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Manuscripts

1877

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Euclet Irving 1891

This Con-	stitutes one Certificate to be Returned to the City Clerk for a Burial Permit,
2	RETURN OF A DEATH,
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name	of deceased Encet Diving
2. Sex_Z	Wals . 3. Color Bll . 4. Age 66 year
	l or Single Masses
6. Date o	f Death
7. Cause o	of Death Brights Dearese
8. Duratio	on of last Illness
	Cofferedello, M. D.
	/ Residence
	TATABLE PARTIES ADDRESS OF TAXABLE PARTIES OF TAXAB
0 0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupa	of Birth Marrey Country
11. Reside	of Birth Mayen Country ence by stuck: Ward No. 3 2d
	of Residence in the City
13. When	a Minor. Name of Mother Name of Father
14. Place	of intended Interment M. Morrah
15. Date o	f intended Interment And T' /9/2
	F. C. Getal & Undertaker.
Date of Ce	ertificate Avi/7/9/ Residence City

Joseph Irving 1892

384	2.
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Joseph Javing	
2. Sex Male. 3. Color Col . 4. Age 77 cms	
5. Married or Single July	
6. Date of Death Fel 15B 1892	
7. Cause of Death Justin colities	
8. Duration of last Illness Only San June 3 days	
Johnson, M. D.	
Residence 203 Pothir At	
9. Occupation	
10. Place of Birth Struct 11. Residence Cheshout Shot. Ward No 1st	
The second secon	
12. Time of Residence in the City	,
13. When a Minor. Name of Mother Letter y & & eq	
SName of Father Engine Groups 14. Place of intended Interment Mt Woman	
15. Date of intended Interment Feb 15 1892	
J. Date of Internett Johnson, Undertaker.	
Date of Certificate 45-15-292. Residence	

Mary Elizabeth Irving 1879

	AND THE STATE OF T
	RETURN OF A DEATH.
	living
	HYSICIAN'S CERTIFICATE PREPARATORY TO BURLAL.
	e of Deceased Many Elizabeth Joney
2. Sex_	Frank . 3. Color White . 4. Age & Think
	ried or Single
6. Date	of Death Oct 8th 189
	e of Death Cholys Infantin
8. Dura	tion of last Illness Leve months
	Rethonor, M. D.
	Residence Conding Green
Sales in	× + × - × - × - × - × - × - × - × - × -
UND	DERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occup	pation —
10. Place	of Birth Warren Co
10. Place	
10. Place	of Birth Warren Co
10. Place11. Resid12. Time	of Birth Warren Co Lence Sum 8th + Ward No. 1st of Residence in the City
10. Place	e of Birth Warren Co Jence Sum 8th + Ward No. 1st of Residence in the City n a Minor Name of Mother Sun Loving
 Place Resid Time When 	e of Birth Warren Co lence Summ 8 to + . Ward No. 1st of Residence in the City n a Minor Name of Mother Sum Coving Name of Father James —
 Place Resid Time Whe Place 	e of Birth Warra Co Lence Sum 8th + Ward No. 1st of Residence in the City n a Minor Name of Mother Sum Loving Name of Father James — of intended Interment Loving
 Place Resid Time Whe Place 	e of Birth Warren Co lence Summ 8 to + . Ward No. 1st of Residence in the City n a Minor Name of Mother Sum Coving Name of Father James —
 Place Resid Time Whe Place 	e of Birth Warra Co Lence Sum 8th + Ward No. 1st of Residence in the City n a Minor Name of Mother Sum Loving Name of Father James — of intended Interment Loving

Infant of Rubin & Bettie Irving 1878

Thi	is Constit	utes ON	E CERTII	TICATE to	be retur	ned to the	e City Cl	erk for	a BURIA	L PERMIT.
1	RE	T	UR	N	0 1	FA	D	E .	AT	H.
	PH	YSICIA	N'S C	– ERTIFI	CATE.	PREPAR	RATOR	У ТС	BURL	AL.
17			THE PARTY NAMED IN	nfant	Visla	in L	20011		ž	
2.		Bay			The same of the sa	legro	Q.	4. 7	Ige 3	wall
5.	Marri	ed or S	Single					- in the second		anne materiale e res
6.	Date o	f Death	i Is	ene	611		Inner Inner In			
7.		of De		rot	Ro	178	0-0			
8.	Durat	ion of l	ast Illn	ess		*24	00	,	,	
						2420	Clo	1/	00€	, M. D.
				Residence	•				1	
	UNDE	RTAK	ER'S	CERTIF	FICATE	IN REI	LATIO	OT V	DECE.	ASED.
9.	Оссир		-0		/.	1	•			
10.	Place .	of Birti	1 /3	owl	ng	Em				
11.	Reside	nce		Ç. 14		*		. 1	Ward A	To. 2
12.	Time	of Resi		the Ci		ъ	-	/		
13.	When	a Min	or $\int N_i$	ime of 1	Mother	Bett	en Ol	w	ing	
			(N	rme of .	Father	Mu	him	11		
14.			nded In		00	T C	2Th	4		
15.	Date	of inter	ided In	terment.	Jus	1	/	18		
D	te of Cei	uli li unt	2.	7-	78	yni	D. 1	en		Undertaker.
Dal	e of Cer	ajicate	fun	- /	, ,		Reside	100	2.1	of maniconnar
		U								

Betty Isbell 1900

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	1. Name of deceased Betty Is bell
	2. Sexfemale . 3. Color Col . 4. Age 37
	5. Married or single Manual
	6. Date of Death 100-30-1900
	7. Cause of Death Cardice Dropsy
	8. Duration of last Illness A fout three months
	O. D. Obility, M. D.
	Residence
	INDEDTAKED'S CEDTIFICATE IN DELATION TO DECERSED
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation
1	o. Place of Birth harre Co - 14
I	1. Residence Kentucky St. Ward No. 3
1	2. Time of Residence in the City Is Imme
ı	3. When a Minor Name of Mother
	Name of Father
I	4. Place of intended Interment Int morial Con
I	5. Date of intended Interment
	Gual Fland, Undertaker.
I	Date of Certificate Dec - 1-1900. Residence

Bryant Isbell 1900

3 7	6
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased and Indian	-
2. Sex Male. B. Color while 4. Age 15 med	
5. Married or single	
6. Date of death 10 1900	
7. Cause of death Spainal Miningstio	
7. S. Tom H. Stone M. D.	
Residence Callege SX	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Orunny	
11. Residence 13 to Ward No.	
12. Time of residence in the City Slow Time	
Name of Mother Name of Father Solution	
14. Place of intended interment	
15. Date of intended interment 3 1900 Undertaker.	0
Date of Certificate Residence	
	1

Carl Isbell1908

7
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Carl 2strele
2. Sex Male. 3. Color White. 4. Age VV
5. Married or single Zingle 6. Date of death Oct 44/7
7. Cause of death Labor Cincinnia
8. Duration of last illness
Residence,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Student
10. Place of birth Warnen Country
11. Residence Bankluy Krem Ward No. 12. Time of residence in the City.
13. When a minor Name of Mother Name of Father Death I Shall
14. Place of intended interment Tairwin Com
15. Date of intended interment Oct / 9
Enuch & Dones, Undertaker.
Date of Certificate Of 19/08. Residence 13 Like

Carl Isbell 1900

	This Certificate and Shipping Paster Below Must be Detached at this Perforation and Securely Tacked on the End of the Coffin Box.
41	CERTIFICATE OF UNDERTAKER. I hereby certify that the accompanying dead body of Carl Sobill
	Consigned to Bowling Green the County of State of 14
	and who died of John Jummun. has been prepared by me, strictly in accordance with the Rules of the Illinois State Board of Health, for transportation by Railway, as printed on the back of this permit, and I further certify that I hold Embalmer's License No. 1109, issued by said State Board.
	Residence 1722 Wabush an Steins Licensed Embalmer.
	Subscribed and sworn to before me this 17 day of 251- 190 2
£	[SEAL] PASTER. Cransit Permit Ro.
	Station Baggageman Must Enter Hereon a Description of the Ticket, the Exact Route and via what Junctional Points the Ticket Reads which is held by the Passenger in Charge of the Remains. Special Instructions.—A burial case containing a corpse must not be proceed for transportation, nulses the person in charge of the remains presents a certificate of the attending Physician or Coroner, a permit from felorate of Health, and an Undertaker's Certificate, that the body has been prepared for burial according to the law of the State. Neither will it be pre-avest if any fluids or offensive odors are escaping from the case. Agents will detach the Certificate and this paster at the perforation and tack them securely on the end of box before shipping.
	From Dated 190.
	No. of Ticket of Escort Form No. of Ticket of Escort
100	No. of Corpse Ticket Via R. R. To Via R. R. To
- 1	Via R. R. To Via R. R. R. To Via R. R. R. To Via R. R. To Via R. R. R. R. R. R. R. R. To Via R.
类	Via R. R. To
	Name of Passenger in charge.
S. S.	Signed Station B. M. See Rules and Instructions on the Other Side.

Carl Isbell 1900



TRANSPORTATION OF DECEASED PERSONS IN BAGGAGE CARS.

To Railroad Agents, Station and Train Baggagemen:

You will in no case receive a corpse for transportation unless accompanied by a physician's, coroner's or board of health certificate, also an undertaker's certificate that the body has been prepared for burial and shipment in accordance with the rules of the State Board of Health, nor will you receive it even with such certificates if fluids or offensive odors are escaping from the case. One full first-class limited or unlimited ticket will be required for the transportation of the corpse without regard to the age of the deceased, and the word "Corpse" must be plainly written on the face of a local and on each coupon of a coupon ticket. A corpse will not be taken for transportation unless a passenger is in charge. A record must be made on the back of your station and trip reports, of all bodies shipped and carried, giving name of deceased and destination.

It will be the duty of Agents and Baggage Agents to see that each burial case is properly marked on "Paster," giving date, and at what station shipped, point of destination, "State," number and form of ticket, name of passenger in charge, and place of residence, with name of Agent. If the corpse is destined to a point beyond the initial line, the initials of each road over which it passes must be written on the paster; also the terminal point of each road at which transfer is made with the connecting line as shown on the coupons of the ticket.

You will see that the "Certificate of Undertaker" is properly filled out by him, and that the paster is properly filled out by yourself and is securely fastened on the end of the coffin box before it is put into the car, and the permit remaining you will hand to the passenger in charge of the corpse.

The whole form must be made in duplicate, either with a pen, carbon paper or simplex paper, and the signatures of the physician or coroner and undertaker must be on both the original and duplicate copies.

The undertaker's certificate and paster of the original will be detached from the physician's certificate and permit and fastened on the end of the coffin box. The physician's certificate and permit will be handed to the passenger. The whole duplicate copy will be sent to the General Baggage Agent of the initial road by first passenger train.

All this information is necessary to insure the prompt and correct transportation of the corpse,

NOTICE TO STATE LICENSED EMBALMERS.

Under the provisions of the Official Rules of the State Board of Health, all bodies accepted for transportation must have been prepared for shipment by a State Licensed Embalmer, except those under Rule 4, which can reach their destination within thirty hours from the time of death.

In other words, a body prepared by a non-licensed embalmer shall not be accepted for transportation if death occurred from a contagious or infectious disease or from any diseases specifically stated in Rules 1, 2, or 3; and no body prepared by a non-licensed embalmer shall be accepted for transportation unless the body can reach its destination within thirty hours from the time of death.

Ida Isbell 1896

RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased A Source 2. Sex and 3. Color and 4. Age 23 yr a 5. Married or single 6. Date of Death 7. Cause of Death 8. Duration of last Illness ON Property Mr. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment 15. Date of intended Interment 16. Date of intended Interment 17. Date of intended Interment 18. Date of intended Interment 19. Undertaker.	899/5.
1. Name of deceased A John 1. Age 23 47 8 2. Sextural. 3. Color 2111. 4. Age 23 47 8 5. Married or single 23 18 8 6. Date of Death 2 23 18 8 7. Cause of Death 2 23 18 8 8. Duration of last Illness 20 Property M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 2 2 4 18 8 11. Residence 4 2 4 18 8 Name of Mother 13. When a Minor Name of Mother 14. Place of intended Interment 2 4 18 8 15. Date of intended Interment 2 4 18 8 Name of i	
2. Sex fund. 3. Color all. 4. Age 23 47 8 5. Married or single 6. Date of Death 7. Cause of Death 8. Duration of last Illness Oh Power Married 10. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment 15. Date of intended Interment	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
5. Married or single 6. Date of Death 7. Cause of Death 8. Duration of last Illness Oh Polymony Married or single 8. Duration of last Illness UNDERTAKER'S GERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor Name of Father 14. Place of intended Interment 15. Date of intended Interment 15. Date of intended Interment 16. Date of intended Interment 17. Date of intended Interment 18. Date of intended Interment 19. Date of intended Interment	1. Name of deceased Ital Island
6. Date of Death 7. Cause of Death 8. Duration of last Illness OD Parameters UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment 16. Date of intended Interment 17. Cause of Death 18. When a Minor Name of Father 18. Date of intended Interment 19. Date of intended Interment 19. Cause of Death 19. Ward No. 20. Cause of Death No. Date of intended Interment 20. Occupation 10. Place of intended Interment 20. Occupation 11. Residence 12. Time of Residence in the City Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment	
8. Duration of last Illness O D P Muniphy M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Mark No. 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment 16. Date of intended Interment 17. Date of intended Interment 18. Date of intended Interment 19. Date of intended Interment	
Oth Population Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence The Ward No. 3 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment 15. Date of intended Interment 15. Date of intended Interment	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Ward No. 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment 15. Date of intended Interment 17. Date of intended Interment 18. Ward No. 19. Ward No	OXPMINING MARKET
9. Occupation 10. Place of Birth 11. Residence Ward No. 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment 15. Date of intended Interment 16. Date of intended Interment 17. Date of intended Interment 18. Date of intended Interment 19. Date of intended Interment	
10. Place of Birth 11. Residence 12. Time of Residence in the City Name of Mother 13. When a Minor Name of Father 14. Place of intended Interment 15. Date of intended Interment	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
12. Time of Residence in the City Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment 16. Date of intended Interment 17. Date of intended Interment 18. Date of intended Interment 19. Date of intended Interment	(.0)
Name of Mother Name of Father Name of intended Interment Name of Father Name of Father Name of Father Name of Father Name of Interment Name of Mother	
14. Place of intended Interment June 24 888	13. When a Minor Name of Mother
0/4.0	1011 Jan &
	DA D
Date of Certificate	Date of Certificate Residence

Dora Itson 1880

	This Constitutes ONE CERTIFICATE to be returned one City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.]	Name of Deceased Dora Stson
	sex Female. 3. Colored . 4. Age 22
a	Date of Death December 1915/880
-	Cause of Death Comsumption
	Duration of last Illness One year, more or less.
8	. H. D. Cartweight . M. D.
	Residence Chestnut St, 1- 200.
	Residence Chestnu D.
U	NDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
0	Place of Birth Warm Conf
	Residence . Ward No 2
	Time of Residence in the City
-	
13.	When a Minor Name of Father
	Roll Cont
	Place of intended Interment
15.	Date of intended Interment
	F-6-3-15-11
Da	te of Certificate A COLO. Residence
	Demograt Job Print

William Itson 1879

1		10
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	
	RETURN OF A DEATH.	
	PHYSI IAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Miliam Strong	
1.	Sex mule . 3. Color Bluck . 4. Age 7 mills	
5.	Married or Single Lugh	
6.	Date of Death Jun 312/479	
7.	2 2 2	
8.	Duration of last Illness 4 help	
	Abbryk M. D.	
	Residence	
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation	
	Place of Birth	
11,	Residence . Ward No. 2	
12.	Time of Residence in the City	
13.	When a Minor { Name of Mother	
14.	Place of intended Interment	
15.	Date of intended Interment	
	, Undertaker.	
D	ate of Certificate Residence	
1	Democrat Print.	18
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Warren County, Kentucky Death Records, Box 2, Folder 8 (I)	
MOO 000 Married O Fallette And the Control of the C	1.2 2
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