# Western Kentucky University TopSCHOLAR®

Bowling Green, Kentucky – Death Records, 1877-1913

Manuscripts

1877

# Box 3, Folder 3 Bowling Green, Kentucky - Death Records, L

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

Follow this and additional works at: https://digitalcommons.wku.edu/bg\_ky\_death\_records

Part of the Demography, Population, and Ecology Commons, Family, Life Course, and Society
Commons, and the United States History Commons

#### Recommended Citation

Folklife Archives, Manuscripts &, "Box 3, Folder 3 Bowling Green, Kentucky - Death Records, L" (1877). Bowling Green, Kentucky - Death Records, 1877-1913. Paper 16.

https://digitalcommons.wku.edu/bg\_ky\_death\_records/16

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

# Mrs. John Laffler 1903

This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mrs. John Laffler,
2. Sex Frencal , 3. Color, While 4. Age 60 yes.
1. Name of deceased Mrs. John Saffler,  2. Sex Frinal,  3. Color, White  4. Age 60 yes.  5. Married or single Married,  6. Date of death Mar 23" 1903.
6. Date of death Theast Disease
8 Duration of last illness 3 m/s
J. M. Stone, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
9. Occupation 10. Place of birth England. 11. Residence Ward No. 3 11.
11. Residence Ward No. 3 "
12. Time of residence in the City. 12 years
13. When a minor Name of Mother Name of Father
14. Place of intended interment Fairwirw Country
is. Date of intended interment Mar. 24"1903.
Date of Certificate Max, 23", 903, Residence City
Date of Certificate 1000, 79 / 903, Residence

# Gertrude Lallah 1905

11. Residence 7 11 Center 1 Ward No.  12. Time of residence in the City.  13. When a minor Name of Mother Name of Father  14. Place of intended interment Center State  15. Date of intended interment State  16. Date of intended interment State  17. State  18. Undertaker.	2
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  1. Name of deceased Littradicallala 2. Sex Jamale. 3. Color Black. 4. Age 2 3 7 5. Morried or single Ling. 3 / 303 6. Date of death Bright Olivery with hard Comprison 10. Place of birth City. 10 11. Residence 10 12. Time of residence in the City. 11 13. When a minor Name of Mother Name of Father 14. Place of intended interment City. 15 15. Date of intended interment City. 16 16. Date of intended interment City. 17 17 18 19 19 10 10 11 11 12 13 14 15 15 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  1. Name of deceased Livery Callan.  2. Sex Janual. 3. Color Black. 4. Age 2 3 7  5. Morried or single Livery 3 1 80 3  6. Date of death Bright Olivery with hard Computation.  8. Duration of last illness Lawy	PETURN OF A DEATH.
1. Name of deceased Living Callack. 2. Sex Jennale. 3. Color Black. 4. Age 23 7  5. Myrried or single. 6. Date of death Prick Oring with hard Complication. 8. Duration of last illness Lang.  Min Bright Office of My Diving With hard Complication. 9. Occupation. 10. Place of birth Callack IN RELATION TO DECEASED. 11. Residence The City. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment Callack IN Section 19. Sec	RETERN OF 11 DELLER
1. Name of deceased Levin Land Callan. 2. Sex Jennale. 3. Color Black. 4. Age 23 7 5. Married or single. 6. Date of death Prick Oring with hard Complication. 7. Cause of death Prick Oring with hard Complication. 8. Duration of last illness lang., M. D. Residence.  1. UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation. 10. Place of birth City. 11. Residence The City. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment Carry States. 15. Date of intended interment Carry States.  16. Undertaker.	Lallah
2. Sex Jewale. 3. Color Black. 4. Age 23 7 5. Myried or single 5. 6. Date of death 7. Cy 3-1903 7. Cause of death 6. Diff Drive on the hard complication 8. Duration of last illness 6. Myried or single 6. Date of intended interment 715. Date of intended interment 715. Undertaker.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
2. Sex Jewale. 3. Color Black. 4. Age 23 7 5. Myried or single 5. 6. Date of death 7. Cy 3-1903 7. Cause of death 6. Diff Drive on the hard complication 8. Duration of last illness 6. Myried or single 6. Date of intended interment 715. Date of intended interment 715. Undertaker.	1 Name of deceased Lextrude Lallah
5. Myrried or single 6. Date of death 7. Cause of death Arish Dainy onith hard Comparison 8. Duration of last illness  Mur Bryg, M. D.  Residence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation 10. Place of birth  11. Residence  12. Time of residence in the City.  13. When a minor  Name of Mother  Name of Father  14. Place of intended interment Crusty  15. Date of intended interment Crusty  Windertaker.	
6. Date of death  7. Cause of death  8. Duration of last illness  Mix Buyy M. D.  Residence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the City.  13. When a minor  Name of Mother  Name of Father  14. Place of intended interment  15. Date of intended interment  Name of Father  16. Date of intended interment  Name of Mother  Name of Father  17. Undertaker.	5. Morried or single
7. Cause of death Aright Olivery with hard Complication  8. Duration of last illness  Arighty  M. D.  Residence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the City.  13. When a minor  Name of Mother  Name of Father  14. Place of intended interment  15. Date of intended interment  16. Date of intended interment  17. Undertaker.	6. Date of death Aut 3-1903-
8. Duration of last illness  Will Bresidence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the City.  13. When a minor  Name of Mother  Name of Father  14. Place of intended interment  15. Date of intended interment  Name of Father  16. Date of intended interment  Name of Mother  Name of Father  17. Undertaker.	7. Cause of death Prich Olivary with heart Complication
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the City.  13. When a minor  Name of Mother  Name of Father  14. Place of intended interment  15. Date of intended interment  Name of Father  16. Date of intended interment  Name of Mother  Name of Father  17. Sold  Name of Mother  Name of Father  18. Undertaker.	8. Duration of last illness / Comp
Place of intended interment  Residence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the City.  13. When a minor  Name of Mother  Name of Father  14. Place of intended interment  15. Date of intended interment  Name of Father  16. Undertaker.	Min Bryge, M. D.
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 14. Place of intended interment City. 15. Date of intended interment Apply Towns (Undertaker)	Residence
9. Occupation  10. Place of birth City Ward No,  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 City States of inten	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. Place of birth City.  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 City Signature States Signature Signature States Signature S	
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 Court States  15. Date of intended interment States State	
12. Time of residence in the City.  13. When a minor Name of Mother  Name of Father  14. Place of intended interment County Size (Size (Si	10. Place of birth Cityung
12. Time of residence in the City.  13. When a minor Name of Mother  Name of Father  14. Place of intended interment County Size (Size (Si	11. Residence 7 " It Lot could they Ward No.
Name of Father  14. Place of intended interment Company  15. Date of intended interment Company  16. Date of intended interment Company  17. Company  18. Company  19. Company	12. Time of residence in the City.
14. Place of intended interment Company States 15. Date of intended interment Company States 1503° Undertaker.	
i5. Date of intended interment 1915 703, Undertaker.	
The John Hay Undertaker.	
Date of Certificate Residence	Date of Certificate Residence

# Maimie Lallah

This Constitutes One Certificate to be Returned to the City Clerk for a Burlai Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Maurin author
2. Sexfural 3. Color Black . 4. Age 17 yr
2. Sex funds. 3. Color Stack . 4. Age // 900 5. Married or single for the first of death f
8. Duration of last illness Muses Ty
GoHuddle ,M.D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Colf
11. Residence Cov Chuleth Hayan & Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother Multiple January January
14. Place of intended interment AF Milerate Central 14.
i5. Date of intended interment that the state of the stat
Date of Certificate . Residence

# James Lally 1900

34	4
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
Management conservation and conservation	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of decented farmer Laky, Lally. 2. Sex Mars. 3. Color Mile. 4. Age 88.	
2. Sex Males . 3. Color Mile . 4. Age 88.	
5. Married or single Mrawwav  6. Date of death Apr 20"1900	
6. Date of death April Ganguere  7. Cause of death Simil Ganguere  8. Duration of last illness Once Mariles	
8. Duration of last illness and muly	
Allighe M. D.	
Residence CY	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Laborer	
10. Place of birth Ingland  11. Residence 10 th St Ward No. 3	
12. Time of residence in the City  Name of Mother	
Name of Mother  Name of Father	
14. Place of intended interment St. Josaphus, Quinculary	
15. Date of intended interment 191, 1/1900.	
Date of Certificate april/1900. Residence	
Date of Certificate of Ayaba Maria Control of the Control of the Certificate of the Certi	
	-

# Child of John Lally 1904

F This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. F F
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Child of John Lally
2. Sex
5. Married or Single Suight
6. Date of death Fuby 23" 1904,
7. Cause of death Still Burn
8. Duration of last illness
S. O. Savel, M. D.
Residence COUT
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth land
11. Residence Ward No.
12. Time of residence in the city
13. When a minor Name of Mother John Lally
14. Place of intended interment & fortifus learnatury
15. Date of intended interment Fraky 24 - 1904
Guard Hurard.
Date of Certificate Firely 24/1904 Residence Undertaker.

# Lucy Lancaster 1899

Ounty Found . 6
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
MALANCA MARKA AND AND AND AND AND AND AND AND AND AN
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Many Sancustre
2. Sex funal. 3. Color white. 4. Age 48 77.  5. Married or single
5. Married or single
6. Date of death June 21 1859
7. Cause of death Digery Love 8. Duration of last illness Digery Love S
on 7. W. Aranois, M. D.
Residence Bowling Green Try
Activities of the second of th
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
g. Occupation
10. Place of birth accur to
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
Name of Father
14. Place of intended interment
15. Date of intended interment
Thaway agu, Undertaker.
Date of Certificate
RESIDENCE OF THE PROPERTY OF T

# Child of Sallie Lancaster 1903

	7
This Constitutes One Certificate to be Returned to the City Clerk for	or a Burial Permit.
RETURN OF A DI	EATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO B	1 1
1. Name of deceased Child of Sagles L	4. Age 3 yes.
	4. Age 3 yus.
5. Married or single Sungle	
6. Date of death Vetil" 1943.	
7. Cause of death Wysumum	
11/19 4 1111111	
would lotte	, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO D	ECEASED.
9. Occupation	
10. Place of birth bily	
11. Residence Gilludera	Ward No, 3.
12 Time of residence in the City.	
12 When a miner Name of Mother Sallie &	aucasles.
13. When a minor Name of Father	
14. Place of intended interments home. Lia	on your rawal
i5. Date of intended interment	
Jarand Le Dera	Undertaker.
Date of Certificate Oct 1"19"3 Residence	Oug

# Albert Lands 1892

435	8
This Constitutes one Certificate to be Refurned to the City Clerk for a Burial Permit.	
RECORN OF A DESCRI	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1111 1 12	
1. Name of deceased of their Lands	
2. Sex male 8. Color White 4. Age 3 yrs.	
5. Married or Single	
6. Date of Death May 10 1/92	
7. Cause of Death Spilled Keney	
8. Duration of last Illness	
Mulletin & Palacella, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth City	
11. Residence 10 th shuff. Ward No. 4 th	
12. Time of Residence in the City 3 710.	
13. When a Minor. Name of Mother have ey Jane	2
SName of Father Chas.	
14. Place of intended Interment of Joseph to Cen	-,
15. Date of intended Interment	
4 C Florid, Undertaker.	
Date of Certificate Residence	

# Child of Ben F. Lane 1900

23 0
This 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 Bry F. Laws,
1. Name of deceased Child of Jew F. Laws, 2. Sex Gernale. 3. Color Thile . 4. Age 6 year.
5. Married or single Single
6. Date of death May, 30" 1900. 10,
7. Cause of death Inflamation of Zwer
8. Duration of last illness
f.E. Maredilh M. D. Brewky
Residence Browling Greenby,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Lowling Lyren Ky
11. Residence If Marie Street . Ward No. 3 rd
12. Time of residence in the City  Name of Mother Mrs Bew F. Lagra
Name of Mother Mrs Dew H. Laure Name of Father Gen J. Laure
14. Place of intended interment Harview Camelary
15. Date of intended interment Mov 31"1900.
Guard My Gerard . Undertaker.
Date of Certificate Mar 31/1904 Residence Way

# Ethel Langly 1896

Out of town
This Constitutes One Certificate to be Return 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 Fernale 3. Color It hite 4. Age 5 yrs
5. Married or single suigle
6. Date of Death March 1 1/1896
7. Cause of Death Inguisaria
8. Duration of last Illness the trusts
Christeal, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Play Thick. Ward No. 4
12. Time of Residence in the City
Name of Mother Mis & Langly Name of Father & Langly
14. Place of intended Interment South Carleton the
15. Date of intended Interment Man 4"/1896
F. G. Guard M. Undertaker.
Date of Certificate Many 196 Residence

# Julia Lanner 1878

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	
	RETURN OF A DEATH.
	PHYSICAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Julia Vanner James?
2.	Sex Acruale . 3. Color Coheli . 4. Age Six Mun
	Married or Single
6.	Date of Death March 5 1878
7.	Cause of Death broft was the line but
8.	Duration of last Illness the well -
	RC. 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
	When a Minor \{ Name of Mother
19	Name of Father
13.	
13. 14.	Place of intended Interment
14.	
14.	Place of intended Interment
14. 15.	Place of intended Interment  Date of intended Interment

# 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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Child of Wy Lark
2. Sex Male 3. Color White 4. Age / year
5. Married or Single Suigle
6. Date of death 13/909
7. Cause of death Malera Cufantum
8. Duration of last illness — The Grand
Residence City
Undertaker's Certificate in Relation to Deceased.
9. Occupation Marce
10. Place of birth Saculing Green SCy
11. Residence Tattage Ward No.
12. Time of residence in the city 2 Morning,
13. When a minor Name of Mother Wy, Lark,
14. Place of intended interment
15. Date of intended interment July 14"1909.
GERARD & GERARD, Undertaker.
Date of Certificate July 13-09 Residence Residence

# Child of Auther & Annie Larrence 1907

1	RETURN OF A DEATH.
	276
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL ADMIC
	PHISICIAN'S CERTIFICATE PREPARATORY TO BURIALE
1.	Name of deceased Child Auther Larrence
2.	Sex Lemall 3. Color block 4. Age / day
5.	Married or single
6.	Date of death July 22/07
7.	Cause of death Oremature Delivery
8.	Duration of last illness
	CAPOLET, M. D.
	Residence Bowling Green Sy
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKENS CENTIFICATE IN RECOTOR TO DECEASED.
9.	Occupation
10.	Place of birth Burling Green
11.	Residence 2 nd St. Ward No. 2
12.	Time of residence in the City.
19	When a minor Name of Mother Annie Lecrence
13.	(Name of Father Julie Carrere
14.	Place of intended interment Wanker gard
15.	Date of intended interment fully 3507
	J. E. Duy Lendar Bertaker.
	of Certificate July 3207 Residence Cer, 7-
Date	

# 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 Lavrence
2. Sex Maly . 3. Color Cal . 4. Age / S
5. Married or single Lingle
6. Date of death March 27 - 1909
7. Cause of death Mitral Regurgilation
8. Duration of last illness four mouths
U. H. D.
Residence Towling from I's
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Laborer
10. Place of birth of arrest Co.
11. Residence hair St. Ward No. 7
12. Time of residence in the City.
13. When a minor Name of Fother Name of Fother
13. When a minor Name of Father Quintis Larrence 14. Place of intended interment 21 to marich County
15. Date of intended interment manch 29-1909
J. E. Ming Kind well Undertaker.
Date of Certificate man, 29-9? Residence
4. E. Straffly & It I have

# Jane Ann LaRue 1901

<u> </u>
This 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 deceasor Mrs. Jana Syn La June 2. Sex Fernale . 3. color think . 4. Age 83 yrs.,  5. Married or single Willow
6. Date of death March, 19" 1901, 7. Cause of death 'Exhaustion from Influence
8. Duration of last illness  Tom W. Stone, M. D.  Residence Callege St
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth 11. Residence High 8/13 th Street Ward No.
12. Time of residence in the City. 14 yw,  13. When a minor Name of Mother  Name of Father  Shawfallsland Ku
14. Place of intended interment May 20"1901,  15. Date of intended interment May 20"1901,  May 20"1901,  May 20"1901,  Undertaker.
Date of Certificate Mav19/1901. Residence

# Tyler A. Laswell 1912

	RETURN OF A DEATH.
8	
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased of the Saywall  Sex Male 3., Color Whole 4. Age 53 yrs.  Married or single Angle
2.	Sex Maly 3., Color Whole 4. Age 53 yrs.
5.	Married or single, Suigle
6.	Date of death That The Table 1970,
	Cause of death Comenino sia
8.	Duration of last illness 1 rul Storce M. D.
	Residence Cornling Lower 12
	nesidence / b
	Undertaker's Certificate in Relation to Deceased.
0	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.
10.	Undertaker's Certificate in Relation to Deceased.
10. 11.	
10. 11. 12.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth Annius yella  Residence In is wella Pakka  Ward No.  Time of residence in the city
10. 11. 12.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth Americany  Residence Tour's wills Orks  Ward No.
9. 10. 11. 12.	Undertaker's Certificate in Relation to Deceased.  Occupation.  Place of birth Annitusty  Residence wis pully Pully  Ward No.  Time of residence in the city.  When a minor  Name of mother  Name of father  Name of intended interment.  MAR 2 5 1912
10. 11. 12.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth for furtilly  Residence was public Parks  Ward No.  Time of residence in the city  When a minor  Name of mother  Name of father  Place of intended interment  MAR 2 5 1912  Date of intended interment
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased.  Occupation.  Place of birth Annitusty  Residence wis pully Pully  Ward No.  Time of residence in the city.  When a minor  Name of mother  Name of father  Name of intended interment.  MAR 2 5 1912

# Delia Law 1882

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Delia Zum
2.	Sex Fremale. 3. Golor White : 4. Age 18
5.	Married or Single Morried
6.	Date of Death Dec 75 1882 Cause of Death Consumption
7.	Cause of Death Consumption
	Duration of last Illness Levelve mentles
	H. D. Cortweight, M. D.
	Residence Bowling Bren
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	$\sim$ 100 MeV $\sim$ 1
11.	Residence Cay Sal Ward No 3"
12.	Time of Residence in the City
3.	When a Minor { Name of Mother
	Place of intended Interment Fourier Cent
	Date of intended Interment \$2-27-1982
15.	Tudortakor
	A '774 of Dis
D	ate of Certificate Dec 7 = 82 . Residence

# Elijah Law 1901

	RETURN OF A DEATH.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	81.11.
	Name of deceased Shirth Tow Sex Luan 3. Color white 4. Age 64 y-0
2.	
5. 6.	Married or single 24 1701
7.	Date of death Frank 74 190/ Cause of death Offart Failure
8.	Duration of last illness
3	Cum Bd Gullen Coroner DD.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation 4
10.	Place of birth
	Residence Jower Louin St- Ward No. —
1.	Time of residence in the City.
12.	
12.	
12.	When a minor Name of Mother Name of Father
12. 13.	When a minor Name of Mother  Name of Father  Place of intended interment
12. 13.	When a minor Name of Mother  Name of Father  Place of intended interment  Date of intended interment
12. 3. 14. 5.	When a minor Name of Mother  Name of Father  Place of intended interment  Date of intended interment  Any 26 301  Manual
14. 15.	When a minor Name of Mother  Name of Father  Place of intended interment  Date of intended interment

# 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 Hansin Cthe Law 2. Sex Junal 3. Color What . 4. Age 18 mg	
2. Sex Junale. 3. Color What . 4. Age 18 mo	
5. Married or Single	
6. Date of Death Jun-17 72 92	
7. Cause of Death Hug	
8. Duration of last Illness	
BAMilli Cen, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED,	
9. Occupation	
10. Place of Birth C. J.  11. Residence Elin Shif. Ward No. /2/	
11. Residence Elin Shit Ward No. 121	
12. Time of Residence in the City	
13. When a Minor. Name of Mother Australia Law	
13. When a Minor. Name of Mother Things	
14. Place of intended Interment Forman Cent	
15. Date of intended Interment June 1872/892	
Date of Certificate June 17-72. Residence	
The state of the s	

# Harry Law 1893

578
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Harry Lav. 2. Sex hale . 3. Color orbiti. 4. Age 23 yrs
5. Married or Single 6. Date of Death 7. Cause of Death
8. Duration of last Illness Consumption  J Dunceum, M. D.  Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.———  9. Occupation
10. Place of Birth
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 Janview Cerral
15. Date of intended Interment Jan / 1884  Callet Payer, Undertaker.
Date of Certificate Residence

# John Lawrence 1908

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased John Laurence
2. Sex Male 3. Color White. 4. Age 3/-
5. Married or single Munical -
6. Date of death Jan - 22 - 28
7. Cause of death 24 plant 2 2 2 8. Duration of last illness 23 day
8. Duration of last illness 23 days
Just Blackburn, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
op Finnan
9. Occupation
10. Place of birth Ward No.
( Name of Mother —
13. When a minor Name of Father
14. Place of intended interment of the ballick
15. Date of intended interment
Hawky Fagur Undertaker.
Date of Certificate Residence

# Angy Lawson 1894

Out of towns  This Constitute 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. Sexternale 3. Color thate 4. Age 35 yrs.
5. Married or single Sungle
6. Date of Death Ott. 14/1894_
7. Cause of Death Consuption
8. Duration of last Illness / June
A Colwight, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth & Educacion led.
11. Residence College allet Ward No. 2 and
12. Time of Residence in the City
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended Interment Suull from hy
15. Date of intended Interment
J. J. Undertaker.
Date of Certificate . Residence
DOT IN THE

# Cary Lawson 1912

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Cary Lawson
2. Sex Femule. 3. Color White. 4. Age 38 yes
5. Married or single Suigle
6. Date of death august 234 1912
7. Cause of death Typhord Fever mith cardiaer renal co
8. Duration of last Muess one mouth and 15 duys
John F South , M. D.
Residence 1116 State Street
UNDERTANGUE CERTIFICATE IN DELATION TO RECEISED
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation at Hame
10. Place of birth Bourly Hun 15.  11. Residence Ward No.
12. Time of residence in the City. Life Jim
13. When a minor Name of Mother Name of Father
14. Place of intended interment Farmer Com
ib. Date of intended interment (Lung 2 4 191n
To the second se
Crocks Killy, Undertaker.
Date of Certificate . Residence 3 70 ) Kun

# Jesse Lawson 1896

908/
This 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 June I Lawson
2. Sex mac. 3. Color white. 4. Age 8 moo
5. Married or single
6. Date of Death July 7 1896
7. Cause of Death Accided
8. Duration of last Illness 4 (MM)
arm Aleungho, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
- The state of the
9. Occupation
10. Place of Birth County
11. Residence 10 th Lt . Ward No.
12. Time of Residence in the City
Name of Mother Sallie Cofourson
13. When a Minor Name of Father Rex R Lawson
14. Place of intended Interment January Com
15. Date of intended Interment July 7 1886
Practe A. Dyn, Undertaker.
Date of Certificate Residence

# Lizzie Leffler 1907

4311
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
m 7. PIII.
1. Name of deceased ws. dygue Lift was
2. Sex Jamala 3. Color Johlo 4. Age 43 yrs.
5. Married or single Jue 4" 1907.
6-1000
7. Cause of death Control
8. Duration of last illness. Jone W. Stone. M. D.
Residence BOWLING GREEN, XY.
Residence
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
12. Time of residence in the city
12. Time of residence in the city.  13. When a minor Name of mother.  14. Place of intended interment.  15. Date of intended interment.
12. Time of residence in the city
12. Time of residence in the city.  13. When a minor Name of mother.  14. Place of intended interment. It fossphis bruntlery.  15. Date of intended interment. If fossphis bruntlery.  16. GERARD & GERARD. Undertaker.
12. Time of residence in the city.  13. When a minor Name of mother.  14. Place of intended interment. It fossphis bruntlery.  15. Date of intended interment. If fossphis bruntlery.  16. GERARD & GERARD. Undertaker.

# Tessa Leffler 1893

21)	26
This Constitutes One Certificate to be Retur ed to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased the Tuesa Landa	
2. Sextemale 3 Color Ahite 4. Age 6 5 yrs	*10
5. Married or single harried -	
6. Date of Death June 16 "/93:	
7. Cause of Death Chine Hastistis	
8. Duration of last Illness	
I h. hurphy, M. D.	
Residence Bluen Ky	
Kesidence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence Queer Peke . Ward No. 4th	
12. Time of Residence in the City	
Name of Mother	
Name of Father	
14. Place of intended Intermen Hoseph's Country	
15. Date of intended Interment Julie 17 "/93.	'
File Front But Fundertaker	A
Date of Certification 17/93 Residence	

# Susan Legrand 1878

27	
This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	
RETURN OF A DEATH.	
PHYSICIAL'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of Deceased Man Segrand Lagra 2 Sex frual 3. Color White . 4. Age 68	1
5. Married or Single Wedow	
6. Date of Death Lune 17th 1878	
7. Cause of Death Caucer	
8. Duration of last Illness Leveral years	
(no Physician in accomment	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Lewing  10. Place of Birth  11. Residence Elm Flat, Mec Ward No. 3 = 0	
11. Residence Elm Heat Mec Ward No. 300	
12. Time of Residence in the City	
Name of Mother	
13. When a Minor \{ Name of Mother \\ Name of Father \\ 14. Place of intended Interment \text{Fairviel Cense Tery}	
14. Place of intended Interment fairview Lewetery	
15. Date of intended Interment June 18 78	
J. Stuckle & Bry, Undertaker.	
Date of Certificate June 18 18. Residence State N	
Democrat Print	
	-

# Ada J. Leland 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  Name of Deceased Ada Leland
2.	
5.	01
6.	Married or Single Mangle 1879  Date of Death Aug 9 to 1879
	Cause of Death Typhus 74ver
	Duration of last Illness 11 das
o.	William of case rances 1 200 Statillag, M. D.
	Residence /
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence . Ward No.
12.	Time of Residence in the City
13.	When a Minor { Name of Mother
14	Place of intended Interment
15.	Date of intended Interment
10.	
	, Undertaker.
D	Pate of Certificate Residence
Talana	Democrat Print.

# Thomas Lennox 1903

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 decoased howard fraguest  2. Sex Mark 3. Color While 4. Age abt 4.5 yes  5. Married or single Southward  6. Date of death Jacq 15-1903.  7. Cause of death Sources  8. Duration of last illness activity for the formula of the second of the secon
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth for fill ward No. /  11. Residence Ward No. /  12. Time of residence in the City. sword Ward No.
13. When a minor Name of Mother Name of Father Ounating
14. Place of intended interment facy 15" 190 9  15. Date of intended interment facy 15" 190 9  Grand and Grand  Undertaker.
Date of Certificate Jan. 15/1947. Residence

# Charles B. Lestergett 1878

	RETURN	OF A DEATH.
PI	HVSICIAN'S CERTIFIC	ATE PREPARATORY TO BURIAL.
2. Sex	France . 3. Cole	or white . 4. Age of minther
5. Mar	ried or Single AAQ	ruil
6. Date	of Death	c 20th 18/8,
7. Caus	se of Death Buth	wy
8. Dur	ation of last Illness	
		, M. D.
	Residence_	
LIMI	SEDTAVED'S CEDTIEIC	CATE IN RELATION TO DECEASED.
CIVI	DERTAKERS CERTIFIC	THE IN REENTION TO DECEMBE
9. Occu	pation	
9. Occu 10. Plac		lile :
10. Plac	e of Birth Nach	
10. <i>Plac</i> 11. <i>Resid</i>	e of Birth Nach dence Sheer of Residence in the City	Ward No. 2
<ol> <li>Place</li> <li>Residence</li> <li>Time</li> </ol>	e of Birth Nach dence Sheer of Residence in the City	Ward No. 2
<ol> <li>Place</li> <li>Residence</li> <li>Time</li> <li>When</li> </ol>	$e$ of Birth $N$ $color hand Minor \{ egin{array}{ll} Name of Mother Mame of Fathe Mame of Father hand Mame of Father Mame of Ma$	Ward No. 2 Frie weeks or MC Leslersett
<ol> <li>Place</li> <li>Residence</li> <li>Time</li> <li>When</li> </ol>	e of Birth Nach dence Sheer of Residence in the City	Ward No. 2 Frie weeks or MC Leslersett
<ol> <li>Place</li> <li>Residence</li> <li>Time</li> <li>When</li> <li>Place</li> </ol>	$e$ of Birth $N$ $color hand Minor \{ egin{array}{ll} Name of Mother Mame of Fathe Mame of Father hand Mame of Father Mame of Ma$	Ward No. 2 Frie weeks or MC Leslersett
<ol> <li>Place</li> <li>Residence</li> <li>Time</li> <li>When</li> <li>Place</li> </ol>	e of Birth Nach  dence Sheet  of Residence in the City  on a Minor  Name of Mothe  Name of Fathe  e of intended Interment	Ward No. 2 Frie weeks or MC Leslersett

# Angeline Levey 1906

31
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
assaling Lavay
1. Name of deceased any 2. Sex Finals . 3. Color White . 4. Age / yr.
2. Sex Simort Singly. 4. Age
5. Married or single OCT 24 1906
1. Name of deceased Auguling Laway  2. Sex Lunal 3. Color Phits 4. Age / yr  5. Married or single Single.  6. Date of death OCT 24 1906  7. Cause of death Intersocution
8. Duration of last illness
8. Duration of last illness HP. Sarlwinght , M. D.
Residence BOWLING GREEN, KY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth POWLING GREEN, KY
11. Residence Cantru St BOWLING GREEN, KY Ward No.
12. Time of residence in the City. 190.  Name of Mother Mrs. Brul Livry
13. When a minor Name of Mother Bu Living
13. When a minor Name of Father Daw Lavery  14. Place of intended interment Farwage Country  10. T 25 1906
14. Place of intended interment 0CT 25 1906
GERARD & GERARD, Undertaker.
Date of Certificate OCT 25 1906 . Residence BOWLING GREEN, KY
No.

# Elizabeth Lewis 1910

40.00	30
4.4	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.	
2.	
5.	Married or Single
6.	Date of death fruit 2 1910
7.	Cause of death
8.	Duration of last illness
	, М. р.
	Residence
	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Inf
10.	Place of birth
11.	Residence Classes ville Gernward No.
12.	Time of residence in the city.
18	When a minor \ Name of Mother \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10.	When a minor Name of Father MV
14.	Place of intended interment fauvew Com
15.	Date of intended interment 4 1910
	HO Grands + Kully , Undertaker.
Dat	e of Certificate Assault 1910 Residence 3911
	1

# Elizabeth Lewis 1910

TRANSPORTATION OF CORPSE.  IENNESSEE STATE BOARD OF EMBALMERS PHYSICIAN'S OR CORONER'S CERTIFICATE  Name of Deceased State beth Levis Date of Death June 2-10 19  (If minor, rive persents name also)  How of Death 12 M Age Years Months 11 Days 18  Place of Death (It minor, rive persents name also)  How of Death 12 M Age Years Months 11 Days 18  Place of Death (It minor, rive persents name also)  How of Death 12 M Age Years Months 11 Days 18  Place of Death 12 Days 18  Pareby certify that the above is true to the best of my prompledge and bailes.  M. D. or Coroner  Residence Blackelle True County of March 12 Days 18  Residence Blackelle True County of March 14  This permit must be properly signed, and with Physicain's Certificate presented to the Railroad or Express  Agent before a body can be shipped.  In the Office Town)  State of Town 19  State o					5	1
TENNESSEE STATE BOARD OF EMBALMERS PHYSICIAN'S OR CORONER'S CERTIFICATE  Name of Deceased 1124 both 1. 1.041.8.  Out of Death 12 M. Age. Years Months 11 Days 18  Place of Death 12 M. Age. Months 11 Days 18  Place of Death 12 M. Age. Months 12 Days 18  Place of Death 12 M. Age. Months 12 Days 18  Place of Death 14 The above is true to the best of my Anousledge and beitef.  County of Thereby certify that the above is true to the best of my Anousledge and beitef.  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 16 July 10 On the 16 Days 19 July 10 On the 17 Days 19 July	24	- P	u a min niv	and the second second	_Kailroad.	1 4
TENNESSEE STATE BOARD OF EMBALMERS PHYSICIAN'S OR CORONER'S CERTIFICATE  Name of Deceased 1124 both 1. 1.041.8.  Out of Death 12 M. Age. Years Months 11 Days 18  Place of Death 12 M. Age. Months 11 Days 18  Place of Death 12 M. Age. Months 12 Days 18  Place of Death 12 M. Age. Months 12 Days 18  Place of Death 14 The above is true to the best of my Anousledge and beitef.  County of Thereby certify that the above is true to the best of my Anousledge and beitef.  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 16 July 10 On the 16 Days 19 July 10 On the 17 Days 19 July	T	RANSPOR	TATIO	NOFC	CORPSE.	
PHYSICIAN'S OR CORONER'S CERTIFICATE  Name of Deceased 112 12 16 14 1 Lovis (It minor, rive parents' name also.)  Hour of Death 12 M Age Years Months 11 Days 18  Place of Death 12 M Age Years Months 11 Days 18  Place of Death 12 M Age Years Months 11 Days 18  Place of Death 12 M Age Years Months 11 Days 18  Phereby certify that the above is true to the best of my knowledge and boilet.  Residence Blankell County of Residence Blankell County of M. D. or Ceroner Residence Blankell County of Residence Presidence Residence Blankell County of Residence Residenc	also be					
Name of Deceased Lilzubeth Lewis (It minor, give parents' name also.)  Hour of Death 12 M. Age. Years Months 11 Days 18  Place of Death Clarify that the above is true to the best of my knowledge and besief.  Residence Blon Maille Torm Main Street.  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 Olive Town.)  State of Torman Street of Maille Maille Maille Maille Maille of Bubliner's License No. 24 to remove for burial at Board Agent Defore a body of Live Doth Lowds who died at Olarife will a County of Maille Ma						
Hour of Death Place of Death Clause of Death Clause of Death Clause of Death Place of Death Phereby certify that the above is true tofthe best of my knowledge and belief.  M. D. or Coroner  Residence & Landelle Team 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 Chy artown)  State of Team 1930 on the A day of The Death County of Month Or remove for buried at Board of Residence of the body of t	V					10
Pace of Death Cause of Death  I hereby certify that the above is true to the best of my prophedge and boiles.  M. D. or Coroner  Residence Blankelle In County of State of Terror State of Terror  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 Clay or Town.  State of Terror State State of Terror State State State of Terror State State State of Terror State St	Name of Deceased					
Cause of Death  J Acreby certify that the above is true to the best of my knowledge and belief.  M. D. or Coroner  Residence & Lankelle Transit Permit No.  County of State of Transit Permit No.  CERTIFICATE OF UNDERTAKER.  I hereby certify that the accompanying dead body of Plane is absolutely forbidden.  County of State of Transit Name also.)  Consigned to Roulding State of Transportation by Railway or Stembout and in conformity with said Rules of printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 14).  State of Signed State Board of Embalmers, for transportation by Railway or Stembout and in conformity with said Rules on printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 14).  I have been prepared by me and strictly in accordance with Rules of the Transsete State Board of Embalmers, for transportation by Railway or Stembout and in conformity with said Rules on printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 14).  J issued by said State Board.						
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 Olivery Allow County of Monte (City or Town.)  State of Town 19 Monte (City or Town.)  State of Town 20 Monte (City or Town.)  State of Town 20 Monte (City or Town.)  State of Monte (City or Town.)  Certificate presented to accompanying dead body of Monte (City or Monte (City or Monte (City or Secondor or Monte (City of Monte (City or Monte (City						
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 County of Many C						
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 County of Monte Count	I hereby cer	tify that the above is true t	of the best of my kn	nowledge and belief.		
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 County of Monte Count	0.0	Marile Dear		Home	M. 1	O. or Coroner.
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	Residence N. Ca	Jacoba Jacoba	County of	7000	State of C	
Agent before a body can be shipped.  In the		PERMIT OF	LOCAL BO	ARD OF HE	ALTH.	
In the (City or Town.)  State of Town 1912 On the A day of I no 1912 Permission is hereby given I NORCO MO 188 holder of Embalmer's License No. 54 to remove for burial at Bowling Order of the body of In the county of State of Town 1912 Own the body of Interview of State of Town Months I Day on the Aday of Town 1912 Own 191	This permit mu				ented to the Railroad	or Express
State of Tellipsis 4. On the A day of I no 19 10 Permission is hereby given		to the same of the same of the same	and the desired of the latest and th	mile mile and the self-		
State of Tellipsis 4. On the A day of I no 19 10 Permission is hereby given	In the	(City or Town.)	of().2.2	rksville -	County of	
State of the body of Liz both Lowis who died at Clerricavilles County of Sate of Torn on the 2 day of Lize Of Torn 19,0 Aged Years Months Light Day and is hereby authorized to accompany said remains.  Signed 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 Lizabeth Lewis (If a minor, give parents' name also.)  Consigned to Rowling Order of transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 14) issued by said State Board.	State of	08800	on the 4	day of	J.ne	19]0
who died at the body of the state of the state of the body of the body of the state of the body of the	Permission is hereby	given D II NG	Regnolds	holder of E	nbalmer's License No. 34	
who died at Clerrice villes County of State of Torra on the 2 day of Julia 19,0 Aged Years Months 1,1 18, Day and is hereby authorized to accompany said remains.  Signed Health Officer or Sec'y Board of Health.  RULE 1. The transportation of bodies dead of small-pex, or bubonic plague is absolutely forbidden.  CERTIFICATE OF UNDERTAKER.  1 hereby certify that the accompanying dead body of Clark I. Low 48 (If a minor, give parents' name also.)  Consigned to Row 1 in or Or Or Or In the County of State of Ity and who died of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 14) issued by said State Board.						
on the 2 day of Tile 19 Aged Years Months 1 mile Day and is hereby authorized to accompany said remains.  Signed Rule 1. The transportation of bodies dead of small-pox, or bubonic plague is absolutely forbidden.  Transit Permit No.  CERTIFICATE OF UNDERTAKER.  1 hereby certify that the accompanying dead body of (Ha minor, give parents' name also.)  Consigned to Row 1 incr Aron in the County of Saide of Ity and who died of has been prepared by me and strictly in accordance with Rules of the Tennessee Sate Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. ) issued by said State Board.				THE RESIDENCE OF THE PARTY OF T	THE RESIDENCE OF THE PARTY OF T	
Transit Permit No.  CERTIFICATE OF UNDERTAKER.  1 hereby certify that the accompanying dead body of in the County of in the County of and who died of Sale of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. ) issued by said State Board.			The state of the s	THE RESERVE AND ADDRESS OF THE PARTY OF THE		
Transit Permit No.  CERTIFICATE OF UNDERTAKER.  1 hereby certify that the accompanying dead body of the the country of the the accompanying dead body of the the country of the the accompanying dead body of the the country of the the accompanying dead body of the the country of the the accompanying dead body of the country of the count			No.			ilimultiDaya
Transit Permit No.  CERTIFICATE OF UNDERTAKER.  1 hereby certify that the accompanying dead body of River in the County of Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. ) issued by said State Board.						
CERTIFICATE OF UNDERTAKER.  1 hereby certify that the accompanying dead body of RIA BOTH LOWER (If a minor, give parents' name also.)  Consigned to Rowling Orogon in the County of Sale of IV.  and who died of has been prepared by me and strictly in accordance with Rules of th  Tennessee Sale Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 34 ) issued by said State Board.	RULE 1. The tran				THE SOUR STREET	
CERTIFICATE OF UNDERTAKER.  1 hereby certify that the accompanying dead body of RIA BOTH LOWER (If a minor, give parents' name also.)  Consigned to Rowling Orogon in the County of Sale of IV.  and who died of has been prepared by me and strictly in accordance with Rules of th  Tennessee Sale Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 34 ) issued by said State Board.	75.0					
CERTIFICATE OF UNDERTAKER.  1 hereby certify that the accompanying dead body of RIA BOTH LOWER (If a minor, give parents' name also.)  Consigned to Rowling Orogon in the County of Sale of IV.  and who died of has been prepared by me and strictly in accordance with Rules of th  Tennessee Sale Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 34 ) issued by said State Board.						
CERTIFICATE OF UNDERTAKER.  1 hereby certify that the accompanying dead body of RIA BOTH LOWER (If a minor, give parents' name also.)  Consigned to Rowling Orogon in the County of Sale of IV.  and who died of has been prepared by me and strictly in accordance with Rules of th  Tennessee Sale Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 34 ) issued by said State Board.		College South State of the Stant	des allers as	1 Mb 1 - S Jacks william diameter   Lances Admin	BOTH CONTRACTOR AND	
I hereby certify that the accompanying dead body of RIII Aboth Lowis.  (If a minor, give parents' name also.)  Consigned to Rowling Groon in the County of State of Ity  and who died of has been prepared by me and strictly in accordance with Rules of th  Tennessee State Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. ) issued by said State Board.	Transit Permi	t No.				
I hereby certify that the accompanying dead body of RIII Aboth Lowis.  (If a minor, give parents' name also.)  Consigned to Rowling Groon in the County of State of Ity  and who died of has been prepared by me and strictly in accordance with Rules of th  Tennessee State Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. ) issued by said State Board.		CERTIF	CATE OF	UNDERTAKI	ER.	
Consigned to Rowline Order in the County of Sale of Tomas 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						
Consigned to Row Liner Croon in the County of State of Tomas and who died of has been prepared by me and strictly in accordance with Rules of th Tennessee State Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No. 34 ) issued by said State Board.	1 hereby certify	y that the accompanying dead bo	dy of Rlizab			
and who died ofhas been prepared by me and strictly in accordance with Rules of th Tennessee State Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No	Consigned to	Rowling Green	in the County			
Tennessee Sate Board of Embalmers, for transportation by Railway or Steamboat and in conformity with said Rules as printed on the bac of this Permit, and I further certify that I hold an Embalmer's License (No) issued by said State Board.		5504 St. 1000 s	he he	us been prepared by me	and strictly in accordance wit	h Rules of the
	and who died of		to be Dellasses of St.	mhoat and in conformit	y with said Rules as printe	d on the back
	and who died of Tennessee State Boar	d of Embalmers, for transportat	ion by Nauway or Siec	introdit disce as conjunta		

# Ellen Lewis

PHYSTIAN'S CERTIFICATE PREPARATORY TO BURIAL.  1. Name of Deceased Color Color of A. Age Cylinis  2. Sex Still 3. Color Color of A. Age Cylinis  5. Married or Single 6. Date of Death Solver Children of Last Illness  7. Cause of Death Solver Children of Last Illness  8. Duration of last Illness  Wellroy M. D. Residence  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  Dute of Certificate Residence Nesidence  15. Undertaker.  16. Date of Certificate Residence  17. Undertaker.	-	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
1. Name of Deceased Color Lives Loves  2. Sex Live 3. Color Blk 4. Age Lytens  5. Married or Single 6  6. Date of Death Liber Children  7. Cause of Death Liber Children  8. Duration of last Illness Lovey Marce  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  14. Place of intended Interment  15. Date of intended Interment  16. Undertaker.		RETURN OF A DEATH.
1. Name of Deceased Color Lives Loves  2. Sex Liel . 3. Color Blk . 4. Age Lytans  5. Married or Single f  6. Date of Death Liber Children  7. Cause of Death Liber Children  8. Duration of last Illness Lovey Live  When a Minor Name of Mother  12. Time of Residence in the City  13. When a Minor Name of Mother  14. Place of intended Interment  15. Date of intended Interment  16. Lives Live		
2. Sex Sind . 3. Color Blk . 4. Age Lyfans 5. Married or Single		
5. Marxied or Single 6. Date of Death 7. Cause of Death 8. Duration of last Illness  William  Neelsoy  M. D.  Residence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City  13. When a Minor  Name of Mother Name of Father  14. Place of intended Interment 15. Date of intended Interment  16. Undertaker.	11 271.58	Name of Deceased Collen Lives - James
6. Date of Death 7. Cause of Death 8. Duration of last Illness  When a Minor  Name of Mother  Name of Father  14. Place of intended Interment  15. Date of intended Interment  17. Cause of Death  18. Duration of last Illness  Number of Mother  Name of Father  Number of Mother  Name of Mother  Name of intended Interment  Number of intended Interment  Number of intended Interment  Number of Mother  Name of Mother	2.	Sex Stil . 3. Color 13CR . 4. Age Lylurs
7. Cause of Death  8. Duration of last Illness  The Chry, M. D.  Residence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation  10. Place of Birth  11. Residence  12. Time of Residence in the City  13. When a Minor {  Name of Mother  Name of Father  14. Place of intended Interment  15. Date of intended Interment  16. Undertaker.	5.	Married or Single
8. Duration of last Illness    Colory   M. D.   Residence   Manual	6.	Date of Death July 3
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.		The state of the s
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.	8.	Duration of last Illness Jone Inc
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.		McGlroy, M.D.
9. Occupation  10. Place of Birth  11. Residence		Residence Blygen
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     Date of intended Interment     , Undertaker.		
10. Place of Birth		
11. Residence	-	
12. Time of Residence in the City  13. When a Minor {     Name of Mother     Name of Father  14. Place of intended Interment     Date of intended Interment     , Undertaker.		Occupation
13. When a Minor { Name of Mother	10.	Occupation  Place of Birth
14. Place of intended Interment  15. Date of intended Interment  , Undertaker.	10.	Occupation  Place of Birth  Residence . Ward No. 2
14. Place of intended Interment  15. Date of intended Interment  , Undertaker.	10.	Occupation  Place of Birth  Residence . Ward No. 2  Time of Residence in the City
15. Date of intended Interment, Undertaker.	10. 11. 12.	Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  When a Minor  Name of Mother
, Undertaker.	10. 11. 12.	Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  When a Minor  Name of Mother
	10, 11. 12. 13.	Occupation  Place of Birth  Residence
Date of Certificate . Residence	10. 11. 12. 13.	Occupation  Place of Birth  Residence
	10. 11. 12. 13.	Occupation  Place of Birth  Residence Ward No.  Time of Residence in the City  When a Minor {     Name of Mother     Name of Father  Place of intended Interment  Date of intended Interment
	10. 11. 12. 13. 14. 15.	Occupation  Place of Birth  Residence

# Emily F. Lewis 1891

263
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
TRIBURIOURS A TOTAL AUTOLOGICAL
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 Emile V
1. Name of deceased //is/ Enriley H. Lewis,
2. Sextercale & color bhitel. 4. Age 7/ years.
5. Married or Single Widow,
6. Date of Death Liby 15" / 1891.
7. Cause of Death Heart disease
8. Duration of last Illness such months
Miller Herid Sto.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Columbia Membra Membrages 11. Residence Jain Street. Ward No. 4 th
12. Time of Residence in the City Jew years
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Frairview Country
15. Date of intended Interment Fryby 17"/1891,
J. G. J. Land, Undertaker.
Date of Certificate Juby 16/9/. Residence Octy

## Essie Mae lewis 1912

	35
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Essie May Junio 2. 865 Mule 3. Color Whit 4. Age / 1/2 5. Married or single 6. Date of death Sully 2 + /9/2 7. Cause of death Sully Action 8. Duration of last illness 2 weeks  Residence Banky Juny M.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Warren Ca	
11. Residence // Ward No,	
12. Time of residence in the City.	
13. When a minor Name of Mother Casaic hawks	
14. Place of intended interment _ Zakuw Our	_
15. Date of intended interment to the Milly, Undertail	ker.
Date of Certificate . Residence	
	******

# Herman Pope Lewis 1910

RETURN OF A DEATH.
927
Physician's Certificate Preparatory to Burial.
Murman Orby Lines
1. Name of deceased
2. Sex 3. Color 4. Age
5. Married or Single
6. Date of death Control by Atriat Capl
7. Cause of death Court of Sincer Cause
8. Duration of last illness 0
Jus They Com WE, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation South soully Rel
10. Place of birth Scottsville My
10. Place of birth Scottsville My  11. Residence Broadway Ward No.
10. Place of birth Scottsville My
10. Place of birth Scottsville My  11. Residence Swadway Ward No.  12. Time of residence in the city 15 yrs,  Name of Mother Mrs. Symms  Name of Mother Mrs. Symms
10. Place of birth Scottsville My  11. Residence Swadway Ward No.  12. Time of residence in the city 15 yrs.  13. When a minor Name of Mother Mrs. Sydners  Name of Father Sawas
10. Place of birth Scottsville My  11. Residence Swadway Ward No.  12. Time of residence in the city 15 yrs,  Name of Mother Mrs. Symms  Name of Mother Mrs. Symms
10. Place of birth Scottsville My  11. Residence Swadway Ward No.  12. Time of residence in the city 15 yrs.  13. When a minor Name of Mother Mrs. Sydners  Name of Father Sawas
10. Place of birth Scottswills My  11. Residence Devadurary Ward No.  12. Time of residence in the city My  13. When a minor Name of Mother My  14. Place of intended interments Town 1910  15. Date of intended interment Town 1910  Suparal Farance , Undertaker.
10. Place of birth Scottswills My  11. Residence Divadurary Ward No.  12. Time of residence in the city 15 yrs.  13. When a minor Name of Mother Must Saure Name of Father  14. Place of intended interment forwards furnatury  15. Date of intended interment forwards furnatury  16. Date of intended interment forwards furnatury  17. Date of intended interment forwards furnatury  18. Date of intended interment forwards furnatury
10. Place of birth Scottswills My  11. Residence Devadurary Ward No.  12. Time of residence in the city My  13. When a minor Name of Mother My  14. Place of intended interments Town 1910  15. Date of intended interment Town 1910  Suparal Farance , Undertaker.
10. Place of birth Scottswills My  11. Residence Devadurary Ward No.  12. Time of residence in the city My  13. When a minor Name of Mother My  14. Place of intended interments Town 1910  15. Date of intended interment Town 1910  Suparal Farance , Undertaker.

## Isaiah Lewis 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mariah Lywis
1.	Name of decoased White
2.	Sex M3. Color 4. Age
5.	Married or Single
6.	Date of death 10016 1910.
7.	Cause of death Bright's Dusian
8.	Duration of last illness Treese weeks
	E.M. Hall M. D.
	Residence Lile
	Undertaker's Certificate in Relation to Deceased.
	Thomas & Boutter
9.	Occupation Farmar & Banker
10.	Place of birth Dun point Curring
11.	Residence College St. Ward No. 3
12.	Time of residence in the city 18 Months
	( Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Frankhiv My
	Date of intended interment Nov 17" 1910.
10.	Marged & French
	July 17 half Undertaker.
Date	of Certificate Residence

## J. O. Lewis 1908

38
This Constitutes One Certificate to be Retailed to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
109:1
1. Name of defeased & Luwis. 2. Sex Mall 3. Color White 4. Age 71 yrs. 5. Married or single Manual.
5. Married or single 100 8.
5. Married or single father.  6. Date of death filled by Electricity  7. Cause of death filled by Electricity
8. Duration of last illness. Jow, It Store, M. D.
Residence BOWLING GREEN, KY.
Residence DOWNING WALLAND
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmer.  10. Place of birth Warren County.  11. Residence Fashville Pike. Ward No.
9. Occupation Farmer.  10. Place of birth Warren County.  11. Residence Fashville Pike. Ward No.  12. Time of residence in the city
9. Occupation Farmer.  10. Place of birth Warren County.  11. Residence Fashvills Pike. Ward No.  12. Time of residence in the city  Name of mother
9. Occupation Farmer.  10. Place of birth Warren County.  11. Residence Fashvilla Pike. Ward No.  12. Time of residence in the city  13. When a minor Name of mother Name of father
9. Occupation Farmer.  10. Place of birth Warren County.  11. Residence Fashvills 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 Fairness Cemetery.
9. Occupation Farmer.  10. Place of birth Warren County.  11. Residence Fashvills Pike. Ward No.  12. Time of residence in the city.  13. When a minor Name of mother.  14. Place of intended interment Farmer Cemetery.  15. Date of intended interment Apr. 7"08
9. Occupation Farmer.  10. Place of birth Warren County.  11. Residence Fashvills 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 Fairness Cemetery.
9. Occupation Farmer.  10. Place of birth Warren County.  11. Residence Fashvills Pike.  12. Time of residence in the city.  13. When a minor Name of mother.  Name of father.  14. Place of intended interment Farmer Cemetery.  15. Date of intended interment Farmer Cemetery.  16. CERARD & GERARD Undertaker.
9. Occupation Farmer.  10. Place of birth Warren County.  11. Residence Fashvills Pike.  12. Time of residence in the city.  13. When a minor Name of mother.  Name of father.  14. Place of intended interment Farmer Cemetery.  15. Date of intended interment Farmer Cemetery.  16. CERARD & GERARD Undertaker.

## Josie Lewis 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
2.	Name of deceased and Town Lewis Sexthman 3. Color white 4. Age 42 yru Married or single manned
6. 7.	Date of death April - 3.1304  Cause of death Pulmananay Interculosis  Duration of last illness 16 manth
2	Residence City  Undertaker's Certificate in Relation to Deceased.
0	
9. 10.	Place of birth Ramur County
11.	Residence was Elwator Ward No.
12.	Time of residence in the city
13,	When a minor Name of mother Name of father.
14.	Place of intended interment Farreire Benefit
15.	Date of intended interment that I Undertaker
	e of Certificate

## Martha Bell Lewis 1907

	RETURN OF A DEATH.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Muthar Dell Lewis  Sex Found 3. Color whit 4. Age 14/V  Married or single
2.	Sex Found 3. Color white 4. Age 14
5.	Married or single
	Date of death
	Cause of death
8.	Duration of last illness
	M, D.
	Residence
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	Undertaker's Certificate in Relation to Deceased.
X7,0	Undertaker's Certificate in Relation to Deceased.  Occupation
10.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth Clarking Z. Ward No.  Time of residence in the city
10. 11. 12.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth Clarking Z. Ward No.  Time of residence in the city
10. 11.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth Clarking Town  Residence Clarking Town  Ward No.
10. 11. 12.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth  Residence  Ward No.  Time of residence in the city  When a minor  Name of mother  Name of father  Place of intended interment
10. 11. 12.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth  Residence  Ward No.  Time of residence in the city  When a minor  Name of mother  Name of father
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth  Residence  Ward No.  Time of residence in the city  When a minor  Name of mother  Name of father  Place of intended interment
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased.  Occupation  Place of birth  Residence  Ward No.  Time of residence in the city  When a minor  Name of mother  Place of intended interment  Date of intended interment
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased.  Occupation Place of birth Residence Ward No.  Time of residence in the city When a minor Name of father Place of intended interment Date of intended interment Undertaker.

## Martha Bell Lewis 1907

1	TRANSPORTATION OF CORPSE.
4	Transit Permit No. 126 (Give Station No.)
4	PHYSICIAN'S OR CORONER'S CERTIFICATE.
Name of deceased Ma	rtha .Bell.Lewis Date of death May, 14th.
Hour of death 2/30	P <sub>M</sub> . Age. Vears 11 Months Days
	rksville, Tenn. Cause of death Sattero Colitis
	a Nen-Communicable
No.	A Rung and D. as Coronge.
Residence. Clarks	ville, Tenn
	PERMIT OF LOCAL BOARD OF HEALTH.
	operly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.
In the City	Township.) of Clarksville, County of Mentgemery,
State of Tennes	see, on the 14th. day of May, 166.
	ven. T.E.McReynelds
to remove for burial at	Bewling-Green, in the County of
State of Ky.	the body of Martha. Bell.Lewis
who died at 1 Cl	arksville, County of Mentgemery State of Tenn.
on the 14th.	day of Mey,
and H.E.L	ewis is hereby authorized to accompany said remains.
(SEAL)	Signed R. P. Macon Health Officer,

## Rebeka Lewis 1907

	DETUD	N OF	DEATH.
	RETUR	IN OF A	V DEATH.
	DUVELEUM	WE CENTIFICATE BOFBADA	TODY TO BUDGE
	PHYSICIAN	N'S CERTIFICATE PREPARA	TURT TU BURIAL.
			Luis
2.	Sex finale	3. Color blu	ex. 4. Age V & yu
5.	Married or single	dingu	
6.	Date of death	166-12	<u>, - 0 y                                 </u>
7.	Cause of death	your m Tu	long
8.		11 + 60	efts
		1991	deed of le, M. D
		Pasidanas /	198 4000
		Residence	
9.	UNDERTAKEI	R'S CERTIFICATE IN RELA	TION TO DECEASED.
9. 10.	UNDERTAKE	R'S CERTIFICATE IN RELA	TION TO DECEASED.
10.	UNDERTAKES  Occupation	R'S CERTIFICATE IN RELATIONS OF THE PROPERTY O	TION TO DECEASED.
10. 11.	UNDERTAKED  Occupation Place of birth Place of birth Trime of residence in the	R'S CERTIFICATE IN RELATIVE AND	TION TO DECEASED.  Ward No. 3
10. 11. 12.	UNDERTAKED  Occupation Place of birth Place of birth Trime of residence in the	R'S CERTIFICATE IN RELATIVE AND	TION TO DECEASED.  Ward No. 3
10. 11. 12.	UNDERTAKED  Occupation  Place of birth  Residence  Time of residence in the of the open control of the ope	R'S CERTIFICATE IN RELATION OF THE City. 200 and of Mother of Father 100 and 1	TION TO DECEASED.  Ward No. 3  Mark Laws
10. 11. 12. 13.	UNDERTAKES  Occupation  Place of birth  Residence  Time of residence in the Name of Name Name Name Name Place of intended interpretations.	r'S CERTIFICATE IN RELATED IN REL	TION TO DECEASED.  Ward No. 3  June Land
10. 11. 12. 13.	UNDERTAKED  Occupation  Place of birth  Residence  Time of residence in the of the open control of the ope	r'S CERTIFICATE IN RELATED IN REL	TION TO DECEASED.  Ward No. 3  July Substitute And Substitute Control of the Substitute Control
10. 11. 12. 13. 14.	Occupation  Place of birth  Residence  Time of residence in th  When a minor  Nam  Nam  Place of intended inte	r's CERTIFICATE IN RELATION OF THE CITY.  The City.  The of Mother forment for	TION TO DECEASED.  Ward No. 3  Market Service  Market Service
10. 11. 12. 13. 14.	UNDERTAKES  Occupation  Place of birth  Residence  Time of residence in the Name of Name Name Name Name Place of intended interpretations.	r's CERTIFICATE IN RELATION OF THE CITY.  The City.  The of Mother forment for	TION TO DECEASED.  Ward No. 3  July Substitute And Substitute Control of the Substitute Control

## Thomas Liebold 1892

394) 5 40
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
De This left of
1. Name of deceased The file of the selection
2. Sex Male . 3. Color Thill . 4. Age 44 grs
5. Married or Single Thanker
6. Date of Death Maria 29 1/18 92
7. Cause of Death Merrous Problemian
8. Duration of last Illness Twe weeks
J. J. M. Levy, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Germany
11. Residence Portage Rail Logid Ward No. 4 19
12. Time of Residence in the City Thirty years
12 When Wi Name of Mother
13. When a Minor. Name of Father
14. Place of intended Intermente If the phy Check.
15. Date of intended Interment Myar 30 "192"
Thank Juan Jundertaker.
Date of Certificate far 29/92 Residence Lety.

# Monroe Lightfoot 1899

750.111 431
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 trourse Lightfoot 2. Sex male. 3. Color while. 4. Age 15 yr
5. Married or single Single See 26 - 1899
7. Cause of death Luc Shat Wound in abdomen  8. Duration of last illness Luc days
Residence Bowling Green My
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Laborur  10. Place of birth name Co. Plano Ky
11. Residence Portage Railro of . Ward No. 3 To
12. Time of residence in the City for Figure 13. When a minor Name of Mother Name of Father
14. Place of intended interment Fair run C
15. Date of intended interment
Date of Certificate 27/95 Residence

# Monroe Lightfoot 1899

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 Montry lightfoot
2. Sex Macc 3. Color while 4. Age /5 years
5. Married or single Vivyle
6. Date of death Surshot Wounds 7. Cause of death Gunshot Wounds
8. Duration of last illness  J. Pasi., M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Narunlla, My, 11. Residence Portuge RR. Ward No. 3
11. Residence Portugal R.R. Ward No.
72. Time of residence in the City
t3. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father  14. Place of intended interment Gain View
15. Date of intended interment Decr. 27-99.  Laural Flavorsk, Undertaker.
Date of Certificate Deel 2 W.f. 9 9 Residence

# W. S. Lightfoot 1910

	RETURN OF A DEATH.	
	Physician's Certificate Preparatory to Burial.	
	11/88 1474	
1.	Name of deceased O Tagget foot	
2.	Sex/Mall. 3. Color/Mill. 4. Age 08	
5.	Married or Single Massid	
6.	Date of death Wet   1910	
7.	Cause of death Organic Heart disease	>
8.	Duration of last illness	
	J. M. Smithe, M	. I
	Residence / Boroling Green	
	- / Ty /	
	Undertaker's Certificate in Relation to Deceased.	
9.	Occupation	
0.	Place of kirth Wassassassassassassassassassassassassass	
	Place of birth Warren Questy/ Residence Bourlay Green by Ward No.	
1.	Residence Ward No	
2.	Time of residence in the city 6 4	
3.	When a minor Name of Mother	
	(Name of Father.	
4.	Place of intended interment Tannum and	
5.	Date of intended interment 2 / 9 ()	******
	Control of Milday, Underta	ker
Date	e of Certificate Residence	-

## 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 Liliard
2. Sex male 3. Color black 4. Age 16 400
5. Married or single Single
5. Married or single Single 6. Date of death Juny 148 1906 7. Cause of death Disturing
7. Cause of death Disturning
8. Duration of last illness all of ance
Jus Edwy Ceron M. D.
Residence Brule Jalen 19
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Bawling Green
11. Residence Callege St. Ward No. 2
12. Time of residence in the city 6 40
12. Time of residence in the city 6 40  13. When a minor Name of mother Mrs Liliard Name of father Lal Liliard
Name of father of the state of
14. Place of intended interment funt. more af amily 15. Date of intended interment dune 17-1906
15. Date of intended interment June 17-1906.
Date of Certificate Just 16-1906 Residence College
A J AV

## Catherine Lillard 1878

	This Constitutes ONE CERTIFICATE to be return 1 to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Cathuro Villard
2.	Sex Hernale . 3. Color Black . 4. Age 17 years.
5.	Married or Single Single
6.	Date of Death Dige 25 -12
7.	Cause of Death Cousing Their
8.	Duration of last Illness 12 Wodelly
	no Vlysiciano, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation D 1 1
10.	Place of Birth Bowling Som
11.	Residence Summer Stud . Ward No. 2
12.	Time of Residence in the City
	When a Minor Name of Mother Julia Olland Name of Father Jan
13.	When a Minor Name of Mother Julia Ciliai
1	(N)
	Place of intended Interment Col Curity
15.	Date of intended Interment Dec 26
	In Clarent, Undertaker.
1.	Pate of Certificate & L25=378. Residence
	Democrat Print.

# Charles Livingston Lillard 1881

1	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 Privile Line & Colleged	
	1. Name of Deceased Charles Fivuy of an Xillard 2. Sex male . 3. Color Black 4. Age 18 mas	
	5. Married or Single 6	
	6. Date of Death Any 11th 1881	
	7. Cause of Death Cholen Infantion	
	8. Duration of last Illness	
	F. J. Townsond , M. D.	
	Residence	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	9. Occupation	
	10 Place of Birth Summer Stud - Ward No 2 -2	
	12. Time of Residence in the City	
	13. When a Minor Name of Mother Lell Rilland Name of Father W	
	14. Place of intended Interment Local 1881	
	15. Date of intended Interment Hig 12-1881. Undertaker.	
	Date of Certificate Oug 12 81. Residence	
	Democrat Job Print	
	Denotation 100 Fine	

## James Lillard 1911

	RETURN OF A DEATH.
#	Physician's Certificate Preparatory to Burial.
	J. H
1.	Name of deceased St. Lillary
2.	Sex Marky & Color 13 1 4. Age 79 yr
5.	Married or single / Willows
6.	Date of death 1816, 25"/9/1.
7.	Cause of death Princes
8.	Duration of last illness 6 days
	E.M. Hall. M.D.
	Residence Bowling & see /4
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation /
10.	Occupation  Place of birth  Bouling  June  Aug  Aug  Aug  Aug  Aug  Aug  Aug  Au
11.	Residence #19 Staw St. Ward No. 2
10	Time of residence in the city
12.	When a minor \ Name of mother
	Name of father
13.	Place of intended interment
	had of mornion had a fill a fill
13,	Date of intended interment Date 11"1911
13. 14. 15.	Wall non 1911

## Luencia Lillard 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
-7	RETURN OF A DEATH.
	And it I'ven I
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Quencia Quent
2.	Sex June 3. Color Maclo 4. Age 14 years
5.	Married or Single
6.	Date of Death July 3 5 1881
7.	Cause of Death Schofula
	Duration of last Illness Que A mile
	200 Physician. D.
	Residence By de with officer
	nesaence ve
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth Sowling Com 19
11.	Residence Summer State . Ward No 2
12.	Time of Residence in the City
	Name of Mother Miles Olland
13.	When a Minor Name of Father James 11
14.	Place of intended Interment Col Cut
	Date of intended Interment 1125 # 1881
10.	Date of internet Internet , Undertaker.
D	Date of Certificate 1997. Residence

# Seeley Lillard 1910

1	50
1	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🕈 🕏
4	RETURN OF A DEATH.
1	
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Durly Lillard
2.	Sex Firmalr 3. golor Blke. 4. Age 110 yrs.
5.	Married or Single
6.	Date of death
7.	Cause of death
8.	Duration of last illness M. D.
	Residence Dowling Grey
To.	· / / ·
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Inginia!
11.	Residence College, St. Ward No. 2
12.	Time of residence in the city.
13.	When a minor { Name of Mother
14.	Place of intended interment Wh. Moriah, Dunuturg
15.	Date of intended interment July, 4"1910.
	Gulard Turner Undertaker.
Date	of Certificate July 5"1910 Residence

## Theo Lillard 1896

919/ 3	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 This Lillard	
2. Sex female. 3. Color Blot. 4. Age 2 h pe	
5. Married or single	
6. Date of Death 26 1816	
7. Cause of Death Paralykin (15 ptheritie)	
8. Duration of last Illness / month	
Trecomor Income, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
——————————————————————————————————————	
9. Occupation	
9. Occupation 10. Place of Birth	
9. Occupation	
9. Occupation  10. Place of Birth  11. Residence College II Ward No. 2  12. Time of Residence in the City	
9. Occupation  10. Place of Birth  11. Residence College II Ward No. 2  12. Time of Residence in the City  Name of Mother Belle Lilland	
9. Occupation  10. Place of Birth  11. Residence College II Ward No. 2  12. Time of Residence in the City	
9. Occupation 10. Place of Birth 11. Residence College At Ward No. 2 12. Time of Residence in the City Name of Mother Belle Ailland	
9. Occupation 10. Place of Birth 11. Residence College A Ward No. 12. Time of Residence in the City  Name of Mother Name of Father  14. Place of intended Interment 15. Date of intended Interment	
9. Occupation 10. Place of Birth 11. Residence College A Ward No. 12. Time of Residence in the City  Name of Mother Name of Father  14. Place of intended Interment	
9. Occupation  10. Place of Birth  11. Residence College Ward No.  12. Time of Residence in the City  Name of Mother  Name of Father  14. Place of intended Interment  15. Date of intended Interment  , Undertaker.	
9. Occupation  10. Place of Birth  11. Residence College Ward No.  12. Time of Residence in the City  Name of Mother  Name of Father  14. Place of intended Interment  15. Date of intended Interment  , Undertaker.	

## Arther Linn 1881

This Constitutes ONE	E CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
RET	TURN OF A DEATH.
DUVCICIANIC	CERTIFICATE DREDADATORY TO BURIAL
	Arthur Line Team
	. 3. Color black . 4. Age & mont
5. Married or Single	
6. Date of Death	August 21st 1881
7. Cause of Death	Hereditary Syphilis
8. Duration of last Ill.	Iness Firon birth
	G.E. Townsund, M.D.
	Residence Bowling Gran
UNIDEDTALEDS	S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation	CERTIFICATE IN RELATION TO DECEASED.
	P. 1. Grand &.
10. Place of Birth 12	lowling string.
11. Residence	Ward No 3
11. Residence	in the City
$egin{array}{ll} 11. & Residence & & & & & & & & & & & & & & & & & & &$	in the City  Tame of Mother Marry  Tame of Father Law Lines
12. Time of Residence $\{ egin{array}{ll} Ne & Ne & Ne \ Ne & Ne \ \end{array} \}$	in the City  Tame of Mother Marry  Tame of Father Law Lines
$11.  Residence$ $12.  Time \ of  Residence$ $13.  When \ a  Minor \begin{cases} No \\ No \end{cases}$ $14.  Place \ of  intended  Down \ def $	in the City
11. Residence         12. Time of Residence         13. When a Minor $\begin{cases} No \\ No \end{cases}$ 14. Place of intended I         15. Date of intended I	in the City  Tame of Mother Marry  Tame of Father Low Line  Interment Minule Mork Cornelary  Interment Aug 22 ad 1881  Server Line  Server Line  Server Line  Mard No 3
$egin{array}{lll} 11. & Residence & & & & & & & & & & & & & & & & & & &$	in the City  Tame of Mother Marry  Tame of Father Low Line  Interment Minule Mork Cornelary  Interment Aug 22 ad 1881  Server Line  Server Line  Server Line  Mard No 3
1. Residence 2. Time of Residence of Residence of Residence of No. 1. Place of intended 1. 1. Date of intended 1. $\frac{1}{2}$	in the City  Tame of Mother Marry  Tame of Father Low Line  Interment Minule Mork Cornelary  Interment Aug 22 ad 1881  Server Line  Server Line  Server Line  Mard No 3

# Mary Linn 1906

53
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
REPORT OF A BEATTI
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 CO
1. Name of deceased May Linu
2. Sex ferrale 3. Color blick 4. Age 22 5. Married or single Single
6. Date of death april 17-1906.
7. Cause of death Consumption parents Dayfol
8. Duration of last illness — — — — — — — — — — — — — — — — — —
Residence B9 9 BL
INDESTRUCTION CONTINUES IN DELITION TO DECERCED
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Powling Green Dly
10. Place of birth Bowling Erren Dly 11. Residence Colige St Set 2 x 2 Ward No. 2
12. Time of residence in the City.
13. When a minor Name of Mother Mary Lim
(Name of Father & Rosto & con-
14. Place of intended interment Mr. maricip lum.  15. Date of intended interment Opt. 18-19-6
I. E. Weeds to all the
Date of Certificate 417-1906 Residence
Con y & ballege 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 We Linux	
2. Sex Male . 3. Color Blk . 4. Age 23 yro	
5. Married or Single Single	
6. Date of Death July 25-1891 7. Cause of Death July 25-1891	
8. Duration of last Illness one Mean	
JAMEGRA, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth allen County  11. Residence / Shu / Ward No. 2	
12. Time of Residence in the City	774
13. When a Minor, Name of Mother  Name of Father	
14. Place of intended Interment Mt Monal Cunt	/
15. Date of intended Interment, July 2672/89/	
Date of Certificate . Residence	

## Etta B. Little 1911

	55
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Ella BLille Little
2.	Sex Finale 3. Color white Age 58
5.	Married or Single Milland
6.	Date of death Muy 29 1971
7.	Cause of death Aortha Andurism
8.	Duration of last illness 2 Mg as
	Il & Touddee, M. D.
	Residence Danie Heer
	Undertaken's Cariffactic Policie Policie
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Okanikufur
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 Camalan
14.	Place of intended interment May 3/"/9//
15.	Date of intended interment
Date	of Certificate May 30/19/1 Residence & Thum Ry
**********	
114141111	

# 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 & Little. Little 2. Sex Friends 3. Color, White 4. Age 28 yrs 5. Married or single Single. 6. Date of death family 16-1904 7. Cause of death obstaculous
1. Name of deceased White 1 28 yrs
2. Sex Julius 3. Colory 4. Age Julius Single.
5. Married or single 6. Date of death Laury 16-1904
7. Cause of death Tubuculosis
The state of the s
8. Duration of last illness fice. F. South, N.O. N. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTAKENS CERTIFICATE IN RELATION TO DECENSED.
9. Occupation 10. Place of birth gify 11. Residence Chur St Ward No,/
10. Place of birth Gity
11. Residence Ohu 87 Ward No,/
12. Time of residence in the City.
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of Father
14. Place of intended interment Harvin Francisco
15. Date of intended interment for the first t
Jenuty 7 5 2, Undertaker.
Date of Certificate 16/1904 . Residence
<u></u>

# Mrs. A. J. Lively 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 2.	Name of deceased Wis A. Livry Sex Francis 3. Color thill 4. Age 48 4 xx Married or circle Manual 4.
5. 6.	Married or single MAY 3 - 1910  Date of death
7.	Cause of death / Lout beare
8.	Duration of last illness  A WLING GREEN, KY  Residence
	Undertaker's Certificate in Relation to Deceased.
9.	
10. 11.	Occupation  Place of birth Warran lad  Residence 15 th Whigh, Ward No.
10.	Occupation  Place of birth Warran led  Residence 15 th Whigh. Ward No. /  Time of residence in the city
10. 11.	Occupation  Place of birth Warran lad  Residence 15 th YNright, Ward No.  Time of residence in the city  When a minor  Name of mother
10. 11. 12.	Occupation  Place of birth Warran lad  Residence 15 th YNright, Ward No.  Time of residence in the city  When a minor  Name of mother
10. 11. 12.	Occupation  Place of birth  Residence 5 th Thigh.  Ward No.  Time of residence in the city  When a minor  Name of mother  Name of father.

# Ermie Lively 1909

58
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Camil Linely 2. Sex funds 3. Color Cog 4. Age 38
2. Sex Purilate 3. Color Cla 4. Age 38
5. Married or single Married
6. Date of death 77 19894
7. Cause of death Caucar Curus,
8. Duration of last illness Work 4 growths
M. D.
Residence Bowting great &
Undertaker's Certificate in Relation to Deceased.
Oldertailer's Certificate in Tenation to Deceased.
9. Occupation Dunkeefer
9. Occupation Lunckeefer. 10. Place of birth Dy angus Co
9. Occupation Kunskeefus 10. Place of birth Of angus CV 11. Residence Multi wood Aul, Ward No. /
9. Occupation Sunskerfus  10. Place of birth De artest Colonia Ward No. /  11. Residence Much word Are, Ward No. /  12. Time of residence in the city Litter Jeans
9. Occupation Sunskerfus  10. Place of birth De argust Color  11. Residence Must work Aug. Ward No. /  12. Time of residence in the city Letters Jeans  Name of mother
9. Occupation Sunskerful  10. Place of birth Of angle CV  11. Residence Much ward One Ward No. /  12. Time of residence in the city filters france  (Name of mother
9. Occupation Sunkerful  10. Place of birth Of angul Col  11. Residence Make Ward No. /  12. Time of residence in the city filters years  Name of mother  Name of father Make Markins
9. Occupation Sunskerful 10. Place of birth De authority Ward No. / 11. Residence Multi ward Que, Ward No. / 12. Time of residence in the city flatter feare  13. When a minor Name of mother  14. Place of intended interment Multiple Country
9. Occupation Such Reference of birth Of Angle Ward No. 7  11. Residence Make Ward No. 7  12. Time of residence in the city filter years  13. When a minor Name of mother  14. Place of intended interment Make March Country  15. Date of intended interment filt March Country
9. Occupation  10. Place of birth  11. Residence  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  16. Many Learner  17. Undertaker.
9. Occupation Sunskerful  10. Place of birth Of angle Ward No. I  11. Residence Make Ward No. I  12. Time of residence in the city filters years  13. When a minor Name of mother  Name of father Maria Harris  14. Place of intended interment III Maria Maria  15. Date of intended interment III Maria Maria  16. Many Maria Curtan  Date of Certificate III Residence  Residence
9. Occupation Sunskerful  10. Place of birth Of angle Ward No. I  11. Residence Make Ward No. I  12. Time of residence in the city filters years  13. When a minor Name of mother  Name of father Maria Harris  14. Place of intended interment III Maria Maria  15. Date of intended interment III Maria Maria  16. Many Maria Curtan  Date of Certificate III Residence  Residence

# George W. Lively 1909

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	4 7114
1.	Name of deceased to White 4. Age 7/
2.	Sex Male 3. Color White 4. Age
5.	Married or single Manual
6.	Date of death March 9th 109 Cause of death acute Mullary Inburelous
7.	
8.	Duration of last illness Lun Weeks
	Cartright M. D.
	Residence Samling Street
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation 7
10.	Place of birth Warrin County
10. 11.	Place of birth Marsin Country  Residence Bauling from 14 gh Ward No.
10.	Place of birth Marsin Consulty Residence Bauling from 14 gh Ward No.  Time of residence in the city anglet growth
10. 11.	Place of birth Manusa Canada Ward No.  Residence Sauling Islan / triph Ward No.  Time of residence in the city when a minor  Name of mother
10. 11. 12.	Place of birth Manian Canada Residence Sauling June 14 Ward No.  Time of residence in the city Saught Ward No.  When a minor Name of mother Name of father
10. 11. 12. 13.	Place of birth Marsin Consulty Residence Bauling from 14 Ward No.  Time of residence in the city When a minor Name of mother Name of father.  Place of intended interment Fairner
10. 11. 12.	Place of birth Mansan Consulty Residence Bauling Bran / tight Ward No.  Time of residence in the city When a minor Name of mother Place of intended interment Bauch Date of intended interment Bauch  ENOCHS & DANIES
10. 11. 12. 13. 14.	Place of birth Mansan Construction Residence Sauling June 1 fight Ward No.  Time of residence in the city Supply Ward No.  When a minor Name of mother  Name of father.  Place of intended interment January Construction  Date of intend

# 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 Blb , 1 4. Age + Day	
5. Married or single, Single	
6. Date of death June 23/1901	
7. Cause of death Quantition	
8. Duration of last illness	
Bridge Strotth Officer, M. I	).
Residence Speaker Office,	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth billy	
11. Residence My Street Ward No, 2	
12. Time of residence in the City.	
13. When a minor Name of Mother Ida Lwely Name of Father	
14. Place of intended interment Lanning Community	er at
15. Date of intended interment June 1951901	
Galand / Jasan , Undertake	ì.
Date of Certificate Luna, 23/1901, Residence	

# James Lively 1893

474	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 James Pively	
2. Sex Male S. Color Whit 4. Age 98 jews	
5. Married or Single Manuel 6. Date of Death Any 11 9/93.	
7. Cause of Death Heart Lacture	
8. Duration of last Illness	
Milliken & Mered The M. D.	
Residence	
9. Occupation	
10. Place of Birth Organia  11. Residence Veryman Solegar Ward No. 2  12. Time of Residence in the City Surveyor.	
11. Residence Ward No. 2	
13. When a Minor. Name of Mother Name of Father	
14. Place of intended Interment Housen Count	
15. Date of intended Interment Lan 1373/893	
Flogene Bro, Undertaker.	
Date of Certificate July 13/93 Residence City	

# Martha Lively 1899

Donne France . 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 Mothadively
1. Name of deceased Martha Livery 2. Sex female. 3. Color Black. 4. Age 50 jol. 5. Married or single midow
5. Married or single Andrew  6. Date of death Cardiac Dropes,
7. Cause of death armae Droper
8. Duration of last illness O. S. Porlin, M. D.
Residence
THE AND CONTACT OF THE WORLD WAS ASSESSED.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence College Ct . 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 Country man Plano.
15. Date of intended interment July 6 1898.
Date of Certificate Residence
The state of the s

# Jewell Lodge 1911

63
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Jewell
1. Name of deceased the week to a dige
2. Sokulal 3. Color white 4 Age / mon
5. Married or Single
6. Date of death Draffnow
7. Cause of death
8. Duration of last illness
. , м. р.
Residence Bawling Frem 1/4
Undertaker's Certificate in Relation to Deceased.
0
9. Occupation Defant
10. Place of birth Bright Sun dy
11. Residence Ward No. 2
12. Time of residence in the city will the flat
13. When a minor Name of Mothe Sama Sadge
Name of Father
14. Place of intended interment Jasque emeloy
15. Date of intended interment
Undertaker.
Date of Certificate Aff. 19 72/1 Residence

# Nettie J. Lodge 1900

	44	44
	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
	RETURN OF A DEATH.	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
	1. Name of deceased Mittie Jadge 2. Sexternal . 3. Color White. 4. Age 20 Jr	-
	5. Married or single Ling (1900) 6. Date of death May 11 1900	
	7. Cause of death Lead Parlaineacher	in .
مل	8. Duration of last illness A. M. I. Mundeth M. I.	)
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	9. Occupation	
	10. Place of birth Harrier County  11. Residence & High Ward No.	
	12. Time of residence in the City Level 13. When a minor Name of Mother	
	14. Place of intended interment Inches Siel Anowhelm	my-d
	15. Date of intended interment	er.
	Date of Certificate Residence	
No.		

# Scott Lodge 1898

out of City	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	-90
1. Name of deceased Scott Ladge	
2. Sex male. 3. Color while. 4. Age 50 year	م
5. Married or single dugle 6. Date of death Carry 16 1898	
7. Cause of death Oneumonia	
8. Duration of last illness 13 Days  O. M. Stone Tom Wh Stone. M. D.	
Residence College St	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Laborer	
10. Place of birth all Co	
11. Residence Parlays R. R Ward No. 8.	
12. Time of residence in the City Year.  Name of Mother	
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
14. Place of intended interment her Hell	
15. Date of intended interment The John Windertaker	
Date of Certificate Residence	

# William T. Lodge 1907

	RETURN OF A DEATH.
	CONTROL TO DETTIL.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased William Thats
2.	Sex male 3. Color malit 4. Age 6.7
5.	Married or single married
6.	Date of death 7 - 2 3 - 1907
7.	Cause of death Consistion Louis Jallowing Dyson
8.	Duration of last illness 3 mike  Q. T. M. Carwick M. D.
	J. M. Garanck M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Carpuic
10.	Place of birth accur to the
11.	Residence / The A Let or Chutnet + Par Ward No.
12.	Time of residence in the city
13.	When a minor Name of mother
10.	When a minor (Name of father
14.	Place of intended interment
15.	Date of intended interment
	Undertaker.
Dat	te of Certificate

# Zula Lodge 1896

Out of town	67
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
r. Name of deceased Jula Conge	
2. Sex Junal 3. Color while 4. Age 4 you	
5. Married or single	
6. Date of Death 4 25 1896	
7. Cause of Death	
8. Duration of last Illness	
, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
m	
9. Occupation 10. Place of Birth County	
11. Residence a handle fatty. Ward No. 3	
Name of Mother Len Lotge	
Name of Father	
14. Place of intended Interment Som Will	
15. Date of intended Interment Opr 26/96	
Prathh Payn, 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 Int. Connect Square
2. Sex Male of Color White 4 Age 64-
5. Married or Single Vivauer
6. Date of death May 15-1918
7. Cause of death Mungities (as perlital Statistics
8. Duration of last illness
Regue Gerard, M.D.
Residence Lucraf Orch
Undertaker's Certificate in Relation to Deceased.
9. Occupation filing Cofeler
10. Place of birth
11. Residence Saculing Gray Ward No. Ward No.
12. Time of residence in the city
13. When a minor \{ Name of Mother
Name of Father
14. Place of intended interment Farmer furty
15. Date of intended interment \( \mathrea{\text{Var}} \) \( \text{GERARD} \) \( \text{GERARD}. \)
BOWLING GREEN, KY
Date of Certificate Residence Residence
in Suttinens Ind

Mary Lolon 1900

This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased  2. Sex finals. 3. Color black. 4. Age 34th.  5. Married or single  6. Date of death  7. Cause of death  8. Duration of last illness  WINDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth fear friendshift  11. Residence Country Ward No.
12. Time of residence in the City.  Name of Mother  Name of Father  Name of Father  14. Place of intended interment  15. Date of intended interment  Name of Father  Name of F

# Juliette Weston Long 1909

70
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.  1. Name of deceased Mos. Juliatty, Western Long, 2. Sex Junior 3 Color Whith 4. Age 74 yrs.  5. Married or Single Wallan
6. Date of death funt, 17" 1909. 7. Cause of death Heartfailure. 8. Duration of last illness & June 1
Residence Undertaker's Certificate in Relation to Deceased.
9. Occupation  10. Place of birth Warring Co.,  11. Residence Spansas Lotty Mo. Ward No.
13. When a minor { Name of Mother
Date of Certificate Juni. 15/1909. Residence

# Juliette Weston Long 1909

	E UF	UNDER	IANEK.	
Name of Deceased July	itte.	sas City, Mo.,	n , Lou	9 190.9
Cause of death A sar	to	ailure	,,	
For interment at 13 o	I.M.	Meri	vether	
No. of Transit Permit	6 6 8 E. S	TINE & SON	UNDERTAK	
From Karses City to 1	Bowli	ar and attached to box con grand attached to grand attached to grand attached to grand attached atta	ate 120	
From Marsas City	to	Bowling	g Green	22/4
via	R. R.	Via Now	hag Gree	Junction.
Via	R. R.	Via		Junction.
	R. R.	Via		Junction.

# J. Virgil Lothridge 1908

71
This Constitutes One Certificate to be Retailed to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
19/2011 I thinky
1. Name of degeased light White 31, 418
2. Sex Male Married 4. Age 36 yrs.
2. Sex Male 36 yrs.  5. Married or single Married.  6. Date of death July 7/1908
6. Date of death Pistol shot wound.
Duration of last illness
Juv. E. Grey Coronor of Wayrang
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
Underlaner's Certificate in Nelation to Deceased.
/ <del>/</del>
Bartundar
9. Occupation Bartunder  10. Place of birth Warren County.
9. Occupation Bartunder  10. Place of birth transmit County.  11. Residence Manus St., Ward No. 2
9. Occupation Bartunder  10. Place of birth transmit County.  11. Residence Manus St., Ward No. 2
9. Occupation Bartunder  10. Place of birth Warren County.  11. Residence Manus St., Ward No. 9  12. Time of residence in the city 15 yrs.  Name of mother Mrs. 4,6, Lothyridge  Name of mother Mrs. 4,6, Lothyridge
9. Occupation Bartunder  10. Place of birth transmit County.  11. Residence Manus St., Ward No. 2
9. Occupation Bartunder  10. Place of birth Vansa County.  11. Residence Manus St., Ward No. 2  12. Time of residence in the city 15 yrs.  Name of mother Ms. L. Lothyrdge  Name of father DE Lothyrdge  Name of father DE Lothyrdge
9. Occupation Bartunder  10. Place of birth Vanne County.  11. Residence Manus St., Ward No.  12. Time of residence in the city Syrs.  13. When a minor Name of mother Mrs. L. C. Lothindge  Name of father St. Lothindge  14. Place of intended interment Bairnian Cemetery
9. Occupation Bartunder  10. Place of birth Vanne County.  11. Residence Manus St., Ward No.  12. Time of residence in the city Syrs.  13. When a minor Name of mother Mrs. L.O. Lothings  Name of father.  14. Place of intended interment Bairness Cemetery  15. Date of intended interment. Firely 9 1908.
9. Occupation Bartunder  10. Place of birth Vanna Commity.  11. Residence Manus St., Ward No.  12. Time of residence in the city Syrs.  13. When a minor Name of mother Mrs. L.O. Lothings  Name of father.  14. Place of intended interment Bairness Cemetery  15. Date of intended interment States 91908.  GERARD & GERARD Undertaker.
9. Occupation Bartunder  10. Place of birth Vanna Commity.  11. Residence Manus St., Ward No.  12. Time of residence in the city Syrs.  13. When a minor Name of mother Mrs. L.O. Lothings  Name of father.  14. Place of intended interment Bairness Cemetery  15. Date of intended interment States 91908.  GERARD & GERARD Undertaker.
9. Occupation Bartunder  10. Place of birth Vanna Commity.  11. Residence Manus St., Ward No.  12. Time of residence in the city Syrs.  13. When a minor Name of mother Mrs. L.O. Lothings  Name of father.  14. Place of intended interment Bairness Cemetery  15. Date of intended interment States 91908.  GERARD & GERARD Undertaker.

# Lolla B. Lothridge 1893

553/ 12
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Lotheringe
1. Name of deceased 1422 gla B Latherity
2. Sex felhalis. Color Milia. 4. Age 17
5. Married or Single 6. Date of Death A 12 /833
7. Cause of Death Quite Perstonists
8. Duration of last Illness From 100
0000 M. D.
Residence Bourling Guern
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation /
10. Place of Birth Warren Co
11. Residence Angle A. Ward No. / L. Time of Residence in the City 2. Smanning
18 2-1
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Faring the Level
15. Date of intended Interment Quy 28 1895
PRATIFER PAYNE, Undertaker.
Date of Certificate

## Mrs. T. D. Louies 1912

1 0
1
T
_
3

## Lillian Lovall 1911

₹ This Constitutes One Certificate to be Retu	9 — irned to the City Clerk for a Burial Permit. ♥ ♥
RETURN O	F A DEATH.
Pl 11 0 16	
	Preparatory to Burial.
1. Name of deceased Tulian	Lovall,
2. Sex flymals 3. Color S	3 CK . 4 Age 25 yrs.
5. Married or Single single	
6. Date of death Max 13" 19	9//.
7. Cause of death Ty phoril	3 UK. 4. Age 25 yrs. 11/1. Favar
8. Duration of last illness 154	400
Ans	ABlackbun, M. D.
Residence	1119 State SX
Undertaker's Certificate	in Relation to Deceased.
<u> </u>	
9. Occupation Morgantonn 10. Place of birth botheys Sh.	My
10. Place of birth	2 22
11. Residence	Ward No. 2
12. Time of residence in the city	
19 When a miner	
13. When a minor Name of Mother  Name of Father	
19 When a miner	
13. When a minor Name of Father	
13. When a minor Name of Father  14. Place of intended interment  Max	
13. When a minor Name of Father  14. Place of intended interment Man	ganton Sy V15/1911, l & Gancier (, Undertaker.
13. When a minor Name of Father  14. Place of intended interment  15. Date of intended interment  16. March 17. March 18. March 19. Marc	ganton Sy V15/1911, l & Gancier (, Undertaker.
13. When a minor Name of Father  14. Place of intended interment  15. Date of intended interment  17. Mar.	ganton Sy V15/1911, l & Gancier (, Undertaker.

## Malinda E. Love 1910

75-1
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 the Malianta & Love 2. Sexfernale 3. Color White 4. Age 70
5. Married or single Married
6. Date of death February 28/10 7. Cause of death Subtractions of Land
7. Cause of death Subtractories of last illness two mouths
CC Brann M.D.
Residence Warren Canada
Trestation of the state of the
Undertaker's Certificate in Relation to Deceased.
9. Occupation
11. Residence Bauly Green the Aqual Ward No.  12. Time of residence in the city 10 months
13. When a minor Name of father
14. Place of intended interment Tapkanaville Ky
15. Date of intended interment
Marris + Ensels Undertaker.
Date of Certificate Liky 18 / Residence 3 11
Lady will be shiped at 610am

## Malinda E. Love 1910

Take this to
JAMES & HOGAN NEW DRUG STORE
FREST DRUGS REGISTERED PRARMACIET FILLS TRUS PRESCRIPTION
443 PARK ROW, BOWLING GREEN, KY
BOTH PHONES No. 6
This is to certify that
I was the fartifily
I was the garriery
Physician of the deceased
Mrs. Love during her
last illness and That
she died from
Tuberoulosis of the
Lungs
Feeb. 28th 1910
E. G. Brown M. S.
O TOWNSTRON LINIOS
443 Ревк Row, Воминс Сиеви, KY Воти Рискв Ло. 6
могупления Тикаллизмий аказеплия.
NEW DRUG STORE
of eint saleT

# 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 decoased Stephen Longall
2. Sex Mala . 3. Color Mala . 4. Age 63 gir,
5. Married or single Married ,
6. Date of death Mar, 17/1901, 7. Cause of death Marshina,
7. Cause of death 1999 100 100 100 100 100 100 100 100 10
A. L. Cullan, Con, M. D. Residence Warran, County
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
Chief the Control of
9. Occupation
10. Place of birth  11. Residence waar an Houndle Freety 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 Fairvier Causetary
15. Date of intended interment Mar, 18/1901
Guard Thiand, Undertaker.
Date of Certificate Man/18/1901., Residence

## Jane Lovell 1893

548)
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
BETTRN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Jane Jowell
2. Sex funds. 3. Color Black. 4. Age 80  5. Married or Single Married.
6. Date of Death Inige al chustion for
8. Duration of last Illness Junelia of Murphys. D.
Residence
9. Occupation House Keeps
10. Place of Birth Warner Could
12. Time of Residence in the City 3 years
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment July 1 1893
CRATHERS PAYNE., Undertaker.
Date of Certificate Residence

## William Lovett 1893

78
* This Constitutes One Certificate to be Returned to the City Clerk for a Burlai Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased William Levell
5. Married or Single Musuel
6. Date of death Mas 5-1905  7. Cause of death Pestal Shot
8. Duration of last illness a few forms  Admi & few forms  Delivery forms  1. The few forms  1. The fe
John & Muly Chron, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence 124 AT Ward No. 32
12. Time of residence in the city
13. When a minor \{ Name of Mother
Name of Father
14. Place of intended interment France learneting
15. Date of intended interment Mas 4-1905
Gerard Thrank, Undertaker.
Date of Certificate Mose 5 7965 Residence

# Alec Loving 1905

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased Ale Long
2.	Sex male. 3. Color black 4. Age 17 yrs.
	Married or Single Lingle
6.	Date of Death 12 - 1882
	Cause of Death Organis Line
8.	Duration of last Illness Zen Zuon Tho
•	Je J. Linson M. D.
	B. Luca Tarres
	Residence Bruting Frum -
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation
9	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth
9. 10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Ward No.
9. 10 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence
9. 10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence
9. 10 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  Name of Mother
9. 10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence
9. 10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  When a Minor {  Name of Mother  Place of intended Interment
9. 10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  When a Minor {  Name of Mother  Place of intended Interment
9. 10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  When a Minor {  Name of Mother  Name of Father  Place of intended Interment  Date of intended Interment
9. 10. 11. 12. 13. 14.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  When a Minor {  Name of Mother  Name of Father  Place of intended Interment  Date of intended Interment  , Undertaker.
9. 0 1. 2. 13. 14.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No  Time of Residence in the City  When a Minor {  Name of Mother  Name of Father  Place of intended Interment  Date of intended Interment

# Allie G. Loving 1898

1124
This 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 Man alice of a second of deceased Man alice of a second of single or and second of death of the second of death of death of the second of death of death of the second of death of death of the second of death of the second of death of dea
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation  10. Place of birth Barren Caucy  11. Residence & Chertuit It. 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 Jawview Comery 15. Date of intended interment May 8 1878  Hawky Bayra. Undertaker.
Date of Certificate Residence

# Dandringe Loving 1898

173	81
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Peru	nit.
RETURN OF A DEATH.	
**************************************	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Dandridge Loving	
2. Sex Male. 3. Color Belf. 4. Age 21 yes	
5. Married or single Manned.	
6. Date of death Diff. 4"1898.	
7. Cause of death Consumption	
8. Duration of last illness	4. D.
Residence Bowling Trun	Ke
Residence 1000 W Wy Summi	1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
(BASSAGATORIA SO-MONTH MINTO-METHAGATORIA	
9. Occupation	
10. Place of birth Bowling France Sty.	ch
11. Residence 2nd shikel . Ward No.	<
12. Time of residence in the City Life live -	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Aph Morian	un
15. Date of intended interment Sixt 6"1898	)
Guard & Greard, Under	taker.
Date of Certificate Syl 6"98, Residence	
	NO. 1117

# 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.	
Elin Da Loving	7
1. Name of deceased Telward Francy	
2. Sex Mah. 3. Color White 4. Age 84 year	0
5. Married or single Manuel	
6. Date of Death March 13 294	
7. Cause of Death Salmppe	
8. Duration of last Illness Ino months	
<i>∂</i>	
Residence	
INDEDIAVEDS CERTIFICATE IN DELATION TO PROPERTY	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Ireland	
11. Residence First Sheet . Ward No.	
12. Time of Residence in the City	
Name of Mother	-
Name of Father	
14. Place of intended Interment Staff Con	-
15. Date of intended Interment March 13/12/894	(
Hogeran Lindo, Undertaker.	
Date of Certificate March 18th Residence	
7 Finence	

# 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 Mrs. Eliza Juis Living
2. Sex French 3 Color White 4. Age 82 916.
5. Married or Single, Widom
5. Married or Single Wattow.  6. Date of death Nov. VV" pd.
7. Cause of death Caralysis
8. Duration of last illness A. C. Wright, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth wallen some
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 Fauvieur Canalang
15. Date of intended intermed frank
Date of Certificate Nov. 27/14 Residence City

# Mrs. Gilly Loving 1879

	DEMENDING OF COLUMN
	RETURN OF A DEATH
	MINISTER CENTRES AND DEPOS AND ADDRESS AND
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Ne	ame of Deceased Mrs Gilly Loving
	x Final . 3. Color Black . 4. Age 43
	arried or Single Married
	ate of Death Sep. 24 18-19
7. Ca	urse of Death Lyphorid Fierer uration of last Illness Three weeks
8. Di	eration of last Illness Three weeks
	J. F. McElrog, M. D.
	Residence
	NDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. <i>Oc</i>	ace of Birth Green County
10. Pla	ace of Birth Heen County
	sidence
12. Ti	me of Residence in the City
	hen a Minor { Name of Mother
13 W	Vana of Bathan
13. W	V Name of Pather
<ul><li>13. W</li><li>14. Plane</li></ul>	ace of intended Interment Col Cecut
14. Pla	ace of intended Interment Col Court  te of intended Interment Sft 24th 1879
14. Pla	ace of intended Interment Col Court ute of intended Interment Sept 24th 1879
14. Pla 15. Da	ace of intended Interment Col Court

# Jimmey Loving 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased finning Source
2.	Sex Male . 3. Colored . 4. Age 10 Menther
5.	Married or Single
6.	Date of Death Sight 20 /88/
7.	Cause of Death Ithouping Cauch .
8.	Duration of last Illness Leve days
	& Plantoni Ut MD
	Residence Bowling Chun
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
	Occupation  Place of Birth
10	
10	Place of Birth
10 11. 12.	Place of Birth  Residence Ward No 2  Time of Residence in the City
10 11. 12.	Place of Birth
10 11. 12.	Place of Birth  Residence Ward No 2  Time of Residence in the City
10 11. 12. 13.	Place of Birth  Residence Ward No 2  Time of Residence in the City.  When a Minor {  Name of Mother  Name of Father
10 11. 12. 13.	Place of Birth  Residence Ward No 2  Time of Residence in the City.  When a Minor {     Name of Mother  Place of intended Interment
10 11. 12. 13.	Place of Birth  Residence
10 11. 12. 13.	Place of Birth  Residence

# John Loving 1880

	. 8
	This Constitutes ONE CERTIFICATE to be
	RETURN OF A DEATH
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  Name of Deceased Ivan Loning
2.	Sex Male . 3. Color Black . 4. Age Eighteun yen
5.	The state of the s
6.	Date of Death Merensher 22 1860
7.	Cause of Death Perherentares
8.	Duration of last Illness Jans Muss
	m. P. Miedin M. D.
	Residence Bornlay Green
	Residence 1 Journal of Jacobs
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation .
10	Place of Birth Place
11.	Residence . Ward No 3
12.	
	5 (None C. Western
13.	When a Minor \ Name of Mother
	Name of Father
14.	Place of intended Interment
15.	Date of intended Interment
	H Character, Undertaker.
L	Date of Certificate Man 25 - 3 Residence
L	Date of Certificate Residence Performance

# Child of L. S. & Allie Loving 1893

549 The Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	7
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased dufant foring	
2. Sex Male . 3. Color orthe . 4. Age 2 miles	
5. Married or Single	
6. Date of Death Sucy 4 1753 7. Cause of Death Such West Overflunt	
7. Cause of Death Sun Mer Complant	
8. Duration of last Illness Live Witch	
EUM GHNAUGEN, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Gigs	
11. Residence Part III . Ward No	
12. Time of Residence in the City	
13. When a Minor. Name of Mother Cici Zoving	4
14. Place of intended Interment Fairview Court.	
- 15. Date of intended Interment July 5th 1898.	
PRATHER& PAYNE, Undertaker.	
Date of Certificate Residence	

# Lula Loving 1893

	5451	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 La	
	2. Sex Jenne. 3. Color Black. 4. Age 24	
8	5. Married or Single Ling	
	6. Date of Death May 291893	
	7. Cause of Death heart desease accorded. 8. Duration of last Illness hay have I Coroners July	1
	8. Duration of last Illness half have flowers yet	7
	6. a. mulle love & SI. D.	-
	Residence 621 State Str	0.1
	9. Occupation	
	10. Place of Birth Aramento his lain Co	,
	11. Residence Bush accep . Ward No. 3	
	12. Time of Residence in the City	
	13 When a Minor ) Name of Mother Haunah forming	
	13. When a Minor. \ \ \text{Name of Mother Hannah forms} \ \ \text{Name of Father}	
	14. Place of intended Interment Wo Maria	
	15. Date of intended Interment hay 20 1855	
	Date of Certificate and Fu Residencers, STATE ST. BOWLING GREEN, KY	

# Mildred Loving 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	The state of the s
2.	sex female. 3. Color black 4. Age 4 years
	Married or Single
6.	Date of Death August 15th 1881.
	Cause of Death Fales Messenterica
8.	Duration of last Illness from binth
	G. E. Townsend, M. D.
	Residence Bowling Green
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	n1
	1 11-5
1.	
12.	Time of Residence in the City
3	When a Minor Name of Mother Saniah Oning
	Name of Father
4.	Place of intended Interment CVC Cert
15.	Date of intended Interment Que 167-1881
	Floyersa, Undertaker.
n	ate of Certificate Quy 16 - Residence
,	accop corregions
	Democrat Job Print

# Philander Loving 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
1, 2.	
5.	
6.	Date of Death June 8 1880
7.	Cause of Death DySentery Duration of last Illness Oice week
8.	Duration of last Illness Oice week  I Filliothay , M. D.
0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	
10.	Place of Birth  Residence . Ward No.
12.	
	When a Minor { Name of Mother Name of Father Name of Father Name of States Name o
14.	Place of intended Interment
15.	Date of intended Interment
	ate of Certificate . Residence
D	

# R. E. Loving 1897

1041
This 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 Telk 4. Age 68441
5. Married or single Manual 4. Age 68415
6. Date of Death ANANS 11 - 1897
7. Cause of Death Alcan Alasise
8. Duration of last Illness
B.L. Gullen , M.D.
Residence Cov. Humm 60.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence . Ward No. 3-6
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment MA Monah June
15. Date of intended Interment ang 2 3" 1897  Florida Vysian Undertaker.
Date of Certificate MMG 23/9 Residence
•

# Susan Loving 1910

92
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Justin String
2. Sex finale 3. Color Cal. 4. Agot 80 J.
5. Married or single Single
6. Date of death fully 16-191
7. Cause of death
8. Duration of last illness
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation June Keeker
10. Place of birth Bawling Green
11. Residence 3 2 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 my morale cem,
15. Date of intended interment & San Undertaker.
Date of Certificate & Kiffy 19-1918 Residence
()

# Virgil Loving 1913

93
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Virgil Loving
2. Sex Male 3 Color Cal. 4. Age 8/71s.
5. Married or single Size gle
6. Date of death March 18 - 1913.
8. Duration of last illness of the first of the M. D.
Residence Blowling Sunky
Undertaker's Certificate in Relation to Deceased.
9. Occupation / Stage Smells
10. Place of birth Carlos 25
11. Residence Ward No. Ward No.
12. Time of residence in the city
13. When a minor Name of mother Mulling house
14. Place of intended interment Mt. Mariela
15. Date of intended interment Mary 20 - 1913
JE King Rendal Undertaker.
Date of Certificate Musich 20 813 Residence
Bauling Green Thy. Con.
7 + Callege St

# Rose Virginia Lowe 1907

94
This Constitutes One Certificate to be Retu ded to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Pl · · · · · · · · · · · · · · · · · · ·
Physician's Certificate Preparatory to Burial.
1. Name of deceased Rosa Virguid Lowe  2. Sex funds  3. Color White  4. Age  5. Married or single Single  6. Data of death will N7" 1907
1. Name of deceased to White 4. Age 6 mo
5. Married or single Dingle.
6. Date of death & Tori Tist
7. Cause of death 8. Duration of last illness.
8. Duration of last illness N. J. Cartweight M. D.
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Muniphus function Ly
11. Residence Ward No.
12. Time of residence in the city. My Willis Jourse Laws
13. When a minor Name of mother Mus. Willis Louise Lower Name of father George Love.
14. Place of intended interment Stainwiese Cemelery
15. Date of intended interment July 98" 1907
OERARD & GERARO. Undertaker.
Date of Certificate 199/199/ Residence BOWLING GREEN I

# William McKinley Loyd 1910

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 Villiam, M.E. Minley Loyd, 2. Sex Male 3. Color White. 4. Age 15 yrs. 5. Married or Single Dinger. 6. Date of death Many 7"1910. 7. Cause of death Peritonities 8. Duration of last illness Month.  Residence M. D. Residence
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Allan County
11. Residence Branty former Ward No. 3.
12. Time of residence in the city swent years
13. When a minor Name of Mother Mors. Mostlin, Loyd, Name of Father Eugener Loyd.
14. Place of intended interment Carbura Cemetery
15. Date of intended interment hum 8"1910,
Date of Certificate funty 7"/9/0. Residence.

# Bernard Joseph Luber 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
TETORIN OF 21 DE21111.
Physician's Certificate Preparatory to Burial.
1. Name of decepted Director Joseph Luber.
2. Sex Male 3. Color White 4. Age grues
5. Married or Single Single
6. Date of death Sept. 23"04
7. Cause of death Chamitin
8. Duration of last illness
Х. [. Mo = Connaco. , M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth law St
11. Residence Ward No.
12. Time of residence in the city Mrs. July Hogan Luber
13. When a minor Name of Father Justify Lives
14. Place of intended interment of free has Coursetery
15. Date of intended interment Sept 24"04.
Maran Faran , Undertaker.
Date of Certificate Dept 4404 Residence

## Charlotte Lucas 1879

	This RTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	URN OF A DESTH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Charlal Lucy
2.	Sex Temule . 3. Color Blue V. 4. Age 65 year
5.	Married or Single MWWWW 5
6.	Date of Death Hely 13 de 1879,
7.	Cause of Death Conscious Tun
8.	Duration of last Illness
	Cothomus, M.D.
	Residence
	THE PROPERTY OF STREET, AND ASSESSED TO STREET, ASSESSED TO STREET, AND ASSESSED TO STREET, AND ASSESSED TO STREET, AND ASSESSED TO STREET, AND ASSESS
0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Occupation  Place of Birth
10. 11.	Occupation  Place of Birth  Residence Ward No. 3
10.	Occupation  Place of Birth  Residence Ward No. 3  Time of Residence in the City
10. 11.	Occupation  Place of Birth  Residence Ward No. 3  Time of Residence in the City
10. 11. 12.	Occupation  Place of Birth  Residence
10. 11. 12. 13.	Occupation  Place of Birth  Residence Ward No. 3  Time of Residence in the City  When a Minor {  Name of Mother  Name of Father  Place of intended Interment
10. 11. 12.	Occupation  Place of Birth  Residence
10. 11. 12. 13. 14.	Occupation  Place of Birth  Residence
10. 11. 12. 13. 14.	Occupation  Place of Birth  Residence

## Ellen Lucas 1898

173	9
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	*
ALIUMII OF A DLAIL.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Miss Ellen Queas	/
2. Demale 3 Solor White 4. Age 64 4	1
5. Married or single Single	
6. Date of death September 19, 1898.	
7. Cause of death Parallis	
8. Duration of last illness	
Sarah. J. Milss p. M. D	).
Residence State St.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Manager B	
10. Place of birth Wallen County	1
11. Residence Callege St. Ward No. 2	2
12. Time of residence in the City	
13. When a minor	
Name of Father	-
14. Place of intended intermen Chronic Structure Services	
15. Date of intended interment September 21 1848	***
Geraid Muary, Undertake	
Date of Certificate Left 20/98 Residence	ala.
	- 0
***************************************	44

## Martha Lucas 1897

1007	99
This 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 Wise Martha Louise 2. Sex hemale. 3. Color White. 4. Age 60 yrs. 5. Married or single Dringle	
6. Date of Death April 6" 1897. 7. Cause of Death Paraly sis 8. Duration of last Illness Lus Orufo	
Residence Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation  10. Place of Birth Hanny County  11. Residence Hollige Shuth. Ward No. 7 14  12. Time of Residence in the City	
Name of Mother  Name of Father  14. Place of intended Interment Fairvin Country	/
Date of Certificate Afer 19/9 4 Residence	

# Mary Agnes Lucas 1903

(00
This 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 Agure Lucas.
2. Sex 3. Cold 4. Age 5. Married or single Suight
6. Date of death bougustion of Lungs 7. Cause of death bougustion of Lungs
8. Duration of last illness # If Stone
Residence Bowling Frem Ly.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation A Julius Licen Kil
10. Place of birth of the Ward No. / Ward No. /
12. Time of residence in the City. Many by Lower Name of Mother My by Lower Name of Mother Name
Name of Father Josephs Country
14. Place of intended interment Jacuf 8" 1903.  15. Date of intended interment Jacuf 8" 1903.
Date of Certificate Jace, 7"/903. Residence

## R. W. Lucas 1879

	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 12 W Lieas
2.	sex male. 3. color service. 4. Age 41
5.	Married or Single Single
6.	Date of Death May 4 1879 bra
7.	Cause of Death Paralisis & Conjection of
	Duration of last Illness 5 or 6 days
	Il Briggs, M. D.
	10
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation
	Occupation
	Occupation  Place of Birth
10. 11.	Occupation  Place of Birth  Residence . Ward No. 2
10. 11. 12.	Occupation  Place of Birth  Residence . Ward No. 2  Time of Residence in the City
10. 11. 12.	Occupation  Place of Birth  Residence . Ward No. 2  Time of Residence in the City
10. 11. 12.	Occupation  Place of Birth  Residence Ward No. 2  Time of Residence in the City  When a Minor { Name of Mother Name of Father
10. 11. 12.	Occupation  Place of Birth  Residence Ward No. 2  Time of Residence in the City  When a Minor {     Name of Mother     Name of Father  Place of intended Interment
10. 11. 12.	Occupation  Place of Birth  Residence Ward No. 2  Time of Residence in the City  When a Minor { Name of Mother Name of Father
10, 11, 12, 13,	Occupation  Place of Birth  Residence Ward No. 2  Time of Residence in the City  When a Minor {     Name of Mother     Name of Father  Place of intended Interment
<ul><li>10.</li><li>11.</li><li>12.</li><li>13.</li><li>14.</li><li>15.</li></ul>	Occupation  Place of Birth  Residence . Ward No. 2  Time of Residence in the City  When a Minor {     Name of Mother .     Name of Father  Place of intended Interment  Date of intended Interment

## Child of Rachal Lucas 1897

This Constitutes One Certificate to be Revened to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Child of Ruchal Lucas.
2. Sex 3. Color 2 4. Age
5. Married or single
6. Date of Death Aug 12" 97 7. Cause of Death Still Bonn
8. Duration of last Illness
8 H b array fish
All All of Ollinia
Residence Quy Acalla Gfficer
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Aug
11. Residence Ward No.
Name of Mother Rachael Lineas
13. When a Minor }
Name of Father  14. Place of intended Interment County Country
15. Date of intended Interment ang 13" 97.  Luand Luand, Undertaker.
Date of Certificate My 13/9 7. Residence

## Ruben Lucas 1881

This Constitutes ONE CERTIFIC	ATE to be returned to the City Clerk for a BURIAL PERMIT
RETUR)	N OF A DEATH.
	EICATE PREPARATORY TO BURIAL.
	uben Lucas
	Color White 4. Age 28
5. Married or Single	narried
6. Date of Death Sef	stol Shoh
7. Cause of Death Pe	stol Shoh
8. Duration of last Illness	
	no Plysician, M.D.
Resid	dence by health officer
UNDER TAKER'S CERTI	FICATE IN RELATION TO DECEASED.
UNDERTAKER'S CERTI  9. Occupation 462	
9. Occupation 462 10 Place of Birth Was	reu · co
9. Occupation 462 10 Place of Birth Was	reu · co
9. Occupation 462 10 Place of Birth Was	reu · co
9. Occupation 462 10. Place of Birth Was 11. Residence NOGS 12. Time of Residence in the Co	ren Co pen co . Ward No / ity livedin Country,
9. Occupation 462 10. Place of Birth Was 11. Residence NOGS 12. Time of Residence in the Co	ren Co pen co . Ward No / ity livedin Country,
9. Occupation 462  10. Place of Birth Was  11. Residence NGS  12. Time of Residence in the Co	ren co  ven co Ward No / ity lived in Country,  Mother  ather
9. Occupation 402  10. Place of Birth Was  11. Residence Man  12. Time of Residence in the Co  13. When a Minor { Name of Name of Foundation Name of Name of Foundation Name of Foundation Name of Nam	ren co  ven co Ward No / ity lived in Country,  Mother  ather
9. Occupation 462  10 Place of Birth Was  11. Residence NGS  12. Time of Residence in the Co	ren co  ven co Ward No / ity lived in Country,  Mother  ather
9. Occupation 400  10. Place of Birth Was  11. Residence NOGS  12. Time of Residence in the Co  13. When a Minor { Name of Name of Fo  14. Place of intended Interment  15. Date of intended Interment	New Co  New Co  Ward No  ity Greedin County,  Mother  Cather  Seft 230
9. Occupation 402  10. Place of Birth Was  11. Residence Man  12. Time of Residence in the Co  13. When a Minor { Name of Name of Foundation Name of Name of Foundation Name of Foundation Name of Nam	ren co  seu co . Ward No !  ity lived in County;  Mother  ather  Lather

## Samuel W. Lucas 1899

	83. 104
TI	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
	Name of deceased Samuel M Lucas!
2.	Sex Mall. 3. Color White. 4. Age 18 years
5.	Married or single Walnut
6.	Date of death Oct 0/99
7.	Cause of death alagle.
8.	Duration of last illness 277
	Duration of last illness The W. Stone, M. D.
	Residence Cullege
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation James
10.	Place of birth Narun Co.
11.	Residence AMA . 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 derandalles lehurch
15.	Date of intended interment CH499
	Gunna (Juna , Undertaker.
Dat	e of Certificate ON 3/99. Residence
******	

## Sarah A. Lucas 1903

105
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Muss, Sarah A. Lucar, 2. Sex Famals 3. Color White 4. Age JH, 5. Married or single Single 6. Date of death July 7/1903.
2. Sex Famala 3. Color White 4. Age 14,
5. Married or single Single
1 1/1/2/1000000
7. Cause of death  8. Duration of last illness
8. Duration of last illness J. Coon. C. , M. D.
lernube Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
9. Occupation  10. Place of birth Hanne, Co.,  11. Residence College St Ward No, 2
11. Residence Ward No,  12. Time of residence in the City.
( Name of Mother
13. When a minor Name of Father
14. Place of intended interment Jawan Canalary
15. Date of intended interment fully 3/19/13.
Undertaker.
Date of Certificate fully, 1/1911 3. Residence

## Thomas Lucas 1899

10 #0 41	10
White Constitutes the Constitute is a first of the Constitute of t	
This Constitutes One Certificate to be Reinrucd to the City Clerk for a Burial Per	mít.
RETURN OF A DEATH.	
NUCLARING CENTIFICATE ANENDATORY TO DURING	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased has a cele	
2. Sex rual . 3. Color Black. 4. Age 26 ya	•
5. Married or single security	
6. Date of death June 1879	
7. Cause of death Engrifeles	
8. Duration of last illness 12 days	
2,00	d. D.
Residence Calley e St	manyana.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
OUDERTHICK > CENTIONIC III RELITION TO DECENSED.	
9. Occupation Laborer	
to. Place of birth Warren Country.	
11. Residence My St Ward No. 3	
12. Time of residence in the City of months	
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name of Father	
14. Place of intended interment	
15. Date of intended interment June 19 1877	
Lawly ayu. Under	aker.
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
DUVELCIANS CEDIFICATE DEPARATORY TO DUDIA
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Win Ranca
2. Sex mile. 3. Color Phili. 4. Age 67 7
5. Married or single Lingle
6. Date of death October 27 /06
7. Cause of death Fabroid Thethissis
8. Duration of last illness
M.D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTARENS CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Manue Cone,
11. Residence Ward No.
12. Time of residence in the City.
( Name of Mother
13. When a minor Name of Father
14. Place of intended interment / Communication (Communication)
i5. Date of intended interment
Hawluff Egg., Undertaker.
Date of Certificate . Residence

## Charles Lumm 1893

304		10
This Constitutes One Cer	rtificate to be Returned to the City Clerk for a Buri	al Permit.
RETU	IRN OF A DEATH	
PHYSICIAN	N'S CERTIFICATE PREPARATORY TO BURIAL.	
	PJ 0,10	
1. Name of deceased		
2. Sex half	. 3. Color / hets . 4. Age	3 yrs
	Aguird.	
6. Date of Death	101 1493	
7. Cause of Death	Janeshy sax	
8. Duration of last I	Illness	-
-	9-8 alreed	MM.D.
	Residence	
UNDERTAKE	ER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation		
10. Place of Birth	tomsville Ju	
11. Residence & G	hestrick Ward No. /	2/
	ace in the City	
	Name of Mother	
13. When a Minor	Name of Father	
14. Place of intended	£ '	Com
15. Date of intended		
13. Date of intended	15 dy 110	
- Automo-	The start	Indertaker.
Date of Certificate	Residence City	

## Infant of Lizzie Lumm 1894

651
This Constitutes One Certifica ded to the City Clerk for a Burial Permit.
RETURN OF A DEATH. Line
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Lunium
1. Name of deceased In funt child of Ing
2. Sex 3. Color 4. Age
5. Married or single
6. Date of Death July 17 4/94
7. Cause of Death Born dead
8. Duration of last Illness
6 a. Mendle Con W. Com. D.
Residence
HUNDEDTRUCKER OF THE PROPERTY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence . Ward No. 2 24
12. Time of Residence in the City Lingue
13. When a Minor Name of Mother Ovy 3 in Luring
Name of Father
14. Place of intended Interment County Court
15. Date of intended Interment July 17 "/94"
#. Chernif Moro, Undertaker.
Date of Certificate July 17/2 Pesidence
7977

## W. H. Lummis 1893

5 3 Day Los 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 II A Lunius 2. Sex Turay. 3. Color By 6. 4. Age 24415
5. Married or single Lingly
6. Date of Death July 2/93 7. Cause of Death July
8. Duration of last Illness 2 Willes Corlosifk, M. D.
Residence
9. Occupation
10. Place of Birth The street. Ward No. 1 st
12. Time of Residence in the City
Name of Mother  Name of Father  Name of intended Interment  Name of Mother  Name of Mother  Name of Mother
14. Place of intended Interment 105- 11 orvalv  15. Date of intended Interment July 22"/93  F. White and & Brandertaker.
Date of Certificate July Residence City
86 BA

# Mary R. Lyons 1909

C LUI
This 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. B. Lyons.  2. Sex Finally 3. Color White 4. Age 50 yrs.  5. Married or single Willow 4. Age 50 yrs.  6. Date of death Saucrus Stomach and Bowals  7. Cause of death Saucrus Stomach and Bowals  8. Duration of last illness  M. D.  Residence BOWLING GREEN, KY
9. Occupation  10. Place of birth Warran, County  11. Residence 8 th Sturt  Ward No. 3
11. Residence 8th Sturt 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 Mr Lubaum Ch, was alvator, Ry
Date of Certificate Analog Residence Residence Residence
*

# Child of W. W. & Nellie Lyons 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased blill of the system. 2. Sex Mala . 3. Color blill . 4. Age 3 W/z . 5. Married or single Single 6. Date of death aug 3"06.
6. Date of death Ananition  7. Cause of death Ananition  8. Duration of last illness  A.J. M=Cormack , M. D.  Residence BOWLING GREEN, XY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Hauru County 11. Residence Russallvilla Pika Ward No. —
11. Residence Ward No.  12. Time of residence in the City.  Name of Mother Mrs. Mulir Lyons  Name of Father  Name of Father
14. Place of intended interment fairvirus Chuntry  15. Date of intended interment fatty aug. 4"1906.  GERARD & GERARD., Undertaker.
Date of Certificate AUG -4 1906 Residence BOWLING GREEN, KY This lebell is the Grand Son of Mr.

Warren County, Kentucky Death Records, Box 3, Folder 3 (L)
MSS 293 Manuscripts & Folklife Archives – Library Special Collections – Western Kentucky University