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Manuscripts

1877

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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.
Garfield Holeson.
1. Name of degeased Safirld Holison. 2. Sex Male 3. Color Blk 4. Age alt 24416. 5. Married or single 5 ringle 6. Date of death FEB 25 1907
5. Married or single Single
6. Date of death FEB 25 1907 7. Cause of death Norman
7. Cause of death Norman
8. Duration of last illness full flast
8. Duration of last illness fine, 6, first. M. D.  Residence BOWLING GREEN, KY
Residence
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 Morral Crunting
14. Place of intended interment FEB 26 1907
GERARD & GERARD. Undertaker.
CED 95 1007 WITHO GREEN KY
Date of Certificate FEB 25 1907 Residence WLING GREEN, KY
Date of Certificate FEB 25 1907 Residence WLING GREEN, KY
Date of Certificate FLD 23 1307 Residence Residence
Date of Certificate FLD 23 1307 Residence William Residence Reside

#### Harriet J. Hobson 1894

6215/
This Constitutes One Certificate to arned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mrs. Spaniel & Hobson!
2. Sexternale 3. Color It title / 4. Age 55 you
5. Married or single History. 6. Date of Death June 5 "/94"
7. Cause of Death Cancer of the Face.
8. Duration of last Illness secretal mouths.
J. J. Duneme, M. D.
Residence Andrews
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Harrin County
11. Residence Clay strul Ward No. 4 Th
12. Time of Residence in the City
13. When a Minor Name of Mother
14. Place of intended Interment It. Orselah Com
15. Date of intended Interment Just 6"/94.
Ho Gerard & Bro, Undertaker.
Date of Certificate Julie 6 Residence Colly

#### William E Hobson 1909

RETUI	RN OF A DE	ATH
	691	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Physician	's Certificate Preparatory to	
	-11-1	/ /
1. Name of deceased 2.	Col. VIII G. Stor.	son,
2. Sex Malr	Manual 4.	Age 66 yr
5. Married or single	Majuril	
6. Date of death	ept 10"1949.10	
7. Cause of death	Shear Fallure	
8. Duration of last illn	iess DVJE Gray	avouer
	Residence BOWLING	GREEN, KY
Undertaker	's Certificate in Relation to	Deceased.
Undertaker	's Certificate in Relation to	Deceased.
9. Occupation		
9. Occupation		
9. Occupation	ran, les	Ward No
9. Occupation	in the city	Ward No.
9. Occupation	in the city	Ward No.
9. Occupation	in the city ame of mother ame of father	Ward No.
9. Occupation	in the city ame of mother ame of father Fairview Ceminterment	Ward No.
9. Occupation	in the city ame of mother ame of father interment  Suff, 13", 91	Ward No
9. Occupation	in the city ame of mother ame of father Fairniew Ceminterment interment CERARD & GERAR	Ward No
9. Occupation	in the city ame of mother ame of father Fairview Ceminterment onterment Subt. 13 191 GERARD & GERAR	Ward No

#### Ellen Hockersmith 1882

-	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Toller Moestersmirk Sex Finals . 3. Color Mits . 4. Age 26 Years.
5.	Married or Single Shift
6.	Date of Death Shithisis Pulmonalis
	Duration of last Illness Fire France
0.	It Ditormack, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 10.	Place of Birth Bullitt County, Kentucky
11.	Residence Brothing Green . Ward No /
12.	
13.	When a Minor { Name of Mother
14.	Place of intended Interment Farview Curreling
15.	Date of intended Interment Sept 10 47512
7	Date of Certificate Apt 8th 7882 Residence
L	Democrat Job Print

#### Lenora Hockersmith 1893

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
ı N	Lenna Desum Hockeronit
	x Junal. 3. Color Whit. 4. Age / 2 20
	arried or single Dringle
VP-3	nte of Death March 163 1893
	use of Death Freumonia
8. Di	iration of last Illness Eight Jano
	Co. C. Might DIM. D
	Residence 3/8/1/4/
	UNDERTAKER'S CERTIFICATE IN RELATION TO DEGEASED.
9. O	ecupation
	ace of Birth Ct
11. R	esidence Unlifted Steel Ward No. 4-3
12. Ti	me of Residence in the City
12 W	hen a Minor Name of Mother Kate Hoellwon
. 3 11	Name of Father
14. Pl	ace of intended Interment
15. Da	nte of intended Interment Manch 17 1893
Date o	of Certificate March 17 Residence

#### Marian W. Hockersmith 1897

1044	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.	th
1. Name of deceased Mrs. Mangin It Streeting	nik
2. Sex Funale 3. Color It hill 4. Age 60 yr	W
5. Married or single Hilow of M. C. Street with	h
6. Date of Death and by 1897	
7. Cause of Death Inghib dearist of Midning	
8. Duration of last Illness	
, M. D.	/
Residence How July Hum Sty	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence adams shut Ward No. 3 28	
12. Time of Residence in the City	
Name of Mother	
13. When a Minor Name of Father	_
14. Place of intended Interment Farriew Cunds	29
15. Date of intended Interment ang 28/97,	1
Guard Lenary, Undertaker.	
Date of Certificate and 28/2. Residence	

# Mrs. Ed Hodge 1893

556)
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURLAL.
1. Name of deceased Mrs Ed House 2. Sex Junah 3. Color What. 4. Age abt 45 yrs
2. Sex female 3. Color What. 4. Age abt 45 yrs
5. Married or single Willis
6. Date of Death Scht 2 and 1893
7. Cause of Death Paraly 00
8. Duration of last Illness Deserve Month
Dalughe M.D.
Residence Conf
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
THE TO DESCRIBE.
9. Occupation
10. Place of Birth
11. Residence I and Oldans. Ward No.
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Farment Cent
15. Date of intended Interment Seft 991893
Holyand Boo, Undertaker.
Date of Certificate Residence

# Ed H. Hodge 1891

287	2
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1. Name of deceased Ed A Hodge 2. Sex Male . 3. Color White . 4. Age 50 year	1
5. Married or Single Mance	
6. Date of Death May 2	
7. Cause of Death Phthisis Julmonalis	
8. Duration of last Illness Deveral yeary WM Olay book, M. D.	
Residence 194/4	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Bouling Guen	
11. Residence Main her . 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 Fairce Court	
15. Date of intended Interment May 4th 1891 46 Grand Undertaker.	
Date of Certificate May 4591. Residence	

# Edward H. Hodge Jr. 1910

9
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
El 1461 lil
1. Name of deceased Colward, Hodge, W. 2. Sex Mal 3. Color White 4. Age 30.
2. Sex Male 3. Color While 4. Age 30.
5. Married or single Single.
6. Date of death Mighritis.
7. Cause of death
М. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation  10. Place of birth Bowling Thron, Ry.
have her ki
11. Residence Ward No.
13. When a minor Name of mother.  Name of father.
14. Place of intended interment
15. Date of intended interment DAPTH 1910.
Date of Certificate Suph 4/9/0 Residence Residence
4

# Edward H. Hodge Jr. 1910

to be held of any person of a constitution of the held of any person of the person of	R. R. Agents d. All Other Carriers lee Back of Permit.    New York,	1 H H-1910 CO CO CRRIERS. 19
church funeral shall no church funeral shall no church funeral shall no church funeral shall no funeral shal	The Certificate of Death having been furnished to the, as required by the Laws of mission is hereby given to remove the remains of Chuard of the City of I who died at 19/0; the cause of death being the City of I a Transit Point being asked for burial at	orage de de
A publication of the force of t	State of Mutucky me of Undertaker or person in charge f the Transit,  Amount	M. D.
2d Coupon taken by  Second taken a Coupon by	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	TRANSIT
n at	ters, 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 2st should be taken by Carrier or Apent 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 sanutary regulations may require; but whoever detaches and takes said 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 wherever the body is conveyed; and the Permit is to be surrendered	E CITY OF NEW YORK
1 0 W	Such an indersement will answer instead of further coupons wherever the body is conveyed; and the Permit is to be surrendered at the place of burial. It, as well as every Oupon, should be	YORK

# Sarah Ann Hodge 1893

559	10
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFY ATE PREPARATORY TO BURIAL.	
1. Name of deceased Sand Ann Hody	
//	
2. Sex final 3. Color All. 4. Age 35	
5. Married or single Saugh 6. Date of Death Def 17th	
7. Cause of Death & manual Anin	
8. Duration of last Illness Obout - one year	
Sa al & said al	
Residence & Down Williams	12
Residence Off The County for a	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence first Start . Ward No.	
12. Time of Residence in the City	
Name of Mother	
13. When a Minor Name of Father	
14. Place of intended Interment Charty Cent	
15. Date of intended Interment, Och 12-93	
Hogsund M., Undertaker.	
Date of Certificate	

# Child of William & Daisie Hoey 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased It Name They
2.	Sex Junal. 3. Color Whit . 4. Age
5	Married or Single
6	Date of Death 'Oct 6th
	Cause of Death Still Bron
	Duration of last Illness //
0.	(Jan H. Blately, M.D.
	Residence
10	Occupation  Place of Birth 13 Gran  Residence Cerest Struf . Ward No 2 3
12.	Time of Residence in the City
13.	When a Minor Name of Mother Daisi Hogy Name of Father Win Hogy
14.	Place of intended Interment Fairvier and
15.	Date of intended Interment Oct 6-1882.  Undertaker.
	0 + 1 + 1000 ···
L	Pate of Certificate OCI 6-1882. Residence

#### John Hoffman 1893

Out of town	12
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased John Hoffman	
2. Sex Male 3. Color Mule 4. Age 18	
5. Married or single Single	
6. Date of Death June 3 - 1893	
7. Cause of Death Kelled on Lan RR 8. Duration of last Illness	
le a. Munkle lear on land	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Wenterelley	
11. Residence Louis ville . Ward No.	
12. Time of Residence in the City	
13. When a Minor \ Name of Mother	
Name of Father	
14. Place of intended Interment Survelle Tty  15. Date of intended Interment Surve Tyles 3.	
File Guard Hayundertaker.	
Date of Certificate June 3/9 3 Residence Leity	7
Tilled between B. & Themphis	et.
And me in Depot	

# Mrs. B. R. Hogan 1892

405/
This Constitutes one Certificate to be eturned to the City Clerk for a Burial Permit,
RECURN OF A DEATH,
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Mes Ba Hogan
2. Sex female . 3. Color white: 4. Age 32 — 5. Married or Single
6. Date of Death / 1992
7. Cause of Death Cansumption
8. Duration of last Illness
34 Mille/Een, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Handley
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 Land
15. Date of intended Interment Color 1 1872
Rather By, Undertaker.
Date of Certificate May 63 . Residence Sign

# Cathren Hogan 1892

·· 437	14
This Constitutes one Certificate to be Retarned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Mis Cathern Hogen 2. Sex final. 3. Color White . 4. Age 60 5. Married or Single Married	
2. Sex Junale. 3. Color White . 4. Age 60	
5. Married or Single Maried	
6. Date of Death Que 241/892	
7. Cause of Death Toulous a sum lu	ch
8. Duration of last Illness by month	
Residence Algamyhe	
9. Occupation 10. Place of Birth It land	
11. Residence Cy Ave . Ward No 30	
12. Time of Residence in the City	
13. When a Minor. Name of Mother  Name of Father	
14. Place of intended Interment It Justiful Court	
15. Date of intended Interment Olig 25th 1892.	
Date of Certificate Oly 24592. Residence	

# Child of Dan Hogan 1900

. 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 Shild of Day, Hogan,
2. Sex Francis 3. Color Hills . 4. Age 18 mil.
5. Married or single Signight.
6. Date of death Oct 19" 1900.  7. Cause of death Duberculosis
7. Cause of death of the state
Sarah & Millsoft, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
g. Occupation
10. Place of birth bity
11. Residence Fairwhuw dow . Ward No. /
12. Time of residence in the City
13. When a minor Name of Mother Mas Daw Hogary Name of Father, Day Logary
W Control Market Control Control Control
15. Date of intended interment def 30"1900,
Guard and Grand, Undertaker.
Date of Certificate Delag 1900 , Residence

# Daniel Hogan 1894

608	6
This Constitutes One Certificate to be Recurred 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 Surff (200)	
6. Date of Death # 12'-1894	
7. Cause of Death Coursauntling	
8. Duration of last Illness from or from June .	
— 20m/Cb , M. D.	
Residence	
HADEDTALEDIS OFFICIALITY IN DECEMBER 11	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Merchant	
10. Place of Birth Bowling Green	
11. Residence Micin Start . Ward No.	
12. Time of Residence in the City	
Name of Mother	
. 13. When a Minor	
14. Place of intended Interment It lough Court	
15. Date of intended Interment HL 13 12/894	
4 loller dans	
Date of Certificate Residence	
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.
11 - Felt Magnes
1. Name of deceased, Mors, Elly, Hogain
2. Sex Francely 3. Color While 4. Age Det, 60,
5. Married or single Wiglow of the Call Ind Stoyal.
6. Date of death July 18" 998
7. Cause of death
8. Duration of last illness J. M. M. Cormack M. D. Bowling Franky
Residence Bowling Franky
AND ADDRESS OF THE PROPERTY OF
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Irraud,
11 Residence Main St. Ward No. 2
12. Time of residence in the City. 43 yrs.
( Name of Mother
13. When a minor Name of Father least the leavestury.
14. Place of intended interment Man 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
15. Date of intended interment
M. 21 11 A. 2
Date of Certificate 1907. Residence

# Hannah Hogan 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mis House & Hogas
1.	Name of deceased
2.	Sex Color 4. Age 39
5.	Married or Single Jungle.
6.	Date of death fully 19"1911
7.	Cause of death Interentable of the Lungo. (as for
8.	Duration of last illness Wild Statisfice
	Organi of Junial Sunal Dural &
	Residence Develug Drive My.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Bowling Gran Ry
11.	Avo Kund ville, My
12.	
12.	Time of residence in the city
13.	When a minor Name of Mother Name of Father
14.	Place of intended interment of Justifiches, Connacting
15.	apply 1911
10.	Date of intended interment
Date	of Certificate July 20"19" Residence Undertaker.

# Hannah Hogan 1911

191116	of Kentucky, GERTI	onwealth of Rentucky  TATE BOARD OF HEALTH  REAU OF VITAL STATISTICS  FIGATE OF DEATH	Transit Permit No.
City	71.01 10 h	how The Hough	Ward) [If death coourred hospital or institution give its NAME instead street and number.]
SET OF	Personal and Statistical Particulars	Medic	al Certificate of Death
	wale While or Divorced will we word	16 DATE OF DEATH	[Month] Day Ye
T AGE	Comment of the commen	(Year) hoe !	ERFIFY, That I attended deceased fro
al 16	UPATION Melliner	and that death occurred	0 1 1
	10 NAME OF FATHER	The CAUSE OF DEATH	was as follows:
PARENTS	11 BIRTHPLACE OF FATHER (State or country) to Record		(Duration) Layrsmos
PAI	12 BAIDEN NAME OF MOTHER  13 BINTHPLACE OF MOTHER	Contributory(Secondary)	(Dyration)yrsmos
	(State or country)  HE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF	(Signed)	Address Hop flow will
iom's	Address Add Address Address And Address And Address Ad	At place	or Hospitals, Institutions, Transients or Recent Resid
SHIP	PIRC UNDERTAKER	Where was disease cont if not at place of death?	ractale To the
FIRM	NAME Took Kinguelle	Former or usual residence	oling Frequel Ty

#### 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, scariet rash), erysipelas, gianders, anthrax or leprosy, shail 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. ing of Kentucky.

ing 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 an an air-tight zinc, copper or lead-lined coffin, or iron casket, all joints and seams hermetically scaled, 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 infection with an approved disinfecting fluid, and washing the

ity 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

Rule 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encared 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

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 mamed 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 averagly distincted.

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 data 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 decased, 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 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 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 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 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 embedmer 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 embedments for the receiving walls were the made. 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

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



#### John Hogan 1879

	URNO			The state of the s
PHYSICIAL	N~ CERTIFICAT	E PREPARA	TORY TO P	URIAL.
1. Name of Dece	used John	Hogan		
2. Sex Mal	3. Color	Tolit	. 4. Age	3 years
5. Married or Si	ingle			-
6. Date of Death	April	5-12		
7. Cause of Dear	Il preided	lantal	Short	eng
8. Duration of la.	st Illness	mark	n/ 1	
	Residence	1111100	They so	UC, M. D.
			3-10-35-10-10-10-10-10-10-10-10-10-10-10-10-10-	
UNDERTAKE 9. Occupation	ER'S CERTIFICA	TE IN RELA	TION TO D.	ECEASED.
10. Place of Birth	Bruting	la		-
11. Residence			* Wa	d No. 3
12. Time of Resid	ence in the City			
	( Name of Mothe	, may	Hogas	<u> </u>
13. When a Minor	$\left\langle Name\ of\ Fathe  ight.$	· Wit	J //	
14. Place of intena	led Interment &	Thrick 5-	7/879	
15. Date of intena	led Interment	11 612		
Date of Certificate_	April 57	179 . R	ro-A	_ , Undertaker.
		A THE STATE OF THE		

# Joseph Michael Hogan 1881

This Constitutes ONE CERTIFICATE to be returned	to the City Clerk for a BURIAL PERMIT
RETURN OF 2	EPARATORV TO BURIAL.
1. Name of Deceased Joseph. Inc	enall league Hoga
1. Name of Deceased Joseph. Mil 2. Sex Mule . 3. Color Whi	4. Age 2 minu
5. Married or Single	
5. Married or Single Sept 2740	8/
7. Cause of Death Enterlus	
8. Duration of last Illness	<b>\</b>
Aleh	Ingit , M. D.
p. :1	avyw, m. b.
Residence	
UNDERTAKER'S CERTIFICATE IN	RELATION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN 9. Occupation	
9. Occupation	
9. Occupation 10 Place of Birth	
9. Occupation 10 Place of Birth 11. Residence	Ward No 3
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City	Ward No 3
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City	Ward No 3
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City	Ward No 3
9. Occupation  10 Place of Birth  11. Residence  12. Time of Residence in the City  13. When a Minor {  Name of Mother  Name of Father	Ward No 3
9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor {     Name of Mother     Name of Father 14. Place of intended Interment	Ward No 3
9. Occupation  10 Place of Birth  11. Residence  12. Time of Residence in the City  13. When a Minor {     Name of Mother     Name of Father  14. Place of intended Interment	Ward No 3
9. Occupation  10	. Ward No : 3
9. Occupation  10 Place of Birth  11. Residence  12. Time of Residence in the City  13. When a Minor {     Name of Mother     Name of Father  14. Place of intended Interment	. Ward No : 3

# Mary Hogan 1896

8 5 8 This	Constitutes One Certificate to be Return to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
ı. Na	ome of deceased Mary Avgan
	Funale 3. Color It hite. 4. Age 6 1110.
	te of Death Mav, 4"/1896.
7. Ca	use of Death Annique La
8. Du	A. le. myher M. D.
	Residence Ceft, M. D.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	ace of Birth billy
11. Re	sidence Shurch struck Ward No. 4
12. Ti	Name of Mother Julia Hogan
13. W	hen a Minor Name of Father L. Hoffau
	ace of intended Interment & Joseph Cumille
15. Dâ	te of intended Interment Man 9706  How July Horo , Undertaker.
Date o	f Certificate Man 19/96. Residence
***************************************	

# Pat Hogan Sr. 1909

#671
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Pax Nogan Sr.
2. Sex Male 3. Color White 4. Age /8 Gro
5. Married or single Michaele
6. Date of death August Frail and
7. Cause of death of the Tauth
8. Duration of last illness why the finey Burney
Harris and M.D.
Residence BOWLING SPEEN, KY
Undertaker's Certificate in Relation to Deceased.
A 1 V O. 1- 9
9. Occupation Cupy Cyarry
10. Place of birth
11. Residence Ward No. Ward No.
12. Time of residence in the city
13. When a minor Name of mother Name of father
14. Place of intended interment of facelish Conclusion
15. Date of intended interment . Chighest 6-09
GERARD & GERARD. Undertaker.
Date of Certificate dug 4-09 Residence Residence
The state of the s
A PROPERTY OF THE PARTY OF THE

# R. J. Hogan 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Sel Afragan
1.	Name of deceased White
2.	Sex Mac 3. Color 4. Age 43 gro.
5.	Married or Single
6.	Date of death Nov. 3"1910.
7.	Cause of death Typhoid Vneumouna
8.	Duration of last illness 3 2 27
	, M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
	Occupation Place of birth
10.	Occupation
10. 11.	Occupation
10. 11. 12.	Occupation
10. 11. 12.	Occupation  Place of birth  Residence Warran bo near blearmon Ward No. —  Time of residence in the city.  When a minor Name of Mother  Name of Father
10. 11. 12.	Occupation  Place of birth  Residence Warran bo near blearmon Ward No. —  Time of residence in the city.  When a minor Name of Mother  Name of Father
9. 10. 11. 12. 13.	Occupation  Place of birth  Residence Warran bo near Spearwood  Ward No. —  Time of residence in the city.  When a minor  Name of Mother  Name of Father
10. 11. 12. 13.	Occupation  Place of birth  Residence Warran bo near blearmon Ward No. —  Time of residence in the city.  When a minor Name of Mother  Name of Father
10. 11. 12. 13.	Occupation  Place of birth  Residence Warran bo want because Ward No.  Time of residence in the city.  When a minor  Name of Mother

# Infant of R. J. Hogan 1905

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Infunt of The J. Again Sex Hemule. 3. Color White . 4. Age Still Bon
2.	Sex Hemale. 3. Color White . 4. Ago Still Bon
5.	Married or Single
6.	Date of death July 13 /905  Cause of death Still Burn
7.	Cause of death Still Burn
8.	Duration of last illness
	At Castungh , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth adams at leity  Residence 3.4. adams at . Ward No. 2
11.	Residence 3 4 alluns 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 Vew Centelay
15.	Date of intended interment fre /41/965 Gerard Gerard, Undertaker.
Dat	e of Certificate July 1205 Residence

# Thomas Hogan 1900

	59 21
Th	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1.	Name of deceased Thomas, Sygan,
2,	Sex Male . 3. Color thete . 4. Age 78 60
5.	Married or single Married -
6.	Date of death 111,17,1900.
7.	Cause of death Rhennatism  Duration of last illness 3 mls
8.	Duration of last illness Jon W. Stone. M. D.
	Residence Callege St
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	AND ADDRESS OF THE PARTY OF THE
9.	Place of birth olyalaryel
	Residence Church Sh. Ward No. 3.
11.	
	Time of residence in the City  Name of Mother
13.	When a minor Name of Mother Name of Father
14.	Place of intended interment St. Josephn, Quincilary
15.	Date of intended interment June 18" 1990.
	Sward Townson, Undertaker.
Date	of Certificate 9/17/1966. Residence
77	

# Tim Hogan 1878

2le
This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  1. Name of Deceased Line Hogan
2. Sex Prale . 3. Color White . 4. Age about 40
5. Married or Single Married
6. Date of Death Sept 13 1878 7. Cause of Death Fluid
8. Duration of last Illness 5 Tox 6 Mells
Residence Benually from Jun & Blood of M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Dougman  10. Place of Birth Inland
11. Residence Blan Ward No. \$3
12. Time of Residence in the City 30 Years
13. When a Minor { Name of Mother
14. Place of intended Interment Contholia Courty
15. Date of intended Interment Seft 145 1878
Date of Certificate Sf 18 7 8. Residence
Pantagraph Print.

# Mrs. Tom Hogan 1897

This C	nstitutes One Certificate to be Returned	o the (	ity Clerk for a Burial Permit.
	RETURN OF	A	DEATH.
	PHYSICIAN'S CERTIFICATE PREP	ARATO	TO BURIAL.
. N	1. 1. 1/2	_	2-11-0-1
	ne of deceased of One of a	iX	Dry you
	ried or single Married	V.C	. 4. Age 48 yr
	e of Death July 11" 189	14	
	se of Death Old age Fra	- Lu	re Athe lik
	ation of last Illness	-Mi-Hillian	- up are my
	6. J. Em	15	tead w
	Residence	Timen of a	, M. I
	<del></del>		_
	UNDERTAKER'S CERTIFICATE IN RI	ELATIO	N TO DECEASED.
9. Occ	pation		
	e of Birth Hanen Co	ore	uli
11. Resi	dence 8th Street		Ward No. 3 21
12. Tim	e of Residence in the City		
	Name of Mother		
rg. whe	n a Minor Name of Father		
14. Plac	of intended Interment	Jas	John Comer
15. Date	of intended Interment fully	11	2" 1897.
	F. D. Herard.	1	Bio, Undertaker
Date of	Certificate July 11 "97. R	eside	nce Cily
	<i>V</i>		711

# William Hogan 1897

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1
1. Name of deceased fulliant Argan.
2. Sex Mall. 3. Color thills. 4. Age 66 yrs
5. Married or single //OMMAI
6. Date of Death (1997)
7. Cause of Death Ingant deases of him
8. Duration of last Illness
M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Julany,
11. Residence Church Sh. Ward No.
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Showship Cumuling
15. Date of intended Interment JAMU19/11/897
Fig Gerard & Bro, Undertaker.
Date of Certificate MMU/1/g. Residence (1)

#### Child of Lou Holden 1901

5
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Sufautt
1. Name of deceased chifaut Hold.  2. Sex 3. Golor Blb. 4. Age —  5. Married or single Single
5. Married or single Single
6. Date of death June 8"/1901. 7. Cause of death Pranceture Lith
7. Cause of death Sumallim Runn
8. Duration of last illness & County ( M. D.
1 11 8 8 1 1 1 1 1
Residence Heaven Officer
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth bity
9. Occupation 10. Place of birth billy 11. Residence Main, Street Ward No. 3
12. Time of residence in the City.
In Low Holden
13. When a minor Name of Father
14. Place of intended interment County Country
15. Date of intended interment June 19/1901.
Garand and Garant , Undertaker.
Date of Certificate June 18/1901. 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 Iffant Holland
2. Sex mae. 3. Color white 4. Age 6 mo
5. Married or single
6. Date of Death Ougust 27 1884
7. Cause of Death
8. Duration of last Illness
JE Street M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
- TO DECEMBED.
9. Occupation
10. Place of Birth Octy
11. Residence benefity ave . Ward No.
12. Time of Residence in the City
13. When a Minor Name of Mother Land, Holland
Name of Father State Claud.
14. Place of intended Interment Warriew Count
15. Date of intended Interment Lugust 28 1834
Grather & Pay no Undertaker.
Date of Certificate Residence

#### David H. Holland 1893

5/3/
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased David N. Holland,
2. Sex Male. 3, Color thife. 4. Age 16 med.
5. Married or single Sjugle.
6. Date of Death May 25"/93.
7. Cause of Death
8. Duration of last Illness
2 6 M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Chily
11. Residence 10th Stut . Ward No. 4th
12. Time of Residence in the City sixtum months
Name of Motheris Julia a Holland
13. When a Minor Name of Father M. a Holland-
14. Place of intended Interment Farroun Churchen
15. Date of intended Interment May 26" 193,
Dela li del start
Judertaker.
Date of Certificate 114 2014 Residence Concy

#### 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.
En 1101
1. Name of deceased Shyabeth W. Holland
2. Sex funale 0 3. Color While. 4. Age 79 gra-
5. Married or single midsw
6. Date of death Musch 26/1906
7. Cause of death Heart Duran
8. Duration of last illness
M. D.
Residence Wanter Carrier Wagestrie
acting Corrober
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence // the fligh obled Ward No.
12. Time of residence in the City. Several years
13. When a minor \{\begin{aligned} Name of Mother   \text{Name of Mother }     \text{Name of Mother }      \text{Name of Mother }   \qquad     \qquad  \qquad  \qquad \qqq \qqq \qqq \q
13. When a minor Name of Father
14. Place of intended interment Turner Children
15. Date of intended interment
Undertaker.
Date of Certificate . Residence

### Ezra H. Holland 1893

551)	3
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased of H Holland 2. Sex Male . 3. Color white . 4. Age	
5. Married or Single	
6. Date of Death July 46 1888 7. Cause of Death Lafting & Brain	
8. Duration of last Illness  Mundette Letter , M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation  10. Place of Birth Simps and Go	
/ / / / / / / / / / / / / / / / / / /	
11. Residence Church & Ward No. 4	
11. Residence The St. Ward No. 4  12. Time of Residence in the City 14 years	
11. Residence Church & Ward No. 4	
11. Residence And St. Ward No. 4  12. Time of Residence in the City 14 years  13. When a Minor. Name of Mother	
11. Residence . Ward No. 4  12. Time of Residence in the City . 14  13. When a Minor. Name of Mother Name of Father	
11. Residence A. Ward No. 4  12. Time of Residence in the City A. Ward No. 4  13. When a Minor. Name of Mother  14. Place of intended Interment A. Name of Father  15. Date of intended Interment A. Name of Internet A. Name of Interment A. Name of Interment A. Name of Internet A. Name of Interment A. Nam	
11. Residence	

## George O. Holland 1898

Orit of Cry	34
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Les O Halland 2. Sex male. 3. Color white. 4. Age 80 yn	
5. Married or single maniel 6. Date of death Ruy 12 1898	
7. Cause of death Ergsifieles	
S. Duration of last illness  Dr Mundott & Jo Marchith D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth	
11. Residence Januar Com. Ward No. L	
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Collen Springe	
15. Date of intended interment City - 13-1858	
Date of Certificate Residence	

## Mary C. Holland 1913

	DETERMINE A DEATH
J	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	m. Oylelland
1. N	Jame of deceased Nary C. Thallaull explemale 3. Color White 4. Age 70
	Pate of death May v9-13
	ause of death 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	bruntion of last illness
0. 1	Residence Lawling Grund
	Bulling Green
	Residence Zaurung / 5 / mc c
	Undertaker's Certificate in Relation to Deceased.
	a Manakuku
9.	Occupation Shawkuku
	Occupation Hamburker  Place of birth H
11	Residence Ward No.
11 12.	Time of residence in the city.
11 12.	Residence Ward No.  Time of residence in the city  ( Name of mother.
11. · 12. 13.	Residence Ward No.  Time of residence in the city  Name of mother
11. · · 12. 13. 14.	Residence Ward No.  Time of residence in the city  When a minor  Name of mother  Name of father
11. · · 12. 13. 14.	Residence Ward No. 2  Time of residence in the city  When a minor  Name of mother  Name of father  Place of intended interment
11 12. 13. 14.	Residence Ward No. 2  Time of residence in the city  When a minor Name of mother  Place of intended interment Arabica Consultate  Date of intended interment May 2  Undertaker.
11. · · 12. 13. 14. 15.	Residence Ward No. 2  Time of residence in the city  When a minor  Name of mother  Name of father  Place of intended interment  Date of intended interment  May 2 2 3

### Robert Holland 1892

25	This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
	RETARM OF A DEATH.
	DISTRICTION OF ACTIONS OF DEPTH AND ADDRESS OF DEPT
1.	Name of deceased Raht Thalland
	Sex Male . 3. Color white . 4. Age 24
5.	Married or Single Mannied
G.	Date of Death March 5th 1832
7.	Cause of Death Around.
8.	Duration of last Illness
	J.F. Demeson, M. D.
	Residence
	UVBDB#ALFPDX OFD#IDIAL#B IV DELEMAN #A DEADLARD
C	Occupation (C. A.
10	Place of Birth Simpson County
11	. Residence Length . Ward No. 2
	Time of Residence in the City 13 years
	. When a Minor. Name of Wother
	) Name of Pather
14	. Place of intended Interment Fairview Counter
15	. Date of intended Interment for 6th 1892
	Chathert Cayon, Undertaker.
D	ate of Certificate . Residence
	4

## 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 Wiss Edyth Holman	
2. Sexfanale. 3. Color while 4. Age 17 ym	
5. Married or single	
6. Date of Death Dee / 1887	
7. Cause of Death Somesption	
8. Duration of last Illness & Mes	
8. Duration of last Illness & Mos 679 CHyristiane, M. D	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
to. Place of Birth Borne Cong	
11. Residence Chesturt St- Ward No.	
. 12. Time of Residence in the City Level year	
V News of W. D.	
Name of Mother Name of Father Chac 13 House	
14. Place of intended Interment Zainin Communication	_
15. Date of intended Interment Die - 3-187	
Cash Hayne, Undertaker.	
Date of Certificate Residence	
	hant.

## H. Clay Holman 1910

38
RETURN OF A DEATH.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1/AA . 2
1. Name of deceased I Clay Halman
2 Somale 3. Color White 4. Age 49
5. Married or Single Musrick
6. Date of death 200 27 1910
7. Cause of death Organ chearl to Stomache Trombe
8. Duration of last illness Lauf & muth
Im Josey Do , M. D.
Residence 732 Date About
Undertaker's Certificate in Relation to Deceased.
9. Occupation any ments
10. Place of birth And King
11. Residence Ballling Preen Ward No.
12. Time of residence in the city
( Name of Mother
13. When a minor Name of Father
14. Place of intended interment Larry Cen
15. Date of intended interment 29 19 10
Esselvally Undertaker.
Date of Certificate July 29141 Residence Blance

### 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 Nama of days and Q 2 5 2 X Command
1. Name of deceased Ino & Holicano 2. Sex mayer 3. Color White. 4. Age 75 yra
5. Married or single manned
6. Date of death June - 24 - 1903
7. Cause of doub Hunt Dicease
8. Duration of last illness
2mo. 5.5. Jus & M.D.
Residence Corola W. 6.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
DIDENTALES CENTITED IN REALITY TO DECEASED.
9. Occupation
10. Place of birth Country
11. Residence West Chesting Ward No.
12. Time of residence in the City.
13. When a minor \ Name of Mother
Name of Father
14. Place of intended interment Torrew Court
15. Date of intended interment 25 /903
T. HAWLEY PAYNE, Undertaker.
Date of Certificate Boteling Residence Ky.

### R. M. Holman 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  Name of Deceased
2.	sex Male . 3. Color White . 4. Age 14 14 ears
5. 6.	Married or Single Married
	Cause of Death Consumption
8.	Duration of last Illness . M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
	Occupation  Place of Birth
9. 10	Occupation
9. 10 11.	Occupation  Place of Birth
9. 10 11. 12.	Occupation  Place of Birth  Residence . Ward No
9. 10 11. 12.	Occupation  Place of Birth  Residence . Ward No  Time of Residence in the City
9. 10 11. 12.	Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  When a Minor  Name of Mother  Name of Father  Place of intended Interment  Date of intended Inferment
9. 40 11. 12. 13.	Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  When a Minor {     Name of Mother     Name of Father  Place of intended Interment

## Joseph Holster 1891

269		41
This Constitutes o	one Certificate to be Returned to the City Clerk for a Burial Permit.	52
787EZ	TORN OF A DEATH.	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of dece	eased Joseph Holsten h . 3. Color White . 4. Age 2 week	
2. Sex Wah	. 3. Color White . 4. Age 2 week	Ko
5. Married or Si	ingle	
6. Date of Deat	th March 7th 1891	
7. Cause of Deat		
8. Duration of 1	last Illness Crack	-
	Mendetz M.	D.
	Residence	
——UN	NDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation		mme.
10. Place of Birt	th City Mail Stul Ward No 4 12	2
11. Residence	Maul Stul . Ward No 4'	
	sidence in the City	
13. When a Min	nor. Name of Mother Win Holston	
	0110	=
14. Place of inter	ended Interment Sty Jos Courley	L
15. Date of inten	4000	
Date of Certificat	te Marel 779, Residence	er.
C		

### William Holt

	This Constitutes ONE CERTIFICATE to be retur	ned to the City Clerk for a BUF	IAL PERMIT
	RETURN OF	A DEATH	H.
	PHYSICIAN'S CERTIFICATE I	0/	O BURIAL.
1.			- morn comb
2.	Sex male . 3. Color gr	Thele . 4. A	ge & years
	Married or Single Single		V
	Date of Death Le 311		
	Cause of Death Diplhe	na	
	Duration of last Illness 7 or 8	dans 1	29
200		19001	Mer. M.D.
		h 300	Charle.
	Residence	derver	4 Home
			1'
	UNDERTAKER'S CERTIFICATE		DECEASED.
	· Paristant All		DECEASED.
9.	UNDERTAKER'S CERTIFICATE Occupation		DECEASED.
9. 10`	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth	IN RELATION TO	
9. 10` 11.	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth  Residence	IN RELATION TO	
9. 10` 11.	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth  Residence  Time of Residence in the City	IN RELATION TO	
9. 10` 11.	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth  Residence  Time of Residence in the City	IN RELATION TO	
9. 10` 11.	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth  Residence	IN RELATION TO	
9. 10` 11.	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth  Residence  Time of Residence in the City	IN RELATION TO	
9. 10` 11. 12.	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth  Residence  Time of Residence in the City  When a Minor  Name of Mother  Name of Father	IN RELATION TO	
9. 10' 11. 12. 13.	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth  Residence  Time of Residence in the City  When a Minor  Name of Mother  Name of Father  Place of intended Interment	IN RELATION TO	
9. 110° 111. 112. 113.	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth  Residence  Time of Residence in the City  When a Minor  Name of Mother  Name of Father  Place of intended Interment	IN RELATION TO	rd No
9. 110° 111. 112. 113.	UNDERTAKER'S CERTIFICATE  Occupation  Place of Birth  Residence  Time of Residence in the City  When a Minor {     Name of Mother     Name of Father  Place of intended Interment  Date of intended Interment	IN RELATION TO	rd No

## 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 Hally 2. Sex fund. 3. Color while . 4. Age 60 y 5. Married or single married	
2. Sex funch . 3. Color white . 4. Age 60 y	_
5. Married or single married	
6. Date of death October 12 1903	
7. Cause of death Principle	
8. Duration of last illness	
9186. It P Carting M. M	. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation "	Statelia:
10. Place of birth	
11. Residence Lawer 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 Zerrania	
14. Place of intended interment 72	Tarrier .
T. HAWLEY PAYNE, , Underto	ker
Date of Certificate Bow Residence Ly.	
	y

## Harry B. Honaker 1907

44
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Could be Record B. 1. 1
Physician's Certificate Preparatory to Burial.
1. Name of degeased Namy, D. Syonakir,
2. Sex Male 3. Color White 4. Age 16 days.
5. Married or Single angle
6. Date of death Qet. 13"1907
7. Cause of death Resurrhage of The frain
8. Duration of last illness 16 clays
Political M.D.
Residence VIII Hell Ky
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Lile, John, Gran Ca Hy.
11. Residence // // // Ward No
12. Time of residence in the city
13. When a minor \ Name of Mother Mrs. Vardis H. Monaku
Name of Father Fairview Cemelery  14. Place of intended interment
15. Date of intended interment JUN 2 - 1910
GERARD & GERARD, Undertaker.
Date of Certificate JUN 2 - 1910  This Body disintered man Scotts ville Ky, and
in turd in Fairne Cemetery E. A. Grand.
#50

# Phenies Honeycut 1879

-	45
A	This Constitutes ONE CERTIFICATE to be retu. he City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
1	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1	1. Name of Deceased Munices Heavy cut Thenies Both
9	2. Sex Weals . 3. Color White . 4. Age our year
	5. Married or Single
A.	6. Date of Death Arr 18th 1879
	7. Cause of Death Mullingitio
	8. Duration of last Illness Tell Jays.
	I. A. Wileomesell, M. D.
•	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation
	10. Place of Birth to Wood hory
	11. Residence Dishman Rew Ward No. 3
	12. Time of Residence in the City .
	13. When a Minor Name of Mother Mr. C. Horry cutte
	Name of Father J H
	14. Place of intended Interment Four Course
	15. Date of intended Interment 2001 19th
	Frank CoGward : Undertaker.
	Date of Certificate NW 18 79. Residence
	Democrat Print.
Section 1	

## 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 Jan Idany cutt 2. Sex male . 3. Color While . 4. Age 18 yr
2. Sex male . 3. Color while . 4. Age 18 yr
5. Married or single
6. Date of death Jour 13 19 av
7. Cause of death Accident
8. Duration of last illness four rocels
V= N. SVIII , M. D.
Residence college St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
DIDENTIFICAL OCCUPANTS TO SECTIONS
. 9. Occupation
10. Place of birth cery
11. Residence Cuta Cf . Ward No. >
12. Time of residence in the City
Name of Mother
) Name of Pather
14. Place of intended interment January
15. Date of intended interment fan 14 1900
Stawly ayne Undertaker.
Date of Certificate Residence

## Child of Ranch Hooper 1909

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Happen
1.	Name of deceased Tritfaut Ranch Hapher Sex Male. 3. Color White. 4. Age 3 max
2.	Sex Male. 3. Color White. 4. Age 3 max
5.	Married or single surge
6.	Date of death Get, 11th
7.	Cause of death
8.	Duration of last illness Auddenly
	, М. І
	Residence
1	a surraine after clea
V 5	Dr. Dun em was out rarried after clear undertaker's certificate in relation to deceased.
9.	Occupation Occupation
	Occupation - Place of birth Bourfrig Green
9.	Occupation  Place of birth Boufing Green  Residence Boufing Free Ky Ward No.
9. 10. 1.	Occupation  Place of birth Bourfrig Green  Residence Bourfrig Green Ky Ward No.  Time of residence in the City. 3 min 5
9. 10. 11. 12.	Occupation  Place of birth Boufing Green  Residence Boufing Green Ky Ward No.  Time of residence in the City. 3 mass  When a minor Name of Mother Ranch Tyahhur  Name of Father Mr. Ranch Tyahhur
9. 10. 11. 12. 3.	Occupation  Place of birth Bourfrig Green  Residence Bourfrig Green Ky Ward No.  Time of residence in the City. 3 mas  When a minor Name of Mother Ranch Tyahhur  Place of intended interment M. Oliver
9. 10. 1. 12. 3. 4. 5.	Occupation  Place of birth Bourfrig Green  Residence Bourfrig Green Ky Ward No.  Time of residence in the City.  When a minor Name of Mother Ranch Tyahhur  Name of Father Mr. Ranch Tyahhur  Place of intended interment Mr. Oliver  Date of intended interment Gef. 12" 09
9. 10. 1. 12. 3. 4. 5.	Occupation  Place of birth Bourfrig Green  Residence Bourfrig Green Ky Ward No.  Time of residence in the City. 3 mas  When a minor Name of Mother Ranch Tyahhur  Place of intended interment M. Oliver

### Bessie Horn 1891

247 48
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
BETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Besie Hain
2. Sex Ferrail. 3. Color Col . 4. Age Six monts
5. Married or Single
6. Date of Death gan 4/91
7. Cause of Death Sufficient
8. Duration of last Illness
Delingth, M. D.
Residence Acath Office
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Bouling Free 1x
11. Residence first Ast . Ward No First
12. Time of Residence in the City 6 manths
13. When a Minor. Name of Mother Farming From
14. Place of intended Interment Mt merics
15. Date of intended Interment Gam 5/8 / Onather torralloch Undertaker.
Date of Certificate Jan 3/80 . Residence

### Eliza Horn 1905

RE		
	TURN OF A DEATH.	
P	hysician's Certificate Preparatory to Burial.	
	61.—11	
1. Name of	deceased Olya How	
2. Section	or Single Willow 4. Age	
5. Married		****
6. Date of	death Supt 27"05	
7. Cause of	death County	
8. Duration	of last illness	
	02 (2000), M	. D.
	Residence	7377745.
Un	dertaker's Certificate in Relation to Deceased.	
,9. Occupat	ion	
10. Place of	birth Warren County	
11. Residence	ce / Dlrwy Ward No. /	******
12. Time of	residence in the city	
13. When a	minor Name of Mother Name of Father	
14 Dlagget	intended interment M. Moriah Cemater	ey
	intended interment Silv 7. 18 "05"	J
15. Date of 1	Grand & Friend	
Date of Certif	ficate Supt 28/05 Residence Underta	ker.
	F)	

### John Horn 1908

50
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased when Horn. 2. Sex Main 3. Color W 4. Age 90 yrs. 5. Married or single Manuary 6. Date of death Hold agri 7. Cause of death Hold agri 8. Duration of last illness M, D.  Residence ROWLING GREEN, N.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth 700
10. Place of birth Struck  11. Residence / Mard No. / Ward No. /
12. Time of residence in the city
13. When a minor Name of mother Name of father
14. Place of intended interment
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.
Physician's Costificate Production 1
Physician's Certificate Preparatory to Burial.
1. Name of decembed IN Misking
2. Sex Mall ( ) 3. Color Whill 4. Age
5. Married or Single
6. Date of death June 5"1911.
7. Cause of death Cardiac Getting
8. Duration of last illness USUV Cythylicate
Divare Verare A.B.
Residence Suully Enuy
Undertaker's Certificate in Relation to Deceased.
9. Occupation Mail agrut.
10. Place of birth
11. Residence Vas hville Jenev . Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Name of Father
14. Place of intended interment Sauveeu Cemelery
15. Date of intended interment funct, 6 /9//.
GERARD & GERARD. , Undertaker.
Date of Certificate 1911. Residence BOWLING GREEN, KY
V

### Adam Hottenroch 1904

₹ This Constitutes One Certificate to be Returned to	the City Clerk for a Burial Permit. 🗸 🤻
RETURN OF A	A DEATH.
Physician's Certificate Prepa	aratory to Burial.
11	and The
1. Name of deceased Adam Hottly	ta,
2. Sex Male 3. Color Mind	4. Age 55
5. Married or Single Manual	
6. Date of death Och 12/114.	101
7. Cause of death Inflamation of	Bowles.
8. Duration of last illness	
WA Francis	, M. D.
Residence	, M. D.
Residence	
Undertaker's Certificate in Re	elation to Deceased.
1	•
9. Occupation	
10. Place of birth Junany	-
11. Residence Vayne ST.	
12. Time of residence in the city	
13. When a minor \{ \begin{aligned} Name of Mother	
14. Place of intended interment Fairvis	in Country
Netin	04
15. Date of intended interment	Grand
Oct 111,11	Undertaker,
Date of Certificate R	esidence

### Mrs. Howard

_	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased Mrs Hogrando (Tridow)
2.	sex Turnale . 3. color White . 4. Age 80 yell
5.	Married or Single
6.	Married or Single  Date of Death July 2 7 16
7.	Cause of Death Color City
8.	Duration of last Illness Long time, M.D.
	Residence
1	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation
	PART TANK
9.	Occupation
9 10. 11.	Occupation  Place of Birth  3 The state of t
9. 10. 11. 12.	Occupation  Place of Birth  Residence
9 10. 11.	Occupation  Place of Birth  Residence Ward No 3
9. 10. 11. 12.	Occupation  Place of Birth  Residence
9. 10. 11. 12.	Occupation  Place of Birth  Residence
9. 10. 11. 12. 13.	Occupation  Place of Birth  Residence
9. 10. 11. 12. 13.	Occupation  Place of Birth  Residence Ward No B  Time of Residence in the City  When a Minor { Name of Mother  Name of Father  Place of intended Interment  Date of intended Interment  , Undertaker.
9. 10. 11. 12. 13.	Occupation  Place of Birth  Residence Ward No 3  Time of Residence in the City  When a Minor {     Name of Mother     Name of Father  Place of intended Interment  Date of intended Interment  Undertaker.

### Carrie Howard 1911

	RETUR	N OF	A DEATH.
	701		
	1	1	aratory to Burial.
1.	Name of deceased	is Carrie	Howard.
2.	Sex Thinole	3/ Color White	1 Age 28 yrs.
5.	Married or Single	Single.	
6.	Date of death	1.9"1911,	A
7.	Cause of death M	Umonory	pher culosis
8.	Duration of last illness	diy n	equips.
		L.N	, M. D.
	42	Residence	wery I in 12
			/
	Undertaker's	Certificate in Re	elation to Deceased.
9.	Occupation	······································	
10.	Place of birth Warr	in log sup	<i>-</i>
11.	Residence	ist.	
12.	Time of residence in th	ne city	
13.	When a minor { Name	of Mother	
10.	Name	of Father	(Ormsteen
14.	Place of intended inter	ment Sasinger	« Semereny
15.	Date of intended intern	nent Sylv. 11	"1911,
	8.1	GERARD &	GERARD. Undertaker.
Date	e of Certificate	// /9//. F	Residence

### Walter Howard 1901

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Waltuttaward
2.	Sex male. 3. Color white. 4. Age thy -
5.	Married or single
6.	Date of death Oct 29 1901
7.	Cause of death
	Duration of last illness
8	In. g & Munchell M. I.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation
9. 10.	
	Occupation •
10.	Occupation  Place of birth City
10. 11. 12.	Occupation  Place of birth City  Residence Janua 10th St Ward No. 3  Time of residence in the City.  (Name of Mother Dairy) Jawas (
10. 11. 12.	Occupation  Place of birth City  Residence Januar 10 th St Ward No. 3  Time of residence in the City.  When a minor Name of Mother Dairy Joward  Name of Father 6-13in Howard
10. 11.	Occupation  Place of birth City  Residence Januar 10 th St Ward No.  Time of residence in the City.  When a minor Name of Mother Dairy Joward  Name of Father 6-13 Howard  Place of intended interment January
10. 11. 12.	Occupation  Place of birth City  Residence Januar 10 th St Ward No. 3  Time of residence in the City.  When a minor Name of Mother Dairy Joward  Name of Father 6-13in Howard
10. 11. 12. 13.	Occupation  Place of birth City  Residence Januar 10 th St Ward No.  Time of residence in the City.  When a minor Name of Mother Dairy Joward  Name of Father 6-13 Howard  Place of intended interment January

### Eli Howell 1904

I/L	TUF	RN OI	A	DEATH.	
	Physician	's Certificate	Preparato	ry to Burial.	
1. Name	of deceased	Eli Hou	rec		
2. Sex	ale.	3. Color	pile	. 4. Age 86 yes	/,
5. Marrie	d or Single	Maured	·	/	
6. Date o	f death	J. 8 04,			122
7. Cause	of death	yea agi,	***************************************		
8. Duratio	on of last illn	Tod It o	Stow		444
		Residence		, M. I	D.
		Residence.			110
U	ndertaker	's Certificate	in Relatio	n to Deceased.	
9. Occupa	ntion				
17					
÷7	of birth Ma	uru xoni	uly	7.4	-
÷7	inthe	St.	uy 	. Ward No. 7. 2	0
10. Place o	inthe	St.  n the city	aug yr	. Ward No. 2, 2	0
10. Place of the control of the cont	f residence in minor $\begin{cases} N_1 \\ N_2 \\ N_3 \end{cases}$	n the cityame of Father	any ye	as.	
10. Place of the control of the cont	f residence in minor $\begin{cases} N_1 \\ N_2 \\ N_3 \end{cases}$	ame of Mother	ving	as.	
10. Place of 11. Reside of 12. Time of 13. When a 14. Place of	f residence in minor $\begin{cases} N_{i} \\ N_{i} \end{cases}$	ame of Mother	acy ye view s tember	Tourtuy 9"0+	
10. Place of 11. Reside of 12. Time of 13. When a 14. Place of	f residence in a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ame of Mother	wien geran	as.	······································

### John Howell 1892

Clark of town 57
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
BETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased John Howell.
2. Sex Malf 3. Color White 4. Age 65 yrd.
5. Married or Single Mairied
6. Date of Death July, 17 the 1892.
7. Cause of Death Paralysis
8. Duration of last Illness — Wills
J.F. Dlinear -, M. D.
Residence Borry Frances
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Resulty 19
11. Residence Mul One Ward No. 424
12. Time of Residence in the City
13. When a Minor. Name of Mother
14. Place of intended Interment Harpool Frave yard
15. Date of intended Leterment July 18"/92. Undertaker.
Date of Certificate July 18"192. Residence Clay,

### John C. Howell 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Jan C Hause
2,	SexTrale. 3. Colorbulate 4. Age 68
5.	Married or Single 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
6.	Date of death Febry 15 1912
7.	Cause of death
8.	Duration of last illness
	- 3 B. Ruthuford, M. D.
	Residence Busynthus
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Warren carty
11.	Residence Bauling Green 1/2 Ward No.
12.	Time of residence in the city.
13.	When a minor { Name of Mother
14.	Place of intended interment Farmure Cin
15.	Date of intended interment Fully 14 /4/n
	Erroch Kelly , Undertaker
Date	e of Certificate Residence 13 4 Kg

### 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 Har Lina Hawill
2. Sexumale 3. Color White 4. Age 53
5. Married or Single Travil
6. Date of death 2nch 30 /9/1
7. Cause of death Vicinia
8. Duration of last illness 2 dead
J. M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
ct 1/1:
9. Occupation at Hame
10. Place of birth Buller dunty Hw
11. Residence Bawley Green Ward No.
12. Time of residence in the city.
13. When a minor Name of Mother
Name of Father
14. Place of intended interment January Cen
15. Date of intended interment april 1911
D. 160-16
Date of Certificate Residence
*

### Sallie Howell 1893

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH,
——PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.————————————————————————————————————
1. Name of deceased Scellin Housel.  2. Sex Junal 3. Color White . 4. Age 2 14-yes  5. Married or Single Manual
6. Date of Death Fet 8th 1893
7. Cause of Death Carsunflan  S. Duration of last Illness
Residence Mercall, M. D.
9. Occupation  10. Place of Birth Finn  11. Residence Colege Oct. 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 South Luminell
15. Date of intended Interment Hul 9th 1893 Holdsond, Undertaker.
Date of Certificate 74 8 23 Residence

### Sarah Howell 1912

-	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Larah Shawur
2.	Sex elemale 3. golor While 4. Age 19 man
5.	Married or Single Juight
6.	Date of death aug 30-1912
7.	
,8.	Duration of last illness Tytal Statistics
	astrona M.D.
	Residence Baruling James
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Name
10.	Place of birth
11.	Residence Flanuse ala Ward No.
12.	Time of residence in the city
fig	(Name of Wester Mrs W. Hunell
13.	When a minor Name of Father Capt II Manaul
14.	Place of intended interment at arround country
15.	Date of intended interment dug 3 1914
	GERARD & GERARD. , Undertaker.
Dat	e of Certificate Oug 31-1914 Residence BOWLING GREEN. K

### W. T. Howell 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	M- Tottomest
1.	Name of deceased
2.	Sex
5.	Married or Single
6.	Date of death
7.	Cause of death Sin Shot Wound as for
8.	Duration of last illness & Sarand France Quarte
	, M. D
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Wahama.
11.	Residence Evanspilla Just Ward No.
12.	Time of residence in the city
13.	When a minor Name of Mother Name of Father
14.	Place of intended interment furnism Commonly
15.	Date of intended interment May 1912
Date	GERARD & GERARD. , Undertaker e of Certificate Residence
****	

## Child of Charles & Lizzie Hoy 1897

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
12	iame of deceased child of chas floy. How ex 3 morths 3. Color flacks. 4. Age Leman
5. N	Iarried or single
6. D	Date of Death May - 20 - 97.
7. C	ause of Death Onosbilion
8. D	Ouration of last Illness Life Fine (CDP orter, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 0	Occupation
10. P	lace of Birth Borking Lun Ky.
11. R	esidence Fruit 82 . Ward No. /
12. T	ime of Residence in the City
13. W	Then a Minor Name of Mother Tracic . Hoy  Name of Father Has Hoy
14. P	lace of intended Interment MA more all.
15. D	ate of intended Interment May - 30 - 97 Fleshand Bur, Undertaker
Date (	of Certificate May -20. 9 Residence

## Mrs. Charles Hoy 1909

701	0				64
This Constitutes One Certificate to	be Returne	d to the	City Clerk f	or a Burial I	Permit.
RETURN	OF	A	DE	ATI	1.
Physician's Cert					
1. Name of deceased Mrs. 2. Sex Francis 3. 5. Married or single Mar	11		/		
1. Name of deceased	Ohas	V Y	of		
2. Sex Tringer 3.	Color	bool	4.	Age 36	yrs.
5. Married or single	0000				
6. Date of death SEP 29	W				***********
7. Cause of death					
8. Duration of last illness	De Por	ter	·y	***************************************	M D
on and				LING GRE	
K	esidence				
Undertaker's Cert	ificate in	Relati	on to D	eceased.	
9. Occupation					
10. Place of birth 80WLING G  11. Residence / 21 Strue	REEN, KY				10110144101
11. Residence / 25 Strue	-BUWI	ING GE	EEN, KY	Ward No	)
12. Time of residence in the cit	v 360	Jes.			.,,,,,,,,,,,,
13. When a minor Name of m	other	20. fr	ry g	Torn	
	ther	War	NY A	ow	
14. Place of intended interment	MA	Jon	an,		************
15. Date of intended interment		1 - 1909 8 - CT			
10001200	RARD	W UL	manning of the	Unde	
Date of Certificate SEP 30 19		I	Residence	LING GRE	EN, KY
					······
		,			

### Clarence J. Huber 1900

Con 1	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	
2. Sex Mall . 3. Color file . 4. Age 21 5. Married or single Surgle	
6. Date of death May 93" 1960.	
7. Cause of death Coursumphine 8. Duration of last illness	
It, 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 Camulary 15. Date of intended interment May 2 4" 1990,	
Tarond Tarond. Undertaker.	
Date of Certificate May 24/1900, Residence	

### Ida Huber 1879

Tì	is C	onstitu	tes O	NE CE	RTIFIC	CATE (	to be i	eturnec	l to th	e City	Clerk :	for a	BURIA	L PERMIT	۲,
	R	E	T	U	R	N	0	F	A	D	E	A	T	H.	
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12.	T	me oj	Res	idence	in 1	he C	ty	1	2	cur					
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Dat	e of	Certi	ficate	S	p	111	179	79		Reside	nce_	Bor	elu	199	cue
-3						nii (mari							Par	/	

### William Huber 1898

1/09
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased mm Huber
2. Sex male . 3. Color while . 4. Age 26 yrs
5. Married or single Single
6. Date of Death Mark 21 / \$45
7. Cause of Death Con Some fills
8. Duration of last liness the Year
a Royancis, M.D.
Residence Brwling Anna
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Framus-
10. Place of Birth Burky her / G
11. Residence Cercle SI . Ward No. 2
12. Time of Residence in the City Life Line
13. When a Minor Name of Mother
Name of Father Hully Theken
14. Place of intended Interment 2 2 2 1850
15. Date of intended Interment 11 22 1818
De 60 :: Contract de la Contraction de la Contra
Date of Certificate Residence

### Lee D. Huddleston 1912

	68
P This Constitutes One Certificate to be Returned to the City Clerk for a Burial 1	Permit. 4 4
RETURN OF A DEAT	H.
Physician's Certificate Preparatory to Burial.	
1. Name of deceased New North Muddlestan	
2 Sex Male . 3. Color White . 4. Age 6	0
5. Married or Single Marriel	
6. Date of death free 3 1914 flat States	ties
7. Cause of death Munia, Ser Centife	este-
8. Duration of last illness	Douclas
le of Urarel	
Residence D. Zucu	
Undertaker's Certificate in Relation to Deceased	
——————————————————————————————————————	
9. Occupation	
10. Place of birth	
11. Residence Askaille Jenne Ward No.	
12. Time of residence in the city	
13. When a minor \{ Name of Mother	
13. When a minor Name of Father	
13. When a minor Name of Father  14. Place of intended interment Farvair Curit	Ey
13. When a minor Name of Father  14. Place of intended interment Jarraeu Cuult  15. Date of intended interment June 1912	ц
13. When a minor Name of Father  14. Place of intended interment January Current  15. Date of intended interment January Current  GERARD & GERARD., U	ndertaker.
13. When a minor Name of Father  14. Place of intended interment Force Country  15. Date of intended interment Force Service  GERARD & GERARD., U	
13. When a minor Name of Father  14. Place of intended interment January Current  15. Date of intended interment January Current  GERARD & GERARD., U	
13. When a minor Name of Father  14. Place of intended interment Guille Strain Cultive Strain Cu	

# Elihu Hudnell 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Eline Standards
1.	Name of deceased White
2.	Sex Male 3. Color Mitte 4. Age 46
5.	Married or Single
6,	Date of death Sept, 90" 04
7.	Cause of death Nymurry
8.	Duration of last illness
	D.C. Covarigat M. J.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
	Margareto to
0.	Place of birth Harris Gonnity
	Managery to the
1.	Place of birth former Gomety.
1. 2.	Place of birth former Granty.  Residence Glavanta St. Ward No.
1. 2. 3.	Place of birth farms Granty.  Residence Glavarth of Ward No.    Time of residence in the city react years  When a minor {Name of Mother }
1. 2. 3.	Place of birth farms County  Residence bleventh of Ward No.  Time of residence in the city surred years  When a minor Name of Mother  Place of intended interment of June 1907. Variety Cooperation of the city of
0. 1. 2. 3.	Place of birth favors Growty.  Residence Glavarth of Ward No.    Time of residence in the city award years  When a minor Name of Mother  Place of intended interment of Growt, Variant Car

# Elvis Hudson 1908

#572 10-1
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.
2. Sex Male 33. Color White 4. Age 38 ym.
6. Date of death Juliusulosis 7. Cause of death Juliusulosis 8. Duration of last illness & Almand, BOWLING GREEN, KY
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.  Name of mother May Manuir & Grunn.  Name of fother.
Name of father January Cemetery  14. Place of intended interment
14. Place of intended interment. SEP 1 - 1908
15. Date of intended interment
GERARD & GERARD. Undertaker.  Date of Certificate SEP 1- 1908  BOWLING GREEN, KY Residence.

# Elvis Hudson 1908

all	(Always write withink.) KENTUCKY STATE DEPARTMENT OF HEALTH.	
4	This Certificate with the Paster below must be detached and pasted to the Box.	āe"
- 1	Transit Permit No	
	CERTIFICATE OF UNDERTAKER.	
	I hereby certify that the accompanying dead body of 6 free 18 well 1000	
	consigned to City of Baying Freeze	
	State of lay and who died of Inter rulosis	
	has been prepared by me for transportation, in conformity with Rule No. 3of the Rules printed with this Permit;	
	and I hold Embalmer's License No jissued by the Board of Embalming Examiners of the State of Kentucky.	
Riv	1 . J. Man for Shipping Undertaker.	
	2111 4 aug Place of Business.	
	City or Town of Jours will County of De Server State of Kentucky.	
	PASTER.	100
	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.	1
	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.	-
	AUG 31 1908	
	From State of Kentucky, to State of	0
	1269 - hard	
	No. of Escort's Ticket Form No. of Escort's Ticket	4
	No. of Corpse Ticket Form No. of Corpse Ticket	
	ViaTo	
	Via L, & N. H. H. To Bowling Green, Ky.	
	Via	
	Via	
	Via Wanth	
	Name of Passenger in Charge N WHITE Place of Residence	
	SignedShipping Agent.	

# Fanny Hudson 1893

473)
This Constitutes one Certificate to be Returner to the City Clerk for a Burial Permit.
BETURN OF A DEATH.
1. Name of deceased Sauny Audson
2. Sex Here all 3. golov BIG. 4. Age 22 yrs
5. Married or Single flee q Le.
6. Date of Death ( 20"/90.
7. Cause of Donty Con Say
8. Duration of last Illness 14900 dbonthe
J. J. J. M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residences Cy 200 - Ward No. 0 -
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 Aug
I Whistoly Bu, Undertaker.
Date of Certificate Jacy 2/"/93 Residence

# Ida May Hudson 1879

	e T U	RI	0	FA	<b>10</b> ) 1	E A	T	H.
				•=•	- 9	(	65	500
	HYSICIAN'							
	e Deceas			10				
2. Sex.	fina	u.	3. Color_	while	le.	4. Age	1-70	5 ms
	ried or Sing	C. H. C.	-			<		
6. Date	of Death_	Fely	, 22	na a	879			
7. Caus	e of Death,	me	and	leo		-		
8. Dur	ation of last	Illness	1 m	uke		1		
		-		A.	130%	Shr	C-2	, M. D.
		Resid	lence	Bun	The same	b.	Continued in	
			19-		- 0			
TINITE	TEDERATETE	NO OTHER	THE PARKS A ST			PERSONAL PROPERTY.		97000000
	ERTAKER	R'S CER	TIFICAT	E IN RE	LATION	TO DI	ECEA:	SED.
9. Occi	pation					,	ECEA:	SED.
9. Occi	pation					,		
<ol> <li>Occi</li> <li>Place</li> <li>Resi</li> </ol>	pation of Birth	Bolach	why	Green	, Ag	y Wa	d Na	,2
<ol> <li>Occi</li> <li>Place</li> <li>Resi</li> </ol>	pation of Birth	Bolach	why	Green	, Ag	y Wa	d Na	,2
<ol> <li>Occi</li> <li>Place</li> <li>Resi</li> </ol>	pation of Birth	Bolach	why	Green	, Ag	y Wa	d Na	,2
<ol> <li>Occi</li> <li>Place</li> <li>Resi</li> </ol>	pation of Birth	Bolach	why	Green	, Ag	y Wa	d Na	,2
<ol> <li>Occi</li> <li>Place</li> <li>Resi</li> <li>Time</li> <li>Whe</li> </ol>	pation	Bolacka ace in the Name of Name	why wach City Mother of Father	Green 1 y co	Ag Huo Huo	y Wa	d Na	,2
<ol> <li>Occi</li> <li>Place</li> <li>Resi</li> <li>Time</li> <li>Whe</li> <li>Place</li> </ol>	pation of Birth dence M of Residen on a Minor	Bo lacka nce in the Name of Name of	why wach City of Mother of Father	Green	Ag Huo Huo	y Wa	d Na	,2
<ol> <li>Occi</li> <li>Place</li> <li>Resi</li> <li>Time</li> <li>Whe</li> <li>Place</li> </ol>	e of Birth dence of Residen on a Minor of intended	Bo lacka nce in the Name of Name of	why wach City of Mother of Father	Green 1 y co	Ag Huo Huo	y Wa	d No.	,2

# Child of Beatie & Josie Huffine 1900

61	73
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Child of Beatie Huffine, 2. Sex Male . 3. Color While, 4. Age 18 mo.	
5. Married or single Single.  6. Date of death June, 29" 1900.  7. Cause of death Spinal Manights	
8. Duration of last illness	
A. M. Bounack, M. D. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth billy 11. Residence Mear Ax, Handle Footbay Ward No. 3 -10	€
12. Time of residence in the City  Name of Mother Price Auffice  Name of Father Bealite Suffice.  Name of Father Bealite Suffice.	
14. Place of intended interment Fairvirus Councilry, 15. Date of intended interment June 23" 1900.	-
Date of Certificate June 23/1900 Residence	r. -

# Lucien Huffine 1896

875
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Inlien Huffine 2. Sexmala. 3. Colorwhite. 4. Age 10 yrs
5. Married or single 6. Date of Death April 13 1886
7. Cause of Death 7:12 8. Duration of last Illness Guana
no boston , M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Warren county
11. Residence Gast Jack M. Ward No.  12. Time of Residence in the City  Name of Mother Residence Applications of Mother Residence Mother Resid
13. When a Minor Name of Father
14. Place of intended Interment 14 1856  15. Date of intended Interment 14 1856  , Undertaker.
Date of Certificate Residence

# Cornelia Huffman 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mis Connating Sheffman
1.	Name of deceased 1885
2.	Name of deceased Miss. Cornelia Aufforman. Sextumetr y Color White 4. Age 22 yrs.
5.	Married or Single OCT 28 1911
6.	Date of death
7.	Cause of death fighout gever.
8.	Duration of last illness 2/
	estowell M.D
	Residence SUWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation A 1.1
10.	Place of birth Wienliffa, My.
	P WING GREEN, KY 2
11.	Time of residence in the city 6 hv
12.	Ma of W Atresponden
13.	When a minor Name of Mother Alexander
	(Name of Father
14.	Place of intended interment
15.	Date of intended interment
	GERARD & GERARD. Undertaker
	e of Certificate Residence WLING GREEN, KT
Dat	LILATO CONTINUE DE LA

# Daniel Huffman 1878

		76
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	1
	RETURN OF A DEATH.	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
	1. Name of Deceased Dan Huffman	
	2. Sex Mule . 3. Color White . 4. Age _	
	5. Married or Single Munico	
	6. Date of Death Supe wolk 1878	
	7. Cause of Death Delin Trumi (apoples 7)	
	8. Duration of last Illness Heri aus	
Ш	Be sell	
	Residence , M. D.	
	Residence	
	UNDERTAKER'S GERTIFICATE IN RELATION TO DECEASED.	
	9. Occupation Cail Road Un & Marker 6 11	
1	10. Place of Birth	the.
	11. Residence Mare St Ward No. 320	1
	12. Time of Residence in the City Two Treeks	
1	( Name of Mother	
	13. When a Minor Name of Father	
	14. Place of intended Interment Course terry  15. Date of intended Interment Office 12" Hold	
	15. Date of intended Interment Och 12" 1981	
	Modeles, Undertaker.	
1	Date of Certificate Delle 11 8 Residence State	
	Joew Cing Groon Jas	
-	Democrat Print.	1
1		10

# Child of R. B. Hughes 1904

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  MYM R.B.
1. Nai	ne of deceased Infunt Haghes
2. Sex	8. Color white . 4. Age —
5. Ma	ried or single
6. Da	e of death Aug 21 1904
7. Cat	se of death Buration But
8. Du	ration of last illness
	Afterliving , M. D
	Residence City -
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	eupation
10. Pla	ce of birth
10. Pla 11. Res	ce of birth ward No,
<ul><li>10. Pla</li><li>11. Res</li><li>12. Tin</li></ul>	repation  ce of birth  idence Mark Ward No,  ne of residence in the City.  Name of Mother Land Mark Augustian  Name of Mother Land Mark Au
<ul><li>10. Pla</li><li>11. Res</li><li>12. Tin</li><li>13. Wh</li></ul>	repation  ce of birth  idence Mark H Ward No,  ne of residence in the City.  (Name of Mother And Mark Access
<ul><li>10. Pla</li><li>11. Res</li><li>12. Tin</li><li>13. Wh</li><li>14. Pla</li></ul>	enpation  ce of birth  idence Ward No,  ne of residence in the City.  en a minor  Name of Mother Range Management of States of
<ul><li>10. Pla</li><li>11. Res</li><li>12. Tin</li><li>13. Wh</li><li>14. Pla</li></ul>	eupation  ce of birth  idence  Ward No,  ne of residence in the City.  en a minor  Name of Mother  Name of Father  Name of intended interment
<ul><li>10. Pla</li><li>11. Res</li><li>12. Tin</li><li>13. Wh</li><li>14. Pla</li><li>15. Date</li></ul>	eupation  ce of birth  idence  Ward No,  ne of residence in the City.  en a minor  Name of Mother  Name of Father  Name of intended interment  e of intended interment

# Ben Hughes 1907

	RETURN OF A DEATH.
	Physiciae's Could be Book and
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Ban Strepture.  Sex 3. Color While 4. Age alt, 50%
2.	Sex Mole 3. Color While 4. Age alt, 50%
5.	Married en single
6.	Date of death Killed in RR.
7.	Cause of death Killed in KK.
8.	Duration of last illness
	Duration of last illness for Ellay Cornor, M.D.
	Residence BOWLING GREEN, KY.
	Undertaken's Cartificate in Relation to Deceased
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.  Occupation
9. 10.	
	Occupation
10.	Occupation.  Place of birth.  Salaman Statism Ry
10. 11. 12.	Occupation  Place of birth  Residence Sahnons, Statem Ky. Ward No.  Time of residence in the city  (Name of mother
10. 11.	Occupation  Place of birth  Residence Sahnous, Station Ky. Ward No.
10. 11. 12.	Occupation  Place of birth  Residence Sahnons, Statem Ky. Ward No.  Time of residence in the city  (Name of mother
10. 11. 12. 13.	Occupation  Place of birth  Residence Sahums, Statism Ky  Ward No.  Time of residence in the city  When a minor Name of mother  Name of father  Place of intended interment  Date of intended interment  Nov. 14/1917
10. 11. 12. 13.	Occupation  Place of birth  Residence Sahnans, Statish Ky  Ward No.  Time of residence in the city  When a minor  Name of mother  Name of father  Place of intended interment  Manual Ma
10. 11. 12. 13. 14.	Occupation  Place of birth  Residence Sahnans, Statism Ky  Ward No.  Time of residence in the city  When a minor Name of mother  Name of father  Place of intended interment  Date of intended interment  Nov. 14/1917

# Fannie C. Hughes 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO PORIAL.
1.	Name of Deceased Facurin C. Henrylus Hughe Sex Fernal . 3. Color While . 4. Age 42
	Married or Single Marriel
6.	Date of Death Arv. 26 41874.
7.	Cause of Weath Diseuse of Heart and Stomach
8.	Duration of last Illness Leight Mouths.
	1 A nestermanc. M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Place of Birth Bun
11.	Residence Main St . Ward No. 1
12.	Time of Residence in the City
	( Name of Mother
13.	When a Minor { Name of Mother
	Place of intended Interment Hairvew Cent
	Date of intended Interment
4574	Leg o
	M. Syrund , Undertaker.
De	ate of Certificate Un 27 = 79. Residence

# J. D. Hughes 1908

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased & Hughes
2.	Sex Malle. 3. Color White. 4. Age 38
5.	Married or single Married
6.	Date of death Cel 27
7.	Cause of death appropriate itis
8.	Duration of last Albess // //
	If // artin , M. D.
	Residence Bully
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	CHARLES CENTICALE IN REGITION TO DECEASED.
9.	Occupation Plasterier
10.	Place of birth allin Contry
11.	Residence Byllein Ward No. /3, we
12.	Time of residence in the City. 14 4cm
	When a minor Name of Mother
1.0.	When a minor Name of Father
14.	Place of intended interment aller Spras
15.	Date of intended interment Col 28/
	Ef Vatterfield, Undertaker.
There	e of Certificate Not 3 /08. Resident allen Spran
Date	

# James Hughes 1877

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
T.	Name of Dra 1 James Cleffed Husher
2.	Sex Medle . 3. Color While . 4. Age 2 Weeks
5.	Married or Single
6.	Date of Death Dec/44/877
7.	Cause of Death Sharns
	Duration of last Illness
	, M. D.
	Residence
1	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
	Place of Birth
	Residence
	Time of Residence in the City wara 1vo
2	
2.	$(N_{max}, L_1)$
	When a Minor \{ Name of Mother \\ N \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3.	(Name of Father
3-	Place of intended Interment
3-	
3. 4.	Place of intended Interment

# Lulie Hughes 1896

840	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 Holane Highes	
2. Sex funais. 3. Color BUR. 4. Age 13 mo	
5. Married or single	
6. Date of Death 1896	
7. Cause of Death Pharmanage	
8. Duration of last Illness Avel 1	
77. au = J F McElray, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence May At . Ward No. 3 54	
12. Time of Residence in the City	
13. When a Minor Name of Mother Horen er Angle	-
Name of Father from Hollan	
14. Place of intended Interment	
15. Date of intended Interment	
Undertaker.	
Date of Certificate	
The state of the s	

# Mary B Hughes 1908

83
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. Mary & Hughns, 2. Sexthermali 3/Color White Late & Age Hipso.  5. Married or single Willow of the Late & H. Anghas.  6. Date of death Dromes Promount  7. Cause of death Bromes Promount  8. Duration of last illness H. Carteright  M. D.  Residence 3 Lyrun fly
9. Occupation Amer Kupar  10. Place of birth, Legan County Sty
11. Residence Ward No. 2  12. Time of residence in the city 23 yes.  Ward No. 2
13. When a minor Name of mother.  Name of father.  14. Place of intended interment. Fairview Cemetery
14. Place of intended interment Apr. 14/1908.
GERARD & GERARD. Undertaker.  Date of Certificate July 13/1908. Residence WLING GREEN, KY

# Minerva Hughes 1892

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	84
BETTRI CF A DEATH.	
1. Name of deceased Mariana A Highest 2. Sex Fernala. 3. Color White. 4. Age 76	
5. Married or Single 14 COLORD 6. Date of Death 844 03 1894	
7. Cause of Death Interdirect to the age. 8. Duration of last Illness	
W.W. Bowling M. D. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECKASED.	
9. Occupation  10. Place of Birth programmed the first of the second sec	
11. Residence / Brown Cuy Ward No. 1 12. Time of Residence in the City South Book you	5
13. When a Minor. Name of Mother Name of Father	
14. Place of intended Interment The 15. Date of intended Interment 15. Date of intended Inter	
Date of Certificate UNDER STITEM & PAYME, Undertaker.  UNDER STITEM & PAYME, Undertaker.  UNDER STITEM & PAYME, Undertaker.	

# Lawrence D. Hummell 1909

	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.
	Thysician's Certificate Treparatory to Burial.
	Nama of destand Lawrence, D. Hummell.
1.	Name of degeased
2.	Sex Malk 3. golor While 4. Age 16 yrs.
5.	Married or single DMYOV
6.	Date of death Jany 28 1909
7.	Cause of death Africa Africa Cause of death
8.	Duration of last illness.
	X S Marmon M. D.
	Residence. BOWLING GREEN, KY
9.	Undertaker's Certificate in Relation to Deceased.  Occupation
9.	Occupation J.
	Occupation Place of birth Bowling Franch
10	Occupation Place of birth Bowling Erran Str Residence Main, Str " Ward No. 3
10 11 12	Occupation  Place of birth Bowling Frank  Residence Main, St. " Ward No. 3  Time of residence in the city 6 400  (Name of mother Mass Mary Aluminell.)
10. 11.	Occupation  Place of birth Brufung Frank My  Residence Main, Shin Ward No. 3  Time of residence in the city 16 400  When a minor Name of father Min Mary Ammunell.
10. 11. 12.	Occupation  Place of birth Bruking Lhrun My  Residence Main, St. 11 Ward No. 3  Time of residence in the city 1940  When a minor Name of mother Mus Mary Ammuell.  Name of father Mus Mary Ammuell.  Name of father Mus Mary Ammuell.
10. 11. 12. 13.	Occupation  Place of birth Brufing Lhran My  Residence Main, St. 11 Ward No. 3  Time of residence in the city 6 480  When a minor Name of mother Mo Mary Ammuell.  Name of father My Mary Ammuell.  Place of intended interment Law 29" 1919  Place
10. 11. 12.	Occupation  Place of birth Brufung Frank  Residence Main, Shii Ward No. 3  Time of residence in the city 1940  When a minor Name of mother has Mary Aummell  Name of father Man Mary Aummell  Name of father Man Mary Aummell  Name of intended interment fau 197  Place of intended interment fau 197  Place of intended interment faux 197  CERPARD & CERPARD
10. 11. 12. 13. 14. 15.	Occupation  Place of birth Bruling Ehren M  Residence Main, St. 11 Ward No. 3  Time of residence in the city 6 400  When a minor Name of mother Mas Mary Ammunell  Name of father Man Mary Ammunell  Name of father Man Mary Ammunell  Place of intended interment fan 197  GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Occupation  Place of birth Bruing Enran An  Residence Main, St. " Ward No. 3  Time of residence in the city Gyro  When a minor Name of mother Mrs Mary Annuncle  Name of father Many Annuncle  Place of intended interment Annual Mary Annuncle  CERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Occupation  Place of birth Bruling Ehren M  Residence Main, St. 11 Ward No. 3  Time of residence in the city 6 400  When a minor Name of mother Mas Mary Ammunell  Name of father Man Mary Ammunell  Name of father Man Mary Ammunell  Place of intended interment fan 197  GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Occupation  Place of birth Bruling Ehren M  Residence Main, St. 11 Ward No. 3  Time of residence in the city Gyro  When a minor Name of mother Mrs Mary Huminell  Name of father Jun Municipal  Place of intended interment Jun 197 June  GERARD & GERARD. Undertaker.  ROWLING GREEN FOR
10. 11. 12. 13. 14. 15.	Occupation  Place of birth Bruling Ehren M  Residence Main, St. 11 Ward No. 3  Time of residence in the city 6 400  When a minor Name of mother Mas Mary Ammunell  Name of father Man Mary Ammunell  Name of father Man Mary Ammunell  Place of intended interment fan 197  GERARD & GERARD. Undertaker.

# Child of W. H. & Mary Hummell 1898

(Mrs. Mary) William H. Hummell 1910

	87
This	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
1	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. N	Jame of deceased Mrs. Milliam of Hummell
2. S	Jame of deceased Mrs. Milliam of Hummell ex Lemale 3. Color White 4. Age 48 mm
5. M	Tarried or single Married
6. D	Date of death Jan, 27-1910
7. C	ause of death allements of Period This
8. D	Ouration of last illness 10 days
	J. F. Modge M. D.
	Residence Bonling Human 14
	Undertaker's Certificate in Relation to Deceased.
	41
9. (	Occupation Faux Kufur
10.	Place of birth
12.	Time of residence in the city
13.	When a minor \ Name of mother
	( Name of father
	Place of intended interment of Jacon Cuully
15.	Date of intended interment faul, 29-1910
Date	of Certificate Jan 27-1910 Residence Undertaker.
**********	
-10111111	

# May Y. Humphries 1913

	RETURN OF A DEATH.
	Physician's Cartificate Preparatory to Burial
1. 2.	Name of deceased Mrs. May J. Sum Shriss Sex Junials 3. Color White 4. Age 444 yrs  Married or single Will Color 1912
5.	Married or single William
6.	Date of death SUN 1 0 13 13
7.	Cause of death Cancer of Ulerus
8.	Duration of last illness /2 mo
	9.11, Slove M. Bowling Green, Ky.
	Residence
9. 10.	Nan Tuesa
11.	Residence 6, 6 has thruf St. Ward No.
12.	1 100
13.	Name of father,
10.	Place of intended interment Str Thuswill Sty
14.	
	GERARD & GERARD. Undertake
14. 15.	

# Cleveland Hunt 1906

89
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
- 11 Hunt
1. Name of deceased Cleveland Vaccol
2. Sex Mule 3. Color White 4. Age 17
5. Married or single Lengle
6. Date of death Ock (3/06
7. Cause of death Typhand Hann
8. Duration of last illness / Land Holling
of Gustnowy fell M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
a Compation of assure
9. Occupation Tasse Ea
11. Residence Ward No.
12. Time of residence in the city
(Name of mother Lally Most
13. When a minor Name of father MR
14. Place of intended interment
15. Date of intended interment ad 14 1806
Gd & Dotterfield Undertaker.
Date of Certificate and 1418 05 Residence all stage by

# "Doc" W. Hunt 1907

#354 90
This Constitutes One Certificate to be Retained to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of decoased "Ave" H. Syst. 2. Sex Male 3. Color While 4. Age #4 415.
5 Married on single
6. Date of death July 1907. 7. Cause of death July 1907.
8. Duration of last illness Angle M. D.
Residence BOWLING OREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation  10: Place of birth Material las Ky  11. Residence Galagialy, Blum Ky Ward No.
11. Residence Mulayung, I Junn My Ward No.
12. Time of residence in the city
13. When a minor Name of mother Name of father
14. Place of intended interment. Fairnieu Cemetery
15. Date of intended interment Due 11/97
Date of Certificate Seed"1907. Residence Residence The Res

# Lizzie Hunter 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Lizzie Hunter.
2.	Severale. 3. Color Black. 4. Age 25 mon
5.	Married or Single Single.
6.	Date of death July, 11, 1911 .
7.	
8.	Duration of last illness Three mouths
	O.S. Forlet, M.D.
	Residence Bowling Green, Ky.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation None.
0.	Place of birth Warren Co.
1.	Residence Brown St. Ward No. 2
2.	Time of residence in the city
3.	When a minor { Name of Motherable hunter.
	Name of Father Albert Yost.
4.	Place of intended interment Moriah Cemetery.
5.	Date of intended interment 5017, 12, 1914
Dat	e of Certificate JUly, 11.1911. Residence City.

# Child of Ida Hurd 1900

This	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	NUVOCATANO CENTIFICATE ANCHONOTONY TO DUDINI
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
	Name of deceased leheld of Ida Thurd
2. 5	Sex maly 3. Color Flack. 4. Age -
	Married or single
	Date of death July - 210 - 1900
7- (	Cause of death Still Bone
8. 1	Duration of last illness  Trin M. Stone, M. D.
	Residence Callege St
	Residence GMULGE
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Decupation
10. F	Place of birth Kentucky St
ıı. F	Residence Ward No. 3
12. 0	Pime of residence in the City
13. 1	When a minor Name of Mother Ha Hund Name of Father
-7/	Name of Father
14.	Place of intended interment County Centeles
15. I	Date of intended interment July 26-1900  Luard Fluard, Undertaker
Date	of Certificate July 26-1900 Residence
2001	

# John Hurst 1894

638 93
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Jahre Johnsh enl
2. Sex Chealef 3. Color BIC. 4. Age 35420
5. Married or single war 6. Date of Death Office 21 1854
7. Cause of Death Colombian
8. Duration of last Illness For months
-E. W. Coonels, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Labour
to. Place of Birth County of Worner
11. Residence Constitute 10 th. Ward No. /
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Met Monich
15. Date of intended Interment Land 22 1994.
Date of Certificate . Residence

# Mrs. J. E. Hutton 1905

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs & Syllow Hutton
2.	Sex Januar 3. Color , Phila 4. Age 56 yrs
5.	Married or Single Manny.
6.	Date of death May 17" 05
7.	Cause of death Stront Drosss
8.	Duration of last illness
	DS gutherford , M. D
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Occupation Sautow, This.
11.	Residence Wordford St. Ward No. W
12.	Time of residence in the city.
13.	When a minor \{ Name of Mother
10,	Name of Father
14.	Place of intended interment Jarrorem Crushing
15.	Date of intended interment 1004 19"19"15
	Manuel T France Undertaker
Date	e of Certificate 1918 1916 Residence

# Classie Huys 1909

95
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1 - Huge
1. Name of deceased Clarkie Kings
2. Sex firmal 3. Color leal 4. Age 75 70
5. Married or single Single
6. Date of death Nov. 1 = 6 - 1909
7 Cause of death Wrokey!
8. Duration of last illness about 4 mouths.
J. F. M. D. M. D.
Residence # 181/2 Main of
Undertaker's Certificate in Relation to Deceased.
9. Occupation Hanckeepey
10. Place of birth Clerk County Trey  11. Residence first St. Ward No. 2
11. Residence 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 Inf. mariale Cemetry
15. Date of intended interment Wov. 7 - 1909
J. E. They found and Undertaker.
· Date of Certificate 224 5 - 09. Residence
Sweeth & College St
The state of the s

Warren County, Kentucky Death Records, Box 2, Folder 7 (Ho to Hu)	
MSS 293 Manuscripts & Folklife Archives – Library Special Collections – Western Kentucky University	

Warren County, Kentucky Death Records, Box 2, Folder 7 (Ho to Hu)	
MSS 293 Manuscripts & Folklife Archives – Library Special Collections – Western Kentucky University	