

1877

## Box 3, Folder 2 Bowling Green, Kentucky - Death Records, K

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Rhena Marian Kannapell 1907

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

RETURN OF A DEATH.

#196

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Kannapell

- 1. Name of deceased *Rhena Marian Kannapell*
  - 2. Sex *female* 3. Color *white* 4. Age *6 mo*
  - 5. Married or single \_\_\_\_\_
  - 6. Date of death *March - 6 - 1907*
  - 7. Cause of death *Enteritis with Bronchial Complications*
  - 8. Duration of last illness *2 or 3 weeks*
- Francis Gibson Ramsey*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
  - 10. Place of birth *Ohio*
  - 11. Residence *College St* Ward No, \_\_\_\_\_
  - 12. Time of residence in the City. *Life*
  - 13. When a minor { Name of Mother *Elizabeth Ackerman Kannapell*  
Name of Father *E. G. Kannapell*
  - 14. Place of intended interment *St Josephs Cem*
  - 15. Date of intended interment *March - 7 - 1907*
- Howley Pugh*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Bessie Keel 1882

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Bessie Keel*
  2. Sex *Female* 3. Color *B* 4. Age *18 m*
  5. Married or Single *Single*
  6. Date of Death *Sept 20<sup>th</sup> 82*
  7. Cause of Death *Malaria Fever*
  8. Duration of last Illness *one week*
- J. J. McElroy*, M. D.
- Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_
  10. Place of Birth *Blymn*
  11. Residence *Mecanic street* Ward No *3*
  12. Time of Residence in the City \_\_\_\_\_
  13. When a Minor { Name of Mother *Bell Keel*  
Name of Father *Jake "*
  14. Place of intended Interment *Old Cemetery*
  15. Date of intended Interment *Sept 20<sup>th</sup>*
- J. J. McElroy*, Undertaker.
- Date of Certificate *Sept 20<sup>th</sup> 82* Residence \_\_\_\_\_

Democrat Job Print

Jake Keel 1903

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 Jake Keel
- 2. Sex male 3. Color Black 4. Age 46
- 5. Married or single married
- 6. Date of death September 8 1903
- 7. Cause of death Consumption
- 8. Duration of last illness Eight Months

W. R. Francis, D.  
 Residence College St Bowling Green

n 27

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation [Signature]
- 10. Place of birth [Signature]
- 11. Residence Cover Main St Ward No. 3
- 12. Time of residence in the City. Year
- 13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
- 14. Place of intended interment W. Moniak
- 15. Date of intended interment Sept-9-1903

T. HAWLEY PAYNE, Undertaker.  
 Funeral Director & Embalmer.  
 Residence Bowling Ky.

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

James Keel 1882

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 *James Keel*
- 2. Sex *Male* . 3. Color *Blk* . 4. Age *18 years*
- 5. Married or Single *Single*
- 6. Date of Death *May 12*
- 7. Cause of Death *Consumption*
- 8. Duration of last Illness *6 mos*

*J. J. Townsend*, M. D.  
 Residence *Bowling Green, Ky.*

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

- 9. Occupation
- 10. Place of Birth *Warren County*
- 11. Residence *Mccain Street* . Ward No *2*
- 12. Time of Residence in the City
- 13. When a Minor { Name of Mother *Sarah L Keel*  
 Name of Father *James* "
- 14. Place of intended Interment *Col Cent*
- 15. Date of intended Interment *May 12<sup>th</sup> 1882*  
*F. C. Gibson*, Undertaker.

Date of Certificate . . . . . Residence

Infand of Tom & Addeline Keel 1882

5

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Infant of Addeline + Tom Keel*
2. Sex *Boy* . 3. Color *W* . 4. Age *1 mo*
5. Married or Single
6. Date of Death *Jun 30 1882*
7. Cause of Death *Chook*
8. Duration of last Illness  
*No Dr in attendance*, M. D.  
Residence

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

9. Occupation
10. Place of Birth *Bb*
11. Residence *Blum* . Ward No *2*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Addeline Keel*  
Name of Father *Tom* "
14. Place of intended Interment *July 1st 82*  
*Col Cem*
15. Date of intended Interment *July 1st 82*  
*H. H. Howard*, Undertaker.
- Date of Certificate *July 1st* . Residence

Democrat Job Print

Joseph Keele 1882

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

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Joseph Keele*
2. Sex *Male* . 3. Color *Black* . 4. Age *76*
5. Married or Single *Married*
6. Date of Death *Nov 27*
7. Cause of Death *Cancer of Stomach*
8. Duration of last Illness *Two years*
- Residence *W. E. Hatcher*, M. D.  
*Bowling Green, Ky*

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

9. Occupation \_\_\_\_\_
10. Place of Birth *Dogans Co Kentucky*
11. Residence *Mecanic Street* . . . . . Ward No *3<sup>d</sup>*
12. Time of Residence in the City \_\_\_\_\_
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended Interment *Col Cent*
15. Date of intended Interment *Nov 27<sup>th</sup> 1882*
- Frank Oberard*, Undertaker.
- Date of Certificate *Nov 27<sup>th</sup> 82* Residence \_\_\_\_\_

Democrat Job Print

Maxwell Keene 1904

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 Maxwell Keene *Keene*  
 2. Sex Male 3. Color White 4. Age 4 yrs  
 5. Married or Single Single  
 6. Date of death Apr. 18<sup>th</sup> 1904  
 7. Cause of death Pneumonia  
 8. Duration of last illness \_\_\_\_\_  
J. A. Cartwright, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth city  
 11. Residence Church & Nugent St Ward No. 3  
 12. Time of residence in the city Life time  
 13. When a minor { Name of Mother Mrs Daisy Keene  
 Name of Father E. L. Keene  
 14. Place of intended interment Fountain Head Grav.  
 15. Date of intended interment Apr. 19<sup>th</sup> 1904.  
Edward & Edward, Undertaker.  
 Date of Certificate Apr. 18<sup>th</sup> 04 Residence \_\_\_\_\_



John Martin Keith 1911

8

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

# RETURN OF A DEATH.

989

## Physician's Certificate Preparatory to Burial.

1. Name of deceased John Martin Keith <sup>Keith</sup>

2. Sex male 3. Color white 4. Age 2 Hours

5. Married or Single Single

6. Date of death March 29 - 1911

7. Cause of death Premature birth

8. Duration of last illness (2) Two Hours

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

## 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 time

13. When a minor { Name of Mother Lily Keith  
Name of Father John D. Keith

14. Place of intended interment Fairview Cem

15. Date of intended interment March 29 1911

Emmel Kellum, Undertaker.

Date of Certificate \_\_\_\_\_ Residence Bowling Green

Mary Keith 1910

9

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

# RETURN OF A DEATH.

882

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Mary Keith*  
 2. Sex *Female* 3. Color *White* 4. Age *90 yrs*  
 5. Married or single *Married*  
 6. Date of death *Aug 24/1910*  
 7. Cause of death *Chronic Hepatitis*  
 8. Duration of last illness *Three weeks*  
 Signature *J. M. Martin* M. D.  
 Residence *Bowling Green Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Barran, Va*  
 11. Residence *Marble Hill, Ga.* 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 *Aug 24/1910*  
 Signature *GERARD & GERARD* Undertaker.  
 Date of Certificate *Aug 24/1910* Residence.....

Margaret Kelahan 1892

463 10

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Margaret Kelahan*  
2. Sex *female* 3. Color *white* 4. Age *43 yrs*  
5. Married or Single *Married*  
6. Date of Death *Nov 11<sup>th</sup> 1892*  
7. Cause of Death *Pulmonary consumption*  
8. Duration of last Illness \_\_\_\_\_

*G. N. Murphy*, M. D.  
Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ireland*  
11. Residence *Main Street* Ward No. *3<sup>d</sup>*  
12. Time of Residence in the City *26 yrs*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *St Joseph's Church*  
15. Date of intended Interment *Nov 11<sup>th</sup> 1892*  
*A. Leonard*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

George W. Kellen 1911

11

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

## RETURN OF A DEATH.

991

### Physician's Certificate Preparatory to Burial.

1. Name of deceased George W. Kellen  
 2. Sex Male Color White 4. Age 61 yrs.  
 5. Married or Single Married  
 6. Date of death Apr 3" 1911.  
 7. Cause of death Endocarditis  
 8. Duration of last illness 38 days  
 \_\_\_\_\_, M. D.  
E. N. Hall  
 Residence BOWLING GREEN, KY

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

9. Occupation Laborer at axe handle factory  
 10. Place of birth Ohio Co. Ky  
 11. Residence Church 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 Apr. 4" 1911  
Harold F. Linn, Undertaker.  
 Date of Certificate Apr 4/1911. Residence BOWLING GREEN, KY

Infant of H. K. & Mary Kellogg 1907

295 12-1

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

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant H. K. Kellogg.*

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

5. ~~Marrried~~ or single .....

6. Date of death *AUG 22 1907* .....

7. Cause of death *Still Born,* .....

8. Duration of last illness .....

*Geo. H. Block.* M. D.

Residence *Louisville Ky.* HOWLING GREEN, KY.

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Undertaker's Certificate in Relation to Deceased.

9. Occupation .....

10. Place of birth *LOUISVILLE, KY.* .....

11. Residence *LOUISVILLE, KY.* ..... Ward No. ....

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

13. When a minor { Name of mother *Mrs. Mary Kellogg.* .....

Name of father *H. K. Kellogg.* .....

14. Place of intended interment *Trinitarian Cemetery* .....

15. Date of intended interment *Aug 23 " 1907.* .....

*GERARD & GERARD* Undertaker.

Date of Certificate *AUG 22 1907* ..... Residence *HOWLING GREEN, KY.*

Infant of H. K. & Mary Kellogg

5-21

**TRANSPORTATION OF CORPSE.**

**KENTUCKY STATE DEPARTMENT OF HEALTH.**

Transit Permit No. 1688

**PERMIT OF LOCAL BOARD OF HEALTH.**

**Department of Health, State of Kentucky.**

*This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent before a body can be shipped.*

In the City of Louisville County of Jefferson  
(City, Town or Village.)  
State of Kentucky, on this 29<sup>th</sup> day of August 1907

Permission is hereby given L. D. Pearson, V. Son holder of Embalmer's License No. A  
to remove for burial at Bowling Green County of Warren

State of Kentucky the body of Infant of H. K. & Mary Kellogg  
who died at Louisville County of Jefferson

on the 29 day of Aug 1907, at M. Aged 0 years 0 months and 0 days,  
the cause of death being Stillborn which is a Non-Com disease requiring  
(Communicable or Non-Communicable.)

shipment under Rule No. 4 of the Rules of the Kentucky State Department of Health for the Transportation of the dead,  
as printed on the back of this Permit.

Name of person in charge of Transit. Leo H. Block, M.D.

Signed W. C. Allen  
H. Howard S. K.  
Registrar of Records of the Department of Health  
of the State of Kentucky

John B. Rhodes

*This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.*

Albert Kellow

13

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

## RETURN OF A DEATH.

801

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Albert Kellow  
2. Sex Male 3. Color White 4. Age \_\_\_\_\_  
5. Married or Single Married  
6. Date of death April 4th 1910  
7. Cause of death Drowning after an explosion  
of dynamite.  
8. Duration of last illness Sudden  
Franklin Coroner  
Residence Bowling Green Ky

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

9. Occupation Stone cutter  
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 Fairview Cemetery  
15. Date of intended interment April 10th 1910  
Morris E. Emery, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence B Bowling Green Ky

Child of Albert & Rosalla Kellow 1910

14

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

# RETURN OF A DEATH.

760

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of Albert + Rosalla Kellow*

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

5. Married or single *single*

6. Date of death *Feb. 9<sup>th</sup> 1910.*

7. Cause of death *Still Born.*

8. Duration of last illness *—*

*V.E. Tygorth* M. D.  
Residence *Bowling Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*

10. Place of birth *Bowling Green, Ky.*

11. Residence *Center St. #625* Ward No. *—*

12. Time of residence in the city *—*

13. When a minor { Name of mother *Rosalla Kellow*  
Name of father *Albert G. Kellow*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Feb. 9<sup>th</sup> 1910.*

*GERARD & GERARD, Undertaker.*  
*BOWLING GREEN, KY*

Date of Certificate *—* By *—* Residence *—*



James E. Kelly 1906

#142 15

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

## RETURN OF A DEATH.

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

1. Name of deceased *James E. Kelly*

2. Sex *Male* 3. Color *White* 4. Age *78 yrs.*

5. Married or single *Single*

6. Date of death *Dec. 23/06.*

7. Cause of death *Heart disease*

8. Duration of last illness *E. A. Guard* M. D.

Residence *BOWLING GREEN, KY.*

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

9. Occupation.....

10. Place of birth *Warren Co.*

11. Residence *Warren Co. Near Sunnyvale* 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 *Dec 25/06.*

*GERARD & GERARD.* Undertaker.

Date of Certificate *Dec 24/06.* Residence *BOWLING GREEN, KY*

Lilly Kelly 1897

1084 16

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 *Lilly Kelly*  
 2. Sex *Female* 3. Color *Blk* 4. Age *17 yob.*  
 5. Married or single *Single*  
 6. Date of Death *Dec. 12" 1897*  
 7. Cause of Death *Consumption*  
 8. Duration of last Illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Italy*  
 11. Residence *7th Street* . Ward No. *2nd*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother *Dead*  
                           } Name of Father *George Kelly*  
 14. Place of intended Interment *St. Monica Cemetery*  
 15. Date of intended Interment *Dec 13" 97*  
*Guard & Guard*, Undertaker.  
 Date of Certificate *Dec 17/97*. Residence \_\_\_\_\_

Lucinda Kemble 1896

#921 17

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Lucinda Kemble

2. Sex female 3. Color white 4. Age 80 yrs

5. Married or single single

6. Date of Death August 2, 1896

7. Cause of Death Goutitis

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

S. W. O'Connell, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence 3rd St Ward No. B

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

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

14. Place of intended Interment West Hill

15. Date of intended Interment August 2, 1896

Pratt & Ryan, Undertaker.

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

Infant of J. D. Josie Kemp 1893

557 18

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 J D Kemp*

2. Sex *Female* 3. Color *White* 4. Age *11 mo*

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

6. Date of Death *Sept 22 1893*

7. Cause of Death *Diarrhea*

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

*B H Miller*, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Bru*

11. Residence *South street* Ward No. *24<sup>th</sup>*

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

13. When a Minor } Name of Mother *Josie A Kemp*  
 } Name of Father *J D*

14. Place of intended Interment *Fleming Cent*

15. Date of intended Interment *Sept 23 1893*

*F. C. ...*, Undertaker.

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

Joe Kemsley 1912

19

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

# RETURN OF A DEATH.

1190

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Joe Kemsley Kemsley  
2. Sex Male 3. Color White 4. Age 24  
5. Married or single Single  
6. Date of death May 14 1912  
7. Cause of death Peritonitis  
8. Duration of last illness 7 Days  
G. E. Funderlee M. D.  
Residence 1028 Park St

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Employed by J. A. Kelly or Clark  
10. Place of birth Todd County  
11. Residence Bowling Green 14 Ward No. -  
12. Time of residence in the City 20 yrs.  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fleming Cemetery  
15. Date of intended interment May 15 1912  
Enoch Kelly Undertaker.  
Date of Certificate May 14 Residence Bowling Green 14

Edward Kennedy 1894

20

*Out City*

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 *Edward Kennedy*
- 2. Sex *Male*      3. Color *White*      4. Age *60 yrs*
- 5. Married or single *Married*
- 6. Date of Death *June 25 1894*
- 7. Cause of Death *Disease of Prostate Glands*
- 8. Duration of last Illness \_\_\_\_\_

*J. H. Co. Cozmaek*, M. D.  
 Residence *City*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of Birth \_\_\_\_\_
- 11. Residence *308 Main St*      Ward No. *3*
- 12. Time of Residence in the City *6 yrs*
- 13. When a Minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_
- 14. Place of intended Interment *Louisville Ky*
- 15. Date of intended Interment *June 26/94*

*J. C. Girard & Bro*, Undertaker.

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

Hannibal Kennedy 1901

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Hannibal Kennedy*  
 2. Sex *Male* 3. Color *Blk* 4. Age *60 yrs.*  
 5. Married or single *Single*  
 6. Date of death *Dec 23/1901.*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness \_\_\_\_\_  
*J. C. Hendrix*, M. D.  
 Residence *Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence *7<sup>th</sup> St.* Ward No. *2*  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *W. Moriah Cemetery*  
 15. Date of intended interment *Dec 24/1901.*  
*Guard and Guard.*, Undertaker.  
 Date of Certificate *Dec 24/1901.* Residence \_\_\_\_\_

Kate Kennedy 1912

22

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

# RETURN OF A DEATH.

1241

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Kate Kennedy  
 2. Sex Female 3. Color White 4. Age 34 yrs.  
 5. Married or Single Married  
 6. Date of death SEP - 5 1912  
 7. Cause of death Spurred by  
 8. Duration of last illness 2 months  
J. J. Martin, M. D.  
 Residence BOWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Hart County Ky  
 11. Residence Broadway Ward No. 1  
 12. Time of residence in the city 14 yrs.  
 13. When a minor { Name of Mother Mrs. J. P. Brooks  
 Name of Father Mrs. " "  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Sept. 7 1912  
GERARD & GERARD, Undertaker.  
 Date of Certificate SEP - 5 1912 Residence BOWLING GREEN, KY.



Thomas Kennedy (1880)

23

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Thomas Kennedy*
- 2. Sex *male* . 3. Color *white* . 4. Age *2 years*
- 5. Married or Single *single*
- 6. Date of Death *April 26<sup>th</sup>*
- 7. Cause of Death *Gastroitis*
- 8. Duration of last Illness *24 hours*

*L C Porter*, M. D.

Residence

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

- 9. Occupation
- 10. Place of Birth *Bowling Green Ky*
- 11. Residence *Sumner Street* . Ward No. *2*
- 12. Time of Residence in the City
- 13. When a Minor { Name of Mother *Mrs A Kennedy*  
Name of Father *J S* " "
- 14. Place of intended Interment *Fairview Cem*
- 15. Date of intended Interment *April 26<sup>th</sup>*

*H. C. ...*, Undertaker.

Date of Certificate Residence

Democrat Print.

Walter Kennedy 1893

506/ 24

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 Walter Kennedy  
2. Sex Male . 3. Color Blk . 4. Age 8 yrs  
5. Married or Single \_\_\_\_\_  
6. Date of Death Mar 3 1893  
7. Cause of Death do not know only saw him  
ever a few hours before death  
8. Duration of last Illness 4 mo  
W. H. Stately, M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth Logan County  
11. Residence 5th St . Ward No. 3  
12. Time of Residence in the City 2 yrs  
13. When a Minor. } Name of Mother Susan Kennedy  
                          } Name of Father Willis Kennedy  
14. Place of intended Interment Logan County  
15. Date of intended Interment \_\_\_\_\_  
Prother & Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Child of Willis & Susan Kennedy 1894

25

650

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 *A Child of Willis Kennedy*

2. Sex *Female* 3. Color *Blk.* 4. Age *16 mo.*

5. Married or single *Single*

6. Date of Death *July 15 1894*

7. Cause of Death *Convulsions (Infantile)*

8. Duration of last Illness *Two weeks*

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

Residence *City*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *City*

11. Residence *My Ave.* Ward No. *2nd*

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

13. When a Minor { Name of Mother *Susan Kennedy*  
Name of Father *Willis*

14. Place of intended Interment *County Bur.*

15. Date of intended Interment *July 16 1894.*

*F. C. ...* Undertaker.

Date of Certificate *July 16 1894* Residence *City*

Infant of George Keough 1910

26

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

RETURN OF A DEATH.

798

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of George Keough*

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

5. Married or Single *Single*

6. Date of death *April 7 1910*

7. Cause of death *Still-born*

8. Duration of last illness *—*

*J. O. Hartman*, M. D.  
Residence *Bowling Green, Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*

10. Place of birth *Ky. St.* **BOWLING GREEN, KY**

11. Residence *" "* Ward No. *2*

12. Time of residence in the city *—*

13. When a minor { Name of Mother *Mrs. George Keough*  
Name of Father *George Keough*

14. Place of intended interment *St. Joseph's Cemetery*

15. Date of intended interment *Apr 7 1910*

*Guard & Guard*, Undertaker.  
Date of Certificate *Apr 7 1910* Residence **BOWLING GREEN, KY.**

John Keough 1901

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 John Keough  
 2. Sex Male 3. Color White 4. Age 62  
 5. Married or single Married  
 6. Date of death Dec 26 1901  
 7. Cause of death Unknown  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence Warren County

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 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 St. Josephs Cemetery  
 15. Date of intended interment Dec. 27/1901  
Isaac and Edward, Undertaker.  
 Date of Certificate Dec 27/1901 Residence \_\_\_\_\_

Marian Florence Keough 1912

28

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

# RETURN OF A DEATH.

1146

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Marian Florence Keough  
 2. Sex Female 3. Color White 4. Age 1 mo 20 days  
 5. Married or Single Single  
 6. Date of death Feb. 18 - 1912  
 7. Cause of death Pneumonia  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation None  
 10. Place of birth Ky  
 11. Residence Patter St Ward No. 3  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother Florence Keough  
 Name of Father George A Keough  
 14. Place of intended interment St. Joseph Cemetery  
 15. Date of intended interment Feb 19 - 1912  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate Feb 19 - 12 Residence City

J. Melvine Keown 1910

29

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

# RETURN OF A DEATH.

905

## Physician's Certificate Preparatory to Burial.

1. Name of deceased J. Melvine Keown  
 2. Sex Male 3. Color White 4. Age 71 yrs  
 5. Married or Single Married  
 6. Date of death Oct. 9" 1910.  
 7. Cause of death Erysipelas Malignans  
 8. Duration of last illness 12 days  
Geo. H. Blackburn, M. D.  
 Residence #1119 State St.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
 10. Place of birth Bowling Green, Ky.  
 11. Residence 14th & Laurel Ave. Ward No. 1  
 12. Time of residence in the city several weeks  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Mt. Olivett, Ch. yd.  
 15. Date of intended interment Oct. 10" 1910.  
Garard & Garard, Undertaker.  
 Date of Certificate Oct. 10" 1910. Residence \_\_\_\_\_

Martha Kerr 1910

30

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

# RETURN OF A DEATH.

795

## Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Martha Kerr
- 2. Sex Female 3. Color White 4. Age 6 Mos.
- 5. Married or Single Single
- 6. Date of death April 4<sup>th</sup> 1910.
- 7. Cause of death Bronchitis, (tubercular)
- 8. Duration of last illness \_\_\_\_\_

C. S. Dowell, M. D.

Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation \_\_\_\_\_
- 10. Place of birth BOWLING GREEN, KY
- 11. Residence My St BOWLING GREEN, KY Ward No. \_\_\_\_\_
- 12. Time of residence in the city six months
- 13. When a minor { Name of Mother Mrs. Nora J. Kerr  
Name of Father Geo. B. Kerr
- 14. Place of intended interment Fairview Cemetery
- 15. Date of intended interment April 5<sup>th</sup> 1910.

**GERARD & GERARD**, Undertaker.

Date of Certificate April 4/1910 Residence BOWLING GREEN, KY



James Keunes 1899

34 64 31

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. *Keunes (per burial permit)*

- 1. Name of deceased *James Keunes*
- 2. Sex *male*      3. Color *white*      4. Age *69 yrs*
- 5. Married or single *married*
- 6. Date of death *Aug 2 1889*
- 7. Cause of death *Chronic diarrhoea*
- 8. Duration of last illness *several months*

*Dr A. B. W.*

*A. B. W.*, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation *Laborer*
- 10. Place of birth *Ireland*
- 11. Residence *Porter 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 *St Josephs Church*
- 15. Date of intended interment *Aug 4 1889*

*J. Hawley Payne* Undertaker.

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

Residence \_\_\_\_\_

Mary Keunes 1903

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 Mary Keunes *Keunes (per burial permit)*

2. Sex female 3. Color white 4. Age 66

5. Married or single widow

6. Date of death Dec 4 1903

7. Cause of death Heart disease

8. Duration of last illness about 3 weeks

Just H. Blackburn, M. D.  
Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence Porter 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 St. Joseph

15. Date of intended interment Dec 21 1903

T. HAWLEY PAYNE,  
Funeral Director & Embalmer, Undertaker.  
Bowling Green, Ky.  
Residence \_\_\_\_\_

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

Infant of E. B. & Carrie Keuntz 1906

33

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

## RETURN OF A DEATH.

106

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of E. B. Keuntz.*  
2. Sex *Male.* 3. Color *White.* 4. Age *—*  
5. Married or single *—*  
6. Date of death *Sept. 30" 06.*  
7. Cause of death *Still Born*  
8. Duration of last illness *—*  
*B. S. Rutherford*, M. D.  
Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*  
10. Place of birth *BOWLING GREEN, KY*  
11. Residence *Kentucky St.* Ward No. *2*  
12. Time of residence in the City *—*  
13. When a minor { Name of Mother *Mrs. Carrie, D. Keuntz*  
Name of Father *Rev. E. B. Keuntz.*  
14. Place of intended interment *Fairview Cemetery.*  
15. Date of intended interment *Sept. 30" 1906.*  
*Ernest J. Lewis.*, Undertaker.  
Date of Certificate *Sept. 30/1906* Residence *BOWLING GREEN, KY*

Infant of Sidney & Susie Key 1907

34

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

# RETURN OF A DEATH.

34

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant of Sidney Key  
 2. Sex Male 3. Color White 4. Age 5 days  
 5. Married or single single  
 6. Date of death Nov 6" 07  
 7. Cause of death Results of difficult Labor.  
 8. Duration of last illness Tow W. Stone M. D.  
 Residence BOWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth B Green Ky.  
 11. Residence Adams St. Ward No. 3  
 12. Time of residence in the city 5 days  
 13. When a minor { Name of mother Mrs Susie Key  
                           { Name of father Sidney Key  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Nov 7" 1907  
GERARD & GERARD Undertaker.  
 Date of Certificate Nov 6" 1907 Residence BOWLING GREEN, KY.

Bell Keys 1908

35

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

# RETURN OF A DEATH.

419

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Bell Keys*  
 2. Sex *Female* 3. Color *White* 4. Age *5 yrs.*  
 5. Married or single *Single*  
 6. Date of death *Mar 15" 1908*  
 7. Cause of death *Meningitis*  
 8. Duration of last illness.....  
 M. D. *W. A. Briggs*  
 Residence *BOWLING GREEN, KY.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *B. G. Ky.*  
 11. Residence *2nd St.* Ward No. *3*  
 12. Time of residence in the city *5 yrs.*  
 13. When a minor { Name of mother *Mrs. Maggie Bell Keys*  
 Name of father.....  
 14. Place of intended interment *Barron River, L. G. H. Mausoleum*  
 15. Date of intended interment *Mar Dec 16" 1908*  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *Mar. 16" 1908.* Residence *BOWLING GREEN, KY.*

Elizabeth J. Keys 1911

36

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

# RETURN OF A DEATH.

1120

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Elizabeth J. Keys*  
 2. Sex *Female* 3. Color *White* 4. Age *81 yrs.*  
 5. Married or Single *Widow*  
 6. Date of death *Dec. 17" 1911.*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness *4 days*  
*T. W. Stone*, M. D.

Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....

10. Place of birth *ky.*

11. Residence *Church,* 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 *Dec. 19" 1911.*

*GERARD & GERARD.* Undertaker.

Date of Certificate *Dec. 18" 1911.* Residence *City*

Thomas Dennis Keys 1912

31

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

# RETURN OF A DEATH.

1275

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas Dennis Keys  
 2. Sex Male 3. Color White 4. Age 57 years  
 5. Married or Single Single  
 6. Date of death Oct 21 1912  
 7. Cause of death Struck by L. T. H. Engine & killed  
 8. Duration of last illness 15 minutes  
R. S. Hunter, Acting Coroner  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Laborer  
 10. Place of birth Ky  
 11. Residence Church 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 Oct 23-1912  
GERARD & GERARD, Undertaker.  
 Date of Certificate Oct 22 1912 Residence BOWLING GREEN, KY

James L. Kidwell 1909

38

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

# RETURN OF A DEATH.

703

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Jas. L. Kidwell  
 2. Sex Female 3. Color White 4. Age 53 yrs.  
 5. Married or single Married  
 6. Date of death Oct. 5<sup>th</sup> 1909.  
 7. Cause of death Blood Poison  
 8. Duration of last illness.....  
G. E. Handella M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Warren County  
 11. Residence near Ox Hand to Factory 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 Oct. 7<sup>th</sup> 1909  
GERARD & GERARD. Undertaker.  
 Date of Certificate Oct 6<sup>th</sup> 1909 Residence BOWLING GREEN, KY



Ruth Kidwell (1881)

21

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 *Ruth Kidwell*
  2. Sex *Female* . 3. Color *White* . 4. Age *34-5 mo*
  5. Married or Single
  6. Date of Death *January 30th*
  7. Cause of Death *Scalds*
  8. Duration of last Illness *7 days*
- Wm. Claypool*, M. D.  
Residence *Osman*

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

9. Occupation
  10. Place of Birth
  11. Residence . . . . . Ward No *3rd*
  12. Time of Residence in the City
  13. When a Minor { Name of Mother *Susan Kidwell*  
Name of Father *J. L. Kidwell*
  14. Place of intended Interment
  15. Date of intended Interment
- . . . . . Undertaker.
- Date of Certificate . . . . . Residence . . . . .

Democrat Job Print

Thornton Fay Kidwell 1911

40

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

# RETURN OF A DEATH.

1064

## Physician's Certificate Preparatory to Burial.

- Name of deceased Thornton Fay Kidwell.
- Sex Male. 3. Color White. 4. Age 8 Mo, 12 days
- Married or Single Single.
- Date of death August, 21, 1911.
- Cause of death Disentery
- Duration of last illness 34 days
- E. N. Hall., M. D.  
Residence Bowling Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

- Occupation None.
- Place of birth Ky.
- Residence 1418, Adams St. Ward No. 3.
- Time of residence in the city
- When a minor { Name of Mother Tennie Kidwell.  
Name of Father C. H. Kidwell.
- Place of intended interment Fountain Head, Tenn.
- Date of intended interment
- GERARD & GERARD., Undertaker.
- Date of Certificate Aug. 21, 1911. Residence City.

Adam J. H. Kieffer 1894

654

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Adam J. H. Kieffer  
 2. Sex Male 3. Color White 4. Age 35 yrs  
 5. Married or single Married  
 6. Date of Death July 28<sup>th</sup> 94  
 7. Cause of Death Paresis, 18 mmulus  
 8. Duration of last Illness J. N. McComiso  
 \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth City  
 11. Residence 2<sup>nd</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 St. Josephs Church  
 15. Date of intended Interment July 30<sup>th</sup> 94  
T. C. Donald & Bro, Undertaker.  
 Date of Certificate July 28<sup>th</sup> 94 Residence \_\_\_\_\_

Jacob Kieffer 1903

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 *Jacob Kieffer*  
2. Sex *Male* 3. Color *White* 4. Age *76 yrs*  
5. Married or single *Widower*  
6. Date of death *Dec 1 1903*  
7. Cause of death *Paralysis*  
8. Duration of last illness \_\_\_\_\_  
*A. S. Mc Cormack*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *4th St.* Ward No. *2*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *St Josephs Cemetery*  
15. Date of intended interment *Dec 1 1903*  
*Ernest and Grand*, Undertaker.  
Date of Certificate *Dec 1 1903* Residence \_\_\_\_\_

Child of Jake & Lizzie Kieffer 1896

869 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 Child of Jake Kieffer.  
 2. Sex Female 3. Color White 4. Age 4 mo.  
 5. Married or single Single  
 6. Date of Death Mar 28/1896.  
 7. Cause of Death Whooping Cough  
 8. Duration of last Illness 7 mo  
J. M. Lerner, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth City  
 11. Residence 4th Street Ward No. 2nd  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother Mrs Lizzie Kieffer  
                           } Name of Father Jake Kieffer  
 14. Place of intended Interment St Josephs Cem.  
 15. Date of intended Interment Mar 30/1896.  
F. C. Guard & Bro., Undertaker.  
 Date of Certificate Mar 29/96 Residence City

Mary Elizabeth Kieffer 1904

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 *Mary Elizabeth Kieffer*  
 2. Sex *Female* 3. Color *White* 4. Age *19 months*  
 5. Married or Single *Single*  
 6. Date of death *Mar 29 1904*  
 7. Cause of death *Gastro Intestinalis*  
 8. Duration of last illness *5 days*  
 \_\_\_\_\_, M. D.  
*J. H. Stone*  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *city*  
 11. Residence *5th Street* Ward No. *2*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother *Mrs L. Kieffer*  
 Name of Father *L. Kieffer*  
 14. Place of intended interment *St. Josephs Cemetery*  
 15. Date of intended interment *Mar. 30 1904*  
 \_\_\_\_\_, Undertaker.  
*Harold & Harold*  
 Date of Certificate *Mar 29 1904* Residence \_\_\_\_\_

Nellie Kieffer 1900

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 Nellie Kieffer Kieffer  
2. Sex Female 3. Color White 4. Age 9 years.  
5. Married or single Single  
6. Date of death Oct 4. 1900  
7. Cause of death Cysto-sarcoma uteri  
8. Duration of last illness 4 months  
A. J. W. Tomuch, M. D.  
Residence Bowling Green, Ky

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

9. Occupation \_\_\_\_\_  
10. Place of birth City  
11. Residence 2<sup>nd</sup> Street Ward No. 2  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother Mrs. Nellie Kieffer  
                          } Name of Father Adam Kieffer, Deed.  
14. Place of intended interment St. Josephs Cemetery.  
15. Date of intended interment Oct. 7" 1900.  
Guard and Guard. Undertaker.  
Date of Certificate Oct. 6" 1900. Residence \_\_\_\_\_

Bert Kimbro 1901

46

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased Bert Kimbro
- 2. Sex male 3. Color white 4. Age 18 y
- 5. Married or single Single
- 6. Date of death Nov-24<sup>th</sup> 1901
- 7. Cause of death Mitral heart lesion
- 8. Duration of last illness 18 months

J. F. Prodyak, M. D.  
 Residence Bowling Green Ky

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation -
- 10. Place of birth Warr Co -
- 11. Residence State St Ward No. 1<sup>st</sup>
- 12. Time of residence in the City. Five years
- 13. When a minor { Name of Mother Mr Nora Kimbro  
 Name of Father John Kimbro
- 14. Place of intended interment Bethel Ev. Ch
- 15. Date of intended interment Nov-25-1901

Guard & Guard, Undertaker.

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



Catherine Kimbro 1852

47-1

CERTIFICATE IN CASE OF DEATH.

I hereby certify that a White woman named Catherine Kimbro  
born in Warren Co Ky, aged 68 years,  
residing in Warren Co,  
died in Warren Co Ky,  
on the 29<sup>th</sup> day of July, 1852, of Cholera.

J. B. Henry

Mrs. Clint Kimbro 1913

48

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

# RETURN OF A DEATH.

1339

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Clint Kimbro.  
 2. Sex Female 3. Color White 4. Age 39 yrs.  
 5. Married or single Married  
 6. Date of death FEB 21 1913  
 7. Cause of death Peritonitis + paralytic ileus 2 days  
 8. Duration of last illness 2 days (11 to 12 days)  
Dr. H. Blochman M. D.  
 Residence Bowling Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation House Keeper.  
 10. Place of birth Kentucky  
 11. Residence St. Joseph's Hospital Ward No. 1  
 12. Time of residence in the city 2 Days.  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment Bethel Church Graveyard Warren Co. Ky.  
 15. Date of intended interment.....  
GERARD & GERARD. Undertaker.  
 Date of Certificate Feb 22/1913 Residence Bowling Green, Ky

Child of Dan Kimbro 1901

49

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 Dan Kimbro Kimbro

2. Sex male 3. Color white 4. Age 9 mo

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

6. Date of death July - 8 - 1901

7. Cause of death Innate

8. Duration of last illness Some months

\_\_\_\_\_ J B Wright, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth Bowling Green Ky

11. Residence Light St Ward No. 1-5

12. Time of residence in the City Life Time

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

14. Place of intended interment Bible Church to York

15. Date of intended interment July - 9 - 1901

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

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

Dan Kimbro 1903

50

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Dan Kimbro
2. Sex male 3. Color white 4. Age 43
5. Married or single married
6. Date of death Dec. 18 - 1903
7. Cause of death Consumption
8. Duration of last illness Three months  
Dr. P. Cartwright, M. D.  
 Residence

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation [scribble]
10. Place of birth [scribble]
11. Residence 8<sup>th</sup> 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 Country
15. Date of intended interment \_\_\_\_\_

T. HAWLEY PAYNE,  
 Funeral Director & Embalmer, Undertaker.  
 Bowling Green, Ky.  
 Residence

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

Eddy Kimbro 1906

#110

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 Eddy Kimbro  
 2. Sex male 3. Color white 4. Age 16 yr  
 5. Married or single single  
 6. Date of death Oct 4<sup>th</sup> 1906  
 7. Cause of death Consumption  
 8. Duration of last illness \_\_\_\_\_  
W. R. Frayman, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer  
 10. Place of birth near Little Stone (county)  
 11. Residence College & 5<sup>th</sup> St - Ward No. \_\_\_\_\_  
 12. Time of residence in the City. 1 month  
 13. When a minor { Name of Mother Elyza Kimbro  
                           { Name of Father Samuel Kimbro  
 14. Place of intended interment Bethel Church  
 15. Date of intended interment Oct 5-1906  
Hawley Payne Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Etta Kimbro 1901

58

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Etta Kimbro  
2. Sex female . 3. Color white . 4. Age 13 yrs 6 mos  
5. Married or single single  
6. Date of death July 22 - 1901  
7. Cause of death Exhaustion of bones Typhoid Fever  
8. Duration of last illness Three weeks.  
W. N. Francis, M. D.  
Residence College St.

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Warren Co Kentucky  
11. Residence Eight St Ward No. 1st  
12. Time of residence in the City. Two years  
13. When a minor { Name of Mother Etta Kimbro  
Name of Father Samuel Kimbro -  
14. Place of intended interment Bethel Ch in fd -  
15. Date of intended interment July 23 - 1901  
Shard & Ward, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Ben King 1894

53

*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 *Ben King*

2. Sex *Male*      3. Color *white*      4. Age *30 yrs*

5. Married or single *Married*

6. Date of Death *April 11 1894*

7. Cause of Death *Supposed Heart disease*

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

*C. Q. Munkle* Cor W. Co., M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

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

11. Residence *Northend House*      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 *St Joseph Mich*

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

*Pratt & Payne* Undertaker.

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

*Shipped to Mich*

Charles King

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 *Chas King*
  - 2. Sex *Male* . 3. Color *BLK* . 4. Age \_\_\_\_\_
  - 5. Married or Single \_\_\_\_\_
  - 6. Date of Death *Killed by Cars Sept 17<sup>th</sup> 12*
  - 7. Cause of Death *Killed by Cars*
  - 8. Duration of last Illness \_\_\_\_\_
- No Physician* \_\_\_\_\_, M. D.
- Residence \_\_\_\_\_

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

- 9. Occupation \_\_\_\_\_
- 10. Place of Birth \_\_\_\_\_
- 11. Residence \_\_\_\_\_ . Ward No. *3*
- 12. Time of Residence in the City \_\_\_\_\_
- 13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
- 14. Place of intended Interment \_\_\_\_\_
- 15. Date of intended Interment \_\_\_\_\_

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

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

Democrat Print.



Lattie King 1913

55

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

# RETURN OF A DEATH.

1322

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Lattie King  
 2. Sex Female 3. Color White 4. Age 16 Yrs  
 5. Married or single Single  
 6. Date of death Jan 23 1913  
 7. Cause of death Diphtheria & Pneumonia  
 8. Duration of last illness 23 days  
 Signature E. N. Hall, M. D.  
 Residence Bowling Green

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation at Home  
 10. Place of birth Memphis TN  
 11. Residence Bowling Green TN 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 Cem  
 15. Date of intended interment Jan 24 1913  
 Signature E. N. Kelly Undertaker.  
 Date of Certificate Jan 24 1913 Residence B Bowling Green TN

Maimie King 1907

#186

56

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 *Maimie Maimie King*  
 2. Sex *female* 3. Color *white* 4. Age *15 yrs*  
 5. Married or single *single*  
 6. Date of death *March - 25 - 1907*  
 7. Cause of death *Brain Fever*  
 8. Duration of last illness *2 weeks*  
 Will A. Briggs M. D.  
 Residence *city*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth *Near Oakland Ky*  
 11. Residence *East Park St* Ward No.  
 12. Time of residence in the city *6 months*  
 13. When a minor { Name of mother *Ann Whittow King*  
 Name of father *Redna King*  
 14. Place of intended interment *Oakland Ky*  
 15. Date of intended interment *March 28 1907*  
*Stanley Payne* Undertaker.  
 Date of Certificate Residence

Dica Kinnaird 1880

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.

(per burial permit)

- 1. Name of deceased <sup>Dica</sup> *Dica Kinnaird Kinnaird*
- 2. Sex *Female* 3. Color *White* 4. Age *68*
- 5. Married or Single *Single*
- 6. Date of Death *March 19th 1880*
- 7. Cause of Death *Dysentery*
- 8. Duration of last Illness *four weeks*

*A. P. ... M. D.*

Residence *Bowling Green*

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

- 9. Occupation *— — —*
- 10. Place of Birth *Adair Co Ky*
- 11. Residence *Adair Co Ky* Ward No. *2*
- 12. Time of Residence in the City *Twenty six*
- 13. When a Minor { Name of Mother *Agnes Moran*  
Name of Father *John Moran*
- 14. Place of intended Interment *Fairview cemetery*
- 15. Date of intended Interment *March 21st 1880*

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

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

Democrat Print.

E. J. (Puss) Kinnaird 1898

58

~~74~~      25      35

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 E. J. (Puss) Kinnaird*  
2. Sex *Female*      3. Color *White*      4. Age *60 yrs.*  
5. Married or single *Single.*  
6. Date of death *May 21<sup>st</sup> 1898.*  
7. Cause of death *Bronchitis*  
8. Duration of last illness \_\_\_\_\_  
   *B. A. Milliken*, M. D.  
   Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation \_\_\_\_\_  
10. Place of birth *Bowling Green Ky.*  
11. Residence *10<sup>th</sup> & E. Chestnut St.* 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 *Fairview Cemetery.*  
15. Date of intended interment *May 22<sup>nd</sup> 1899.*  
   *Guard & Guard*, Undertaker.  
Date of Certificate *May 22/99*      Residence *City.*

John T. Kinnaird 1879

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Kinnaird*  
 2. Sex *Male* . 3. Color *White* . 4. Age *38 Years*  
 5. ~~Married~~ or Single  
 6. Date of Death *Nov 18th*  
 7. Cause of Death *Apoplexy*  
 8. Duration of last Illness *Six hours*  
 \_\_\_\_\_  
*Johnson & Claypool* M. D.  
 Residence *Blount*

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

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Blount Warrick Co*  
 11. Residence *Cent Pike* . 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 *Fairview Cem*  
 15. Date of intended Interment *Nov 19th 79*  
 \_\_\_\_\_  
*Frank Leonard* , Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Democrat Print.

Mary Kinnaird 1905

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 *Miss Mary Kinnaird.*  
 2. Sex *Female* 3. Color *White* 4. Age *39*  
 5. Married or Single *Single*  
 6. Date of death *July 6<sup>th</sup> 1905.*  
 7. Cause of death *Paralysis*  
 8. Duration of last illness  
*John W. Stone*, M. D.  
 Residence

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth *Warren County*  
 11. Residence *Park St.* Ward No. *1*  
 12. Time of residence in the city *25 yrs. or more*  
 13. When a minor { Name of Mother  
 Name of Father  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *July 7<sup>th</sup> '05.*  
*Guard and Guard.*, Undertaker.  
 Date of Certificate *July 7<sup>th</sup> '05.* Residence *City*

Sallie A Kinnaird 1912

61

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

# RETURN OF A DEATH.

1291

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Sallie A. Kimbaird.  
 2. Sex Female 3. Color White 4. Age 62 yrs.  
 5. Married or Single Single.  
 6. Date of death Nov 28" 1912.  
 7. Cause of death Measles. Possibly Central origin -  
 8. Duration of last illness 5 1/2 weeks  
F. O. Reardon, M. D.  
 Residence Cowling

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Kentucky  
 11. Residence 11th 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 Garvin Cemetery  
 15. Date of intended interment Nov 29" 1912.  
Garard & Garard, Undertaker.  
 Date of Certificate Nov 28/1912, Residence B. Garman Ky.

Albert Gallatin Kirby 1911

62

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

# RETURN OF A DEATH.

973

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Albert Gallatin Kirby  
 2. Sex Mal. 3. Color White 4. Age 79 yrs.  
 5. Married or Single Single  
 6. Date of death Mar. 3<sup>rd</sup> 1911  
 7. Cause of death Chronic Brights disease  
 8. Duration of last illness Over 2 years  
 \_\_\_\_\_  
J. W. Combs, M. D.  
 Residence Bonling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer.  
 10. Place of birth Warren, Ky.  
 11. Residence Woodford St. Ward No. 3  
 12. Time of residence in the city 3 yrs  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Mar 4<sup>th</sup> 1911  
 \_\_\_\_\_  
GERARD & GERARD, Undertaker.  
 Date of Certificate Mar 3<sup>rd</sup> 1911 Residence \_\_\_\_\_

Beverly Kirby 1901



63

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 Beverly Kirby  
 2. Sex male . 3. Color white . 4. Age 68 yrs  
 5. Married or single married  
 6. Date of death Nov 24 - 1907 -  
 7. Cause of death Urine Poison.  
 8. Duration of last illness Five days.  
H. P. Cartwright, M. D.  
 Residence Main St

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation -  
 10. Place of birth -  
 11. Residence Clement St Ward No. 15  
 12. Time of residence in the City. Five years  
 13. When a minor { Name of Mother -  
                           { Name of Father -  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Nov-25-1907  
Edward [unclear], Undertaker.  
 Date of Certificate - Residence -

Ida Kirby 1894

64

*Out of town*

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 *Mrs Ida Kirby*

2. Sex *female* . 3. Color *white* . 4. Age *42 yrs*

5. Married or single *widow*

6. Date of Death *May 14 1894*

7. Cause of Death *Consumption*

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

*to* \_\_\_\_\_ *J E Meredith*, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Country*

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

12. Time of Residence in the City *2 yrs*

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

14. Place of intended Interment *In Country*

15. Date of intended Interment *May 15*

\_\_\_\_\_  
*Coalter Poyner*, Undertaker.

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

J. A. Kirby 1904

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 John Kirby  
 2. Sex Male 3. Color White 4. Age 57 yrs.  
 5. Married or Single Married  
 6. Date of death July 9<sup>th</sup> 04.  
 7. Cause of death Dropsy  
 8. Duration of last illness 2 1/2 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Warren County  
 11. Residence 14<sup>th</sup> St Ward No. 1  
 12. Time of residence in the city several months  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           Name of Father \_\_\_\_\_  
 14. Place of intended interment Old Burial Ground, Warren Co.  
 15. Date of intended interment July 10<sup>th</sup> 04.  
James T. Girard, Undertaker.  
 Date of Certificate July 10<sup>th</sup> 04 Residence \_\_\_\_\_

John Mallory Kirby 1903

66

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 Matthew Kirby*  
 2. Sex *male* 3. Color *white* 4. Age *18 mo*  
 5. Married or single \_\_\_\_\_  
 6. Date of death *Feb - 1 - 1903*  
 7. Cause of death *Brain trouble -*  
 8. Duration of last illness \_\_\_\_\_  
*Sarah J. Miller*, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *city*  
 11. Residence *8 Chestnut* Ward No. \_\_\_\_\_  
 12. Time of residence in the City. *life*  
 13. When a minor { Name of Mother *Geo J. B. Kirby*  
                           { Name of Father *J. Bruce Kirby*  
 14. Place of intended interment *St Joseph Church*  
 15. Date of intended interment *Feb - 2 - 1903*  
*Hawley Payne*, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Lucien Kirby 1901

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 *Lucien Kirby*  
 2. Sex *male* 3. Color *white* 4. Age *14 y*  
 5. Married or single \_\_\_\_\_  
 6. Date of death *Oct 9 1901*  
 7. Cause of death *Typhoid Fever*  
 8. Duration of last illness \_\_\_\_\_  
 Dr. *J. N. Mc* \_\_\_\_\_, M. D.  
 Residence *Pop by permission*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence *Main St* Ward No. *2*  
 12. Time of residence in the City *Several years*  
 13. When a minor { Name of Mother *Dead*  
                           Name of Father *dead*  
 14. Place of intended interment *Fairview Cem*  
 15. Date of intended interment *Oct 10 1901*  
*Harry Ray*, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Patrick Kirby 1908

#560

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 *Patrick Kirby*  
 2. Sex *Male* 3. Color *White* 4. Age *78 yrs.*  
 5. Married or single *Widower.*  
 6. Date of death **DEC 19 1908**  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness  
 J. M. McCormack M. D.  
 Residence **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Watchman at L & N R R Crossing*  
 10. Place of birth *Ireland*  
 11. Residence *Brown St.* Ward No. *2*  
 12. Time of residence in the city *50 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 *Dec. 21 1908*  
**GERARD & GERARD** Undertaker.  
 Date of Certificate **DEC 19 1908** Residence **BOWLING GREEN, KY**

Susan Kirby 1898

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 *Mrs. Susan Kirby.*

2. Sex *Female* 3. Color *White* 4. Age \_\_\_\_\_

5. Married or single *Widow*

6. Date of death *Oct 6 " 1898*

7. Cause of death *Diabetes*

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

*G. N. Murphy*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of birth *Kentucky.*

11. Residence *East Chestnut* 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 *Fairview Cemetery*

15. Date of intended interment *Oct 7 " 98.*

*Guard & Guard*, Undertaker.

Date of Certificate *Oct 7 " 98.* Residence \_\_\_\_\_

*G. N. Murphy*

W. B. Kirkpatrick 1898

1107

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 *H. B. Strypatrick*  
 2. Sex *Male* 3. Color *White* 4. Age *56 yrs.*  
 5. Married or single *Married*  
 6. Date of death *Feb. 6" 1898*  
 7. Cause of death *Apoplexy*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Druggist*  
 10. Place of birth *Lafayette County*  
 11. Residence *State Street* Ward No. *1<sup>st</sup>*  
 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 *Feb 7" 1898*  
*Guard & Guard*, Undertaker.  
 Date of Certificate *Feb 6" 98* Residence *City*

George Kirtley 1909



#669

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 *George Kirtley*  
 2. Sex *male* 3. Color *col* 4. Age *82 yrs*  
 5. Married or single *Single*  
 6. Date of death *July 26 - 1909*  
 7. Cause of death *Apoplexy*  
 8. Duration of last illness *a few hours*  
 \_\_\_\_\_ M. D.  
 Residence *Bowling Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Carpenter*  
 10. Place of birth *Bowling Green Ky*  
 11. Residence *Frank St* Ward No. *2*  
 12. Time of residence in the city *Eighty two years*  
 13. When a minor { Name of mother *Mittie Sprite*  
 Name of father \_\_\_\_\_  
 14. Place of intended interment *mt moriah cemetery*  
 15. Date of intended interment *July 27 - 09*  
 \_\_\_\_\_ Undertaker.  
 Date of Certificate *July 28 - 09* Residence \_\_\_\_\_  
*7 x College St*

Gilbert Kirtley 1913

72

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

# RETURN OF A DEATH.

1387

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Gilbert Kirtley
2. Sex Male
3. Color White
4. Age 21 yrs
5. Married or single Single
6. Date of death MAY 5 - 1913
7. Cause of death Drowned in Barren River, accidently
8. Duration of last illness.....

G. E. Matlock M. D.  
 Coroner of Warren Co.  
 Residence Bowling Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Student
10. Place of birth Ky
11. Residence College St. Ward No. 2
12. Time of residence in the city 8 days.
13. When a minor { Name of mother Mrs. Hardy Kirtley  
 Name of father Hardy Kirtley
14. Place of intended interment Custer, Ky.
15. Date of intended interment May 6" 1913

GERARD & GERARD. Undertaker.

Date of Certificate MAY 5 - 1913 Residence Bowling Green, Ky

Harry J. Kissler

# 475

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 *Harry J. Kissler*  
 2. Sex *Male* 3. Color *White* 4. Age *16 yrs.*  
 5. Married or single *Single*  
 6. Date of death *Mar. 24" 1908.*  
 7. Cause of death *Pulmonary Phthisis*  
 8. Duration of last illness *several months*  
*F. D. Cartwright* M. D.  
 Residence *BOWLING GREEN, KY.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Nashville Tenn.*  
 11. Residence *Chay St.* Ward No. *2*  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *Mary E. Kissler*  
 Name of father *Ben. Kissler*  
 14. Place of intended interment *Trinities Cemetery*  
 15. Date of intended interment *Mar. 26" 1908.*  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *Mar 25" 1908.* Residence *BOWLING GREEN, KY*

Child of John L Kister 1899

77

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 *Child of Prof. Kister*  
 2. Sex *Female* 3. Color *white* 4. Age *4 Days*  
 5. Married or single *Single*  
 6. Date of death *Sept 14 - 1899*  
 7. Cause of death *Leurorrhoea*  
 8. Duration of last illness *Five days*  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *City*  
 11. Residence *Scotts* Ward No. *2*  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father *Prof. Kister*  
 14. Place of intended interment *Saint Josephs Cemetery*  
 15. Date of intended interment *Sept 15 / 99*  
*Garard & Garard* Undertaker.  
 Date of Certificate *Sept. 14 / 99* Residence \_\_\_\_\_

Joseph Frederick Kister 1906

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Joseph, Frederick Kister*  
 2. Sex *Male* 3. Color *White* 4. Age *7 1/2 yrs.*  
 5. Married or single *Single*  
 6. Date of death *July, 23<sup>rd</sup> 06*  
 7. Cause of death *Meningitis*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_ *Tom. W. Stone* M. D.  
 Residence *Bowling Green Ky.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Bowling Green Ky.*  
 11. Residence *Quinn Pike* Ward No. *2*  
 12. Time of residence in the City *Life*  
 13. When a minor { Name of Mother *Mrs. Mildred Kister*  
 Name of Father *Joseph Kister*  
 14. Place of intended interment *St. Joseph Cemetery.*  
 15. Date of intended interment *July, 24<sup>th</sup> 06.*  
 \_\_\_\_\_ *Gerard & Gerard* , Undertaker.  
 Date of Certificate *July 23/06.* Residence *City*

Sophia C. Kister 1909

76

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

# RETURN OF A DEATH.

6874

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Sophia C. Kitcher*  
 2. Sex *Female* 3. Color *White* 4. Age *43*  
 5. Married or Single *Single*  
 6. Date of death *June 27-1909*  
 7. Cause of death *Pulmonary Tuberculosis*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *City*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Ky*  
 11. Residence *Paulding 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 *St Joseph Cemetery*  
 15. Date of intended interment *June 29-09*  
 \_\_\_\_\_ GERARD & GERARD Undertaker.  
 Date of Certificate *June 28* Residence *City*

Mary Kitchen 1900

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 Ann Mary Kitchen  
 2. Sex female 3. Color white 4. Age 43 yrs  
 5. Married or single married  
 6. Date of death Aug 21 1900  
 7. Cause of death Typhoid fever  
 8. Duration of last illness \_\_\_\_\_  
 Williker B. A. Miller M. D.  
 Residence ↑↑

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth County  
 11. Residence Portage RR Ward No. \_\_\_\_\_  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment Old Union  
 15. Date of intended interment Aug 22 1900  
Hawley Payne Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Mrs. F. G. Klick 1911

78

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

# RETURN OF A DEATH.

1006

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. F. G. Klick.*  
 2. Sex *Female* 3. Color *White* 4. Age *37 yrs.*  
 5. Married or Single *Married*  
 6. Date of death *Apr. 26" 1911.*  
 7. Cause of death *Peritonitis*  
 8. Duration of last illness *8 days*  
*G. W. Stone*, M. D.  
 Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....

10. Place of birth *BOWLING GREEN, KY*

11. Residence *BOWLING GREEN, KY* Ward No. ....

12. Time of residence in the city *37 yrs.*

13. When a minor { Name of Mother *Mrs. Elizabeth Ackerman*  
 Name of Father *Pat Ackerman*

14. Place of intended interment *St. Josephs. Cemetery*

15. Date of intended interment *Apr. 28" 1911*  
*Samuel & Grand*, Undertaker.

Date of Certificate *Apr. 27/11* Residence *BOWLING GREEN, KY*

Kathleen Elizabeth Klick 1906



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 *Mathleen Elizabeth Klick*  
 2. Sex *female* 3. Color *white* 4. Age *9 months*  
 5. Married or single  
 6. Date of death *January 11 1906*  
 7. Cause of death *Cholera Colitis*  
 8. Duration of last illness *4 days*  
*J. W. Starnes* M. D.  
 Residence

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
 10. Place of birth *City*  
 11. Residence *Chestnut St* Ward No.  
 12. Time of residence in the City. *life*  
 13. When a minor { Name of Mother *Mary B. Klick*  
 Name of Father *J. Klick*  
 14. Place of intended interment *St Joseph Court*  
 15. Date of intended interment *Jan 12 - 1906*  
*H. Hawkey Payne* Undertaker.  
 Date of Certificate Residence

Infant of Luella Knight 1905

80

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 Luella Knight*

2. Sex *Female* 3. Color *Blk.* 4. Age *—*

5. Married or Single *Single*

6. Date of death *Sep 28 '05*

7. Cause of death *Premature Birth*

8. Duration of last illness *J. W. Stov*, M. D.

Residence *—*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*

10. Place of birth *City*

11. Residence *10th St.* Ward No. *2*

12. Time of residence in the city *—*

13. When a minor { Name of Mother *Luella Knight*  
Name of Father *—*

14. Place of intended interment *Mt. Moriah Cemetery*

15. Date of intended interment *Sep. 29 '05*

*Gerald V. Grand*, Undertaker.

Date of Certificate *Sep. 29 '05* Residence *—*

Mrs. Charles Knipp 1900

51

81

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. Chas. Knipp*
- 2. Sex *Female* 3. Color *White* 4. Age *33*
- 5. Married or single *Married*
- 6. Date of death *May 22, 1900.*
- 7. Cause of death \_\_\_\_\_
- 8. Duration of last illness \_\_\_\_\_

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

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of birth \_\_\_\_\_
- 11. Residence *Scott 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 River Church, Harrodsburg*
- 15. Date of intended interment *May 23, 1900.*
- Gerard T. Garrard* \_\_\_\_\_, Undertaker.
- Date of Certificate *May 23, 1900.* Residence \_\_\_\_\_

Nannie Knipp 1913

88

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

# RETURN OF A DEATH.

1913

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Hannah Knipp Knipp*  
 2. Sex *Female* 3. Color *White* 4. Age *43 yrs*  
 5. Married or single *Married*  
 6. Date of death **FEB 28 1913**  
 7. Cause of death *Albumenuria*  
 8. Duration of last illness *—*  
 M. D. *Dr. F. A. B. M. P. G. O.*  
 Residence **Bowling Green, Ky.**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *House Keeper*  
 10. Place of birth *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 *Fairview Cemetery*  
 15. Date of intended interment *Mar 1 1913.*  
**GERARD & GERARD.** Undertaker.  
 Date of Certificate **FEB 28 1913** Residence **Bowling Green, K**

Sarah J. Knorpp 1913

83

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

# RETURN OF A DEATH.

1313

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Sarah J. Knorff.  
 2. Sex Female 3. Color White 4. Age 58 yrs.  
 5. Married or Single Married  
 6. Date of death JAN 6 - 1913  
 7. Cause of death Cerebral Embolism  
 8. Duration of last illness 14 hrs -  
Dr. J. H. Blackman, M. D.  
 Residence Bowling Green, Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Kentucky  
 11. Residence Near Bowling Green, Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment JAN 8 - 1913  
GERARD & GERARD, Undertaker.  
 Date of Certificate JAN 8 - 1913 Residence B. Green Ky

Kirk Knuckle 1912

84

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

# RETURN OF A DEATH.

1269

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Leah Knuckle  
 2. Sex male 3. Color Cal. 4. Age 5/20  
 5. Married or single married  
 6. Date of death Oct 14 - 1912  
 7. Cause of death Dysphoid fever  
 8. Duration of last illness About 1 month  
 \_\_\_\_\_ M. D.  
 Residence Burling Green

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Plasterer  
 10. Place of birth Barren County Ky.  
 11. Residence Cor. 2 + Chestnut Ward No. 2  
 12. Time of residence in the city About 25 years  
 13. When a minor { Name of mother Amanda Knuckles  
 { Name of father Henry Knuckles  
 14. Place of intended interment St. Mariah  
 15. Date of intended interment Oct 15 - 1912  
 \_\_\_\_\_ Undertaker.  
 Date of Certificate Oct 15 - 1912 Residence \_\_\_\_\_  
607 College St  
Burling Green Ky.

Joe Kofer 1896

977 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 Joe Kofer  
2. Sex male 3. Color white 4. Age 22 yrs  
5. Married or single single  
6. Date of Death Sept 31 - 1896  
7. Cause of Death Gun shot wound  
8. Duration of last Illness One week

J. F. Rodgna, M. D.  
Residence College St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation hairman  
10. Place of Birth New York State  
11. Residence Nashville Pike Ward No. 1st  
12. Time of Residence in the City Two years  
13. When a Minor { Name of Mother \_\_\_\_\_  
                          Name of Father \_\_\_\_\_  
14. Place of intended Interment Fairview Cem  
15. Date of intended Interment Jan - 1 - 1897  
F. C. Guard & Bro., Undertaker.  
Date of Certificate Jan - 1 - Residence \_\_\_\_\_

Caroline M. Kuykendall 1897

1005

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 Caroline M. Kuykendall  
 2. Sex female 3. Color Blk 4. Age 57  
 5. Married or single Widow  
 6. Date of Death April 19th 1909  
 7. Cause of Death Consumption  
 8. Duration of last Illness \_\_\_\_\_  
S. M. Covvins, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth \_\_\_\_\_  
 11. Residence State St Ward No. 2  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended Interment Mt. Mariah  
 15. Date of intended Interment April 20 1909  
S. O. Gerard and Corp, Undertaker.  
 Date of Certificate Apr. 19th Residence \_\_\_\_\_

Ollie Kuykendall 1909



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

# RETURN OF A DEATH.

738

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ollie Kuykendall  
 2. Sex female 3. Color col. 4. Age 11 yrs.  
 5. Married or single Single  
 6. Date of death Dec. 25 - 1909  
 7. Cause of death Pneumonia  
 8. Duration of last illness about 2 months  
Dr. O. D. Porter M. D.  
 Residence

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth Monacauston  
 11. Residence Chestnut St. Ward No. 2  
 12. Time of residence in the City. about 2 yrs  
 13. When a minor { Name of Mother Iverson Kuykendall  
 Name of Father Virgil Kuykendall  
 14. Place of intended interment Mt. Meriah Cemetery  
 15. Date of intended interment Dec. 26 - 1909  
J. E. Kuykendall Undertaker.  
 Date of Certificate Dec 25 09 Residence \_\_\_\_\_  
7 College St.

Virgil Kuyendall 1913

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

# RETURN OF A DEATH.

1360

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Virgil Kuykendall  
 2. Sex male 3. Color cal 4. Age 72 yrs.  
 5. Married or Single married  
 6. Date of death March 10 - 1913.  
 7. Cause of death Pneumonia  
 8. Duration of last illness 15 days  
 \_\_\_\_\_, M. D.  
 Residence Bowling Green, Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
 10. Place of birth Butter co. Ky.  
 11. Residence Cor. 4<sup>th</sup> & State Ward No. \_\_\_\_\_  
 12. Time of residence in the city About 6 yrs.  
 13. When a minor { Name of Mother Hannah Adams  
                           Name of Father Phillip Kuykendall  
 14. Place of intended interment Mt. Moriah  
 15. Date of intended interment March 12 - 1913.  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate March 11 - 1913 Residence \_\_\_\_\_  
Cor. 7<sup>th</sup> & College St.

Warren County, Kentucky Death Records, Box 3, Folder 2 (K)

Warren County, Kentucky Death Records, Box 3, Folder 2 (K)