


1877

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

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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.

1. Name of deceased *Alice Jackson*  
 2. Sex *Female* 3. Color *White* 4. Age *4 yrs.*  
 5. Married or single *Single*  
 6. Date of death *Nov. 22/1838.*  
 7. Cause of death *don't know*  
 8. Duration of last illness *E. A. Gerard*  
 Residence *BOWLING GREEN, KY.* U.S.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Todd Co.*  
 11. Residence *Logan Co.* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *Mrs. Susan Jackson (dead)*  
 Name of father *Jno. N. Jackson* (" )  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *NOV 23 1906*

*GERARD & GERARD* Undertaker.

Date of Certificate *NOV 23 1906* Residence *BOWLING GREEN, KY*

*This Body was disinterred from family grave yd and reinterred in Fairview Cemetery*

*NOV 23 1906*

*E. A. Gerard*

Alonzo Jackson (Reinterment) 1873

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

# RETURN OF A DEATH.

134

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Alonzo L. Jackson  
 2. Sex Male 3. Color White 4. Age 1 yr, 7 mo.  
 5. Married or single Single  
 6. Date of death May 19" 1873.  
 7. Cause of death don't know  
 8. Duration of last illness E. A. Gerard  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Warren Co.  
 11. Residence Nashville Pike Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother Mrs. Susan L. Jackson (Dead)  
                           { Name of father John N. Jackson (" )  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment NOV 23 1906  
GERARD & GERARD Undertaker.

Date of Certificate NOV 23 1906 Residence BOWLING GREEN, KY

This Body was disinterred from family Grave yard and reinterred in Fairview Cemetery  
E. A. Gerard  
 NOV 23 1906



Child of Andrew & lice Jackson 1896

903/ 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 *Child of Andrew Jackson*  
2. Sex *Male* 3. Color *Black* 4. Age *3 yrs*  
5. Married or single *Single*  
6. Date of Death *July 1"/96*  
7. Cause of Death *Scrophulosis*  
8. Duration of last Illness \_\_\_\_\_  
*J. D. Porter*, M. D.  
Residence *Byrum Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Market street* Ward No. *3rd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Allice Jackson*  
Name of Father *Andrew Jackson*  
14. Place of intended Interment *Mt Moriah Cem.*  
15. Date of intended Interment *July 2"/96*  
*F. L. Guard 113rd*, Undertaker.  
Date of Certificate *July 2"/96* Residence *City*

Annie Jackson 1879

5

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

# RETURN OF A DEATH.

1385

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Annie Jackson.*  
2. Sex *Female* 3. Color *White* 4. Age *63 yrs.*  
5. Married or single *Married*  
6. Date of death *APR 30 1913*  
7. Cause of death *Concussion*  
8. Duration of last illness *12 months*  
*H. P. Cortright* M. D.  
Residence *Bowling Green, Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *House Keeper.*  
10. Place of birth *N.Y.*  
11. Residence *Brooklyn N.Y.* Ward No. ....  
12. Time of residence in the city .....  
13. When a minor { Name of mother .....  
                          { Name of father .....  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *May 1913.*  
*GERARD & GERARD* Undertaker.  
Date of Certificate *MAY 1 - 1913* Residence *Bowling Green, Ky*

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 *Bennie Jackson*

2. Sex *Female* . 3. Color *White* . 4. Age *7 weeks*

5. Married or Single

6. Date of Death *Aug 8<sup>th</sup> 1879*

7. Cause of Death *Brain fever*

8. Duration of last Illness *three weeks*

*Chas. K. Ormrod, M. D.*

Residence *N State Street*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Bowling Green*

11. Residence . . . . . Ward No. *2<sup>nd</sup>*

12. Time of Residence in the City

13. When a Minor { Name of Mother *Roda A Jackson*  
Name of Father *Denton* " "

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Aug 9<sup>th</sup> 1879*

*Frank C. Grand, Undertaker.*

Date of Certificate . . . . . Residence . . . . .

Democrat Print.

Child of Bud & Maggie Jackson 1892

425 7

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Child of Bud Jackson*  
 2. Sex *Female* 3. Color *Blk.* 4. Age *7 mo.*  
 5. Married or Single *Single*  
 6. Date of Death *July 23<sup>rd</sup> 192.*  
 7. Cause of Death *Summer Complaint*  
 8. Duration of last Illness *Several months*  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
 10. Place of Birth *City*  
 11. Residence *1<sup>st</sup> street* Ward No. *1<sup>st</sup>*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor. } Name of Mother *Maggie Jackson*  
                           } Name of Father *Bud*  
 14. Place of intended Interment *St. Moriah's Cem.*  
 15. Date of intended Interment *July 24 - 92.*  
*F. C. Girard*, Undertaker.  
 Date of Certificate *July 23/92* Residence *City*



C. C. Jackson 1896

849 8

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased C. C. Jackson  
2. Sex Male 3. Color White 4. Age 36 yrs  
5. Married or single Married  
6. Date of Death Feb 18/96  
7. Cause of Death Bronchitis & Arteriosclerosis  
8. Duration of last illness About 2 weeks  
J. F. Rodgers, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Rochester Ky  
11. Residence Hope st 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 Harvill Cemetery  
15. Date of intended Interment Feb 19/96  
F. C. Guard & Bro, Undertaker.  
Date of Certificate Feb 19/96 Residence \_\_\_\_\_



Child of Charles & Ella Jackson 1893

475 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.

Charles + Ella

1. Name of deceased *Child of Chas Jackson*  
2. Sex *Female* 3. Color *Blk* 4. Age *7 weeks*  
5. Married or Single *Single*  
6. Date of Death *Jan 12 - 1993*  
7. Cause of Death *Complains*  
8. Duration of last Illness *Two days*

*J. W. Bloomer*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Chestnut St.* Ward No. *1st*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Ella Jackson*  
                          } Name of Father *Chas*  
14. Place of intended Interment *Mt Moriah*  
15. Date of intended Interment *Jan 13 - 93*

\_\_\_\_\_, 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 Jackson*  
2. Sex *Male* 3. Color *W* 4. Age \_\_\_\_\_  
5. Married or single *Married*  
6. Date of Death *Dec 12 1897*  
7. Cause of Death *Dropsy*  
8. Duration of last Illness \_\_\_\_\_

*O. D. Porter*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *1st Street* Ward No. *1st*  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment *Mt Moriah Cemetery*  
15. Date of intended Interment *Dec 12 1897*

*Guard & Guard*, Undertaker.  
Date of Certificate *Dec 12 1897* Residence \_\_\_\_\_

Mrs. Delbert Jackson 1910

12

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

# RETURN OF A DEATH.

900

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Delbert Jackson
2. Sex Female 3. Color White 4. Age 32 yrs
5. Married or Single Married
6. Date of death Oct 2nd 1910
7. Cause of death Uterine Fibroids
8. Duration of last illness

Fred Sleatunigh, M. D.  
Residence B.G.S.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
10. Place of birth Warren Co Ky
11. Residence Scottsville Ky Ward No. \_\_\_\_\_
12. Time of residence in the city
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment Buch Grove Cemetery
15. Date of intended interment Oct 3rd 1910

Gerard Gerard, Undertaker.  
Date of Certificate Oct 3- Residence City

Mrs. Dick Jackson 1909

#705 13

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

## RETURN OF A DEATH.

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased *Mrs. Dick Jackson*

2. Sex *Female* 3. Color *White* 4. Age *87 yrs.*

5. Married or single *Married*

6. Date of death *OCT 12 1909*

7. Cause of death *Cancer*

8. Duration of last illness *W. R. Francis* M. D.

Residence *BOWLING GREEN, KY*

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_

10. Place of birth *Edmonson Co, Ky*

11. Residence *Bristol, Warren Co, Ky* Ward No. \_\_\_\_\_

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

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Oct. 13<sup>th</sup> 1909.*

*GERARD & GERARD* Undertaker.

Date of Certificate *OCT 12 1909* Residence *BOWLING GREEN, KY*

*SPG 201  
MCS 913  
1909*



Elwood C. Jackson 1912

15

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

# RETURN OF A DEATH.

1286

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Elwood C. Jackson  
2. Sex Male 3. Color White 4. Age 43 yrs  
5. Married or Single Widow  
6. Date of death Nov 5 " 1912.  
7. Cause of death Internal injury  
8. Duration of last illness 17 days  
B. S. Rutherford, M. D.  
Residence Bowling Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
10. Place of birth Ky  
11. Residence Woodford St. Ward No. 3  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Nov. 6 " 1912.  
Harold J. Grant Undertaker.  
Date of Certificate Nov 6/12 Residence B. S. Rutherford Ky.



Frankie Jackson

396 76

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 Frankie Jackson  
2. Sex boy . 3. Color col . 4. Age 8 mo  
5. Married or Single \_\_\_\_\_  
6. Date of Death Feb 19  
7. Cause of Death Convulsion  
8. Duration of last Illness \_\_\_\_\_  
Residence J. E. Perrett M. D.

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation child  
10. Place of Birth city  
11. Residence \_\_\_\_\_ . Ward No 4<sup>th</sup>  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother Lizzie Jackson  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment Int. Memorial  
15. Date of intended Interment Feb 20  
Baxter Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Hattie Jackson 1910

17

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

# RETURN OF A DEATH.

784

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Hattie Jackson*  
 2. Sex *Female* 3. Color *Black* 4. Age *52 yrs.*  
 5. Married or single *Widow*  
 6. Date of death *Mar. 12" 1910*  
 7. Cause of death *Exhaustion following La Grippe*  
 8. Duration of last illness  
 Signature *F. D. Beardon* M. D.  
 Residence *Bowling Green Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth *Warren County*  
 11. Residence *E. Chestnut St.* Ward No. *1*  
 12. Time of residence in the city *5 yrs.*  
 13. When a minor { Name of mother  
 Name of father  
 14. Place of intended interment *Mt. Moriah, Cemetery*  
 15. Date of intended interment *Mar. 13" 1910*  
 Signature *GERARD & GERARD* Undertaker.  
 Date of Certificate *Mar. 12/1910* Residence

Henry W. Jackson 1912

18

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

# RETURN OF A DEATH.

1136

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Henry W. Jackson,  
 2. Sex Male 3. Color White 4. Age 28 yrs  
 5. Married or single Single  
 6. Date of death Jan. 11 " 1912.  
 7. Cause of death Stomach Poisoning  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_ S. J. Martin M. D.  
 Residence Burleson Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer,  
 10. Place of birth Warren Co Ky  
 11. Residence " " " " Ward No. 1  
 12. Time of residence in the city several days  
 13. When a minor { Name of mother \_\_\_\_\_  
 Name of father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment January 12/1912.  
 \_\_\_\_\_ GERARD & GERARD, Undertaker.  
 Date of Certificate Jan 11/1912. Residence \_\_\_\_\_

James Jackson 1909

19

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

# RETURN OF A DEATH.

646

## Physician's Certificate Preparatory to Burial.

1. Name of deceased James Jackson  
2. Sex male 3. Color Col 4. Age 59  
5. Married or single Married  
6. Date of death June 6 - 1909.  
7. Cause of death Dysentery  
8. Duration of last illness 1 week  
T. H. Stone M. D.  
Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Sink digger  
10. Place of birth Alabama  
11. Residence High St. Ward No. 2  
12. Time of residence in the city About 20 yrs  
13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_  
14. Place of intended interment Int. moriah cemetery  
15. Date of intended interment June 8 - 1909.  
J. E. Kuykendall Undertaker.  
Date of Certificate June 8 - 09. Residence Cor. 7  
7 x College St.

James Jackson Jr. 1896

938 20

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *James Jackson Jr.*  
2. Sex *Male* 3. Color *Blk* 4. Age *7 yrs.*  
5. Married or single *single*  
6. Date of Death *Sept 9"/196*  
7. Cause of Death *Tuberculosis Meningitis*  
8. Duration of last illness \_\_\_\_\_  
*Jno P Cartwright*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *High Street* Ward No. *1*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother *Lula Jackson*  
                          } Name of Father *Jas. Jackson*  
14. Place of intended Interment *Mt. Moriah*  
15. Date of intended Interment *Sept 9"/196.*  
*F. C. Guard* Undertaker.  
Date of Certificate *Sept 9/96* Residence *City*

Jane Jackson 1880

2)

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

### RETURN OF A DEATH.

Jane  
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Jane Jackson

2. Sex Female 3. Color Dark 4. Age 20

5. Married or Single Married

6. Date of Death Sept. 20th 1880

7. Cause of Death Fever

8. Duration of last Illness Three weeks

L. C. Porter, M. D.

Residence Bourlingham

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence Shank's Hat Ward No. 2

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment Sept 21

15. Date of intended Interment \_\_\_\_\_

H. L. Linn, Undertaker.

Date of Certificate Sept 21 1880 Residence \_\_\_\_\_

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.

131

## Physician's Certificate Preparatory to Burial.

1. Name of deceased John N. Jackson.  
 2. Sex Male 3. Color White 4. Age 48 yrs.  
 5. Married or single Married  
 6. Date of death Oct 6 1873.  
 7. Cause of death Flux.  
 8. Duration of last illness.....  
 L. C. Porter M. D.  
 Residence Bowling Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
 10. Place of birth Warren County.  
 11. Residence Nashville Pike. Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
 { Name of father.....  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment NOV 23 1906

GERARD & GERARD. Undertaker.

Date of Certificate NOV 23 1906 Residence BOWLING GREEN, KY

*This Body was disinterred from family Grave and reinterred in Fairview Cemetery*

NOV 23 1906

*E. Gerard*

Little Jackson 1898

23

1117

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 *Little Jackson*

2. Sex *Female* 3. Color *Blk* 4. Age *80 yrs*

5. Married or single *Widow*

6. Date of death *Apr 6" 1898*

7. Cause of death *Dropsy*

8. Duration of last illness \_\_\_\_\_

*C. D. Porter*, M. D.

Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of birth \_\_\_\_\_

11. Residence *1<sup>st</sup> Street* Ward No. *2<sup>nd</sup>*

12. Time of residence in the City \_\_\_\_\_

13. When a minor } Name of Mother \_\_\_\_\_  
 } Name of Father \_\_\_\_\_

14. Place of intended interment *Mt Moriah Cemetery*

15. Date of intended interment *Apr 7" 1898*

*Edward S. Leonard*, Undertaker.

Date of Certificate *Apr 7" 98* Residence *City*



Lou Jackson 1893

574 24

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Lou Jackson  
2. Sex female . 3. Color Black . 4. Age 25  
5. Married or Single Single  
6. Date of Death Nov 26 1893  
7. Cause of Death Consumption  
8. Duration of last Illness \_\_\_\_\_

Murphy G. N. Murphy M. D.  
Residence B. G. St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

~~XXXX~~ Occupation \_\_\_\_\_

10. Place of Birth Warren County  
11. Residence City St . Ward No 1  
12. Time of Residence in the City Life

13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment West Monmouth  
15. Date of intended Interment Nov 27 1893  
Orattus Pagon, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence City

Lucy Jackson 1891

333 25

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Lucy Jackson*  
2. Sex *female* . 3. Color *black* . 4. Age *50*  
5. Married or Single *Widow*  
6. Date of Death *Sept 26<sup>th</sup> 1891*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *Several months*  
*D. S. Wrentham*, M. D.  
Residence *City No. Officer*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Housekeeper*  
10. Place of Birth *City*  
11. Residence *City* . Ward No. *4*  
12. Time of Residence in the City *50 years*  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
14. Place of intended Interment *Mt. Moriah*  
15. Date of intended Interment *Sept 27<sup>th</sup> 1891*  
*Prather & Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Child of Marian & Hettie Jackson 1897

1006 100  
-35  
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.  
*of Marian & Hettie*

1. Name of deceased *Infant W-M Jackson*  
2. Sex *Male* . 3. Color *white* . 4. Age *3 wks*  
5. Married or single \_\_\_\_\_  
6. Date of Death *March 22 1897*  
7. Cause of Death *Premature Birth*  
8. Duration of last Illness \_\_\_\_\_  
*Dr H. P. C.* \_\_\_\_\_ *H. P. Cantowright* \_\_\_\_\_, M. D.  
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Woolen Mills* . Ward No. *3*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Hettie Jackson*  
Name of Father *Marian Jackson*  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *Mar 22 1897*  
*Prather & Payne* \_\_\_\_\_, Undertaker  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Marie Jackson 1893

569

25

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Marie

1. Name of deceased *Marie Jackson*

2. Sex *Female* 3. Color *Black* 4. Age *28*

5. Married or Single *married*

6. Date of Death *Oct 20 1893*

7. Cause of Death *Consumption*

8. Duration of last Illness

*G. M. Murphy*, M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Housekeeper*

10. Place of Birth *Lebanon Tenn*

11. Residence *High St* Ward No. *3rd*

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

13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment *Int America*

15. Date of intended Interment *Oct 21<sup>st</sup> 1893*

*Prather & Payne*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Mary Lee Jackson 1912

28

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

## RETURN OF A DEATH.

1227

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Mary Lee Jackson  
2. Sex Female 3. Color White 4. Age 24 Years  
5. Married or Single Married  
6. Date of death July 26 - 1912  
7. Cause of death Cancer of Breast  
8. Duration of last illness Twelve months  
W. R. Francis, M. D.  
Residence Bowling Green Ky

### Undertaker's Certificate in Relation to Deceased.

9. Occupation Undertaker  
10. Place of birth Ky, Harrods Co  
11. Residence Near Phalanx Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Farmers Cemetery  
15. Date of intended interment July 27 - 1912  
GERARD & GERARD., Undertaker.  
Date of Certificate July 27 - 1912 Residence BOWLING GREEN, KY

Rosetta Jackson 1892

381 29

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Rosetta Jackson  
2. Sex female . 3. Color Blk . 4. Age 1 year  
5. Married or Single Single  
6. Date of Death Feb 7<sup>th</sup> 1892  
7. Cause of Death Capillary Bronchitis  
8. Duration of last Illness 4 days  
Hamilton, M. D.  
Residence Brownington

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth City  
11. Residence 164 Ave . Ward No. 3<sup>d</sup>  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother Lucy Jackson  
                          } Name of Father Lauren  
14. Place of intended Interment Mt Meriah Qu  
15. Date of intended Interment Feb 8<sup>th</sup> 1892  
Shrout & Good, Undertaker.  
Date of Certificate Feb 8<sup>th</sup> 92 Residence \_\_\_\_\_

Russell Jackson 1906

30

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

## RETURN OF A DEATH.

#78

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Russell Jackson

2. Sex man 3. Color Black 4. Age 27m 4w

5. Married or single single

6. Date of death August - 7 - 1906

7. Cause of death Bronchial Pneumonia.

8. Duration of last illness \_\_\_\_\_

R. W. Frances, M. D.  
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "

10. Place of birth near Jennings Creek

11. Residence in County Jennings Creek Ward No. \_\_\_\_\_

12. Time of residence in the City. not at all

13. When a minor { Name of Mother Vera Jackson  
Name of Father Capt Jackson

14. Place of intended interment Mt Lebanon

15. Date of intended interment August - 8 - 1906

Hawley Payne, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Infant of Sam Jackson 1910

31

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

# RETURN OF A DEATH.

409

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of <sup>Sam</sup> Jackson*  
 2. Sex *male* 3. Color *white* 4. Age *1 day*  
 5. Married or Single *single*  
 6. Date of death *Oct 6 1910*  
 7. Cause of death *Heart lesion*  
 8. Duration of last illness *12 hours*  
 \_\_\_\_\_, M. D.  
*E. N. Hall*

Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Bowling Green Ky*  
 11. Residence *" "* Ward No. \_\_\_\_\_  
 12. Time of residence in the city *Life*  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           Name of Father *Sam Jackson*  
 14. Place of intended interment *MT Olivet Cem*  
 15. Date of intended interment *Oct 6 - 1910*  
 \_\_\_\_\_, Undertaker.  
*Essie O Kelly*  
 Date of Certificate \_\_\_\_\_ Residence *Bowling*



Sarah Jane Jackson 1906

32

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Mrs. Sarah Jane Jackson*
- 2. Sex *Female* 3. Color *White* 4. Age *88 yrs*
- 5. Married or single *Widow*
- 6. Date of death *Mar. 28<sup>th</sup> 1906.*
- 7. Cause of death *Old age.*
- 8. Duration of last illness \_\_\_\_\_

\_\_\_\_\_, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of birth *Warren County*
- 11. Residence *near Bristow Ky.* Ward No. \_\_\_\_\_
- 12. Time of residence in the City. \_\_\_\_\_
- 13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
- 14. Place of intended interment *Fairview Cemetery.*
- 15. Date of intended interment *Mar. 30<sup>th</sup> 1906.*

*Gerard J. Gerard*, Undertaker.

Date of Certificate *Mar 29<sup>th</sup> 06* Residence \_\_\_\_\_

*Mrs. Jackson was attended by a Physician who resides several miles outside of the City*

Sila Jackson 1898

33

1140

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 Sila Jackson

2. Sex female 3. Color BLK 4. Age 17 1/2

5. Married or single \_\_\_\_\_

6. Date of death June 11 98

7. Cause of death Whooping Cough

8. Duration of last illness Six weeks

CT4 \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of birth city

11. Residence 7th St. & 2nd Ave. + 17 Ward No. 3

12. Time of residence in the City 1 yr

13. When a minor } Name of Mother Mary Jackson  
 } Name of Father John Jackson

14. Place of intended interment W. M. Burial

15. Date of intended interment June 12 98

\_\_\_\_\_ , Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Susan Jane Jackson 1906

34

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Susan Jane Jackson.*  
 2. Sex *Female* 3. Color *White* 4. Age *87 yrs*  
 5. Married or single *Widow of the Late John K. Jackson.*  
 6. Date of death *JUN 18 1906*  
 7. Cause of death *Cause incident to old age.*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *BOWLING GREEN, KY*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Lozan, Co.*  
 11. Residence *Nashville, Tennessee* Ward No. \_\_\_\_\_  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 { Name of Father \_\_\_\_\_  
 14. Place of intended interment *Harvill Cemetery*  
 15. Date of intended interment *JUN 18 1906*  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate *JUN 18 1906* Residence *BOWLING GREEN, KY*

Victoria Jackson 1909

35

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Victoria Jackson*
  2. Sex *Female* 3. Color *White* 4. Age *61*
  5. Married or Single *Single*
  6. Date of death *May 20 1909*
  7. Cause of death *Bright's seizure*
  8. Duration of last illness
- B. F. Rutherford*, M. D.  
Residence

## Undertaker's Certificate in Relation to Deceased.

9. Occupation
  10. Place of birth
  11. Residence *College St City* Ward No. *1<sup>st</sup>*
  12. Time of residence in the city
  13. When a minor { Name of Mother  
Name of Father
  14. Place of intended interment *Heinrich Cemetery*
  15. Date of intended interment *May 22 1909*
- Herard & Herard*, Undertaker.  
Date of Certificate *May 20 1909* Residence

Infant of W. H. & Ida Jackson 1899

36

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

of W.H. + Ida

1. Name of Deceased *Infant Jackson*
2. Sex *male* 3. Color *white* 4. Age *8 days*
5. Married or Single *Single*
6. Date of Death *Sept 24<sup>th</sup>*
7. Cause of Death *Leturus Infantum*
8. Duration of last Illness *one day*

*H. P. [unclear]*, M. D.  
Residence *Bowling Green*

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Bowling Green*
11. Residence *Sumner Street* . Ward No. *2*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Ida Jackson*  
Name of Father *W. H. "*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Sept 24<sup>th</sup> 1899*

*F. C. [unclear]*, Undertaker.  
Date of Certificate *Sept 24<sup>th</sup> 1899* Residence

Democrat Print.

Wade Jackson 1900

37

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 Wade Jackson  
2. Sex male 3. Color white 4. Age 21 yrs  
5. Married or single Single  
6. Date of death Jan - 1 - 1900  
7. Cause of death Typhoid Fever  
8. Duration of last illness 3 weeks  
Dr. H. Melliker, M. D.  
Residence 554 1/2 St

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer  
10. Place of birth Warren Co - Ky  
11. Residence High St Ward No. 1st  
12. Time of residence in the City. Several years  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father J. E. Jackson  
14. Place of intended interment Warren Cemetery  
15. Date of intended interment Jan - 2 - 1900  
Edward Guard, Undertaker.  
Date of Certificate Jan - 1 - 1900 Residence \_\_\_\_\_

Mrs. M. E. Jacobs 1901

38

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. M. E. Jacobs Jacobs*  
2. Sex *Female* 3. Color *White* 4. Age *65 yrs.*  
5. Married or single *Widow*  
6. Date of death *Nov. 23/1901*  
7. Cause of death *Consumption*  
8. Duration of last illness *18 mos*  
*Tom W. Stone*, M. D.  
Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Simpson County*  
11. Residence *10<sup>th</sup> Street* 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 *Franklin Ky.*  
15. Date of intended interment *Nov 24/1901.*  
*Gerard and Gerard*, Undertaker.  
Date of Certificate *Nov. 24/1901.* Residence \_\_\_\_\_

Child of Baley James 1905

39

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Baley James,*  
 2. Sex *Female* 3. Color *White* 4. Age *6 yrs.*  
 5. Married or Single *Single*  
 6. Date of death *Dec. 21" 05*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness  
*F. D. Hartung M.D.*, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Edmonson County*  
 11. Residence *Church & August* Ward No. *3.*  
 12. Time of residence in the city *several weeks*  
 13. When a minor { Name of Mother *Mrs. Baley James*  
 Name of Father *Baley James*  
 14. Place of intended interment *Edmonson County*  
 15. Date of intended interment *Dec 21" 05,*  
*Grard & Grard*, Undertaker.  
 Date of Certificate *Dec, 21" 05,* Residence \_\_\_\_\_



Child of Emma James 1880

40

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

*Emma James*

1. Name of Deceased *Child of Emma James*

2. Sex *Male* . 3. Color *Blk* 4. Age *18 mo*

5. Married or Single \_\_\_\_\_

6. Date of Death *Nov 7<sup>th</sup> 1880*

7. Cause of Death \_\_\_\_\_

8. Duration of last Illness *(Two Doctrs)*

\_\_\_\_\_, M. D.

Residence \_\_\_\_\_

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence \_\_\_\_\_, Ward No *4<sup>th</sup>*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother *Emma James*  
Name of Father \_\_\_\_\_

14. Place of intended Interment *Col Grant*

15. Date of intended Interment *Nov 8<sup>th</sup> 1880*

*H. L. Green*, Undertaker.

Date of Certificate *Nov 8<sup>th</sup> 1880* Residence \_\_\_\_\_

Democrat Job Print

Joe James 1907

41

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

## RETURN OF A DEATH.

308

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Joe James  
2. Sex male 3. Color black 4. Age 47  
5. Married or single married  
6. Date of death Sept. 5 - 1907  
7. Cause of death Pistol Shot  
8. Duration of last illness None  
D. B. Deemy, M. D.  
Residence .....

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Carpenter  
10. Place of birth Allen Co.  
11. Residence Park St. Ward No. 1  
12. Time of residence in the City. Fifteen years  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Mt. Mariah Cemetery  
15. Date of intended interment Sept. 7 - 1907  
J. E. Keykendall, Undertaker.  
Date of Certificate Sept. 6 - 1907 Residence Cor. W. Colleg. St.

Sarah James 1878

42

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Sarah James*
2. Sex *Female* 3. Color *white* 4. Age *55*
5. Married or Single *Single*
6. Date of Death *10th Sept 1878*
7. Cause of Death *Schinnus of Stomach*
8. Duration of last Illness *5 or six months*  
Residence *Bowling Green*  
*Porter & McCombs, M. D.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Warren County Ky*
11. Residence *Bowling Green Ky* Ward No. *1st*
12. Time of Residence in the City *Four Years*
13. When a Minor { Name of Mother  
Name of Father
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Sept 11<sup>th</sup> 1878*
- J. G. Gerard*, Undertaker.
- Date of Certificate *Sept 10<sup>th</sup> 78* Residence

Pantagraph Print.

Virginia J. Jamison 1900

26 27 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. Virginia J. Jamison*  
2. Sex *Female* 3. Color *White* 4. Age *74 years*  
5. Married or single *Widow*  
6. Date of death *April, 6<sup>th</sup> 1900.*  
7. Cause of death *Nervous Exhaustion*  
8. Duration of last illness  
*J. H. Mc Coyne, M. D.*  
Residence *B. Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of birth *Petersburgh, Va.*  
11. Residence *State St.* Ward No. *1<sup>st</sup>*  
12. Time of residence in the City *19 years*  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery.*  
15. Date of intended interment *April 7<sup>th</sup> 1900.*  
*Garard and Garard,* Undertaker.  
Date of Certificate *Apr 6<sup>th</sup> 1900.* Residence  
*Mrs Jamison is the mother of*  
*Mrs J. Whit. Potter.*

Jane Jammerson 1896

901/ 44

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 *Jane Jammerson*  
2. Sex *Female* 3. Color *Blk* 4. Age *52 yds*  
5. Married or single *Married*  
6. Date of Death *June 28/1896*  
7. Cause of Death *Cancer of the womb.*  
8. Duration of last Illness \_\_\_\_\_  
*G. A. Murphy*, M. D.  
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren Co.*  
11. Residence *Park Street* Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Mt Moriah.*  
15. Date of intended Interment *June 29/1896.*  
*F. C. Guard & Bro*, Undertaker.  
Date of Certificate *June 29/96* Residence \_\_\_\_\_

R. J. Jarbon 1893

45

*Out of town*

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *R J Jarbon*  
2. Sex *Male* 3. Color *White* 4. Age *27 years*  
5. Married or single *Married*  
6. Date of Death *Aug 2<sup>nd</sup> 1893*  
7. Cause of Death *Dysphoid fever*  
8. Duration of last Illness *12 days.*

*D W Goussier*, M. D.  
Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Aty*  
10. Place of Birth *Kentucky*  
11. Residence *B Green 11<sup>th</sup> street* Ward No. *1st*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended Interment *Loretta Ky*  
15. Date of intended Interment *Aug 24<sup>th</sup> 1893*  
*H C Goussier & Bro*, Undertaker.  
Date of Certificate *Aug 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.

393

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Child of Green Jeffers  
2. Sex female 3. Color black 4. Age 6  
5. Married or single —  
6. Date of death Jan. 21-1908  
7. Cause of death Fall dist of Cho-Choo Neck  
8. Duration of last illness instituted  
J. E. Simpson, M. D.  
Residence Bowling Green Ky

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation —  
10. Place of birth Bowling Green  
11. Residence Burks alley Ward No. 3  
12. Time of residence in the City. 6 mos.  
13. When a minor { Name of Mother —  
Name of Father Green Jeffers  
14. Place of intended interment parson yard  
15. Date of intended interment Jan. 22-1908.  
J. E. Simpson Undertaker.  
Date of Certificate Jan. 22-1908 Residence 7 college st.

Lena Jeffers 1898

1159 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 *Lena Jeffers.*  
2. Sex *Female* 3. Color *Blk.* 4. Age *25 yrs.*  
5. Married or single *Single.*  
6. Date of death *July 19<sup>th</sup> 1898.*  
7. Cause of death *Catarahal Pneumonia.*  
8. Duration of last illness \_\_\_\_\_  
*O. D. Porter,* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Warren County.*  
11. Residence *Center Street* Ward No. *2<sup>nd</sup>*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *County Cemetery.*  
15. Date of intended interment *July 20<sup>th</sup> 98.*  
*Guard & Guard* Undertaker.  
Date of Certificate *July 20<sup>th</sup> 98.* Residence \_\_\_\_\_



Child of Annie Jemerson 1901

48

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *child of Annie Jemerson*

2. Sex *female* 3. Color *Black* 4. Age *—*

5. Married or single *—*

6. Date of death *March-18-1901*

7. Cause of death *Still Born*

8. Duration of last illness *—*

*O. D. Porter*, M. D.

Residence *State St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*

10. Place of birth *Bowling Green Ky*

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

12. Time of residence in the City *—*

13. When a minor { Name of Mother *Annie Jemerson*  
Name of Father *—*

14. Place of intended interment *County Cemetery*

15. Date of intended interment *March-19-1901*

*Shrad & Son* Undertaker.

Date of Certificate *—* Residence *—*

Alice Jenkins 1891

49

*Out of town*

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs. Alice Jenkins*  
2. Sex *Female* 3. Color *White* 4. Age *35 yrs*  
5. Married or Single *Married*  
6. Date of Death *Oct. 4 / 91.*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *over 1 year*  
*Deloright*, M. D.  
Residence *1066*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *West Chestnut* Ward No. *1 st*  
12. Time of Residence in the City *Several months.*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Mt. Oliveth Burial Co.*  
15. Date of intended Interment *Oct. 5 / 1891.*  
*J. C. Guard* Undertaker.  
Date of Certificate *Oct 5 / 91.* Residence *City.*

Amey Jenkins 1911

50

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.

1. Name of deceased Amey Jenkins

2. Sex Female 3. Color Cal 4. Age 46

5. Married or Single Widow

6. Date of death Nov 13 1911

7. Cause of death Pneumonia

8. Duration of last illness five days

B. S. Pufferford, M. D.  
Residence Bowling Green Ky.

### Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_

10. Place of birth Warren county Tenn

11. Residence Bowling Green Ky Ward No. \_\_\_\_\_

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

13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended interment White Stone Quiring

15. Date of intended interment Nov 14 1911

Ernoch Kelley, Undertaker.

Date of Certificate \_\_\_\_\_ Residence B. S. Pufferford

Ella Jenkins 1891

300 51

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Ella Jenkins*  
2. Sex *Female* 3. Color *White* 4. Age *17 years.*  
5. Married or Single *Single*  
6. Date of Death *June 19 - 1891.*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *One year*  
*J. W. [Signature] M. D.*  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Bowling Green Ky*  
11. Residence *12<sup>th</sup> Street* Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Miss Carrie Jenkins*  
                          } Name of Father *H. E. Jenkins*  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *June 20<sup>th</sup> / 1891.*  
*F. A. Gerard*, Undertaker.  
Date of Certificate *June 20<sup>th</sup> / 91* Residence *City*

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 deceased *Henry E. Jenkins*  
2. Sex *Male* 3. Color *White* 4. Age *66 yrs*  
5. Married or single *Married*  
6. Date of death *June 14/1901.*  
7. Cause of death *Gastro Intestinalis*  
8. Duration of last illness *10 days*  
*Tom W. Stone*, M. D.  
Residence *College St*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Warren County*  
11. Residence *Park Street* Ward No. *1*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *June 16/1901.*  
*Edward T. Edward* Undertaker.  
Date of Certificate *June 15/1901.* Residence *City.*

Mrs. Luther A. Jenkins 1911

53-1

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

# RETURN OF A DEATH.

968

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Luther A. Jenkins*  
 2. Sex *Female* 3. Color *White* 4. Age *50 yrs.*  
 5. Married or single *Married*  
 6. Date of death *Feb. 8 1911*  
 7. Cause of death *Papuleymatous Nephritis (as per  
Shipping certificate)*  
 8. Duration of last illness.....  
*Eugene A. Howard*  
*Funeral Director, M. D.*  
 Residence *HOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Wk*  
 10. Place of birth.....  
 11. Residence *Leander, Pa* \* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
 { Name of father.....  
 14. Place of intended interment *Greenwood Cemetery*  
 15. Date of intended interment.....  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *Feb. 9 1911* Residence *City*

Mrs. Luther A. Jenkins 1911

52-2

**REMOVAL PERMIT BEFORE INTERMENT**  
This permit must in all cases accompany the body to its destination.

No. 299 OFFICE **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 Elizabeth Jenkins

Died Febr 1 1911 Place of Death Los Angeles Cal

Cause of Death Parenchymatous Nephritis

Age 50 years, 2 months, 10 days Sex female Race Cauc

Place of Birth Indiana

Physician R W Hatch

To Bowling Green Ky

Holif Mortuary Clerk.

L. W. Powell M. D. Health Officer.

Maggie Jenkins 1892

416 54

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 *Maggie Jenkins*  
2. Sex *Female* 3. Color *Blk.* 4. Age *12 yrs*  
5. Married or Single *single*  
6. Date of Death *June 23/92*  
7. Cause of Death *Dysentery*  
8. Duration of last Illness *one week*  
*J. F. McElroy*, M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of Birth *city*  
11. Residence *Chesnut* Ward No. *1st*  
12. Time of Residence in the City  
13. When a Minor. } Name of Mother *Patsy Jenkins*  
                          } Name of Father  
14. Place of intended Interment *St. Monica*  
15. Date of intended Interment *June 24/92*  
*F. L. Guany*, Undertaker.  
Date of Certificate *June 24/92* Residence



Martha Jenkins 1907

55

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

# RETURN OF A DEATH.

362

## Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Martha Jenkins
  - 2. Sex female      3. Color white      4. Age 59 yrs
  - 5. Married or single married
  - 6. Date of death Dec -17 -1907
  - 7. Cause of death Pneumonia Pulmonalis
  - 8. Duration of last illness 3 months
- T. A. Cartwright M. D.

Residence.....

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation.....
  - 10. Place of birth.....
  - 11. Residence Cleveland      Ward No.....
  - 12. Time of residence in the city non resident
  - 13. When a minor { Name of mother —  
Name of father —
  - 14. Place of intended interment Fameworth Cemetery
  - 15. Date of intended interment Dec -18 -1907
- Hawley Payne Undertaker.

Date of Certificate.....      Residence.....

Mary Jenkins 1892

56

457

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 Jenkins*  
 2. Sex *Female* . 3. Color *Blk* . 4. Age *60 yrs*  
 5. Married or Single *Married*  
 6. Date of Death *Oct 8 / 92.*  
 7. Cause of Death *Chronic Pulmonary Tuberculosis*  
 8. Duration of last Illness *Eight months*  
*W. W. Bowling M. D.*  
 Residence *809 Broadway St*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Virginia*  
 11. Residence *College St* . Ward No. *2<sup>nd</sup>*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor, } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Mt Thomas*  
 15. Date of intended Interment *Oct. 9 / 92*  
*J. C. Guay* , Undertaker.  
 Date of Certificate *Oct 9 / 92* . Residence \_\_\_\_\_

Mary E. Jenkins 1900

41 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. Jenkins*  
2. Sex *Female* 3. Color *White* 4. Age *42 yrs*  
5. Married or single *Married*  
6. Date of death *May 7<sup>th</sup> 1900.*  
7. Cause of death *Paralysis*  
8. Duration of last illness *3 Days*  
*B H Millifan*, M. D.  
Residence *B. Green Ky*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *Woodford, St.* Ward No. *2<sup>nd</sup>*  
12. Time of residence in the City *Several Months*  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *May 8<sup>th</sup> 1900.*  
*Edward and Edward*, Undertaker.  
Date of Certificate *May 7/1900* Residence \_\_\_\_\_

Mattie Barr Jenkins 1899

58

~~7~~      2. 0 3

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Mattie Barr Jenkins  
2. Sex Female 3. Color White 4. Age 5 yrs.  
5. Married or single Single  
6. Date of death January 10<sup>th</sup> 1899.  
7. Cause of death Meningitis  
8. Duration of last illness \_\_\_\_\_  
Sarah J. Milsop, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth City.  
11. Residence College Street Ward No. 2<sup>nd</sup>  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother Mrs Lizzie Jenkins  
                          } Name of Father Luther A Jenkins  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment January 11<sup>th</sup> 1899.  
Edward J. Grand, Undertaker.  
Date of Certificate Jan. 11<sup>th</sup> 99. Residence City.

Infant of Mollie Jenkins 1894

683

59

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Infant child of Mollie Jenkins.*
- 2. Sex *—* 3. Color *black* 4. Age *still born*
- 5. Married or single *- single*
- 6. Date of Death *Nov 19 - 19 - 94*
- 7. Cause of Death *Still born*
- 8. Duration of last illness *—*

*Shroy Shroy*, M. D.  
 Residence *City Health Officer*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation *—*
- 10. Place of Birth *Bonhing Green Ky.*
- 11. Residence *11 25 street* Ward No. *- 1 -*
- 12. Time of Residence in the City *—*
- 13. When a Minor { Name of Mother *Mollie Jenkins*  
Name of Father *—*
- 14. Place of intended Interment *Pomper cemetery*
- 15. Date of intended Interment *Nov - 19 - 94*

*F. L. Howard* Pro., Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Patsy Jenkins 1891

356 60

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 *Patsy Jenkins "Col"*  
2. Sex *Female* 3. Color *Blk.* 4. Age *abt 60 yrs*  
5. Married or Single *Widow*  
6. Date of Death *Dec 3"/1891*  
7. Cause of Death *Pneumonia*  
8. Duration of last Illness *one week*  
*J. F. McEby*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence *Kentucky Street* Ward No. *3rd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Mt. Moriah Cemetery*  
15. Date of intended Interment *Dec 4"/1891*  
*J. C. Girard*, Undertaker.  
Date of Certificate *Dec 4/91*. Residence *City*.

Sallie Jenkins 1913

61

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

# RETURN OF A DEATH.

1320

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Sallie Jenkins  
2. Sex Female 3. Color White 4. Age 69 yrs.  
5. Married or single Married  
6. Date of death JAN 17 1913  
7. Cause of death Cerebral Thrombosis  
Cardiovascular-renal disease  
8. Duration of last illness 18 days  
J. H. Blackburn M. D.  
Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth Ky. Butler Co.  
11. Residence Clay St. Ward No. 2  
12. Time of residence in the city 2 mo.  
13. When a minor { Name of mother.....  
Name of father.....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Jan. 18 1913.  
GERARD & GERARD. Undertaker.  
Date of Certificate JAN 17 1913 Residence.....

James Edward Jennett 1911

62

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

# RETURN OF A DEATH.

1137

## Physician's Certificate Preparatory to Burial.

- 1137 <sup>James</sup> Edward Jennett
- Name of deceased James Edward Jennett
  - Sex Male
  - Color White
  - Age 2 yrs
  - Married or Single Single
  - Date of death Jan 12 1911
  - Cause of death Accidental Burned
  - Duration of last illness

Dr. E. Roy Corum, M. D.  
Residence

## Undertaker's Certificate in Relation to Deceased.

- Occupation Child
- Place of birth Lafayette Tenn
- Residence Broadway Bowling Green Ward No.
- Time of residence in the city 2 yrs.
- When a minor { Name of Mother Walter Jennett  
Name of Father Peoly Jennett
- Place of intended interment Fairview Cemetery
- Date of intended interment Jan 13th 1911

Geo. Chat. Bell, Undertaker.  
Date of Certificate Jan 13th 1911 Residence Bowling Green



Fred Hall Jentry 1910

63

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

# RETURN OF A DEATH.

913

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Fred Hall Jentry
  2. Sex male      3. Color white      4. Age 8 months
  5. Married or single Single
  6. Date of death Oct 18 1910
  7. Cause of death meningitis (Typhoid fever)
  8. Duration of last illness about a week
- .....  
C. S. Dowd M. D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation none
  10. Place of birth Bowling Green Mo
  11. Residence "      "      Ward No. ....
  12. Time of residence in the city Lifetime
  13. When a minor { Name of mother .....
  - { Name of father Chas Jentry .....
  14. Place of intended interment Pen Side Church
  15. Date of intended interment Oct 19 1910
- .....  
Essch & Kilby Undertaker.  
 Date of Certificate OCT 24 1910      Residence B. H. Ky

Tisia Jentry 1908

#559 64

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

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## RETURN OF A DEATH.

559

**Physician's Certificate Preparatory to Burial.**

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1. Name of deceased *Tisia Jentry*

2. Sex *Female* 3. Color *Cal* 4. Age *58*

5. Married or single *Widow*

6. Date of death *Dec 19/08*

7. Cause of death *Bright disease and Apoplexy*

8. Duration of last illness.....

*Wm Briggs* M. D.

Residence *Bowling Green Ky*

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**Undertaker's Certificate in Relation to Deceased.**

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9. Occupation.....

10. Place of birth.....

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

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

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

14. Place of intended interment *MT Marshall Cem*

15. Date of intended interment *Dec 21*

*Enochs + Davis* Undertaker.

Date of Certificate *Dec 21/08* Residence *BY Ky*

---

Little 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 *Little Jewell*  
2. Sex *female* 3. Color *Cast* 4. Age *74 yrs*  
5. Married or single *Single*  
6. Date of death *July 26 - 1909*  
7. Cause of death *Bright's disease*  
8. Duration of last illness.....  
..... *A. D. Porter* M. D.  
Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Housekeeper*  
10. Place of birth *in Barren Co.*  
11. Residence *One Kentucky Street Ret. 677* Ward No. *3*  
12. Time of residence in the city *About 30 yrs*  
13. When a minor { Name of mother.....  
                          Name of father.....  
14. Place of intended interment *mt. mariah cemetery*  
15. Date of intended interment *July 28 - 09.*  
*J. E. May, Kentucky* Undertaker.  
Date of Certificate *July 28 - 09.* Residence.....  
*7 College St.*

Mary Jewell 1911

66

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

## RETURN OF A DEATH.

1087

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Mary Jewell  
2. Sex Female 3. Color Black 4. Age 16 yrs.  
5. Married or Single Single  
6. Date of death Oct. 5" 1911.  
7. Cause of death Typhoid fever Hemorrhage Bowels.  
8. Duration of last illness 16 Days

J. Martin, M. D.  
Residence Bowling Green Ky

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_  
10. Place of birth Barren, Ky  
11. Residence Cemetery Pike Ward No. 1  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Oct. 6" 1911.

**GERARD & GERARD**, Undertaker.  
Date of Certificate Oct. 5" 1911 Residence \_\_\_\_\_

Annie Johnson 1907

246

67

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased..... *Annie Johnson*

2. Sex *female* 3. Color..... *black* 4. Age..... *21*

5. Married or single..... *single*

6. Date of death..... *Aug. 23 - 07.*

7. Cause of death..... *Phthisis Pulmonalis.*

8. Duration of last illness..... *about six months.*

..... *J. W. Willis.* M. D.

Residence..... *Banaling Green*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation..... *Housekeeper*

10. Place of birth..... *Woodburn Ky.*

11. Residence..... *first* Ward No. *2*

12. Time of residence in the city..... *fifteen years*

13. When a minor { Name of mother..... *Joan Johnson*  
Name of father.....

14. Place of intended interment..... *mt. maria ch. cem.*

15. Date of intended interment..... *Aug. 24 07.*

..... *J. E. Juppenthal* Undertaker.

Date of Certificate..... *Aug. 24 - 07.* Residence..... *Cor. 7 & Callige St.*

Bettie Johnson 1898

1204 68

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 *Bettie Johnson*  
2. Sex *Female* 3. Color *Blk.* 4. Age *68 yrs.*  
5. Married or single *Widow*  
6. Date of death *Dec. 14<sup>th</sup> 1898*  
7. Cause of death *Heart failure*  
8. Duration of last illness \_\_\_\_\_  
*B. H. Milliken,* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Barren County,*  
11. Residence *10<sup>th</sup> Street* Ward No. *1<sup>st</sup>*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Mt. Moriah Cemetery*  
15. Date of intended interment *Dec. 16<sup>th</sup> 1898*  
*Guard & Guard*, Undertaker.  
Date of Certificate *Dec. 16/98* Residence \_\_\_\_\_

C. B. Johnson 1893

575 69

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *C. B. Johnson*  
 2. Sex *Male* . 3. Color *White* 4. Age *71*  
 5. Married or Single *Married*  
 6. Date of Death *Nov 18 1893*  
 7. Cause of Death *Consumption*  
 8. Duration of last Illness *about 10 days*  
*deceased by* *G. N. Murphy*, M. D.  
 Residence *B. S. Ky.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Woodford County Ky*  
 11. Residence *10<sup>th</sup> St* . Ward No. *2*  
 12. Time of Residence in the City *Years*  
 13. When a Minor. } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Fairview Cem*  
 15. Date of intended Interment *Nov 21 1893*  
   *Brothers Payne*, Undertaker.  
 Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Clem Jones 1897

981 70

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 Clem Jones.  
2. Sex Male 3. Color Blk. 4. Age 37 yrs.  
5. Married or single Married  
6. Date of Death Jan 16"/1897  
7. Cause of Death Plumy Lumb Stomach trouble  
8. Duration of last Illness \_\_\_\_\_  
H. R. Francis, M. D.  
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Simpson County  
11. Residence 6th street Ward No. 2nd  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment McK. Morrish Cem.  
15. Date of intended Interment Jan 17"/1897  
F. C. Leonard & Bro., Undertaker.  
Date of Certificate Jan 16/97 Residence City.



Mrs. E. Johnson

71

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *E. Johnson*

2. Sex *Female* . 3. Color *Black* . 4. Age *Infant*

5. Married or Single *Married*

6. Date of Death *April 9<sup>th</sup>*

7. Cause of Death *Consumption*

8. Duration of last Illness *Three Months*

*Dr. P. Williams*, M. D.

Residence *Bowling Green Kentucky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence \_\_\_\_\_ . Ward No. *2* \_\_\_\_\_

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Print.

Effie Johnson 1891

255 72

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Effie Johnson*  
2. Sex *Female* 3. Color *Wk* 4. Age *16 mo*  
5. Married or Single *Single*  
6. Date of Death *Jan 25<sup>th</sup> 1891*  
7. Cause of Death *Toxodellites*  
8. Duration of last Illness *two months*  
*J. F. McElroy M. D.*  
Residence *417 12<sup>th</sup> Street*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *1st Ward* Ward No. *2<sup>nd</sup> Street*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Henni Helm*  
                          } Name of Father *Jim Johnson*  
14. Place of intended Interment *Mt. Vernon*  
15. Date of intended Interment *Jan 25<sup>th</sup> 1891*  
*Richmond* Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Elijah Johnson 1882

73

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

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Elijah Johnson*
2. Sex *Male* . 3. Color *black* . 4. Age *31 years*
5. Married or Single *Married*
6. Date of Death *Nov. 24<sup>th</sup> 1882*
7. Cause of Death *Consumption*
8. Duration of last Illness *Sixteen months*  
*J. J. Townsend*, M. D.  
Residence *Bowling Green Ky*

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

\_\_\_\_\_, Undertaker.  
Date of Certificate . . . . . Residence

Democrat Job Print

Eugenia Johnson 1903

74

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Eugenia Johnson*  
2. Sex *Female* B. Color *White* 4. Age *1 yr*  
5. Married or single *Single*  
6. Date of death *Jan 14 " 1903*  
7. Cause of death *Pneumonia*  
8. Duration of last illness  
*J. E. Meredith*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *State St.* Ward No. *1*  
12. Time of residence in the City *Life time*  
13. When a minor { Name of Mother *Mrs Fannie Johnson*  
Name of Father *John Johnson*  
14. Place of intended interment *Smith Grav. Yd. Richmond Ky.*  
15. Date of intended interment *Jan 16 " 1903*  
*Gerard & Gerard*, Undertaker.  
Date of Certificate *Jan 15/1903* Residence \_\_\_\_\_

George W. Johnson 1894

680 75

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 Geo W Johnson  
2. Sex Male 3. Color Blk 4. Age 60 yrs.  
5. Married or single Married  
6. Date of Death Novem 15 1894  
7. Cause of Death Valvular disease of heart  
8. Duration of last illness About one week.  
Dr O. B. P O. W. Porter, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer  
10. Place of Birth Ohio  
11. Residence Kenner St. Ward No. 1  
12. Time of Residence in the City Years -  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment Out Moriah  
15. Date of intended Interment Novem 16 1894  
Parthen Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Infant of Gideon Johnson 1893

*Out of town* 76

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. *Mr + Mrs. Gideon*

1. Name of deceased *Infant child of G Johnson*  
2. Sex ..... 3. Color *White* 4. Age *2 mo*  
5. Married or single *Single*  
6. Date of Death *July 6<sup>th</sup> 1893*  
7. Cause of Death *Cholera Infantum*  
8. Duration of last Illness .....

*B. H. Mulliken*, M. D.

Residence .....

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation .....

10. Place of Birth *city*

11. Residence *Woodfort St. Ward No. 4*

12. Time of Residence in the City .....

13. When a Minor { Name of Mother *Mrs. Gid Johnson*  
Name of Father *Gideon Johnson*

14. Place of intended Interment *Franklin Kentucky*

15. Date of intended Interment *July 7<sup>th</sup> 93*

*F. C. Grant & Bros*, Undertaker.

Date of Certificate ..... Residence .....

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Gip Johnson 1913

77

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

# RETURN OF A DEATH.

1399

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Gip Johnson  
 2. Sex male 3. Color White 4. Age 73-  
 5. Married or single married  
 6. Date of death May 22 - 1913  
 7. Cause of death Myocardial Insufficiency  
 8. Duration of last illness About 4 months  
 \_\_\_\_\_ M. D.  
 Residence Green 19

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Common labor  
 10. Place of birth Ala  
 11. Residence Center St 228 Ward No. \_\_\_\_\_  
 12. Time of residence in the city About 26 yrs  
 13. When a minor { Name of mother Don't know  
                           { Name of father \_\_\_\_\_  
 14. Place of intended interment mt. variat  
 15. Date of intended interment May 24 - 1913  
 \_\_\_\_\_ Undertaker.  
 Date of Certificate May 24 1913 Residence \_\_\_\_\_  
Cor 7 + College St.

Grace Johnson 1891

326

78

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 *Grace Johnson*
- 2. Sex *Female* 3. Color *White* 4. Age *3 yrs*
- 5. Married or Single *Single*
- 6. Date of Death *Aug 23/1891*
- 7. Cause of Death *Pneumonia*
- 8. Duration of last Illness \_\_\_\_\_

*B. A. Miller*, M. D.  
Residence \_\_\_\_\_

#### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of Birth *City*
- 11. Residence *Adams St* Ward No. *3rd*
- 12. Time of Residence in the City \_\_\_\_\_

- 13. When a Minor. } Name of Mother \_\_\_\_\_  
                              } Name of Father *A. G. Johnson*

- 14. Place of intended Interment *Fairview Cem.*
- 15. Date of intended Interment *Aug 24/91*

*F. C. Grant*, Undertaker.  
Date of Certificate *Aug 24/91*. Residence \_\_\_\_\_



H. J. Johnson 1912

79

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

## RETURN OF A DEATH.

1300

### Physician's Certificate Preparatory to Burial.

1. Name of deceased H. J. Johnson  
2. Sex Male 3. Color White 4. Age 61 yrs.  
5. Married or Single Married  
6. Date of death Dec. 18<sup>th</sup> 1912.  
7. Cause of death Cancer of bowels  
8. Duration of last illness 6 months  
T. O. Helmer, M. D.  
Residence BOWLING GREEN, KY

### Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
10. Place of birth Warren Co.  
11. Residence Ny. St. Ward No. 2  
12. Time of residence in the city several weeks  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Dec 19, 1912  
GERARD & GERARD, Undertaker.  
Date of Certificate DEC 18 1912 Residence BOWLING GREEN, KY.

Child of Henry Johnson 1912

80

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

RETURN OF A DEATH.

1249

Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of Henry Johnson
2. Sex male 3. Color Black 4. Age
5. Married or Single Single
6. Date of death Sept 15-1912
7. Cause of death Still borne
8. Duration of last illness
A. S. Foster, M. D.
Residence Bowling Green, Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Ky
11. Residence Bowling Green Ward No. 2
12. Time of residence in the city
13. When a minor Name of Mother Mrs. Mary Johnson Name of Father Henry Johnson
14. Place of intended interment County Cemetery
15. Date of intended interment Sept 15-1912
Greenwood, Undertaker.
Date of Certificate Sept 15 Residence City

Ida Johnson 1909

81

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

# RETURN OF A DEATH.

*of 13*

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Ida Johnson*  
2. Sex *Female* 3. Color *Blk* 4. Age *26 yrs.*  
5. Married or single *Widow*  
6. Date of death *Oct. 30" 1909.*  
7. Cause of death *Tuberculosis.*  
8. Duration of last illness.....  
*C. D. Porter* M. D.  
Residence..... **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth *Warren County*  
11. Residence *1st Street* Ward No. *1*  
12. Time of residence in the city.....  
13. When a minor { Name of mother.....  
                          { Name of father.....  
14. Place of intended interment *Mt. Moriah Cemetery*  
15. Date of intended interment *Nov. 1" 1909.*  
**GERARD & GERARD** Undertaker.  
Date of Certificate *Nov. 1" 1909.* Residence **BOWLING GREEN, KY**

Child of J. B. & Annie Johnson 1898

92

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of J. B. Johnson + Annie*

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

5. Married or single *Single*

6. Date of death *May 25 '98*

7. Cause of death *Heart Failure*

8. Duration of last illness

*B. H. Milliken*, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of birth *City*

11. Residence *Park Street* Ward No. *1*

12. Time of residence in the City \_\_\_\_\_

13. When a minor { Name of Mother *Mrs Annie Johnson*  
Name of Father *J. B. Johnson*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *May 26 '98*

*Guard & Guard*, Undertaker.

Date of Certificate *May 25 '98* Residence \_\_\_\_\_

Child of J. Y. & Alice Johnson 1901

83

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of J. Y. Johnson*  
 2. Sex *Female* 3. Color *White* 4. Age *9 months*  
 5. Married or single *Single*  
 6. Date of death *July, 29" 1901*  
 7. Cause of death *Inanition*  
 8. Duration of last illness *3 wks*  
 Physician *Tom H. Stone*, M. D.  
 Residence *College St*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *City*  
 11. Residence *624 Church St.* Ward No. *3*  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother *Mrs Alice Johnson*  
 Name of Father *J. Y. Johnson*  
 14. Place of intended interment *Fairview Cemetery,*  
 15. Date of intended interment *July, 30" 1901*  
*Geard and Geard*, Undertaker.  
 Date of Certificate *July 30/1901* Residence \_\_\_\_\_

Jacob Vance Johnson 1904

84

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 Jacob Vance Johnson  
2. Sex male 3. Color white 4. Age 38 yrs  
5. Married or single married  
6. Date of death April 24 - 1904  
7. Cause of death Septic Emdo. curditis result of accident  
8. Duration of last illness March 15 - 1904 To April 22, 1904  
J. M. Meredith, M. D.  
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Driver B & Bottling works  
10. Place of birth Allen Co Ky  
11. Residence Bowling Green Ky Ward No. 1  
12. Time of residence in the City.  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cem  
15. Date of intended interment April - 25 - 1904  
Harvey Payne Undertaker.  
Date of Certificate Apr 25 - 1904 Residence Bowling Green Ky

John Johnson 1903

85

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Johnson  
2. Sex Male 3. Color White 4. Age 59  
5. Married or single Married  
6. Date of death July 28<sup>th</sup> 1903  
7. Cause of death Cancer of Stomach  
8. Duration of last illness Two years  
F. N. Beardore, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Carpenter  
10. Place of birth Germany  
11. Residence Church St Ward No. 3  
12. Time of residence in the City. 37 years  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment St Joseph's Cemetery  
15. Date of intended interment July 22 1903  
Guard & Guard, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

John H. Johnson 1891

251 86

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

1. Name of deceased *John H. Johnson.*  
2. Sex *Male* . 3. Color *Bk* . 4. Age *57 yrs.*  
5. Married or Single *Single*  
6. Date of Death *Jan 16<sup>th</sup> / 1891.*  
7. Cause of Death *Paralysis*  
8. Duration of last Illness \_\_\_\_\_

*Wm Claypool*, M. D.  
Residence *Bonding Iron*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *Central St.* . Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment *St. Moriah Cem.*  
15. Date of intended Interment *Jan 17<sup>th</sup> / 1891*

*J. G. Seward* Undertaker.  
Date of Certificate *Jan 16<sup>th</sup> / 91* . Residence *City*



Child of John & Sarah Johnson 1909

87

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

# RETURN OF A DEATH.

596

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of John R Johnson  
 2. Sex Female 3. Color White 4. Age 1 Mo.  
 5. Married or Single Single  
 6. Date of death March, 13 "1909.  
 7. Cause of death Transition  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth BOWLING GREEN, KY  
 11. Residence Portage R.R. BOWLING GREEN, KY. Delafield, Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother Mrs. Sarah Johnson.  
 Name of Father John R Johnson.  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Mar 14 "1909.  
GERARD & GERARD. \_\_\_\_\_, Undertaker.  
 Date of Certificate Mar 13 "1909. Residence BOWLING GREEN, KY

John Y. Johnson 1905

28

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *John Y. Johnson*  
 2. Sex *Male* 3. Color *White* 4. Age *47 yrs*  
 5. Married or Single *Married*  
 6. Date of death *Mar 12 '05*  
 7. Cause of death *Cirrhosis of Liver*  
 8. Duration of last illness *6 mo*  
 \_\_\_\_\_, M. D.  
*J. W. Stone*  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Kentucky*  
 11. Residence *Church St* Ward No. *3rd*  
 12. Time of residence in the city *Several years*  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Mar, 13 '05*  
   *Grand and Grand*, Undertaker.  
 Date of Certificate *Mar, 12/05* Residence \_\_\_\_\_

Louise Johnson 1909

89

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

# RETURN OF A DEATH.

(057)

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Louise Johnson  
 2. Sex Female 3. Color White 4. Age 10 months  
 5. Married or Single Single  
 6. Date of death June 25-09  
 7. Cause of death Congestion of Brain  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence Banning Green

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Nurse  
 10. Place of birth Ky  
 11. Residence Woodford St Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Franklin Ky  
 15. Date of intended interment June 26-1909  
GERARD & GERARD, Undertaker.  
 Date of Certificate June 26 Residence City

Lucien Johnson 1912

90

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

# RETURN OF A DEATH.

1203

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Lucien Johnson
2. Sex male 3. Color White 4. Age 42
5. Married or Single Single
6. Date of death June 18<sup>th</sup> 1912
7. Cause of death Struck on Land W.R.R.
8. Duration of last illness \_\_\_\_\_

Dr. E. Gray Cronin, M. D.  
 Residence City

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth Ky
11. Residence Quincy Ky Ward No. \_\_\_\_\_
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of Mother \_\_\_\_\_  
 { Name of Father \_\_\_\_\_
14. Place of intended interment Quincy Ky
15. Date of intended interment June 19 - 1912

**GERARD & GERARD.**

\_\_\_\_\_, Undertaker.  
 Date of Certificate 6-18-12 Residence BOWLING GREEN, KY

Minor Johnson 1898

1196 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 *Minor Johnson*  
2. Sex *Male* . 3. Color *Blk* . 4. Age *17 yrs.*  
5. Married or single *Single*  
6. Date of death *Nov 1, 1898.*  
7. Cause of death *Consumption*  
8. Duration of last illness \_\_\_\_\_  
*W. R. Francis*, M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *city*  
11. Residence *Broad Street* . 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 *Mt. Moriah Cemetery*  
15. Date of intended interment *Nov 2, 1898.*  
*Edward & Edward*, Undertaker.  
Date of Certificate *Nov 2, 1898* . Residence *city*

Peter Johnson 1878

92

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Peter J. Johnson*

2. Sex *Male* . 3. Color *Malatto* . 4. Age \_\_\_\_\_

5. Married or Single *Married*

6. Date of Death *Sept 6th 1878*

7. Cause of Death *Hemiplegia*

8. Duration of last Illness *Some years*

*J. N. W. Coombs* 46, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence \_\_\_\_\_ . Ward No. \_\_\_\_\_

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Print.

Richard W. Johnson 1907

93

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Richard W. Johnson*  
2. Sex *male* 3. Color *white* 4. Age *27 yrs*  
5. Married or single *single*  
6. Date of death *August 12 1907*  
7. Cause of death *Typhoid Fever*  
8. Duration of last illness *3 weeks*  
*T. W. Slane* M. D.  
Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Student*  
10. Place of birth *Ky*  
11. Residence *10th and Adams + Ky* Ward No.....  
12. Time of residence in the city *few months*  
13. When a minor { Name of mother.....  
                          { Name of father.....  
14. Place of intended interment *Black R. Ford Ky*  
15. Date of intended interment *Aug 13 1907*  
*Hawley Payne* Undertaker.  
Date of Certificate..... Residence.....

S. B. Johnson 1913

94

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

# RETURN OF A DEATH.

1423

## Physician's Certificate Preparatory to Burial.

1. Name of deceased S. B. Johnson.  
 2. Sex Male 3. Color White 4. Age 78  
 5. Married or single Married  
 6. Date of death JUN 23 1913  
 7. Cause of death Complication  
 8. Duration of last illness Six months  
 M. D. J. B. Smith  
 Residence Bowling Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Physician, Retired.  
 10. Place of birth \_\_\_\_\_  
 11. Residence College St. Ward No. 3  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of mother \_\_\_\_\_  
                           Name of father \_\_\_\_\_  
 14. Place of intended interment Barren Hill Church Yd.  
 15. Date of intended interment June 24" 1913.  
GERARD & GERARD. Undertaker.  
 Date of Certificate JUN 23 1913 Residence Bowling Green, Ky.



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.

1. Name of deceased *Mrs. Samuel B. Johnson*  
2. Sex *Female* 3. Color *White* 4. Age *53 yrs.*  
5. Married or single *Married*  
6. Date of death *JAN 15 1907*  
7. Cause of death *Complication of diseases*  
8. Duration of last illness *Several months*  
*B. S. Rutherford* M. D.  
Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation  
10. Place of birth *Warren County*  
11. Residence *BOWLING GREEN, KY* Ward No.  
12. Time of residence in the city *27 yrs.*  
13. When a minor { Name of mother  
Name of father  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *January 17 1907.*  
*GERARD & GERARD* Undertaker.  
Date of Certificate *JAN 16 1907* Residence *BOWLING GREEN, KY*

Samuel S. Johnson 1880

96

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 *Samuel S. Johnson*
  2. Sex *Male* . 3. Color *White* . 4. Age *50*
  5. Married or Single *Married*
  6. Date of Death *Sept 24 1880*
  7. Cause of Death *Chronic Alcoholism*
  8. Duration of last Illness *One year*
- J. M. McComas*, M. D.
- Residence \_\_\_\_\_

#### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

\_\_\_\_\_, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Print.

Sidney B. Johnson 1906

97

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 deceased Sidney B. Johnson,  
2. Sex Male 3. Color White 4. Age 14 Mo.  
5. ~~Married~~ or single  
6. Date of death SEP 16, 1906  
7. Cause of death Menigitis  
8. Duration of last illness  
H. P. Cartwright, M. D.  
Residence BOWLING GREEN, KY

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of birth Warren County  
11. Residence River Pike Ward No.  
12. Time of residence in the City.  
13. When a minor { Name of Mother Mrs. Louisa Johnson  
Name of Father E. B. Johnson  
14. Place of intended interment Lawrenceburg Ky  
15. Date of intended interment SEP 18 1906  
GERARD & GERARD, Undertaker.  
Date of Certificate SEP 17 1906 Residence BOWLING GREEN, KY

Thomas Johnson 1896

926

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.

1. Name of deceased Thomas Johnson  
2. Sex Male 3. Color Blk 4. Age 17 yrs  
5. Married or single Single  
6. Date of Death August 12<sup>th</sup> 1896.  
7. Cause of Death Consumption  
8. Duration of last illness \_\_\_\_\_  
O. S. Porter, M. D.  
Residence \_\_\_\_\_

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Fogaw County  
11. Residence Brown Street Ward No. 3rd  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother Sallie Johnson  
                          } Name of Father Anthony Johnson  
14. Place of intended Interment Mt Moriah Cem  
15. Date of intended Interment Aug 13<sup>th</sup> 1896.  
F. C. Guard W. B. Co.; Undertaker.  
Date of Certificate Aug 12/96 Residence City

Thomas Johnson 1897

999 99

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Thomas Johnson*  
2. Sex *Male* 3. Color *White* 4. Age *72 yrs.*  
5. Married or single *Married*  
6. Date of Death *Apr 14 - 1897.*  
7. Cause of Death *Pneumonia*  
8. Duration of last Illness *6 weeks*  
*Chas. M. Lewis*, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence *Thomas Avenue* Ward No. *3*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Apr 15 1897.*  
*F. C. Guard & Bro.*, Undertaker.  
Date of Certificate *Apr 15 1897.* Residence \_\_\_\_\_

Thomas J. Johnson 1911

100

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

# RETURN OF A DEATH.

1038

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Thomas J. Johnson*  
 2. Sex *Male* 3. Color *Colored* 4. Age *75 yrs.*  
 5. Married or Single *Married*  
 6. Date of death *June 29<sup>th</sup> 1911.*  
 7. Cause of death *Cancer of stomach & duodenum*  
 8. Duration of last illness *14 mths*  
*F. W. Stone*, M. D.

Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Warren County*  
 11. Residence *10th & Center* Ward No. *3rd*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *Mt. Moriah, Cemetery*  
 15. Date of intended interment *July 2<sup>nd</sup> 1911.*  
*David J. Guard*, Undertaker.  
 Date of Certificate *June 29<sup>th</sup> 1911* Residence \_\_\_\_\_

Vallantine Johnson 1910

101

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

# RETURN OF A DEATH.

944

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Vallantine Johnson  
2. Sex Male 3. Color white 4. Age 75  
5. Married or single married  
6. Date of death Dec 15 1910  
7. Cause of death Cancer of stomach  
8. Duration of last illness 5 months  
Signature T. W. Stone M. D.  
Residence B. Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Retired Contractor  
10. Place of birth Germany  
11. Residence Bowling Green Ky Ward No. 1  
12. Time of residence in the city 52 years  
13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Dec 16  
Signature Ernest Kelly Undertaker.  
Date of Certificate \_\_\_\_\_ Residence B. Green

Child of William & Maggie Johnson 1859

993

102

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 Mr. <sup>Maggie</sup> Johnson*
2. Sex *Female* 3. Color *Black* 4. Age *4 months*
5. Married or single *Single*
6. Date of Death *March 13<sup>th</sup> 1859.*
7. Cause of Death *Accidentally smothered*
8. Duration of last Illness

*B. L. Cullum Cor. N. E.*, M. D.

Residence

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Berkey Ohio*
11. Residence *Center St.* Ward No. *2nd*
12. Time of Residence in the City *Life Time*
13. When a Minor { Name of Mother *Maggie Johnson*  
Name of Father *Mr. Johnson*
14. Place of intended Interment *March 14<sup>th</sup> 1859.*
15. Date of intended Interment *Mr. Mount*

*Fileward Bro.*, Undertaker.

Date of Certificate *13<sup>th</sup> March* Residence

*B. L. Cullum*  
*Coroner*



G. B. Johnston 1907

103

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

# RETURN OF A DEATH.

#174

## Physician's Certificate Preparatory to Burial.

1. Name of deceased G. B. Johnston  
 2. Sex Male 3. Color White 4. Age 24 yrs.  
 5. Married or single Single  
 6. Date of death MAR-5 1907  
 7. Cause of death Pneumonia  
 8. Duration of last illness several days  
J. E. Murdith M. D.  
 Residence BOWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation mail Clerk  
 10. Place of birth Hardin Ky. Marshall Co.  
 11. Residence Adams St. BOWLING GREEN, KY. Ward No. 2  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of mother \_\_\_\_\_  
 Name of father \_\_\_\_\_  
 14. Place of intended interment Hardin Ky Marshall Co.  
 15. Date of intended interment Mar 7 07  
GERARD & GERARD Undertaker.  
 Date of Certificate MAR -5 1907 Residence BOWLING GREEN, KY

SPG 22M  
1799

J. W. Johnston 1909

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.

1. Name of deceased J. W. Johnston  
 2. Sex Male 3. Color White 4. Age 33  
 5. Married or single Married  
 6. Date of death Dec. 2nd  
 7. Cause of death Accident  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_ E. N. Hall M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Traveling Salesman  
 10. Place of birth Columbia Ky  
 11. Residence Cave City Ky Ward No. \_\_\_\_\_  
 12. Time of residence in the city 3 Days  
 13. When a minor { Name of mother \_\_\_\_\_  
                           { Name of father \_\_\_\_\_  
 14. Place of intended interment Cave City Ky  
 15. Date of intended interment Dec. 3rd 1909  
GERARD & GERARD Undertaker.  
 Date of Certificate Dec 2nd 09 Residence BOWLING GREEN, KY

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 *Mrs. Margaret Johnston*  
2. Sex *Female* 3. Color *White* 4. Age *87*  
5. Married or single *Widow*  
6. Date of death *May 28, 1900.*  
7. Cause of death *Old Age*  
8. Duration of last illness *H. H. Blacklay*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *Clay St.* Ward No. *3*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment *Newport Ky*  
15. Date of intended interment *May 30, 1900.*  
*Guard & Guard*, Undertaker.  
Date of Certificate *May 29, 1900* Residence \_\_\_\_\_

Child of Alice Jones 1897

989 106

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Alice Jones*  
2. Sex *Male* 3. Color *White* 4. Age *3 mo.*  
5. Married or single *Single*  
6. Date of Death *July 26 1897*  
7. Cause of Death *Smothered (accidentally)*  
8. Duration of last illness \_\_\_\_\_  
*B L Queen Curran, M. D.*  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *College street* Ward No. *7*  
12. Time of Residence in the City *3 months*  
13. When a Minor } Name of Mother *Alice Jones*  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *County Cemetery*  
15. Date of intended Interment *July 27 - 1897*  
*F. G. Guard & Co.*, Undertaker.  
Date of Certificate *July 27/97* Residence *City*

Infant of Charles & Alice Jones 1906

107

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

## RETURN OF A DEATH.

#59

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Charles Jones*

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

5. Married or single *Single*

6. Date of death *July 2/06.*

7. Cause of death *Premature Birth.*

8. Duration of last illness *A. S. Rutherford.*, M. D.  
Residence *Warren Co.*

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Warren Co.*

10. Place of birth *Warren Co.*

11. Residence *" "* Ward No. *—*

12. Time of residence in the City. *—*

13. When a minor { Name of Mother *Mrs Victoria Jones*  
Name of Father *Chas Jones*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *July 3<sup>rd</sup> 1906*

*Guillard & Grand*, Undertaker.  
Date of Certificate *July 3/06.* Residence *City*

Esie Jones 1881

08

3

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

**RETURN OF A DEATH.**

*Esie*

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Esie Jones*

2. Sex *Male* . 3. Color *White* . 4. Age *38 years*

5. Married or Single *Single*

6. Date of Death *June 27th 1881*

7. Cause of Death *Dysentery*

8. Duration of last Illness *Two weeks*

*S. C. Porter*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence \_\_\_\_\_ Ward No *1*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Democrat Job Print

Fannie Jones 1892

401 109

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Fannie Jones*  
2. Sex *female* . 3. Color *col* . 4. Age *23*  
5. Married or Single *Married*  
6. Date of Death *Apr 9<sup>th</sup> 1892*  
7. Cause of Death *Rhthuses Pulmonales*  
8. Duration of last Illness \_\_\_\_\_  
*B. H. Milliken* M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *House*  
10. Place of Birth *Clarksville*  
11. Residence *city* . Ward No. *3*  
12. Time of Residence in the City *1 yr*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Mt Moriah*  
15. Date of intended Interment *Apr 10<sup>th</sup>*  
*Reathen Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence *city*

Child of G. A. & Belle Jones 1894

110

674

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

*of G.A. & Belle*

1. Name of deceased *Infant Jones*

2. Sex *male*      3. Color \_\_\_\_\_      4. Age *Thomas*

5. Married or single \_\_\_\_\_

6. Date of Death *Sept 18 1894*

7. Cause of Death *Cholera*

8. Duration of last Illness *3 or 4 months*

*Dr. Miller* *Sarah J. Miller*, M. D.

Residence *London Ky*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation \_\_\_\_\_

10. Place of Birth *City*

11. Residence *1st St*      Ward No. *1*

12. Time of Residence in the City *Life*

13. When a Minor      } Name of Mother *Belle Jones*  
                                       } Name of Father *G. A. Jones*

14. Place of intended Interment *Rockington Cem*

15. Date of intended Interment *Sept 18/1894*

*Grath & Payne*, Undertaker.

Date of Certificate \_\_\_\_\_      Residence \_\_\_\_\_



Child of George Jones 1899

65      111

**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 Geo Jones Cal.

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

5. Married or single Single

6. Date of death Aug 10 / 1899

7. Cause of death Inanition

8. Duration of last illness \_\_\_\_\_

J. D. Porter, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation None

10. Place of birth City

11. Residence 1st Street      Ward No. 2

12. Time of residence in the City Lifetime

13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father Geo Jones

14. Place of intended interment Levington Graceryard  
Warren Co.

15. Date of intended interment Aug 11 / 99

Garard and Garard, Undertaker.

Date of Certificate Aug 10 / 99      Residence \_\_\_\_\_

George A. Jones 1910

112

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

## RETURN OF A DEATH.

775

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Geo. A. Jones  
2. Sex male 3. Color Col 4. Age 45 yrs  
5. Married or single married  
6. Date of death Feb. 22 - 1910  
7. Cause of death Blood Poison from abscess of jaw.  
8. Duration of last illness Twenty six days  
D. D. Porter, M. D.  
Residence Bowling Green, Ky.

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation A Teacher  
10. Place of birth Cumberland County  
11. Residence State Street Ward No. 2  
12. Time of residence in the City. About 29 years  
13. When a minor { Name of Mother Mary Jones  
Name of Father \_\_\_\_\_  
14. Place of intended interment Mt. Moriah Cemetery  
15. Date of intended interment Feb. 23 - 1910  
J. E. Ruykendaal Undertaker.  
Date of Certificate Feb. 23 - 1910. Residence Cor. 7th College St.

Hattie Jones 1891

321

113

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 *Hattie Jones*
2. Sex *Female* 3. Color *white* 4. Age *2 year*
5. Married or Single
6. Date of Death *July 25/91*
7. Cause of Death *Spasms*
8. Duration of last Illness

*J. F. McEly*, M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Pawling Green Ky*
11. Residence *Winter St* . Ward No *second*
12. Time of Residence in the City *2 year*
13. When a Minor, } Name of Mother *Marie Jones*  
                              } Name of Father *Walter Jones*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *July 26/91*  
*Crathen & Mallick* Undertaker.
- Date of Certificate *July 25/91*. Residence

Hattie Jones 1907

114

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

# RETURN OF A DEATH.

712

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Hattie Jones  
 2. Sex female 3. Color White 4. Age 16 yrs  
 5. Married or single single  
 6. Date of death May 14 1907  
 7. Cause of death Consumption  
 8. Duration of last illness.....  
Miss M. D. M. D.  
 Residence Rockfield

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth country  
 11. Residence country Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother Dead  
 Name of father.....  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment May - 15 - 1907  
H. H. Payne Undertaker.  
 Date of Certificate..... Residence.....

Henry Jones 1907

115

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

# RETURN OF A DEATH.

256

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Henry Jones*  
2. Sex *male* 3. Color *black* 4. Age *50 yrs*  
5. Married or single *married*  
6. Date of death *June 28 / 07*  
7. Cause of death *Pneumonia*  
8. Duration of last illness *Ten days*  
*A. D. Porter* M. D.  
Residence *Bowling Green, Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *notary public Pension atty*  
10. Place of birth *Starrs Run, Ky.*  
11. Residence *Chestnut St* Ward No. *2*  
12. Time of residence in the city *Twenty five yrs*  
13. When a minor { Name of mother \_\_\_\_\_  
Name of father *Geo Jones*  
14. Place of intended interment *Mt. Mariah Cem.*  
15. Date of intended interment *June 30 - 07*  
*J. E. Kuykendall* Undertaker.  
Date of Certificate *June 29 07* Residence *Cor,*  
*77 College St.*

Mrs. J. M. A. Jones 1910

116

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

# RETURN OF A DEATH.

931

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *James Mrs J M A*  
 2. Sex *Female* 3. Color *White* 4. Age *73*  
 5. Married or single *Married*  
 6. Date of death *August 9 - 1910*  
 7. Cause of death *Heart trouble*  
 8. Duration of last illness  
*G. H. Greeman* M. D.  
 Residence *Planofay*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth *Dunt Know*  
 11. Residence *Warren County* Ward No.  
 12. Time of residence in the city  
 13. When a minor { Name of mother *Dunt Know*  
 Name of father " "  
 14. Place of intended interment *Farmers Corn*  
 15. Date of intended interment *Aug 10 - 1910*  
*Ernie Miller* Undertaker.  
 Date of Certificate Residence *PSK*

J. Carlton Jones 1899

~~100~~ 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 J. Carlton Jones  
 2. Sex male 3. Color white 4. Age 5 mo  
 5. Married or single \_\_\_\_\_  
 6. Date of death Sept - 9 - 1899  
 7. Cause of death Enteritis  
 8. Duration of last illness 1 month  
Rogers J. F. Rodgers, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation none  
 10. Place of birth city  
 11. Residence 11th St Ward No. 1  
 12. Time of residence in the City life  
 13. When a minor } Name of Mother Rosa Jones  
                           } Name of Father Sam L. Jones  
 14. Place of intended interment Fairview Cem  
 15. Date of intended interment Sept 9 1899  
Hawley Rogers Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

John C. Jones 1907

118

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

# RETURN OF A DEATH.

230

## Physician's Certificate Preparatory to Burial.

1. Name of deceased John C. Jones  
 2. Sex Male 3. Color White 4. Age 68 yrs.  
 5. Married or single Married.  
 6. Date of death June 10<sup>th</sup> 07  
 7. Cause of death Phlebotomy of Heart  
 8. Duration of last illness 6 days  
 Signature H. P. ... M. D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Merchant  
 10. Place of birth Warren Co.  
 11. Residence College St. Ward No. 2  
 12. Time of residence in the city 4 yrs.  
 13. When a minor { Name of mother \_\_\_\_\_  
 Name of father \_\_\_\_\_  
 14. Place of intended interment Green River Union Warren Co.  
 15. Date of intended interment June 11<sup>th</sup> 07.  
GERARD & GERARD. Undertaker.  
 Date of Certificate June 11/1907 Residence BOWLING GREEN, KY.



Josie Reba Jones 1892

448 119

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 *Josie Reba Jones*  
2. Sex *female* . 3. Color *white* . 4. Age *7 mo*  
5. Married or Single \_\_\_\_\_  
6. Date of Death *Oct 10 1892*  
7. Cause of Death *Institution*  
8. Duration of last Illness *During life*  
*Dr Bowling* *W. W. Bowling*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *city*  
11. Residence *Fairview Ave* . Ward No. *1*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Maemie Jones*  
                          } Name of Father *Walter Jones*  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *Oct 11 1892*  
*Orator Payne*, 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 Jones

2. Sex female 3. Color blk 4. Age 54 yrs

5. Married or single widow

6. Date of Death May 13 1894

7. Cause of Death Ovarian tumor

8. Duration of last Illness Several months

T.B.M. D. D. Wright, M. D.

Residence Dunmore, Kentucky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth city

11. Residence 10<sup>th</sup> St Ward No. 3

12. Time of Residence in the City years

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment Put Moriah

15. Date of intended Interment May 14 1894

Pratt & Payne, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Lucy Jones 1898

1191 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 *Lucy Jones*  
2. Sex *Female* 3. Color *Blk* 4. Age *59 yrs*  
5. Married or single *Married*  
6. Date of death *Oct 15<sup>th</sup> 1898*  
7. Cause of death *Pneumonia*  
8. Duration of last illness \_\_\_\_\_

*O. D. Porter*, M. D.  
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Gallatin Tenn.*  
11. Residence *Center Street* Ward No. *3<sup>rd</sup>*  
12. Time of residence in the City \_\_\_\_\_

13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended interment *Mt. Moriah Cemetery*  
15. Date of intended interment *Oct 17<sup>th</sup> 98*

*Guard and Guard*, Undertaker.  
Date of Certificate *Oct 16<sup>th</sup> 98* Residence *City*

Mahala Jones 1903

122

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. Mahala Jones*  
2. Sex *Female* 3. Color *White* 4. Age \_\_\_\_\_  
5. Married or single *Widow*  
6. Date of death *July 26" 1903*  
7. Cause of death *Apoplexy*  
8. Duration of last illness *2 days*  
*J. W. Stone*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *Portage R.R.* Ward No. *3*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *July 27" 1903*  
*Guard & Guard* Undertaker.  
Date of Certificate *July 26/1903* Residence *city*

Marc Jones 1891

346

123

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.

Marc  
1. Name of deceased Marc Jones  
2. Sex Male . 3. Color White . 4. Age 65  
5. Married or Single Married  
6. Date of Death Nov 23 1891  
7. Cause of Death Lobripne Pneumonia  
8. Duration of last Illness 1 year  
B. H. Mulliken M. D.  
Residence \_\_\_\_\_

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Barber  
10. Place of Birth Franklin Ky  
11. Residence Bloom . Ward No. 2  
12. Time of Residence in the City 5 years  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
14. Place of intended Interment Int Moriah  
15. Date of intended Interment \_\_\_\_\_  
Boath & Payne, Undertaker.  
Date of Certificate Nov 24/91 Residence City

Mary Jones 1898

124

1174

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 Jones

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

5. Married or single single

6. Date of death Sept 14 1898

7. Cause of death Enteritis

8. Duration of last illness \_\_\_\_\_

*D. J. R.* \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of birth city

11. Residence Indiana St . Ward No. 1

12. Time of residence in the City life

13. When a minor } Name of Mother Mamie Jones  
 } Name of Father Walter Jones

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Sept 15/98

Harvey Payne, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Mary Jones 1909

125

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

# RETURN OF A DEATH.

667

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary Jones.
2. Sex Female 3. Color White 4. Age 28
5. Married or Single Widow
6. Date of death July 22/1909
7. Cause of death Dysentery
8. Duration of last illness \_\_\_\_\_
- \_\_\_\_\_ W R Francis, M. D.  
Residence B. G Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_
10. Place of birth Warren County
11. Residence Nutwood av. Ward No. \_\_\_\_\_
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment Groven, Church rd, Warrenton.
15. Date of intended interment July 23/1909.
- \_\_\_\_\_ **GERARD & GERARD**, Undertaker.
- Date of Certificate July 23/09 Residence \_\_\_\_\_

Mary Jones 1912

126

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

RETURN OF A DEATH.

1246

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mary Jones
2. Sex Female 3. Color White 4. Age 76 yrs.
5. Married or Single Single
6. Date of death Sept 13 1912.
7. Cause of death Tuberculous Pulmonia
8. Duration of last illness - year -
J. F. Duman, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation Homer Harper
10. Place of birth Kentucky
11. Residence Delapfield Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Name of Father
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Sept. 14/12.
Guard & Guard Undertaker.
Date of Certificate Sept. 13/12 Residence City



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 C Jones
- 2. Sex female 3. Color white 4. Age 40 yrs
- 5. Married or single married
- 6. Date of death Sept 7 1899
- 7. Cause of death Nephritis
- 8. Duration of last illness 4 months

Rogers  
 J. F. Rodgers, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of birth Metropolis Ills
- 11. Residence 11<sup>th</sup> St Ward No. 1
- 12. Time of residence in the City 10 years
- 13. When a minor } Name of Mother \_\_\_\_\_  
 } Name of Father \_\_\_\_\_
- 14. Place of intended interment Fairview bur
- 15. Date of intended interment Sept 8 1899

Hawley Byrnes Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Sara Lyons Jones 1893

571 128

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 *Sara Lyons Jones*  
2. Sex *female* . 3. Color *white* . 4. Age *2 mos*  
5. Married or Single \_\_\_\_\_  
6. Date of Death *Nov 6 1893*  
7. Cause of Death *Inanition*.  
8. Duration of last Illness \_\_\_\_\_  
*m* \_\_\_\_\_, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *city*  
11. Residence *11th St* . Ward No. *1*  
12. Time of Residence in the City *life*  
13. When a Minor. } Name of Mother *Rosa Jones*  
                          } Name of Father *Sam Jones*  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *Nov 7 1893*  
*Brother Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Susan A. Jones 1891

349 129

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Miss Susan A. Jones*  
2. Sex *Female* 3. Color *White* 4. Age *48 yrs.*  
5. Married or Single *Single*  
6. Date of Death *Nov 18/91*  
7. Cause of Death *Typhoid*  
8. Duration of last Illness \_\_\_\_\_

*J. T. McElroy*, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren Co.*  
11. Residence *Hoolan's* 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 *Fairview Cem.*  
15. Date of intended Interment *Nov 20/91*  
*F. C. Geoard*, Undertaker.  
Date of Certificate *11/20/91* . Residence \_\_\_\_\_

Thelma Jones 1910

130

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

# RETURN OF A DEATH.

852

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Thelma Thelma Jones  
Female 2. Sex White 3. Color  
 4. Age 3 yrs.  
 5. Married or Single Single  
 6. Date of death July 2" 1910  
 7. Cause of death Pneumonia  
 8. Duration of last illness \_\_\_\_\_  
B. B. Rutherford, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence High St. Ward No. 1  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother Mrs. Johnnie Jones  
 Name of Father J. M. Jones  
 14. Place of intended interment Spencer Cemetery  
 15. Date of intended interment July 3" 1910  
Garrett & Garard, Undertaker.  
 Date of Certificate July 3" 1910 Residence city

Thomas J. Jones 1906

131

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

## RETURN OF A DEATH.

*#123*

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Thomas J. Jones*

2. Sex *male* 3. Color *white* 4. Age *58 years*

5. Married or single *single*

6. Date of death *October 27 1906*

7. Cause of death *Dysphasia Fever*

8. Duration of last illness *4 weeks*

*F. D. Bestwick*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *clerk*

10. Place of birth *Warren County*

11. Residence *Warren County* Ward No. \_\_\_\_\_

12. Time of residence in the City. *years*

13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_

14. Place of intended interment *Warren County*

15. Date of intended interment *October 28 06*

*Hawley Payne*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Venie Jones 1880

132

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.

- Venie*
- Name of Deceased *Venie Jones*
  - Sex *Female* . 3. Color *Blk* . 4. Age *75 years*
  - Married or Single *Widow*
  - Date of Death *Apr 21*
  - Cause of Death *Old age*
  - Duration of last Illness *4 weeks*

*Wright & McElroy*, M. D.  
 Residence \_\_\_\_\_

#### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- Occupation \_\_\_\_\_
- Place of Birth *Warren County*
- Residence \_\_\_\_\_ . Ward No. *1st*
- Time of Residence in the City \_\_\_\_\_
- When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
- Place of intended Interment *Cal Cent*
- Date of intended Interment *April 22*

*F. Jones*, Undertaker.  
 Date of Certificate *April 21-87* Residence \_\_\_\_\_

Democrat Print.

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.

1. Name of deceased *Infant of Walter Jones.*  
2. Sex *male* 3. Color *white* 4. Age *3 mo*  
5. Married or single \_\_\_\_\_  
6. Date of death *June 16 1904*  
7. Cause of death *Consumption hereditary*  
8. Duration of last illness *3 mo*  
*Huddle* *G. E. Huddle* M. D.  
Residence *B. B. Ky.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *Ky Ho* Ward No. \_\_\_\_\_  
12. Time of residence in the City. *Life*  
13. When a minor { Name of Mother *Nannie Jones*  
Name of Father *Walter Jones*  
14. Place of intended interment *Fairview Cem*  
15. Date of intended interment *June 16 1904*  
*V. Haway Payne* Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Walter Jones 1910

134

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

# RETURN OF A DEATH.

819

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Walter Jones  
2. Sex Male 3. Color White 4. Age 57 yrs.  
5. Married or Single Married  
6. Date of death May 24" 1910.  
7. Cause of death Carcinoma of Liver  
8. Duration of last illness One year  
Residence Dr. H. Blackburn, M.D.  
Bowling Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
10. Place of birth Logan Co  
11. Residence West Bromning Ky. Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment May 25" 1910  
GERARD & GERARD, Undertaker.  
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 Burial Permit.

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *George W. Jordan*  
 2. Sex *Male* 3. Color *White* 4. Age *4 yrs*  
 5. Married or single *single*  
 6. Date of death *Jan. 19" 1903*  
 7. Cause of death *Scarlatina Pneumonia*  
 8. Duration of last illness *J. E. Huddle* M. D.  
 Residence *9 Green St.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *City*  
 11. Residence *College St* Ward No. *2*  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother *Mrs Annie Jordan*  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview cemetery*  
 15. Date of intended interment *Jan 20" 1903*  
*Edward E. James* Undertaker.  
 Date of Certificate *Jan. 19" 1903* Residence \_\_\_\_\_

Mrs. George Jordan 1896

136

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 Geo Jordan*

2. Sex *female* 3. Color *White* 4. Age *54 yrs*

5. Married or single *married*

6. Date of Death *Dec 28 1896*

7. Cause of Death *Bright's Disease*

8. Duration of last Illness *6 mo*

*& finished* ..... *certification*, M. D.

Residence .....

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation .....

10. Place of Birth *Laguer Co Ky*

11. Residence *Co 14 + Indiana Co W.* Ward No. *1*

12. Time of Residence in the City *year*

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

                          } Name of Father .....

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Dec 29 1896*

*Crattin Payne*, Undertaker.

Date of Certificate ..... Residence .....

Child of Henry & Vira Jordan 1892

407 139

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.

*Infant of Henry + Vira*

1. Name of deceased Jordan

2. Sex Male . 3. Color black . 4. Age \_\_\_\_\_

5. Married or Single \_\_\_\_\_

6. Date of Death May 11<sup>th</sup> 1892

7. Cause of Death Still Born

8. Duration of last Illness \_\_\_\_\_

J. F. McElroy M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth Calif

11. Residence city . Ward No. 3

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. ) Name of Mother Vira Jordan  
                          ) Name of Father Henry Jordan

14. Place of intended Interment Mount Zion

15. Date of intended Interment Mar 12<sup>th</sup> 1892

Prather & Payne, Undertaker.

Date of Certificate May 11<sup>th</sup> . Residence city

Jennie Jordan 1913

138

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

# RETURN OF A DEATH.

1406

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Jennie Jordan  
Miss Jennie Jordan  
2. Sex Female 3. Color White 4. Age 48  
5. Married or single Married  
6. Date of death June 1-13  
7. Cause of death Pulmonary  
8. Duration of last illness 3 months  
E. N. Hall M. D.  
Residence B. Green

## Undertaker's Certificate in Relation to Deceased.

9. Occupation hairdresser  
10. Place of birth Ill  
11. Residence Stewart St Ward No. 1  
12. Time of residence in the city.....  
13. When a minor { Name of mother.....  
Name of father.....  
14. Place of intended interment Farrago Cemetery  
15. Date of intended interment June 1-13  
Grand Green Undertaker.  
Date of Certificate June 1-13 Residence City

Nannie Jordian 1897

1055 139

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Nannie Jordian*  
2. Sex *Female* 3. Color *white* 4. Age *28 yrs*  
5. Married or single *Single*  
6. Date of Death *Oct 2 - 1897*  
7. Cause of Death *Peritonitis*  
8. Duration of last illness \_\_\_\_\_  
*J. B. Knight*, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Logan Co. Kentucky*  
11. Residence *Clay St* Ward No. *3rd*  
12. Time of Residence in the City *Six years*  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father *W. Jordian*  
14. Place of intended Interment *Fairburn Co*  
15. Date of intended Interment *Oct 3 - 1897*  
*Guard Guard*, 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.

502

### Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Mary Agness Joyce*

2. Sex *Female* 3. Color *White* 4. Age *47 yrs.*

5. Married or single *Single*

6. Date of death *AUG 11 1908*

7. Cause of death *Cancer of Stomach*

8. Duration of last illness *Two W. Stomach* M. D.

Residence *BOWLING GREEN, KY.*

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### Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Auburn Ky*

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

12. Time of residence in the city *18 yrs.*

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

14. Place of intended interment *St Josephs Cemetery*

15. Date of intended interment *AUG 12 1908*

*GERARD & GERARD* Undertaker.

Date of Certificate *AUG 12 1908* Residence *BOWLING GREEN, KY*

Michael Joyce 1903

141

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 *Male* 3. Color *White* 4. Age *60 yrs.*  
 5. Married or single *Widower -*  
 6. Date of death *Jan 12<sup>th</sup> 1903*  
 7. Cause of death *Lagrip*  
 8. Duration of last illness *5 days*  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Ireland*  
 11. Residence *Main St.* Ward No. *3*  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Jan 14<sup>th</sup> 1903*  
*James Gerard*, Undertaker.  
 Date of Certificate *Jan 13<sup>th</sup> 1903* Residence *City*

Thomas Joyce 1905

142

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas Joyce  
 2. Sex Male 3. Color White 4. Age 68 yrs.  
 5. Married or Single Widower  
 6. Date of death Feb 28<sup>th</sup> 1905  
 7. Cause of death Old age  
 8. Duration of last illness \_\_\_\_\_  
Thos. W. Stovis, M. D.

Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Ireland  
 11. Residence 8<sup>th</sup> St. Ward No. 2  
 12. Time of residence in the city 18 yrs.  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. <sup>Date</sup> ~~Place~~ of intended interment Mar. 1<sup>st</sup> 1905  
 15. <sup>Place</sup> ~~Date~~ of intended interment St. Josephs Cemetery  
Edward Paul Grand, Undertaker.  
 Date of Certificate Mar. 1<sup>st</sup> 1905 Residence \_\_\_\_\_



John Justice 1907

143

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

# RETURN OF A DEATH.

367

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *John Justice*  
 2. Sex *Male* 3. Color *White* 4. Age *24 yrs.*  
 5. Married or single *Single*  
 6. Date of death *Dec 25/07.*  
 7. Cause of death *Injury from L & R Train*  
 8. Duration of last illness *10 hours*  
 Signature *Geo E. Gray* *Coroner*  
 Residence *Bowling Green, Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Madison Co, Tenn.*  
 11. Residence *Buck Lodge Tenn.* Ward No. ....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment *Buck Lodge Tenn.*  
 15. Date of intended interment *Dec 26 1907.*  
 Signature *GERARD & GERARD* Undertaker.  
 Date of Certificate *Dec 25/07.* Residence *BOWLING GREEN, KY*

Warren County, Kentucky Death Records, Box 3, Folder 1 (J)

Warren County, Kentucky Death Records, Box 3, Folder 1 (J)