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Manuscripts

1877

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

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

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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.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
On The inter
1. Name of deceased Aluna Marian Humapie
2. Sex famale. 3. Color while 4. Age 6 mo
<ul> <li>5. Married or single</li> <li>6. Date of death American -6 -1907</li> </ul>
87.7 110 1. 1
8. Duration of last illness 200 mulicity M. D.
Residence , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence College de Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother Elizabeth ackirman Hannep
the set this
14. Place of intended interment Strangen Curry i5. Date of intended interment Much - 7- 1907
Date of Certificate Residence

Bessie Keel 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	IVSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
2. Sex	Junal 3. Color B . 4. Age 18 m
	of Death Sept 20 282
	of Death Malariat Timer
8. Dura	tion of last Illness ene week J. T. McElroy, M. D.
	Residence
UND 9. Occuj	ERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	ence Mecanic Stut . Ward No 3
12. Time	of Residence in the City
13, Whe	n a Minor Name of Mother Bill The
	of intended Interment AC Camp
5. Date	of intended Interment Martaker. Undertaker.
Date of	Certificate Spt 20 782 Residence
	Democrat Job Print

Jake Keel 1903

RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURNAL Name of deceased And August Sex Married or single Married Sex Married or single Married Date of death Stateman & 1903 Cause of death Constructions Date of death Constructions Date of death Constructions Duration of last illness And Constructions Residence Certifyed Browland DUDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Internet Married Ward No. S. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. HAWLEY PAYNS, Underta The of Certificate States	
1. Name of deceased       Atte Alexet         2. Sex much       3. Color Blacet         4. Age 4.6         5. Married or single       Morried         6. Date of death       Set function         7. Cause of death       Set function         8. Duration of last illness       Set function         9. Occupation       Set function         10. Place of birth       Residence         11. Residence       Set function         12. Time of residence in the City.       Mare of Mother         13. When a minor       Name of Father         14. Place of intended interment       Stand 1997         15. Date of intended interment       T. HAWLEY, PAYNE, Underta	
<ol> <li>Sex made. 3. Color Black 4. Age 4.6</li> <li>Married or single married</li> <li>Date of death difference of the second se</li></ol>	
<ul> <li>5. Married or single morning</li> <li>6. Date of death definition &amp; 1903</li> <li>7. Cause of death emain from &amp; 1903</li> <li>7. Cause of last illness fro</li></ul>	
<ul> <li>6. Date of death Sufferman &amp; 1903</li> <li>7. Cause of death Consinuption</li> <li>8. Duration of last illness And Mittattas</li> <li>n 2 7 Residence Certificate IN Relation To Deceased.</li> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence Communication Mane of Mother</li> <li>13. When a minor Name of Mother</li> <li>14. Place of intended interment Mane of Father</li> <li>14. Place of intended interment Action Action</li></ul>	
<ol> <li>Cause of denth</li> <li>Duration of last illness</li> <li>M. W. W.</li></ol>	2
<ul> <li>8. Duration of last illness htt with the second s</li></ul>	
NOT Residence leathy ish Browling ( UNDERIAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence lower man At Ward No, S 12. Time of residence in the City. 13. When a minor { Name of Mother 14. Place of intended interment 15. Date of intended interment 16. THAWLEY PAYNE, Underta 17. HAWLEY PAYNE, Underta	
Residence leadleyest Boucking b UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence lown Main At Ward No, S 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. HAWLEY PAYNE, Underta	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.         9. Occupation         10. Place of birth         11. Residence         12. Time of residence in the City.         13. When a minor         Name of Mother         14. Place of intended interment         15. Date of intended interment         16. Date of intended interment         17. HAWLEY PAYNA,         18. When a minor	
9. Occupation         10. Place of birth         11. Residence lown hears of Ward No, S         12. Time of residence in the City.         13. When a minor         Name of Mother         14. Place of intended interment         15. Date of intended interment         16. Date of intended interment         17. HAWLEY PAYNE,         18. When a minor         19. Comparison         10. Place of intended interment         11. Place of intended interment         12. T. HAWLEY PAYNE,         13. When a minor         14. Place of intended interment         15. Date of intended interment         16. Date of intended interment         17. HAWLEY PAYNE,         18. When a minor	
9. Occupation         10. Place of birth         11. Residence for the city.         12. Time of residence in the City.         13. When a minor         Name of Mother         14. Place of intended interment         15. Date of intended interment         16. Date of intended interment         17. HAWLEY PAYNE,         18. When a minor	
<ul> <li>10. Place of birth</li> <li>11. Residence lower Acain at Ward No, S</li> <li>12. Time of residence in the City.</li> <li>13. When a minor Name of Mother</li> <li>13. When a minor Name of Father</li> <li>14. Place of intended interment Name of Father</li> <li>15. Date of intended interment Name of State State</li></ul>	
11. Residence       Image: Action of the Ward No, S         12. Time of residence in the City.       Image: Action of the Ward No, S         13. When a minor       Name of Mother         13. When a minor       Name of Mother         14. Place of intended interment       Image: Action of the City of the Ci	
<ol> <li>12. Time of residence in the City.</li> <li>13. When a minor Name of Mother</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. Date of intended interment</li> <li>17. HAWLEY PAYNE, Underta</li> </ol>	
<ul> <li>13. When a minor Name of Mother</li> <li>13. When a minor Name of Father</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. Date of intended interment</li> <li>17. HAWLEY PAYNE, Underta</li> <li>Funeral Director &amp; Embalmer.</li> </ul>	
<ul> <li>13. When a minor Name of Father</li> <li>14. Place of intended interment </li> <li>15. Date of intended interment </li> <li>16. T. HAWLEY PAYNE, Underta</li> <li>17. HAWLEY PAYNE, Underta</li> </ul>	
<ul> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>T. HAWLEY PAYNE, Underta</li> <li>Funeral Director &amp; Embalmer.</li> </ul>	14
15. Date of intended interment <b>17. HAWLEY PAYNE</b> , Underta	
T. HAWLEY PAYNE, Underta Funeral Director & Embalmer.	

James Keel 1882

This Constitutes ONE CE	RTIFICATE to be retur to	the City Clerk for a BURIA	LPERMIT
RETU	VRN OF A	DEATH	
	ERTIFICATE PRE	PARATORY TO	BURIAL.
1. Name of Deceased	his Red		
2. Sex Mul	. 3. Color JUN	4. Age	18 yran
5. Married or Single			
6. Date of Death	1 /		
7. Cause of Death	Cinsum	him	
8. Duration of last Illnes	/ /	nur	
O. Daration of tast lines	1 . A	wund	M D
		1	
	Residence Be	whing sre	any y
UNDERTAKER'S C	ERTIFICATE IN	RELATION TO	DECEASED.
9. Occupation			
0 Place of Birth Ma	ma County	-	
1. Residence Mica	/		No L
2. Time of Residence in			
2. 1 time of nestacate in	c v v C	: 1 1K	R
( Norm			Tananan mananan maranan
o. When a minor	e of Mother Sce		
Nam	e of Father	nal jeu	
4. Place of intended Int.	e of Father 94 erment Co		
Nam	e of Father 94 erment Co		<u></u>
4. Place of intended Int.	e of Father 94 erment Co		
4. Place of intended Int.	e of Father 94 erment Co		<u></u>

Infand of Tom & Addeline Keel 1882

	This Constitutes ONE CERTIFICATE to be retuined to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased + Tow Keel
2.	Sex Bry . 3. Color MMC . 4. Age 1 Mrs
5.	Married or Single
6.	Married or Single Date of Death Juny 34 = 82
	Cause of Death Anort
8.	Duration of last Illness
	This D= in attendances, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation D
.0.	Place of Birth 35
1.	Residence Ward No 2
2.	Time of Residence in the City
4.	
	Name of Mother Addelin Keel
	When a Minor { Name of Mother Addelin Keel
.3.	Name of Father form "
.3. .4.	Place of intended Interment My 12582
.3.	Name of Father form "
3. 4. 5.	Place of intended Interment My 12582

Joseph Keele 1882

This Constitutes ONE	CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT	
RET	WRN OF A DEATH.	
DUDICIONNO		
	Joseph Reele	
2 Ser Male	. 3. Color Bleck . 4. Age 76	
	monid	
	100-27	
	Concer of Stomach	
	ness Levo yeors	
	Un & Hotcher M.	9.
	Residence Bowling Gree de	14
9. Occupation	CERTIFICATE IN RELATION TO DECEASED.	
	Roquilo Kentucky	
1. Residence Mile	cause Start Ward No 3 -	
	in the City	
	ume of Mother	
3. When a Minor {	ime of Father	
4. Place of intended I	p 1 C +	
5. Date of intended In	1-10 -16,022	
	Frente Coursed, Undertake	r.
Date of Certificate	10027-02- Residence	

Maxwell Keene 1904

RETU	RN OF A DEATH.
	n's Certificate Preparatory to Burial.
1. Name of deceased	Moxwell Knue Keene 3. Color White 4. Age 4 yes
2. Sex Math	. 3. Color 4. Age 4 yes
5. Married or Single	Sugli
6. Date of death	
7. Cause of death	mannorea
8. Duration of last il	Iness
	J. D. Cartwright , M. D.
	Residence
Undertake	er's Certificate in Relation to Deceased.
9. Occupation	· ·
9. Occupation	nily
9. Occupation 10. Place of birth 11. Residence	uly Muguet S.t. Ward No. 3
<ol> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence</li> <li>12. Time of residence</li> </ol>	ily Muguet S.t. Ward No. 3
<ol> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence Ohu</li> <li>12. Time of residence</li> <li>13. When a minor {</li> </ol>	ily ward No. 3 in the city. Tife time mis Darsy france
<ol> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence</li> <li>12. Time of residence</li> <li>13. When a minor</li> </ol>	ily ward No. 3 in the city. Life time Name of Mother Mis Dansy Recur Name of Father E. L. Nature
<ol> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence Ohue</li> <li>12. Time of residence</li> <li>13. When a minor {</li> <li>14. Place of intended</li> </ol>	in the city Life time Name of Mother E. L. Manner Name of Father E. L. Manner Interment Formulain Head June, Manne Journami Head June,
<ol> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence</li> <li>12. Time of residence</li> <li>13. When a minor</li> </ol>	illy Muguet S.t. Ward No. 3 in the city Life time Name of Mother Mis Danay Reaux Name of Father E. L. Mitur Name of Father E. L. Mitur interment Formulain HEard Turn, interment Jour June March & Fridad
<ol> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence Ohu</li> <li>12. Time of residence</li> <li>13. When a minor {</li> <li>14. Place of intended</li> </ol>	in the city Life time Name of Mother E. L. Manner Name of Father E. L. Manner Interment Formulain Head June, Manne Journami Head June,

John Martin Keith 1911

	RETURN OF A DEATH.
	<u> </u>
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased John Martin Keith
2.	Sex male. 3. Color White, 4. Age 2 Hann
5.	Married or Single
6.	Date of death Mach 29-1911
7.	Cause of death Frimalune birth
8.	Duration of last illness (2) Two Journ
	Martino, M. D.
	Residence Baulinghum 19
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Banding Green Kno
11.	Residence
12.	Time of residence in the city /
13.	When a minor { Name of Mother Sily Keith
	Name of Father John D. Kuith
	Place of intended interment Farmer 29 1911
15.	Date of intended interment Provide Charles Malland, Undertaker.
Dat	e of Certificate Residence
Dat	

Mary Keith 1910

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
5. Married or single Manua
6. Date of death any 24/1910. 7. Cause of death Chronic Mepritin
8. Duration of last illness. They weeks
Residence Rowlinghun 14
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Danne, lea 11. Residence Mar an hundle Fully Ward No.
12. Time of residence in the city
13. When a minor { Name of mother
14. Place of intended interment any 14/1910
15. Date of intended interment <u>GEBARD &amp; GERARD</u> . Undertaker. Date of Certificate <u>MMMM/1910</u> . Residence

Margaret Kelahan 1892

463 10 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. (D)F BETURBU A DEATE. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL -----1. Name of deceased Mayart Kelahan 2. Sex Junah, 3. Color White . 4. Age 43 grs 5. Married or Single Maine 6. Date of Death\_ Nov 7. Cause of Death Common any Consumption 8. Duration of last Illness Musphin, M. D. Residence Bawling Guen, -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Juland 11. Residence Menn Stint . Ward No. 9 12. Time of Residence in the City 26 7 curs 13. When a Minor.  $\begin{cases} Name \text{ of Mother} \\ Name \text{ of Father} \end{cases}$ 14. Place of intended Interment 15. Date of intended Interment Un 112189 Undertaker. Date of Certificate . Residence

George W. Kellen 1911

♥♥ 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.
Mangar H Kallar
1. Name of deceased X w White 11 ms
2. Sex Marin B. Color Whow 4. Age 61, 4.
5. Married or Single
6. Date of death Endocondition
8. Duration of last illness 37 days
E. M. Hall. M. D.
Residence BOWLING GREEN. KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation Tuburn at and Mandle Hacky 10. Place of birth Ohice Cu My
10. Place of birth Ohid Cy. My
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
15. Date of intended interment
Date of Certificate ////////////////////////////////////

Infant of H. K. & Mary Kellogg 1907

	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 2. 5.	Name of deceased Infant H. R. Kellogg. Sex 3. Color White 4. Age
6. 7.	Date of death AUG 22 1907 Cause of death Still Bond,
8.	Duration of last illness Leo. N. Block. M. D. Residence Louisviely K. T.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10. 11.	Occupation Place of birth LOUISVILLE, KY.
10.	Occupation Place of birth LOUISVILLE, KY. Residence LOUISVILLE, KY. Ward No.
10. 11. 12.	Occupation Place of birth Residence LOUISVILLE, KY. Time of residence in the city When a minor Name of mother When a minor Name of father Place of intended interment Date of intended interment May 23" 1907.
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Residence LOUISVILLE, KY. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Place of intended interment
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Residence LOUISVILLE, KY. Time of residence in the city Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Date of intended interment Multiple 23 "1907. GERARD & GERARD. Undertaker.

Infant of H. K. & Mary Kellogg

CON	
è	TRANSPORTATION OF CORPSE.
A CONTRACTOR OF A	KENTUCKY STATE DEPARTMENT OF HEALTH.
- It is the damage	Transit Permit No. 14 8.8
8	PERMIT OF LOCAL BOARD OF HEALTH.
ales al al state	Department of Health, State of Kentucky.
A state	This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Trans- portation Agent before a body can be shipped.
	In the lity of Louisville County of Lefferson
	(City, Town of Village.) 2229 day of Country of All 1005
	Permission is hereby given Z & Carrow VSon holder of Embalmer's License No. A
a the second	to remove for burial at Bowling Green County of Warren
	State of TX sutac kly the body of Sant of HK + mary Rielogy
	who died at Louisville County of Jefferen Vf
and the second s	on the 7 2 day of 1907, at M. Aged O years O months and O days,
Statistics 18	
	shipment under Rule No
	as printed on the back of this Permit.
ALC: DO LO THE WORK	Leo H Block, m.D. M. M. M. C. Lun of h
	Name of person in charge of Transit. Signed
	John B. Rodes Registrar of Records of the Department of Health of the State of Kentucky
and the second second	This Permit and Coupon and to declared and talianed to the D
	This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.

Albert Kellow

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Allert Kellow
2.	Sex Male. 3. Color White. 4. Age
5.	Married or Single Married
6.	Date of death April 4 III. 1910
7.	Cause of death Drowning after anyth
8.	Duration of last illness
	Just hay Coronato
	Residence Dowfing men 12
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Store Cultre
10.	Place of birth
11.	Residence Bourfrig Weller Kg. Ward No.
12.	Time of residence in the city
13.	When a minor { Name of Mother
	(Name of Father
14.	Place of intended interment franziew coulder
15.	Date of intended interment
Date	e of Certificate Residence Bullet

Child of Albert & Rosalla Kellow 1910

	100
	Physician's Certificate Preparatory to Burial.
	1 of Albert & Rosalla
1.	Name of deceased Infant Kellow Sex Mala 3. Colory White 4. Age
2.	Sex Male 3. Colory Mkith 4. Age
5.	Married or single single
6.	Date of death Francy, 9" 1940.
7.	Cause of death Still Bonn,
8.	Duration of last illness.
	Duration of last illness. <u>M. D</u> <u>Residence</u> <u>Bowling</u> <u>Brunn</u> <u>M. D</u>
	Residence Bowling Tracher Rep
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	Occupation. Place of birth Bourfung Geran, Ky.
10.	Place of birth Dowling Geran, Hy.
10. 11.	Place of birth Dowling Geran, Hy. Residence autor H. #625 Ward No.
10. 11.	Place of birth Dowling Gran, Hy. Residence with H #625 Ward No.
10. 11. 12.	Place of birth Dowling Geran, Hy. Residence with H #625 Ward No.
10. 11. 12. 13.	Place of birth Doughny Gran, Hy. Residence Canter H. 4625 Ward No. Time of residence in the city. When a minor Name of mother Rosalta. Rullow Name of father. Mosthy, H. How
10. 11. 12. 13. 14.	Place of birth Doughny Gran, Hy. Residence Canter H. 4625 Ward No. Time of residence in the city. When a minor Name of mother Rosalta. Rullow Name of father. Mosthy, H. How
<ol> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Place of birth Dowling Gran, Hy. Residence autor H. 4625 Ward No. Time of residence in the city. When a minor Name of mother Rosalta. Kullow When a minor Name of father. Albert G.H. Rullow Place of intended interment. Fully, 9"1910,
10. 11. 12. 13. 14. 15.	Place of birth Doughny Gran, Hy. Residence Canter H. 4625 Ward No. Time of residence in the city. When a minor Name of mother Rosalta. Rullow Name of father. Mosthy, H. How

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 . Kulu
1. Name of deceased fas to furry
2. Sex Maler 3. Color Mult 4. Age 78 yrs.
5. Married or single Durght
1. Name of deceased fas le Jully 2. Sex Males 3. Color White 4. Age 78 yrs, 5. Married or single Smight 6. Date of death Duc, 13/116. 7. Cause of death
7. Cause of death 99 and acoust
8. Duration of last illness.
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Haun les
9. Occupation 10. Place of birth Warm bo. New Surgerds Ward No. 11. Residence Warm bo. New Surgerds Ward No.
10. Place of birth       Mann loo.         11. Residence       Mann loo. Man Sumyoude Ward No.         12. Time of residence in the city       Mark Sumyoude Ward No.
12. Time of residence in the city
12. Time of residence in the city
12. Time of residence in the city         13. When a minor         Name of mother         When a minor         Output         Output
<ol> <li>12. Time of residence in the city.</li> <li>13. When a minor Name of mother.</li> <li>14. Place of intended interment.</li> <li>14. Place of intended interment.</li> </ol>
<ol> <li>12. Time of residence in the city</li> <li>13. When a minor Name of mother</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li><i>July 35/06</i></li> <li>GERARD &amp; GERARD, Undertaker.</li> </ol>
<ol> <li>12. Time of residence in the city</li> <li>13. When a minor Name of mother</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li><i>July 35/06</i></li> <li>GERARD &amp; GERARD, Undertaker.</li> </ol>

Lilly Kelly 1897

RETI	URN OF A DI	EATH
PHYSICI	AN'S CERTIFICATE PREPARATORY	TO BURIAL.
N	, filler Keller	
1. Name of decease	1 north	
2. Sex Humale	. 3. Color Marine	4. Age / 1926.
<ol> <li>Married or singl</li> <li>Date of Death</li></ol>	D /	
7. Cause of Death.	1 1 1 71	in-
8. Duration of last		
· · · · · · · · · · · · · · · · · · ·	O D Parter	<m_d< td=""></m_d<>
	Residence	, M. D
UNDERTAR	ER'S CERTIFICATE IN RELATION 1	O DECEASED.
9. Occupation		
10. Place of Birth	1.1	
11. Residence 72	1 A I	Ward No. 2 2d
/	nce in the City	
	Name of Mother	Lad
13. When a Minor	Name of Father Leve	ge fully -
14. Place of intend	ed Interment MAMor	ich Church
15. Date of intended	Interment Dec 13"9	7 4
L.	ward Lua	, Undertaker
Date of Certificate	Celin 1917. Residence	

Lucinda Kemble 1896

921 This Constitutes One Certi	ficate to be Returns	sd to the	City Clerk fo	r a Burial Pe	rmit.
RETU	RN OF	A	DEA	TH.	
PHYSICIAN	S GERTIFICATE PR	EPARAT		IAL nble .	
1. Name of deceased	Turne	da	11		
2. Sex famely.	13				40-5
5. Married or single				° r	
6. Date of Death	mine	1	2	1856	
7. Cause of Death	stitis	•			
8. Duration of last Ill	ness				
Sr. would	12r.	Q.	<u>, ,, , , , , , , , , , , , , , , , , ,</u>	las	M. D.
	Residence				
INDEDTRUED					
UNDER I HKER	S CERTIFICATE IN	RELAT	ON TO DEGE	ASED.	
9. Occupation					
10. Place of Birth		-	7		
11. Residence	S.	ا مىسىمىتىمەن	. Ward	No. <u>B</u>	
12. Time of Residence	in the City				
13. When a Minor } N	ame of Mother	r			
	ame of Father	Terregenegana		-	
14. Place of intended	Interment	27	an or	ah.	
15. Date of intended In				196	
	1 rattin	- 2. J.	Rey and	, Unde	rtaker.
Date of Certificate		Resid	lence		

Infant of J. D. Josie Kemp 1893

557	18
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	ه. <sub>م</sub> ا
1. Name of deceased Infunt of J D Keinh	
2. Sex finela 3. Color Whit. 4. Age 11 mo 5. Married or single	
6. Date of Death 2112 193, 7. Cause of Death Heling	
8. Duration of last Illness	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Mun. 11. Residence Jurt Shut Ward No.	
12. Time of Residence in the City 13. When a Minor Name of Mother fisic a Kecal Name of Father D	
14. Place of intended Interment Harmon Cent 15. Date of intended Interment Alt & 3-1893 Holin Jobs, Undertaker.	
Date of Certificate Residence	

Joe Kemsley 1912

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 fee Jerneley Kemeley
2. Sex Marce. 3. Color White 4. Age 24
5. Married or single
6. Date of death Diag. My 1912
7. Cause of death Allandia
8. Duration of last illness / Day M. D.
Residence 1098 Part St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
a total and the second and the second s
9. Occupation Embloyed my Ja. Huy on Clask
10. Place of birth Todd. County
11. Residence Bow hig True 14 Ward No, -
12. Time of residence in the City. 2 • Jun -
Name of Father -
14. Place of intended intervient Farming Condoy
15. Date of intended interment On ay 15 9 12.
Enoche Merry, Undertaker.
Date of Certificate May 14 . Residence Booking hun 1

Edward Kennedy 1894

This Consti	CuHC tutes One Certificate	e to be Return	ed to the C	ity Clerk for	a Burial Permit.
1	RETUR	N OF	A	DEAT	TH.
	PHYSICIAN'S CE	RTIFICATE PI	REPARATO	- Y TO BURIA	<b>Ŀ</b> ,
1. Name	of deceased E	dwar	d,s	lum	dy
2. Sex /	nale 3	Color H	hiti	4. A	se 60 yrs
5. Marrie	l or single	han	in		/
6. Date of	Death for	ne z	5/1	894	
7. Cause of	of Death All	nuel.	196	wehat	e Shann
8. Duratio	on of last Illness	s			
	fit	hA69	for	nack	б, М. I
	Re	esidence	City	×	
	UNDERTAKER'S CE	ERTIFICATE II	N RELATIO	N TO DECEA	SED
				I TO DECEN	515.
9. Occupa	tion			• •••••••••••••••••••••••••••••••••••••	
	f Birth	2 <i>4</i> ·	11		
	nce 3081		sh.	Ward N	o. 3
12. Time o	of Residence in	the City	6 42	6	
13. When a	Minor }	e of Mothe	r		
	) Name	e of Father	,		1 1/
	f intended Int	1	oun	vill	ing
15. Date of	intended Inter	ment	me	2014	~
	J.A.	Nad	M.I	1 su	, Undertaker
Date of Ce	rtificate		Reside	nce	
					()))))))))))))))))))))))))))))))))))))

Hannibal Kennedy 1901

This Constitutes One Certificate to be Returned to the	City Clerk for a Burlal Permit.
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREPARAT	, ,
1. Name of decensed Haundbal Se	. 4. Age 60 yrs .
2. Sex Male 3. Color OK	4. Age 60 yrs.
5. Married or single Sugly,	
() ''	
7. Cause of death Maumoura	1
8. Duration of last illness	N.D.
Residence P	reau Kry , M. D.
UNDERTAKER'S CERTIFICATE IN RELAT	ION TO DECEASED.
9. Occupation	
10. Place of birth	Ward No, 2-
10. Place of birth	Ward No, 2
<ul> <li>10. Place of birth</li></ul>	Ward No, 2
<ul> <li>10. Place of birth</li> <li>11. Residence 7</li></ul>	Ward No, 2
<ul> <li>10. Place of birth</li> <li>11. Residence 7 1/1 ST,</li> <li>12. Time of residence in the City.</li> <li>13. When a minor {     Name of Mother     Name of Father     Name of Father     Name of Father     Name of The Market Action (Name of Content)     Name of Market Action     Name of Market Ac</li></ul>	Ward No, 2
<ul> <li>10. Place of birth</li> <li>11. Residence 7</li></ul>	Ward No, 2 Ward No, 2
<ul> <li>10. Place of birth</li> <li>11. Residence 7</li></ul>	Ward No, 2
<ul> <li>10. Place of birth</li> <li>11. Residence 7 1, 87,</li> <li>12. Time of residence in the City.</li> <li>13. When a minor Name of Mother</li> <li>13. When a minor Name of Father</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. Date of intended interment</li> </ul>	Ward No, 2 Ward No, 10 Ward
<ul> <li>10. Place of birth</li> <li>11. Residence 7 1, 87,</li> <li>12. Time of residence in the City.</li> <li>13. When a minor Name of Mother</li> <li>13. When a minor Name of Father</li> <li>14. Place of intended interment</li> <li>15. Date of intended interment</li> <li>16. Date of intended interment</li> </ul>	Ward No, 2 Ward No, 2

Kate Kennedy 1912

₹ ₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
$\frac{124}{2}$
Physician's Certificate Preparatory to Burial.
Mus Kata Kyundy
1 News Adverted to the second se
2. Sex Funala 3. Color 4. Age 34 490. 5. Married or Single
SEP - 5 1912
6. Date of death Aumonthy 7. Cause of death Aumonthy
8. Duration of last illness-
Martino M. D.
Residence <sup>BOWLING GREEN, KY.</sup>
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Nach Down by My
11. Residence Broadway Ward No.
12. Time of residence in the city_14 yrs.
(Name of Mother MW, K. J. Drotter
13. When a minor Name of Father Mus. 11. 11.
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Day 1912
GERARD & GERARD, Undertaker.
Date of Certificate SEP - 5 1912 Residence BOWLING GREEN, KY

Thomas Kennedy (1880)

23 This Constitutes ONE CERTIFICATE to urned to the City Clerk for a BURIAL PERMIT. RETURN OF A DEATH. PHYS MAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Thomas Kened 1. sex male. 3. Color while. 4. Age & years 2. 5. Married or Single 6. Date of Death April ga 7. Cause of Death 8. Duration of last Illness 22 h M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Sculi 11. Residence Junan Sta . Ward No. 2 12. Time of Residence in the City When a Minor { Name of Mother Mrs A Kund Name of Father J & 11 13. 14. Place of intended Interment Harver Cer 15. Date of intended Interment, Upin , 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.	
RETURN OF A DEATH.	
1. Name of deceased Watter Kunnely	
2. Sex Male . 3. Color BULL . 4. Age 8 yr	a
5. Married or Single 6. Date of Death Mar 3 1853	
7. Cause of Death Do not Type any Service	in
8. Duration of last Illness 4400	vek
al Alatelym.	D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Ragar County	
11. Residence Any at . Ward No 3	
12. Time of Residence in the City 27 cm	-
13. When a Minor. } Name of Mother Susan Kunne.	ly .
14. Place of intended Interment Can 5 Curt	of the second se
15. Date of intended Interment	r.
Date of Certificate . Residence	1. 

Child of Willis & Susan Kennedy 1894

650 This Constitutes One xxxxm	red to the City Clerk for a Burial Formit.
RETURN C	OF A DEATH.
PHYSICIAN'S CERTIFICAT	TE PREPARATORY TO BURIAL.
1. Name of deceased A Ch.	ild of Willis Kundy
2. Sextunder 3. Color	or 12/2, 4. Age 16 MO.
5. Married or single 5. 6. Date of Death Muly.	151/04
7. Cause of Death	mulsions (Infantite)
8. Duration of last Illness	Two weeks
	O.D.V. orter , M. D.
Residence	ce
UNDERTAKER'S CERTIFICA	ATE IN RELATION TO DECEASED.
9. Occupation	9
10. Place of Birth	e www. n. ul
11. Residence By Mu 12. Time of Residence in the C	City Ward No. 7 44
) Name of M	Mother Susan Kunachy
13. When a Minor } Name of F.	A A A
14. Place of intended Intermen	n Olomily Our
15. Date of intended Interment	und Han, Undertaker.
Date of Certificate July 16	Mal Residence Certy
· / / /	17

Infant of George Keough 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	1 Instante Mangh
1.	Name of deceased Infant of Guorge, Mongh,
2.	Sex Ternale 3. Color While 4. Age
5.	Married or Single Angle
6.	Date of death 17 1910.
7.	Cause of death Mull-born
8.	Duration of last illness
	J. V. Clanunguy, M. D.
	Residence Annug/Seeusou
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation BOWLING GREEN, KY
10.	Place of birth W. OF. BOW DIAG UNIDAT
11.	Residence // // Ward No. 2
12.	Time of residence in the city
13.	When a minor { Name of Mother Mus Shorgan Auorgh
	Name of Father Manuatary
14.	Place of intended interment D To Way 7 " 1770
15.	Date of intended interment
	Undertaker.
	e of Certificate WLING GREEN, KY.
Dat	

John Keough 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 decoused John, Knonghy, Y
2 San Mala/1 2 Calor Mula 1 Mar 61
5. Married or single Manual .
6. Date of death Nac 16" 1901. 7. Cause of death Miknown,
8. Duration of last illness A. Cullun Corner M. D. Residence Warren County, M. D.
Residence Warraw County,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
·
9. Occupation 10. Place of birth 11. P. il Mart St West No. 3
10. Place of birth 11. Residence Mar St. Ward No. 3
12. Time of residence in the City.
13. When a minor { Name of Mother
14. Place of intended interment & Joseph's Country
15. Date of intended interment New, 27/490/1
Jurand and Frond, Undertaker.
Date of Certificate Del 27/1901, Residence
AN AN

Marian Florence Keough 1912

This constitutes one certificate to be Returned to the City Clerk for a Burlai Permit. ** <b>RETURN OF A DEATH</b> . I. 1446 Physician's Certificate Preparatory to Burlai. Name of deceased Maniau Floring Muniph Sex Annal, 3. Color White. 4. Age Intervention Sex Annal, 3. Color White. 4. Age Intervention Married or Single Date of death 200, 18, 19, 19, 19, 10 Cause of death Burlation of last illness Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Married or Single Ward No. 3
<ol> <li>Name of deceased Marrian Floring transfer</li> <li>Sex Find () 3. Color White () Age monopoly</li> <li>Married or Single () () () () () () () () () () () () ()</li></ol>
2. Sex Findy 3. Color White 4. Age / morring 5. Married or Single Single 5. Date of death Arts, 18-1917 6. Cause of death Annumica 7. Cause of death Annumica 8. Duration of last illness 10. Ma Monte, M. D. Residence Undertaker's Certificate in Relation to Deceased. 9. Occupation Annu 1. Place of birth My 1. Residence Ward No. 3
<ul> <li>Married or Single Lingle</li> <li>Date of death Art 18-1417</li> <li>Cause of death Annunia</li> <li>Duration of last illness</li> <li>Undertaker's Certificate in Relation to Deceased.</li> <li>Occupation Annual</li> <li>Place of birth Annual</li> <li>Residence Ward No. 3</li> </ul>
5. Date of death <i>its 18-191</i> 7. Cause of death <i>formula</i> 8. Duration of last illness <i>The States</i> , M. D. <u>Residence</u> <b>Undertaker's Certificate in Relation to Deceased.</b> 9. Occupation <i>Man</i> 9. Place of birth <i>Man</i> 1. Residence <i>Man</i> 1. Residence <i>Man</i> 1. Residence <i>Man</i> 1. Ward No. 3
<ul> <li>Cause of death <u>humaning</u></li> <li>Duration of last illness <u>Jack &amp; Monte, M. D.</u></li> <li>Residence <u>Undertaker's Certificate in Relation to Deceased.</u></li> <li>Occupation <u>Manual</u></li> <li>Place of birth <u>Manual</u></li> <li>Residence <u>Matter Manual</u></li> <li>Ward No. 3</li> </ul>
<ul> <li>Buration of last illness</li> <li>M. D.</li> <li>Residence</li> <li>Undertaker's Certificate in Relation to Deceased.</li> <li>Occupation</li> <li>Place of birth</li> <li>M. D.</li> <li>Residence</li> <li>Ward No. 3</li> </ul>
M. D. Residence Undertaker's Certificate in Relation to Deceased. Occupation Man Place of birth M. D. Residence Ward No. 3
Residence Undertaker's Certificate in Relation to Deceased. Occupation Man Place of birth M Residence Mttur M Ward No. 3
Undertaker's Certificate in Relation to Deceased. Occupation Nout Place of birth My Residence Mtter M Ward No. 3
9. Occupation Nour 9. Place of birth Ky 1. Residence Attur DN Ward No. 3
). Place of birth Ky I. Residence Atter M Ward No. 3
). Place of birth Ky I. Residence Atter M Ward No. 3
2. Time of residence in the city
3. When a minor { Name of Mother Florency Hearing h
3. When a minor Name of Father Diarga a Haugh
1. Place of intended interment That Jacobh Curreting
5. Date of intended interment. FUE 19-1912
ate of Certificate Fut 19-12 Residence City

J. Melvine Keown 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Matviner, Shorow, Keown Sex Male Married or Single Married
1.	Name of deceased & Muthing Stand
2.	Sex 3. Color 4. Age / 4
5.	
6.	Date of death left, 9" 1910.
7.	Cause of death Engripelas Migrans Duration of last illness 2 daijo
8.	Duration of last illness 2 daijo
	MottBlackburn, M. D.
	Residence #1119 State St.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation framer
10.	Place of birth Bourfung From Buthy led
11.	Residence 14 The Hanhal away. Ward No. 1.
12.	Time of residence in the city surral write
13.	When a minor { Name of Mother
14.	Place of intended interment My alivatt, leh, yul.
15.	Date of intended interment Och. 10 "1910.
	Imard Juran Undertaker
Date	e of Certificate OUT. 10"1910. Residence
Suit	Residence

Martha Kerr 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Martha Kyrr.
2.	Sex Dunall 3. Color White. 4. Age 6 Mrs.
5.	Married or Single Sugar
6.	Date of death April. 4/1910.
7.	Cause of death 12 monthles, Cubroulos
8.	Duration of last illness
	C.S. Now ell, M. D
	Residence
	Undertaker's Certificate in Relation to Deceased.
5	
9.	Occupation
.0.	Place of birth SQWLING OREEN, KY
1.	Residence / Ward No.
2.	Time of residence in the city sur months
3.	When a minor { Name of Mother 10, foral, Murv.
	Name of Father NW, V. Marr.
4.	Place of intended interment
5.	Date of intended interment Office 3 1910. GERARD & GERARD. Undertaker
Date	of Certificate full 4/1910 Residence BUWLING GREEN, KI
	· · · · · · · · · · · · · · · · · · ·

James Keunes 1899

3K 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 Kennes (per burial r. Name of deceased Jamme Kennes
2. Sex mach. 3. Color while: 4. Age, 69 yr
6 Date of death and 2 1888
7. Cause of death Chromie deugoher
8. Duration of last illness for and minly
Sr a. 6 .W. Residence
undertaker's certificate in relation to deceased.
9. Occupation Larowing
10. Place of birth Speciment
11. Residence Potter Lt
12. Time of residence in the City
13. When a minor Name of Father
14. Place of intended interment It Camph Com
15. Date of intended interment line of 1888
Hawa May Cupu Undertaker.
Date of Certificate Residence

Mary Keunes 1903

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Kennes (per jal
1.	Name of deceased Many Oleanne
2.	Sexfimmen. 3. Color while. 1. Age 66
Б.	Married or single midam
6.	Date of death Dec 49 190 3
7.	Cause of death Accant Success
8.	Duration of last illness about 3 meth
	Juot Blackburn, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth
11.	Residence Parter Ward No,
	Time of residence in the City.
12.	When a minor { Name of Mother
	when a minor jur of Day
12. 13.	Name of Father
	Place of intended interment digate
13.	Place of intended interment A-Juseph Date of intended interment Sec 21 1903
13. 14.	Place of intended interment Date of intended interment T. HAWLEY PAYNE, Functal Director & Embalmen Undertaker.
13. 14. 15.	Place of intended interment A-Juseph Date of intended interment Sec 21 1903

Infant of E. B. & Carrie Keuntz 1906

33
This Constitutes One Certificate to be Returned to the City Clerk for a varial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of decoised Infant of & B. fruntz.
2. Sex Married er single
6. Date of death Sup. 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.
10. Place of birthy BOWLING GREEN, KY
11. Residence Kulluchy St. Ward No, 2
12. Time of residence in the City.
13. When a minor Name of Mother My, Carrie, D. Kuntz Name of Father MW, E.B. Kuntz.
14. Place of intended interment Fairward Gamalary,
15. Date of intended interment Supt. 30" 1906. Grand Through, Undertaker.
Date of Certificate Suff. 30/1906 . Residence BOWLING GREEN, KY

Infant of Sidney & Susie Key 1907

	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
ł	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. N	ame of deceased Infant of Silvery Stay and "3. Color White 4. Age Silvery arried or single Single
2. Se	x Mala , 3. Color White 4. Age Sdarp
5. M	arried or single Surger
6. Da	ate of death H of the filling of the
	ause of death fismus of approach Lower.
8. D	uration of last illness. Jour W. Stone
	afiananananan kanananananananananananananan
	Residence
	Undertaker's Certificate in Relation to Deceased.
	Decupation By Gragen Ky
	Decupation. Place of birth B Green Ry Residence Ward No. 3
11. F	Fime of residence in the city 5 dupped to the city
	Name of mother Ma Drugov Our
13. V	When a minor Name of father Sidning Study
14. F	Place of intended interment Failview Cemetery
	Date of intended interment 100, 7"1907
	GERARD & GERARD. Undertake
Date o	of Certificate Nov. 6 1907. Residence BOWLING GREEN

Bell Keys 1908

T	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Namo of deceased Bill Kryp. Sex Flamala 3. Color Whith 4. Age Syrb. Married or single Bringla Married or single Mar 15" 1918
2.	Sex Flamala 3. Color While 4. Age Syrb.
5.	Married or single Married 15" 1218
6.	Date of death
7. 8.	Cause of death Duration of last illness.
0.	Duration of last illness. MA Origgs M. D.
	Residence BOWLING GREEN, KY.
	Undertaker's Certificate in Relation to Deceased.
9.	
10.	
10. 11.	Occupation Place of birth B. H. Ky ( Residence 2 2 4 H. Ward No. 3
10.	Occupation Place of birth B. H. Ky ( Residence 2 2 4 H. Ward No. 3
10. 11.	Occupation Place of birth Residence Time of residence in the city Ward No. 3 Time of residence in the city When a minor Name of mother Name of father
10. 11. 12.	Occupation Place of birth Residence Time of residence in the city Name of mother Ward No. 3 Time of residence in the city Mis, Maggin, Bull Kay When a minor
10. 11. 12. 13.	Occupation Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of mother Name of father Name of father Name of father
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Residence Name of mother Ward No. 3 Time of residence in the city When a minor Name of mother Name of father Place of intended interment Place of intended interment Maximum River, bh. yel Maximum Maximum River, bh. y
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Residence Name of mother Ward No. 3 Time of residence in the city Name of mother When a minor Name of mother Name of father Place of intended interment Date of intended interment Date of intended interment Date of intended interment GERARD & GERARD Undertaker.

Elizabeth J. Keys 1911

So ♥ ♥ This Constitutes One CertiAcate 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. Etijabeth f. Meys 2. Sex Male 3. Color White 4. Age 81 yrs. 5. Married or Single Writton 6. Date of death Mrc. 17" 1911. 7. Cause of death Mrc. 17" 1911. 8. Duration of last illness 4 day F. M. Storre, M. D. Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation         10. Place of birth         11. Residence         0. Ward No.         12. Time of residence in the city
<ol> <li>13. When a minor Name of Mother Name of Father <i>Failwiew Comelery</i></li> <li>14. Place of intended interment <i>Auc</i>, 19"1911.</li> <li>15. Date of intended interment <i>GERARD &amp; GERARD</i> <i>We have</i></li> </ol>
Date of Certificate Duc, 18" 1911, Residence lesty

Thomas Dennis Keys 1912

9	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	The second in stars
1.	Name of deceased hance Duris Sleeps Sex Male 3. Color While 4. Age 57 yea
2.	Sex 3. Color 4. Age
5.	Married or Single Single .
6.	Date of death Spruck by LTH, Engure Mills
7.	Cause of death sector and
8.	Duration of last illness_15 country
	RS' Aluntez, alling Cormon X Dy
	Residence SOWLING GREEN, KY
	· · · · · · · · · · · · · · · · · · ·
	Undertaker's Certificate in Relation to Deceased.
	d a h a T
9.	Occupation & abaner
9. 10.	Place of birth
10.	Ale
	Place of birth
10. 11. 12.	Place of birth
10. 11.	Place of birth Residence Church St. Ward No. 3
10. 11. 12. 13.	Place of birth
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>	Place of birth
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>	Place of birth Residence $b$ hurch $b$ $b$ . Residence $b$ ward No. $3$ . Time of residence in the city. When a minor $\begin{cases} Name of Mother \\ Name of Mother \\ Name of Father \\ Name of Father \\ \hline Date of intended interment \\ \hline Date of intended inter$
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Place of birth Residence Time of residence in the city. When a minor Name of Mother Name of Mother Name of Father Place of intended interment Date of intended interment Col 23-141 GERARD & GERARD, Undertaker.
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Place of birth Residence $b$ hurch $b$ $b$ . Residence $b$ hurch $b$ $b$ . Ward No. $3$ . Time of residence in the city. When a minor $\begin{cases} Name of Mother \\ Name of Mother \\ Name of Father. \\ Name of Father. \\ Place of intended interment. \\ Och 33-191 V.$

James L. Kidwell 1909

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.
<ol> <li>Name of deceased Mrs. fas. L. Milwall</li> <li>Sex Fundly 3. Color White 4. Age 53 yrs.</li> <li>Married or single Maurice</li> <li>Date of death Stord Poison</li> <li>Cause of death Blood Poison</li> </ol>
8. Duration of last illness. <i>J.E. Huddlu</i> M. D. Residence <b>BOWLING GREEN, KY</b>
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Warraw Connity 11. Residence Mar ax Handler Fracty Ward No. 3
12. Time of residence in the city
<ul> <li>13. When a minor Name of mother.</li> <li>14. Place of intended interment.</li> </ul>
<ol> <li>Place of intended interment.</li> <li>Date of intended interment.</li> <li>Det. 7" 1909</li> <li>GERARD &amp; GERARD. Undertaker.</li> </ol>
Date of Certificate Oct 6" 1909 Residence

Ruth Kidwell (1881)

This Constitutes ONE CERTIFICATE	to be returned to the City Clerk for a BURIAL PERMIT
RETURN	OF A DEATH.
PHYSICIAN'S CERTIFIC	CATE PREPARATORY TO BURIAL.
1. Name of Deceased Ruit	to Kidwell,
2. Sex Lemaly . 3. Col	or White . 4. Age 34-5200
5. Married_or Single	
6. Date of Death Jaspus a	1/
11 0 4	de
8. Duration of last Illness	
	mmelughope, M.D.
	and the second sec
Residen	ce
UNDERTAKER'S CERTIFIC 9. Occupation	ceCATE IN RELATION TO DECEASED.
UNDERTAKER'S CERTIFIC 9. Occupation 10 Place of Birth	CATE IN RELATION TO DECEASED.
UNDERTAKER'S CERTIFIC 9. Occupation	
UNDERTAKER'S CERTIFIC 9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City	CATE IN RELATION TO DECEASED.
UNDERTAKER'S CERTIFIC 9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City (Name of Mo	CATE IN RELATION TO DECEASED. Ward No 3 rel ther Susen Kichull
UNDERTAKER'S CERTIFIC 9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City	CATE IN RELATION TO DECEASED. . Ward No 3 TCl other Engun Kichwill
UNDERTAKER'S CERTIFIC 9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor {	CATE IN RELATION TO DECEASED. . Ward No 3 TCl other Engun Kichwill
UNDERTAKER'S CERTIFIC 9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor { Name of Mo Name of Fath	CATE IN RELATION TO DECEASED. Ward No 3 rel other Susen Kichurch er Kudwell
UNDERTAKER'S CERTIFIC 9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor { Name of Mo Name of Fath 14. Place of intended Interment	CATE IN RELATION TO DECEASED. Ward No 3 rel other Susen Kichurch er Kudwell
UNDERTAKER'S CERTIFIC 9. Occupation 10 Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor { Name of Mo Name of Fath 14. Place of intended Interment	CATE IN RELATION TO DECEASED. Ward No 3 PCP other Ensen Kickwell ver Ludwell , Undertaker.

Thornton Fay Kidwell 1911

	RETURN OF A DEATH.
	<u> </u>
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Thornton Fay Kidwell.
2.	Sex Male. 3. Color White. 4. Age 8.Mo, 12da
5.	Married or Single Single.
6.	Date of death August, 21.1911.
7.	Cause of death Mocality
8.	3 1 1
	Duration of last illness 94 Asys 6. N. Hall., M. D.
	Residence Bowling Green, Ky.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation None.
10.	Place of birthKy.
11.	Residence1418, Adams St. Ward No.3.
	Time of residence in the city
12.	When a minor { Name of Mother Tennic Kidwell.
	When a minor
	When a minor Name of Father C.H.Kidwell.
	When a minor Name of Father C.H.Kidwell. Place of intended interment Fountain Head, Tenn.
13.	Name of Father C.H.Kidwell. Place of intended interment Fountain Head, Tenn. Date of intended interment
13. 14.	Name of Father C.H.Kidwell. Place of intended interment Fountain Head, Tenn.
13. 14. 15.	Name of Father C.H.Kidwell. Place of intended interment Fountain Head, Tenn. Date of intended interment

Adam J. H. Kieffer 1894

654 This Constitutes One Certif. and to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Adam, A. Kieffer 2. Sex male 3. Color White 4. Age 35 4
5. Married or single married
6. Date of Death Muy 28"94 7. Cause of Death Parisis, 18 mmilis
8. Duration of last Illness O. / K. M. G
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence 2 20 stuck. Ward No. 2 29
12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father
14. Place of intended Interment frzie ho. Com. 15. Date of intended Interment filly 30"94, A. O. Man M. Bro, Undertaker.
Date of Certificate fully 28 gg Residence

Jacob Kieffer 1903

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	42
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
land Kintled.	
1. Name of decented pecol, Ninflagt, Mala 2 Class White A Are 16 yrs	,
2. Sex 1	
<ol> <li>Married or single full with .</li> <li>Date of death full / 1903 .</li> <li>Cause of death Paralysis ,</li> </ol>	
7. Cause of death Caralysis,	
8. Duration of last illness M= Councel, M. D	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth 11. Residence H + St. Ward No, Ward No,	
	•
12. Time of residence in the City.	**
13. When a minor Name of Mother	
14. Place of intended interment Storphe Cumulary	
15. Date of intended interment	
, Undertake	r.
Date of Certificate	

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 Carle Rieffer.
2. Sex Fundle 3. Color It With .: 4. Age 4 mil.
5. Married or single Single.
6. Date of Death Mad. 28/1896.
7. Cause of Death Mookerig Cough
8. Duration of last Illness fino mulco-
Amileman, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Gilly .
11. Residence 4th tohut. Ward No. 2nd
12. Time of Residence in the City
13. When a Minor Name of Mother Mio My Ju Ruffer
Name of Father fake Kuffin
14. Place of intended Interment & for for the form,
15. Date of intended Interment Mar 30/1896.
A. C. Guard VBro, , Undertaker.
Date of Certificate Man 19/9 Residence Guty

Mary Elizabeth Kieffer 1904

RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mary Chigabeth, Juffer
2. Sex multity 3. Color 4. Age/
6. Date of death Mar 29" 1904
7. Cause of death Samo Sullinia 8. Duration of last illness 5 days
J. M. Kome, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Different 11. Residence
12. Time of residence in the city Nurs L. Stieffer
13. When a minor Name of Mother Name of Father
14. Place of intended interment Difformphis Quantury
15. Date of intended interment. Junal Frank, Undertaker.
Date of Certificate Man 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 2. Sex Hith, 3. Color Whit, 4. Age 9444. 5. Married or single 6. Date of death 7. Cause of death Cypt. saccome steri
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased Hellie Kuffen Kieffen 2. Sex Hith. 3. Color but . 4. Age 9 years. 5. Married or single Ling L 6. Date of death Oct 4. 1900
1. Name of deceased Nellie Kuffer Kieffer 2. Sex White . 3. Color blit . 4. Age 9 years. 5. Married or single Light 6. Date of death Oct \$. 1900
2. Sex Ahren, 3. Color Whit, 4. Age 9 years. 5. Married or single Ling L 6. Date of death Oct \$. 1900
8. Duration of last illness 4 north a.7. Wormech , M. D. Residence Bowling Free, 14
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Giff for Stread Ward No. 2 11. Residence 2 Stread Ward No. 2 12. Time of residence in the City 13. When a minor Name of Mother Mue Stallin Kieffer 13. When a minor Name of Mother Mue Stallin Kieffer 14. Place of intended interment Storphis Councilary, 15. Date of intended interment Deh 7" 1900, 15. Date of intended interment Deh 7" 1900, 15. Date of intended interment Deh 7" 1900, 15. Date of intended interment Deh 7" 1900, 16. Date of Certificate Oct, 6" 1900, 17. Residence

Bert Kimbro 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	4
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased But Kimbo	
2. Sex male 3. Color white 4. Age 187 5. Married or single Single 6. Date of death 1800 - 24 = 1901	
7. Cause of death Mitul heart lision	
8. Duration of last illness 18 months	D.
Residence Bouling Burn	1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth have Co	
11. Residence State State Ward No, 194 12. Time of residence in the City. Fin Your	5
13. When a minor Name of Mother Mrs Nora Kimbro Name of Father John Kimbro	
14. Place of intended interment Bethe L. Gd 15. Date of intended interment Nov-255-1901	
Guard Lucy, Undertak	

## CatherineKimbro 1852

+17-1	CERTIFICATE IN C	
	I hereby certify that a White warman	named Catherino Timbro
	born in Warren Co Sz	, aged 68 years ',
		, residing In Wanen Co
	, died in	
	on the 29" day of lug	1852, of Cholera ,
		3
		F18.91
		J.13 Henry
1	where a subscription of the second	the second s

Mrs. Clint Kimbro 1913

	RETURN OF A DEATH. $\frac{1339}{2}$
	Physician's Certificate Preparatory to Burial.
1. Na	ime of deceased Mus. Chut, Minubro.
2. Se	x Francaler 3. Color White 4. Age 39 yrs
5. Ma	me of deceased x Januala 3. Color White 4. Age 39 yrs. arried or single. Maruna the of death FEB 21 1913 use of death fertinities & paralytic ilena 2d use of death file of atim for extrantence prepara arrition of last illness 2 days (11 to 12 days
6. Da	te of death FEB 2 1 1913
7. Ca	use of death for oferation for extrautenno pregna
8. Du	iration of last illness 2 days (11 to 12 dorgen
	Juo N Blackburn M. I
	Residence Bowling Green, Ky.
•	
	Undertaker's Certificate in Relation to Deceased.
	11 11.1.
	House never.
9. 0	ecupation Mantucky
9. 0 10. P	accupation Storen Khupen. lace of birth Stantucky
11. R	Ward No.
11. R	Time of residence in the city 2 Days. Ward No.
11. R 12. T	Ward No.
11. R 12. T 13. V	Ward No. /
11. R 12. T 13. V 14. P	Residence N. Jourpus. On Church Ward No. Time of residence in the city 2 Days. When a minor Name of mother. Name of father. Place of intended interment the thet Church Gravelyant Ma Date of intended interment.
11. R 12. T 13. V 14. P	Residence N. Jourpus. Or of work Ward No. Time of residence in the city 2 Days. When a minor { Name of mother. Name of father. Place of intended interment the the Church Graveland Wa
<ol> <li>R</li> <li>T</li> <li>T</li> <li>T</li> <li>T</li> <li>T</li> <li>T</li> <li>T</li> </ol>	Vine of residence in the city 2 Days. When a minor Name of mother. Value of father. Value of intended interment the the Church Braveland Ma Date of intended interment.

Child of Dan Kimbro 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 Child of Dan. Kinkro 2. Sex male 3. Color while 4. Age 9 mo 5. Married or single
6. Date of death 7. Cause of death 8. Duration of last illness 5. TS Wright, M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Bowling Line Ky 11. Residence light St Ward No, 1 = 12. Time of residence in the City. Life Line
13. When a minor { Name of Mother Name of Father Name of Father Name of Father Name of Pather Name of Father Nam
14. Place of intended interment Buille Church The Yel 15. Date of intended interment July - 9 - 1901 Lucard Lucard, 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 David Climbro 2. Sex mate. 3. Color Orhili. 4. Age 45 5. Married or single married 6. Date of death Dic - 18 - 1903 7. Cause of death Organization 8. Duration of last illness Migu gubaths
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation       10. Place of birth       11. Residence       8   Ward No,
12. Time of residence in the City.     13. When a minor     Name of Mother     Name of Father
14. Place of intended interment
Date of Certificate . Parting Green, Ky.

Eddy Kimbro 1906

A	This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Eddy Munbro
2.	Sex male. 3. Color while 4. Age/ 6 7 m
5.	Married or single
6.	Date of death
7.	Cause of death
8.	Duration of last illness
	Residence , M. D.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth new bitth Store County
11.	Residence Calles + 5 - Mrd No,
12.	Time of residence in the City.
12	When a minor { Name of Mother Of general Cumbre
1.0.	Name of Father June Of Tunto
14.	Place of intended interment
15.	Date of intended interment
	Undertaker.
Date	e of Certificate Residence
	/
1.	

Etta Kimbro 1901

RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased <u>Etto Kimbro</u> 2. Sex fund. 3. Color whit 4. Age 1370000 5. Married or single <u>single</u> 6. Date of death <u>June 19000000000000000000000000000000000000</u>
<ol> <li>Name of deceased Etto Kimbro</li> <li>Sex funale. 3. Color Thito. 4. Age 137. 2000</li> <li>Married or single single</li> <li>Date of death July 22-1901</li> <li>Cause of death Expectoraling boneh Explored Find Find</li> <li>Buration of last illness Phue meles.</li> <li>M. D.</li> </ol>
2. Sex finale. 3. Color thits. 4. Age 137.6 5. Married or single Single 6. Date of death July 22-1901 7. Cause of death Guitoaling bonch Tipland Fire 8. Duration of last illness Three males. M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth name co Kultury 11. Residence Cight St. Ward No. 1 a.
<ol> <li>12. Time of residence in the City. Two years</li> <li>13. When a minor Name of Mother Cella Knimbro</li> <li>14. Place of intended interment Baths Ch en yo -</li> <li>15. Date of intended interment July 23 - 1901</li> </ol>
Date of Certificate

Ben King 1894

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	53
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Ben Ching	
2. Sex Male. 3. Color white 4. Age 30 yr 5. Married or single Married.	1
6. Date of Death Aril 1894 7. Cause of Death Supposed Seast desease	
8. Duration of last Illness	
. A M C. G. Munkle los W. los, M. D. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
10. Risee of Birth 10. Residence norther House. Ward No.	
Name of Mother	
Name of Father	
14. Place of intended Interment A company Much	
Date of Certificate	

Charles King

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PE	SRMIT.
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BU	RIAL
1. Name of Deceased Chas King	ATTE.
2. Sex maly . 3. Color BCK . 4. Age	
5. Married or Single	
6. Date of Death Holler lang Cars Sipl,	1gn
7. Cause of Death Killed by Cons	
8. Duration of last Illness	
nothysician	, M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DEC	FASED.
9. Occupation	
10. Place of Birth	~
1. Residence	3
2. Time of Residence in the City	•
3. When a Minor { Name of Mother	
3. When a Minor { Name of Mother	
4. Place of intended Interment	
15. Date of intended Interment	
	Undertaker.
D. Co. CC. J. D. J.	1
Date of Certificate Residence	

Lattie King 1913

55
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 Lattee King
2. Sexfund 3. Color White J. Age / 6 Mrs
5. Married or single
6. Date of death for 23 1913
7. Cause of death My Chord Jun & Munai
8. Duration of last illness 23
G. M. D.
Residence Docoling Frem
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
A
9. Occupation at Thomas
10. Place of birth Munhung 10
11. Residence Bauly Trun Myard No,
12. Time of residence in the City.
13. When a minor
Name of Father
14. Place of intended interment farmer Cim
15. Date of intended interment
· Phillip Undertaker.
Date of Certificate from 24 (PResidence) Sum for

Maimie King 1907

	54
RETURN OF A DEATH.	-
Physician's Certificate Preparatory to Burial.	
mi	
1. Name of deceased Aminie King	
1. Name of deceased Aminie King 2. Sex finance 3. Color while 4. Age 15 mm 5. Married or single	-
5. Married or single	
6. Date of death March -25-1901	
7. Cause of death Brain Your	
8. Duration of last illness 2 menu	
Will a. Brigger M. D	
Residence City	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth Car Oskland May	
The inclusion of the international state of the	4
12. Time of residence in the city opportunity	
13. When a minor Name of mother In whitten King	8
14. Place of intended interment Oakland My	
15. Date of intended interment humch 26 Sor	
The Canada and and and and and and and and an	
Date of Certificate	•
Date of Certificate	
	•

Dica Kinnaird 1880

This Constitutes ONE CERTIFICATE to be re de to the City Clerk for a BURIAL PERMIT. RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY & BURIAL. PHYSICIAN'S CE
PHYSICIAN'S CERTIFICATE PREPARATORY DE BURIAL. 1. Name of peceased Dica Kinneine Kinnand 2. Sex Hende, 3. Color Phile: 4. Age 68
1. Name of preceased Dica Kinnaine Kinnaid 2. Sex Hende, 3. Color Intela: 4. Age 68
2. Sex Hende, 3. Color Intela . 4. Age 68
A
In Demand on Vinale 11 - a - A
5. Married or Single Single 6. Date of Death Marcha 19th 1888
7. Canse of Death Dysintery
8. Duration of last Illness fring, miles
1. ABobtan, M.D.
Residence Bobbling Scin
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Adam Co 12
11. Residence Adam Corty . Ward No. 2
12. Time of Residence in the City Junity Key Man
13. When a Minor { Name of Mother agnes morning Name of Father John Murray
14. Place of intended Interment Fairviewe leculy
15. Date of intended Interment March 21 21- 1883
, Undertaker.
Date of Certificate Residence
Democrat Print.

E. J. (Puss) Kinnaird 1898

× 35 0 35 58	
This Constitutes One Certificate to be Reinsned to the City Clerk for a Buvial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased fiss & f. (Puse) Juniain 2. Sex Fremale 3. Color White . 4. Age 60 yrs.	
5. Married or single Dinghe.	
5. Married or single Surger, 6. Date of death Aug 21" 1898. 7. Cause of death Bunchilis	
8. Duration of last illness BA, Millifen, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
9. Occupation 10. Place of birth Bouling Frank Sty. 11. Residence 10 the & E, Chiesturk St, Ward No. 1 th	
11. Residence 10 th & E, Chilstum D. , Ward No. / 2	
12. Time of residence in the City	
13. When a minor Name of Father	
14. Place of intended interment, Janview Councting,	
15. Date of intended interment May 22" 1899, Guard Surance, Undertaker.	
Date of Certificate May, 22/99 Residence City,	

John T. Kinnaird 1879

59 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. RETURN OF A DEATH. PHYSICK I'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased por Kinnaird Sex Male . 3. color White . 4. Age 38 1. 2 5. Married or Single 6. Date of Death Nor 7. Cause of Death Apoplexi Duration of last Illness mas ohneon & Clay pool M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Bow Warun Co 11. Residence Cent Pik . Ward No. 2 12. Time of Residence in the City When a Minor { Name of Mother Name of Father 13. 14. Place of intended Interment fourous Com 15. Date of intended Interment UN 19th Frank , Undertaker. Date of Certificate Residence. Democrat Print.

Mary Kinnaird 1905

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	11 11 11 1
1.	
2.	Sex tunale 39. Color While 4. Age 39.
5.	Married or Single Durger,
<b>3</b> .	Date of death July 6 1905.
7.	Cause of death Caualysis
3.	Duration of last illness-
	Jour. W. Slink, M. D
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	
9. ).	
	Occupation
0.	Occupation Place of birth Harrin County
). 1. 2.	Occupation Place of birth Name, County Residence Oay, St. Ward No. Time of residence in the city_25 yrs, or more (Name of Mother
). 1. 2.	Occupation Place of birth Naure, County Residence Pay. St. Ward No.
). 1. 2.	Occupation Place of birth <i>Manuely</i> Residence <i>Day</i> , <i>SF</i> . Time of residence in the city <u>25 92, or most</u> When a minor <i>Name of Mother</i>
). l. 2. 3.	Occupation Place of birth Name of Mother Ward No. Ward No. When a minor
). l. 2. 3.	Occupation Place of birth Name, Concuty Residence Org. St. Time of residence in the city 25 yrs, or more When a minor Name of Mother Name of Father Place of intended interment Fairward Country. Place of intended interment Tairward Country.
). 1. 2. 3. 4.	Occupation Place of birth Name, County Residence A.M. St. Ward No. Time of residence in the city_25 yrs, or new When a minor Name of Mother When a minor Name of Mother Place of intended interment Fairward, Country, Place of intended interment Juby, 7" 95. Date of intended interment

Sallie A Kinnaird 1912

€ € 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.				
<ol> <li>Name of deceased Misi, Sattin a. Kimaira.</li> <li>Name of deceased Misi, Sattin a. Kimaira.</li> <li>Sex Fridal 3. Color Mith 4. Age 62 yrs.</li> <li>Married or Single Mov 28" 1912.</li> <li>Date of death Menites Porsibly Central origin -</li> <li>Cause of death Menites - Porsibly Central origin -</li> <li>Buration of last illness 54 weeks</li> </ol>				
Undertaker's Certificate in Relation to Deceased.				
Condentancer's Certificate in Relation to Deceased.				
9. Occupation 10. Place of birth Kantucky 11. Residence // Th St. Ward No.				
12. Time of residence in the city				
Name of Mother				
14. Place of intended interment."				
<ol> <li>When a minor Name of Father</li> <li>Place of intended interment. How 19" 1912.</li> <li>Date of intended interment. Javand V Javand, Undertaker. Mov 18/1912.</li> <li>Date of Certificate. Mov 18/1912. Residence. B. Javan Kg.</li> </ol>				
······································				

Albert Gallatin Kirby 1911

* * 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 albert Fallatin Kinky 2. Sex Male. 3. Color White. 4. Age 7.1.470 5. Married or Single Single 6. Date of death Mich- 3rd 1911 7. Cause of death Chronic Bright derece 8. Duration of last illness Box & years M. D. Residence Bonking Treen My
Undertaker's Certificate in Relation to Deceased.
<ol> <li>Occupation Farman,</li> <li>Place of birth Warraw, lev.</li> <li>Place of birth Wordford, St.</li> <li>Residence Wordford, St.</li> <li>Time of residence in the city 3 mm</li> </ol>
13. When a minor { Name of Mother
14. Place of intended interment <i>January</i> 15. Date of intended interment <i>Mar 4" 1911</i> GERARD & GERARD, Undertaker.
Date of Certificate Max 3"1911 Residence

Bevely Kirby 1901

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

	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 Burly Kirby			
2.	Sex male. 3. Color while. 4. Age 68 yrs			
5.	Married or single Married			
6.	Date of death Nor 24-1907-			
7.	Cause of death Unice Porsing -			
8.	Duration of last illness Ten days -			
0.	He P. Cartur ght , M. D.			
	Residence hair of			
	Mesidence			
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.			
9.	Occupation			
10.	Place of birth			
11.	Residence Clevent & Ward No, 12			
12.	Time of residence in the City. Fin Jan			
10				
10.	When a minor   Name of Mother			
	When a minor { Name of Mother			
14.	When a minor Name of Mother			
	When a minor { Name of Mother			
14.	When a minor Name of Mother Name of Father Place of intended interment Harris Country			
14. 15.	When a minor { Name of Mother			
14. 15.	When a minor { Name of Mother			
14. 15.	When a minor { Name of Mother			

64 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Miro C 4. Age 42 2. Sexfunale. 3. Color N 5. Married or single 6. Date of Death OMan 7. Cause of Death ... 8. Duration of last Illness M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation 9. 10. Place of Birth 11. Residence ... Ward No ..... 12. Time of Residence in the City 2 7 Name of Mother 13. When a Minor Name of Father 14. Place of intended Interment cha 15. Date of intended Interment Chu , Undertaker. Date of Certificate. Residence

J. A. Kirby 1904

05
RETURN OF A DEATH.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased A. Sinty, 1x
2. Sex Mary . 0.3. Color Which 4. Age 57 Mar.
5. Married or Single Maurid
6. Date of death fully 9" 04.
7. Cause of death DMPMY
8. Duration of last illness
Residence , M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Narry County, 10. Place of birth Marry County,
1
11. Residence 14 th ph 12. Time of residence in the city prusual Months
12. Time of residence in the city
<ol> <li>12. Time of residence in the city</li></ol>
12. Time of residence in the city
<ol> <li>12. Time of residence in the city</li></ol>
12. Time of residence in the city
12. Time of residence in the city

John Mallory Kirby 1903

RETURN OF A DEATH.         DIVISICIAN'S CERTIFICATE PREPARATORY TO BURIAL.         1. Name of deceased         Married or single         6. Date of death         Married or single         6. Date of death         Married or single         8. Duration of last illness         Multiply         Multiply         Multiply         Married or Single				
1. Name of deceased Just Hallory Mirby 2. Sex male 3. Color while 4. Age 18 min 5. Married or single 6. Date of death Frither 1 - 1803 7. Cause of death Main Transler 8. Duration of last illness March Milling, M. D. Residence				
<ol> <li>Sex male</li> <li>Color while</li> <li>Married or single</li> <li>Date of death</li> <li>The provide of the prov</li></ol>				
<ol> <li>Sex male 3. Color while 4. Age 18 min</li> <li>Married or single</li> <li>Date of death Faby-1-1703</li> <li>Cause of death Main Turnular</li> <li>Duration of last illness</li> <li>March Milling, M. D. Residence</li> </ol>				
<ol> <li>Married or single</li> <li>Date of death Troby 1 - 1803</li> <li>Cause of death Brain Trouble</li> <li>Duration of last illness</li> <li>March Milling, M. D. Residence</li> </ol>				
7. Cause of death <u>Miller</u> 8. Duration of last illness <u>March Miller</u> , M. D. Residence				
7. Cause of death <u>Miller</u> 8. Duration of last illness <u>March Miller</u> , M. D. Residence				
Residence Millary M. D.				
Residence				
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.				
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.				
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.				
9. Occupation				
10. Place of birth City				
1. Residence & Chestnut Ward No,				
12. Time of residence in the City.				
3. When a minor Name of Mother June 9. Minter				
14. Place of intended interment At Jacoph Com				
15. Date of intended interment Flag-2-1903				
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 4. Age 14 Sex Male 3. Color 2. 5. Married or single 6. Date of death ... 7. Cause of death 19 8. Duration of last illness N. M M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Main Ward No, 2 0 12. Time of residence in the City. Name of Mother 13. When a minor Name of Father 14. Place of intended interment Jan 15. Date of intended interment Undertaker. Date of Certificate Residence

Patrick Kirby 1908

# 570 0 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 degeased Patrick Kiby 2. Sex Male 5. Married or single Windows. <b>DFC 19 1908</b>
<ol> <li>Date of death</li> <li>Cause of death</li> <li>DEC 1 9 1908</li> <li>Cause of death</li> </ol>
8. Duration of last illness
Undertaker's Certificate in Relation to Deceased.
9. Occupation Watchman at LMRR Ching 10. Place of birth Incland 11. Residence Brown St. Ward No. ~
10. Place of birth Antenno f         11. Residence       Brown St.         12. Time of residence in the city       50 yrans
13. When a minor { Name of mother
<ol> <li>Place of intended interment. Dr. Josep hs Chundler</li> <li>Date of intended interment. GERARD &amp; GERARD. Undertaker.</li> </ol>
Date of Certificate DEC 19 1908 Residence Residence

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 Mus, Susan Kirby ses funder 3. Color Mhite Married or single Widow Date of death Och 6" 1898 6. Cause of death Diahi 7. 8. Duration of last illness Acoloughy , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Place of birth Sector chy 10. . Ward No. 2 2d Residence Cash Chestuch II. Time of residence in the City 12. When a minor { Name of Mother . 13. 14. Place of intended interment Farmien Curreting 15. Date of intended interment Och ward & Jund , Undertaker. Date of Certificate Och 7 "98. Residence 4 n. Murphy

W. B. Kirkpatrick 1898

70 110% This Constitutes One Certificate to be Retarned to the City Clerk for a Burial Permit. RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL balu 1. Name of deceased Age of Sex // all Married or single 5. Date of death 6. Cause of death 7. 8. Duration of last illness , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 1116 Occupation 9. Place of birth 10. Residence Nlar II. Time of residence in the City Secural years 12. Name of Mother When a minor 13. Name of Father Place of intended interment Man 14. 15. Date of intended interment Undertaker. nant Residence Date of Certificate ...

George Kirtley 1909

71 7669 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. RET RN A DE H Physician's Certificate Preparatory to Burial. Name of deceased 1. Age. 8.2 Q Sex male 3. Color. 20 2. 4. Married or single .... 5. Date of death ..... 6. Cause of death / 7. Duration of last illness! 8. D Residence. Undertaker's Certificate in Relation to Deceased. Occupation ...... 9. Place of birth. 10. Residence / Laurth Ward No. 11. a fily Time of residence in the city ..... 12. Name of mother.. me When a minor 13. Name of father 14. Date of intended interment..... 15. uly Undertaker. y Ten Da 9. Residence..... Date of Certificate ~

Gilbert Kirtley 1913

2. 72
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH. $\frac{387}{2}$
Physician's Certificate Preparatory to Burial.
Gobert Kirther
1. Name of decrased Autor, White
2. Sex Mach
5. Married or single
6. Date of death MAY 5 - 1913 7. Cause of death Summer in Barran River, accidently
8. Duration of last illness. G. & Angthek M. D. Coronor of Warm av .
Residence Bowling Green, Ky.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Student
10. Place of birth
11. Residence College St. Ward No. 2
12. Time of residence in the city 8 days.
13. When a minor Name of mother US, Nayay Nurry
Name of father
14. Place of intended interment Oustry, My.
15. Date of intended interment
GERARD & GERARD. Undertaker.
Date of Certificate MAT 5 1915 Residence Bowling Green, Ky

Harry J. Kissler

# 4 7 73 This Constitutes One Certificate to be Retu. ded to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Harry &, Riselan 2. Sex Mala 3. Color While 4. Age 16 yrs.
<ol> <li>Name of deceased</li> <li>Sex Math 3. Color White 4. Age 16 yrs.</li> <li>Married or single Single</li> <li>Date of death Mar. 24" 1908.</li> <li>Cause of death Culturnary Phthesis</li> </ol>
<ol> <li>Cause of death Julmonary Phthicis</li> <li>Duration of last illness Animal months</li> <li>Duration of last illness Animal months</li> <li>M. D.</li> </ol>
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Aashville Janne 11. Residence blay St. Ward No. 2
10. Place of birth   Markhullt     11. Residence   Mary St.     12. Time of residence in the city   Ward No.
<ol> <li>12. Time of residence in the city</li> <li>13. When a minor Name of mother.</li> <li>14. Place of intended interment.</li> <li>14. Place of intended interment.</li> </ol>
12. Time of residence in the city 13. When a minor { Name of mother. Mary & Misslew Name of father. Base, Risslew
<ol> <li>12. Time of residence in the city.</li> <li>13. When a minor Name of mother Mary E. Nisghu</li> <li>14. Place of intended interment.</li> <li>15. Date of intended interment.</li> <li>16. GERARD &amp; GERARD Undertaker.</li> </ol>

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 Mister 2. Sex Deman 3. Color while 4. Age # Dryp 5. Married or single Dingle 6. Date of death Sept 14 - 1899	
6. Date of death Str 14 - 1899 7. Cause of death Centrularow	
8. Duration of last illness Fincerys Alemphe, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth City	
11. Residence lechtes	
12. Time of residence in the City	
13. When a minor Name of Mother Mo Lister	
14. Place of intended interment Saint Juseph Cenu	ing
15. Date of intended interment 15 19	
Date of Certificate July 1. 121/99 Residence	

Joseph Frederick Kister 1906

75 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEATH. Burgh, Findrick Rister Single PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased 4. Age 71/2 Sex Mala 2. Married or single 5. 6. Date of death J 7. Cause of death 8. Duration of last illness Jow, W. Stone Residence Bowling Firms M. D. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Place of birth Bowling Residence Price pike 10. Ward No, 11. Time of residence in the City. Name of Mother Mus, Milder 12. Rista 13. When a minor Name of Father 14. Place of intended interment 4 15. Date of intended interment traid , Undertaker. Residence Date of Certificate\_

Sophia C. Kister 1909

76
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased lise Jophia Chiefy
2. Sex Hundle . 3. Color White . 4. Age 43 5. Married or Single Angle
6. Date of death fun 27-1909
7. Cause of death Julmonary Suburularis
8. Duration of last illness
Residence Lity,
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Cy 11. Residence Sawling here Ky Ward No
11. Residence   Sauvering Stelling   Ward No.     12. Time of residence in the city
13. When a minor Name of Mother
14. Place of intended interment Appen Curtury
15. Date of intended interment GEPAPD & CEDAPD
Date of Certificate Mul 28 Residence Ut

Mary Kitchen 1900

77	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 from many Kitchen	
2. Sexfemale. 3. Color While 4. Age 43 7- 5. Married or single manie	
6. Date of death Ang 21 1900 7. Cause of death Fightand French	
8. Duration of last illness BA Milliken M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth County	
11. Residence Contage RR	-
12. Time of residence in the City	
r3. When a minor Name of Mother	
14. Place of intended interment <u>Olq Uuron</u>	
15. Date of intended interment and EL	
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
1. Name of deceased Mrs. J. J. Mich. 2. Sex Farmed and 3. Color Whith 4. Age 37 yrs. 5. Married or Single Maurine
5. Married or Single
6. Date of death WW, 26 1911
7. Cause of death Peritonitis
8. Duration of last illness & days
J. W. Shore, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 60WLING GREEN, KY
11. Residence Ward No.
12. Time of residence in the city 37 400. (Name of Mother This Elizabeth action
Name of Mother this Epiabeth allaman
13. When a minor Name of Father Putralluman
St bracher barratury
14. Place of intended interment
14. Place of intended interment and 28"1911
all saman
15. Date of intended interment april 28" 1911
15. Date of intended interment apt, 28"1911 Junit & June , Undertaker.
15. Date of intended interment apt, 28"1911 Junit & June , Undertaker.
15. Date of intended interment april 28"1911 Junit & June , Undertaker.

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 Sathleen Elijobeth Hick
	Sexferiale 3. Color white 4. Age gmanth
	Married or single
	Date of death fine 11 180C
	Cause of douth this bolitie
8.	Duration of last illness 4 97
	M. Some M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth leng
11.	Residence Chestury 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
	Maway ayn Undertaker.
Date	e of Certificate Residence

Infant of Luella Knight 1905

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Interest Luella hight
1.	Name of deceased Infant Knight
2.	Sex
5.	Married or Single Junght
6.	Date of death Dip 18 0.3
7.	Cause of death Mulauw IJMM
8.	Duration of last illness
	J. W. DUNN, M. D
	Residence
	ar
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
0.	Place of birth City
1.	Residence 10 th St. Ward No. 2
2.	Time of residence in the city
	(Name of Mother Lurlla King ht
3.	When a minor Name of Father
4.	Place of intended interment Mt. Morial Cumrtuy
5.	Date of intended interment Stp. 29"05.
	Griald Frand Undertaker
Date	e of Certificate

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, Anipp 2. Sex Frences 3. Color While 4. Age 3 3	
5. Married or single Married 6. Date of death May 27/1900.	
7. Cause of death	
8, Duration of last illness, N. I	).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth	
11. Residence Scoth 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 Rever Church, Ha	rreal
14. Place of intended interment May 23" 1900. 15. Date of intended interment May 23" 1900. Junit Junit, Undertake	 er.
Date of Certificate May 23/1900. Residence	

Nannie Knipp 1913

т	89-
	RETURN OF A DEATH.
	1348
	Physician's Certificate Preparatory to Burial.
	Man Mannie Knicht
1.	Name of deceased Mors Manuar, Knipp Znipp Sex Funder 3. Color White 4. Age 43 yrs
2.	Sex January 3. Color. 4. Age.
5.	Married or single
6. 7	Date of death FEB 2.8 1913 Cause of death Albumennia
7. 8.	Duration of last illness
0.	M FABmygo M.D.
	Residence Bowling Green, Ky.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation American Ranfur Place of birth June
10.	Place of birth Janu .
11.	Residence Bowling Green, Ky. Ward No.
12.	Time of residence in the city
13.	When a minor { Name of mother
15.	When a minor Name of father
14.	Place of intended interment. Date of intended interment. Max 1" 1913.
15.	
	GERARD & GERARD. Undertaker.
Dat	te of Certificate FEB 2 8 1913 Residence Bowling Green, F

Sarah J. Knorpp 1913

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 Mrs. Sarah. C. Knorps. 2. Sex Famaly 3. Color White 4. Age 58 yrs.
2. Sex Thunder 3. Color MMUN 4. Age 58 gro.
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 -
Residence Dowling meen, My
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Hunturly
10. Place of birth Hunturky 11. Residence Mar Bowling Tran, Ward No.
12. Time of residence in the city
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Fairview Cemetery
15. Date of intended interment JAN 8 - 1913
GERARD & GERARD. , Undertaker.
GERARD & CERARD
GERARD & GERARD., Undertaker.
GERARD & GERARD., Undertaker.

Kirk Knuckle 1912

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 Sex mark 3. Color... 2. 5. Married or single..... 6. Date of death ..... 7. Cause of death ..... 8. Duration of last illney Μ. Residence. Undertaker's Certificate in Relation to Deceased. 9. Occupation .. Place of birth. 10. Residence 11. Ward No. Time of residence in the city ..... 12. When a minor Name of mother... 13. Name of father 14. Place of intended interment..... 15. Date of intended interment .....Undertaker. Date of Certificate. Residence.. milation

Joe Kofer 1896

977 3	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 for Cofer 2. Sex male 3. Color white 4. Age 22 yre 5. Married or single Single 6. Date of Death life - 31 - 1896 7. Cause of Death Line Shot would 8. Duration of last Illness One work	7
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Causeman	
10. Place of Birth New York State 11. Residence Mach rifle Pike Ward No. 125	
12. Time of Residence in the City The frame 13. When a Minor {	
Name of Father	
14. Place of intended Interment Harmer Lem 15. Date of intended Interment Jan - 1-1897	
The Luci Bro, Undertaker.	
Date of Certificate Jan -1 Residence	

Caroline M. Kuykendall 1897

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

1005 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.
1. Name of deceased Carofine M. Kuykenfall 2. Sex female 3. Color Bell 4. Age 57 5. Married or single Window 6. Date of Death April 19th 19th 7. Cause of Death April 19th 19th 8. Duration of last Illness M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
12. Time of Residence in the City
13. When a Minor Name of Father
14. Place of intended Interment Mr. Mariah
15. Date of intended Interment, abuil 20194, Sevand ay Orb, Undertaker.
Date of Certificate Apt. 1977 Residence
Ollie Kuykendall 1909

87 This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. OF A DEATH. RETURN PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased 3. Color Age Sex finale. 2. Married or single. 5. 6. Date of death 7. Cause of death .. 8. Duration of last illness Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth .. Ward No, Residence her 11. neu Time of residence in the City. 12. Name of Mother When a minor 13. Name of Father 14. Place of intended interment 15. Date of intended interment Wndertaker. Residence Date of Certificate ....

Virgil Kuyendall 1913

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 3. Color Cal Sex mall. 2. 4. Age ... Married or Single Mult 1C 5. arch Date of death ...... 6. meumona Cause of death ..... 7. days 15 Duration of last illness .... 8. Residence 01 Undertaker's Certificate in Relation to Deceased. 9. Occupation .... 2211 10. Place of birth Sulle Ca. Residence Co 11. Ward No .. 12. Time of residence in the city. Cloury Name of Mother .... 13. When a minor 5 Tus Name of Father... 14. Place of intended interment 15. Date of intended interment ..... 13. na Franchall, Undertaker. Date of Certificate\_ Mare Residence ..... con. 5