

1877

Box 2, Folder 8 Bowling Green, Kentucky - Death Records, I

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Euclat Irving 1891

344

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 *Euclat Irving*
2. Sex *Male* . 3. Color *Blk* . 4. Age *66 yrs*
5. Married or Single *Married*
6. Date of Death *Jan 6th 1891*
7. Cause of Death *Bright's Disease*
8. Duration of last Illness _____
J. C. Meredith . M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Wayne County*
11. Residence *By street* . Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor.) Name of Mother _____
) Name of Father _____
14. Place of intended Interment *St. Moriah*
15. Date of intended Interment *Jan 7th 1891*
J. C. Meredith . Undertaker.
Date of Certificate *Jan 7/91* . 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 Irving*
2. Sex *Male* 3. Color *col* 4. Age *77 years*
5. Married or Single *Single*
6. Date of Death *Feb 15th 1892*
7. Cause of Death *Intestinal colitis*
8. Duration of last Illness *only saw him 3 days*
J. D. Dawson, M. D.
Residence *203 Cotton St*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Bloom*
11. Residence *Chestnut Street* Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Betty J. Reed*
 } Name of Father *Eugene Irving*
14. Place of intended Interment *Mt Vernon*
15. Date of intended Interment *Feb 15th 1892*
J. E. Snodgrass, Undertaker.
Date of Certificate *Feb 15th 1892* Residence _____

Mary Elizabeth Irving 1879

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mary Elizabeth Irving*

2. Sex *Female* . 3. Color *White* . 4. Age *8 months*

5. Married or Single _____

6. Date of Death *Oct 5th 1879*

7. Cause of Death *Cholera Infantum*

8. Duration of last Illness *Two months*

Re Thomas, M. D.

Residence *Corduroy Green St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren Co*

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

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Sam Irving*
Name of Father *James* _____

14. Place of intended Interment *Fairview Cent*

15. Date of intended Interment *Oct 6th 79*

Frank K. Brown, Undertaker.

Date of Certificate *Oct 5th 79* Residence _____

Democrat Print.

Infant of Rubin & Bettie Irving 1878

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Infant of Rubin + Bettie Irving*
 2. Sex *Boy*
 3. Color *Negro*
 4. Age *3 weeks*
 5. Married or Single _____
 6. Date of Death *June 6th*
 7. Cause of Death *Not known*
 8. Duration of last Illness _____
- Residence *Wm Claypool, M. D.
Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Bowling Green*
 11. Residence _____ Ward No. *2*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother *Bettie Irving*
Name of Father *Rubin "*
 14. Place of intended Interment *Col Cemetery*
 15. Date of intended Interment *June 7th 78*
- Date of Certificate *June 7-78* . Residence _____
John S. ... Undertaker.

Pantagraph Print.

Betty Isbell 1900

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

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RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Betty Isbell*
2. Sex *female* 3. Color *Col* 4. Age *37*
5. Married or single *married*
6. Date of Death *Nov-30-1900*
7. Cause of Death *Cardiac Droopy*
8. Duration of last Illness *About three months*
O. S. Porter, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Warren Co - Ky*
11. Residence *Kentucky St* Ward No. *3rd*
12. Time of Residence in the City *Life Time*
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *MT Moriah Cem*
15. Date of intended Interment *Dec - 1 - 1900*
Grand & Grand, Undertaker.
Date of Certificate *Dec - 1 - 1900* Residence

Bryant Isbell 1900

37 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 Bryant Isbell
 2. Sex Male . 3. Color White 4. Age 15 mo
 5. Married or single _____
 6. Date of death Apr 30 1900
 7. Cause of death Spinal Meningitis
 8. Duration of last illness 2 wks
 T.N.S. . Tom H Stone M. D.
 Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Warren
 11. Residence 13th St . Ward No. _____
 12. Time of residence in the City Short time
 13. When a minor } Name of Mother _____
 } Name of Father Geo Isbell
 14. Place of intended interment Graveyard
 15. Date of intended interment Apr 30 1900
Lawrence Taylor, Undertaker.
 Date of Certificate _____ Residence _____

Carl Isbell 1908

7-1

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

RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Carl Isbell*
2. Sex *Male* 3. Color *White* 4. Age *22*
5. Married or single *Single*
6. Date of death *Oct 17*
7. Cause of death *Lobar Pneumonia*
8. Duration of last illness _____

Ed Hecht M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Student*
10. Place of birth *Warren County*
11. Residence *Bowling Green* Ward No. _____
12. Time of residence in the City. _____

13. When a minor { Name of Mother _____
 { Name of Father *Scott Isbell*
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *Oct 19*

Ericks + Davis, Undertaker.
Date of Certificate *Oct 19/08* Residence *Bowling Green*

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.

CERTIFICATE OF UNDERTAKER.

I hereby certify that the accompanying dead body of Carl Isbell
 Consigned to Bowling Green in the County of _____ State of Ky
 and who died of Diphtheria 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.

William Mann Stimm Licensed Embalmer.

Residence 1722 Trabush Ave
 Subscribed and sworn to before me this 17 day of Oct 1900
William J. Wagner Notary Public

[SEAL] **PASTER.** Transit Permit No. 8444

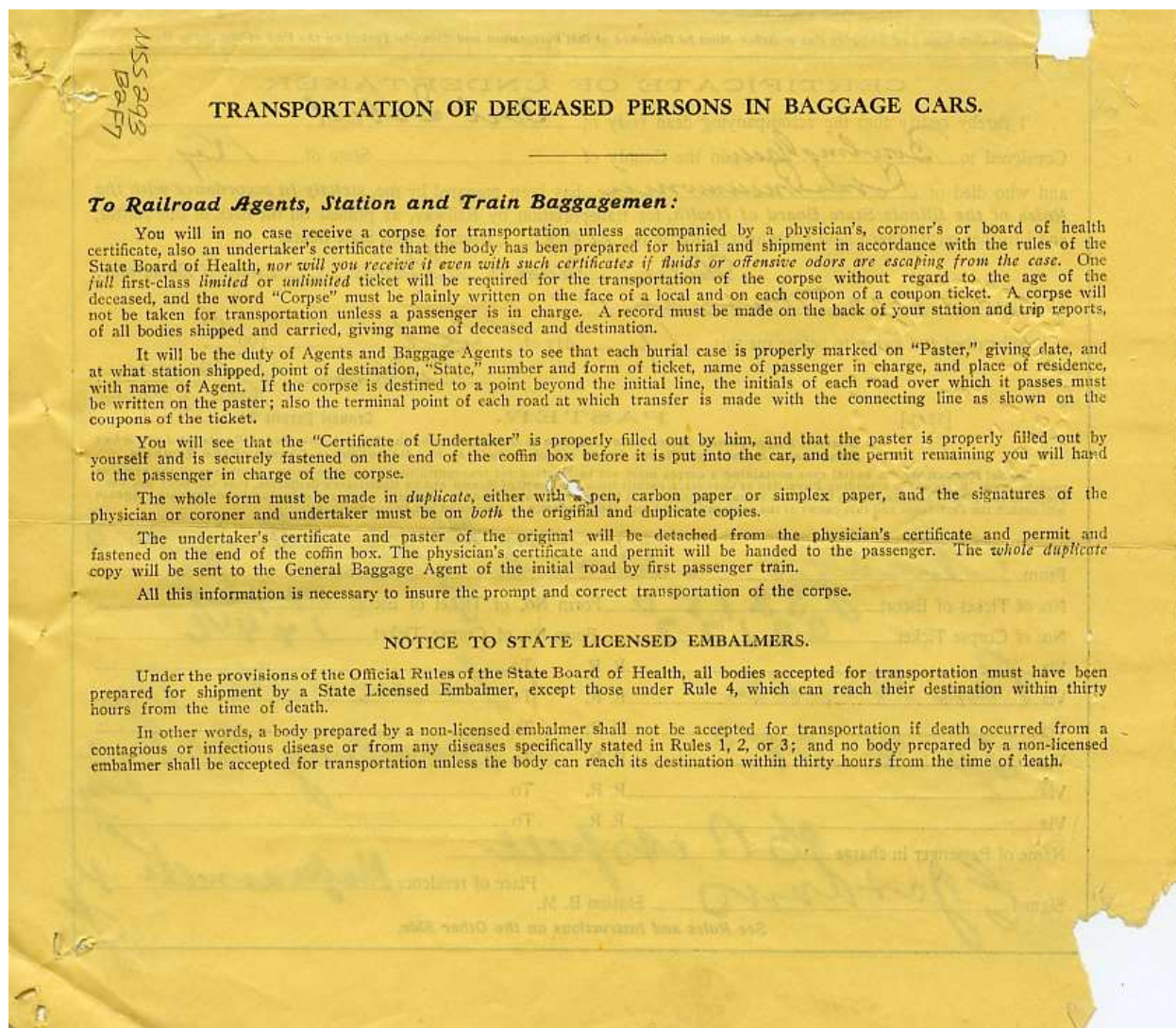
Station Baggage Man Must Enter Hereon a Description of the Ticket, the Exact Route and via what Junctional Points the Ticket Reads which is held by the Passenger in Charge of the Remains.

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

Dated 10 - 18 - 1900
 From Chicago to Bowling Green State Ky
 No. of Ticket of Escort 32180 Form No. of Ticket of Escort 1446
 No. of Corpse Ticket 32177 Form No. of Corpse Ticket 1446
 Via Pan Handle R. R. To Louisville Ky
 Via Le & et R. R. To Bowling Green Ky
 Name of Passenger in charge W. B. Aspell Place of residence Louisville Ky
 Signed E. Jordan Station B. M.

See Rules and Instructions on the Other Side.

Carl Isbell 1900



Ida Isbell 1896

899/ 8

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ida Isbell
2. Sex female 3. Color blk 4. Age 23 yrs
5. Married or single married
6. Date of Death June 23 1896
7. Cause of Death Cramp Colic
8. Duration of last Illness _____
O. P. Murphy Murphy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence 7th St Ward No. 3
12. Time of Residence in the City life
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment West Monroe County
15. Date of intended Interment June 24 1896
Robert P. Payne, Undertaker.
Date of Certificate _____ Residence _____

Dora Itson 1880

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Dora Itson*

2. Sex *Female* . 3. Color *ed* . 4. Age *22*

5. Married or Single *Married.*

6. Date of Death *December 19th 1880.*

7. Cause of Death *Consumption*

8. Duration of last Illness *One Year, more or less.*

H. P. Cartwright, M. D.
Residence *Chestnut St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence _____ . Ward No *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Col Cemetery*

15. Date of intended Interment *Dec 20th 1880*

Frank Colman, Undertaker.

Date of Certificate *Dec 20th* . Residence _____

Democrat Job Print

William Itson 1879

10

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *William Itson*
 2. Sex *Male* . 3. Color *Black* . 4. Age *7 months*
 5. Married or Single *Single*
 6. Date of Death *Jun 21 1879*
 7. Cause of Death *Dist Fever*
 8. Duration of last Illness *4 weeks*
- A. Wright*, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ . Ward No. *2*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____

Residence _____

Democrat Print.

Warren County, Kentucky Death Records, Box 2, Folder 8 (I)