness about four mounts
0290ac M. D.
Residence Bowling from DG
Undertaker's Certificate in Relation to Deceased.
9. Occupation Huuse Keeper 10. Place of birth Buuling Green Tzer
9. Occupation June Keeper 10. Place of birth Bunding Green Tzy 11. Residence 2 21 Ward No.
9. Occupation June Recher 10. Place of birth Annihing Green Tz. 11. Residence 2 20 Ward No. 12. Time of residence in the city for life
9. Occupation June Keeper 10. Place of birth Qualing Green Tzg 11. Residence 2 20 Ward No. 12. Time of residence in the city for life (Name of mother Julie Shilkerson
9. Occupation June Recher 10. Place of birth Bunding Green 72 11. Residence 2 20 Ward No. 12. Time of residence in the city for life Name of mother Julibly ilkerson Name of father Buck It ilkurson
9. Occupation June Recher 10. Place of birth Bunding Green Teg 11. Residence 2 20 Sh Ward No. 12. Time of residence in the city for life 13. When a minor Name of mother Juliush ilkerson Name of father Buck Shilkers 14. Place of intended interment Mt musich Com.
9. Occupation June Recher 10. Place of birth Bunding Green 72 11. Residence 2 20 Sh Ward No. 12. Time of residence in the city for life 13. When a minor Name of mother Juliush ilkerance 14. Place of intended interment Monarch Comm. 15. Date of intended interment Supple 2d - 1911
9. Occupation Aurel Recher 10. Place of birth Burding Green 727 11. Residence 2 20 Ward No. 12. Time of residence in the city for life 13. When a minor Name of mother Fulite In ilkerson 14. Place of intended interment Mother Ward No. 15. Date of intended interment Super Standard Conv. 16. Date of intended interment Super Standard Conv.
9. Occupation June Recher 10. Place of birth Bunding Green 72 11. Residence 2 20 Sh Ward No. 12. Time of residence in the city for life 13. When a minor Name of mother Juliush ilkerance 14. Place of intended interment Monarch Comm. 15. Date of intended interment Supple 2d - 1911
9. Occupation Aurel Recher 10. Place of birth Burding Green 727 11. Residence 2 20 Ward No. 12. Time of residence in the city for life 13. When a minor Name of mother Fulite In ilkerson 14. Place of intended interment Mother Ward No. 15. Date of intended interment Super Standard Conv. 16. Date of intended interment Super Standard Conv.
9. Occupation Aurel Recher 10. Place of birth Burding Green 727 11. Residence 2 20 Ward No. 12. Time of residence in the city for life 13. When a minor Name of mother Fulite In ilkerson 14. Place of intended interment Mother Ward No. 15. Date of intended interment Super Standard Conv. 16. Date of intended interment Super Standard Conv.
9. Occupation Aurel Recher 10. Place of birth Burding Green 727 11. Residence 2 20 Ward No. 12. Time of residence in the city for life 13. When a minor Name of mother Fulite In ilkerson 14. Place of intended interment Mother Ward No. 15. Date of intended interment Super Standard Conv. 16. Date of intended interment Super Standard Conv.

Child of Jim & Mary Hines 1896

RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased child of June American Color. 2. Sex female 3. Color black. 4. Age. 5. Married or single Sagar
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased child of June Anni Coh 2. Sex female 3. Color black. 4. Age 5. Married or single 8226
1. Name of deceased child of June Thruis Coh 2. Sex Jensale 3. Color Plack. 4. Age
2. Sex Jendel 3. Color Plack. 4. Age
2. Sex Jendel 3. Color Plack. 4. Age
5. Married or single Sigle
6. Date of Death 0 0 1/3 1896
7. Cause of Death Stell Borne
8. Duration of last Illness
Doorte, M. D.
Residence #419- State It.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Bor hay Green /4
D. CEX C) 122
Walt 110.
12. Time of Residence in the City
13. When a Minor Name of Mother Mary Horico
) Tame of Tather
14. Place of intended Interment My Morrel
15. Date of intended Interment Col - 18 1896
File Guard Ber, Undertaker.
Date of Certificate Oct 18/9/ Residence
/ CY =

Lucy Hines 1907

108
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH. Physician's Certificate Preparatory to Burial.
1. Name of deceased Lucy Hines
2. Sexfemale 3. Color/black 4. Age 70 yrs.
5. Married or single Landle
6. Date of death June 2. 0 1907. 7. Cause of death Bright Diseses
8. Duration of last illness / Fmo
8. Duration of last liness & Heidale M. D.
Residence Benday Streen My,
Undertaker's Certificate in Relation to Deceased.
9. Occupation Cook
10. Place of birth g Syarrise, lea.
11. Residence Sparry 100, Ward No. /
12. Time of residence in the city fifteen years
12. Time of residence in the city flow years
13. When a minor Name of father
14. Place of intended interment yest mariale Cens.
15. Date of intended interment func 21-1907
J. E. Munkendal Undertaker.
Date of Certificate Junie 2/-07 Residence Con-

Mabel Hines 1881

	This Constitutes ONE CERTIFICA'L	Lity Clerk for a BURIAL PERMIT
	RETURN OF	A DEATH.
	PHYSICIAN'S CERTIFICATE I	PREPARATORY TO BURIAL.
 2. 		hit 4. Age // Murch
5.	Married or Single	
6.	Date of Death Sigh 20.	
7. 8.	Duration of last Illness Thing	months
	Residence ,	Horling Green Day
	UNDERTAKER'S CERTIFICATE	IN RELATION TO DECEASED.
	Occupation Place of Birth Blue	
10		/ Ward No
12.	Time of Residence in the City	
13.	$When \ a \ Minor \left\{ egin{aligned} Name \ of \ Mother \ Name \ of \ Father \ \end{array} ight.$	Emma Hines 46.6.7 lines
14.	Place of intended Interment	Harven Cent
15.	Date of intended Interment	legeran, Undertaker.
D	ate of Certificate Seft 20	S./ Residence

Mahaly Hines 1913

Т	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	1364
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mahaly Africa
2.	Sex female 3. Color Colors 4. Age 70
5.	Married or single Manuel
6.	Date of death Mur 28 - 1913
7.	Cause of death Burned from clothing cateling
8.	Duration of last illness by weeks
	Wathyge M. D
	Residence 03 - 9 - 1 Cy
	Undertaker's Certificate in Relation to Deceased.
	A Telation to Beceased.
9.	Occupation Cook
10.	Place of birth Butter Country Jay.
11.	Place of birth Butter County Jay. Residence Kuntucky IV Ward No. 3
12,	
10	When a minor Name of mother Dont know
13.	When a minor Name of father
14.	Place of intended interment Paupon Trumnd
15.	Date of intended interment mores 28-19/6
	Le Lungken Sal Undertaker
Da	te of Certificate 2 4-19/3 Residence
*****	Com. 74 Callege 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 Chary Fines
2. Sex finale 3. Color black 4. Age 50
5. Married or single Single
6. Date of death Jun. 15 - 1916
7. Cause of death (Cau
8. Duration of last illness of don't know, only saw one by
M.D.
Residence Burking Free A
Undertaker's Certificate in Relation to Deceased.
9. Occupation Domestic
10. Place of birth Pawling Green
11. Residence Ly St- bet Range Ches 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 motion Practice Cerulary
15. Date of intended interment & and 16 - 1906
J.E. Dengkendace Undertaker.
Date of Certificate March 9-1961 Residence
Con 7 4 College St. Buwlin Green Sty.
Buwlin Green de.

Mary Lee Hines 187-

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased MUMY. Lee Mines
2.	Sex Huale. 3. Color John . 4. Age 5 day
5. 6.	Married or Single Date of Death Grap 17-180
	Date of Death Rochaline ash
8.	Duration of last Illness Here day
	Residence Blown 19
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence Ward No. 12
12.	Time of Residence in the City
13.	When a Minor Name of Mother Hb Wines
14.	Place of intended Interment Hair Cont
15.	Date of intended Interment Kolonia, Undertaker.
D	ate of Certificate Residence

Melissa Hines

	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 Melissio Mines
2.	Sex Hemale . 3. Color Black . 4. Age &/ Gran
5.	Married or Single
6.	Date of Death Lee 24th
7.	Cause of Death Phlhisis Culmonalis
	Duration of last Illness Long Tino
	· molay pool, M.D.
	Residence B.J.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10	Place of Birth
11.	
12.	
13.	When a Minor { Name of Mother Name of Father
	Name of Father
14.	Place of intended Interment
l5.	Date of intended Interment
	, Undertaker.
De	ate of Certificate Residence
1	Demorrat Job Print
enwa!	Demorat 300 Punt

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 fold, Africas, 2. Sex Malk 3. Color Mich 4. Age 78 9 5. Married or single find over 6. Date of death Nec, 13" 1903.	us,
5. Married or single 1000. 6. Date of death Sec. 13"1903. 7. Cause of death Augusta Pactoria.	
8. Duration of last illness & Horombe Residence & Firm Ry	M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation	
9. Occupation 10. Place of birth Faure County 11. Residence Chastian St. Ward No.	
12. Time of residence in the City.	
13. When a minor Name of Father 14. Place of intended interment Hairwise Consulting	
15. Date of intended interment Nec. 15 " 1908 Under January Under	ertaker.
Date of Certificate Residence.	

Roland V. Hines 1895

OX 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. Hiver
2. Sexmale . 3. Color delice (4. Age 16 yr
5. Married or single
6. Date of death Color Road Road Road
8. Duration of last illness Instant -
orom / Welevolsey gown. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
טווטבעוווענע אי טנעוווווסווב ווי אבנוווסוו וט שבטנוטבש.
g. Occupation
to. Place of birth Butter too
11. Residence down 10 th St. Ward No. 3
12. Time of residence in the City Name of Mother Tima 24.
13. When a minor Name of Father Jack Human
14. Place of intended interment Mt Mornich
15. Date of intended interment 19 1839
Lawly agu. Undertaker.
Date of Certificate Residence

Silas Hines 1912

Physician's Certificate Preparatory to Burial. 1. Name of deceased Silas, Sturis 2. Sex Malu 3. Color Silv 4. Age 74 fm. 5. Married or Single Mulviran 6. Date of death Sillness Signary 7. Cause of death Sillness Signary 8. Duration of last illness Signary M. D. Residence Simbly Muly 14 Undertaker's Certificate in Relation to Deceased. 9. Occupation family 10. Place of birth Signary 11. Residence I Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father Moriah Signary 14. Place of intended interment Signary 15. Date of intended interment Signary 16. Place of certificate Residence Residence Undertaker. 17. Undertaker.	45	RETURN OF A DEATH.
1. Name of deceased Silvas, Structs 2. Sex Malu 3. Color St. 4. Age J4 pm. 5. Married or Single Structure 6. Date of death Structure Stomach 7. Cause of death Silvas Signature 8. Duration of last illness Signature Married or Single Structure Nesidence Structure Undertaker's Certificate in Relation to Deceased. 9. Occupation Structure 10. Place of birth Structure Structure 11. Residence Structure 12. Time of residence in the city 13. When a minor Name of Mother Name of Father Name of Father 14. Place of intended interment Structure 15. Date of intended interment Structure Structure Struc	d	_124
2. Sex Mala 3. Color Bla . 4. Age 74 yrs. 5. Married or Single 4 yrdyran 6. Date of death Sapt 5/9/2 7. Cause of death Arcinoma Stomack 8. Duration of last illness Six months Amoromaca , M. D. Residence Bowling hum by Undertaker's Certificate in Relation to Deceased. 9. Occupation familiar 10. Place of birth Sources by Marries by 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father Morean Boundary 14. Place of intended interment Sapt J" 9/4 Final & Final Conditions Undertaker.		Physician's Certificate Preparatory to Burial.
5. Married or Single 6. Date of death 7. Cause of death 8. Duration of last illness 1. Signature 1. Married 1. Residence 1. Ward No. 1. Time of residence in the city 1. When a minor 1. Name of Mother 1. Name of Father 1. Name of intended interment 1. Date of intended interment 1. Date of intended interment 1. Married or Single 1. Marr	1.	Name of deceased Silas, Strucks
5. Married or Single 6. Date of death 7. Cause of death 8. Duration of last illness 1. Signature 1. Married 1. Residence 1. Ward No. 1. Time of residence in the city 1. When a minor 1. Name of Mother 1. Name of Father 1. Name of intended interment 1. Date of intended interment 1. Date of intended interment 1. Married or Single 1. Marr	2.	Sex Male 3. Color 13ll. 4. Age 74 yrs.
7. Cause of death Concinoms Stomach 8. Duration of last illness Six months Amormus M. D. Residence Bowling Many My Undertaker's Certificate in Relation to Deceased. 9. Occupation Manual Bowling 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 Morean Boundary 14. Place of intended interment 15. Date of intended interment Manual Father Undertaker.	5.	Skylinger
8. Duration of last illness Six months March March March March March March March	6.	Date of death Sapt 5/19/2
Undertaker's Certificate in Relation to Deceased. 9. Occupation familier 10. Place of birth Marron bar My 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father Name of Father Name of Father Name of Intended interment 14. Place of intended interment Saph 7" 91" 15. Date of intended interment Saph 7" 91" Grand Father Windertaker.	7.	Cause of death Carcinoma Stomach
Undertaker's Certificate in Relation to Deceased. 9. Occupation familiar 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 Supply Time of Land Undertaker.	8.	Duration of last illness Lif months
Undertaker's Certificate in Relation to Deceased. 9. Occupation family 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 Supply 7" 1914 Lundertaker.		amlormaca, M.D.
9. Occupation families 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of Mother		
9. Occupation Aurilov 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 Supply 7" 9/12 Grand Father Undertaker.		· · · · · · · · · · · · · · · · · · ·
10. Place of birth 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father Name of intended interment		
11. Residence Ward No 12. Time of residence in the city 13. When a minor Name of Mother Name of Father Name of intended interment 14. Place of intended interment Sapt 7"1917 June 15. Date of intended interment June 16. Time 17. June 17. June 17. June 18. June 18		Undertaker's Certificate in Relation to Deceased.
12. Time of residence in the city 13. When a minor Name of Mother Name of Father Name of Father Name of Intended interment 14. Place of intended interment Sapt 7"/9/4" June 15. Date of intended interment June 16. June 17. June 17. June 18. June 18	9.	Undertaker's Certificate in Relation to Deceased.
13. When a minor Name of Mother Name of Father Name of Mother Name of Father Name of Fathe		Undertaker's Certificate in Relation to Deceased. Occupation family Manager for her
13. When a minor Name of Father Moriah Burnting 14. Place of intended interment Sapt 7" 1912 15. Date of intended interment Sapt 7" 1912 Grand Frank Frank Undertaker.	10.	Undertaker's Certificate in Relation to Deceased. Occupation family Place of birth ###################################
15. Date of intended interment Sapt. 7"1912 Grand & Juna (Undertaker.	10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation familier Place of birth Residence // If St. Ward No.
Grand Fliand Undertaker.	10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation family Place of birth Residence Ward No. Time of residence in the city When a minor
Salet 1. In Child	10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation family Place of birth Residence Ward No. Time of residence in the city Ward No. When a minor Name of Mother Name of Father Ward No. Name of Father Ward No. Name of Mother Name of Father Ward No. Ward No. Name of Fat
	10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation family Place of birth Residence Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment
	10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation with the state of birth the state of birth the state of birth the state of the state of the city. Time of residence in the city. When a minor the state of the sta

Warren W. Hines 1893

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 his Hanne H. Almie
2. Sex Funale 3. Color While 4. Age 77 yrs.
5. Married or single Thanks -
6. Date of Death De 17/93.
7. Cause of Death Puccummu
8. Duration of last Illness 6 Dry
270m Amain, M. D.
Residence Blrew 162
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Butler County
11. Residence State Street . Ward No. 1 st
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Fairview Electery
15. Date of intended Interment Lee 18/93.
File Gerard & Bes, Undertaker.
Date of Certificate Dec 17/9. Residence Ledly

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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Infant of Marner Amis 2. Sex Francis 3. Color 4. Age — 5. Married or single Surgle
1. Name of deceased Infant of Warner Thurs
2. Sex flamely 3, Color This 4. Age
5. Married or single Dugle
6. Date of death Haly 23" 1911.
5. Married or single 25" 1911. 6. Date of death Still Born (as four bullfreata) 7. Cause of death Still Born (as four bullfreata)
8. Duration of last illness
8. Duration of last illness Conquer of Shrainty Thursday Brown of Many Residence
Residence B. V. Kg
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth St. Louis, Mid
11. Residence // // Ward No.
(Name of mother, Mathir forther Junes)
12. Time of residence in the city. Name of mother Mallis Portes fines Name of father. Name of father.
14. Place of intended interment Paincies Cometary
15. Date of intended interment Faby 26" 1911
GERARD & GERARD Undertaker.
Date of Certificate Fraby 26" 1911. Residence

William M. Hines

This Constitutes One Certificate to 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. Age alt, 55 2. Sex Male 3. Color this 4. Age alt, 55 5. Married or single Manual
6. Date of death July 22/190/ Higgins follow.
7. Cause of death M. S. Duration of last illness & Bully Coronol , M. D.
Residence //avvvv Coo.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Harran County 11. Residence Lumb Carth My Ward No.
12. Time of residence in the City. Name of Mother
14. Place of intended interment July 13/1901, 15. Date of intended interment July 13/1901,
Date of Certificate July 27/190/. Residence

Zack Hines 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
7	PHYSIC AN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Zade Hint
2.	Sex Wals . 3. Color Col . 4. Age 48
	Married or Single Married
6.	Date of Death Heh 5 73 79
7.	Cause of Death Hilliam Putinimules
8.	Duration of last Illness Die Months
	Stille Corround M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Carpenter
10.	Place of Birth Warre Cruit
11.	
12.	
	(Name of Mother
13.	When a Minor Name of Father
14.	Place of intended Interment Col Curry
15.	Date of intended Interment 4 & 5-7 1879
	Ordale Q1
	, Undertaker.
L	Date of Certificate FLAS = 79. Residence

Granville W. Hinton 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Granville It Kinton
2.	Sex male 3. Color Cal 4. Age 16 mg
5.	Married or single
6.	Date of death 42 - 1913.
7.	Cause of death Warning Convulsion Monte hephritis
8.	Duration of last illness about / week
	M. D
	Residence Parely Trenk
	Undertaker's Certificate in Relation to Deceased
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	
	Occupation Place of birth Bunking Green Fry
10.	Occupation Place of birth Bunking Green fry Residence // Sh Ward No.
10. 11. 12.	Occupation Place of birth Burling Green fry Residence Ward No. Time of residence in the city Auring life (Name of mother Eddle Kinton
10. 11.	Occupation Place of birth Bunking Green fry Residence Ward No. Time of residence in the city Auring Life (Name of mother Eddle Kinkov
10. 11. 12.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Name of father Name of father
10. 11. 12. 13.	Occupation Place of birth Bunding Green free Residence Ward No. Time of residence in the city Annuage life When a minor Name of mother Eddle Mindow Place of intended interment Mt. Manuals
10. 11. 12. 13.	Occupation Place of birth Burling Freeze free. Residence Ward No. Time of residence in the city Auring life When a minor Name of mother Eddle Kinton Place of intended interment Mt. Manuals
10. 11. 12. 13. 14.	Occupation Place of birth Bunking Freeze from Ward No. Residence Ward No. Time of residence in the city Guring life When a minor Name of mother Eddle Minkow Name of father Olongo Hinton Place of intended interment Mariah Date of intended interment Africa 30 - 1913
10. 11. 12. 13. 14.	Occupation Place of birth Burling Freeze free Residence Ward No. Time of residence in the city During Life When a minor Name of mother Eddle Vintore Name of father Dlongs Hinton Place of intended interment Dt. Burials Date of intended interment Dr. 30 - 1913

Joseph Hinton 1906

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Joseph Himton
2.	Sex Mall. 3. Color while 4. Age 10 yrs
5.	Married or single ding
6.	Date of death 944 - 3 - 1906
7.	Cause of death Zitause.
8.	Duration of last illness / week
	B. S. Phillippord. M. I
	Residence - WY D
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation (")
10.	Place of birth Warren County,
1.	Residence Ward No,
12.	Time of residence in the City. Would 2 years
	(Name of Mother Bessie Huston
	When a minor Name of Mother Lessin Hunton Name of Father Hunton
13. 14.	When a minor Name of Mother Research White Name of Father Share Share White Place of intended interment of Marious
3.	When a minor Name of Mother Personal Manual Place of intended interment Date of intended interment 4 1906
13. 14.	When a minor Name of Mother Personal Musicant Place of intended interment Date of intended interment 4 1906
3. 14. 5.	When a minor Name of Mother Result Hundren Name of Father Stand Hundren Place of intended interment

Mamie Hinton 1903

	100
Alternation	This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit.
	RETURN OF A DEATH.
	Name of deceased Mais Manie Stinton Sex Francis 3. Color White 4. Age 15 yes Married or single Single Date of death hely 6"1903.
	Maisi Manies Sinton
1.	French & Color White 4 Age 15 yes
5.	Married or single Dingle
6.	Date of death fuly 6"1903.
7.	Cause of death Syphord from
	Duration of last illness JA F.
Heron	M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
	Occupation
	Occupation Place of birth Residence welly 84. Ward No. 2
	Occupation Place of birth Residence College St. Ward No. 2
10. 11. 12.	Occupation Place of birth Residence College St. Ward No. 2
10. 11. 12.	Occupation Place of birth Residence wellage St. Ward No. 2 Time of residence in the City. When a minor Name of Mother Mas. Some Stricter Name of Father Some Stricter
10. 11. 12.	Occupation Place of birth Residence College St. Ward No. 2
10. 11. 12. 13.	Occupation Place of birth Residence welligs & F. Ward No, 2 Time of residence in the City. When a minor Name of Mother Tour finder Name of Father Place of intended interment fully 7" 1903.
10. 11. 12. 13. 14.	Occupation Place of birth Residence welligs & F. Ward No, 2 Time of residence in the City. When a minor Name of Mother Tour finitial Name of Father Tour finitial Place of intended interment finitial Place of intended interment finitial Name of Father Tour finitial Place of intended interment finitial Name of Father Tour finitial Place of intended interment finitial Place of intended interment finitial Name of Father Tour finitial Place of intended interment finitial Name of Mother Tour finitial Name of Father Tour finitial Place of intended interment finitial Place of intended interment finitial Name of Father Tour finitial Place of intended interment finitial Name of Mother Tour finitial Name of Father Tour finitial Name of Mother Tour finitial Name o

Pearl Hinton 1912

	RETURN OF A DEATH.
	<u></u>
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased from Egant Vintar
2.	Sex Lemales Color While 4. Age 35
5.	Married or Single Marrie
6.	Date of death 20 20 - 1912
7.	Cause of death Suny
8.	Duration of last illness as per mai Matisti
	Cugan & Gerar Daire
	Residence
	Undertaker's Certificate in Relation to Deceased.
*	
9.	Occupation Naurahulay
10.	Place of birth
11.	Residence (attauecascou Ward No.
12.	Time of residence in the city
13.	When a minor { Name of Mother
14	Name of Father Place of intended in Alarmania (Secular
	Place of intended interment 200, 21-1912
	. GERARD & GERARD
	of Certificate Wyl-/W Residence ROWLING GREEN. KV

Pearl Hinton 1904

	This Certificate and Shipping Paster Below Must Be Detached at the Derioration and Securely Tacked on the End of the Coffin Box.
	Transit Permit No.
	CERTIFICATE OF UNDERTAKER.
	I hereby certify that the accompanying dead body of Pros Plant Hirland
	Consigned to Bourley Scale of State of
	and who died of has been prepared by me and strictly in accordance with Rules of the
	Tennessee State Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the back
	of this Permit, and I further certify that I hold an Empathier's License (No. 3 8) issued by said State Board. Shipping Undertaker. Embalmer.
-	Residence had been seen and the

Perry Hinton 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	125
RETURN OF A DEATH	1.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Levry Rives	
2. Sex male . 3. Color while . 4. Age 6	1 2
5. Married or single	
6. Date of death march - 8. 1904	
7. Cause of death Aumania	
0 D 4' - 1 1 4 'II	
5. Duration of last liness Millani	
Residence	
Technology and the second seco	
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 Tan 7, January	
14. Place of intended interment	
15. Date of intended interment 1800 15/904	
Marie	Undertaker.
Date of Certificate . Residence	

Susan Hinton 1894

Out of town ?	126
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit	
RETURN OF A DEATE.	
1. Name of deceased In air Hinton	
2. Sex femare . 3. Color 1216 . 4. Age 16	
5. Married or Single Single 6. Date of Death 716 24 1834	
7. Cause of Death	
S. Duration of last Illness, and to get the state of the	D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
With Mitchellice Tend 11. Residence Robinson fish. Ward No. 3	
12. Time of Residence in the City / year	
13. When a Minor. Name of Mother Cornic Attitute Name of Father Sall Crany	
14. Place of intended Interment Mitchell with Ze	
15. Date of intended Interment 7 25 1884 Protest Pay Undertaken	ter.
Date of Certificate . Residence	
	-

Infant of Thomas & Ravena Hinton 1894

591	
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1. Name of deceased Infant Henton	
2. Sex Male . 3. Color white . 4. Age & da	
5. Married or Single	
6. Date of Death Jan 20 1894 7. Cause of Death Tremature birth	
8. Duration of last Illness	
ment the B. A. M. D.	
Residence	
9. Occupation	
10. Place of Birth City	14
11. Residence / Ward No Z	
12. Time of Residence in the City	
13. When a Minor. Name of Mother Revena Hinton Name of Father Those 7 Hinton	
14. Place of intended Interment Ferror Com	
15. Date of intended Interment Com 20 1899	
Date of Certificate . Residence	
	1

M. Hitch 1904

198					
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.					
RETURN OF A DEATH.					
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.					
1. Name of deceased La Drice					
2. Sex male . 3. Color while . 4. Age 70 y -					
5. Married or single married					
6. Date of death Jan 1904					
7. Cause of death bench apply					
8. Duration of last illness					
Residence , M. D.					
Residence					
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.					
9. Occupation					
10. Place of birth					
11. Residence mear axhandle fact Ward No.					
12. Time of residence in the City.					
13. When a minor Name of Mother Name of Father					
14. Place of intended interment Fairing Cun					
15. Date of intended interment 2 114 1304					
Thawley bayer, Undertaker.					
Date of Certificate . Residence					

	Warren County, Kentucky Death Records, Box 2, Folder 6 (He to Hi)			
MCC 202 M	anuscripte & Folklife Archives	Library Crasial Callections	Mastara Kantualiu I labaasiti.	

	Warren County, Kentucky Death Records, Box 2, Folder 6 (He to Hi)			
MCC 202 M	anuscripte & Folklife Archives	Library Crasial Callections	Mastara Kantualiu I labaasiti.	