


1877

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Mrs. John Laffler 1903

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Mrs. John Laffler*
2. Sex *Female* 3. Color *White* 4. Age *60 yrs.*
5. Married or single *Married*
6. Date of death *Mar 23" 1903*
7. Cause of death *Heart Disease*
8. Duration of last illness *3 wks*
T. H. Stone, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *England*
11. Residence _____ Ward No. *3rd*
12. Time of residence in the City. *12 years*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Mar. 24" 1903*
Guard & Guard, Undertaker.
Date of Certificate *Mar. 23" 1903*, Residence *City*

Gertrude Lallah 1905

2

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

RETURN OF A DEATH.

Lallah
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Gertrude Lallah
2. Sex female 3. Color Black 4. Age 23 y
5. Married or single single
6. Date of death July 5 1905
7. Cause of death Bright disease with heart complication
8. Duration of last illness long time
Miss Briggs, M. D.
Residence 10

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Cincinnati
11. Residence 7th St & Centre & 14y Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment County ground
15. Date of intended interment July 8 1905
W. H. [Signature], Undertaker.
Date of Certificate _____ Residence _____

Maimie Lallah

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 *Maimie Lallah*
 2. Sex *female* 3. Color *Black* 4. Age *17 yrs*
 5. Married or single *single*
 6. Date of death *Sept - 10 - 1903*
 7. Cause of death *Tuberculosis*
 8. Duration of last illness *months*
 _____, M. D.
 Residence *P*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *city*
 11. Residence *Cor Church & Payne St* Ward No. _____
 12. Time of residence in the City. *life*
 13. When a minor { Name of Mother *Mollie Lallah*
 Name of Father *Windsay Lallah*
 14. Place of intended interment *Mt Auburn Cem*
 15. Date of intended interment *Sept 11 1903*
 _____, Undertaker.
 Date of Certificate _____ Residence _____

James Lally 1900

34f 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 Lally, Lally
 2. Sex Male 3. Color White 4. Age 88
 5. Married or single Widower
 6. Date of death Apr 20th 1900
 7. Cause of death Senile Gangrene
 8. Duration of last illness One month
Abright, M. D.
 Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
 10. Place of birth Ireland
 11. Residence 10th 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 Apr 21/1900
Gayard / Guard, Undertaker.
 Date of Certificate Apr 21/1900 Residence _____

Child of John Lally 1904

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 Child of John Lally
2. Sex White 3. Color White 4. Age
5. Married or Single Single
6. Date of death July 23, 1904
7. Cause of death Still Born
8. Duration of last illness
S. O. Sabal, M. D.
Residence City

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth City
11. Residence 2nd Street Ward No. 2
12. Time of residence in the city
13. When a minor Name of Mother Mrs John Lally
Name of Father John Lally
14. Place of intended interment St. Josephs Cemetery
15. Date of intended interment July 24 - 1904
Garard & Garard, Undertaker.
Date of Certificate July 24, 1904 Residence

Lucy Lancaster 1899

~~4~~ *County Grounds* 6

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 *Miss Lucy Lancaster*

2. Sex *female* 3. Color *white* 4. Age *48 yrs*

5. Married or single *married*

6. Date of death *June 21 1899*

7. Cause of death *Diarrhoea*

8. Duration of last illness *Two Weeks*

W.R.F. *W.R. Francis*, M. D.

Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Acme Ky*

11. Residence *High St. East* Ward No. *2*

12. Time of residence in the City *6 months*

13. When a minor } Name of Mother _____
 } Name of Father _____

14. Place of intended interment *Country*

15. Date of intended interment *June 22 1899*

J. Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Child of Sallie Lancaster 1903

7

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Sallie Lancaster*
 2. Sex 3. Color *White* 4. Age *3 yrs.*
 5. Married or single *Single*
 6. Date of death *Oct 11, 1903.*
 7. Cause of death *Diphtheria*
 8. Duration of last illness
Francis *W.R. Francis* M. D.
 Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *City*
 11. Residence *Gilbert* Ward No. *3*
 12. Time of residence in the City
 13. When a minor { Name of Mother *Sallie Lancaster.*
 Name of Father
 14. Place of intended interment *Thomas. Leava yard Warren Co.*
 15. Date of intended interment *Oct 11, 1903*
Guard and Guard Undertaker.
 Date of Certificate *Oct 11, 1903.* Residence *City*

Albert Lands 1892

435 8

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Albert Lands*

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

5. Married or Single *Single*

6. Date of Death *Aug 10 "192*

7. Cause of Death *Spotted Fever*

8. Duration of last Illness *Multiple & persistent* M. D.

Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation

10. Place of Birth *City*

11. Residence *10th street* Ward No. *4th*

12. Time of Residence in the City *3 yrs.*

13. When a Minor.) Name of Mother *Mrs. Mary Jane*
) Name of Father *Chas.*

14. Place of intended Interment *St Joseph's Cem.*

15. Date of intended Interment *Aug 11 "192*

F. C. Leonard, Undertaker.

Date of Certificate Residence

Child of Ben F. Lane 1900

23 9

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 Ben F. Lane,*
2. Sex *Female* 3. Color *White* 4. Age *6 yrs*
5. Married or single *Single*
6. Date of death *Mar. 30" 1900.*
7. Cause of death *Inflammation of Liver*
8. Duration of last illness

J. E. Meredith, M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *Bowling Green Ky*
11. Residence *H. Mann Street* Ward No. *3rd*
12. Time of residence in the City
13. When a minor } Name of Mother *Mrs Ben F. Lane*
 } Name of Father *Ben F. Lane*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Mar 31" 1900.*

Date of Certificate *Mar 31, 1900* Residence *City* Undertaker. *Guard and Guard*

Ethel Langly 1896

Out of town 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 *Ethel Langly*

2. Sex *Female* 3. Color *White* 4. Age *5 yrs*

5. Married or single *single*

6. Date of Death *March 1"/1896*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *Two weeks*

C. Minstead, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence *Clay Street* Ward No. *4*

12. Time of Residence in the City _____

13. When a Minor } Name of Mother *Mrs C. G. Langly*
 } Name of Father *C. G. Langly*

14. Place of intended Interment *South Carleton Ky*

15. Date of intended Interment *Mar 5"/1896*

J. C. Guard & Bro, Undertaker.

Date of Certificate *Mar 4"/96* Residence _____

Julia Lanner 1878

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Julia Lanner Lanner?*
2. Sex *Female* . 3. Color *White* . 4. Age *Six Months*
5. Married or Single _____
6. Date of Death *March 5 1878*
7. Cause of Death *Inflammation of the Brain*
8. Duration of last Illness *Three weeks*
R. C. Thomas, M. D.
Residence _____

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 _____
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____
_____, Undertaker.
Date of Certificate _____ . Residence _____

Democrat Print.

Child of W. Y. Permia Lark 1909

12

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

RETURN OF A DEATH.

664

Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of W Y Lark
 2. Sex Male 3. Color White 4. Age 1 year
 5. Married or Single Single
 6. Date of death July 13 1909
 7. Cause of death Cholera Infantum
 8. Duration of last illness _____
 _____, M. D.
 Residence City

Undertaker's Certificate in Relation to Deceased.

9. Occupation None
 10. Place of birth Pauling Green Ky
 11. Residence Pattagr RR Ward No. _____
 12. Time of residence in the city 2 months
 13. When a minor { Name of Mother Mrs Permia Lark
 Name of Father W Y Lark
Fairview Cemetery
 14. Place of intended interment _____
 15. Date of intended interment July 14 1909
GERARD & GERARD, Undertaker.
 Date of Certificate July 13-09 Residence City

Child of Auther & Annie Larrence 1907

13

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

RETURN OF A DEATH.

276

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

- 1. Name of deceased *Child Auther Larrence*
- 2. Sex *Female* 3. Color *black* 4. Age *1 day*
- 5. Married or single
- 6. Date of death *July 22 / 07*
- 7. Cause of death *Premature delivery*
- 8. Duration of last illness

of Auther Annie

O. S. Folbe, M. D.
Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
- 10. Place of birth *Bowling Green*
- 11. Residence *2 2nd St.* Ward No. *2*
- 12. Time of residence in the City. *life*
- 13. When a minor { Name of Mother *Annie Larrence*
Name of Father *Auther Larrence*
- 14. Place of intended interment *Pauper yard*
- 15. Date of intended interment *July 23 - 07*

J. E. Kuykendall Undertaker
Date of Certificate *July 22-07* Residence *Cor. 7-
College St.*

James Larrence 1909

603

14

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased James Larrence
2. Sex male 3. Color deal 4. Age 18
5. Married or single Single
6. Date of death march 27 - 1909
7. Cause of death Mitral Resurgitation
8. Duration of last illness four months
Residence O. D. Fisher, M. D.
Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer
10. Place of birth Warren Co.
11. Residence Main St. Ward No. 7
12. Time of residence in the City. 7 or 8 years
13. When a minor { Name of Mother _____
Name of Father Quintis Larrence
14. Place of intended interment mt. mariah cemetery
15. Date of intended interment march 29 - 1909
J. E. Mykindall Undertaker.
Date of Certificate mar 29 - 09 Residence _____
J. E. Mykindall

Jane Ann LaRue 1901

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 *Mrs. Jane Ann La Rue*
 2. Sex *Female* 3. Color *White* 4. Age *83 yrs.*
 5. Married or single *Widow*
 6. Date of death *March, 19th 1901.*
 7. Cause of death *Exhaustion from Influenza*
 8. Duration of last illness *Three weeks*
Tom W. Stone, M. D.
 Residence *College St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence *High 813th Street* Ward No. *1*
 12. Time of residence in the City. *14 yrs.*
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Elizabethtown Ky.*
 15. Date of intended interment *Mar 20th 1901.*
Gerard and Gerard, Undertaker.
 Date of Certificate *Mar 19/1901.* Residence _____

Tyler A. Laswell 1912

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 Tyler A. Laswell
 2. Sex Male 3. Color White 4. Age 53 yrs.
 5. Married or single Single
 6. Date of death Mar 24 1912.
 7. Cause of death Pneumonia
 8. Duration of last illness 1 wk.
 Physician T. W. Stone M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Kentucky
 11. Residence Louisville Park 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 25 1912
GERARD & GERARD. Undertaker.
 Date of Certificate MAR 25 1912 Residence.....

Delia Law 1882

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 *Delia Law*
 2. Sex *Female* . 3. Color *White* . 4. Age *18*
 5. Married or Single *Married*
 6. Date of Death *Dec 7th 1882*
 7. Cause of Death *Consumption*
 8. Duration of last Illness *Seven months*
- H. D. Cortwright* , M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Brown Co*
 11. Residence *Clay St* . Ward No *3^d*
 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 *Dec 7th 1882*
F. C. Brown , Undertaker.
- Date of Certificate *Dec 7th 82* . Residence _____

Democrat Job Print

Elijah Law 1901

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 *Elijah Law*
 2. Sex *Male* 3. Color *White* 4. Age *64 yrs*
 5. Married or single *widow*
 6. Date of death *July 24 1901*
 7. Cause of death *Heart Failure*
 8. Duration of last illness _____
B. Cullen *B. Cullen Coroner M.D.*
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence *Lower Main 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 *Fairview Cem*
 15. Date of intended interment *July 26 1901*
L. Hawley Payne, Undertaker.
 Date of Certificate _____ Residence _____

Fannie Ethel Law 1892

415 19

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Fannie Ethel Law
2. Sex Female . 3. Color White . 4. Age 18 mos
5. Married or Single —
6. Date of Death Jun-17th 92
7. Cause of Death Diph
8. Duration of last Illness _____
B. H. Milliken, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation —
10. Place of Birth City
11. Residence Elm Street - Ward No. 1st
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother Fannie Law
 } Name of Father Thomas
14. Place of intended Interment Farrow Court
15. Date of intended Interment June 18th 1892
H. C. Green, Undertaker.
Date of Certificate Jun 17th 92 Residence _____

Harry Law 1893

578 20

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased Harry Law
2. Sex Male . 3. Color white. 4. Age 23 yrs
5. Married or Single Single
6. Date of Death Dec 31 1893
7. Cause of Death _____
8. Duration of last Illness Consumption
J. F. Duncan, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth City
11. Residence Hape . Ward No. 3
12. Time of Residence in the City life
13. When a Minor.) Name of Mother _____
) Name of Father _____
14. Place of intended Interment Fairview Cem
15. Date of intended Interment Jan 1 1894
Robert Payne, Undertaker.
Date of Certificate _____ . Residence _____

John Lawrence 1908

21

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

RETURN OF A DEATH.

394

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Lawrence
2. Sex Male 3. Color White 4. Age 31-
5. Married or single Married
6. Date of death July - 22 - '08
7. Cause of death Typhoid Fever
8. Duration of last illness 23 days
Jno. H. Blackburn M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation R.R. Fireman
10. Place of birth Canada
11. Residence Clay bet 10th & 11th Ward No. _____
12. Time of residence in the City 3 months
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Yuba Mich
15. Date of intended interment _____
F. Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

Angy Lawson 1894

22

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 *Miss Angy Lawson.*

2. Sex *Female* 3. Color *White* 4. Age *35 yrs.*

5. Married or single *Single*

6. Date of Death *Oct. 1st 1894.*

7. Cause of Death *Consumption*

8. Duration of last Illness *1 year*

A. P. Colwright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Edmonson Co. Ky.*

11. Residence *College street* Ward No. *2nd*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Smiths Grove Ky.*

15. Date of intended Interment *Oct. 3rd 1894.*

F. C. Guard, Undertaker.

Date of Certificate *Oct 2/94.* Residence _____

Cary Lawson 1912

23

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

RETURN OF A DEATH.

1234

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Cary Lawson
 2. Sex Female 3. Color white 4. Age 38 yrs
 5. Married or single Single
 6. Date of death August 23^d 1912
 7. Cause of death Typhoid Fever with cardiac renal comp
 8. Duration of last illness one month and 15 days
- John F. South, M. D.
Residence 1116 State Street

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation at Home
 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 _____
Name of Father _____
 14. Place of intended interment Farmers Corn
 15. Date of intended interment Aug 24 1912
- Enoch Kelley, Undertaker.
- Date of Certificate _____ Residence B. S. Ky

Jesse Lawson 1896

908 24

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Jesse J Lawson

2. Sex man 3. Color white 4. Age 8 mo

5. Married or single _____

6. Date of Death July 7 1886

7. Cause of Death Rickets

8. Duration of last Illness 4 months

a. b. m. _____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth city

11. Residence 10th St Ward No. 1

12. Time of Residence in the City life

13. When a Minor } Name of Mother Sallie C Lawson
 } Name of Father Alex R Lawson

14. Place of intended Interment Fairview Cem

15. Date of intended Interment July 7 1886

Prather & Payne, Undertaker.

Date of Certificate _____ Residence _____

Lizzie Leffler 1907

357 25

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Lizzie Leffler*

2. Sex *Female* 3. Color *White* 4. Age *45 yrs.*

5. Married or single *Married*

6. Date of death *Dec 4" 1907.*

7. Cause of death *Cancer*

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 *LOUISVILLE, KY.*

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 *St. Josephs Cemetery*

15. Date of intended interment *Dec 6" 1907*

GERARD & GERARD, Undertaker.

Date of Certificate *Dec 5/07* Residence *BOWLING GREEN, KY*

Tessa Leffler 1893

26

521

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. Tessa Leffler*

2. Sex *Female* 3. Color *White* 4. Age *65 yrs.*

5. Married or single *married*

6. Date of Death *June 16/1933*

7. Cause of Death *Chronic Gastritis*

8. Duration of last Illness _____

A. H. Murphy, M. D.

Residence *B. Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence *River Pike* Ward No. *4th*

12. Time of Residence in the City _____

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

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

15. Date of intended Interment *June 17/1933*

A. W. Grand Undertaker

Date of Certificate *June 17/1933* Residence _____

Susan Legrand 1878

27

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 *Susan Legrand Legrand*
2. Sex *Female*. 3. Color *White*. 4. Age *68*
5. Married or Single *Widow*
6. Date of Death *June 17th 1878*
7. Cause of Death *Cancer*
8. Duration of last Illness *Several years*
(No Physician in attendance)
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Sewing*
10. Place of Birth _____
11. Residence *Elm Flat, MecSt Ward No. 3rd*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *June 18th 78*
W. Strickle & Bro., Undertaker.
Date of Certificate *June 18th 78*. Residence *State St*
Bowling Green Ky

Democrat Print.

Ada J. Leland 1879

28

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Ada J. Leland*
2. Sex *Female* 3. Color *White* 4. Age *20 years*
5. Married or Single *Single*
6. Date of Death *Aug. 9th 1879*
7. Cause of Death *Typhus Fever*
8. Duration of last Illness *11 days*

W. H. Blakely, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.
Date of Certificate Residence

Democrat Print.

Thomas Lennox 1903

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 *Thomas Lennox* *Lennox*
 2. Sex *Male* 3. Color *White* 4. Age *abt 45 yrs*
 5. Married or single *Not known*
 6. Date of death *Jan 15 - 1903*
 7. Cause of death *Scourge*
 8. Duration of last illness _____
 _____, M. D.
 Residence *D. Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence *City Hospital* 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 *Fairview Cemetery*
 15. Date of intended interment *Jan 15 " 1903*
Guard and Guard, Undertaker.
 Date of Certificate *Jan. 15/1903* Residence _____

Charles B. Lestergett 1878

30

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 *Charles B. Lestergett*
2. Sex ~~Female~~ . 3. Color *white* . 4. Age *9 months*
5. Married or Single *Married*
6. Date of Death *Dec 20th 1878,*
7. Cause of Death *Rutty*
8. Duration of last Illness _____

_____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Nashville*
11. Residence *Green* . Ward No. *2*
12. Time of Residence in the City *Five weeks*
13. When a Minor { Name of Mother *M C Lestergett*
Name of Father *C B Lestergett*
14. Place of intended Interment *Yarmen*
15. Date of intended Interment *Dec 2th*

_____, Undertaker.
Date of Certificate _____ . Residence _____

Democrat Print.

Angeline Levey 1906

31

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

RETURN OF A DEATH.

119

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Angeline Levey*
 2. Sex *Female* 3. Color *White* 4. Age *1 yr.*
 5. Married or single *Single.*
 6. Date of death *OCT 24 1906*
 7. Cause of death *Intoxication*
 8. Duration of last illness
H.P. Sartwright, 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* *BOWLING GREEN, KY* Ward No.
 12. Time of residence in the City. *1 yr.*
 13. When a minor { Name of Mother *Mrs. Ben Levey*
 Name of Father *Ben Levey*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *OCT 25 1906*
GERARD & GERARD, Undertaker.
 Date of Certificate *OCT 25 1906* Residence *BOWLING GREEN, KY*

Elizabeth Lewis 1910

32-1

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

RETURN OF A DEATH.

839

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Elizabeth Lewis
- 2. Sex Female 3. Color white 4. Age 11 months
- 5. Married or Single Single
- 6. Date of death June 2 1910
- 7. Cause of death
- 8. Duration of last illness

, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation Inf
- 10. Place of birth
- 11. Residence Clarksville Tenn Ward No.
- 12. Time of residence in the city
- 13. When a minor { Name of Mother Mrs Lewis
Name of Father Mr 11
- 14. Place of intended interment Fairview Cem
- 15. Date of intended interment June 4 1910
W. E. Smith-Kelly, Undertaker.
- Date of Certificate June 4 1910 Residence Bell Ky

Elizabeth Lewis 1910

32-2

These Certificates must be presented to the local Board of Health for Approval and then sent by the Shipping Agent to the General Baggage Agent of the initial line, and by him to the Secretary of the State Board of Health.

(Duplicate) TRANSIT PERMIT No.

Railroad.

TRANSPORTATION OF CORPSE.

TENNESSEE STATE BOARD OF EMBALMERS
PHYSICIAN'S OR CORONER'S CERTIFICATE

Name of Deceased Elizabeth Lewis Date of Death June 2-10 1910
(If minor, give parents' name also.)

Hour of Death 12 M. Age Years Months 11 Days 18

Place of Death Clarksville Tenn Main street

Cause of Death By Striking

I hereby certify that the above is true to the best of my knowledge and belief.

Residence Clarksville Tenn County of Montgomery State of Tenn M. D. or Coroner.

PERMIT OF LOCAL BOARD OF HEALTH.

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the City of Clarksville County of Mont Tennessee

State of Tennessee on the 4 day of June 1910

Permission is hereby given T. B. McReynolds holder of Embalmer's License No. 54

to remove for burial at Bowling Green in the county of

State of Ky the body of Elizabeth Lewis

who died at Clarksville County of Mont State of Tenn

on the 2 day of June 1910 Aged Years Months 11 18 Days

and is hereby authorized to accompany said remains.

Signed R. B. Mason Health Officer or Sec'y Board of Health.

RULE 1. The transportation of bodies dead of small-pox, or bubonic plague is absolutely forbidden.

Transit Permit No.

CERTIFICATE OF UNDERTAKER.

I hereby certify that the accompanying dead body of Elizabeth Lewis
(If a minor, give parents' name also.)

Consigned to Bowling Green in the County of State of Ky

and who died of has been prepared by me and strictly in accordance with Rules of the Tennessee State Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the back of this Permit, and I further certify that I hold an Embalmer's License (No. 54) issued by said State Board.

T. B. McReynolds Shipping { U / E.

Residence Clarksville Tennessee

Ellen Lewis

33

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Ellen Lewis - Lewis*
 - 2. Sex *Girl* . 3. Color *Blk* . 4. Age *2 years*
 - 5. ~~Married~~ or Single
 - 6. Date of Death *July 9*
 - 7. Cause of Death *Tuberculosis*
 - 8. Duration of last Illness *Long time*
- McElroy*, M. D.
Residence *Blyden*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Democrat Print.

Emily F. Lewis 1891

263

34

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Emily*
Miss Emily F. Lewis
 2. Sex *Female* 3. Color *White* 4. Age *71 years*
 5. Married or Single *Widow*
 6. Date of Death *July 15" / 1891.*
 7. Cause of Death *Heart disease*
 8. Duration of last Illness *seven months*
Milliken & Merrett M.D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Columbia Kentucky*
 11. Residence *Main Street* Ward No. *4th*
 12. Time of Residence in the City *few years*
 13. When a Minor. } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *Fairview Cemetery*
 15. Date of intended Interment *July 17" / 1891.*
J. C. Stewart, Undertaker.
 Date of Certificate *July 16 / 91.* Residence *City.*

Essie Mae Lewis 1912

35

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

RETURN OF A DEATH.

1225

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Essie Mae Lewis
2. Sex Female 3. Color White 4. Age 1 yr
5. Married or single _____
6. Date of death July 24 1912
7. Cause of death Colic
8. Duration of last illness 2 weeks

E. N. Hall., M. D.
Residence Bandy, Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Warren Co
11. Residence " " Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother Essie Lewis
Name of Father Yugil "
14. Place of intended interment Farmers Corn
15. Date of intended interment July 25 1912
Kessick Kelly, Undertaker.
Date of Certificate _____ Residence B. H. M.

Herman Pope Lewis 1910

36

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

RETURN OF A DEATH.

927

Physician's Certificate Preparatory to Burial.

1. Name of deceased Herman Pope Lewis
 2. Sex Male 3. Color White 4. Age 13 yrs.
 5. Married or Single Single
 6. Date of death Oct. 31 1910.
 7. Cause of death Accident by Street Car.
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Scottsville Ky.
 11. Residence Broadway Ward No. 1
 12. Time of residence in the city 15 yrs.
 13. When a minor { Name of Mother Mrs. J. S. Lewis
 Name of Father J. S. Lewis
 14. Place of intended interment Harvick Cemetery
 15. Date of intended interment Nov. 2 1910
Edward J. Jansard, Undertaker.
 Date of Certificate Nov. 1 1910 Residence _____

Isaiah Lewis 1910

37

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

RETURN OF A DEATH.

930

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Isaiah Lewis*
 2. Sex *Male* 3. Color *White* 4. Age *81 yrs.*
 5. Married or Single *Married*
 6. Date of death *Nov 16" 1910.*
 7. Cause of death *Bright's Disease*
 8. Duration of last illness *Several weeks*
 _____, M. D.
 Residence *City*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Farmer & Banker*
 10. Place of birth *Simpson County*
 11. Residence *Collins St.* Ward No. *3*
 12. Time of residence in the city *18 Months*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Franklin Ky*
 15. Date of intended interment *Nov 17" 1910.*
 _____, Undertaker.
 Date of Certificate *Nov. 17/1910.* Residence _____

J. O. Lewis 1908

38

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

RETURN OF A DEATH.

433

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. O. Lewis
 2. Sex Male 3. Color White 4. Age 71 yrs.
 5. Married or single Married
 6. Date of death Apr. 5 " 1908.
 7. Cause of death Killed by Electricity
 8. Duration of last illness Low. H. Stom. M. D.
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
 10. Place of birth Warren County
 11. Residence Nashville Pike Ward No.
 12. Time of residence in the city
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Apr. 7 " 08
GERARD & GERARD Undertaker.
 Date of Certificate Apr 6 " 08 Residence BOWLING GREEN, KY

Josie Lewis 1904

39

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

RETURN OF A DEATH.

1904

Physician's Certificate Preparatory to Burial.

1. Name of deceased Josie Lewis Lewis
 2. Sex female 3. Color white 4. Age 42 yrs
 5. Married or single married
 6. Date of death April - 3 - 1904
 7. Cause of death Pulmonary Tuberculosis
 8. Duration of last illness 16 months
Dr. Dowell Cinderella Dowell M. D.

Residence city

Undertaker's Certificate in Relation to Deceased.

9. Occupation —
 10. Place of birth Warren County
 11. Residence mass elevator Ward No. —
 12. Time of residence in the city not at all
 13. When a minor { Name of mother —
 { Name of father —
 14. Place of intended interment Fairview Cem
 15. Date of intended interment April 7 1904
Harvey Payne Undertaker.

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

Martha Bell Lewis 1907

40-1

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 *Martha Bell Lewis*
- 2. Sex *Female* 3. Color *white* 4. Age *14 1/2*
- 5. Married or single *single*
- 6. Date of death *May - 14 - 1907*
- 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 *Clarksville Tenn*
 - 11. Residence *Clarksville Tenn* Ward No.....
 - 12. Time of residence in the city.....
 - 13. When a minor { Name of mother *Lena Lewis*
 { Name of father *Henry B. Lewis*
 - 14. Place of intended interment *Fairview Cemetery*
 - 15. Date of intended interment *May - 15 - 1907*
- Harvey Payne* Undertaker.

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

Martha Bell Lewis 1907

TRANSPORTATION OF CORPSE.

Transit Permit No. 126
(Give Station No.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased Martha Bell Lewis Date of death May, 14th.
(If a minor, give parent's name also.)

Hour of death 2/30 P. M. Age 11 Years Months ----- Days ---

Place of death Clarksville, Tenn. Cause of death Enterocolitis
which is Not a Non-Communicable disease.
(Communicable or Non-Communicable.)

I hereby certify that the above is true to the best of my knowledge and belief.

A. J. Runyan M. D. or Coroner.

Residence Clarksville, Tenn. County of Montgomery State of Tenn?

PERMIT OF LOCAL BOARD OF HEALTH.

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the City of Clarksville, County of Montgomery,
(City or Township)

State of Tennessee, on the 14th. day of May, 1907

Permission is hereby given T. E. McReynolds Undertaker or Embalmer,
to remove for burial at Bowling-Green, in the County of -----

State of Ky. the body of Martha Bell Lewis
who died at Clarksville, County of Montgomery State of Tenn.
on the 14th. day of May, 1907 Aged 11 years 11 Months --- Days,
and H. E. Lewis is hereby authorized to accompany said remains.

(SEAL.) Signed R. B. Macdon Health Officer.

These Duplicate Certificates must be presented to the Local Board of Health for Approval and then sent by the Shipping Agent to the General Baggage Agent of the Initial line, and by him to the Secretary of the State Board of Health.

Rebeka Lewis 1907

41

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 Rebeka Lewis
 2. Sex female 3. Color black 4. Age 58 yrs
 5. Married or single single
 6. Date of death Feb 2 - 07
 7. Cause of death Stone in Kidney
 8. Duration of last illness 3 weeks
G. E. Huddle, M. D.
 Residence 1028 Park

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeeper
 10. Place of birth Sharrin co.
 11. Residence 6 st. Ward No. 3
 12. Time of residence in the City 30 years
 13. When a minor { Name of Mother Jane Lewis
 Name of Father -
 14. Place of intended interment Mt. Mariah Cem.
 15. Date of intended interment Feb. 3 - 07.
J. E. Skypendall, Undertaker.
 Date of Certificate Feb 3 07 Residence corner
7 & College st

Thomas Liebold 1892

394 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 *Thos Liebold, Liebold*
2. Sex *Male* 3. Color *White* 4. Age *44 yrs*
5. Married or Single *Married*
6. Date of Death *Mar. 29/1892.*
7. Cause of Death *Nervous prostration*
8. Duration of last Illness *Two weeks*
J. F. McElroy, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Germany*
11. Residence *Portage Rail Road* Ward No. *4th*
12. Time of Residence in the City *Thirty years*
13. When a Minor. } Name of Mother
 } Name of Father
14. Place of intended Interment *St. Josephs Church.*
15. Date of intended Interment *Mar 30 '92.*
Frank W. Gardner, Undertaker.
Date of Certificate *Mar 29/92.* Residence *City.*

Monroe Lightfoot 1899

~~75~~ 111

431

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 Monroe Lightfoot
 2. Sex male 3. Color white 4. Age 15 yrs
 5. Married or single Single
 6. Date of death Dec 26 - 1899
 7. Cause of death Gun shot wound in Abdomen
 8. Duration of last illness Two days
 J. L. Bass, M. D.
 Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
 10. Place of birth Warren Co. Plano Ky
 11. Residence Portage Railroad Ward No. 3rd
 12. Time of residence in the City One year
 13. When a minor } Name of Mother Lightfoot
 } Name of Father Wm " "
 14. Place of intended interment Fairview Cem
 15. Date of intended interment Dec - 27 - 1899
Shard Shard Undertaker.
 Date of Certificate Dec 27/99 Residence _____

Monroe Lightfoot 1899

110 43-2

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Monroe Lightfoot
2. Sex Male 3. Color White 4. Age 15 years
5. Married or single Single
6. Date of death Dec. 26/99
7. Cause of death Gunshot wounds
8. Duration of last illness _____

J. L. Paul, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Warrensburg, Mo.
11. Residence Portage R.R. Ward No. 3
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Gairview
15. Date of intended interment Dec. 27-99
Garard & Garard, Undertaker.
Date of Certificate Dec 26/99 Residence _____

W. S. Lightfoot 1910

44

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

RETURN OF A DEATH.

906

Physician's Certificate Preparatory to Burial.

1. Name of deceased W S Lightfoot
 2. Sex Male 3. Color White 4. Age 58
 5. Married or Single Married
 6. Date of death Oct 1 1910
 7. Cause of death Organic Heart Disease
 8. Duration of last illness _____
 _____, M. D.
 Residence Bowling Green
191

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren county
 11. Residence Bowling Green Ky Ward No. _____
 12. Time of residence in the city 16 yrs
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Farmers union
 15. Date of intended interment Oct 2 1910
Emack & Kelly, Undertaker.
 Date of Certificate _____ Residence Bowling Green

Carl Lilard 1906

45

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 *Carl Lilard*
2. Sex *male* 3. Color *black* 4. Age *16 yrs*
5. Married or single *single*
6. Date of death *June 16th 1906*
7. Cause of death *Drowning*
8. Duration of last illness *all at once*
Jno E Gray M. D.
Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Bowling Green*
11. Residence *College St* Ward No. *1*
12. Time of residence in the city *16 yrs*
13. When a minor { Name of mother *Mrs Lilard*
Name of father *Joe Lilliard*
14. Place of intended interment *Mt. Moriah Cemetery*
15. Date of intended interment *June 17 - 1906*
J. E. Keykendall Undertaker.
Date of Certificate *June 16 - 1906* Residence *College*
St

Catherine Lillard 1878

40

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Catherine Lillard*

2. Sex *Female* . 3. Color *Black* . 4. Age *17 years*.

5. Married or Single *Single*

6. Date of Death *Dec 25th*

7. Cause of Death *Consumption*

8. Duration of last Illness *12 months*

No Physicians, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Bowling Green*

11. Residence *Sumner Street* . Ward No. *2*

12. Time of Residence in the City

13. When a Minor { Name of Mother *Julia Lillard*
Name of Father *James* "

14. Place of intended Interment *Col Cemetery*

15. Date of intended Interment *Dec 26th*

Jos. Cleveland, Undertaker.

Date of Certificate *Dec 25th 78* Residence

Democrat Print.

Charles Livingston Lillard 1881

19 47

This Constitutes ONE CERTIFICATE to be ... for a BURIAL PERMIT

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Charles Livingston Lillard*
2. Sex *male* 3. Color *Black* 4. Age *18 mos*
5. Married or Single *0*
6. Date of Death *Aug 11th 1881*
7. Cause of Death *Cholera Infantum*
8. Duration of last Illness *0*

J. J. Parsons, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bluen*
11. Residence *Summer Street* - Ward No *2nd*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Bill Lillard*
Name of Father *Joe* "
14. Place of intended Interment *Col Cent*
15. Date of intended Interment *Aug 12th 1881*
A. Edwards, Undertaker.
Date of Certificate *Aug 12th 81* Residence _____

Democrat Job Print

James Lillard 1911

48

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

RETURN OF A DEATH.

1126

Physician's Certificate Preparatory to Burial.

1. Name of deceased James Lillard
 2. Sex Male 3. Color Black 4. Age 79 yrs.
 5. Married or single Widower
 6. Date of death Dec. 25" 1911.
 7. Cause of death Pneumonia
 8. Duration of last illness 6 days

E. N. Hall M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Bowling Green Ky
 11. Residence 429 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 Wt. Moriah Cemetery
 15. Date of intended interment Dec. 27" 1911

GERARD & GERARD Undertaker.
 Date of Certificate Dec. 26/1911 Residence _____

Luencia Lillard 1881

49

9

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

RETURN OF A DEATH.

Luencia Lillard
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Luencia Lillard*
2. Sex *Female* 3. Color *Black* 4. Age *14 years*
5. Married or Single *Single*
6. Date of Death *July 3rd 1881*
7. Cause of Death *Scrophula*
8. Duration of last Illness *since birth*

Residence *No Physician, M. D.*
By health officer

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Bowling Green Ky*
11. Residence *Summit Street* Ward No *2*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Julia Lillard*
Name of Father *James "*
14. Place of intended Interment *Cal Cem*
15. Date of intended Interment *July 4th 1881*

W. H. Johnson, Undertaker.

Date of Certificate *July 4th 81.* Residence

Democrat Job Print

Seeley Lillard 1910

50

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

RETURN OF A DEATH.

854

Physician's Certificate Preparatory to Burial.

1. Name of deceased Seeley Lillard
 2. Sex Female 3. Color Blk. 4. Age 110 yrs.
 5. Married or Single Widow
 6. Date of death July 3" 1910.
 7. Cause of death Old Age
 8. Duration of last illness _____
 _____, M. D.
 Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Virginia
 11. Residence College 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. Moriah, Cemetery
 15. Date of intended interment July, 4" 1910.
Edward G. Gurnard, Undertaker.
 Date of Certificate July, 5" 1910. Residence _____

Theo Lillard 1896

919 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 Theo Lillard

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

5. Married or single _____

6. Date of Death July 26 1896

7. Cause of Death Paralysis (diphtheritic)

8. Duration of last Illness 1 month

J. W. Brown _____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth city

11. Residence College St Ward No. 2

12. Time of Residence in the City life

13. When a Minor { Name of Mother Belle Lillard
 { Name of Father Joe Lillard

14. Place of intended Interment St. Maria's

15. Date of intended Interment July 27 1896

Prather & Payne, Undertaker.

Date of Certificate _____ Residence _____

Arther Linn 1881

25-

52

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Arthur Linn Linn*
2. Sex *male* . 3. Color *black* . 4. Age *8 months*
5. Married or Single _____
6. Date of Death *August 21st 1881*
7. Cause of Death *Hereditary Syphilis*
8. Duration of last Illness *From birth*

G. E. Townsend, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bowling Green Ky.*
11. Residence *"* . Ward No *3*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Mary*
Name of Father *Leam Linn*
14. Place of intended Interment *Mount Hope Cemetery*
15. Date of intended Interment *Aug 22nd 1881*
Grand, Undertaker.

Date of Certificate *Aug 22nd* . Residence *B. Green*
Marr Co Ky

Democrat Job Print

Mary Linn 1906

53

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 Linn
 2. Sex female 3. Color black 4. Age 22
 5. Married or single single
 6. Date of death Apr 17 - 1906.
 7. Cause of death Consumption, parents say follow
 8. Duration of last illness _____

W^m A. Baigge M. D.
 Residence B 9 - Sly

J. E. Kempfendae

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Bowling Green Sly
 11. Residence College St bet 2 & 3 Ward No. 2
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother Mary Linn
 { Name of Father Isaiah Linn
 14. Place of intended interment Mt. Maricopa Cem.
 15. Date of intended interment Apr. 18 - 1906

J. E. Kempfendae Undertaker.
 Date of Certificate Apr 18 - 1906 Residence Cor 7 & College St.

William Linn 1891

319

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 *Wm Linn*
 2. Sex *Male* . 3. Color *Blk* . 4. Age *23 yrs*
 5. Married or Single *Single*
 6. Date of Death *July 25th 1891*
 7. Cause of Death *Consumption*
 8. Duration of last Illness *one year*
J. F. Melby, M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of Birth *Allen County*
 11. Residence *1st Street* . 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 Monia Cent*
 15. Date of intended Interment *July 26th 1891*
J. B. Grand, Undertaker.
 Date of Certificate . Residence

Etta B. Little 1911

55

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

RETURN OF A DEATH.

1917

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Etta B Little Little
2. Sex Female 3. Color white 4. Age 58
5. Married or Single widowed
6. Date of death May 29 1911
7. Cause of death Aorta Aneurism
8. Duration of last illness 2 Years
Physician G. S. Huddle M. D.
Residence Paducah Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Undertaker
10. Place of birth Ky
11. Residence Elm 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 Fairview Cemetery
15. Date of intended interment May 31 1911.
Undertaker Guard & Gravel
Date of Certificate May 30 1911. Residence B. Green Ky

Mary E. Little 1904

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 *Miss Mary E. Little Little*
 2. Sex *Female* 3. Color *White* 4. Age *28 yrs*
 5. Married or single *Single*
 6. Date of death *Jan 16 - 1904*
 7. Cause of death *Tuberculosis*
 8. Duration of last illness _____
 _____ *Jno. F. South, D.O.* M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *City*
 11. Residence *Elm 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 *Fairview Cemetery*
 15. Date of intended interment *Jan 17th 1904*
Gerard & Gerard, Undertaker.
 Date of Certificate *Jan. 16/1904* Residence _____

Mrs. A. J. Lively 1910

59

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

RETURN OF A DEATH.

807

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. A. J. Lively
2. Sex Female
3. Color White
4. Age 48 yrs
5. Married or single Married
6. Date of death MAY 3 - 1910
7. Cause of death Heart Disease
8. Duration of last illness

R. S. Hunter Coroner Proctor M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Warren Co
11. Residence 15th & High 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 Falls Graved Warren Co
15. Date of intended interment May 5, 1910.

GERARD & GERARD Undertaker.

Date of Certificate MAY 4 - 1910 Residence BOWLING GREEN, KY

Ernie Lively 1909

58

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

RETURN OF A DEATH.

579

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Ernie Lively
- 2. Sex male 3. Color col 4. Age 38
- 5. Married or single married
- 6. Date of death Feb 17 - 1909
- 7. Cause of death Cancer of Uterus
- 8. Duration of last illness about 4 months

D. D. Baker M. D.
 Residence Bowling Green, Ky

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation Housekeeper
- 10. Place of birth Sparks, W. Va
- 11. Residence mt road Ave Ward No. 1
- 12. Time of residence in the city fifteen years
- 13. When a minor { Name of mother.....
 Name of father Mrs. Harris
- 14. Place of intended interment mt. Maria Cemetery
- 15. Date of intended interment Feb 18 - 1909

J. E. Mayhew Undertaker.
 Date of Certificate Feb 18 - 1909 Residence.....
7 + College St

George W. Lively 1909

59

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

RETURN OF A DEATH.

595

Physician's Certificate Preparatory to Burial.

1. Name of deceased Geo W Lively
 2. Sex Male 3. Color White 4. Age 71
 5. Married or single Married
 6. Date of death March 9th 1909
 7. Cause of death Acute Miliary Tuberculosis
 8. Duration of last illness Four weeks
 Signature J. H. P. Cartright M. D.
 Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren County
 11. Residence Bowling Green High Street Ward No. _____
 12. Time of residence in the city Eight yrs
 13. When a minor { Name of mother _____
 { Name of father _____
 14. Place of intended interment Fairview Cem
 15. Date of intended interment March 10th
 _____ ENOCHS & DAVIS _____ Undertaker.
 Date of Certificate MAR 9 - 1909 Residence Bowling Green

Child of Ida Lively 1901

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 *Child of Ida Lively*
 2. Sex _____ 3. Color *Blk* 4. Age *1 Day*
 5. Married or single *Single*
 6. Date of death *June 23/1901*
 7. Cause of death *Quarantined*
 8. Duration of last illness _____
 _____ M. D.
 Residence *Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *City*
 11. Residence *By Street* Ward No. *2*
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother *Ida Lively*
 Name of Father _____
 14. Place of intended interment *County Cemetery*
 15. Date of intended interment *June 23/1901*
Yacob & Sarah Undertaker.
 Date of Certificate *June 23/1901* Residence _____

James Lively 1893

474

61

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 Lively*
 2. Sex *Male* 3. Color *White* 4. Age *98 years*
 5. Married or Single *Married*
 6. Date of Death *Jan 11 / 93.*
 7. Cause of Death *Heart failure*
 8. Duration of last Illness
Milliken & Meredith M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of Birth *Virginia*
 11. Residence *Virginia Street Ward No. 2nd*
 12. Time of Residence in the City *Five yrs.*
 13. When a Minor. } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *Fleming Court*
 15. Date of intended Interment *Jan 13th 1893*
H. Colman Bro. Undertaker.
 Date of Certificate *Jan 13 / 93* Residence *City*

Martha Lively 1899

County Board 62
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 Martha Lively
2. Sex female 3. Color Black 4. Age 80 yrs
5. Married or single widow
6. Date of death July 15 1899
7. Cause of death Cardiac Dropsy
8. Duration of last illness D.T.
O. S. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation "
10. Place of birth "
11. Residence College St Ward No. 2
12. Time of residence in the City years
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Country near Plano.
15. Date of intended interment July 16 1899
W. Hawley Rogers Undertaker.
Date of Certificate _____ Residence _____

Jewell Lodge 1911

63

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

RETURN OF A DEATH.

1911

Physician's Certificate Preparatory to Burial.

1. Name of deceased Jewell Lodge
2. Sex Female 3. Color white 4. Age 7 mon
5. Married or Single Single
6. Date of death Sept 19
7. Cause of death Don't know
8. Duration of last illness
J. D. Randon, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Infant
10. Place of birth Bowling Green Ky
11. Residence High St. Ward No. 2
12. Time of residence in the city Twelve Yrs.
13. When a minor Name of Mother Emma Lodge
Name of Father Ed. Lodge
14. Place of intended interment Springwood Cemetery
15. Date of intended interment Sept 20 1911
Emma M. Kelly, Undertaker.
Date of Certificate Sept. 19 1911 Residence

Nettie J. Lodge 1900

44 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 Nettie J. Lodge
 2. Sex female 3. Color White 4. Age 20 yrs
 5. Married or single single
 6. Date of death May 11 1900
 7. Cause of death Toxic Puerperalis
 8. Duration of last illness Dr.

Dr. Mudgett J. E. Mudgett, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Warren County
 11. Residence E. High Ward No. _____
 12. Time of residence in the City Several years
 13. When a minor } Name of Mother _____
 } Name of Father Geo. H. Lodge
 14. Place of intended interment Green Hill Knowledge changed
 15. Date of intended interment May 12 1900
Henry Payne, Undertaker.

Date of Certificate _____ Residence _____

Scott Lodge 1898

65

out of 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 Scott Lodge
- 2. Sex male . 3. Color white . 4. Age 50 years
- 5. Married or single single
- 6. Date of death Aug 16 1898
- 7. Cause of death Pneumonia

8. Duration of last illness 13 days
 D. W. Stone Tom W Stone, M. D.

Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation Laborer
- 10. Place of birth Allen Co
- 11. Residence Portage R.R. . Ward No. 8
- 12. Time of residence in the City years
- 13. When a minor } Name of Mother _____
 } Name of Father _____
- 14. Place of intended interment Green Hill
- 15. Date of intended interment May 17 1898

W. H. Bayne, Undertaker.

Date of Certificate _____ Residence _____

William T. Lodge 1907

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

RETURN OF A DEATH.

357

Physician's Certificate Preparatory to Burial.

1. Name of deceased William T. Lodge
 2. Sex male 3. Color white 4. Age 69
 5. Married or single married
 6. Date of death Nov - 23 - 1907
 7. Cause of death Congestive oedema following Dysentery
 8. Duration of last illness 3 weeks
R. T. M. Cornick M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation Carpenter
 10. Place of birth Bellevue La Ky
 11. Residence 11th St bet W Chestnut & Park Ward No.
 12. Time of residence in the city years
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Nov - 25 - 1907
Harvey Payne Undertaker.
 Date of Certificate Residence

Zula Lodge 1896

67

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 Zula Lodge
 2. Sex Female 3. Color white 4. Age 4 yrs
 5. Married or single _____
 6. Date of Death April 25 1896
 7. Cause of Death _____
 8. Duration of last Illness _____
 _____, M. D.
 Residence _____

*Buried in
County.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth County
 11. Residence Exchange factory Ward No. 3
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother Zula Lodge
 Name of Father _____
 14. Place of intended Interment Sum Hill
 15. Date of intended Interment Apr 26 / 96
Broath Payne, Undertaker.
 Date of Certificate _____ Residence _____

Emmett G. Logan 1912

68

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

RETURN OF A DEATH.

1192

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Dr. Emmett G. Logan*
 2. Sex *Male* 3. Color *White* 4. Age *64*
 5. Married or Single *Widower*
 6. Date of death *May 15 - 1912*
 7. Cause of death *Meningitis, (as per Vital Statistics)*
 8. Duration of last illness
Edmund Gerard, M.D.
 Residence *General Practitioner*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Printed Editor*
 10. Place of birth *Ky*
 11. Residence *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 *Garner Cemetery*
 15. Date of intended interment *May 19 - 1912*
GERARD & GERARD. _____, Undertaker.
 Date of Certificate *May 20 - 1912* Residence *BOWLING GREEN, KY*

Died in St. Luke's Hospital
in Baltimore, Md.

Mary Lolon 1900

69

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 Mary Lolon Lolon
 2. Sex female 3. Color black 4. Age 3yr
 5. Married or single single
 6. Date of death July 9 - 1900
 7. Cause of death Chronic Pneumonia
 8. Duration of last illness 9-10 months
O. P. Porter, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth near Friendship
 11. Residence Courtesy Ward No. _____
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother _____
 { Name of Father Alfred Lolon
 14. Place of intended interment St. Friend Ship.
 15. Date of intended interment July 10 - 1900.
J. E. Humphreys, Undertaker.
 Date of Certificate July 17 1900 Residence Bowling -
Green, 815 State St

Juliette Weston Long 1909

70-

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

RETURN OF A DEATH.

680

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Juliette Weston Long*
2. Sex *Female* 3. Color *White* 4. Age *74 yrs.*
5. Married or Single *Widow*
6. Date of death *June, 12th 1909.*
7. Cause of death *Heart failure.*
8. Duration of last illness
E. A. Gussard
Residence *BOWLING GREEN, KY* *A. D.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Warren Co.*
11. Residence *Kansas City Mo.* 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 *June, 15th 1909.*
GERARD & GERARD, Undertaker.
Date of Certificate *June, 15/1909.* Residence

Juliette Weston Long 1909

10-2

CERTIFICATE OF UNDERTAKER.

Kansas City, Mo., 6/14 1909

Name of Deceased Juliette Weston Long

Place of death Kansas City, Mo.

Cause of death Heart Failed

For interment at Bowling Green, Ky

Name of person in charge H. M. Meriwether

No. of Transit Permit 4068

E. STINE & SON UNDERTAKING CO.,
408 EAST NINTH STREET.

The above to be filled out by Undertaker and attached to box containing corpse.

From Kansas City to Bowling Green State Ky

Number of Ticket 344 Form No. of Ticket 2038

From Kansas City to Bowling Green Ky

Via Mo. Pac R. R. Via St. Louis Junction.

Via L & N R. R. Via Bowling Green Junction.

Via _____ R. R. Via _____ Junction.

Via _____ R. R. Via _____ Junction.

Signed _____ Station Agent.

The above to be filled out by Agent or Baggage man at the initial point, showing description of ticket, exact route and via what Junction Points the ticket reads which is held by passenger in charge of corpse.

30570

J. Virgil Lothridge 1908

71

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

RETURN OF A DEATH.

098

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. Virgil Lothridge
 2. Sex Male 3. Color White 4. Age 36 yrs.
 5. Married or single Married
 6. Date of death Feb 7th 1908
 7. Cause of death Pistol shot wound.
 8. Duration of last illness.....
 Jno. E. Grey, Coronor of Warren Co. M. D. 60
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Bartender
 10. Place of birth Warren County.
 11. Residence Adams St. Ward No. 9
 12. Time of residence in the city 15 yrs.
 13. When a minor { Name of mother Mrs. L. C. Lothridge
 Name of father D. C. Lothridge
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Feb 9th 1908
GERARD & GERARD Undertaker.
 Date of Certificate Feb 9th 1908 Residence BOWLING GREEN, KY.

Lolla B. Lothridge 1893

553 72

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. *Lothridge*

Lolla

1. Name of deceased *Miss Lolla B. Lothridge*
2. Sex *Female* 3. Color *White* 4. Age *17*
5. Married or Single *Single*
6. Date of Death *Aug 22 1893*
7. Cause of Death *Acute Peritonitis*
8. Duration of last Illness *Two weeks*

Montana, M. D.

Residence *Cumington*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co*
11. Residence *High st* Ward No. *1*
12. Time of Residence in the City *26 months*
13. When a Minor. } Name of Mother *L. Lothridge*
 } Name of Father *L. B. Lothridge*
14. Place of intended Interment *Fairview*
15. Date of intended Interment *Aug 28 1893*

PRATHER & PAYNE, Undertaker.

Date of Certificate _____ Residence _____

Mrs. T. D. Louies 1912

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.

1261

1. Name of deceased *Mrs T D Louies* *Louies P*

2. Sex *Female* 3. Color *white* 4. Age *74*

5. Married or single *Widow*

6. Date of death *Oct 1 1912*

7. Cause of death *Heart Disease*

8. Duration of last illness _____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *at home*

10. Place of birth *Warren county*

11. Residence *La Grange miss* Ward No, _____

12. Time of residence in the City. _____

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

14. Place of intended interment *Farrow Cem*

15. Date of intended interment *Oct 2 1912*

Esracho Kelly, Undertaker.

Date of Certificate _____ Residence *B. Granger*

*Duplicate of Transit permit
Ship you La Grange miss
See State vital statistics*

Lillian Lovall 1911

- 979 -

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 Lillian Lovall
 2. Sex Female 3. Color Blk 4. Age 25 yrs.
 5. Married or Single single
 6. Date of death Mar 13" 1911.
 7. Cause of death Typhoid Fever
 8. Duration of last illness 15 days -
Dr. H. Blackburn, M. D.
 Residence 1119 State St.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Morgantown Ky
 11. Residence College 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 Morgantown Ky
 15. Date of intended interment Mar 15/1911.
Garard & Garard, Undertaker.
 Date of Certificate _____ Residence _____

Malinda E. Love 1910

751

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

RETURN OF A DEATH.

778

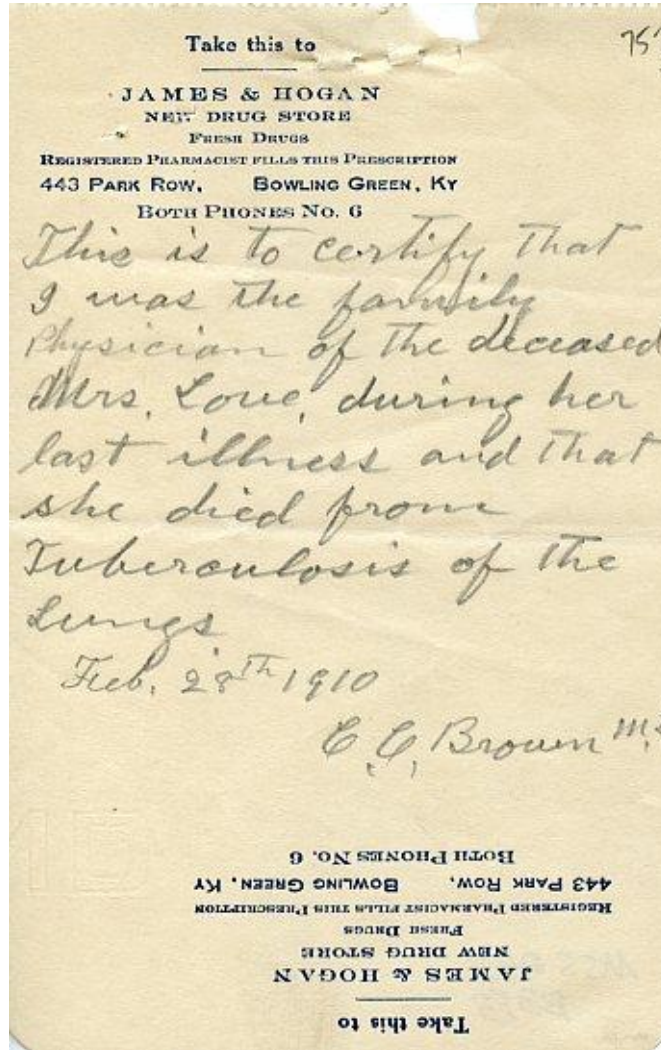
Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Malinda E Love*
 2. Sex *Female* 3. Color *White* 4. Age *70*
 5. Married or single *Married*
 6. Date of death *July 28/10*
 7. Cause of death *Tuberculosis of Lungs*
 8. Duration of last illness *two months*
 _____ *C C Brown* M. D.
 Residence *Warren County*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Near Glasgow*
 11. Residence *Banding Green Ky Laurel Ave* Ward No. _____
 12. Time of residence in the city *10 months*
 13. When a minor { Name of mother _____
 { Name of father _____
 14. Place of intended interment *Hopkinsville Ky*
 15. Date of intended interment _____
 _____ *Marris & Enoch* Undertaker.
 Date of Certificate *July 28/10* Residence *Banding*
Body will be shipped at 6:10 am
Feb Mar 1st 110

Malinda E. Love 1910



Stephen Loveall 1901

76

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Stephen Loveall*
2. Sex *Male* 3. Color *White* 4. Age *65 yrs.*
5. Married or single *Married*
6. Date of death *Mar, 17/1901.*
7. Cause of death *Morphine*
8. Duration of last illness
D. L. Sullivan, Cor. M. D.
Residence *Warren, County*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth
11. Residence *near Ax Handle 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 *Mar, 18/1901.*
Gerard T Gerard, Undertaker.
Date of Certificate *Mar, 18/1901.* Residence

Jane Lovell 1893

548

77

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Jane Lovell*
- 2. Sex *female* . 3. Color *Black* . 4. Age *30*
- 5. Married or Single *Married* .
- 6. Date of Death *June 30 1893*
- 7. Cause of Death *Surgical operation for removal of an ovarian tumor.*
- 8. Duration of last Illness

Dr. Ginetel & Murphy M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation *Housekeeper*
- 10. Place of Birth *Warren County*
- 11. Residence *State St* . Ward No. *1*
- 12. Time of Residence in the City *3 years*
- 13. When a Minor. } Name of Mother _____
 } Name of Father _____
- 14. Place of intended Interment *Mt Moriah*
- 15. Date of intended Interment *July 1 1893*

PRATHER & PAYNE, Undertaker.

Date of Certificate _____ . Residence _____

William Lovett 1893

78

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *William Lovett*
 2. Sex *Male* 3. Color *White* 4. Age *58*
 5. Married or Single *Married*
 6. Date of death *Mar 5 - 1905*
 7. Cause of death *Pistol shot*
 8. Duration of last illness *A few hours*
 Signature: *John E. Gray*, M.D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth
 11. Residence *My st* Ward No. *3rd*
 12. Time of residence in the city
 13. When a minor { Name of Mother
 { Name of Father
 14. Place of intended interment *Franklin Cemetery*
 15. Date of intended interment *Mar 6 - 1905*
 Signature: *Herard Gerard*, Undertaker.
 Date of Certificate *Mar 5 1905* Residence

Alec Loving 1905

79

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 *Alec Loving*

2. Sex *male* . 3. Color *black* . 4. Age *17 yrs.*

5. Married or Single *single*

6. Date of Death *Nov. 14 - 1882*

7. Cause of Death *Consumption*

8. Duration of last Illness *Five months*

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____, Ward No _____

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____, Residence _____

Democrat Job Print

Allie G. Loving 1898

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

Allie G.

1. Name of deceased *Mar Allie Loving*
2. Sex *female* . 3. Color *white* . 4. Age *26 yrs*
5. Married or single *married*
6. Date of death *May 6 1898*
7. Cause of death *Blood Poison*
8. Duration of last illness *Two days*

Dr. *W.R.F.* *W.R. Francis* . M. D.
 Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Barren County*
11. Residence *E Chestnut St* . Ward No. *2*
12. Time of residence in the City *years*
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *May 8 1898*

C. Hawley Payne , Undertaker.

Date of Certificate _____ Residence _____

Dandridge Loving 1898

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 *Dandridge Loving.*
 2. Sex *Male.* 3. Color *Blk.* 4. Age *27 yrs.*
 5. Married or single *Married.*
 6. Date of death *Sept 4" 1898.*
 7. Cause of death *Consumption*
 8. Duration of last illness

C. D. Porter., M. D.
 Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *Bowling Green Ky.*
 11. Residence *2nd street* Ward No. *1st*
 12. Time of residence in the City *Life time*
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment *Mt. Meriah Cem.*
 15. Date of intended interment *Sept. 6" 1898*
 Guard & Guard, Undertaker.
 Date of Certificate *Sept 6" 98.* Residence _____

Edward Loving 1894

610

82

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 Edward Loving* *Loving?*

2. Sex *Male* 3. Color *White* 4. Age *84 years*

5. Married or single *Married*

6. Date of Death *March 13th 94*

7. Cause of Death *Dropsy*

8. Duration of last Illness *Two months*

J. M. [Signature], M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Ireland*

11. Residence *First Street* . 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's Cem*

15. Date of intended Interment *March 13th 1894*

J. C. [Signature], Undertaker.

Date of Certificate *March 13th 94* Residence

Eliza Hines Loving 1904

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 *Ms. Eliza Hines Loving*
 2. Sex *Female* 3. Color *White* 4. Age *87 yrs.*
 5. Married or Single *Widow*
 6. Date of death *Nov. 22nd 04.*
 7. Cause of death *Paralysis*
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren County*
 11. Residence *10th College* 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 Cemetery*
 15. Date of intended interment *Nov. 22nd 04.*
Garland and Grand, Undertaker.
 Date of Certificate *Nov. 22/04* Residence *City*

Mrs. Gilly Loving 1879

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 *Mrs Gilly Loving*
 2. Sex *Female* . 3. Color *Black* . 4. Age *45*
 5. Married or Single *Married*
 6. Date of Death *Sep 24 1879*
 7. Cause of Death *Typhoid Fever*
 8. Duration of last Illness *Three weeks*
J. F. McElroy, M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of Birth *Green County*
 11. Residence . Ward No. *1st*
 12. Time of Residence in the City *5*
 13. When a Minor { Name of Mother
 { Name of Father
 14. Place of intended Interment *Col Cent*
 15. Date of intended Interment *Sept 24th 1879*
Frank O Gerard, Undertaker.
 Date of Certificate *Sept 24th* . Residence

Democrat Print.

Jimmev Loving 1881

2

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 *Jimmev Lovine*
 2. Sex *Mal* . 3. Color *W* . 4. Age *13 months*
 5. ~~Married~~ or Single
 6. Date of Death *Sept 28, 1881*
 7. Cause of Death *Whooping Cough*
 8. Duration of last Illness *Five days*
 _____, M. D.
 Residence *Boonville, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Democrat Job Print

John Loving 1880

86

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 *John Loving*
2. Sex *Male* 3. Color *Black* 4. Age *Eighteen years*
5. Married or Single *Single*
6. Date of Death *November 22^d 1880*
7. Cause of Death *Tuberculosis*
8. Duration of last Illness *four weeks*
M. P. Hildrum, M. D.
Residence *Bondary Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bismarck*
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 *Col Cemetery*
15. Date of intended Interment *Nov 24th 1880*
H. C. Johnson, Undertaker.
Date of Certificate *Nov 25th 1880* Residence _____

Democrat Job Print

Child of L. S. & Allie Loving 1893

87

549

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

of L.S. + Allie

1. Name of deceased Infant Loving

2. Sex Male . 3. Color white . 4. Age 2 mos

5. Married or Single Single

6. Date of Death July 4 1893

7. Cause of Death Summer complaint

8. Duration of last Illness Two weeks

W.R. Francis, M. D.

Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth city

11. Residence Park St . Ward No. 1

12. Time of Residence in the City life

13. When a Minor. } Name of Mother Allie Loving
 } Name of Father L.S. Loving

14. Place of intended Interment Fairview Cem.

15. Date of intended Interment July 5th 1893.

PRATHER & PAYNE, Undertaker.

Date of Certificate _____ . Residence _____

Lula Loving 1893

545 88

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 *Lula Loving*

2. Sex *Female* . 3. Color *Black* . 4. Age *24*

5. Married or Single *Single*

6. Date of Death *May 29 1893*

7. Cause of Death *Heart disease according to verdict of coroners jury*

8. Duration of last Illness *half hour*

C. A. Munkle M.D.

Residence *621 State St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Moreau to W. Va. Co*

11. Residence *Banks Alley* . Ward No. *3*

12. Time of Residence in the City *years*

13. When a Minor. } Name of Mother *Hannah Loving*
 } Name of Father

14. Place of intended Interment *W. Va. Co*

15. Date of intended Interment *May 20 1893*

PRACKER & PAYNE,
UNDERTAKERS, Undertaker.

Date of Certificate and Full Residence
 STATE ST. BOWLING GREEN, KY

Mildred Loving 1881

23

89

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 *Mildred Loving*
2. Sex *Female* . 3. Color *black* . 4. Age *4 years*
5. Married or Single _____
6. Date of Death *August 15th 1881*
7. Cause of Death *Typhoid Miasmatica*
8. Duration of last Illness *from birth*
G. E. Townsend , M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bls*
11. Residence *Sumner St* . Ward No *2*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Sarah Oving*
Name of Father _____
14. Place of intended Interment *Col Cem*
15. Date of intended Interment *Aug 16th 1881*
F. C. Heyward , Undertaker.
Date of Certificate *Aug 16th* . Residence _____

Democrat Job Print

Philander Loving 1880

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

RETURN OF A DEATH.

Philander
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Philander Loving*
2. Sex *Male* . 3. Color *Black* . 4. Age *70*
5. Married or Single *Married*
6. Date of Death *June 8 1880*
7. Cause of Death *Dysentery*
8. Duration of last Illness *One week*

J. F. McElroy, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth
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.

R. E. Loving 1897

91

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased R. E. Loving
 2. Sex Male 3. Color W 4. Age 68 yrs
 5. Married or single Married
 6. Date of Death August 21 - 1897
 7. Cause of Death Heart Disease
 8. Duration of last Illness _____

B. L. Cullen, M. D.
 Residence Cor. Hannan Co.

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 _____
 Name of Father _____
 14. Place of intended Interment Mt Moriah Cem.
 15. Date of intended Interment Aug 23 " 1897
W. C. Guadagnoli Undertaker.
 Date of Certificate Aug 23 / 97 Residence _____

Susan Loving 1910

92

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

RETURN OF A DEATH.

877

Physician's Certificate Preparatory to Burial.

1. Name of deceased Susan Loving
 2. Sex female 3. Color Cal. 4. Age 80 yrs.
 5. Married or single Single
 6. Date of death July 16 - 1910.
 7. Cause of death No Doctor
 8. Duration of last illness No Doctor M. D.
- Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation Funerary Keeper
 10. Place of birth Cowling Green
 11. Residence 2nd St. Ward No. 2
 12. Time of residence in the city during life
 13. When a minor { Name of mother.....
Name of father.....
 14. Place of intended interment mt. moriah cem.
 15. Date of intended interment July 18 - 1910.
- J. B. Thompson Undertaker.
- Date of Certificate July 19 - 1910 Residence Cor. 7th & College St.

Virgil Loving 1913

93

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

RETURN OF A DEATH.

1362

Physician's Certificate Preparatory to Burial.

1. Name of deceased Virgil Loving
2. Sex male 3. Color col. 4. Age 8/yr.
5. Married or single Single
6. Date of death March 18 - 1913.
7. Cause of death Nephritis Arterio Sclerosis & Chronic Obstruction of bowels
8. Duration of last illness about 6 months

J. S. Jones M. D.
Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Blacksmith
10. Place of birth Kentucky
11. Residence Center St Ward No.
12. Time of residence in the city for life
13. When a minor { Name of mother Malinda Loving
Name of father Ward Kraw
14. Place of intended interment Mt. Moriah
15. Date of intended interment March 20 - 1913

J. E. Hightendall (Undertaker.)
Date of Certificate March 20, 1913 Residence Bowling Green Ky. Cor. 7 + College St.

William McKinley Loyd 1910

95

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

RETURN OF A DEATH.

8740

Physician's Certificate Preparatory to Burial.

1. Name of deceased *William McKinley Loyd*

2. Sex *Male* 3. Color *White* 4. Age *15 yrs.*

5. Married or Single *Single*

6. Date of death *June 7" 1910.*

7. Cause of death *Peritonitis*

8. Duration of last illness *month.*

J. J. Dunear, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *Allen County*

11. Residence *Beauty Avenue* Ward No. *3.*

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

13. When a minor { Name of Mother *Mrs. Martha Loyd.*
Name of Father *Engaur Loyd.*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *June 8" 1910.*

GERARD & GERARD, Undertaker.

Date of Certificate *June 7" 1910.* Residence

Bernard Joseph Luber 1904

96

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Bernard Joseph Luber*
 2. Sex *Male* 3. Color *White* 4. Age *9 mos.*
 5. Married or Single *Single*
 6. Date of death *Sept. 23 '04*
 7. Cause of death *Quarantine*
 8. Duration of last illness
J. M. Conrath, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Italy*
 11. Residence *Madison St.* Ward No. *3*
 12. Time of residence in the city
 13. When a minor { Name of Mother *Mrs. Kate Hogan Luber*
 Name of Father *Joseph Luber*
 14. Place of intended interment *St. Joseph's Cemetery*
 15. Date of intended interment *Sept. 24 '04*
Gerard J. Gerard, Undertaker.
 Date of Certificate *Sept 24/04* Residence

Charlotte Lucas 1879

97

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

URN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Charlotte Lucas*
 2. Sex *Female* . 3. Color *Black* . 4. Age *65 years*
 5. Married or Single *married*
 6. Date of Death *May 13th 1879,*
 7. Cause of Death *Consumption*
 8. Duration of last Illness _____
- R. Thomas* , 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.

Ellen Lucas 1898

1178 98

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Miss Ellen Lucas
2. Sex Female 3. Color White 4. Age 64 yrs
5. Married or single Single
6. Date of death September 19, 1898.
7. Cause of death Paralysis
8. Duration of last illness _____
Physician Sarah J. Milroy, M. D.
Residence State St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Warren County
11. Residence College St Ward No. 2nd
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment September 21 1898
 Gerald & Guard, Undertaker.
Date of Certificate Sept 20/98 Residence _____

Martha Lucas 1897

99

1007

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 Martha Lucas*
 2. Sex *Female* 3. Color *White* 4. Age *60 yrs.*
 5. Married or single *Single*
 6. Date of Death *Apr 16" 1897.*
 7. Cause of Death *Paralysis*
 8. Duration of last Illness *Two weeks*

A. G. Smyth, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Warren County*
 11. Residence *College Street* Ward No. *2nd*
 12. Time of Residence in the City _____

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

14. Place of intended Interment *Fairview Cemetery*
 15. Date of intended Interment *Apr 18" 1897*

F. G. Grand & Bro., Undertaker.

Date of Certificate *Apr 17/97* Residence *City*

Mary Agnes Lucas 1903

100

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 Agnes Lucas.*
 2. Sex *Female* 3. Color *White* 4. Age *2 wks.*
 5. Married or single *Single*
 6. Date of death *July 7" 1903.*
 7. Cause of death *Congestion of Lungs*
 8. Duration of last illness _____
 _____, M. D.
 Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Bowling Green Ky.*
 11. Residence *State St.* Ward No. *1*
 12. Time of residence in the City. *2 weeks*
 13. When a minor { Name of Mother *Mrs. C. C. Lucas.*
 Name of Father *C. C. Lucas.*
 14. Place of intended interment *St. Josephs Cemetery*
 15. Date of intended interment *July 8" 1903.*
Guard and Guard, Undertaker.
 Date of Certificate *Jan. 7" 1903.* Residence _____

R. W. Lucas 1879

101

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.

- 1. Name of Deceased *R W Lucas*
 - 2. Sex *Male* . 3. Color *White* . 4. Age *41*
 - 5. Married or Single *Single*
 - 6. Date of Death *May 4 1879*
 - 7. Cause of Death *Paralysis & Congestion of brain*
 - 8. Duration of last Illness *5 or 6 days*
- J. K. Briggs, M. D.*
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.

Date of Certificate _____, Residence _____

Democrat Print.

Child of Rachal Lucas 1897

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 102

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1039

1. Name of deceased *Child of Rachal Lucas.*
 2. Sex *—* 3. Color *Blk* 4. Age *—*
 5. Married or single *—*
 6. Date of Death *Aug 12" 97.*
 7. Cause of Death *Still Born*
 8. Duration of last illness *—*

J. H. Grooms, M. D.
 Residence *City Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*
 10. Place of Birth *City*
 11. Residence *—* Ward No. *—*
 12. Time of Residence in the City *—*
 13. When a Minor { Name of Mother *Rachal Lucas*
 Name of Father *—*
 14. Place of intended Interment *County Cemetery*
 15. Date of intended Interment *Aug 13" 97.*
Guard & Guard, Undertaker.
 Date of Certificate *Aug 13/97.* Residence *—*

Ruben Lucas 1881

6 103

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Ruben Lucas*
2. Sex *Male* 3. Color *White* 4. Age *28*
5. Married or Single *Married*
6. Date of Death *Sept 22nd 1881*
7. Cause of Death *pistol shot*
8. Duration of last Illness _____
_____ *No Physician, M. D.*
Residence *by health officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Farmer*
10. Place of Birth *Warren Co*
11. Residence *Warren Co* Ward No *1*
12. Time of Residence in the City *lived in Country*
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Sept 23rd*
15. Date of intended Interment _____
F. C. Gerard, Undertaker.
Date of Certificate *Sept 22 / 1881* Residence _____

Democrat Job Print

Samuel W. Lucas 1899

83

104

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased Samuel W. Lucas
- 2. Sex Male 3. Color White 4. Age 78 years
- 5. Married or single Widower
- 6. Date of death Oct 3/99
- 7. Cause of death old age
- 8. Duration of last illness 2 yr

Tom W. Stone, M. D.

Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation Garnet
 - 10. Place of birth Warren Co.
 - 11. Residence Hope 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 Grandall Church
Warren Co.
 - 15. Date of intended interment Oct 4/99
- Garwood & Garwood, Undertaker.
- Date of Certificate Oct 3/99 Residence _____

Thomas Lucas 1899

106

~~10~~ ~~40~~ 41

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 Lucas

2. Sex man 3. Color Black 4. Age 26 years

5. Married or single married

6. Date of death June 14 1899

7. Cause of death Erysipelas

8. Duration of last illness 12 days

J. W. S. Wm W. Stone, M. D.

Residence Calleye St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer

10. Place of birth Warren County

11. Residence City St Ward No. 3

12. Time of residence in the City 3 months

13. When a minor } Name of Mother _____
 } Name of Father _____

14. Place of intended interment W. A. Moriah

15. Date of intended interment June 29 1899

Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

William R. Lucas 1906

107

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

RETURN OF A DEATH.

#122

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Wm R Lucas
2. Sex male 3. Color white 4. Age 67 yr
5. Married or single single
6. Date of death October 27 / 06
7. Cause of death Fibroid Phthisis
8. Duration of last illness _____
H. Hartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Warren County
11. Residence Country Ward No. _____
12. Time of residence in the City _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Oct 28, 1906
Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Charles Lumm 1893

564

108

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 Charles Lumm
 2. Sex Male 3. Color White 4. Age 53 yrs.
 5. Married or single Married
 6. Date of Death Nov 1/93
 7. Cause of Death Paralysis
 8. Duration of last Illness _____
 _____ M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth Louisville Ky
 11. Residence E. Chestnut Ward No. 1st
 12. Time of Residence in the City _____
 13. When a Minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment Fairview Cem
 15. Date of intended Interment Nov 2/93
F. B. Grand & Son, Undertaker.
 Date of Certificate Nov 2/93 Residence City

Infant of Lizzie Lumm 1894

651 109

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

RETURN OF A DEATH.

Lizzie Lumm

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Lumm

1. Name of deceased *Infant child of Lizzie*
2. Sex *—* 3. Color ~~XXX~~ 4. Age *—*
5. Married or single *—*
6. Date of Death *July 17/94*
7. Cause of Death *Born dead*
8. Duration of last Illness *—*

C. A. Munkle Co. M. D.

Residence *—*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*
10. Place of Birth *City*
11. Residence *—* Ward No. *3rd*
12. Time of Residence in the City *Lizzie*
13. When a Minor { Name of Mother *Lizzie Lumm*
Name of Father *—*
14. Place of intended Interment *County Bur.*
15. Date of intended Interment *July 17/94.*

F. C. Gerard & Bro., Undertaker.

Date of Certificate *July 17/94.* Residence *—*

W. H. Lummis 1893

Coombs
330

110

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.

Lummis?

1. Name of deceased *W. H. Lummis*
2. Sex *Male* 3. Color *Blk* 4. Age *24 yrs*
5. Married or single *Single*
6. Date of Death *July 21, 1913*
7. Cause of Death *Flux*
8. Duration of last Illness *2 weeks*

Coombs & Corlwright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Ohio*
11. Residence *6th street* Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Mt Moriah*
15. Date of intended Interment *July 22, 1913*

F. L. Gerard & Bro, Undertaker.

Date of Certificate *July 22, 1913* Residence *City*

Mary R. Lyons 1909

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary R Lyons*
 2. Sex *Female* 3. Color *White* 4. Age *50 yrs.*
 5. Married or single *Widow*
 6. Date of death *November 1 "1909.*
 7. Cause of death *Cancer of Stomach and Bowels*
 8. Duration of last illness
 S. F. Martin. M. D.
 Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Warren, County*
 11. Residence *8th Street* Ward No. *3*
 12. Time of residence in the city
 13. When a minor { Name of mother
 Name of father
 14. Place of intended interment *Mt. Lebanon Ch. near Abwater, Ky.*
 15. Date of intended interment *Nov. 3 "1909.*
GERALD & GERARD. Undertaker.
 Date of Certificate *Nov 2/09* Residence **BOWLING GREEN, KY**

Child of W. W. & Nellie Lyons 1906

112

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

RETURN OF A DEATH.

#97

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of W. W. Lyons*
 2. Sex *Male* 3. Color *White* 4. Age *3 Wks.*
 5. Married or single *Single*
 6. Date of death *Aug 3" 06.*
 7. Cause of death *Inanition*
 8. Duration of last illness
 A. J. Mc Cormack, M. D.
 Residence *BOWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *Warren County*
 11. Residence *Russellville Pike* Ward No. —
 12. Time of residence in the City.
 13. When a minor { Name of Mother *Mrs. Nellie Lyons*
 Name of Father *W. W. Lyons*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *July Aug. 4" 1906.*
 GERARD & GERARD, Undertaker.
 Date of Certificate *AUG -4 1906* Residence *BOWLING GREEN, KY*
This child is the Grand Son of Mr. P. L. Hutchinsom

Warren County, Kentucky Death Records, Box 3, Folder 3 (L)