


1877

Box 2, Folder 7 Bowling Green, Kentucky - Death Records, Ho-Hu

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Garfield Hobson 1907

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Garfield Hobson.*

2. Sex *Male* 3. Color *Blk* 4. Age *abt. 24y6.*

5. Married or single *Single*

6. Date of death **FEB 25 1907**

7. Cause of death *Natural*

8. Duration of last illness.....

Jno. C. Gurg. M. D.

Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth.....

11. Residence **BOWLING GREEN, KY** Ward No. *—*

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

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

14. Place of intended interment *Mt Moriah Cemetery*

15. Date of intended interment **FEB 26 1907**

GERARD & GERARD. Undertaker.

Date of Certificate **FEB 25 1907** Residence **BOWLING GREEN, KY**

Harriet J. Hobson 1894

6215 2

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Harriet J. Hobson.*
2. Sex *Female* 3. Color *White* 4. Age *55 yrs*
5. Married or single *Widow*
6. Date of Death *June 5th 1894*
7. Cause of Death *Cancer of the Face.*
8. Duration of last Illness *several months.*

J. F. Duncan, M. D.
Residence *B. Kentucky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

14. Place of intended Interment *St. Josephs Cem.*
15. Date of intended Interment *June 6th 1894.*

A. C. Gerard & Bro., Undertaker.
Date of Certificate *June 6th 1894* Residence *City*

William E Hobson 1909

3

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

RETURN OF A DEATH.

691

Physician's Certificate Preparatory to Burial.

1. Name of deceased Col. Wm E Hobson,
 2. Sex Male 3. Color White 4. Age 66 yrs.
 5. Married or single Married
 6. Date of death Sept 10" 1909.
 7. Cause of death Heart Failure
 8. Duration of last illness Dr J E Goay Coroner

M. D.

Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth.....
 11. Residence Warren, Co. Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Sept. 13" 1909

GERARD & GERARD. Undertaker.
BOWLING GREEN, KY

Date of Certificate Sept. 11" 1909. Residence.....
Died suddenly in Mansard Hotel,
BOWLING GREEN, KY

Ellen Hockersmith 1882

4

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Ellen Hockersmith*
2. Sex *Female* 3. Color *White* 4. Age *26 Years.*
5. Married or Single *Single*
6. Date of Death *Sept. 8th 1882*
7. Cause of Death *Pneumonia Pulmonalis*
8. Duration of last Illness *Two Weeks.*
J. M. McCormack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bullitt County, Kentucky*
11. Residence *Ponding Green* Ward No. *1*
12. Time of Residence in the City *Fourteen Years.*
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Sept 10th 1882*
_____, Undertaker.
Date of Certificate *Sept 8th 1882* Residence _____

Democrat Job Print

Lenora Hockersmith 1893

5

490

This Constitutes One Certificate 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 *Lenora Lenora Hockersmith*

2. Sex *Female* 3. Color *White* 4. Age *12 m*

5. Married or single *Single*

6. Date of Death *March 16th 1893*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *Eight Days*

A. L. Wright, M. D.

Residence *218 Wright*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

11. Residence *Wendford Street* Ward No. *4th*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Kate Hockersmith*
Name of Father *R. E. " "*

14. Place of intended Interment *St Joseph's Cent*

15. Date of intended Interment *March 17th 1893*

John G. ... Undertaker.

Date of Certificate *March 17th* Residence _____

Marian W. Hockersmith 1897

4

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Hockersmith

1. Name of deceased *Mrs. Marian W. Hockersmith*

2. Sex *Female* 3. Color *White* 4. Age *60 yrs*

5. Married or single *Widow of M. C. Hockersmith*

6. Date of Death *Aug 27 1897*

7. Cause of Death *Bright's disease of the kidneys*

8. Duration of last Illness _____

A. C. Knight, M. D.

Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

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

12. Time of Residence in the City _____

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

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *Aug 28/97.*

Gerard Gerard, Undertaker.

Date of Certificate *Aug 28/97.* Residence _____

Mrs. Ed Hodge 1893

556 7

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Ed Hodge*
2. Sex *Female* 3. Color *White* 4. Age *abt 45 yrs*
5. Married or single *Widow*
6. Date of Death *Sept 2nd 1893*
7. Cause of Death *Paralysis*
8. Duration of last Illness *Some Months*
Almidge, M. D.
Residence *Cert*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence *10th and Adams*. Ward No. _____
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Farmers Court*
15. Date of intended Interment *Sept 9th 1893*
H. M. Grand & Bros, Undertaker.
Date of Certificate _____ Residence _____

Ed H. Hodge 1891

287 8

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ed H Hodge
2. Sex Male . 3. Color White . 4. Age 50 Years
5. Married or Single Married
6. Date of Death May 2
7. Cause of Death Phthisis Pulmonalis
8. Duration of last Illness Several years
W M Claybrook, M. D.
Residence By Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Bouling Green
11. Residence Main Street . Ward No. 3^d
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Fairview Cem
15. Date of intended Interment May 4th 1891
J. B. Grand, Undertaker.
Date of Certificate May 4th 91 . Residence _____

Edward H. Hodge Jr. 1910

91

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

RETURN OF A DEATH.

888

Physician's Certificate Preparatory to Burial.

1. Name of deceased Edward H. Hodge Jr.
 2. Sex Male 3. Color White 4. Age 30.
 5. Married or single Single
 6. Date of death Sept 2nd 1910.
 7. Cause of death Nephritis.
 8. Duration of last illness.....
 M. D.
 Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Bowling Green, Ky.
 11. Residence New York. Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Sept. 4th 1910.
 GERARD & GERARD, Undertaker.
 Date of Certificate Sept 4/1910 Residence.....

Edward H. Hodge Jr. 1910

1 H H-1910

STATE OF NEW YORK.
TRANSIT PERMIT.
Department of Health of the City of New York.

[FOR PUBLIC CARRIERS.]

No. **17869**

New York, _____ 19____

The Certificate of Death having been furnished to me, as required by the Laws of this State, permission is hereby given to remove the remains of Edward H. Hodge

Aged

| | | |
|----|---|---|
| 30 | X | D |
|----|---|---|

 who died at 954 St Marks in the City of New York, on Sept 2 1910; the cause of death being Respiratory Bowling Green and a Transit Permit being asked for burial at _____ in the State of Kentucky

Name of Undertaker or person in charge of the Transit, G. J. Byrnes M. D. 61 Sammis

M. D. _____
Asst. Registrar of Records.

This Permit must in all cases accompany the body to its destination.

No. 17869
Coupon No. TWO, to Transit Permit No. 17869

No. 17869
Coupon No. TWO, to Transit Permit No. 17869

TRANSIT PERMIT
ISSUED IN THE CITY OF NEW YORK.
ISSUED BY THE DEPARTMENT OF HEALTH.

To whom issued _____

Name of deceased _____

Date of death _____

Name of person or Carrier in charge _____

Date of Transit _____

Railroad and Steamboat Agents, Ferry-Masters, and all Carriers that convey the remains over the limits of the county where the death occurred, will retain one of the Coupons hereto attached, and deliver the body only to the persons holding this Permit. The name of the deceased must appear on the Coupons, which will be returnable to the city or place through or out of which the body is first conveyed, or to such authority as may be directed by the person who issued the Permit.

The 1st Coupon should be taken by the Carrier who transports the body from the county where the death occurred; and the 2d should be taken by Carrier or Agent of Transportation upon the route beyond said county, and it may be so taken at either terminus of the distance over which the second stage of transportation extends, as the local sanitary regulations may require; but whoever detaches and takes said 2d Coupon must write across the back of the Permit, as well as upon the 2d Coupon itself:—

2d Coupon taken at (Insert name of place or station) by (Insert name and title of person.)

Such an indorsement will answer instead of further coupons whenever the body is conveyed; and the Permit is to be surrendered at the place of burial. It, as well as every Coupon, should be preserved.

Second Coupon taken at _____ by _____

2d Coupon taken at _____ by _____

MSS 293
B647

Sarah Ann Hodge 1893

559

10

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Sarah Ann Hodge*
 2. Sex *Female* 3. Color *Blk* 4. Age *35*
 5. Married or single *Single*
 6. Date of Death *Oct 11th*
 7. Cause of Death *Consumption*
 8. Duration of last Illness *About one year*
 _____, M. D.
 Residence *Boonville, Tenn*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 11. Residence *First Street* . Ward No. *1*
 12. Time of Residence in the City _____
 13. When a Minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *County Court*
 15. Date of intended Interment *Oct 12th 93*
 _____, Undertaker.
 Date of Certificate _____ . Residence _____

Child of William & Daisie Hoey 1882

11

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Wm Hiram Hoey*
2. Sex *Female* . 3. Color *White* . 4. Age _____
5. Married or Single _____
6. Date of Death *Oct 6th*
7. Cause of Death *Stic Bron*
8. Duration of last Illness _____
_____*Wm H. Blakely*_____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Brun*
11. Residence *Court Street* . Ward No *232*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Daisie Hoey*
Name of Father *Wm Hoey*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Oct 6th 1882*
_____*F. M. Gerard*_____, Undertaker.
Date of Certificate *Oct 6th 1882* Residence _____

Democrat Job Print

John Hoffman 1893

12

Out of town

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John Hoffman*
 2. Sex *male* 3. Color *White* 4. Age *18*
 5. Married or single *Single*
 6. Date of Death *June 3 - 1893*
 7. Cause of Death *Killed on L & N R.R.*
 8. Duration of last Illness _____

C. A. Winkle M.D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Kentucky*
 11. Residence *Louisville* Ward No. _____
 12. Time of Residence in the City _____
 13. When a Minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *Louisville Ky*
 15. Date of intended Interment *June 7th 1893.*

F. C. Guard Undertaker.
 Date of Certificate *June 3/93* Residence *city*
Killed between B. G. & Memphis Jct.
Died here in Depot.

Mrs. B. R. Hogan 1892

405 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 *Mrs B R Hogan*

2. Sex *female* . 3. Color *white* . 4. Age *32* —

5. Married or Single *Married*

6. Date of Death *May 5th 1892*

7. Cause of Death *Consumption*

8. Duration of last Illness _____

B. H. Milliken . M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Housekeeper*

10. Place of Birth *City*

11. Residence *City* . Ward No. *4*

12. Time of Residence in the City *Life*

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

14. Place of intended Interment *St Joseph*

15. Date of intended Interment *May 7th 1892*

Pratt & Payne . Undertaker.

Date of Certificate *May 6th* . Residence *City*

Child of Dan Hogan 1900

15

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Dan, Hogan,*
 2. Sex *Female.* 3. Color *White* 4. Age *18 mo.*
 5. Married or single *Single.*
 6. Date of death *Oct. 29th 1900.*
 7. Cause of death *Tuberculosis*
 8. Duration of last illness
Sarah J. McIlroy, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *City*
 11. Residence *Fairview Ave* Ward No. *1*
 12. Time of residence in the City _____
 13. When a minor } Name of Mother *Mrs. Dan Hogan*
 } Name of Father *Dan Hogan*
 14. Place of intended interment *St. Josephs Cemetery*
 15. Date of intended interment *Oct. 30th 1900.*
Guard and Guard, Undertaker.
 Date of Certificate *Oct 29 1900.* Residence _____

Daniel Hogan 1894

608 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 Daniel Hogan
2. Sex Male 3. Color White 4. Age 36
5. Married or single Single
6. Date of Death Feb 12th 1894
7. Cause of Death Consumption
8. Duration of last Illness Four or five years
J. M. Brown, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Merchant
10. Place of Birth Bowling Green
11. Residence Main Street . Ward No. _____
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment St Joseph Cent
15. Date of intended Interment Feb 13th 1894
H. W. Yerand, Undertaker.
Date of Certificate _____ . Residence _____

Ellen Hogan 1903

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 *Mrs. Ellen Hogan*
 2. Sex *Female* 3. Color *White* 4. Age *abt. 63*
 5. Married or single *Widow of the late Jno. Hogan*
 6. Date of death *Feb 28 1903*
 7. Cause of death *Diabetic Coma & 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 *Ireland*
 11. Residence *Main St.* Ward No. *2*
 12. Time of residence in the City. *43 yrs.*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *St. Joseph's, Kentucky*
 15. Date of intended interment *Mar. 2 1903*
Edward T. Grand, Undertaker.
 Date of Certificate *Mar 1 1903* Residence _____

Hannah Hogan 1911

181

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

RETURN OF A DEATH.

1050

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss. Hannah Hogan

2. Sex Female Color White 4. Age 39 yrs.

5. Married or Single Single

6. Date of death July 19th 1911.

7. Cause of death Tuberculosis of the Lungs. (as per

8. Duration of last illness Vital Statistics)

Orlando A. Howard, M.D.,
Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Bowling Green Ky

11. Residence Nor Hillsville, Ky Ward No. _____

12. Time of residence in the city _____

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

14. Place of intended interment St. Josephs, Cemetery

15. Date of intended interment July 1911.

GERARD & GERARD, Undertaker.

Date of Certificate July 20th 1911. Residence City

Hannah Hogan 1911

(Always write with ink)

TRANSPORTATION OF CORPSE

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Transit Permit No. _____

1 PLACE OF DEATH
State of Kentucky
County of Christian
City of Hopkinsville (No. North Ky High School St. West Ward)

2 FULL NAME Hannah Hogan

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| Personal and Statistical Particulars | | | Medical Certificate of Death | |
|---|--|--|---|--|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 Single, Married, Widowed, or Divorced <u>Single</u> (WRITE the word) | 16 DATE OF DEATH <u>July 19</u> 191 <u>1</u> (Month) (Day) (Year) | |
| 6 DATE OF BIRTH (Month) (Day) (Year) | | | 17 I HEREBY CERTIFY, That I attended deceased from <u>Nov. 1</u> 191 <u>1</u> to <u>July 19</u> 191 <u>1</u> that I last saw her alive on <u>July 19</u> 191 <u>1</u> and that death occurred, on date stated above, at <u>10:20</u> a.m. | |
| 7 AGE <u>39</u> yrs..... mos..... ds. | | | The CAUSE OF DEATH* was as follows: <u>Tuberculosis of the Lungs</u> | |
| 8 OCCUPATION <u>Milliner</u> | | | (Duration) <u>2</u> yrs..... mos..... ds. | |
| 9 BIRTHPLACE (State or country) <u>Kentucky</u> | | | Contributory..... (Secondary) | |
| PARENTS | 10 NAME OF FATHER <u>No Record</u> | (Duration)..... yrs..... mos..... ds. | | |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>No Record</u> | Contributory..... (Secondary) | | |
| | 12 MAIDEN NAME OF MOTHER <u>No Record</u> | (Duration)..... yrs..... mos..... ds. | | |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>No Record</u> | | | (Signed) <u>D. A. Campbell</u> , M. D. | |
| 14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) <u>D. A. Campbell</u> (Address) <u>Hopkinsville Ky</u> | | | 191 (Address) <u>Hopkinsville Ky</u> | |
| 15 PLACE WHERE REMAINS ARE TO BE SENT <u>Bowling Green Ky</u> | | DATE OF SHIPMENT <u>July 19</u> 191 <u>1</u> | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death <u>6</u> yrs. <u>3</u> mos. <u>20</u> ds. In the State <u>39</u> yrs. mos. ds. | |
| SHIPPING UNDERTAKER <u>Waller & Lico</u> | | FIRM NAME <u>Hopkinsville Ky</u> | Where was disease contracted if not at place of death? <u>North Ky High School</u> Former or usual residence <u>Bowling Green Ky</u> | |

* If the body is to be buried within the State of Kentucky, the Receiving Undertaker will detach the Transit Permit at this perforation and deliver it to the sexton or other persons in charge of the cemetery or burial ground where burial takes place.

168

Hannah Hogan 1911

TRANSPORTATION RULES

Approved and Adopted by the American Association of General Baggage Agents, the Conference of State and Provincial Boards of Health and the National Funeral Directors' Association.

Rule 1. The transportation of bodies dead of smallpox or bubonic plague, is absolutely prohibited.

Rule 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by licensed embalmer holding a certificate as such, issued by the State Board of Embalming of Kentucky.

After being disinfected as above, such bodies shall be enveloped in a layer of dry cotton not less than one inch thick, completely wrapped in a sheet securely fastened and encased in an air-tight zinc, copper or lead-lined coffin, or iron casket, all joints and seams hermetically sealed, and all enclosed in a strong, tight wooden box, or the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, encased in an air-tight zinc, copper or tin-lined box, all joints and seams hermetically soldered.

Rule 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same, which must be done by a licensed embalmer holding a certificate as provided for in Rule 2.

Rule 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from the time of death. If the body cannot reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same by a licensed embalmer, as defined and directed in Rule 2.

Rule 5. In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease unless certified by the health officer as having been properly disinfected.

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping undertaker to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

Rule 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The undertaker's certificate and paster shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be placed in an envelope, which envelope is to be securely tacked on the coffin box.

Rule 7. When bodies are shipped by express a transit permit must be made out as described in Rule 6. The undertaker's certificate and paster shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express waybill covering the remains, or placed in an envelope, which envelope is to be securely tacked on the coffin box, and be delivered with the body at the point of destination to the person to whom it is consigned.

Rule 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate and enclosed in a hermetically soldered zinc, tin or copper-lined box. But the bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 30 days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After 30 days the casket or coffin containing said body must be enclosed in a hermetically soldered box.

These rules and regulations are hereby adopted, and all others heretofore promulgated, in conflict with the foregoing, are revoked.

By order of the board.

J. N. McCORMACK, M. D.,

December 30, 1910

Secretary

MSS 293
6279

John Hogan 1879

19

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Hogan*

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

5. ~~Married or~~ *Single*

6. Date of Death *April 5th*

7. Cause of Death *accidental shooting*

8. Duration of last Illness _____

Wm. C. Day, M. D.
Residence *Blount*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Bowling Green*

11. Residence _____ : Ward No. *3*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Mary Hogan*
Name of Father *Wm* " "

14. Place of intended Interment *April 5th 1879*

15. Date of intended Interment *11 6th 11*

Date of Certificate *April 5th 79* . Residence *J. W. Gerard, Undertaker.*

Pantagraph Print.

Joseph Michael Hogan 1881

20

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Joseph Michael Hogan Hogan*
2. Sex *Male* . 3. Color *white* . 4. Age *7 months*
5. Married or Single _____
6. Date of Death *Sept 27th 81*
7. Cause of Death *Enteritis*
8. Duration of last Illness _____

A. Bennett , M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Mary Hogan 1896

858 21

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mary Hogan
 2. Sex Female 3. Color White 4. Age 6 mo.
 5. Married or single Single
 6. Date of Death Mar. 24/1896.
 7. Cause of Death Diarrhoea
 8. Duration of last Illness Four days
 _____, M. D.
 Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth City
 11. Residence Church Street Ward No. 4
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother Julia Hogan
 Name of Father P. H. Hogan
 14. Place of intended Interment St Joseph Cemetery
 15. Date of intended Interment Mar 24/96
J. C. Guand Bro, Undertaker.
 Date of Certificate Mar 24/96 Residence _____

Pat Hogan Sr. 1909

#674 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 *Pat Hogan Sr.*
2. Sex *Male* 3. Color *White* 4. Age *78 yrs*
5. Married or single *Widower*
6. Date of death *August 4-1909*
7. Cause of death *Heart failure*
8. Duration of last illness.....

John E. Gray Barrow M.D.
Residence..... **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Supr City Quarry*
10. Place of birth *Ireland*
11. Residence *Kentucky, W* Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment *St Joseph Cemetery*
15. Date of intended interment *August 6-09*

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

Date of Certificate *Aug 4-09*

R. J. Hogan 1910

23

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

RETURN OF A DEATH.

923

Physician's Certificate Preparatory to Burial.

1. Name of deceased R. J. Hogan
 2. Sex Male 3. Color White 4. Age 45 yrs.
 5. Married or Single Married
 6. Date of death Nov. 3" 1910.
 7. Cause of death Typhoid Pneumonia
 8. Duration of last illness 3 1/2 wks
T. W. Stone, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence Warren Co. near Greenwood Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Nov. 4" 1910.
Guard & Guard, Undertaker.
 Date of Certificate Nov. 3/1910 Residence City

Infant of R. J. Hogan 1905

24

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant of R. J. Hogan

2. Sex Female 3. Color White 4. Age Still Born

5. Married or Single _____

6. Date of death June 13 1905

7. Cause of death still born

8. Duration of last illness _____

A. P. Castonugh, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Adams St. City

11. Residence 319 Adams St Ward No. 2

12. Time of residence in the city _____

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

14. Place of intended interment Fair View Cemetery

15. Date of intended interment June 14th 1905

Gerard Gerard, Undertaker.

Date of Certificate June 14 1905 Residence _____

Thomas Hogan 1900

59

25

This Constitutes One Certificate 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 Hogan,
 2. Sex Male . 3. Color White . 4. Age 60
 5. Married or single Married -
 6. Date of death June, 17th 1900.
 7. Cause of death Rheumatism
 8. Duration of last illness 3 wks
Tom H. Stone, M. D.
 Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Ireland
 11. Residence Church St. . Ward No. 3.
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment St. Josephs, Cemetery
 15. Date of intended interment June, 18th 1900.
Guard & Guard, Undertaker.
 Date of Certificate 6/17/1900. . Residence _____

Tim Hogan 1878

26

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Tim Hogan*
2. Sex *Male* 3. Color *White* 4. Age *about 40*
5. Married or Single *Married*
6. Date of Death *Sept 13th 1878*
7. Cause of Death *Flux*
8. Duration of last Illness *5 or 6 weeks*

A. G. Wroughton, M. D.
Residence *Blounty from from 718 Wroughton St. D.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Drayman*
10. Place of Birth *Ireland*
11. Residence *Blm* Ward No. *3*
12. Time of Residence in the City *30 Years*
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Catholic Cemetery*
15. Date of intended Interment *Sept 14th 1878*

J. W. Edwards, Undertaker.
Date of Certificate *Sept 13th 78* Residence _____

Pantagraph Print.

Mrs. Tom Hogan 1897

1031 29

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mr. Tom Hogan*
2. Sex *Female* 3. Color *White* 4. Age *68 yrs.*
5. Married or single *Married*
6. Date of Death *July 11" 1897.*
7. Cause of Death *Old age & Fracture of the hip*
8. Duration of last Illness _____

C. J. Grinstead, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *8th Street* Ward No. *3rd*
12. Time of Residence in the City _____

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

14. Place of intended Interment *St. Joseph's Cemetery*
15. Date of intended Interment *July 12" 1897.*

F. C. Gwart, Undertaker.
Date of Certificate *July 11" 97.* Residence *City*

William Hogan 1897

1018 28

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *William Hogan*

2. Sex *Male* 3. Color *White* 4. Age *65 yrs*

5. Married or single *Married*

6. Date of Death *June 11" 1897*

7. Cause of Death *Organic disease of heart*

8. Duration of last Illness _____

H. C. Knight, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Ireland*

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

12. Time of Residence in the City _____

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

14. Place of intended Interment *St Josephs Cemetery*

15. Date of intended Interment *June 14" 1897*

J. G. Gerard & Bro., Undertaker.

Date of Certificate *June 17/97* Residence *City*

Child of Lou Holden 1901

29

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant Holden*
2. Sex _____ 3. Color *Blk.* 4. Age _____
5. Married or single *Single*
6. Date of death *June 8th 1901.*
7. Cause of death *Pneumonia Leth*
8. Duration of last illness _____
J. H. Coombs M. D.
Residence *Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *Main Street* Ward No. *3*
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Lou Holden*
Name of Father _____
14. Place of intended interment *County Cemetery*
15. Date of intended interment *June 9/1901.*
Edwood and Garard Undertaker.
Date of Certificate *June 8/1901.* Residence _____

Child of J. H. & Ella Holland 1894

671

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 Infant Holland
2. Sex male 3. Color white 4. Age 6 mo
5. Married or single _____
6. Date of Death August 27 1894
7. Cause of Death fracture
8. Duration of last Illness _____

by murder

J. E. Murchison, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence Summit Ave . Ward No. 1
12. Time of Residence in the City life
13. When a Minor { Name of Mother Ella S. Holland
Name of Father J. H. Holland
14. Place of intended Interment Fairview Cem
15. Date of intended Interment August 28 1894

Prather & Payne, Undertaker.

Date of Certificate _____ . Residence _____

David H. Holland 1893

513

31

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *David H. Holland,*
2. Sex *Male* 3. Color *White* 4. Age *16 mos.*
5. Married or single *Single.*
6. Date of Death *May 25 1893.*
7. Cause of Death *Consumption*
8. Duration of last Illness _____
_____ M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *10th Street* Ward No. *4th*
12. Time of Residence in the City *sixteen months*
13. When a Minor } Name of Mother *Mrs. Julia A. Holland*
 } Name of Father *M. A. Holland*
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *May 26 1893.*
J. G. Grand, Undertaker.
Date of Certificate *May 25 1893* Residence *City,*

Elizabeth M. Holland 1906

2 32

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Elizabeth M. Holland
 2. Sex female 3. Color white 4. Age 79 yrs
 5. Married or single widow
 6. Date of death March 26/1906
 7. Cause of death Heart disease
 8. Duration of last illness Sudden

D. B. Dearing, M. D.
 Residence Warren County, Kentucky
acting Coroner

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "
 10. Place of birth Canada
 11. Residence 11th & High Streets Ward No. 1
 12. Time of residence in the City. Several years
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment March 27/1906
Hawley Payne Undertaker.

Date of Certificate _____ Residence _____

Ezra H. Holland 1893

551 33

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Ezra H. Holland
2. Sex Male . 3. Color white . 4. Age _____
5. Married or Single Married
6. Date of Death July 9th 1893
7. Cause of Death Softening of Brain
8. Duration of last Illness _____

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

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth Simpson Co
11. Residence Church St . Ward No. 4
12. Time of Residence in the City 14 years
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Fairview Cem
15. Date of intended Interment July 10 1893
PRATER & CAYNE, Undertaker.
Date of Certificate _____ . Residence _____

Mary C. Holland 1913

35

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

RETURN OF A DEATH.

1403

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mary C. Holland
2. Sex Female 3. Color White 4. Age 70
5. Married or single Single
6. Date of death May 29 1913
7. Cause of death Paralysis
8. Duration of last illness.....

J. G. Meredith M. D.
 Residence Banbury, Kentucky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Shambucker
10. Place of birth Ky
11. Residence 10th St Ward No. 3
12. Time of residence in the city.....
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment Fairview Cemetery
15. Date of intended interment May 30 1913

Leonard Undertaker.
 Date of Certificate May 30-13 Residence City

Robert Holland 1892

397

36

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Robert Holland*

2. Sex *Male* . 3. Color *white* . 4. Age *24*

5. Married or Single *Married*

6. Date of Death *March 5th 1892*

7. Cause of Death *Drowned.*

8. Duration of last Illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *R. R. Man*

10. Place of Birth *Simpson County*

11. Residence *City* . Ward No. *3rd*

12. Time of Residence in the City *13 years*

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

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *Mar 6th 1892*

Deather & Payne, Undertaker.

Date of Certificate _____ . Residence _____

Edyth Holman 1897

1079 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 *Miss Edyth Holman*
2. Sex *female* 3. Color *white* 4. Age *17 yrs*
5. Married or single *single*
6. Date of Death *Dec 1 1897*
7. Cause of Death *Consumption*
8. Duration of last Illness *6 mos*
679 *C. G. M. D.*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Burns County*
11. Residence *Chestnut St* Ward No. *1*
12. Time of Residence in the City *several years*
13. When a Minor { Name of Mother _____
Name of Father *Chas H Holman*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Dec - 3 - 1897*
Packer & Co, Undertaker.
Date of Certificate _____ Residence _____

H. Clay Holman 1910

38

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

RETURN OF A DEATH.

857

Physician's Certificate Preparatory to Burial.

1. Name of deceased H Clay Holman
 2. Sex male 3. Color white 4. Age 49
 5. Married or Single married
 6. Date of death June 27 1910
 7. Cause of death Organic heart & stomach trouble
 8. Duration of last illness about 8 months
J H Posey D.D., M. D.
 Residence 732 State Street

Undertaker's Certificate in Relation to Deceased.

9. Occupation Gas duct work
engineer
 10. Place of birth East River
 11. Residence Baldwin Green Ky Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Fairview Cem
 15. Date of intended interment June 29 1910
Emacke Kelly, Undertaker.
 Date of Certificate June 29 1910 Residence Baldwin Green Ky

John E. Holman 1903

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 *John E. Holman*
2. Sex *male* 3. Color *White* 4. Age *75 yrs*
5. Married or single *married*
6. Date of death *June - 24 - 1903*
7. Cause of death *Heart Disease*
8. Duration of last illness

Jno. E. G. *John E. Gray* M. D.
 Residence *Corbin W. Va.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Germany*
11. Residence *West Chestnut* Ward No. *1*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 Name of Father _____
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *June 25 1903*

T. HAWLEY PAYNE,
 Funeral Director & Embalmer, Undertaker.
Bowling Green Ky.
 Residence

Date of Certificate _____

R. M. Holman 1880

4 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 *R. M. Holman*
2. Sex *Male* . 3. Color *White* . 4. Age *41 years*
5. Married or Single *married*
6. Date of Death *Dec 7th 1880.*
7. Cause of Death *Consumption*
8. Duration of last Illness
m. term , M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Joseph Holster 1891

269 41

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Joseph Holster
2. Sex Male . 3. Color White . 4. Age 2 weeks
5. Married or Single _____
6. Date of Death March 7th 1891
7. Cause of Death _____
8. Duration of last Illness Croup
Month . M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence Main Street . Ward No. 4th
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother Wm Holster
 } Name of Father Mallie "
14. Place of intended Interment St Joe County
15. Date of intended Interment March 8th 1891
J. L. Gourd, Undertaker.
Date of Certificate March 7th 1891. Residence _____

William Holt

42

2

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *William Holt*

2. Sex *male* . 3. Color *white* . 4. Age *2 year*

5. Married or Single *Single*

6. Date of Death *Dec 31*

7. Cause of Death *Diphtheria*

8. Duration of last Illness *7 or 8 days*

L. G. Porter, M. D.

Residence *Darlington*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ . Ward No *1*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Mary Elizabeth Holtz 1903

43

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mary Elizabeth Holtz*
 2. Sex *female* 3. Color *white* 4. Age *60 yr*
 5. Married or single *married*
 6. Date of death *October 12 1903*
 7. Cause of death *Pneumonia*
 8. Duration of last illness *two days*
 H.P.C. *H.P. Cortwright*, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*
 10. Place of birth *" "*
 11. Residence *Lower Main St.* Ward No. *3*
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother *" "*
 { Name of Father *" "*
 14. Place of intended interment *Fairview Cem*
 15. Date of intended interment *Oct 13 - 1903*
 T. HAWLEY PAYNE, Undertaker.
 Funeral Director & Embalmer,
 Residence *Ky.*
 Date of Certificate _____

Harry B. Honaker 1907

44

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

RETURN OF A DEATH.

836

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Navy B. Honaker*
2. Sex *Male* 3. Color *White* 4. Age *16 days*
5. Married or Single *single*
6. Date of death *Oct. 23" 1907*
7. Cause of death *Hemorrhage of the brain*
8. Duration of last illness *16 days*

H. B. Honaker, M. D.

Residence *Rocky Hill Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Lila, Town, Green Co Ky*
11. Residence " " " " Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother *Mrs. Vardis H. Honaker*
Name of Father *H. B. Honaker*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *JUN 2 - 1910*

GERARD & GERARD, Undertaker.

Date of Certificate *JUN 2 - 1910* Residence

This body disinterred near Scottsville Ky, and reinterred in Fairview Cemetery E. A. Gerard.

#50

Phenies Honeycut 1879

45

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Phenies Honeycut Phenies* per Cemetery Book
- 2. Sex *Male* . 3. Color *White* . 4. Age *One year*
- 5. Married or Single _____
- 6. Date of Death *Nov 18th 1879*
- 7. Cause of Death *Meningitis*
- 8. Duration of last Illness *Two days.*

J. A. McCormack, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
- 10. Place of Birth *B Woodbury*
- 11. Residence *Liskman Row* . Ward No. *3*
- 12. Time of Residence in the City _____
- 13. When a Minor { Name of Mother *M. C. Honeycutt*
Name of Father *J. A.* " _____
- 14. Place of intended Interment *Fairview Cem*
- 15. Date of intended Interment *Nov 19th*

Frank B. Grant Undertaker.

Date of Certificate *Nov 18th 79*. Residence _____

Democrat Print.

Tom Honeycutt 1900

46

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Tom Honeycutt
2. Sex male . 3. Color white . 4. Age 18 yr
5. Married or single single
6. Date of death Jan 13 1900
7. Cause of death Accident
8. Duration of last illness four weeks
Dr T.M.S. E. W. Stone, M. D.
Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth city
11. Residence College St . Ward No. 2
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment Jan 14 1900
Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

Child of Ranch Hooper 1909

706

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.

Hooper

- 1. Name of deceased Infant Ranch Hooper
- 2. Sex male . 3. Color white . 4. Age 3 mos
- 5. Married or single single
- 6. Date of death Oct. 11th
- 7. Cause of death ✓
- 8. Duration of last illness suddenly

, M. D.

Residence

WB Dr. Dun can call naming after death
 UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation ✓
- 10. Place of birth Bowling Green
- 11. Residence Bowling Green Ky Ward No.
- 12. Time of residence in the City. 3 yrs
- 13. When a minor { Name of Mother Mrs Ranch Hooper
 Name of Father Mr. Ranch Hooper
- 14. Place of intended interment Mt. Oliver
- 15. Date of intended interment Oct. 12" 09

Marris Enochs . Undertaker. S

Date of Certificate Oct. 12-09 . Residence B Green Ky

Bessie Horn 1891

247 48

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Bessie Horn*
2. Sex *Female* 3. Color *Col* 4. Age *Six months*
5. Married or Single _____
6. Date of Death *Jan 4 / 91*
7. Cause of Death *Suffocation*
8. Duration of last Illness *Two hours*
D. D. Dunlap, M. D.
Residence *North of town*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Pauling Green Ky*
11. Residence *First St* . Ward No. *First*
12. Time of Residence in the City *6 months*
13. When a Minor. } Name of Mother *Fannie Horn*
 } Name of Father *Loving Horn*
14. Place of intended Interment *Int. near*
15. Date of intended Interment *Jan 5/91*
Orather Corrallock Undertaker.
Date of Certificate *Jan 5/90* . Residence _____

Eliza Horn 1905

49

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Eliza Horn*
 2. Sex *Female* 3. Color *Blk* 4. Age *84*
 5. Married or Single *Widow*
 6. Date of death *Sept 27 '05*
 7. Cause of death *Old age*
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren County*
 11. Residence *1st Street* Ward No. *1*
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Mt. Moriah Cemetery*
 15. Date of intended interment *Sept 28 '05*
Guard & Guard, Undertaker.
 Date of Certificate *Sept 28/05* Residence _____

John Horn 1908

50

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

RETURN OF A DEATH.

4527

Physician's Certificate Preparatory to Burial.

1. Name of deceased *John Horn*
 2. Sex *Male* 3. Color *Blk* 4. Age *90 yrs.*
 5. Married or single *Married*
 6. Date of death *May 14/1908*
 7. Cause of death *Old age*
 8. Duration of last illness
 Signature: *J. W. Willis* M. D.
 Residence: **BOWLING GREEN, KY.**

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth
 11. Residence *1st Street* Ward No. *1*
 12. Time of residence in the city
 13. When a minor { Name of mother
 Name of father
 14. Place of intended interment *Woodburn, Ky.*
 15. Date of intended interment *May 15/1908*
 Signature: **GERARD & GERARD** Undertaker.
 Date of Certificate *May 15/1908* Residence **BOWLING GREEN, KY**

J. K. Hoskins 1911

51

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

RETURN OF A DEATH.

1071

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. K. Hoskins

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

5. Married or Single Married

6. Date of death June 5" 1911.

7. Cause of death Cardiac Asthma

8. Duration of last illness Asper Certificate
Gerard & Gerard, A.D.

Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation Mail agent.

10. Place of birth _____

11. Residence Nashville Tenn. Ward No. _____

12. Time of residence in the city _____

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment June 6" 1911.

GERARD & GERARD, _____, Undertaker.

Date of Certificate June 6" 1911 Residence **BOWLING GREEN, KY**

Adam Hottenroch 1904

52

❖ ❖ This Constitutes One Certificate 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 *Adam Hottenroch Hottenroch*
2. Sex *Male* 3. Color *White* 4. Age *55*
5. Married or Single *Married*
6. Date of death *Oct. 12/04.*
7. Cause of death *Inflammation of Bowels.*
8. Duration of last illness _____
W. R. Francis., M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Germany*
11. Residence *Payne St.* Ward No. *3*
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Oct. 12/04.*
Gerard J. Girard Undertaker.
Date of Certificate *Oct. 11/04.* Residence *City*

Mrs. Howard

14 53

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mrs. Howards (Widow)*

2. Sex *Female* . 3. Color *White* . 4. Age *80 years*

5. ~~Married~~ or Single

6. Date of Death *July 27th*

7. Cause of Death *Old Age*

8. Duration of last Illness *Long time*

W. M. Claypool , M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ . Ward No *3rd*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Carrie Howard 1911

54

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

RETURN OF A DEATH.

1074

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Carrie Howard*
2. Sex *Female* 3. Color *White* 4. Age *28 yrs.*
5. Married or Single *Single*
6. Date of death *Sept. 9" 1911.*
7. Cause of death *Pulmonary Tuberculosis*
8. Duration of last illness *Six months.*

L. N. Faust, M. D.
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren Co. Ky*
 11. Residence *Tham. St.* Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Sept. 11" 1911.*
- GERARD & GERARD.*, Undertaker.
 Date of Certificate *Sept. 11" 1911* Residence _____

Walter Howard 1901

55

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Walter Howard
 2. Sex male. 3. Color white. 4. Age 4 yrs -
 5. Married or single _____
 6. Date of death Oct 29 1901
 7. Cause of death _____
 8. Duration of last illness _____
 J. E. M. J. E. Mandell, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth City -
 11. Residence Lawrence 10th St Ward No. 3
 12. Time of residence in the City. life
 13. When a minor { Name of Mother Daisy Howard
 Name of Father Elgin Howard
 14. Place of intended interment Lincoln Cemetery
 15. Date of intended interment Oct 30 1901
Harvey Payne, Undertaker.
 Date of Certificate _____ Residence _____

Eli Howell 1904

56

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Eli Howell*
 2. Sex *Male* 3. Color *White* 4. Age *86 yrs.*
 5. Married or Single *Married.*
 6. Date of death *Sep. 8 "04.*
 7. Cause of death *Old age.*
 8. Duration of last illness
Josh W. Stone, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Warren County*
 11. Residence *10th St.* Ward No. *2nd*
 12. Time of residence in the city *many years.*
 13. When a minor { Name of Mother
 Name of Father
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *September 9 "04.*
Gerard J. Gerain, Undertaker.
 Date of Certificate *Sept. 9 "04.* Residence *City.*

John Howell 1892

Out of town 57

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *John Howell*
 2. Sex *Male* 3. Color *White* 4. Age *65 yrs.*
 5. Married or Single *Married*
 6. Date of Death *July 17th 1892.*
 7. Cause of Death *Paralysis*
 8. Duration of last Illness *2 Weeks*

J. J. Dineen, M. D.
 Residence *Corbin, Ky.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

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

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

14. Place of intended Interment *Harpool Grave yard*
 15. Date of intended Interment *July 18th 1892.*

•• *J. J. Dineen* Undertaker.
 Date of Certificate *July 18th 1892.* Residence *City*

Lena Howell 1911

59

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

RETURN OF A DEATH.

999

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Lina Howell*
 2. Sex *Female* 3. Color *white* 4. Age *53*
 5. Married or Single *married*
 6. Date of death *mch 30 1911*
 7. Cause of death *Pneumonia*
 8. Duration of last illness *3 days*
 _____ *T. H. Stone* M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation *at home*
 10. Place of birth *Butler County Ky*
 11. Residence *Bowling Green Ky* Ward No. _____
 12. Time of residence in the city *5 years*
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Fairview Cem*
 15. Date of intended interment *April 1 1911*
 _____ *Emrick Kelly*, Undertaker.
 Date of Certificate _____ Residence *B Bowling*

Sallie Howell 1893

Out of town 120

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Miss Sallie Howell*

2. Sex *Female* 3. Color *White* 4. Age *24 yrs*

5. Married or Single *Married*

6. Date of Death *Feb 8th 1893*

7. Cause of Death *Consumption*

8. Duration of last Illness _____

Williken & Meridith, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Tenn*

11. Residence *Coleman St.* Ward No. *2nd*

12. Time of Residence in the City _____

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

14. Place of intended Interment *South Sunnill*

15. Date of intended Interment *Feb 9th 1893*

J. H. Ground, Undertaker.

Date of Certificate *Feb 8th 1893* Residence _____

Sarah Howell 1912

61

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

RETURN OF A DEATH.

1236 1236

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sarah Howell
 2. Sex Female 3. Color White 4. Age 19 months
 5. Married or Single Single
 6. Date of death Aug 30 - 1912
 7. Cause of death Constitution
 8. Duration of last illness Vital Statistics
Dr. Howard Undertaker
 Residence Bowling Green ~~M.D.~~

Undertaker's Certificate in Relation to Deceased.

9. Occupation none
 10. Place of birth
 11. Residence Flanice Ala Ward No.
 12. Time of residence in the city
 13. When a minor { Name of Mother Mrs W J Howell
 Name of Father Capt. W J Howell
 14. Place of intended interment Farrout Cemetery
 15. Date of intended interment Aug 31 - 1912
GERARD & GERARD., Undertaker.
 Date of Certificate Aug 31 - 1912 Residence BOWLING GREEN, KY

W. T. Howell 1912

62

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

RETURN OF A DEATH.

1186

Physician's Certificate Preparatory to Burial.

1. Name of deceased W. T. Howell
 2. Sex Male 3. Color White 4. Age 57 yrs.
 5. Married or Single Married
 6. Date of death May 3" 1912.
 7. Cause of death Gun Shot Wound, as per
Vital Statistics
 8. Duration of last illness E. A. Gerard Funeral Director
, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth Alabama.

11. Residence Evansville Ind. Ward No.

12. Time of residence in the city

13. When a minor { Name of Mother

{ Name of Father

14. Place of intended interment Fairview Cemetery

15. Date of intended interment May 5" 1912

GERARD & GERARD. Undertaker.

Date of Certificate May 5/12 Residence BOWLING GREEN, KY

Child of Charles & Lizzie Hoy 1897

1015 63

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Charles + Lizzie

1. Name of deceased child of Chas. Hoy. Hoy

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

5. Married or single _____

6. Date of Death May - 20 - 97.

7. Cause of Death Inanition

8. Duration of last Illness Life time

_____ M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Boonville, Ky.

11. Residence First St Ward No. 1

12. Time of Residence in the City _____

13. When a Minor } Name of Mother Lizzie Hoy
 } Name of Father Chas Hoy

14. Place of intended Interment Not known

15. Date of intended Interment May - 20 - 97

_____ Undertaker.

Date of Certificate May - 20 - 97 Residence _____

Mrs. Charles Hoy 1909

701 64

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Chas. Hoy*
2. Sex *Female* 3. Color *Col.* 4. Age *36 yrs.*
5. Married or single *Married*
6. Date of death *SEP 29 1909*
7. Cause of death *Cancer*
8. Duration of last illness *20 Days*

M. D. *J. D. Porter*

Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *BOWLING GREEN, KY*
11. Residence *1st Street* *BOWLING GREEN, KY* Ward No.....
12. Time of residence in the city *36 yrs.*
13. When a minor { Name of mother *Mrs. Jerry Horn*
Name of father *Jerry Horn*
14. Place of intended interment *Mt. Moriah*
15. Date of intended interment *OCT 1 - 1909*

GERARD & GERARD Undertaker.

Date of Certificate *SEP 30 1909* Residence *BOWLING GREEN, KY*

Clarence J. Huber 1900

65

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Clarence J. Huber
2. Sex Male . 3. Color White . 4. Age 21
5. Married or single Single
6. Date of death May 23" 1900.
7. Cause of death Consumption
8. Duration of last illness _____
J. A. Murphy , M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Hoodford St. . Ward No. 3
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment St. Josephs Cemetery
15. Date of intended interment May 24" 1900.
Grand & Grand . Undertaker.
Date of Certificate May 24/1900. Residence _____

Ida Huber 1879

66

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Ida Huber Huber
2. Sex Female 3. Color White 4. Age 4 years
5. Married or Single Single
6. Date of Death Sept 11th 1879
7. Cause of Death Dysentery
8. Duration of last Illness Seven days
Abelridge, M. D.
Residence Bouligny Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Undertaker
10. Place of Birth South Union Ky
11. Residence Bouligny Green Ky Ward No. 3
12. Time of Residence in the City 1 year
13. When a Minor { Name of Mother _____
Name of Father Phillip Huber
14. Place of intended Interment Catholic Cemetery
15. Date of intended Interment Sept 12th 1879
Francis Howard, Undertaker.
Date of Certificate Sept 11th 1879 Residence Bouligny Green Ky

Pantagraph Print.

William Huber 1898

67

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Wm Huber

2. Sex male . . . 3. Color white . . . 4. Age 26 yrs

5. Married or single Single

6. Date of Death Mar 21 1898

7. Cause of Death Consumption

8. Duration of last Illness One Year

W. R. Francis, M. D.

Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer

10. Place of Birth Bowling Green Ky

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

12. Time of Residence in the City Life Time

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

14. Place of intended Interment St Joseph Cem

15. Date of intended Interment March 22-1898

Grand Grand, Undertaker.

Date of Certificate _____ . Residence _____

Lee D. Huddleston 1912

68

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

RETURN OF A DEATH.

1197

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased *Lee D. Huddleston*
- 2. Sex *Male* 3. Color *White* 4. Age *60*
- 5. Married or Single *Married*
- 6. Date of death *June 5th 1912*
- 7. Cause of death *Uremia, per ^{Vital Statistics} Certificate*
- 8. Duration of last illness

L. A. Grand General Director
 Residence *B. Green*

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation
- 10. Place of birth *Ky*
- 11. Residence *Nashville Tenn* Ward No.
- 12. Time of residence in the city
- 13. When a minor { Name of Mother
Name of Father
- 14. Place of intended interment *Fairview Cemetery*
- 15. Date of intended interment *June 5-1912*

June 5-1912 **GERARD & GERARD.** , Undertaker.
 Date of Certificate **BOWLING GREEN, KY** Residence

Elihu Hudnell 1904

69

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Elihu Hudnell
 2. Sex Male 3. Color White 4. Age 46
 5. Married or Single Married
 6. Date of death Sept 4, 1904
 7. Cause of death Dysentery
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren County
 11. Residence Eleventh St Ward No. 1
 12. Time of residence in the city several years
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Mt Zion, Warren Co
 15. Date of intended interment Oct 1, 1904
David & David, Undertaker.
 Date of Certificate Oct 1, 1904 Residence _____

Elvis Hudson 1908

#57 ✓ 7D-1

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Elvis Hudson*
2. Sex *Male*
3. Color *White*
4. Age *38 yrs.*
5. Married or single *Single*
6. Date of death *Aug 29, 1908*
7. Cause of death *Tuberculosis*
8. Duration of last illness *E A Guard, BOWLING GREEN, KY*
~~RESIDENCE, BOWLING GREEN, KY~~
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth.....
11. Residence *LOUISVILLE, KY* Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother *Mrs. Nancy K. Guard*
Name of father.....
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *SEP 1 - 1908*

GERARD & GERARD. Undertaker.
Date of Certificate *SEP 1 - 1908* Residence *BOWLING GREEN, KY*

Elvis Hudson 1908

(Always write with ink.) **KENTUCKY STATE DEPARTMENT OF HEALTH.**

This Certificate with the Paster below must be detached and pasted to the Box.

Transit Permit No.

CERTIFICATE OF UNDERTAKER.

I hereby certify that the accompanying dead body of Elvis Hudson
(If a minor give parent's name also.)
 consigned to Bowling Green City of Bowling Green
 State of Ky and who died of Enterocolitis
 has been prepared by me for transportation, in conformity with Rule No. 3 of the Rules printed with this Permit;
 and I hold Embalmer's License No. issued by the Board of Embalming Examiners of the State of Kentucky.

T. P. Blanford Shipping Undertaker.
3111 4 ave Place of Business.
 City or Town of Louisville County of Jefferson State of Kentucky.

PASTER.

The Railroad or other Transportation Agent must enter hereon a description of the ticket held by the passenger in charge of the corpse, the exact route, and VIA WHAT JUNCTIONAL POINTS it reads.

Special Instructions. A burial case containing a corpse must not be received for transportation unless the person in charge presents a permit from the local Board of Health, and an undertaker's certificate that the body has been prepared for shipment in accordance with the Laws of the State; nor will it be received even then if any fluid or offensive odors are escaping from the case.

Date AUG 31 1908 190...

From Louisville, Ky. State of Kentucky, to ... State of ...

No. of Escort's Ticket 1269 Form No. of Escort's Ticket Card

No. of Corpse Ticket 1270 Form No. of Corpse Ticket "

Via L. & N. R. B. To Bowling Green, Ky.

Via To

Via To

Via To

Name of Passenger in Charge Dona Nyath Place of Residence P. WHITE

Signed P. WHITE Shipping Agent.

Fanny Hudson 1893

473 71

This Constitutes one Certificate 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 *Fanny Hudson*
2. Sex *Female* 3. Color *Blk* 4. Age *22 yrs*
5. Married or Single *Single*
6. Date of Death *Jan 28"/93*
7. Cause of Death *Consumption*
8. Duration of last Illness *three months*
J. F. McElroy, M. D.
Residence *City*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth _____
11. Residence *Ky street* Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *County Cem*
15. Date of intended Interment *Jan 29*
H. C. [unclear] & Co., Undertaker.
Date of Certificate *Jan 21"/93* Residence *City*

Ida May Hudson 1879

72

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Ida May Hudson Hudson*
 2. Sex *female* . 3. Color *White* . 4. Age *1 yr 5 months*
 5. Married or Single *Single*
 6. Date of Death *July 2nd 1879*
 7. Cause of Death *Measles*
 8. Duration of last Illness *1 week*
- J. B. Johnson*, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Bowling Green Ky*
 11. Residence *Machanack* . Ward No. *3*
 12. Time of Residence in the City *1 year 10^{mo}*
 13. When a Minor { Name of Mother *Hudson*
Name of Father *"*
 14. Place of intended Interment *Cemetery*
 15. Date of intended Interment *July 30, 79*
- Date of Certificate *July 29, 79* . Residence *W. St.* , Undertaker. *Strickles*

Pantagraph Print.

Lucien Huffine 1896

875 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 Lucien Huffine
2. Sex male . 3. Color white . 4. Age 10 yrs
5. Married or single _____
6. Date of Death April 13 1896
7. Cause of Death Fitz
8. Duration of last Illness years
no doctor _____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Warren County
11. Residence East Park St . Ward No. _____
12. Time of Residence in the City 13 yrs
13. When a Minor { Name of Mother Pheny Huffine
Name of Father _____
14. Place of intended Interment Fairview Cem -
15. Date of intended Interment Apr 14 1896
Perathel Payne, Undertaker.
Date of Certificate _____ . Residence _____

Cornelia Huffman 1911

75

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

RETURN OF A DEATH.

1094

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss, Cornelia Huffman
 2. Sex Female 3. Color White 4. Age 22 yrs.
 5. Married or Single Single
 6. Date of death OCT 28 1911
 7. Cause of death Typhoid fever
 8. Duration of last illness 21 days
C. S. Dowell M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Wickliffe, Ky.
 11. Residence BOWLING GREEN, KY Ward No. 2
 12. Time of residence in the city 6 mo.
 13. When a minor { Name of Mother Mrs. G. W. Huffman
 Name of Father G. W. Huffman
 14. Place of intended interment Wickliffe Ky.
 15. Date of intended interment Oct. 30 1911.
GERARD & GERARD, Undertaker.
 Date of Certificate OCT 28 1911 Residence BOWLING GREEN, KY

Daniel Huffman 1878

7e

This Constitutes ONE CERTIFICATE 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 *Daniel Huffman*
2. Sex *Male* . 3. Color *White* . 4. Age *—*
5. Married or Single *Married*
6. Date of Death *Sept 10th 1878*
7. Cause of Death *Delirium Tremens (apoplexy)*
8. Duration of last Illness *Seven days*
Reithorn, M. D.
Residence *—*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Rail Road Yard Master @ Memphis*
10. Place of Birth *—*
11. Residence *Main St.* . Ward No. *3rd*
12. Time of Residence in the City *Two Weeks*
13. When a Minor { Name of Mother *—*
Name of Father *—*
14. Place of intended Interment *Cemetery*
15. Date of intended Interment *Sept. 12th 78*
"Strickles", Undertaker.
Date of Certificate *Sept 11th 78* Residence *States*
Bowling Green Ky

Democrat Print.

Child of R. B. Hughes 1904

77

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

M. R. B.

- 1. Name of deceased *Infant Hughes*
 - 2. Sex _____ 3. Color *white* 4. Age _____
 - 5. Married or single _____
 - 6. Date of death *Aug 21 1904*
 - 7. Cause of death *Pneumonia infant*
 - 8. Duration of last illness _____
- H. P. Entwright*, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
 - 10. Place of birth *City*
 - 11. Residence *Park St* Ward No. _____
 - 12. Time of residence in the City. _____
 - 13. When a minor { Name of Mother *Mrs R. B. Hughes*
Name of Father *R. B. Hughes*
 - 14. Place of intended interment *Fairview Cem*
 - 15. Date of intended interment _____
- Howard Payne*, Undertaker.
Date of Certificate _____ Residence _____

Ben Hughes 1907

78

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

RETURN OF A DEATH.

349

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ben Hughes
 2. Sex Male 3. Color White 4. Age abt. 50 yrs.
 5. Married or ~~single~~
 6. Date of death Nov 11/1907
 7. Cause of death Killed on RR.
 8. Duration of last illness
J. E. Gray coronor M. D.
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth
 11. Residence Salmers, Station Ky. Ward No.
 12. Time of residence in the city
 13. When a minor { Name of mother
 Name of father
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Nov 14/1907
GERARD & GERARD Undertaker.
 Date of Certificate Nov 14/1907 Residence BOWLING GREEN, KY.

Fannie C. Hughes 1879

79

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Fannie C. Hughes - Hughes*
 2. Sex *Female* . 3. Color *White* . 4. Age *43*
 5. Married or Single *Married*
 6. Date of Death *Nov. 26 1879*
 7. Cause of Death *Disease of Heart and Stomach*
 8. Duration of last Illness *Eight Months*
- J. A. McFerran* , M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *B. Green*
 11. Residence *Main St* . Ward No. *1*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother _____
Name of Father _____
 14. Place of intended Interment *Fairview Cem*
 15. Date of intended Interment _____
- H. C. Grundy* , Undertaker.
Date of Certificate *Nov 27 1879* . Residence _____

Democrat Print.

J. D. Hughes 1908

80

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

RETURN OF A DEATH.

538

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased J. D. Hughes
 2. Sex Male 3. Color White 4. Age 38
 5. Married or single Married
 6. Date of death Oct 27
 7. Cause of death Appendicitis
 8. Duration of last illness _____
 _____, M. D.
 Residence Bessemer

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Plasterer
 10. Place of birth Allen County
 11. Residence Bessemer Ward No. B, way
 12. Time of residence in the City. 14 yrs
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Allen Sprgs
 15. Date of intended interment Oct 28
E. F. Datterfield, Undertaker.
 Date of Certificate Nov 27 / 08 Residence Allen Sprgs
By Chas. Emcke

James Hughes 1877

81

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Doctor *James Hughes Hughes*
2. Sex *Male* 3. Color *White* 4. Age *2 Weeks*
5. Married or Single _____
6. Date of Death *Dec 14th 1877*
7. Cause of Death *Spasms*
8. Duration of last Illness _____

_____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.
Date of Certificate _____ Residence _____

Pantagraph Print.

Lulie Hughes 1896

82

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Lulie ~~Flodie~~ Hughes

2. Sex female 3. Color BLK 4. Age 13 mo

5. Married or single _____

6. Date of Death April 1 1896

7. Cause of Death pneumonia

8. Duration of last Illness one week

J. F. McElroy, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth City

11. Residence My St . Ward No. 3rd

12. Time of Residence in the City life

13. When a Minor { Name of Mother Florence Hughes
Name of Father Jim Hardin

14. Place of intended Interment St. Moriah

15. Date of intended Interment April 1/96

Walter P. ..., Undertaker.

Date of Certificate _____ . Residence _____

J. T. ...

Mary B Hughes 1908

83

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

RETURN OF A DEATH.

438

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary B. Hughes,*
 2. Sex *Female*
 3. Color *White*
 4. Age *84 yrs.*
 5. Married or single *Widow of the Late E. H. Hughes.*
 6. Date of death *Apr. 12/1908.*
 7. Cause of death *Broncho Pneumonia*
 8. Duration of last illness.....
 M. D. *H. P. Cartwright*
 Residence *B. Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Honor Keeper*
 10. Place of birth *Logan County Ky*
 11. Residence *Kentucky St* Ward No. *2*
 12. Time of residence in the city *23 yrs.*
 13. When a minor { Name of mother.....
 Name of father.....
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Apr. 14/1908.*
 GERARD & GERARD, Undertaker.
 Date of Certificate *Apr. 13/1908.* Residence *BOWLING GREEN, KY*

Minerva Hughes 1892

84

Out of town

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Minerva A. Hughes*

2. Sex *Female* . 3. Color *White* . 4. Age *76*

5. Married or Single *Widow*

6. Date of Death *Sept 23 1892*

7. Cause of Death *incident to old age*

8. Duration of last Illness _____

W. W. Bowdoin M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Morganfield, Ky.*

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

12. Time of Residence in the City *about eight yrs*

13. When a Minor. } Name of Mother *A. Gandy*
 } Name of Father *James Gandy*

14. Place of intended Interment *Morganfield Ky*

15. Date of intended Interment *25 September 1892*

_____, Undertaker.
PRATHER & PAYNE,
UNDERTAKERS
and Funeral Directors,
STATE ST., BOWLING GREEN, KY.

Date of Certificate _____

Child of W. H. & Mary Hummell 1898

1169 86

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of W. H. Hummell.*
2. Sex *Female*. Color *White*. 4. Age *3 yrs.*
5. Married or single *Single.*
6. Date of death *August 29th 1898*
7. Cause of death *Typhoid Fever*
8. Duration of last illness _____
A. T. McConach, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *College St.* Ward No. *2nd*
12. Time of residence in the City _____
13. When a minor } Name of Mother *Mary J. Hummell*
 } Name of Father *W. H. Hummell*
14. Place of intended interment *St. Joseph's Cemetery*
15. Date of intended interment *August 30th 98*
Guard & Guard, Undertaker.
Date of Certificate *Aug 29th 98*, Residence _____

(Mrs. Mary) William H. Hummell 1910

87

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

RETURN OF A DEATH.

758

Physician's Certificate Preparatory to Burial.

Hummell

1. Name of deceased *Mrs. William H. Hummell*

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

5. Married or single *Married*

6. Date of death *Jan. 27-1910*

7. Cause of death *Rheumatism & Pericarditis*

8. Duration of last illness *10 days*

J. F. Rodgers M. D.
Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Housekeeper*

10. Place of birth.....

11. Residence *White House* Ward No.....

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

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

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

15. Date of intended interment *Jan. 29-1910*

GERARD & GERARD Undertaker.
BOWLING GREEN, KY

Date of Certificate *Jan 27-1910* Residence.....

May Y. Humphries 1913

88

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

RETURN OF A DEATH.

1414

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. May Y. Humphries
 2. Sex Female 3. Color White 4. Age 44 yrs.
 5. Married or single Widow
 6. Date of death JUN 16 1913
 7. Cause of death Cancer of Uterus
 8. Duration of last illness 12 mo
T. W. Stone M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation House Keeper
 10. Place of birth Kentucky
 11. Residence E. Chestnut St. Ward No. 1
 12. Time of residence in the city 1 yr
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Hopkinsville Ky
 15. Date of intended interment _____
GERARD & GERARD. Undertaker.
JUN 16 1913
 Date of Certificate _____ Residence Bowling Green, Ky.

Cleveland Hunt 1906

87

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Cleveland Hunt*
 2. Sex *Male* 3. Color *White* 4. Age *17*
 5. Married or single *Single*
 6. Date of death *Oct 13/06*
 7. Cause of death *Typhoid Fever*
 8. Duration of last illness *Two weeks*
H. P. Cunningham M. D.
 Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Farmer*
 10. Place of birth *Warren Co*
 11. Residence..... Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother *Lavinia Hunt*
 { Name of father *M. R. Hunt*
 14. Place of intended interment *Friend's meadow*
 15. Date of intended interment *Oct 14 1906*
 Ed. C. Satterfield Undertaker.
 Date of Certificate *Oct 14 1906* Residence *Warren Co Ky*

"Doc" W. Hunt 1907

#354 90

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Doc* "Doc" W. Hunt

2. Sex Male 3. Color White 4. Age 40 yrs.

5. Married or single Single

6. Date of death Dec 1" 1907

7. Cause of death Tuberculosis

8. Duration of last illness Wm A Briggs M. D.

Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Matchless Co Ky

10. Place of birth Daloyfield, B. Green Ky

11. Residence Daloyfield, B. Green Ky Ward No. _____

12. Time of residence in the city _____

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Dec 2" 1907

GERARD & GERARD Undertaker.

Date of Certificate Dec 2" 1907 Residence BOWLING GREEN, KY.

Lizzie Hunter 1911

91.

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

RETURN OF A DEATH.

1046

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lizzie Hunter.

2. Sex Female. 3. Color Black. 4. Age 25 months

5. Married or Single Single.

6. Date of death July, 11, 1911.

7. Cause of death Empyema after Pneumonia

8. Duration of last illness Three months

O. S. Foster, M. D.

Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation None.

10. Place of birth Warren Co.

11. Residence Brown St. Ward No. 2

12. Time of residence in the city _____

13. When a minor { Name of Mother Wable Hunter.
 { Name of Father Albert Yost.

14. Place of intended interment Mt Moriah Cemetery.

15. Date of intended interment July, 12, 1911.

Leard Leard, Undertaker.

Date of Certificate July, 11, 1911. Residence City.

Child of Ida Hurd 1900

92

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Child of Ida Hurd
2. Sex male 3. Color Black 4. Age _____
5. Married or single _____
6. Date of death July - 26 - 1900
7. Cause of death Still Borne
8. Duration of last illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Kentucky St
11. Residence _____ Ward No. 3rd
12. Time of residence in the City _____
13. When a minor } Name of Mother Ida Hurd
 } Name of Father _____
14. Place of intended interment County Cemetery
15. Date of intended interment July 26 - 1900
Guard & Guard, Undertaker.

Date of Certificate July 26 - 1900 Residence _____

John Hurst 1894

93

638

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John Hurst* ^{Hurst} *cul*

2. Sex *Male* 3. Color *Blk* 4. Age *35yrs*

5. Married or single *married*

6. Date of Death *April 21 1894*

7. Cause of Death *Consumption*

8. Duration of last Illness *Four months*

Dr. C. *S. W. Evans*, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *laborer*

10. Place of Birth *County of Warren*

11. Residence *Co. State + 10th* Ward No. *1*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Not known*

15. Date of intended Interment *April 22 1894*

Pratt & Payne, Undertaker.

Date of Certificate _____ Residence _____

Mrs. J. E. Hutton 1905

94

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. J. E. Hutton Hutton*
 2. Sex *Female* 3. Color *White* 4. Age *56 yrs*
 5. Married or Single *Married.*
 6. Date of death *May 17 '05*
 7. Cause of death *Heart Disease*
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Canton, Ohio.*
 11. Residence *Woodford St.* Ward No. *2*
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *May 19 '1905*
Amos P. Guard, Undertaker.
 Date of Certificate *May 18 '1905* Residence _____

Classie Huys 1909

95

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

RETURN OF A DEATH.

719

Physician's Certificate Preparatory to Burial.

1. Name of deceased Classie Huys
 2. Sex female 3. Color leat 4. Age 73 yrs
 5. Married or single single
 6. Date of death Nov. 6 - 1909
 7. Cause of death Dropsy.
 8. Duration of last illness about 4 months.
J. E. McMillen M. D.
 Residence # 13 1/2 Main st.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
 10. Place of birth Allen County Ky
 11. Residence First St. Ward No. 2
 12. Time of residence in the city about 8 months
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment mt. moriah cemetery
 15. Date of intended interment Nov. 7 - 1909
J. E. Kuykendall Undertaker.
 Date of Certificate Nov 8 - 09 Residence Summit & College St

Warren County, Kentucky Death Records, Box 2, Folder 7 (Ho to Hu)

Warren County, Kentucky Death Records, Box 2, Folder 7 (Ho to Hu)