Western Kentucky University TopSCHOLAR®

Bowling Green, Kentucky – Death Records, 1877-1913

Manuscripts

1877

Box 3, Folder 1 Bowling Green, Kentucky - Death Records, J

Manuscripts & Folklife Archives Western Kentucky University, mssfa@wku.edu

Follow this and additional works at: https://digitalcommons.wku.edu/bg_ky_death_records Part of the Demography, Population, and Ecology Commons, Family, Life Course, and Society <u>Commons</u>, and the <u>United States History Commons</u>

Recommended Citation

Folklife Archives, Manuscripts &, "Box 3, Folder 1 Bowling Green, Kentucky - Death Records, J" (1877). *Bowling Green, Kentucky – Death Records, 1877-1913*. Paper 17. https://digitalcommons.wku.edu/bg_ky_death_records/17

This Other is brought to you for free and open access by TopSCHOLAR[®]. It has been accepted for inclusion in Bowling Green, Kentucky – Death Records, 1877-1913 by an authorized administrator of TopSCHOLAR[®]. For more information, please contact topscholar@wku.edu.

Alice Jackson (Reinterment) 1838

| 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 Alici factories Sex Annaly Sex Annaly Sex Annaly Sex Annaly Married or single Single Married or single Single Date of death Annaly Date of death Annaly Cause of death Annaly Buration of last illness A. Age 4 100 A. Age 4 1 |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation Tool leo |
| 9. Occupation 10. Place of birth Jodd lao 11. Residence Kogan lao. Ward No. Ward No. |
| 12. Time of residence in the city |
| 12. Time of residence in the city. 13. When a minor Name of mother Thus. Susand Jackson Chard Name of father fino. M. Jackson (''.) |
| 14. Place of intended interment |
| 15. Date of intended interment. NOV 23 1906 |
| GERARD & GERARD Undertaker. Date of Certificate NOV 23 1906 This Borry was disintrue from Family Guar yd and mintrue " Fairview Cemetery |
| NOV 23 1906 A. Grand |

Alonzo Jackson (Reinterment) 1873

| 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. |
| 11 - Thereford |
| 1. Name of degeased Nlongo. L. Julkson |
| 1. Name of deceased Alongo. L. Jackson. 2. Sex Mala 3. golor White 4. Age 1 yr, 7mo. 5. Married or single Single. |
| 5. Married or single Jung W. |
| 6. Date of death May. 19" 1873. |
| 7. Cause of death don't know |
| 8. Duration of last illness. A. Grund |
| BOWLING GREEN, KY |
| Residence |
| |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation 10. Place of birth Warran 60 |
| 9. Occupation 10. Place of birth Warran 60 11. Residence Mas huille Pike Ward No. |
| |
| (Name of mother Mrs. Snsaw & Joekem (Dearl |
| 12. Time of residence in the city 13. When a minor Name of mother Mus Susan & foreken (Dearly Name of father John N. Jalkan (") |
| 14. Place of intended interment. |
| 15. Date of intended interment. NOV 23 1906 |
| GERARD & GERARD, Undertaker. |
| Date of Certificate NOV 23 1906 Residence BOWLING GREEN, K |
| This Dody was disintered fine tamily Deava yd |
| and suntered in Falirien Comiting |
| NOV 23 1906 al. Frrand. |
| Not in the second se |

Infant of Andrew & Alice Jackson 1892

| 470-(470) % | 3 |
|--|------------|
| Tis Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| | |
| 1. Name of deceased Infant of Andrey Jag. 2. Sex Male, 3. Color BUK. 4. Age 13 pro- | len Th, |
| 5. Married or Single Sugle 6. Date of Death Sug 20"/92. | |
| 8. Duration of last Illness From months | |
| J. W. D. Residence | ,t |
| | |
| | |
| 9. Occupation | |
| 10. Place of Birth, And I Ward No. 3 | |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother Alice action | <i>.</i> |
| 14. Place of intended Interment My Turreak Cur | <i>.</i> |
| 15. Date of intended Interment fill first Undertaker. | |
| Date of Certificate Dec 20/9! Residence City | |
| | |
| | - |

Child of Andrew & lice Jackson 1896

| 903/ 4 |
|--|
| This Constitutes One Certificate to be Refurned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased & hild of andred faction |
| 2. Sex Male. 3. Color Relk. 4. Age 3 yrb. |
| 5. Married or single Single |
| 6. Date of Death July 1"/96. |
| 7. Cause of Death Scrufulosie |
| 8. Duration of last Illness |
| , M. D. |
| Residence By Mult May, |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 10. Place of Birth 6 My |
| 11. Residence Mutuck y stuck Ward No. 3 nd |
| 12. Time of Residence in the City |
| 13. When a Minor Name of Mother aller faction |
| 14.1 1. 1 V 1 |
| 14. Place of intended Interment Mr Moder Com |
| 15. Date of intended Interment July 2"96. J. Guard HBrd. Undertaker |
| |
| Date of Certificate July & G CResidence Only |
| |
| |
| |
| |

Annie Jackson 1879

| | Physician's Certificate Preparatory to Burial. |
|---------------------------------|--|
| | Men Annia lackam. |
| 1. | Name of deceased Mrs. annu factor. Sex Humaln 3. Color, White 4. Age 63 yr |
| 2. | Sex Humally 3. Color White 4. Age 63 70 |
| | Married or single Manual |
| 6. | Date of death APR 3 0 1913 Cause of death Caucer bowel |
| | Cause of death Concer bowel |
| 8. | Duration of last illness / 2 monthus APCortung the M. I |
| | VY 10 Corword wh. I |
| | Residence Bowling Green, Ky. |
| | |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| | |
| 9. | |
| 9. 10. | |
| | Occupation House Herbur. Place of birth My Residence Bris tow My Ward No. |
| 10. | Occupation House Herber. Place of birth My Residence Bris tow My Ward No. Time of residence in the city |
| 10. 11. | Occupation House Herber. Place of birth My Residence Bris tow My Ward No. Time of residence in the city |
| 10. 11. 12. | Occupation. How the far. Place of birth. Residence. Time of residence in the city. When a minor Name of mother. Name of father. |
| 10. 11. 12. | Occupation. How Mapar. Place of birth. Residence Bus tow My Residence in the city. When a minor Name of mother. When a minor Name of father. Place of intended interment. When a Mark Conclety. |
| 10. 11. 12. 13. | Occupation. How Marbur. Place of birth. Residence Must tow My Residence in the city. When a minor Name of mother. When a minor Name of father. Place of intended interment. Date of intended interment. May. 1913. |
| 10. 11. 12. 13. 14. | Occupation. How Mapar. Place of birth. Residence Bus tow My Residence in the city. When a minor Name of mother. When a minor Name of father. Place of intended interment. When a Mark Conclety. |

Bennie Jackson 1879

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 Bernin Jackson 2. Sex funch . 3. Color White . 4. Age 7 wells 5. Married or Single 6. Date of Death Aug Sth, 7. Cause of Death Brain france 8. Duration of last Illness K onul, M. D. Residence (UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Browling sun Ward No. 11. Residence 12. Time of Residence in the City_ When a Minor { Name of Mother Roda A Jackson Name of Father Dentin 1 13. 14. Place of intended Interment Fair and Cen 15. Date of intended Interment Aug Hran te berand , Undertaker. Date of Certificate Residence. Democrat Print.

Child of Bud & Maggie Jackson 1892

| 425 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
|---|
| RETURN OF A DEATH. |
| |
| 1. Name of deceased Child of Bud Jackson 2. Sex Finale 3. Color Blk. 4. Age 7 mo. |
| 2. Sex Female 3. Color Blk. Age 7 mo. |
| 5. Married or Single Spice le |
| 6. Date of Death July 23"/92. |
| 7. Cause of Death Anna Inglink |
| 8. Duration of last Illness Durge and all all all all all all all all all al |
| Residence (MAL, M. D. |
| Tresitience |
| |
| 9. Occupation |
| 10. Place of Birth Olly |
| 11. Residence 1 th street. Ward No. 1 et |
| 12. Time of Residence in the City |
| 13. When a Minor. } Name of Mother Maggie acked |
| |
| 14. Place of intended Interment My Morrah Leun, |
| 15. Date of intended Interment, July 24-92. |
| Date of Certificate July 23/97. Residence Wily |
| |
| |
| Also and |

C. C. Jackson 1896

| 49 |
|---|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased 6. 6 facture 2. Sex Male. 3. Color At hile 4. Age 36 yrs 5. Married or single Marrier |
| 6. Date of Death Reby 18/96 7. Cause of Death Bunchites & Marinia |
| 8. Duration of last Illness About 2 weeks, M. D. Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of Birth Brehester Hy 11. Residence It ope of Ward No. 4 12. Time of Residence in the City |
| 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment Amwrein Cumite |
| 15. Date of intended Interment Fuby 19"96 File Fuby 19"96, Undertaker. Date of Certificate Fuby 19/96. Residence |
| |

Infant of Charles Jackson 1880

| 1. 10 | This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. | |
|--|--|---|
| | RETURN OF A DEATH. | |
| | PHYSIC AN'S CERTIFICATE PREPARATORY 'O BURIAL | |
| 1. | Name of Deceased Infunct gardes | |
| 2. | Sex Male . 3. Color Black. 4. Age 2 min | 1 |
| 5. | Married or Single herette | |
| 6, | Date of Death aching 4th 1880 | |
| 7. | Cause of Death bout Know | |
| 8. | Duration of last Illness 2 millo | |
| | At Physician M. D. | |
| | Residence fillicher by Strangehouse | |
| 10 | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED | |
| 9. | Occupation | |
| 9. 10. | Occupation Place of Birth | |
| | | |
| 10. | Place of Birth | |
| 10. 11. | Place of Birth Residence Ward No. 2 | |
| 10. 11. 12. | Place of Birth Residence Ward No. 2 Time of Residence in the City Where Mine of Mother | |
| 10. 11. 12. 13. | Place of Birth Residence | |
| 10. 11. 12. 13. 14. 15. | Place of Birth Residence | |
| 10. 11. 12. 13. 14. 15. | Place of Birth Residence Residence Ward No. 2 Time of Residence in the City When a Minor Name of Mother Name of Father Charles Addition Place of intended Interment Date of intended Interment Maddata | |

Child of Charles & Ella Jackson 1893

| 475 5 | 10 |
|--|---------|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| | |
| 1. Name of deceased Child Chas Chelle | m |
| 2. Sextimaly. 3. Color Blb . 4. Age Twee | 16 |
| 5. Married or Single Jungle | |
| 6. Date of Death family 12-193 | |
| 7. Cause of Death Compliance | |
| 8. Duration of last Illness I wand by p | |
| M Goomle, M. D | |
| Residence | and and |
| | |
| 9. Occupation | |
| 10. Place of Birth | |
| 11. Residence Chisforiut St. Ward No / St | |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother and factor | |
| Name of Father, Chip 4 | |
| 15. Date of intended Interment Aug / 3 - 9 2 | |
| , Undertaker. | |
| Date of Certificate Residence | |
| | |
| | |
| | |

Charlie Jackson 1897

| 1085 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 Charlie Jack en | |
| 2. Sex Male. 3. Color 4. Age | |
| 6. Date of Death die 12"97 | |
| 7. Cause of Death <u>hopey</u> 8. Duration of last Illness | |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation 10. Place of Birth Out 11. Residence | |
| II. Residence Image: Contract of the city II. Residence Image: Contract of the city | |
| 13. When a Minor Name of Mother | |
| 14. Place of intended Interment Mount Gund | y |
| Date of Certificate | • |
| | |

Mrs. Delbert Jackson 1910

| | RETURN OF A DEATH. |
|------------|---|
| | Physician's Certificate Preparatory to Burial. |
| | Name of deceased More Delbert Jackson |
| 1. 2. | Name of deceased Mrs. Nelbent Jackson Sex Junale 3. Color White 4. Age 32. 400 |
| | 22 |
| 5. 6. | Married or Single Marriel Date of death Of 2 rul 1910 |
| 0. 7. | Cause of death Mterine Fibrids |
| 8. | Duration of last illness |
| 0. | Fred Deartringht, M. D. |
| | Residence B.G.K. |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| | Occupation Hausekulan |
| 9. 10. | Occupation Kanakasper Place of birth Warner Co Ky |
| 10. 11. | Residence Cattoulle Ky Ward No. |
| 11. 12. | |
| 12. | Time of residence in the city |
| 13. | When a minor Name of Mother Name of Father |
| 14. | Place of intended intermen Such Grow Curter |
| 15. | Date of intended interment and 3rd 1110 |
| | Guard Gurand, Undertaker. |
| Date | of Certificate Oct 3- Residence City |
| • | |

Mrs. Dick Jackson 1909

| This Cons | # 7 0 | t. |
|---|--|------------|
| RI | ETURN OF A DEATH. | |
| | Physician's Certificate Preparatory to Burial. | |
| | | |
| 1. Name | of deceased Mrs. Dickfackson amala 3. Color White 4. Age 87 yrs. ad or single Maurin DCT 1.2 1909 | |
| 2. Sex | innala 3. Color White 4. Age 87 yrs. | |
| 5. Marrie | d or single Mauri | |
| 6. Date o | f death OCT 1 2 1909 | |
| 7. Cause | f death OCT 12 1909 of death Cancer | |
| 8. Durati | | |
| | on of last illness. W. Frances M. | D |
| | BOWLING GREEN, K | Y |
| U | ndertaker's Certificate in Relation to Deceased. | |
| | ndertaker's Certificate in Relation to Deceased. | |
| | ndertaker's Certificate in Relation to Deceased. | |
| | ndertaker's Certificate in Relation to Deceased. | |
| 9. Occup 10. Place 11. Resid | ndertaker's Certificate in Relation to Deceased. Dation of birth Edminson Cod, Ky ence Briston Warton Co, Ky Ward No. | |
| 9. Occup 10. Place 11. Resid 12. Time | ndertaker's Certificate in Relation to Deceased. Dation of birth Edminson Cod, Sty ence Briston Warm Co, Sty Ward No | |
| 9. Occup 10. Place 11. Resid 12. Time | ndertaker's Certificate in Relation to Deceased. | |
| 9. Occup 10. Place 11. Resid 12. Time 13. Wher | ndertaker's Certificate in Relation to Deceased. | |
| 9. Occup 10. Place 11. Resid 12. Time 13. When 14. Place | ndertaker's Certificate in Relation to Deceased. | |
| 9. Occup 10. Place 11. Resid 12. Time 13. When 14. Place | ndertaker's Certificate in Relation to Deceased. | er |
| 9. Occup 10. Place 11. Resid 12. Time 13. When 14. Place | ndertaker's Certificate in Relation to Deceased. | er |
| 9. Occup 10. Place 11. Resid 12. Time 13. When 14. Place 15. Date | ndertaker's Certificate in Relation to Deceased. | er |
| 9. Occup 10. Place 11. Resid 12. Time 13. When 14. Place 15. Date | ndertaker's Certificate in Relation to Deceased. | er |

Effie J. Jackson 1861

| 14 |
|--|
| 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. |
| contration of |
| 1. Name of deceased office fuckam, |
| 2. Sextimater 3. Color Maar 4. Age 3 yr. 11 mb. |
| 2. Sex Frinale 3. Color White 4. Age 3 yr, 11 me. 5. Married or single Single 6. Date of death Nov 10" 1861 |
| don't Runn |
| 7. Cause of death and from the second |
| S. Duration of last miness of furand. |
| BOWLING GREEN, KY |
| ACSINEIRCE |
| Understeknik Contificate in Balatine to Day 1 |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation |
| 10. Place of birth fold County |
| 11. Residence Ward No. |
| 12. Time of residence in the city Mus Ansau & Jackam (Aral) |
| 13. When a minor Name of mother I and the Kum |
| 14. Place of intended interment |
| 15. Date of intended interment |
| GERARD & GERARD. Undertaker. |
| Date of Certificate NOV 23 1906 Residence BOWLING GREEN, KY |
| This Body was dis internal from Farming France WLING GREEN, IN and whitered in Parine Comicing |
| and wintered in Farrirew Comiciny |
| NOV 23 1906 A. Junary. |
| NOV NO 1000 100 A SUDDUG I |

Elwood C. Jackson 1912

| 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. |
| Inssician's Certificate Freparatory to Durial. |
| 1. Name of deceased |
| 2. Sex Mult 3. Color Whele 4. Age 43 Mrs. |
| 5. Married or Single Midwar |
| 6. Date of death 1914, |
| 7. Cause of death Internal enjury |
| 8. Duration of last illness_17 days |
| Jos, mulherford, M.D. |
| Residence Humping Junn Mg |
| |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation |
| 10. Place of birth |
| 11. Residence Word Ford M. Ward No. 3 |
| 12. Time of residence in the city |
| 13. When a minor { Name of Mother |
| Name of Father |
| 14. Place of intended interment |
| 15. Date of intended interment |
| Martine Undertaker. |
| Date of Certificate |
| |
| |
| |

Frankie Jackson

| 3.96 16 |
|--|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
| · RETURN OF A DEATH. |
| |
| 1. Name of deceased |
| 2. Sex bay . 3. Color Cal . 4. Age 8 mo |
| 5. Married or Single |
| 6. Date of Death 72 19 |
| 7. Cause of Death Commence |
| 8. Duration of last Illness |
| Residencē |
| |
| |
| 9. Occupation child |
| 10. Place of Birth Cug- |
| 11. Residence |
| 12. Time of Residence in the City |
| 13. When a Minor. Name of Mother Ayyu Jackson |
| Name of Father 14. Place of intended Interment |
| 15. Date of intended Interment Pub 20 |
| bather farmen, Undertaker. |
| Date of Certificate Residence |
| |
| |
| a the same discourse the |

Hattie Jackson 1910

| | 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 deceased Nattin Jackson 2. Sex Frinale 3. Color Black. 4. Age 52 yrs 5. Married or single Willow. | |
| 5. Married or single Wallow, | |
| 6. Date of death Mar 12" 1910 | |
| 6. Date of death Mar 12" 1910 7. Cause of death Thans tim following La Ship for | |
| 8. Duration of last illness | |
| Residence Bowling Green Shy. | |
| Residence | |
| U. J. A. Karla Cartificate in Relation to Descend | |
| Undertaker's Certificate in Relation to Deceased. | |
| 9. Occupation | |
| 9. Occupation 10. Place of birth Warraw County 11. Residence O. Chastruck St. Ward No. | |
| | |
| 12. Time of residence in the city 5 yrs. | |
| 13. When a minor { Name of mother | |
| (Name of father. Much and have stress | |
| 14. Place of intended interment manan, Communy | |
| 15. Date of intended interment. 12 1910. | •• |
| Date of Certificate Mar. 1 N/1910 Residence. | •• |
| 1 | |
| | |
| | |

Henry W. Jackson 1912

| | 113.6 |
|------|--|
| | Physician's Certificate Preparatory to Burial. |
| | Name of deceased Nany Machine, |
| 1.] | Name of deceased Nany / Kachsm. |
| 2. 8 | Sex Mall g3. Colory Mhilly 4. Age 28 yr |
| 5. I | Married or single guilt with the second seco |
| 6. 1 | Name of deceased 2 1 1 1 1 1 1 1 1 2 1 2 2 2 2 2 2 2 2 |
| 7. (| Cause of death Stomaine Poisoning |
| 8. 1 | Duration of last illness |
| | S.J. Martin M. D Residence Britishur K |
| | Residence Britister Kg |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| | |
| 9, | Occupation Farmer, Place of birth Warraw low Ry |
| 10. | Place of birth Warraw Con My |
| 11. | |
| 12. | Residence |
| 19 | When a minor { Name of mother |
| 10, | Name of father |
| 14. | Place of intended interment |
| 15. | Date of intended interment farmary 12/1917, |
| | GERARD & GERARD. Undertaker |
| | of Certificate famy 11/19/2, Residence |

James Jackson 1909

| | RETURN OF A DEATH. |
|-----|--|
| | Physician's Certificate Preparatory to Burial. |
| | |
| 1. | Name of deceased James Jackson |
| 2. | Sex male 3. Color Gerle 4. Age 59 |
| 5. | Married or single Muguyue |
| 6. | Date of death french 6- 1909. |
| 7. | Cause of death Dyrater |
| 8. | Duration of last illness |
| | 1. VE. Storce M. D |
| | Residence |
| | |
| * | Undertaker's Certificate in Relation to Deceased. |
| | |
| 9. | Occupation Sick digger |
| 10. | Place of birth alabania Residence Nigh St. Ward No. 2 |
| 11. | Residence Kigh St. Ward No. 2 |
| 12. | Time of residence in the city about 20 yrs |
| 13. | When a minor { Name of mother |
| 10. | (Name of father |
| 14. | Place of intended interment yt. morah Cumitin |
| 15. | Date of intended interment funce 8 - 1909 |
| | J: E. Ruy Ken Jatendertaker |
| Da | te of Certificate June 5-09. Residence Cor- |
| | 7 + College St. 8 |
| | |

James Jackson Jr. 1896

| This Const | itutes One Certificate (| to be Returned to | the City Clerk | for a Burial Per | emit. |
|------------|--------------------------|-------------------|----------------|------------------|-------|
| | RETURN | OF F | A DEI | атн. | |
| | PHYSICIAN'S CER | TIFICATE PREPA | RATORY TO E | URIAL. | |
| 1. Name | of deceased fa | unes y | lack. | ind & | la. |
| 2. Sex / | nale 3. | Color Bl | f . 4 | . Age 14 | .41 |
| 5. Marrie | d or single | ingle | | | |
| 6. Date o | f Death Alf | Øg"] | 96 | | |
| 7. Cause | of Death | blr culi | 2 Mu | ningi | lis |
| 8. Durat | on of last Illness | 10 | X | | ····· |
| | Jui | I Ca | nive | ght_, | M. D. |
| | 0 Res | idence | | | |
| | UNDERTAKER'S CER | TIFICATE IN RE | LATION TO D | ECEASED. | |
| | | - | - | | |
| 9. Occup | 0. | + | | | |
| 10. Place | 11 .1 | 1. tu | 1 | | |
| | nce Arg H | Anny | S. Wai | d No. | |
| 12. 11me | of Residence in | of Mother | ula | Jack | in |
| 13. When | a Minor | of Father | 4.5/11 | acit | 1 |
| LA. Place | of intended Inte | (11) | 1 Min | mian | 1 |
| - | f intended Intern | 11 | 19"/4 | 76. | |
| | F.C. | Juar | dH | Geo, Under | taker |
| Date of C | ertificate Supp | 9/96. R | esidence | City | |
| | | ///~ | | · · · · · | |
| | | | | | |
| | | | | | |

Jane Jackson 1880

| | This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. |
|-----------|--|
| | RETURN OF A DEATH. |
| | Jane |
| | PHYSIC AN'S CERTIFICATE PREPARATORY TO BURIAL. |
| | Name of Deceased ane Lacin |
| 2. | Sex Fernele 3. Color Darl . 4. Age |
| | |
| 6. | Date of Death Spt. 2015 1890 |
| | Cause of Death Alever |
| 8. | Duration of last Illness three bargets |
| | S.C. Coller, M. D. |
| | · Residence Burnlinggeen |
| | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED |
| э. 10. | Occupation |
| | Place of Birth Residence Shan to Shart. Ward No. 2 |
| 11. | |
| 12. | Time of Residence in the City |
| 13. | When a Minor { Name of Mother |
| | When a Mimor Name of Father |
| 14. | Place of intended Interment |
| 15. | Date of intended Interment |
| | Martaker. |
| D | ate of Certificate Stat 21 SUResidence |
| | |
| | Democrat Print. |

John N. Jackson 1873

| 22 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|--|
| RETURN OF A DEATH. |
| <u></u> Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased ohn, M. Jackim. |
| 2. Sex |
| Name of deceased Shu, A. Jackim, Sex Married or single. Manual - Married or single. Manual - Date of death Fund |
| 7. Cause of death flux, |
| 8. Duration of last illness. L. C. Portur Residence Burling Guan Ry. |
| Residence Dunying Hum of |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation Farmer |
| 9. Occupation Farmer 10. Place of birth Warren, Connty. 11. Residence Was hville Pikk. Ward No. |
| 12. Time of residence in the city |
| 13. When a minor Name of father |
| 14. Place of intended interment. NOV 23 1906 |
| GERARD & GERARD. Undertaker. Date of Cerrificate NOV 23 1906 Residence BOWLING GREEN, KY |
| Dete of Certificate NOV 23 1906 Residence BOWLING GREEN, IN This Borly was dismitring from family hory of and minter in Fairview Cometery |
| NOVI23 1906.5 6. Sward |
| |

Littie Jackson 1898

| 1117 . 0 | 23 |
|--|-----|
| 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 | |
| fixting all and | |
| 1. Name of deceased All facture, 2. Sex Fumale 3. Golor Bly . 4. Age 80 yrs | / |
| 5. Married or single | |
| 6. Date of death A 104 6" 1898, | |
| 7. Cause of death Noperfi | |
| 8. Duration of last illness | |
| Q, D, Coyun, M. D. | |
| Residence Quy | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth | 1 |
| 11. Residence / 4 SMM Ward No. 2 | 2 |
| 12. Time of residence in the City | |
| 13. When a minor Name of Mother | - |
| Mh Monigh lann | the |
| 14. Place of intended interment AMY 15. Date of intended interment AMY 1898 | J |
| Lugit Lund, Undertaker. | |
| Date of Certificate ANJ'98, Residence Oily | |
| | |
| | |
| | |

Lou Jackson 1893

| 574 | 24 |
|---|----|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit, | |
| RETURN OF A DEATH. | |
| | |
| 1. Name of deceased Loa Jackan | |
| 2. Sex female . 3. Color Black. 4. Age 25- | |
| 5. Married or Single | |
| 6. Date of Death Nav 26 1893 | |
| 7. Cause of Death Contemplitude | |
| 8. Duration of last Illness (N. Murphy D. D. | |
| Residence B.G. M. D. | |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| Cecupation | |
| 10. Place of Birth Mannen Correction | |
| 11. Residence In the 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 Nov 27 1833 | |
| Pratter Pagon, Undertaker. | |
| Date of Certificate | |
| | |
| | |
| the second se | |

Lucy Jackson 1891

| | orn of a death. |
|--|--|
| —————————————————————————————————————— | SICIAN'S CERTIFICATE PREPARATORY TO BURIAL |
| | |
| 1. Name of deceased | Lucy Jackson |
| 2. Sex female | 3. Color black . 4. Age 50 |
| | e Widow |
| 6. Date of ' Death | Sept 26th 1881 |
| 7. Cause of Death | legennetion. |
| 8. Duration of last | Illness Terral months |
| | How M. D |
| Tiele | Residence Cily No. Office |
| | |
| | TAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| | tomekaper |
| 10. Place of Birth | |
| 11. Residence | P |
| | nce in the City |
| 13. When a Minor. | Name of Mother |
| 14. Place of intended | 1 |
| 15. Date of intended | 1 the in |
| Date of intended | Chathy Payne, Undertaker |
| and the second second | . Residence |

Child of Marian & Hettie Jackson 1897

26 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. + Hettie au 1. Name of deceased ny 4. Age 3 wk 2. Sex male. 3. Color wh 5. Married or single 6. Date of Death March 7. Cause of Death frementure 8. Duration of last Illness Dr.H. P.C. H, P, Captonnic - , M. D. Residence. UNDERTAKER'S GERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth dein Ward No. 3 11. Residence Woolin Mulle 12. Time of Residence in the City. 13. When a Minor Name of Father Marian Jac 14. Place of intended Interment Tarvie 15. Date of intended Interment Char , Undertaker,

Marie Jackson 1893

2 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit, RETURN OF PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.man'a W 1. Name of deceased Marie Jackson 2. Sex Anal 3. Color Blasse . 4. Age 28 5. Married or Single manual 6. Date of Death Oct 20 1893 7. Cause of Death Cananaly 8. Duration of last Illness Mus Johney, M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Annacherforme 10. Place of Birth Laborrow Lun 11. Residence Aly at . Ward No. 324 12. Time of Residence in the City Sunnal years i) Name of Mother 13. When a Minor. 14. Place of intended Interment ant monicale 15. Date of intended Interment Olect 21 md 1883 Pruther Agree , Undertaker. Residence Date of Certificate

Mary Lee Jackson 1912

| | RETURN OF A DEATH. |
|-----------|--|
| | _1227 |
| | Physician's Certificate Preparatory to Burial. |
| | m -m 10 1 1 |
| 1. | Name of deceased the Manyder fallsan |
| 2, | Sex Semale. 3. Color White . 4. Age 29 40 |
| 5. | Married or Single |
| 6. | Date of death July 76 - 1912 |
| 7. | Cause of death Come of Bruch |
| 8. | Duration of last illness Justice months |
| | M Ofrancys, M. D. |
| | Residence Daculuig Gally Vy |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation Aquication |
| 0. 10. | Place of birth My Marnen Co |
| 100 | n. the law |
| 11. | Residence / lar / nalau |
| 12. | Time of residence in the city |
| 13. | When a minor { Name of Mother |
| | (Name of Father |
| 14. | Place of intended interment May route (Imetary |
| 15. | Date of intended interment Aug VIIII |
| | , Undertaker. |
| Dat | e of Certificate Muy Residence BOW LING GEBEN. & T |
| | |

Rosetta Jackson 1892

38 29 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. 15 63 PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.-1. Name of deceased lostla nell 2. Sex funal . 3. Color ALIC . 4. Age / -5. Married or Single_ 6. Date of Death. Capillory Bro 7. Cause of Death____ -cheles 8. Duration of last Illness ... , M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation 10. Place of Birth 11. Residence / 14 Ward No. O 12. Time of Residence in the City Name of Mother Raufer mellon 13. When a Minor. nona 14. Place of intended Interment 15. Date of intended Interment Undertaker. Date of Certificate. Residence

Russell Jackson 1906

| | This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit |
|--------|---|
| | RETURN OF A DEATH. |
| - | #18 |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. N | ame of deceased hursel gackson |
| | exman 3. ColoBlack 4. Age 27-42 |
| 5. M | larried or single angel |
| | Pate of death August 7-1906 |
| 7. C | ause of death America menunamia. |
| 8. D | Puration of last illness, M. D. |
| | Residence |
| | Residence |
| 5 | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 0 0 | |
| | Place of birth mean funning cruck |
| | Residence in Contry Junio Contrit Ward No, |
| | Vime of residence in the City not at all |
| 10 11 | Name of Mother Vina Jackson |
| 13. V | When a minor Name of Father Latte Dacknow |
| | Place of intended interment Manuelland |
| 15. I | Date of intended interment angust - 1902 |
| Date o | of Certificate . Residence |
| | |
| | |
| | |

Infant of Sam Jackson 1910

| | RETURN OF A DEATH. |
|------|--|
| | <u> </u> |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased Infant of Sam Lickson |
| 2. | sex male & color White 4 Age / Dog |
| 5. | Married or Single |
| 6. | Date of death Oct 6 1910 |
| 7. | Cause of death the Thesan |
| 8. | Duration of last illness 12 hours |
| | 6-M. Hall., M. I |
| | Residence |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 10. | Place of birth Bawley Yren Kr |
| 11. | Residence |
| 12. | Time of residence in the city |
| 13. | When a minor { Name of Mother |
| | Name of Father Van Justiceson |
| 14. | Place of intended interment MI alite Cum |
| 15. | Date of intended interment $0 - 1910$ |
| Dat | Continente De Co |
| Date | e of Certificate Residence 22402 |
| | |

Sarah Jane Jackson 1906

| This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. |
|--|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Namoof deceased 2. Sex Frunder, Millow 5. Married or single, Willow 5. Married or single, Willow |
| Date of death May 18" 1906. Cause of death Old agr. Duration of last illness |
| , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of birth Harrin, Conuty 11. Residence mar Bristone Ky, Ward No; 12. Time of residence in the City. |
| 13. When a minor Name of Mother |
| Date of Certificate Maring" 06 Besidence May factor was actualed by a Physician who Presides surved miles out eich of the fity |

Sila Jackson 1898

| 1140 | 33 |
|--|----|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit, | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased Sier Jackson | |
| 2. Sexpernale, 3. Color BCK. 4. Age 172 | |
| 5. Married or single | |
| 6. Date of death Thooping Cough. | |
| 8. Duration of last illness Sig winds | |
| 074 Cymsteace , M. D. | |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth Cig | |
| 11. Residence The Start Start +17 . Ward No. 3 | |
| 12. Time of residence in the City 12. 13. When a minor Name of Mother Name of Father 12. | |
| Martin 1 | |
| 14. Place of intended interment <u>MAMMANCAL</u> 15. Date of intended interment <u>Quantum 12</u> <u>5</u> <u>8</u> | |
| Anwlightyn, Undertaker. | |
| Date of Certificate Residence | |
| | |
| | |

Susan Jane Jackson 1906

| This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. |
|--|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Mrs. Susan, Jan, Jackson. |
| 2. Sex Hunder, 3. Color Will Latyohn Machine. 5. Married or single Willow of the Latyohn Machine. 6. Date of death JUN 18 1906 7. Cause of death Causer incidence to old age. |
| 8. Duration of last illness Residence BOWLING GREEN, KY |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of birth fram. Ov. 11. Residence as will pins, Manual Ward No, |
| 12. Time of residence in the City. 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment |
| 15. Date of intended interment JUN 19 1906 GERARD & GERARD, Undertaker. Date of Certificate JUN 18 1906 Residence POWLING GREEN, KY |
| |

Victoria Jackson 1909

| * * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * | 8 |
|--|----|
| | - |
| RETURN OF A DEATH. | |
| Physician's Certificate Preparatory to Burial. | |
| 1. Name of deceased Min Victoria Jacks | n |
| 1. Name of deceased Min Victoria Jacks 2. Sex Hunan 3. Color White 4. Age 61 | |
| 5. Married or Single Angle | |
| 6. Date of death 1/au 20 1909 | |
| 6. Date of death May 20 1909 7. Cause of death Brights Leisur | |
| | |
| 8. Duration of last illness B. H. Ruthurful, M. | D. |
| Residence | |
| | |
| Undertaker's Certificate in Relation to Deceased. | |
| 9. Occupation | |
| 10. Place of birth | |
| 11. Residence levellige IT leity. Ward No. 120 | L- |
| 12. Time of residence in the city | |
| 13. When a minor { Name of Mother | |
| Name of Father | |
| 14. Place of intended interment Heinung leentury | |
| 15. Date of intended interment May 22 1904 | |
| Gerard Herard, Undertak | |
| Date of Certificate Mary 20 1904 Residence | |
| | |
| | |
| | |

Infant of W. H. & Ida Jackson 1899

36: This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. GETURN OF A DEATH. of W.H.+ Ida PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of Deceased , - Infan Sex male. 3. Color white. 4. Age 5 d 2 5. Married or Single Lingh 6. Date of Death Selan 7. Cause of Death Leturns Intantine 8. Duration of last Illness for hourse. M. D. witcher Residence 0 3 UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Bowting Im 11. Residence Summer Shart . Ward No. 2 12. Time of Residence in the City When a Minor Name of Mother Ida Jackson Name of Father N. H. 13. 14. Place of intended Interment farmer Cent 15. Date of intended Interment Sch 24th erad, Undertaker. 7.9 Residence Date of Certificate Scht Democrat Print.

Wade Jackson 1900

| This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. |
|--|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| |
| 1. Name of deceased Nade Jackson |
| 2. Sex male 3. Color white 4. Age R/yr |
| - 5. Married or single |
| 6. Date of death fan - 1- 1900 |
| 7. Cause of death Japhand Hover |
| 8. Duration of last illness <u>Juneky</u> |
| Brilling For Millikan M. D. |
| Residence 554 16 Alt. |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation Laboron - |
| 10. Place of birth name co - Ky 11. Residence Kight SI Ward No, 1 |
| 11. Residence Might V Ward No, |
| 12. Time of residence in the City. Surveyal your |
| 13. When a minor Name of Mother . E. Jackson |
| 14. Place of intended interment fair me Cully |
| 15. Date of intended interment from 2-1900 |
| Guard Muard, Undertaker. |
| Date of Certificate an - 1 - 1.900 Residence |
| |

Mrs. M. E. Jacobs 1901

| | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | 38 |
|--------------|--|----|
| | RETURN OF A DEATH. | |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| | Name of deceased My, M.E. Jacobs Jacob | |
| 1. 2. | Sex Frunder 13. Color Matter 4. Age 65 yrs | |
| 5. | Married or single Willow | |
| 6. | Date of death 1100, 23/1901 | |
| 7. | Cause of death Consumption | |
| 8. | Duration of last illness | |
| | Jom M. Stone, M. D | • |
| | Residence | |
| • | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9, | Occupation Bijepron County | |
| 10. 11. | Place of birth of the | |
| 12. | Time of residence in the City. | |
| 13. | When a minor { Name of Mother | |
| 14. | Place of intended interment Hanflin My, | |
| 15. | Date of intended interment for not gold | |
| Dat | e of Certificate Nov, 14/1911. Residence | - |
| | | |
| | | |
| a series and | | 1 |

Child of Baley James 1905

| | 01 11 | DEA' | 111. |
|-----------------------------|--|--|---|
| Physician's Cer | tificate Prepar | atory to Buria | I. |
| Calila | to Baling | James. | |
| Hundry | White | | 6 yrs |
| Married or Single Single | le | | / |
| Date of death Duc, M | "05 | | |
| Cause of death Pursue | monia | | |
| | Carturian | A.J. | |
| | | | , M. D |
| | esidence | | |
| Undertaker's Cer | tificate in Rela | tion to Deceas | ed. |
| Decupation | | | |
| Place of birth Edun | son lean | ty | |
| Residence Church | August. | | No. 3. |
| fime of residence in the ci | ty Arorial | wurke | |
| When a minor { Name of | Mother R | lang gain | L |
| | | Monty | |
| | Duc y111 | 5, | |
| Date of intended interment | and y Gria | in | Undertak |
| of Certificate Duc, 21 | "05, Res | | , Undertaker |
| | | | |
| | Name of deceased bhild Sex Funder 3 Married or Single Sing Date of death Survey Date of death Survey Date of death Survey Duration of last illness Fundertaker's Cer Duration of last illness Fundertaker's Cer Decupation Place of birth Educe Residence Shurelly Cime of residence in the ci When a minor Name of Place of intended interment Date of intended interment | Name of decensed whill of Batry Sex Funder 3. Color Married or Single Single Date of death Arc, M" 0.5 Date of death Duration of last illness H. Martungh Residence Undertaker's Certificate in Rela Decupation Place of birth Edmonson, Com Residence Annel Muguett Residence In the city Sword Second Mother Name of Mother Name of Father Place of intended interment Edmonson Date of intended interment | Name of deceased and a superfluence. Sex Funder 3. Color Mills 4. Age 4 Married or Single Single Date of death Drc, M"05 Date of death Drc, M"05 Date of death Drc, M"05 Date of death Drc, M"05 Duration of last illness F. G. Gartinght, Residence Undertaker's Certificate in Relation to Deceas Decupation Place of birth Edminson, County Residence Church Muguit, Residence Church Muguit, Residence In the city Avoid wirth Place of residence in the city Avoid wirth When a minor Name of Mother Mas Balay Jame Name of Father, Balay Jame Place of intended interment Edministry County Date of intended interment Edministry County Date of intended interment Date Min Manual August Jama |

Child of Emma James 1880

| This | Constitutes ONE CERTIFICATE to be retu | e City Clerk for a BURIAL PERMIT |
|--------------------------|--|--|
| | RETURN OF | A DEATH. |
| РНҮ | SICIAN'S CERTIFICATE P | REPARATORY TO BURIAL. |
| 1 | A. D | f Cani Jaknes |
| | or Single | 1911 4. Age / 8 200 |
| | Death May 5 | 1880 |
| | f Death | |
| 8. Duration | n of last Illness | Arclus |
| | | , <i>M. D</i> . |
| | Residence | |
| UNDER | TAKER'S CERTIFICATE I | N RELATION TO DECEASED. |
| 9. Occupat | ion | |
| 0 Place of | Birth | |
| 1. Resident | :e | . Ward No 2000 |
| 2. Time of | Residence in the City | and the second |
| | Minor { Name of Mother 2 | inma James |
| 3. When a | Minor Name of Father | |
| 4. Place of | intended Interment | l Count |
| 1. 1 (acc 0) | intended Interment | 08×1850 |
| 5 Date of | interested and an interest provident and | la a maria |
| 5. Date of | - Hle | Just, Undertaker. |
| 5. Date of Date of Ce | rtificate no 8-188 | Nesidence, Undertaker. |

Joe James 1907

| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|--|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased for formes 2. Sex male 3. Colof black. 4. Age 47 5. Married or single married 6. Date of death Sept. 5- 1907 7. Cause of death Duslol Older 8. Duration of last illness Job Law M.M.D. Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation Carpenter 10. Place of birth Allen 60. 11. Residence Park SE, Ward No, 1 |
| 11. Residence Park Sk, Ward No, 1 12. Time of residence in the City. Fifteen years 13. When a minor Name of Mother Name of Father Name of Father |
| 14. Place of intended interment Mf. Mariah Cemetary 15. Date of intended interment Sept. 7-1907 J.E. Kurkendall, Undertaker. |
| Date of Certificate Att. 6-1907. Residence |

Sarah James 1878

42 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. RETURN DEATH. $\mathbf{O} \mathbf{F}$ A PHYSICI VS CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Ι. Sex C . 3. Color uh A. Are 2. Married or Single. 5. Date of Death 6. Cause of Death 7. 5 Duration of last Illness 8. in Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation 9. 10. Place of Birth Maren Cours How Tung Such Residence 9. Ward No. 11. Time of Residence in the City_ Ma 12. Name of Mother When a Minor 13. Name of Father 14. Place of intended Interment Tam 15. Date of intended Interments Undertaker. Date of Certifica Residence Pantagraph Print

Virginia J. Jamison 1900

| 26 2 0 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 Mrs, Mirging & Jamison 2. Sex Famale . 3. Color While 4. Age 74 years 5. Married or single Widow |
| 6. Date of death Jull, 6" 1900. |
| 7. Cause of death , NOUVER OX MUCH |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 9. Occupation 10. Place of birth Patyrsburgh, Va. 11. Residence State St. Ward No. 124 |
| 12. Time of residence in the City 19 years |
| 13. When a minor Name of Mother |
| 14. Place of intended interment Fairward Cuwelery. |
| 15. Date of intended interment your 1900, Several and Sarand, Undertaker. |
| Date of Certificate apr 6"1909. Residence Mus facuison is the Mother of Mus fithit. Potter, |

Jane Jammerson 1896

| 901/ | 44 |
|---|----|
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| Jammerson | |
| 1. Name of deceased fance fammensore | |
| 2. Sex Runale 3. Color Bll . 4. Age 52 yes | |
| 5. Married or single Maniel, | |
| 6. Date of Death June 28/1896 | |
| 7. Cause of Death Cancer of the whould. | |
| 8. Duration of last Illness | |
| IST. Murphy, M. D. | |
| Residence 6 114 | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| | |
| 9. Occupation | |
| 10. Place of Birth Manuello, | |
| 11. Residence Part Stuck. Ward No. 1 st | |
| 12. Time of Residence in the City | |
| 13. When a Minor } Name of Mother | |
| Name of Father | - |
| 14. Place of intended Interment MA Moriah. | |
| 15. Date of intended Interment, June 29°/1896. | |
| F. C. Guard TBro, Undertaker. | |
| Date of Certificate and # 9/96 Residence | |
| | |
| | |
| | |

R. J. Jarbon 1893

| Cubo ftwork of the City Clerk for a Burial Permit. |
|--|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased R Jarbon |
| 2. Sex Mal 3. Color White 4. Age 27 years |
| 5. Married or single Man - 1 |
| 6. Date of Death Cur 2 - 1893 |
| 7. Cause of Death Syphorid June |
| 8. Duration of last Illness 12 Days, |
| A. M. D. |
| Residence Brothing Crun, Ky_ |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation At |
| 10. Place of Birth Kintucky |
| 11. Residence Burn 11-Shet. Ward No. 12 |
| 12. Time of Residence in the City |
| 13. When a Minor |
|) Name of Father |
| 14. Place of intended Interment Koretta 197 |
| 15. Date of intended Interment, Our 24-1893 |
| Hornord yord, Undertaker. |
| Date of Certificate Olig 3-93 Residence |
| |
| |
| |

Child of Green Jeffers 1908

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 Child of Green Liffers 2. Sex finale. 3. Color phlack. 4. Age 6 5. Married or single. 6. Date of death france 2/ - 1908. 7. Cause of death Fill Oliet of Cheromon Neck 8. Duration of last illness Inallandereley Jully C Drog M. D. Residence Danser Crang Forther 16 UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth Bulling Green 11. Residence Ruchs alley Ward No, ? 12. Time of residence in the City. 6/- 2005, Solution Name of Mother -13. When a minor Name of Father Green Juffers 14. Place of intended interment pausfac 15. Date of intended interment 6 SunfrendallUndertaker. the 2-2-1908 Residence Date of Certificate callege Sto

Lena Jeffers 1898

| 1151 0 47 |
|--|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL |
| 1. Name of deceased Ella feffets. 2. Sex Fiemale ; volor Blk. 4. Age 25 yrs. 5. Married or single Single. 6. Date of death fully 19" 1898. 7. Cause of death balanahul Pnantwortha. 8. Duration of last illness |
| Q. D. Portar, , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 10. Place of birth Name County, 11. Residence GEnter, Streeh Ward No. 2 20 |
| 12. Time of residence in the City |
| 13. When a minor Name of Father |
| 14. Place of intended interment bounty converting, 15. Date of intended interment fully. 20"98, Guard Second . Undertaker. |
| Date of Certificate fully 20198, Residence |
| |

Child of Annie Jemmerson 1901

| - 48 |
|--|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. |
| RETURN OF A DEATH. |
| |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased child of amie Jemmerson 2. Sex funder. 3. Color Hack. 4. Age 5. Married or single LE- 1901 |
| 1. Name of deceased child a unnue fermeren |
| 2. Sex finale 3. Color / Math 4. Age |
| 6 Date of death March 10-1101 |
| 7. Cause of death Still Born |
| 8. Duration of last illness |
| OSPorter , M. D. Basidance State St |
| Residence State SL |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 10. Place of birth Bonky the 19 11. Residence Kullect Ward No, 3rd |
| 11. Residence Kuntuct Ward No, 3rd |
| 12. Time of residence in the City. |
| 13. When a minor Name of Mother Conce Janmerson |
| 14. Place of intended interment County Ending |
| 15. Date of intended interment March-19-1901 |
| Grand Than, Undertaker. |
| Date of Certificate Residence |
| |
| |
| |

Alice Jenkins 1891

49 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETUQES (ID) II' ATPle.) Fr PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased 2. Sex female 3. Color 5. Married or Single 6. Date of Death 7. Cause of Death 8. Duration of last Illness , M. D. Residence 10 -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation 10. Place of Birth ru 11. Residence Vis Chisture Ward No. 12. Time of Residence in the City Severa Name of Mother 13. When a Minor. Name of Father 14. Place of intended Interment 15. Date of intended Interment (Undertaker. Date of Certificate Residence.

Amey Jenkins 1911

| ** | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit |
|--------|---|
| | RETURN OF A DEATH. |
| | 983 |
| | Physician's Certificate Preparatory to Burial. |
| | amer Jenkins |
| 1. | Name of deceased and functions |
| 2. | Sotemale. 3. Color (Cal. 4. Age 4 6 |
| 5. | |
| 6. | Date of death 7207/3/9/ |
| 7. | Cause of death Muynonia |
| 8. | Duration of last illness dine days |
| | B.S. antherford, M.D. |
| | Residence Bowling Green My. |
| | 0 / / |
| | Undertaker's Certificate in Relation to Deceased. |
| | |
| 9. | Occupation |
| 10. | Place of birth Branner annty 1 som |
| 11. | Residence Bauling Green Kuged No. |
| 12. | Time of residence in the city |
| 13. | When a minor { Name of Mother |
| | Name of Father |
| 14. | Place of intended interment White Stan quiring |
| 15. | Date of intended interment more 14 1911 |
| | Engeles Aller, Undertaker. |
| Dat | e of Certificate Residence BSKn |
| | |
| ****** | |
| | |
| | |

Ella Jenkins 1891

300 51 This (onstitutes one Certificate to be Returned to the City Clerk for a Burial Permit, (P) 8 (0) REAUD 1 PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased cars. 2. Sextilu 3. Golor 2 Vhi l. ral 5. Married or Single K n 6. Date of Death 7. Cause of Death Con um 0 8. Duration of last Illness (M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 6 11. Residence 12 th rect 21 Ward No. 12. Time of Residence in the City. un Name of Mo 13. When a Minor. Name of Fath 14. Place of intended Interment 7 une 15. Date of intended Integment 8 •. Undertaker. Date of Certificate Residence

Henry E. Jenkins 1901

| | 52 |
|--|----|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of decembed Stanry G. Jegulius | |
| 2. Sex Mala 3. Jolor White 4. Age 66 yrs | - |
| 5. Married or single Manual | |
| 6. Date of death June 14/1901, | |
| 7. Cause of death Hastro Sutentis | |
| 8. Duration of last illness 10 Pays | |
| Join H. Stone, M. I. | |
| Residence Callige SX | |
| | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| | |
| 9. Occupation | |
| 10. Place of birth Warran County 11. Residence Park Street Ward No, / | |
| 11. Residence Jar Start Ward No, / | |
| 12. Time of residence in the City. | |
| 13. When a minor { Name of Mother | |
| Name of Father | - |
| 14. Place of intended interment Fauthan Counterry | |
| 15. Date of intended interment fund, 16/1901 . | |
| Undertake | •• |
| Date of Certificate June 13/190/. Residence | |
| | |
| | |
| | |

Mrs. Luther A. Jenkins 1911

| TI | als Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|--|---|
| 4 | RETURN OF A DEATH. |
| | Physician's Certificate Preparatory to Burial. |
| | 0010 |
| 1. | Name of deceased Mon huther afulcius |
| 2. | Sex Annale 3. Color White 4. Age 50 yrs. |
| 5. | Married or single Married |
| 6. | Date of death The 1911, |
| 7. | Date of death Lat 1911 Cause of death Payrudey matons Michartie (as for Ship in Cartificater) Duration of last illness |
| 8. | Duration of last illness Cugund A Gunard Devictors N. D. |
| | Funnic Devictors M. D. |
| | Residence ROWLING GREEN, XY |
| | |
| 9. | Undertaker's Certificate in Relation to Deceased. Occupation |
| 9. 10. | Occupation A Place of birth |
| | Occupation |
| 10. | Occupation A Place of birth |
| 10. 11. | Occupation Place of birth Residence Time of residence in the city. When a minor Name of father. |
| 10. 11. 12. | Occupation Place of birth Residence and and every Time of residence in the city When a minor When a minor |
| 10. 11. 12. 13. | Occupation Place of birth Residence And Andrea Time of residence in the city. When a minor Name of mother. When a minor Place of intended interment. Date of intended interment. |
| 10. 11. 12. 13. 14. 15. | Occupation Place of birth Residence And Andrea Time of residence in the city. When a minor Name of mother. Name of father. Place of intended interment. Cartinian Councilety. |
| 10. 11. 12. 13. 14. 15. | Occupation Place of birth Residence Time of residence in the city Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment GERARD & GERARD Undertaker. |
| 10. 11. 12. 13. 14. 15. | 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 GERARD & GERARD Undertaker. e of Certificate |

Mrs. Luther A. Jenkins 1911

| 71.0 | |
|--|--|
| VI E S | No. 299 OFFICE HEALTH DEPARTMENT |
| REMOVAL PERMIT BEFORE INTERMENT This permit must in all cases accompany the body to its destination. | No HEALTH DEPARTMENT Los Angeles, Cal., FEB 3 1911 191_ Permission is hereby given for the removal, in a sealed Metallic Case or Coffin of the remains of Mary 643 abdh. genernis Died Febr 1 1911, Place of Death Los angeles Cal. Cause of Death Parendsymitous Plephysitis Age 5D years, 2 months, 10, days Sex fem ale Race Cauce Place of Birth Indiana Physician R W. Halth To Bowling Green My |
| T | Mortuary Clerk Mortuary Clerk Mortuary Clerk |

Maggie Jenkins 1892

| 416 |
|--|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| |
| 1. Name of deceased Maggie fen Kins |
| 2. Sex Frinalis. for Blk. 4. Age 12 4 10 |
| 5. Married or Single Single |
| 6. Date of Death free 23/92 |
| 7. Cause of Death Systentery |
| 8. Duration of last Illness and week |
| · J. Molley, M. D. |
| . Residence |
| |
| 9. Occupation 10. Place of Birth Ceity |
| 11. Residence Chutnit Ward No. / 21 |
| 12. Time of Residence in the City |
| 13. When a Minor. Name of Mother Patsy Jukins |
| Name of Father |
| 15. Date of intended Interment free 24/1/92 |
| Date of Certificate fue 24 presidence |
| |
| |
| |

Martha Jenkins 1907

| | 54 |
|---------------------------|--|
| This Constitutes One Cer | tificate to be Returned to the City Clerk for a Burial Permit. |
| RETUI | RN OF A DEATH. |
| Physician | 's Certificate Preparatory to Burial. |
| 1. Name of deceased | martha Junkin |
| 2. Sexpenale | 3. Color affili 4. Age 57 - |
| 5. Married or single | |
| 6. Date of death | ue -17 - 1907 |
| 7. Cause of death | thinin Aulmonalis |
| 8. Duration of last illne | ess Manthe |
| | 7. A. Conturight - M.D. |
| | Residence |
| | |
| I for all a sets be and | 's Certificate in Relation to Deceased. |
| Undertaner | s Certificate in Kelation to Deceased. |
| 9. Occupation | |
| 10. Place of birth | |
| 11. Residence | ward No. |
| 12. Time of residence i | n the city man midure |
| (Na | une of mother |
| | me of father |
| 14. Place of intended in | nterment Farment Gunt |
| 15. Date of intended in | iterment Sec-18-1907 |
| | HawleyPay - Undertaker. |
| Date of Certificate | Residence. |
| | |
| | |
| | |
| | |
| | |

Mary Jenkins 1892

56 This Constitutes one Certificate to be Returned of the City Clerk for a Burial Permit. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased 2. Sex Hernall 5. Married or Single_ 6. Date of Death crailosi 7. Cause of Death Amonic ulmonory 8. Duration of last Illness 21 orwhing M. D. Residence 80 UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation 10. Place of Birth 11. Residence . Ward No. C 12. Time of Residence in the City_) Name of Mother 13. When a Minor. Name of 14. Place of intended Interment 15. Date of intended Interment , Undertaker. Date of Certificat Residence

Mary E. Jenkins 1900

| 4/0 | 57 |
|---|----|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit, | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased Mrs. Mary E. feurius 2. Sex Famale. 3. Color Hille. 4. Age 42 yrs | / |
| 5. Married or single Caucial 6. Date of death May 7" 1900. 7. Cause of death Palalysic 8. Duration of last illness 3 Days B.H. Milliface, M. D. Residence 3. Survey Ky | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth 11. Residence Woodforth, St. Ward Not and 12. Time of residence in the City Sward Mouths | 0 |
| 13. When a minor Name of Mother Name of Father 14. Place of intended interment Facilyview Councilary | |
| 15. Date of intended interment May 8"1900. Juand and General, Undertaker | |
| Date of Certificate May 7/1900 - Residence | • |
| | |

Mattie Barr Jenkins 1899

| x 2,03 | 58 |
|--|----|
| 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 Mattie Ban Jenfins 2. Sex Fundle 3. Color Mile. 4. Age 5 yr. | |
| 5. Married or single 6. Date of death fannary 10" 1899, | |
| 7. Cause of death Meningetis | |
| 8. Duration of last illness Sarah J. M. ilsok, M. D. | |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth Gily, 11. Residence Gollege Stirth. Ward No. 2nd | 6 |
| 12 Time of residence in the City | 4 |
| 13. When a minor { Name of Mother Mustigic Centin | |
| 14. Place of intended interment Farmeren Curreling | - |
| 15. Date of intended interment farming 1899, Lund Lund, Undertaker. | |
| Date of Certificate Jaw. 11"97. Residence Cily, | |
| | |
| | |

Infant of Mollie Jenkins 1894

| 0 8 3 This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit. | 59 |
|--|-----|
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Infant child of Mollie Junku 2. Sex | 20. |
| 8. Duration of last Illness , M. D. Residence , M. D. | 1 |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth Bon Ling hum 14. | |
| 11. Residence 11 of shut. Ward No/- | |
| 12. Time of Residence in the City | |
| 14. Place of intended Interment Paupas curuling | |
| 14. Place of intended Interment Paupar curveling 15. Date of intended Interment 190 - 19- 94 File Firand Mrs., Undertaker. | |
| Date of Certificate | |
| | |

Patsy Jenkins 1891

60 3 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETURN) (i, 16 PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.ullus 1. Name of deceased 1. 4. Agelibr 2. Sextemale 3. Colp id 5. Married or Single -6. Date of Death 7. Cause of Death nen 8. Duration of last Illness ., M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation 10. Place of Birth 11. Residence Houterchy Street Ward No. 3 rd 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. Date of Certificate Residence.

Sallie Jenkins 1913

| | RETURN OF A DEATH. |
|--|--|
| | Physician's Certificate Preparatory to Burial. |
| | Name of deceased Mrs. Sallis fanthirs Sex Fundal 3. Color White 4. Age 69 425. Manual Manual |
| 1. | Name of deceased white 69 425 |
| 2. | Married or single |
| 5. 6. | IAN 1 7 1913 |
| o. 7. | Date of death Cerebral Thrombosis Cause of death Cerebral Thrombosis Duration of last illness. 18 days |
| 8. | Condiovasenlar-renal disease |
| | mottBlackburn M. |
| | Residence BOWLING GREEN. KY |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 0 | Occurretion |
| 9. | Occupation Butter Co |
| 10. | Occupation Place of birth Ky, Buther Co. Residence Clay Sh Ward No. 2 |
| | Occupation Place of birth My, Butha Co, Residence Clay Sh Ward No. 2 Time of residence in the city 2 mot. |
| 10. 11. 12. | Time of residence in the city 2 mot. |
| 10. 11. | Time of residence in the city 2 mot. |
| 10. 11. 12. | Time of residence in the city 2 mot. |
| 10. 11. 12. 13. | When a minor Name of mother. |
| 10. 11. 12. 13. 14. | Time of residence in the city 2 mov. When a minor Name of mother. Name of father Place of intended interment Date of intended interment. Marken 18"1913. GERARD & GERARD. Undertake |
| 10. 11. 12. 13. 14. 15. | Time of residence in the city 2 mov. When a minor Name of mother. Place of intended interment. When a minor Completing |

James Edward Jennett 1911

| | PETUDN OF A DEATH |
|---|--|
| | RETURN OF A DEATH. |
| | Physician's Contiferation Provide Annual Provide An |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased James Euglis out Jim H |
| 2. | Sex mole 3. Color White 4. Age & yo |
| 5. | Married or Single Single |
| 6. | Date of death_ Jan 19 9 7) |
| 7. | Cause of death accidential Burned. |
| 8. | Duration of last illness |
| | Jr. E hoy Coron, M. D. |
| | Residence |
| | Undertaker's Certificate in Relation to Deceased. |
| | Conderlater's Certificate in Kelation to Deceased. |
| 9. | Occupation _ Child |
| | Place of birth Langfett I com |
| 10. | The of the former of the second secon |
| 10. 11. | Residence Broadway Bawhig Free Ward No. |
| | |
| 11. 12. | Residence Broadway Bawhig Green Ward No |
| 11. | Residence <i>Broadway</i> Bawhig Iren Ward No |
| 11. 12. | Residence <i>Broadway</i> Bawhig Free Ward No |
| 11. 12. 13. 14. | Residence <i>Broadway</i> Bawhig Iree Ward No |
| 11. 12. 13. 14. 15. | Residence <i>Broadway</i> , Bawhig Itee Ward No. Time of residence in the city I for When a minor Name of Mother Matter work Name of Father Deoly Connection Place of intended interment for 3 × 911 Date of intended interment for 3 × 911 |
| 11. 12. 13. 14. 15. | Residence <i>Broadway</i> , <i>Bawhig Ine</i> , Ward No. Time of residence in the city In. When a minor Name of Mother <i>Malter permet</i> Name of Father <i>Leog James</i> Place of intended interment <i>James Constany</i> Date of intended interment <i>James James</i> |

Fred Hall Jentry 1910

| | his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|--|--|
| | RETURN OF A DEATH. |
| | Physician's Certificate Preparatory to Burial. |
| | 7 |
| 1. | Name of deceased Tred Hace, funtry |
| 2. | Sex male 3. Color Whith 4. Age 8 mon |
| 5. | Married or single |
| 6. | Date of death QOT 98 1910 |
| 7. | Cause of death Milas margetie (The hand and Mar) |
| 8. | Duration of last illness. about and and the |
| | Contracte M. D. |
| | Residence Bowling freuen 7. |
| | / _ / _ / |
| | Undertaker's Certificate in Relation to Deceased. |
| | |
| | |
| 9. | Occupation non |
| 9. 10. | Occupation mm Place of birth Bawling Green 1kg |
| | Place of birth Bawling Green 1/20 Residence Ward No. |
| 10. | Place of birth Bawling Green 160 Residence Ward No. |
| 10. 11. 12. | Place of birth Bawling Green 160 Residence 11 Ward No. Time of residence in the city Life Time |
| 10. 11. | Place of birth Bawling Green 160 Residence |
| 10. 11. 12. | Place of birth Bawling Green 1/20 Residence Ward No. Time of residence in the city Life time When a minor Name of mother |
| 10. 11. 12. 13. | Place of birth Bawling Frem 16 Residence '' Ward No. Time of residence in the city Lifting When a minor Name of mother Name of father Chus Justing |
| 10. 11. 12. 13. 14. | Place of birth Bawling Freen 160 Residence |
| 10. 11. 12. 13. 14. 15. | Place of birth Bawling Freen 160 Residence |
| 10. 11. 12. 13. 14. 15. | Place of birth Bawling Freen 16 Residence |

Tisia Jentry 1908

| #559 64 |
|--|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| M |
| 1. Name of deceased Visca Jentry 2. Sex Junule 3. Color Cal 4. Age 58 |
| 2. Sex Junule 3. Color J Cal 4. Age 5 8 |
| 5. Married or single Widow |
| 6. Date of death Dec 19/08 |
| 7. Cause of death Brights discours apopling |
| 8. Duration of last illness. Win Briggs M. D. |
| |
| Residence Boulding Marence |
| |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation |
| 11. Residence Bowling Green Ky Ward No. |
| 12. Time of residence in the city |
| (Name of mother |
| 13. When a minor Name of father |
| 14. Place of intended interment MM Marrok Cum |
| 15. Date of intended interment Dec 21 |
| Encehs + Danio Undertaker. |
| Date of Certificate Dec 21/08 Residence BYKy |
| |
| |
| |
| |

Littie Jewell 1909

| #670 65 |
|--|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased & ittie Jewel |
| 1. Name of deceased of Mil Jewel 2 Sex Imale 3 Color Gell 4 Age 746 200 |
| 2. Sex finale 3. Color Gell 4. Age J 4 Jro 5. Married or single King le |
| 6. Date of death July 26-1909. 7. Cause of death Bright's Disease |
| 7. Cause of death Bright's Disease |
| 8. Duration of last illness. |
| Cher M. D. |
| Residence Bowling-Green By |
| |
| Undertaker's Certificate in Relation to Deceased. |
| ondertaner's connicate in reclation to Deceased. |
| |
| 9. Occupation Nanchecken |
| 9. Occupation Vanchucken 10. Place of birth in Barrie Co. |
| 9. Occupation Nancheefer 10. Place of birth W Barrise Co. 11. Residence Or Kentucky Streef Ret. 6+7 Ward No. 3 |
| 9. Occupation Nanchecken 10. Place of birth IN Barrise Co. 11. Residence One Kuntucky Streed Ret. 6+7 Ward No. 3 12. Time of residence in the city about 30- Jrb |
| 9. Occupation Annafreefer 10. Place of birth WW Barrise Co. 11. Residence Or Kentucky Streef Ret. 6+7 Ward No. 3 |
| 9. Occupation Manchecken 10. Place of birth W Barris Co. 11. Residence One Kentucky Streed Ret. 647 Ward No. 3 12. Time of residence in the city Bland 30-976 13. When a minor Name of mother. 14. Place of intended interment Mt. Mariah Cemetry |
| 9. Occupation Manaflector 10. Place of birth M. Barris Co. 11. Residence One Kintucky Stried Ret. 647 Ward No. 3 12. Time of residence in the city About 30 - Jrb 13. When a minor Name of mother 14. Place of intended interment Mt. Mariah Cemetry 15. Date of intended interment Lily 28 - 09. |
| 9. Occupation Manchecken 10. Place of birth W Barris Co. 11. Residence One Kentucky Streed Ret. 647 Ward No. 3 12. Time of residence in the city Bland 30-976 13. When a minor Name of mother. 14. Place of intended interment Mt. Mariah Cemetry |
| 9. Occupation Manaflector 10. Place of birth M. Barris Co. 11. Residence One Kintucky Stried Ret. 647 Ward No. 3 12. Time of residence in the city About 30 - Jrb 13. When a minor Name of mother 14. Place of intended interment Mt. Mariah Cemetry 15. Date of intended interment Lily 28 - 09. |
| 9. Occupation Name/uc/un 10. Place of birth NU Barrise Co. 11. Residence One Kintuchy Stried Ret. 647 Ward No. 3 12. Time of residence in the city Bband 30- grb 13. When a minor Name of mother 14. Place of intended interment Mt. Mariah Cemetry 15. Date of intended interment inly 28- 09. 4. C. Mary Ken Dace Undertaker. |
| 9. Occupation Manchuckun 10. Place of birth WW Barrie Co. 11. Residence One Kintucky Streed Bet 647 Ward No. 3 12. Time of residence in the city Burnet 30 - grb 13. When a minor Name of mother 14. Place of intended interment Mr. Mariah Centerry 15. Date of intended interment 11 2 8 - 09. 16. Many Ken Dace Undertaker. Date of Certificate fully 28 - 09. Residence. |
| 9. Occupation Manchuckun 10. Place of birth WW Barrie Co. 11. Residence One Kintucky Streed Bet 647 Ward No. 3 12. Time of residence in the city Burnet 30 - grb 13. When a minor Name of mother 14. Place of intended interment Mr. Mariah Centerry 15. Date of intended interment 11 2 8 - 09. 16. Many Ken Dace Undertaker. Date of Certificate fully 28 - 09. Residence. |

Mary Jewell 1911

| Residence Grantford March Ward No. Time of residence in the city | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * * |
|--|--|
| Name of deceased Mary friwall Sex Burner Black 4. Age 16 yr. Married or Single Black 4. Age 16 yr. Married or Single Mart Black 4. Age 16 yr. Married or Single Mart Black 4. Age 16 yr. Date of death Oct. 5" 1911. Cause of death Typicial from AtcmantageBawels. Duration of last illness 16 Days Martin M. D. Residence Bawlinghum M. D. Residence Bawlinghum 12 Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Barry, lea Place of birth Barry Burne 10 Place of residence in the city Time of residence in the city When a minor Name of Mother When a minor Name of Father Date of intended interment Oct. 6 1991. Date of intended interment Oct. 6 1991. Date of intended interment Oct. 6 1991. Mary GERARD & GERARD, Undertaker. | |
| Married or Single Oct. 5" 1911. Date of death Typicial function Hernandess Bauele. Duration of last illness //e Days Duration of last illness //e Days Martino, M. D. Residence Bauelen //s Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Baury, los Residence Martine Ward No. Time of residence in the city. When a minor Name of Mother When a minor Name of Father Place of intended interment Oct. 6" (GERARD & GERARD, Undertaker. | Physician's Certificate Preparatory to Burial. |
| Married or Single Oct. 5" 1911. Date of death Typicial function Hernandess Bauele. Duration of last illness //e Days Duration of last illness //e Days Martino, M. D. Residence Bauelen //s Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Baury, los Residence Martine Ward No. Time of residence in the city. When a minor Name of Mother When a minor Name of Father Place of intended interment Oct. 6" (GERARD & GERARD, Undertaker. | 1. Name of deceased Mary friwall |
| Married or Single Oct. 5" 1911. Date of death Typicial function Activation Activation of last illness. 16 Days Duration of last illness. 16 Days Martino, M. D. Residence Backbridghum 15 Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Barry, los Residence Marting Public Ward No. Time of residence in the city. When a minor Name of Mother When a minor State of Father Place of intended interment Oct. 6" (GERARD & GERARD, Undertaker. | 2. Sex B. Color Black 4. Age 16 yrs. |
| Cause of death Typicial function Action Actio | |
| 8. Duration of last illness //e Days Maittin, M. D. Residence Backlingfiction //s Undertaker's Certificate in Relation to Deceased. 9. Occupation 9. Occ | A |
| Residence Backingforten 1/2 Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Barren, Cat 11. Residence Barren, Cat 12. Time of residence in the city 13. When a minor Name of Mother 14. Place of intended interment Con 6 / 1911. 15. Date of intended interment Con 6 / 1911. 16. Date of intended interment Con 6 / 1911. | |
| Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Barry, less 11. Residence Ward No. 12. Time of residence in the city | |
| Occupation Place of birth Barry, bet Residence Barry, bet Residence Barry, bet Residence Barry, bet Ward No. Time of residence in the city. Time of residence in the city. When a minor Name of Mother Name of Father When a minor Name of Father Place of intended interment Och 6 // 9/17. Date of intended interment Och 6 // 9/17. Date of intended interment Och 6 // 9/17. | Residence Bawling freen 15 |
| Time of residence in the city | Undertaker's Certificate in Relation to Deceased. |
| Time of residence in the city | 9. Occupation |
| Time of residence in the city | 10. Place of birth Barrin, led |
| Time of residence in the city | 11. Residence Ward No. |
| 14. Place of intended interment 15. Date of intended interment GERARD & GERARD, Undertaker. | 12. Time of residence in the city |
| 14. Place of intended interment Och 6 1911. 15. Date of intended interment GERARD & GERARD, Undertaker. | 13. When a minor { Name of Mother |
| GERARD & GERARD, Undertaker. | Fairing (1) |
| Ver hujall | 15. Date of intended interment |
| | Date of Certificate |
| | |
| the second s | y |

Annie Johnson 1907

67 246 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. nie Name of deceased 1. 3. Color Age Sex ... rale 2. Married or single 5. Date of death J 6. 07 Cause of death 7. Duration of last illness..... 8. Residence. Undertaker's Certificate in Relation to Deceased. ake Occupation 9. Place of birth 10. Residence Ward No. 11. 12. Time of residence in the city Name of mother When a minor 13. Name of fathe Place of intended interment 14. Date of intended interment. 15. undartaker. Date of Certificate Residence.

Bettie Johnson 1898

| 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 <u>Matrix</u> 2. Sex <u>Fernale</u> . 3. Color <u>Mar.</u> 4. Age 68 yrs. 5. Married or single <u>Michanne</u> 6. Date of death <u>DEC</u> , 14, 1898 7. Cause of death <u>Mean Jailune</u> |
|--|
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased Battie Johnson, 2. Sex Frencelle. 3. Color BMC. 4. Age 68 yrs, 5. Married or single Midlow 6. Date of death DEC, 14, 1898 |
| 1. Name of deceased <u>Battie Johnson</u> 2. Sex <u>Bernale</u> . 3. Color <u>BUK</u> . 4. Age 68 yrs, 5. Married or single <u>Kidow</u> 6. Date of death <u>DEC</u> , 14, 1898 |
| 2. Sex Pernale. 3. Color Ml 4. Age 68 yrs, 5. Married or single Midnur 6. Date of death DEC, 14"1898 |
| 6. Date of death NEC 17 1010 |
| 7. Cause of death Speart Januar 8. Duration of last illness BJX, Millighur, , M. D. |
| ResidenceUNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of birth Barrent County, 11. Residence 10 th Struch Ward No. 1 th 12. Time of residence in the City 13. When a minor Name of Mother 14. Place of intended interment Mothewinth Country 15. Date of intended interment Dec, 16" 1898 16. Lucault Lucault, Undertaker. Date of Certificate Dec, 16/98. Residence |

C. B. Johnson 1893

| 5757 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. | 69 |
|--|---------------|
| RETURN OF A DEATH. | |
| | |
| 1. Name of deceased for for hurow | |
| 2. Sex Male . 3. Color Mhile 4. Age 7/ 5. Married or Single | - |
| 6. Date of Death Nov 19 1893 7. Cause of Death Consumption | |
| 8. Duration of last Illness about 10 days | |
| Residence 3. Holy, | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 10. Place of Birth Woodford learnity 1/29 11. Residence 10th At . Ward No. 24 | |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother Name of Father | - |
| 14. Place of intended Interment <u>Harrien Cecu</u> 15. Date of intended Interment <u>Nov 21</u> 1873 | • |
| Date of Certificate . Residence | |
| | - |
| | in the second |

Clem Jones 1897

| 981 70 |
|---|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased blem Jonis. |
| 2. Sex Male . 3. Color BUG. 4. Age 37 Mps. 5. Married or single Manied |
| 6. Date of Death Jan 16"/1897 7. Cause of Death Planny June Shmachmille |
| 8. Duration of last Illness |
| Residence Bowhing furniky |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of Birth Simpson Roundy 11. Residence 6th shull . Ward No. 2nd |
| 12. Time of Residence in the City |
| 13. When a Minor Name of Father |
| 14. Place of intended Interment MAN Morinh Cum 15. Date of intended Interment Jany 17"/1897. |
| J. D. Levard HBro., Undertaker. Date of Certificate Jany 16/97 Residence Orthy |
| |

Mrs. E. Johnson

| | This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. |
|--------------------------|---|
| | RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY BURIAL. Name of Deceased |
| 2. | Sex Hemale . 3. Color Black . 4. Age land more |
| 5. c | Married or Single Murried |
| 6. 7. | Date of Death afril 9th Cause of Death Consumption |
| | Duration of last Illness Three Nevictus 10- 1- Willies, M. D. |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. | Occupation * |
| 10. | Place of Birth |
| | |
| 11. | Residence Ward No. 2/ |
| 11. 12. | |
| 12. | |
| 12. | Time of Residence in the City |
| 12. 13. | Time of Residence in the City |
| 12. 13. 14. | Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment |
| 12. 13. 14. 15. | Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment |

Effie Johnson 1891

| 255 - 72 |
|---|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
| |
| a Teral |
| 1. Name of deceased Laffre Johnson 2. Sex funder. 3. Color of . 4. Age 16 Min |
| 5. Married or Single 6. Date of Death fan 25-1891 |
| 7. Cause of Death Johnstellites 8. Duration of last Illness two months |
| Residence 417 12th Shrat |
| |
| 9. Occupation |
| 10. Place of Birth Cilland Ward and Ward |
| 12. Time of Residence in the City |
| 13. When a Minor. Name of Mother Hean Mellin Name of Father Jum Jum |
| 14. Place of intended Interment M. Minal 15. Date of intended Interment Jun 25 - 27/ |
| Date of Certificate Residence |
| |
| |

MSS 293 Manuscripts & Folklife Archives – Library Special Collections – Western Kentucky University

Elijah Johnson 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. |
| | Name of Deceased Elijah Johnson 3140111 |
| | Sex male . 3. Color black . 4. Age 31 years |
| | Married or Single Married |
| | Date of Death Nov. 24 ms 1882 |
| | Vanse of Death Conservation |
| 8. | Duration of last Illness Sighten hunths |
| | g: Juneard , M. D. |
| | Residence Bowling Free At |
| | () |
| 1 | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. | Occupation |
| 9. 10 | Occupation Place of Birth Wand No. 24 |
| 9. 10 11. | Occupation Place of Birth Residence Ward No 2 |
| 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 2 |
| 9. 10 11. 12. | Occupation Place of Birth Residence Ward No Time of Residence in the City |
| 9. 10 11. 12. 13. | Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father |
| 9. 10 11. 12. 13. 14. | 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 |
| 9. 10 11. 12. 13. 14. 15. | Occupation Place of Birth Residence . Ward No 🖉 Time of Residence in the City Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment |

Eugenia Johnson 1903

| | 7. |
|------|--|
| | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| | Name of deceased Eugenica Johngon |
| | |
| | N' lal |
| | Married or single |
| | Promotica |
| | Cause of death |
| 8. 1 | Duration of last illness KE Murdith , M. D. |
| | Residence |
| | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. | Occupation |
| | Place of birth |
| 11. | Residence State AT. Ward No, / Ward No, |
| 12. | Time of residence in the City. Mar France Johnson |
| 13. | When a minor Name of Mother When a when John |
| | Name of Father Jour yel, Richfund |
| | Place of intended interment face 16" 1903 |
| 15. | Date of intended interment fund Friand , Undertaker. |
| Date | of Certificate Jan 15/1913. Residence |
| | |
| 1 | • |

George W. Johnson 1894

| RETUR | NOE | | атн | |
|--|-----------------|--|-----------|--|
| | 11 01 1 | | | • |
| PHYSICIAN'S CE | RTIFICATE PREPI | ARATORY T | D BURIAL. | |
| | 2. m | 0 | , | |
| 1. Name of deceased | the fill | Yna | m | (Alle |
| | 3. Color 192 | m. | 4. Age | 60 yrs |
| Married or single Date of Death | Voren | | 1.5 | 1824 |
| 7. Cause of Death Val | 4 | and an | | ······································ |
| 8. Duration of last Illnes | | ~ | | 10. |
| 0.5.P | 0. | . 1. | 1- | , M. D. |
| Re | esidence | | | |
| | | | | |
| UNDERTAKER'S CH | ERTIFICATE IN R | ELATION TO | DECEASED. | |
| 9. Occupation La | low | er | - | |
| 10. Place of Birth | Chy- | J | | |
| 11. Residence | Ette | St. v | Vard No. | 1 |
| 12. Time of Residence in | the City A | 10 | 8- | |
| Name N | e of Mother | | | |
| | e of Father | | | |
| 14. Place of intended Int | terment n | A Chi | oria | he |
| 15. Date of intended Inter | ment No | han | 16 | 189% |
| | atter | 5 Tay | and, | Undertaker. |
| Date of Certificate | F | Residence | | |
| | | | | |

Infant of Gideon Johnson 1893

| This Constitutes One Certificate to be Returned is he City Clerk for a Burial Permit. |
|---|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Mrs. Gideow. |
| 1. Name of deceased Infuntchild of ly Johnson |
| 2. Sex 3. Color White 4. Age 2 mo |
| 5. Married or single Single |
| 6. Date of Death July 6-1893 |
| 7. Cause of Death Chalana Infantum |
| 8. Duration of last Illness |
| B.H./millikin, M. D. |
| Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation |
| 10. Place of Birth City + 01-+ |
| 11. Residence Wordfort Sher. Ward No. 4 |
| 12. Time of Residence in the City |
| 13. When a Minor Name of Mother May gid Johnson Name of Father Gideon Johnson |
| 14. Place of intended Interment Thanklin Kentuly |
| 15. Date of intended Interment July 7th 93 fillsund & Bro, Undertaker. |
| Date of Certificate Residence |
| |

Gip Johnson 1913

| 77 |
|--|
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 1 |
| 1. Name of deceased find the second the second seco |
| 2. Sex mal 3. Color 4. Age |
| 5. Married or single |
| 6. Date of death |
| 7. Cause of death MMM MMM MMMMMMMMMMMMMMMMMMMMMMMMMMMM |
| 8. Duration of last illness around 4 months |
| A 0 11 |
| Residence grun 7 |
| Undertaker's Certificate in Relation to Deceased. |
| N |
| 9. Occupation Contractor Contractor |
| 9. Occupation Contraction Cont |
| 10. Place of birth a faith 2.2.8 Ward No. |
| 10. Place of birth |
| 10. Place of birth a fail of the second seco |
| 10. Place of birth Analysis 11. Residence Analysis 12. Time of residence in the city Analysis 13. When a minor Name of mother Name of father Name of father |
| Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Place of intended interment |
| Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Place of intended interment Manual Manual Science |
| Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Place of intended interment |

Grace Johnson 1891

| 326 | 78 |
|--|----|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| | |
| 1. Name of deceased Trace Johnson | |
| 2. Sex Fernale 3. Color MALite. 4. Age 3 pres | |
| 5. Married or Single Single | |
| 6. Date of Death Ung 2.3/1891 | |
| 7. Cause of Death Ineumonie | |
| 8. Duration of last Illness | |
| BAMullehens, M. D. | |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | 41 |
| 10. Place of Birth Dicky | |
| 11. Residence Adams M. Ward No. 3 2 | |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother | |
|) Name of Father A. Johnson | - |
| 14. Place of intended Interment Hacrocker herd | • |
| 15. Date of intended Interment ling 24/91 Fredding, Undertaker. | |
| Date of Certificate Mig 2 4/9/. Residence | |
| | |
| | |
| | |

H. J. Johnson 1912

| = | RETURN OF A DEATH. |
|-------------|---|
| * | Physician's Certificate Preparatory to Burial. |
| | 11-1-1- |
| 1. | Name of deceased A. J. Although |
| 2. | Sex Mary 3. Color Mary 4. Age 61 412 |
| 5. | Married or Single |
| 6. | Date of death Nuc, 18" 1912. |
| 7. | Cause of death Caucer & bocorly |
| 8. | Duration of last illness & noute |
| | TOFfelice, M.D. |
| | Residence SOWLING OREEN. KY |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation January, |
| 10. | Marran D. |
| 10. | |
| | yau No |
| 12. | |
| 13. | When a minor { Name of Mother |
| 14. | Place of intended interment Failuiew Cemetery |
| 14. | Date of intended interment. Dec 19, 19,7 |
| 10. | GERARD & GERARD. |
| D .(| , Undertaker. DEC 18 1912 Pasidona ²⁰ WLING GREPH |
| Date | e of Certificate DEC 18 1912 Residence "OWLING GREEN KY. |
| | |
| | |

Child of Henry Johnson 1912

| | RETURN OF A DEATH. |
|--------------------------|---|
| 1 | $\frac{1249}{2}$ |
| | |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased hile of Jury Christian |
| 2. | Sex Male 3. golor Charke 4. Age |
| 5. | Married or Single |
| 6. | Date of death left 65-1919 |
| 7. | Cause of death Will Forme |
| 8. | Duration of last illness |
| | Q Z. Portur, M. D |
| | Residence How Ting Green, 19 |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 10. | Place of birth Ky |
| | Residence Buching Sum Ward No. ~ |
| 11. | / I'll I'll |
| | Time of residence in the city |
| 12. | Time of residence in the city |
| 12. | Time of residence in the city |
| 12. 13. | Time of residence in the city |
| 12. 13. 14. | Time of residence in the city |
| 12. 13. 14. | Time of residence in the city |
| 12. 18. 14. 15. | Time of residence in the city |

Ida Johnson 1909

| This Constitutes One Certi | ficate to be Returned to the City C | lerk for a Burial Permit. |
|---|--|----------------------------------|
| RETUR | N OF A D | EATH. |
| Physician's | s Certificate Preparatory | to Burial. |
| | I cla, formson | |
| 1. Name of deceased | and Jaka | 26 400 |
| 2. Sex Manuel | idon | 4. Age |
| Married or single Date of death | 30"1909 | |
| 7. Cause of death | 30"1909. ubarculosis. | |
| 8. Duration of last illnes | | |
| o. Duration of last miles | o D. Purter | ́мт |
| | Residence | |
| | Residence | |
| Undertaker's | Certificate in Relation | to Deceased. |
| | Certificate in Relation | |
| 9. Occupation | | |
| 9. Occupation | yru Comily | , |
| 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in | the city | Ward No. |
| 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in | the city | Ward No. |
| 9. Occupation. 10. Place of birth Mail 11. Residence Mail 12. Time of residence in 13. When a minor State | the city | Ward No. |
| 9. Occupation. 10. Place of birth fig. 11. Residence for the second second | the city the city ne of mother ne of father terment Mt, Mona, | Ward No. |
| 9. Occupation. 10. Place of birth fig. 11. Residence for the second second | the city the city ne of mother ne of father terment Mr, Mour terment Mov, 1"1909, | Ward No. / |
| 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in 13. When a minor { Nan | the city the city ne of mother ne of father terment Mt, Mona, | Ward No. Ward No. Comuting |
| 9. Occupation. 10. Place of birth Max 11. Residence of the sidence in 12. Time of residence in 13. When a minor Nan Nan 14. Place of intended int 15. Date of intended int | the city the city ne of mother ne of father terment Mt, Monion terment Mov, 1" 1909, GERARD & GERA | Ward No. Ward No. Comutany |
| 9. Occupation. 10. Place of birth Max 11. Residence of the sidence in 12. Time of residence in 13. When a minor Nan Nan 14. Place of intended int 15. Date of intended int | the city the city ne of mother ne of father terment Mt, Monion terment Mov, 1" 1909, GERARD & GERA | Ward No. Ward No. Comutany |

Child of J. B. & Annie Johnson 1898

| 1.131 | | 0 | | 92 |
|-----------|--------------------------------|------------------|--------------------|------------------|
| This Cons | gitutes One Certificate to | be Returned to (| the City Clerk for | a Burial Permit, |
| | RETURN | OF A | DEAT | ΤĦ. |
| | PHYSICIAN'S CERTI | FICATE PREPARF | ITORY TO BURIAL | nie |
| 2. Sex 7 | | olor White | L.B. Jo | hurore. |
| | of death May | 2519 | . Л. | |
| | e of death Alex | A Fair | lure | |
| 8. Dura | tion of last illness Bec | N. Mi | liken | , M. D. |
| | . Resi | dence | | |
| | UNDERTAKER'S CER | TIFICATE IN REL | ation to deceas | jęd. |
| | of birth City | l | | |
| | ence Parts | Kuch | . w | ard No. |
| 12. Time | of residence in the | City | | P |
| 13. Whe | n a minor Name of Name of 1 | Mother Mr. | e Xmu K.Joh | ison . |
| | e of intended interment | Hair | ven) | Jundary |
| 15. "Date | of intended intermen | ndte | Juan | 1, Undertaker. |
| Date of (| Certificate <u>May</u> | 25/41 | Residence | |
| | | | | |
| | | | | |

Child of J. Y. & Alice Johnson 1901

| - | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|------|--|
| | RETURN OF A DEATH. |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. | Name of decensed Child of Stohuson |
| 2. | Sex Funda 3. Color White 4. Age 9 month |
| | Married or single Single |
| 6. | Date of death July, 29" 1901 |
| | Cause of death Inantion |
| | Duration of last illness 2 mln |
| | Tom A. Mone, M. D. |
| | Residence Cullige St |
| | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. | Occupation |
| 10. | Place of birth Oily |
| 11. | Residence 6246 hurch St. Ward No, 9 |
| 12. | Time of residence in the City. |
| 13. | When a minor { Name of Mother Mrs Alice Johnson |
| | Name of Father Life for the trans |
| | Place of intended interment Tan Offan Ounany, |
| 15. | Date of intended interment fully of going |
| | Jedura we Jedan , Undertaker. |
| Date | of Certificate fully 30/1901. Residence |
| | |
| | |
| | |

Jacob Vance Johnson 1904

| 8 | 4 |
|--|-------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | MAR I |
| RETURN OF A DEATH. | |
| | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Jacob Vance Johnson | |
| · · // | - |
| 2. Sex math. 3. Color white. 4. Age 38 yr | |
| 6. Date of death China 24 - 1904 | |
| 7. Cause of death Septie Banda curdities result of accid | |
| 8. Duration of last illness March 19-1904 To affil 22, 7 1904 | |
| Gillerdin, M. D | |
| Residence Low ling Green | 10 |
| · · · · · · · · · · · · · · · · · · · | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| | |
| 9. Occupation Driver D& Battley work | |
| 10. Place of birth allen to by | |
| 11. Residence Bowling Green Ory Ward No, 1 | |
| 12. Time of residence in the City. | |
| 13. When a minor Name of Father | |
| 14. Place of intended interment Farrier Emp | |
| 15. Date of intended interment april - 2-5= 904 | |
| Hawley Bayne Undertake | F. |
| Date of Certificate Un 25-1904. Residence Bawling Incu | 4 |
| 1 / 44 | 2 |
| | 1 |
| | 1. |

John Johnson 1903

| A las cansitues one Certificate to be Returned to the City Clerk for a Burlal Perrit. | Q |
|--|--|
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURAL. 1. Name of deceased John Johnson 2. Sex Marie 3. Color White 4. Age 3. Married or single Marriee 6. Date of death Jointy Bit 1903 7. Cause of death Jointy Bit 1903 8. Duration of last illness Jointy Johnson 9. Occupation Joint Jointy Johnson 9. Occupation Learbert 10. Place of birth Jointoch at ward No. 3 12. Time of residence in the City. 37 yms 13. When a minor Name of Mother 14. Place of intended interment Jointy 22 (1903) 15. Date of intended interment Jointy 22 (1903) 16. Date of intended interment Jointy 22 (1903) 17. Date of Certificate Residence | |
| Name of deceased from from som Sex Male 3. Color White 4. Age 39 Married or single Married Date of death from by hyperbolic 1903 Cause of death from the formation of last illness from years Duration of last illness from years M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation carfee the City. 37 years Time of residence in the City. 37 years Time of residence in the City. 37 years When a minor Name of Mother When a minor Name of Father Place of intended interment Standard Long Lange Standard Undertaker. Date of certificate Residence | |
| Sex Male 3. Color White 4. Age 37 Married or single Marrie Date of death July Byth 1903 Cause of death July Byth 1903 Duration of last illness Jup Yuns July July Standard Buration of last illness Jup Yuns July July Standard Duration of last illness Jup Yuns July July Standard M. D. Residence UNDERIAKER'S CERIFICATE IN RELATION TO DECEASED. Occupation Competitive Place of birth Humany Residence Church M Ward No, 3 Time of residence in the City. 37 yms Time of residence in the City. 37 yms Men a minor Name of Mother When a minor Name of Father Place of intended interment St Just Steemetry Date of intended interment July 12 1703 Marcard Junard, Undertaker. Date of Certificate | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| Married or single Married Date of death July Byth 1903 Cause of death Gaucert of Stanwork Duration of last illness Jupy Yurs Jup Hildridow, M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation learfrenthe Place of birth Jumany Residence ahurch at Ward No, 3 Time of residence in the City. 37 yms When a minor Name of Mother When a minor Name of Father Place of intended interment St Justifies Centering Date of intended interment St Justifies Centering Date of intended interment St Justifies Centering Date of Certificate Residence | 1. Name of deceased John Johnson |
| 6. Date of death July Byth 1903 7. Cause of death Caucal Standard 8. Duration of last illness Jupy Jups J. J. J | |
| 8. Duration of last illness June June 2 Residence M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Carpender 10. Place of birth Junany 11. Residence Church At Ward No, 3 12. Time of residence in the City. 37 yms 13. When a minor Name of Mother 13. When a minor Name of Mother 14. Place of intended interment St June films Consulty 15. Date of intended interment July 22 1903 Mucand Guard Undertaker. Date of Certificate Residence | 1 , 01th 10,0 |
| 9. Occupation Carpenter UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Carpenter 10. Place of birth Annany 11. Residence Inthe City. 37 yms 12. Time of residence in the City. 37 yms 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment Stypher Centerly 15. Date of intended interment July 22 1903 Mutanel Guard Guard, Undertaker. Date of Certificate Residence | d . |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation least function 10. Place of birth function 11. Residence least function 12. Time of residence in the City. 37 yrs 13. When a minor Name of Mother 14. Place of intended interment State of Father 15. Date of intended interment July 12 1903 Juncout Juncout Mutout Juncout Undertaker. Date of Certificate Residence | 1 Ned 2 Leel |
| 9. Occupation <u>Carpenter</u> 10. Place of birth <u>Kinnany</u> 11. Residence <u>Church at</u> Ward No, <u>3</u> 12. Time of residence in the City. <u>37 yms</u> 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment <u>St Jusepho beenuetry</u> 15. Date of intended interment <u>Jusepho beenuetry</u> <u>Jusepho beenuetry</u> 15. Date of intended interment <u>Jusepho beenuetry</u> <u>Jusepho beenuetry</u> | Residence |
| 9. Occupation <u>learheatha</u> 10. Place of birth <u>humany</u> 11. Residence <u>lehnch at</u> Ward No, <u>3</u> 12. Time of residence in the City. <u>37 yms</u> 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment <u>st Jusepho beenuetry</u> 15. Date of intended interment <u>Jusepho beenuetry</u> <u>Jusepho beenuetry</u> 15. Date of intended interment <u>Jusepho beenuetry</u> <u>Jusepho beenuetry</u> | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 10. Place of birth Jumany 11. Residence Jumany 11. Residence Jumany 12. Time of residence in the City. 37 yms 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment State of Jumany 15. Date of intended interment Jumany Jumany Jumany Jumany Jumany Date of Certificate Residence | |
| 12. Time of residence in the City. 37 yrs 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment Jusephas beenvelvy 15. Date of intended interment Jusephas beenvelvy 16. Date of intended interment Jusephas beenvelvy 17. Date of Certificate Residence | |
| 13. When a minor Name of Mother 14. Place of intended interment State of supervision of the second seco | 11. Residence Church St Ward No, 3 |
| 14. Place of intended interment State of provide line of line of intended interment 15. Date of intended interment July 12 17.03 July 12 17.03 July 12 17.03 July 12 18. Date of intended interment July 12 19.03 July 12 19.04 July 12 19.05 | (Name of Mother |
| 15. Date of intended interment July 22 1903 Juncered Guard, Undertaker. Date of Certificate Residence | (Name of Father |
| Date of Certificate Residence | 1 (1. 22 1900 |
| | The second frame and the second s |
| | |
| | |

John H. Johnson 1891

| 2.51 This Constitutes one Certificate to be Returned to the City Clerk for a Burlal Permit. |
|---|
| RETURN OF A DEATH. |
| |
| 1. Name of deceased the to, Johnson. 2. Sex male . 3. Color BAR . 4. Age 57 yrs. |
| 5. Married or Single right |
| 6. Date of Death an 104 / 1891. 7. Cause of Death Paraly in |
| 8. Duration of last Illness MM Clayport, M. D. Residence Banling From |
| |
| 9. Occupation 10. Place of Birth Warren County |
| 11. Residence Countral St Ward No. 2 30 12. Time of Residence in the City |
| 13. When a Minor. Name of Mother |
| 14. Place of intended Interment A. Mariah Cere, 15. Date of intended Interment and 17 1/1891 |
| Date of Certificate an 16"/91. Residence Oity |
| |

Child of John & Sarah Johnson 1909

| 1 | RETURN OF A DEATH. |
|-----------|--|
| | Physician's Certificate Preparatory to Burial. |
| | pl' At this & Savah |
| 1. | Name of deceased Child of John Johnson |
| 2. | Sex Hunach 3. Color MMA 4. Age 1 MD, |
| 5. | Married or Single. Drugly |
| 6. | Date of death March, 13"1909. |
| 7. | Cause of death dimmutum ; |
| 8. | Duration of last illness |
| | Just Muy Correct, M. D. |
| | Residence |
| | Undertaker's Certificate in Relation to Deceased. |
| | |
| 9. | Occupation BOWLING GREEN, KY |
| .0. | Place of birth |
| 1. | Residence Ward No. |
| 2. | Time of residence in the city |
| 3. | When a minor { Name of Mother now forman |
| | Name of Father Saubriew Cemetery |
| .4. 5. | Place of intended interment Max 14' 1909. |
| 0. | CERADD & CEDADD |
| Date | e of Certificate Mar, 13"1909, Residence BOWLING GREEN, KY |
| | |

John Y. Johnson 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 thus finite 2. Sex Mark 3. Color thirt 4. Age 41 mile |
| Married or Single Man 12"05. Date of death Man 12"05. |
| 7. Cause of death for Mars from 8. Duration of last illness 6 mo T. M. Storre, M. D. |
| * Residence |
| 9. Occupation |
| 10. Place of birth Aucharchy 11. Residence Chunch St. Ward No. 3 rd Ward No. 3 rd |
| 12. Time of residence in the city Image: State of Mother 13. When a minor Name of Mother Name of Father Image: State of Mother |
| 14. Place of intended interment Hawking Country |
| Date of Certificate Mar, 12/06 Residence |
| |
| |

Louise Johnson 1909

| 89 |
|--|
| A This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. A A |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 9 - 70 |
| 1. Name of deceased Jourse Kolyuson |
| 2. Sextanuall 3. Color While 4. Age 15 months |
| 5. Married or Single Augle |
| 6. Date of death figure 25-09 |
| 7. Cause of death Cangedian france |
| 8. Duration of last illness |
| WY Sterrudall, M. D. |
| Residence Daning Misica |
| Undertațier's Certificate in Relation to Deceased. |
| |
| 9. Occupation and |
| 10. Place of birth |
| 11. Residence Waadfard Mard No. |
| 12. Time of residence in the city |
| 13. When a minor { Name of Mother |
| Name of Father |
| 14. Place of intended interment I paul leu My |
| 15. Date of intended interment full 26-1909 |
| GERARD & GERARD, Undertaker. |
| Date of Certificate fulled Residence Cull |
| |
| |
| |
| |

Lucien Johnson 1912

| • | RETURN OF A DEATH. |
|--|---|
| | Physician's Certificate Preparatory to Burial. |
| 1. 2. 5. 6. 7. | Name of deceased a creen Auguran Sex Male 3. Color White 4. Age Married or Single Date of death Juny 18"/1900 Cause of death Julia Married MRR, |
| 8. | Duration of last illness Ju & hey Caronus, M.D. Residence |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation Sanner |
| 10. | Place of birth |
| 11. | Residence Junkeine K. Ward No. |
| 12. | Time of residence in the city |
| 13. | When a minor { Name of Mother |
| 14. | Place of intended interment gubune the |
| 15. | Date of intended interment |
| | GERARD & GERARD. , Undertaker. |

Minor Johnson 1898

| 1190 | 91 |
|--|----------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased Minder Johnson | |
| 2. Sex Male . 3. Color All . 4. Age 17 yes | |
| 6. Date of death Nov 1198. | |
| 7. Cause of death lend multime 8. Duration of last illness | |
| . W. M. Suancia , M. I | ». // |
| Residence Browing Tread | ×4 |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth lelly 11. Residence Burner Streth . Ward No. 2 | |
| 12. Time of residence in the City | |
| 13. When a minor Name of Mother Name of Father Anthony Johnson | ~ |
| 14. Place of intended interment Ach Monich Counter | uy |
| 15. Date of intended interment Non 2"98, Juand Lund, Undertake | 31°. |
| Date of Certificate Nou 2198 Residence | |
| | |
| | |

Peter Johnson 1878

| | This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. |
|--|--|
| 17. 11 Sec. | |
| | RETURN OF A DEATH. |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. | Name of Deceased Peter J. J. Muson |
| 2. | Sex Male . 3. Color Malatto . 4. Age |
| 5. | Married or Single Manuel |
| 6. | Date of Death Sight 6th 1818- |
| 7. | Cause of Death Remiplinging |
| 8. | Duration of last Illness |
| | <u>у. И. Шветачь</u> , м. р. |
| | Residence |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED |
| | |
| 9. | |
| | Occupation |
| 10, | Occupation Place of Birth |
| 10, 11. | Occupation Place of Birth Residence |
| 10, 11, 12, | Occupation Place of Birth Residence |
| 10, 11, 12, | Occupation Place of Birth Residence |
| 10, 11. 12. 13. | Occupation Place of Birth Residence |
| 10, 11. 12. 13. | Occupation Place of Birth Residence |
| 10, 11, 12, 13, 14, | 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 Interment |
| 10, 11. 12. 13. 14, | 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 Interment |
| 10, 11, 12, 13, 14, 15, | 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 Interment |

Richard W. Johnson 1907

| | RETURN OF A DEATH. |
|-----|--|
| | Physician's Certificate Preparatory to Burial. |
| | Roman Ol |
| 1. | Name of deceased hickord W Johnson |
| 2. | Sex mule 3. Color Abili 4. Age 27 7 |
| 5. | Married or single |
| 6. | Date of death august 12 1207 |
| 7. | Cause of death Lyphand from |
| 8. | Duration of last illness 3 necker T.M. Slave M. I |
| | |
| | Residence |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| | 2-, 1- |
| 9. | 14 |
| 10. | |
| 11. | |
| 12. | |
| 13. | When a minor { Name of mother |
| 22 | (Name of father. |
| 14. | |
| 15. | SAL & L |
| | , the Undertaken |
| | te of Certificate |
| Da | |

S. B. Johnson 1913

| | | A DEA | ATH. |
|---|--|--|--|
| | rsician's Certificate Pr | | |
| | 1011 | <u>A</u> | |
| 1. Name of de 2. Sex Ma | and a 12 Arm | forta | -0 |
| 2. Sex Ma | 3. Color | hite 4. A | ge/ |
| 5. Married or s | single | | |
| | th JUN 2 3 1913 | · | ······································ |
| | ath Comply | allow _ | A |
| 8. Duration of | last illness | $n \sim n$ | м. п |
| | A starting | Bowling Gree | |
| | Residence | | |
| | | | |
| Unde | rtaker's Certificate in | | |
| | Physician. | Retired | |
| 9. Occupation | 0 | | |
| 10. Place of bi | rth | | |
| 10. Place of bi 11. Residence. | rth Cwlleger St. | | Ward No. 3 |
| 10. Place of bi 11. Residence. | rth bollage St. sidence in the city | | |
| 10. Place of bi 11. Residence. | rth <i>bullege St.</i> sidence in the city nor { Name of mother | | - |
| Place of bi Residence. Time of res When a mi | rth <i>bullege St.</i> sidence in the city nor { Name of mother | | - |
| Place of bi Residence. Time of res When a mi Place of in | rth <i>bullege St.</i> sidence in the city nor { Name of mother | | - |
| Place of bi Residence. Time of res When a mi Place of in | rth <i>bullege St.</i> sidence in the city nor { Name of mother | | - |
| Place of bi Residence. Time of res When a mi Place of in Date of int | rth <i>bullege St.</i> sidence in the city nor { Name of mother | nn Phire 2 24"1913, & GERARD. Boy | - |

Mrs. Samuel B. Johnson 1907

| # 148- 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. Married or single Married or single Date of death JAN 15 1907 Cause of death JAN 15 1907 Duration of last illness Junual mutual B. S. Mutuation of damas B. S. Mutuation M. D. BOWLING GREEN, KY |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation |
| 9. Occupation 10. Place of birth Wawww boundy |
| 11. Residence BOWLING GREEN, KY / Ward No. |
| 12. Time of residence in the city 17 1914. |
| 13. When a minor Name of mother Name of father |
| 14. Place of intended interment |
| |
| 15. Date of intended interment farmary 17" 1907. |
| 15. Date of intended interment, fautuary 17" 1907. GERARD & GERARD, Undertaker. Date of Certificate JAN 16 1907 ResidenceBOWLING GREEN, KY |

Samuel S. Johnson 1880

| | RETURN OF A DEATH. |
|----------------------|---|
| | Terry of the of the the |
| 2. 5. 6. 7. | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Sex 3. Color Age SO Married or Single Date of Death Cause of Death Duration of last Illness |
| | Residence |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| | Place of Birth |
| | Residence |
| | Time of Residence in the City |
| 13. | When a Minor { Name of Mother |
| 14. | Place of intended Interment |
| 15. | Date of intended Interment |
| Dat | te of Certificate, Undertaker. |
| | |

Sidney B. Johnson 1906

| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit | |
|--|--|
| RETURN OF A DEATH. #100 | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of decersed Sidney Biffmusson, 2. Sex Mala 3. Color White 4. Age 14 Ma. 5. Married or single 6. Date of death SEP 16.1906 7. Cause of death Munipulie. | |
| 8. Duration of last illness AP bartung the , M. D. Residence BOWLING GREEN, KY UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation 10. Place of birty Warraw Connety 11. Residence Wir Pikk, Ward No, | |
| 12. Time of residence in the City. 13. When a minor Name of Mother Mrs. Journ Johnson. Name of Father G. B. Johnson. | |
| 14. Place of intended interment <u>SEP 18 1906</u> 15. Date of intended interment <u>SEP 18 1906</u> <u>GERARD & GERARD</u> , Undertaker. | |
| Date of Certificate SEP 17 1906 . Residence BOWLING GREEN, XX | |

Thomas Johnson 1896

| 926 3 | 98 |
|--|------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| I Name of deceased homas Johnson | |
| 1. Name of deceased Mornas. Johnson 2. Sex Male. 3. Color Bld. 4. Age 17 42 | · . |
| 5. Married or single Single | |
| 6. Date of Death August. 17"/1896. | |
| 7. Cause of Death Cons muchture | |
| 8. Duration of last Illness | |
| Residence , M. D. | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth Jogan County 11. Residence Burnet Shut Ward No. 3 nd | 1 |
| 12. Time of Residence in the City | |
| Name of Mother Sallie Johnson | e |
| 13. When a Minor Name of Father anthony france | tere |
| 14. Place of intended Interment Mr. Moulah Que | u |
| 15. Date of intended Interment, Ung 13 11896. I Guand MB10; Undertaker. | |
| Date of Certificate MM12/2 Residence | |
| 176 | |
| | |
| | |

Thomas Johnson 1897

| 999 | |
|---|---|
| This Constitutes One Certificate to be Returned to the City Clerk for | a Burial Permit. |
| RETURN OF A DEAT | гн. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURI | AL. |
| TP DP | |
| 1. Name of deceased Shimas Johnso | • (************************************ |
| 2. Sex Male 3. Color Mite 4. A | ige 72 yrs. |
| | |
| 6. Date of Death 1/01/14-1897, | |
| 7. Cause of Death Communication | |
| | |
| Crypmilene | , M. D. |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECE | asen |
| | |
| 9. Occupation | |
| 10. Place of Birth | |
| 11. Residence Thomas and Ward N | Vo. 13 |
| 12. Time of Residence in the City | |
| Name of Mother | |
| 13. When a Minor Name of Father | |
| 14. Place of intended Interment Francisco | Cunti |
| 15. Date of intended Interment Mar 15" 189 | 7 |
| F.C. Gunid Moro. | , Undertaker. |
| a s | |
| | |
| | |
| | |
| | |

Thomas J. Johnson 1911

| 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. |
| the and believed |
| 1. Name of deceased |
| 2. Sex Math 3. Color Oftourn 4. Age 75 400. |
| 5. Married or Single |
| 6. Date of death Kunn 28"1911. |
| 7. Cause of death Cancer of Ston act & Duocken |
| 8. Duration of last illness |
| T. W. Store, M. D. |
| Residence |
| |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation |
| 10. Place of birth Waynen, County |
| 11. Residence 10 th Cuntur Ward No 3rd |
| 12. Time of residence in the city |
| 13 When a minor Name of Mother |
| 13. When a minor Name of Father |
| 14. Place of intended interment Moriah, Commatry |
| 15. Date of intended interment future 2" 1911. |
| Shrang Juand, Undertaker. |
| Date of Certificate und 29"19!1 Residence |
| |
| · |
| |

Vallantine Johnson 1910

| | RETURN OF A DEATH. $\underline{\mathcal{I}}_{\mathcal{I}}$ |
|------------|--|
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased allantine Johnson |
| 1. 2. | Sex Male 3. Color White 4. Age 7.5 |
| 5. | Married or single married |
| 6. | Date of death Dec 15-1910 |
| 7. | Cause of death Caucer of stomack |
| 8. | Duration of last illness Smonths |
| | y Mr Store M. I |
| | Residence B, Succes The |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation Peterse Contractor |
| 10. | M |
| 11. | |
| 12. | 1 2 0 1 2 1 |
| 13. | When a minor { Name of mother. |
| | (Name of father |
| 14. 15. | 7 41. |
| 10. | Enclosed Undertake |
| Da | te of Certificate Residence B345 |
| Du | Nestucites and a second s |

Child of William & Maggie Johnson 1859

102 This Constitutes One Certificate to be Return 1 to the City Clerk for a Burial Permit. RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. + Maggie 1. Name of deceased Child . 2. Sex Junaly. 3. Color 4. Age 5. Married or single ×C 6. Date of Death h ch 3 R 7. Cause of Death and 8. Duration of last Illness 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 to Name of Mother Ma 13. When a Minor Name of Father 14. Place of intended Interment M 15. Date of intended Interment W, Undertaker. 5 Date of Certificate... Residence.

G. B. Johnston 1907

| 103 |
|--|
| 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 S. B. Johnsotmy |
| 1. Name of deceased |
| 5. Married or single MAR - 5 1907, |
| 6. Date of death MARV-5 1907, 7. Cause of death Manual |
| 8. Duration of last illness sward day |
| B. I. BOWLING GREEN, KY. |
| Residence BOW LING OT LING |
| Undertaker's Certificate in Relation to Deceased. |
| mail CO 1 |
| 9. Occupation Mardin Ry Marshall 60. |
| Occupation Mail Clurk Marshall 60. Place of birth Hardin Ky. Marshall 60. Residence adams St. BOWLING GREEN, KY. Ward No. 2 Time of residence in the city |
| |
| 13. When a minor { Name of mother |
| Place of intended interment Marchan; Ky Marshall, Date of intended interment. Mar 7" of Marshall, |
| 15. Date of intended interment GERARD & GERARD. Undertaker. |
| Date of Certificate MAR -5 1907 Residence OWLING GREEN, ST |
| |
| |
| Alass age 1 |

J. W. Johnston 1909

| 0.104 |
|--|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEATH. |
| 727 |
| Physician's Certificate Preparatory to Burial. |
| Mat + 1 |
| 1. Name of deceased |
| 2. Sex Male 3. color White 4. Age 33 |
| 5. Married or single Married |
| 6. Date of death Nac. 2 - 7. Cause of death Accidence |
| Cause of death Duration of last illness |
| E. M. Hall . M. D. |
| Residence BOWLING GREEN, KY |
| |
| Undertaker's Certificate in Relation to Deceased. |
| 1 |
| 9. Occupation Maaching Salerman |
| 10. Place of birth Daluthia Sty |
| 11. Residence Cane City Ward No. |
| 12. Time of residence in the city 3 Ways. |
| 13. When a minor Name of mother |
| (Name of father |
| 14. Place of intended interment Dave Surg my 15. Date of intended interment Mic, 3" 1909 |
| GERARD & GERARD, Undertaker. |
| Date of Certificate Qu 2 man 09 Residence |
| |
| |
| |
| |

Mary A. Johnston 1900

| 53 | 105 |
|---|-----|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased Mr. Maryor Hutson 2. Sex Fremence Color Hutson 4. Age 87 5. Married or single Hidron 6. Date of death May 98/1900. 7. Cause of death Old Age 8. Duration ef last illness H. Blackbay, M. I Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | • |
| 9. Occupation 10. Place of birth 11. Residence blay St. Ward No. 3 | |
| 11. Residence blay St. Ward No. 3 12. Time of residence in the City 13. When a minor Name of Mother 14. Place of intended interment Nawport Ky 15. Date of intended interment Mary 30" 1900. | |
| 15. Date of intended interment May 30 1990 | |
| | |

Child of Alice Jones 1897

| 89 | 106 |
|--|-------|
| 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 & hild of alice forces 2. Sex Male 3. Color Blip 4. Age 3 mo. 5. Married or single Single 6. Date of Death Filly 7.6" 97. 7. Cause of Death Surg 7.6" 97. 8. Duration of last Hiness | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation 10. Place of Birth <i>billy</i> 11. Residence <i>Gollogy Anthe</i> . Ward No. 7 12. Time of Residence in the City 3 minutes | |
| 13. When a Minor Name of Mother And Source Sources Name of Father 14. Place of intended Interment Source but 27-1897 15. Date of intended Interment Suby 27-1897 Abuand Willie, Undertaken Date of Certificate Suby 27/24 Residence | |
| Date of Certificate Covery of 1997 Residence Add | F |

Infant of Charles & Alice Jones 1906

| | RETURN OF A DEATH. |
|--|--|
| | |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| | Name dent of latas, force |
| 1. | Name of decorsed Infant of Conast ford |
| 2. | Name of decersed Infant of Chas, Jonce Sex Mala 3. Color Which 4. Age Married or single Sungle |
| 5. | Married or single Duly M. 6. Date of death July M. 6. Date of death John Minthe |
| 6. | Date of death for the Aisth |
| 7. | Cause of death p |
| 8. | Duration of last illness, J. S. Rutherford, M. D. |
| | Residence |
| | |
| | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| | |
| 9. | Occupation |
| | Wassan loo. |
| 10. | Place of birth Wallando. |
| 10. 11. | Place of birth Waunkoo. Residence // // Ward No, |
| 10. | Place of birth Waunkoo. Residence // // Ward No, |
| 10. 11. 12. | Place of birth Waunkoo. Residence // // Ward No, Time of residence in the City. When a minor Name of Mother Mus Victoria Junes When a minor |
| 10. 11. 12. | Place of birth Watten leo. Residence // // Ward No, Time of residence in the City. When a minor Name of Mother Mus Victoria forms Name of Father |
| 10. 11. 12. 13. | Place of birth Waunkoo. Residence // // Ward No, Time of residence in the City. When a minor Name of Mother Mus Victoria Junes When a minor |
| 10. 11. 12. 13. | Place of birth Waum leo. Residence // // Ward No, Time of residence in the City. When a minor Name of Mother Mus Victoria forms When a minor Name of Mother blas forms Name of Father blas forms Place of intended interment formula formula formula Date of intended interment for 3" 19" by Date of intended interment |
| 10. 11. 12. 13. 14. 15. | Place of birth Waum leo. Residence // // Ward No, Time of residence in the City. When a minor Name of Mother Mus Victoria forus When a minor Name of Mother blas forus Name of Father blas forus Place of intended interment fully. 3" 1911 by Date of intended interment fully. 3" 1911 by Multiplication of the company of the company of the company Multiplication of the company of the compan |
| 10. 11. 12. 13. 14. 15. | Place of birth Waum leo. Residence // // Ward No, Time of residence in the City. When a minor Name of Mother Mus Victoria forms When a minor Name of Mother blas forms Name of Father blas forms Place of intended interment fully. 3" 1906 Date of intended interment fully. 3" 1906 Multi 3 46 Automatical former f |

Esie Jones 1881

| | This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT |
|---|--|
| | RETURN OF A DEATH. |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. | Name of Deceased and Jones |
| 2. | Sex Male . 3. Color Mile . 4. Age 3 8 year |
| 5. | Married or Single Sugar |
| 6. | Date of Death June 27 to 1891 - |
| 7. | Cause of Death Deputition |
| 8. | Duration of last Illness |
| | S.C. Dorha, M.D. |
| | Residence |
| | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. | Occuration . |
| | Occupation |
| 10. | Place of Birth |
| 10. 11. | |
| | Place of Birth |
| 11. 12. | Place of Birth Ward No Residence Ward No Time of Residence in the City (Name of Mother |
| 11. | Place of Birth Ward No Residence Ward No Time of Residence in the City (Name of Mother |
| 11. 12. | Place of Birth Ward No Residence Ward No Time of Residence in the City When a Minor |
| 11. 12. 13. | Place of Birth |
| 11. 12. 13. 14. | Place of Birth |
| 11.11.112.113.114.115. | 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 Interment |

Fannie Jones 1892

| 401 109 |
|--|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit, |
| RETURN OF A DEATH. |
| |
| 1. Name of deceased Family Jours |
| 2. Sex fanale. 3. Color clot. 4. Age 23 |
| 5. Married or Single Married. 6. Date of Death and the 1457 |
| |
| 7. Cause of Death Ththese Tulmanales |
| 8. Duration of last Illness B. A. Mullihers. D. |
| Residence |
| · · · · · · · · · · · · · · · · · · · |
| |
| 9. Occupation House |
| 10. Place of Birth Clarksvice |
| 11. Residence Carly . 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 MAMon'ak |
| 15. Date of intended Interment On 10 |
| is success intended interment |
| D IA D |
| Date of Certificate . Residence |
| Batthew Pary, Undertaker. |
| Batthew Pary, Undertaker. |

Child of G. A. & Belle Jones 1894

| This Constitutes One | Certificate to be Returned to th | e City Clerk for a Burial Permit. |
|---|---|---|
| RET | URN OF A | |
| PHYSIC | IAN'S CERTIFICATE PREPARA | TORY TO BURIAL. S.A. * Belle |
| 1. Name of deceas | a chada | & Jones |
| 2. Sex and | | 4. Age Herra |
| 5. Married or sing | 0 | 4. Age 77 |
| Date of Death | fi Isti | 18 1834 |
| 7. Cause of Death | DI lation | |
| 8. Duration of las | 0 | nonthe |
| Aucuro by | Darah & | millor M.D. |
| | Residence | wind green |
| | | |
| UNDERTA | IKER'S CERTIFICATE IN RELA | TION TO DECEASED. |
| | · · · · · · · · · · · · · · · · · · · | |
| 9. Occupation | | _ |
| | Gity | _ |
| 10. Place of Birth | tity | . Ward No. |
| 10. Place of Birth 11. Residence | ence in the City | Ward No. |
| Place of Birth Residence Time of Resid | 14. 24 | . Ward No. |
| 10. Place of Birth 11. Residence | ence in the City | . Ward No. |
| Place of Birth Residence Time of Resid | ence in the City Name of Mother Name of Father | . Ward No. Relefond A Jones A Jones Aug Tan Qui |
| Place of Birth Residence Time of Resid When a Minor | ence in the City Name of Mother Name of Father ded Interment | Ward No. |
| Place of Birth Residence Time of Resid When a Minor Place of intend | ence in the City Name of Mother Name of Father ded Interment | Ward No. Ward No. War |
| 10. Place of Birth 11. Residence 12. Time of Resid 13. When a Minor 14. Place of intende 15. Date of intende | ence in the City Name of Mother Name of Father ded Interment | Allout Alguns Auguns Auguns Auguns Als 3 |
| Place of Birth Residence Time of Resid When a Minor Place of intend | ence in the City Name of Mother Name of Father ded Interment | A Jours A Jours A Jours A 18 9 A 18 1 |

Child of George Jones 1899

| 0.65 | [[|
|---|-----------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Perm | uit, |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE, PREPARATORY TO BURIAL | |
| 1. Name of deceased Chied of Les Jones 2. Sex Demale 3. Color Heller. 4. Age 4mo | |
| 2. Sex Demale 3. Color Heller 4. Age 1/mo. | neh |
| 5. Married or single Kingle | |
| 6. Date of death Aug18/1899 | |
| 7. Cause of death Inanctions | |
| 8. Duration of last illness O. D. Porlin, M | l. D. |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation 10. Place of birth City 11. Residence Strutt, Ward No. | |
| 12. Time of residence in the City Lifetine | |
| 12. Time of residence in the City Lyliting 13. When a minor Name of Mother Name of Father Loopond | 1 |
| 14. Place of intended interment <u>lervington</u> Francy | and v. |
| 15. Date of intended interment frught gy Laward and Jarourd, Undert | aker. |
| Date of Certificate duylogg Residence | |
| | |
| | |
| | |

George A. Jones 1910

| This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. |
|--|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Seo. a. Jones |
| 2. Sex male. 3. Color Cal. 4. Age 45-4 |
| 5. Married or single marrie |
| 6. Date of death 77 ch 22 - 1910 |
| 7. Cause of death Blood Jorson from abs cus of faw. |
| 8. Duration of last illness Twenty pix days |
| Residence Bowting Free Ry- |
| Residence Bowting free Sty- |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation <u>Carphen</u> 10. Place of birth <u>Cumberland</u> Countre 11. Residence <u>State</u> <u>Street</u> Ward No, 2 12. Time of residence in the City. <u>Abarth</u> <u>36</u> years 13. When a minor <u>Name of Mother</u> <u>March</u> <u>Jones</u> 14. Place of intended interment <u>MARCH</u> <u>March</u> <u>Cemebra</u> 15. Date of intended interment <u>Left</u> <u>23</u> - <u>19</u> / 0 16. <u>Carphene</u> <u>Jones</u> 17. <u>Carphene</u> <u>Jones</u> 18. <u>When a minor</u> <u>March</u> <u>Cemebra</u> 19. <u>Date of intended interment</u> <u>Left</u> <u>23</u> - <u>19</u> / 0 10. <u>Residence</u> <u>Complexity</u> <u>Complexity <u>Complexity</u> <u>Complexity</u> <u>Complexity</u> <u>Complexity</u> <u>Complexity</u> <u>Complexity</u> <u>Complexity <u>Complexity</u> <u>Complexity</u> <u>Complexity</u> <u>Complexity <u>Complexity</u> <u>Complexity <u>Complexity</u> <u>Complexity</u> <u>Complexity</u> <u>Complexity <u>Complexity</u> <u>Complexity Complexity</u> <u>Complexity <u>Complexity <u>Complexity Complexity</u> <u>Complexity <u>Complexity Complexity <u>Complexity <u>Complexity Complexity</u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u></u> |

Hattie Jones 1891

| 321 11 | 13 |
|--|----|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit, | |
| RETURN OF A DEATH. | |
| | |
| 1. Name of deceased Gattie James | |
| 2. Sex Fenail 3. Color autor 4. Age & year | - |
| | |
| Married or Single Date of Death Chily 25- 81 Cause of Death Skasme | |
| 7. Cause of Death Skalme | |
| 8. Duration of last Illness | |
| J. J. M. D. | |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED | |
| 9. Occupation | |
| 10. Place of Birth Bacoling Ereen Kg | |
| 11. Residence Kinter At . Ward No Second | - |
| 12. Time of Residence in the City 2 years | |
| 13. When a Minor. } Name of Mother Manie Jones S Name of Father Walter Jones | |
| 14. Place of intended Interment Fairlie Cem | |
| 15. Date of intended Interment duly 2 E/81 Crather indetted Undertaker. | |
| Date of Certificate July 25/81. Residence | |
| * · · | |
| | |

Hattie Jones 1907

| | RETURN OF A DEATH. |
|---------------------------------|---|
| | Physiciae's Cartificate Provident and Provident |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased Hattie Jone |
| 2. | Sextimate 3. Color While 4. Age 16 gr |
| 5. | Married or single |
| 6. | Date of death May 14 1907 |
| 7. | Cause of death Champatin |
| 8. | Duration of last illness |
| | Vigil Mare M. I |
| | Residence Rockfield |
| | P |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Undertaker's Certificate in Relation to Deceased. |
| 9. 10. | Occupation Place of birth Canady |
| | Occupation Place of birth Residence Ward No. |
| 10. 11. | Occupation. Place of birth Residence. Time of residence in the city. Ward No. |
| 10. 11. 12. | Occupation Place of birth Residence Time of residence in the city When a minor When a minor |
| 10. 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 |
| 10. 11. 12. 13. | Occupation Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Place of intended interment |
| 10. 11. 12. 13. | Occupation Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment |
| 10. 11. 12. 13. 14. | Occupation Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Place of intended interment |

Henry Jones 1907

| | RETURN OF A DEATH. |
|-----|---|
| | 256 |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased of enzy Jones |
| 2. | Sex male 3. Color black 4. Age UN y |
| 5. | Married or single married |
| 6. | Date of death france 28/07 |
| 7. | Cause of death Mumonia |
| 8. | Duration of last illness Pen days |
| | adjutet M. |
| | Residence Bawting Green of |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9, | |
| 10. | Place of birth Splancen Canaly |
| 11. | Residence O hestrut St. Ward No. 2 |
| 12. | Time of residence in the city of menty fine y |
| 13 | When a minor Name of mother |
| 10. | Name of father Leo Juno |
| 14. | Place of intended interment Mt Indrich Cen |
| 15. | Date of intended interment frame 190 - 07 |
| | Ja Con KingKindall Undertake |
| Da | te of Certificate June 29 07 Residence 607, |
| | 7. M/ Callege St |
| | |

Mrs. J. M. A. Jones 1910

| | RETURN OF A DEATH. |
|---|---|
| 54 | <u> </u> |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased anes Mrs IM a |
| 2. | setimate 3. Color White 4. Age 73 |
| 5. | Married or single marrie |
| 6. | Date of death anguest 9-1910 |
| 7. | Cause of death Heart tranble |
| 8. | Duration of last illness |
| | Mul M. D. |
| | Residence Planataj |
| | |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 0 | |
| 9. | Occupation |
| 10. | Occupation Place of birth Dant Know |
| | Occupation Place of birth Dant Know Residence Warn Court Ward No. Time of residence in the city |
| 10. 11. 12. | Occupation Place of birth Dant Know Residence Warn Court Ward No. Time of residence in the city |
| 10. 11. | Occupation Place of birth <u>Aant Know</u> Residence <u>Warnen Couto</u> Ward No. Time of residence in the city When a minor Name of mother <u>Aunt Manon</u> Name of father <u>11</u> |
| 10. 11. 12. | Occupation Place of birth <u>Dant Know</u> Residence <u>Warnen Couto</u> Ward No. Time of residence in the city When a minor Name of mother <u>Dunt Mnow</u> |
| 10. 11. 12. 13. | Occupation Place of birth $Aant Know$ Residence $Warner Courty$ Ward No. Time of residence in the city When a minor $\begin{cases} Name of mother Aunt MnowName of father I' "Place of intended interment Farmer compared to the compared to$ |
| 10. 11. 12. 13. 14. | Occupation Place of birth Sant Know Residence Warn Cauty Ward No. Time of residence in the city When a minor Name of mother Sunt Monor Name of father '' " Place of intended interment Farmer Com |
| 10. 11. 12. 13. 14. 15. | Occupation Place of birth $Part Krow$ Residence $Warren Cauty$ Ward No. Time of residence in the city When a minor $\begin{cases} Name of mother Purt How M Name of father '' '' Place of intended interment Parmen compared Date of intended interment My 14 - 1914$ |

J. Carlton Jones 1899

| DR 76 117 |
|---|
| 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 Chartlen Jone |
| 2. Sex marcher 3. Color white. 4. Age 5 mo 5. Married or single 6. Date of death State 9-1885 |
| 7. Cause of death <u>Eentenh</u> 8. Duration of last illness <u>mayfik</u> Roger <u>F. Kalyns</u> , M. D. Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 10. Place of birth life It. Ward No. |
| 12. Time of residence in the City 13. When a minor Name of Mother Pota Januar Name of Father Sam Qoner |
| 14. Place of intended interment farine to the former to the former of the 1899 the 15. Date of intended interment of the 1899 Manual Paymen Undertaker. |
| Date of Certificate Residence |
| |

John C. Jones 1907

| | RETURN OF A DEATH. |
|-----|--|
| | Physician's Certificate Preparatory to Burial. |
| | 11 -11- |
| 1. | Name of deceased form & fours |
| 2. | Sex Male M. 3. Colog White 4. Age 6 Syre |
| 5. | Married or single Manua |
| 6. | Date of death funn 10"07 |
| 7. | Cause of death Rheminter of Nair |
| 8. | Duration of last jllness |
| | A Certrisht & G Merider T. M. D |
| | Residence Law Ling Gracen , |
| | |
| | |
| | Undertaker's Certificate in Relation to Deceased. Muchaut Occupation Place of birth, Wanton by Residence Time of residence in the city. (Name of mother (Name of mother |
| 9. | Occupation Muchaut |
| 10. | Place of birth Warren bg. |
| 11. | Residence Ward No. 2 |
| 12. | Time of residence in the city 4 yrs. |
| | |
| 13. | when a minor Name of father |
| 14. | Place of intended interment Surver Union Vaum la |
| 1. | Place of intended interment fund 11" 07. |
| 15. | GERARD & GERARD. Undertaker |
| 15. | |
| | e of Certificate Residence ROWLING GREEN |
| | te of Certificate Jun 11/1907. ResidenceBOWLING GREEN, |

Josie Reba Jones 1892

| 448 | 119 |
|--|-----|
| | |
| This Constitutes one Certificate to we Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| | |
| 1. Name of deceased Josie Reba Janes | |
| 2. Sex filmale . 3. Color while . 4. Age 7 mis | |
| 5. Married or Single 6. Date of Death 10 185 2 | |
| 7. Cause of Death Innotorilion | |
| 8. Duration of last Illness Punning life | |
| prosing 10.10. Becking, M. D. | |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation 10. Place of Birth | |
| 11. Residence Farring aven . Ward No. / | |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother Mannie Jane. | 5 |
| 14. Place of intended Interment Hannun Cum | |
| 15. Date of intended Interment Oct 11 1830 Oractum Pay, Undertaker. | |
| Date of Certificate Residence | |
| | |

Julia Jones 1894

| 639 | 120 |
|--|-----|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Julia Jours | |
| 2. Sexfernater 3. Color belk. 4. Age 54 yo | a |
| 5. Married or single and own 6. Date of Death and 13 1894 | |
| 7. Cause of Death Jacan and Cumm. 8. Duration of last Illuess Sunnal months | |
| · 7 BW Sound of Mast inness Down with the second se | |
| Residence Broch guully | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| to. Place of Birth | |
| 11. Residence 10 th At Ward No. 3 | |
| 12. Time of Residence in the City year | |
| | |
| Name of Mother | |
| 13. When a Minor Name of Father | |
| 13. When a Minor } Name of Father | |
| 13. When a Minor Name of Father 14. Place of intended Interment <i>Int Marich</i> 15. Date of intended Interment <i>May</i> 14 18 54 | |
| 13. When a Minor Name of Father 14. Place of intended Interment But Monich | |
| 13. When a Minor Name of Father 14. Place of intended Interment <u>new Monich</u> 15. Date of intended Interment <u>new 14 1894</u> <u>Control Page</u> , Undertaker | |
| 13. When a Minor Name of Father 14. Place of intended Interment <u>new Monich</u> 15. Date of intended Interment <u>new 14 1894</u> <u>Control Page</u> , Undertaker | |

Lucy Jones 1898

| 1191 | 121 |
|--|----------------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permi | t. |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased fully fonce, | |
| 2. Sexternally 3 Color M 4. Age 059 yr | ib , |
| 5. Married or single Manuel | |
| 6. Date of death QCA, 15" 1898. | |
| 7. Cause of death Commonia | |
| 8. Duration of last illness Opforter , M. | D, |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth Lacedic Tenn. | |
| 11. Residence Curter Strach. Ward No. 3 ? | al . |
| 12. Time of residence in the City | and the second |
| 13. When a minor Name of Mother | - |
| 14. Place of intended interment to he Monah OEm | lerg. |
| 15. Date of intended interment Och 17198, | 0 |
| Date of Certificate Och 16"98. Residence Willy | cer. |
| | н. н.н. |
| | 100 |

Mahala Jones 1903

| 0 | 122 |
|---|---------------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Po | ermit. |
| RETURN OF A DEAT | ΥH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Mars, Malufa for 2. Sex Juniola 3, Color, While 4. Age | es, |
| 5. Married or single Wichow | |
| 6. Date of death | |
| 8. Duration of last illness 2 4 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | , M. D. |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| II. Reducted A | No, 3 |
| 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father | |
| 14. Place of intended interment this wire Chan | stary |
| 15. Date of intended interment fury Durand | . Undertaker. |
| Date of Certificate fully 16/1911 3. Residence | Just |
| | |
| | |

Marc Jones 1891

346 123 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. REJUU OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL ----Marci 1. Name of deceased Marce Clan 2. Sex Male . 3. Color . 4. Age 65 5. Married or Single Manual 6. Date of Death Nov- 23 1891 6. Date of Death Nov Site meumania 7. Cause of Death Xa 8. Duration of last Illness farcer A Milliken M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation Barber 10. Place of Birth Franklin Sty 12. Time of Residence in the City 5 pears 13. When a Minor. $\begin{cases} Name of Mother \\ Name of Father \end{cases}$ 14. Place of intended Interment Ant Moriah 15. Date of intended Interment rather Undertaker. Nov 24/9/Residence Date of Certificate

Mary Jones 1898

| 1174 12 | 4 |
|--|---|
| | |
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit, | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased Mary Jance | |
| 2. Segunate. 3. Color white . 4. Age 13 mo | |
| 5. Married or single | |
| 6. Date of death 14 1838 | |
| 7. Cause of death Euctritic | |
| 8. Duration of last illness D. F. Rodyus, M. D. | |
| Residence , M. D. | |
| Kesidence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| | |
| 9. Occupation | |
| 10. Place of birth think | |
| 11. Residence Indianola St- Ward No. / | |
| 12. Time of residence in the City | |
| 13. When a minor Name of Mother Martin Jours | |
| F | |
| Sit 15/38 | |
| 15. Date of intended interment of away Rayn, Undertaker. | |
| Date of Certificate Residence | |
| | |
| | |
| | |

Mary Jones 1909

| | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ** |
|----------------|---|
| | RETURN OF A DEATH. |
| | Physician's Certificate Preparatory to Burial. |
| | Name of deceased Mrs, Mary Jours, Sex Finnals, 3. Color Whith 4. Age 28 |
| 5. 6. 7. | Married or Single Willow Date of death July 22/1999 Cause of death Olio Collie |
| 8. | Duration of last illness MR Francis Residence B. G. K. |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 0. | Occupation Place of birth Warren Corunty |
| 1. | Residence futwood aver. Ward No. |
| 2. | Time of residence in the city |
| 3. | When a minor { Name of Mother |
| 4. | Place of intended interments for have burch gh, Warran |
| 5. | Date of intended interment July v3 1909. |
| Date | e of Certificate July V3/09 Residence |
| | |
| | |

Mary Jones 1912

| | RETURN OF A DEATH. |
|------|---|
| | _1246 |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name Mary Jours |
| 2. | Name of deceased White 4. Age 76 yrs. |
| 5. | Married or Single Single |
| 6. | Date of death Saph 13" 1912. |
| 7. | Cause of death Juleve culous Pulmon |
| 8. | Duration of last illness - Jan - |
| | J.F. Dennem M. D. |
| | Residence |
| | 3 |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation Honse Kupper |
| 10. | Place of birth |
| 11. | Residence Ward No. |
| 12. | Time of residence in the city |
| | (Name of Mother |
| 13. | When a minor Name of Father |
| 14: | Place of intended interment Farming Chunching |
| 15. | Date of intended interment Ant. 14/12 |
| Date | e of Certificate |
| | |

Rosa C. Jones 1899

| 58 74 | 121 |
|--|-----|
| 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 Rosa 6 Jour | |
| 1. Name of deceased Roxa & Janer 2. Sexfemale. 3. Color Anili. 4. Age 40 yr 5. Married or single married | |
| 5. Married or single married 6. Date of death April 7 1899 | |
| 7. Cause of death Annulas 8. Duration of last illness of mouths | |
| Roger J. F. Rodycet, M. D. | |
| Résidence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation 10. Place of birthe the patien Illa - | |
| 10. Place of birth part ward No. 1 | |
| 12. Time of residence in the City / Jean | |
| 13. When a minor Name of Mother Name of Father | - |
| 14. Place of intended interment Jairyiew burn | - |
| 15. Date of intended interment And Indertaker. | |
| Date of Certificate Residence | |
| | |
| | |

Sara Lyons Jones 1893

| 5.71 |
|--|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| |
| 1. Name of deceased Sara Jour Jour 2. Sex Junace. 3. Color white . 4. Age 2 mos |
| 2. Sex Jemace. 3. Color white. 4. Age 2 min |
| 5. Married or Single |
| 6. Date of Death New 6 1893 |
| 7. Cause of Death Inanition. |
| 8. Duration of last Illness |
| Residence M. D. |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 10. Place of Birth ling |
| 11. Residence 11th St . Ward No 1 |
| 12. Time of Residence in the City |
| 13. When a Minor. Name of Mother Porce Jours |
| 14. Place of intended Interment Fairvein leur |
| 15. Date of intended Interment New 7 1893 Pruther Hayne, Undertaker. |
| Date of Certificate Residence |
| |

Susan A. Jones 1891

34 129 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. JUUC 9786 PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased 2. Sex Jena 3 5. Married or Single 6. Date of Deaths 10 7. Cause of Death 8. Duration of last Illness M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.-9. Occupation 10. Place of Birth en 11. Residence Woolen freed Ward No. 4 12. Time of Residence in the City____) Name of Mother 13. When a Minor. Cea 14. Place of intended Interment Ta 0 15. Date of intended Interment , Undertaker. Date of Certificate Residence

Thelma Jones 1910

| ** | This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. 🕈 🕈 |
|--|--|
| | RETURN OF A DEATH. |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name deceased hand, fother |
| 2. | Sex Fringly 3. Color Whith 4. Age 3 me. |
| 5. | Married or Single Single , |
| 6. | Date of death Muy nº 1910 |
| 7. | Cause of death a alumonia |
| 8. | Duration of last illness |
| | |
| 0 | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 10. | Occupation Place of birth |
| | Occupation Place of birth Residence Ward No |
| 10. 11. | Occupation Place of birth |
| 10. 11. 12. | Occupation Place of birth Residence Time of residence in the city. Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. |
| 10. 11. 12. 13. | Occupation Place of birth Residence Time of residence in the city When a minor When a minor Ward No. Ward No. When a minor Ward of Father Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. When a minor Ward Of Father Ward Ward Ward Ward Ward Ward Ward Ward |
| 10. 11. 12. 13. 14. 15. | Occupation Place of birth Residence Time of residence in the city. Ward No. Ward No. When a minor Place of intended interment With A With A Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. Ward No. When a minor Ward of Father With A With A Ward No. Ward No. Ward No. When a minor Ward Of Father With A With A Ward Y Ward Y Ward When a minor Ward I Mane of Father With A With A Ward Y Ward When A Ward Y Ward Y Ward When A Ward Y Ward Y Ward When A Ward Y Ward Y Ward Y Ward When A Ward Y Ward Y Ward Y Ward Y Ward When A Ward Y Wa |
| 10. 11. 12. 13. 14. 15. | Occupation Place of birth Residence Time of residence in the city. Ward No. Time of residence in the city. When a minor When a minor Name of Mother Name of Mother Name of Father Place of intended interment Manual Manual Date of intended interment Manual |

Thomas J. Jones 1906

| | 13 |
|--|-------------|
| RETURN OF A DEA' | |
| PHYSICIANSS CEDTIEICATE DEEDADATODY TO PUDIAL | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased have fare | - |
| 2. Sex male. 3. Color While 4. Ag | · 57 1710 |
| 5. Married or single | |
| 6. Date of death | 1500 |
| 7. Cause of death Bhave ferre | 4 |
| 8. Duration of last illness A grace to | |
| H & Carling 17 | , M. D. |
| Residence | |
| · · · · · · · · · · · · · · · · · · · | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| <u></u> | |
| 9. Occupation | Also - |
| 10. Place of birth Commence | 4 |
| 11. Residence monthing of the War | d No, |
| 12. Time of residence in the City. | |
| (Name of Mother | |
| 13. When a minor Name of Father | |
| 14. Place of intended interment Thirmer Com | ut- |
| 15. Date of intended interment | 106 |
| Hawaybaya | Undertaker. |
| Date of Certificate Residence | |
| | |
| | |
| and the second | K |

Venie Jones 1880

| | This Constitutes ONE CERTIFICATE to be urned to the City Clerk for a BURIAL PERMIT. |
|------------|---|
| | RETURN OF A DEATH. |
| | The Venice The |
| | PHYSI, AN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. | Name of Deceased Zenic greet |
| 2. | Sex Minale. 3. Color, Blk. 4. Age 2 Glar |
| 5. | Married or Single Millours |
| 6. | Date of Death Opr 21 |
| 7. | Cause of Death Old age |
| 8. | Duration of last Illness |
| | Might MClinyM. D. |
| | Residence |
| | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED |
| | Occupation 740 C Transmission |
| 10. | Place of Birth Warm County |
| 11. | Residence Ward No. / |
| 12. | Time of Residence in the City |
| 13 | When a Minor { Name of Mother Name of Father |
| 10. | Name of Father |
| 10. | n constraint l'All l'east |
| | Place of intended Interment Car Cerry |
| 14. | Date of intended Interment <u>Apage 22</u> |
| 14. | 1 1 1 1 1 D |
| 14. 15. | Date of intended Interment Office 22 |

Infant of Walter & Nannie Jones 1904

| 133 |
|--|
| 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. Sexman. 3. Color white. 4. Age 3 mg |
| 2. Sexman. 3. Color white. 4. Age 3 mg |
| 5. Married or single |
| 6. Date of death mue 16 1904 |
| 7. Cause of death Consumption Here detay |
| 8. Duration of last illness 3m0 |
| Huddle I Officedale, M. D. |
| Residence 3.4. 14 |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation |
| 10. Place of birth |
| 11. Residence / Ly A Ward No, |
| 12. Time of residence in the City. |
| 13. When a minor { Name of Mother Warnin Jones . |
| Name of Father Chaelle James |
| 14. Place of intended interment farming Comment |
| 15. Date of intended interment from 6 1904 Haway Dayne Undertaker. |
| Date of Certificate . Residence . |
| |
| |
| |

Walter Jones 1910

| * * This Constitutes One Certificate to be Returned to the City Clerk for a Bur | 3 iai Permit. 🕈 🕈 |
|---|----------------------|
| RETURN OF A DEA | TH. |
| Physician's Certificate Preparatory to Buria | al. |
| 1. Name of deceased Walter Jonus | |
| 1. Name of deceased Waller Journs 2. Sex Male 3. Color White 4. Age | 57 yrs. |
| 5. Married or Single Mauric | |
| 6. Date of death May 24" 1910, | |
| 7. Cause of death Carcinoma of Line | |
| 8. Duration of last illness One year | |
| | <u>, м. р.</u> |
| Residence Bowling Sne | en Ky |
| Undertaker's Certificate in Relation to Deceas | sed. |
| 9. Occupation Harmer | |
| 10. Place of birth Sogan Od | |
| 11. Residence Ward Burning Sty Ward | No |
| 12. Time of residence in the city | |
| 13. When a minor { Name of Mother | |
| 14. Place of intended interment Faimiew Cometersy | |
| 15. Date of intended interment_ May, 25" 1910. | |
| GERARD & GERARD. Date of Certificate May, 24/1910. Residence | |
| | |
| | • |

George W. Jordan 1903

| 135 |
|--|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 4 thouson |
| 1. Name of deceased Surger, Whate |
| 2. Sex 3. Color 4. Age 4 |
| 5. Married or single 19" 1903 |
| 1. Name of deceased Living, W. Jordon 2. Sex Male . 3. Color Huite . 4. Age 4 ges . 5. Married or single single 6. Date of death Jan, 19" 1903 . 7. Cause of death Incurrent Current Concernant |
| 1. Currie of acting menorements and and a second se |
| 8. Duration of last illness |
| Residence Gourney. |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation |
| 9. Occupation 10. Place of birth billy 11. Residence Ward No, Ward No, |
| 11. Residence Ward No, Ward No, |
| 11. Residence Ward No, 12. Time of residence in the City. Ward No, 13. When a minor Name of Mother Mame of Father Image: Addition of State of S |
| 13. When a minor Name of Father |
| 14. Place of intended interment Farmerin Country |
| 15. Date of intended interment fary to "1909. |
| Javand Januar, Undertaker. |
| Date of Certificate au 19"1903. Residence |
| |
| |
| |

Mrs. George Jordan 1896

| 974 2 | 136 |
|---|----------|
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased the lis fordon | 14 14 |
| 2. Sexfunate. 3. Color White 4. Age 54 7ro. 5. Married or single manie | |
| 6. Date of Death fre 28 1836 | |
| 7. Cause of Death Prephils burner 8. Duration of last Illness & Mrs | |
| & minted enfrunting, M. D | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| CRUERINGER D'OLITITIONIE IN GENERALD. | |
| 9. Occupation | |
| 10. Place of Birth Coguer Coo las | |
| 11. Residence Co-14+ Indiana Ca 91 Ward No. | |
| 12. Time of Residence in the City Jean | |
| 13. When a Minor Name of Father | |
| 14. Place of intended Interment Fairmen Com | |
| 15. Date of intended Interment Dec 29 189 | 2 |
| , Undertaker | + |
| Date of Certificate Residence | |
| | |
| | |
| | |

Child of Henry & Vira Jordan 1892

137 0 This Constitutes one Certificate to be sturned to the City Clerk for a Burial Permit. RETURN (D) R' DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Infamilienry 1. Name of deceased 2. Sex Male . 3. Color black . 4. Age 5. Married or Single 6. Date of Death 7. Cause of Death 8. Duration of last Illness an M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth -Car 11. Residence Cil Ward No. 12. Time of Residence in the City 13. When a Minor. } Name of Mother Vira Gordon 14. Place of intended Interment Can 15. Date of intended Interment May rather & Pagn , Undertaker. Date of Certificate han Residence.

Jennie Jordan 1913

| | RETURN OF A DEATH. |
|-----------|--|
| | Physician's Certificate Preparatory to Burial. |
| | > _ Jennie Mardon |
| 1. | Name of deceased Mrs Henrypic fardace |
| 2. | Sex Female 3. Color Whitel 4. Age 48 |
| 5. | Married or single Anne |
| 6. | Date of death free 1-12 |
| 7. | Cause of death Duration of last illness 3 3 2000 ills |
| 8. | Duration of last illness. |
| | E. R. Hall M. I |
| | Residence Of Maure |
| | and the second |
| | Undertaker's Certificate in Relation to Deceased. |
| 0 | Occupation Manskellow |
| 9. 10. | Place of high |
| 11. | Muntan 1 |
| 12. | |
| | (Name of mother. |
| 13. | When a minor { Name of father |
| 14. | Place of intended interment Fagnacio Comulla |
| 15. | Date of intended interment |
| | A Undertake |
| Da | te of Certificate JUUI-12. Residence CUL |
| | |

Nannie Jordian 1897

| 1055 C. | 139 |
|---|-----|
| 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 Min Namie Jordian 2. Sex Jonaly. 3. Color while 4. Age 28 yr 5. Married or single 6. Date of Death act 2 - 1897 | - |
| 7. Cause of Death <u>Builtotinities</u> 8. Duration of last Illness <u>J.B. Hught</u> , M. D | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation 10. Place of Birth <i>Fryam</i> Cv. <i>Kuluchy</i> 11. Residence <i>Clay P</i> 2 Ward No. 24 12. Time of Residence in the City <i>Vard</i> No. 24 13. When a Minor Name of Mother 13. When a Minor Name of Father <i>Franciscon</i> 14. Place of intended Interment <i>Frances</i> 15. Date of intended Interment <i>Left</i> 3 - 1617 <i>Muad Muad</i> , Undertaker Date of Certificate . Residence | |
| | |

Mary Agness Joyce 1908

| 140 |
|--|
| 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 Misic Mary Lynnes. Joyce 2. Sex Funder 3. Color White 4 Age 47 yrs. 5. Married or single Single 6. Date of death AUG 11 1908 6. Date of death Cancer of Stomach 7. Cause of death Cancer of Stomach 8. Duration of last illness. Jow the Store |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation 10. Place of birth Auburn, Ky 11. Residence Gight St. Ward No. 3 18 Ward No. 3 |
| 10. Place of birth |
| 11. Residence Ought ST. Ward No. 3 |
| 12. Time of residence in the city |
| 13. When a minor Name of father |
| 14. Place of intended interment of Josupho Quantum |
| 15. Date of intended interment GERARD & GERARD. Undertaker. |
| Date of Certificate AUG 1 2 1908 Residence HOWLING GREEN, K |
| |
| |

Michael Joyce 1903

| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|--|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Michael Joyce, 2. Sex Main 3. Color White 4. Age 60 yrs. |
| 5. Married or single Widowed - 6. Date of death Jaw, 12" 1909 |
| 7. Cause of death 2 agrid 8. Duration of last illness 5 days M. Store, M. D. |
| Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of birth Incland, 11. Residence Marin St. Ward No, 7. |
| 12. Time of residence in the City |
| 13. When a minor Name of Father Curve Curv |
| 15. Date of intended interment faut for and for an an and for an an and for an an an and for an |
| |
| |

Thomas Joyce 1905

| ** | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🕈 | L |
|------------|--|--------------|
| | RETURN OF A DEATH. | |
| | Physician's Certificate Preparatory to Burial. | |
| 1. | Name of deceased Thuras foyer. | |
| 2. | Sex Mar 3. Color White 4. Age 68 yrs | • |
| 5. 6. | Married or Single | |
| 0. 7. | MIN, AMM | |
| 8. | | |
| | Residence | D. |
| | Undertaker's Certificate in Relation to Deceased. | |
| 9. | Occupation | |
| 10. | Place of birth grland | |
| 11. 12. | Residence & T. Ward No. T Time of residence in the city | |
| | When a minor { Name of Mother | |
| | Datu Name of Father May 1" 1905 | |
| 14. 15. | Place of intended intergrent St. Josephs, Cumiting, | |
| Dat | te of Certificate Mar. 1. 1905. Residence Residence | 9 r . |
| | | |
| | | |

John Justice 1907

| 143 |
|---|
| 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 degeased John fustice |
| 2. Sex Mall 3. Color 4. Age 4. Age |
| 6. Date of death De Jo/11/1 |
| 7. Cause of death Injuly fum LMRR Juan 8. Duration of last illness / Phones |
| Jurg, Gray Corner 62 |
| Residence BOWLING OREEN, XY, |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation Malm ho Turn |
| 9. Occupation 10. Place of birth Malm be, Juni, 11. Residence Buck Lodger Juni, Ward No |
| 12. Time of residence in the city. |
| 13. When a minor Name of father |
| 14. Place of intended interment Quek Longy Jun, |
| 15. Date of intended interment GERARD & GERARD. Undertaker. |
| Date of Certificate DEUN5/07. ResidenceBOWLING GREEN, KN |
| |
| |
| |