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Charlie Mack 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of decorsed Charlis Mack.
1. Name of decoased Chauter Mach. 2. Sex Mala 3. Color 311, 4. Age 4 yes. 5. Married or single Surgle
5. Married or single Suigle
6. Date of death aug, 11/1901
7. Cause of death hhoping engl.
8. Duration of last illness Two hule
Residence Cuty SI
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence / 0 W SWWY Ward No, 2
12. Time of residence in the City.
13. When a minor Name of Mother Mary Mark Name of Father
14. Place of intended interment County Councilary
15. Date of intended interment dug ///////////////////////////////////
Date of Certificate My 1/1/40/. Residence
Date of Certificate My // Residence

Mary A. Mack 1913

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Mary a Mork
2.	7
5.	
6.	Date of death Justice 6 1913
7.	Cause of death Galgrene of Amall diteline from
8.	Duration of last illness The face
	Blockburn M. D.
	Residence Bawling Green
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation at Home
10.	Place of birth Lowa
11.	Place of birth Lowas Residence Bowling Grun Ward No, Time of residence in the City. Three Months
12.	Time of residence in the City. Three Mouths
19	When a minor Name of Mother
15.	Name of Father
14.	Place of intended interment Dimains Lowa
15.	Date of intended interment June 12-1913
	Crack Main Undertaker.
Date	e of Certificate June 10 , Residence Bouling Green
	() 1913

John P. Madden 1892

428	3
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1-0-1	
1. Name of deceased five. Phy adden	1
2. Sex Male. 3. golor Anile. 4. Age 8 muil	Lé
5. Married or Single 4 121 (72	
6. Date of Death 1111/30	
7. Cause of Death Thomas Infaction	a.
8. Duration of last Illness a C. Kma KALD	
Residence Them 16	
9. Occupation	
10. Place of Birth City	
11. Residence Adams It. Ward No. 324	
12. Time of Residence in the City	
13. When a Minor. Name of Mother his hary hadde	ec
Name of Father	
14. Place of intended Interment of the plus 20 cm	-
15. Date of intended Interment 11 19 19 19 2	
Date of Certificate July 30 " 7 Residence Control	
The such continues of	

John Thomas Madden 1898

1143
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
WARLEST HOLD AND AND AND AND AND AND AND AND AND AN
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Madden
1. Name of deceased Jone Thomas Godden 2. Sex male . 3. Color White . 4. Age 5 me
2. Sex male . 3. Color white . 4. Age 5 med
5. Married or single
6. Date of death Jun 2/58
7. Cause of death Hoofingeaugh 8. Duration of last illness Line with
8. Duration of last illness
9. n. m y. M. Menphyy, M. D.
Residence 13 Lity,
INCOMPANY CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE PROPER
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
1.11
Name of Mother Many Goodden
13. When a minor Name of Mother Many Guadden Name of Father Pat & Austiden
14. Place of intended interment St Suph
15. Date of intended interment 9 3,58
Thew by Jan . Undertaker.
Date of Certificate Residence

Infant of Pat Madden 1896

944 5
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Infantly Pat Madden
2. Sex 3. Color white 4. Age
5. Married or single
6. Date of Death Supply 24/76
7. Cause of Death 3
8. Duration of last Illness dell Borgo
Alebright, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Congression
11. Residence Lette St. Ward No. 3
12. Time of Residence in the City
Name of Mother PA
Name of Father Lat Madden
14. Place of intended Interment Affaceph
15. Date of intended Interment
Undertaker.
Date of Certificate

Mrs. Patrick Madden 1898

1149 . 6
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Mis Palije Mondelen
The section White a 29 min
Manager
5. Married or, single Manuel. 6. Date of death June, 26"98.
7. Cause of death Coulsmin strine
8. Duration of last illness
Got, Musiky, M. D.
Residence
MANAGEMENT OF CONTRACTOR OF CO
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Inchanted
11. Residence Potter shill . Ward No. 3.
12. Time of residence in the City
Name of Mother Name of Father
Sh Pose alex Demetery
Qual 18/198
15. Date of intended interment work from June 15. Undertaker.
Date of Certificate MULL 7/98, Residence
Date of Certification of the C
The second secon

Harry Madison 1911

7
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🕈 🔻
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased It arry Madison
2 Sex Prale 3. Color White 4 Ago 23
5. Married or Single Orngle
6. Date of death July 8 1911
7. Cause of death / Killia Jay Irain
8. Duration of last illness Instant Con
Jadama MD
Residence Muniford ville by
Undertaker's Certificate in Relation to Deceased.
9. Occupation Sails
10. Place of birth Curpson Custy
11. Residence Bauling Greath Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Name of Father
14. Place of intended interment Lawrence Cen
15. Date of intended interment \(\sum_{\text{eq}} \) \(\lambda \) \(\
EnachorKelly, Undertaker.
Date of Certificate Residence Residence
leaset was Hermetalely Sealed
Filedwith bureau of Vitate

Mimia Magage 1892

440	8
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
The Constitutes one Certificate to E. Returned to the City Clerk for a Burral Persint.	٠
ERIORA DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Mina Magaze?	
2. Sex female . 3. Color black . 4. Age 90	
5. Married or Single Widow	
6. Date of Death May 13	
7. Cause of Death Oel Ogo	
8. Duration of last Illness	
of Strym, M.D.	
Residence The Control of the Control	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Hausekeepeer	
10. Place of Birth Name Co	
11. Residence . Ward No.	
12. Time of Residence in the City yars	
13. When a Minor. Name of Mother	
) Name of Father	
14. Place of intended Interment Int Morrah	
15. Date of intended Interment May 14 1852	÷
Grather Hayn, Undertaker.	
Date of Certificate . Residence	

Catharine Maha

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHY CIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Calharino, Inaha Maha
2.	Sex Finale. 3. color White . 4. Age 58
5.	Married or Single Dillow
6.	Date of Death Sept 28th
7.	Cause of Death Strickens of the Ocoppagin
.8.	Duration of last Illness Several months
	alellright + Honglay port.
	Residence Dowling Green &
	V
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
10.	Occupation
10.	Occupation
10. 11. 12.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City (Name of Mother
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 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
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 Date of intended Interment
10. 11. 12. 13.	Occupation Place of Birth Residence
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 Date of intended Interment

Eula Maier 1912

*	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs Enta Mair
2.	Name of deceased Sex Junaly Sex January Age 55 yru
5.	Married or Single
6.	/ which is a second to the sec
7.	Cause of death Sielecles
8.	Duration of last illness 3, 4
	Residence Residence , M. D.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
0.	Place of birth Stamburg.
1.	Residence Laurall llws . Ward No. /
2.	Time of residence in the city
3.	When a minor Name of Mother Name of Father
4.	Place of intended interment Fauview Cemetery
5.	Date of intended interment
U.	Supt 10/12 NOWLING GREEN TV
	te of Certificate Residence Residence

Mary Maier 1893

5321
This Constitutes 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 Many Marie ?
2. Sex fund 3. Color March 4. Age 19 years
5. Married or single
6. Date of Death July 311-1893
7. Cause of Death Crebumphin
8. Duration of last Illness
J. C. M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Entrals
11. Residence / Am Ward No. 35
12. Time of Residence in the City
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended Interment Monay Con
15. Date of intended Interment July 3 12 1893. The Hard Albas, Undertaker.
Date of Certificate
•

R. F. Maier 1906

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
D M DIL
1. Name of deceased R 7 Maier
2. Sex Male. 3. Color white. 4. Age 22
5. Married or single Ingle
6. Date of death free 25 1906
7. Cause of death Killed by Steet leaves
8. Duration of last illness one day
Et Bogan M.D. Residence Middle Fown Ohis
Residence Midelle Jown Unis
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED,
9. Occupation feweler
10. Place of birth Bewling Green 124
11. Residence Elm st Ward No. 121-
12. Time of residence in the City. 21
13. When a minor Name of Mother Mrs & Maier
13. When a minor Name of Mother Mos & Main Name of Father Frank Main 14. Place of intended interment Farmus leernely
14. Place of intended interment farmew teemely
15. Date of intended interment free 26 1906
Gerard Gerard. Undertaker.
Date of Certificate . Residence .

R. F. Maier 1906

The state of the s
I hereby certify that the accompanying dead body of The Gift
Consigned to B. G. G. G. G. C. T. M. G. E.Y.
has been prepared by me strictly in accordance with the County of
Consigned to Developer Joseph in the County of State of State of State of Way, and in conformity with said Rules. (If an infant, give parents' name also.) State of State of Ohio, for transportation by Rail-
Residence Alledd Letower who are Shipping Undertaker.
- Sumber of License 3 VO
TRANSIT PERMIT NO PASTER
STATION BAGGAGEMEN Must Enter Hereon a Description of the Ticket, the Exact Route and VIA WHAT JUNCTIONAL POINTS THE
SPECIAL INSTRUCTIONS—A burial case containing
SPECIAL INSTRUCTIONS—A burial case containing a corpse must not be received for transportation, unless the person in charge of the rebody has been prepared for burial according to the law of the state. Neither will it be received it any fluids or offense description that the the case. Agents will detach the Certificate that the perforation and tack them securely on the end of the box before shipping.
the case. Agents will detach the Certificate and this paster at the perforation and tack them seemed it any fluids or officers are escaping from
From Meddlelown to Pate. There I was 1900
to Clothan and
No. of Ticket of Escort. 40 /6 12 Grown No. of Ticket of Escort
Via. R.
Via Lineal & Colincation R. R. 1/To.
Via Bowling Green King & Jah & gety
Via Via
Name of Passenger in charge, Traux Mair To.
Signed 6 & Doyung Drun Ky Station Baggage Master [or Express Agent.]

Charlotta Mallory 1883

	This Constitutes 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.	Sex Finole. 3. Color Black. 4. Age 18 years
5.	Married or Single
6.	Date of Death July 24 th 1888
7.	
8.	Duration of last Illness France Insulties
	A Cartweight, M.D.
	Residence Bouling Gran
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 0.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9. 0. 1.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
9. 0. 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City
9. 0. 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
9. 0. 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No Time of Residence in the City
9. 0. 1. 2. 3. 4.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
9. 0. 1. 2. 3. 4.	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
9. 0. 1. 2. 3. 4.	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. 1. 2. 3. 4. 5. 	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

Elija Mallory 1878

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Elija Mallory
2.	Name of Deceased Elija Mallory Sex Male . 3. Color Block . 4. Age 60
5.	Married or Single Married
6.	Date of Death Sune 4 1878
7.	Cause of Death Preumonia
8.	Duration of last Illness two weeks
	1 F McElroy, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	
10.	Place of Birth
11.	Residence Ward No.
12.	Time of Residence in the City
	When a Minor { Name of Mother
13.	
13.	Place of intended Interment
13. 14.	
400	Date of intended Interment
14.	Date of intended Interment , Undertaker.

John H Mallory 1896

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
a Marie
1. Name of deceased from Hallong 2. Sex maly 3. Color white Age 58 ym
5. Married or single married
6. Date of death Jan 25" 1903 7. Cause of death Neurilio
8. Duration of last illness about 10 months
1, 22 Cemby, M. D.
Residence Booking Tree 75
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Ams sist + Thayer
10. Place of birth
11. Residence Sha H- Ward No, /
11. Residence And M Ward No. / 12. Time of residence in the City.
11. Residence Ward No. / 12. Time of residence in the City. Name of Mother
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
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
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 Factorial Community (1998) 15. Date of intended interment Samuel (1998)
10. Place of birth 11. Residence
10. Place of birth 11. Residence
10. Place of birth 11. Residence

Matilda Mallory 1896

846
This Constitutes 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 Hatilda/ Hallory.
2. Sex Remale 3. Color Bld 4. Age 50 yel.
5. Married or single Hillow.
6. Date of Death April 13"/1896
7. Cause of Death Short from Spentine
8. Duration of last Illness
II of fill felley , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence 2 th shull . Ward No.
12. Time of Residence in the City
13. When a Minor \ Name of Mother
Name of Father
14. Place of intended Interment M. Mount Quilly
15. Date of intended Interment IIII 14/9 6. C. Guard V.B.O., Undertaker.
Date of Certificate Serif Bridge Residence

Sarah Mallory 1881

- 1	This Constitutes ONE CERTIFICATE to be retu	y Clerk for a BURIAL PERMIT
	RETURN OF	A DEATH.
L	PHYSICIAN'S CERTIFICATE PR Name of Deceased Surch M.	EPARATORY TO BURIAL.
2.	Sex Finde . 3. Colored	4. Age about 46
5.	Married or Single Date of Death Jan. 13 LL Cause of Death Don't Know	1881
,. 7.	Cause of Death Sout Know	
8.	Duration of last Illness Don't 16	
	Residence It	OCeaso, M.D.
	UNDERTAKER'S CERTIFICATE IN	N RELATION TO DECEASED.
9.	Occupation	
0	Place of Birth	
2.	Time of Residence in the City	
3.		
	1	1 Cut
4. 5.	Place of intended Interment Date of intended Interment	m 1412
	769	, Undertaker.
L	Date of Certificate Jan 14-8	? Residence
		The state of the s

Mrs. Malone 1892

402/
This Constitutes 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 Malagna
2. Sex fruits 3. Color white . 4. Age 45 about
5. Married or Single Acarmid
6. Date of Death 4 2 52
7. Cause of Death Caucer Stomashe .
S. Duration of last Illness Ardrican J.F. Duracan H.D.
Residence
9. Occupation
10. Place of Birth
11. Residence Leig . Ward No. 3.
12. Time of Residence in the City Leveral years
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment
15. Date of intended Interment Office 21 4 1912
Date of Certificate . Residence

Child of Clevis Malone 1899

	5 89
Th	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
1.	Name of deceased lehild of lelevis malone Sex Imace 3. Color Ollo. 4. Age Vylar
2.	Sex Dimace 3. Color Bello. 4. Age Vylar
5.	Married or single De yele
6.	Date of death Oct 23/99
7.	Date of death Oct 23/99 Cause of death Darglys '
8.	Duration of last illness
	Duration of last illness O. N. Porlet, M. D.
	Residence
	Company and the Company of the Compa
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation C
10.	Place of birth Cly Residence Cally M. Ward No. 2
11.	Residence Cally . Ward No.
12.	Time of residence in the City Sipetime
13.	When a minor Name of Mother Name of Father Lelipsis malone
	mtnn
14.	Place of intended interment
15.	Date of intended interment ON VM 99
	Quaid Taund . Undertaker.
Date	e of Certificate Con 2 3 9 Residence
	<u> </u>
Lieuwin	

John Malory 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	This constitutes with our interest as to two new to the city ciers for a BONIAD FEMALE.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. 7	Name of Deceased John Malory 18
2. 8	sex Male . 3. Color Black . 4. Age 4 yrs
5. 1	Married or Single
6.	Date of Death Nov 18 th 1880
7. (Cause of Death Marasaurs
8. 7	Duration of last Illness there woulds
	G. E. Foursewo, M. D.
	Residence Boulding Free
	Residence Southing one
11	NDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
	Place of Birth
	Residence
2.	Time of Residence in the City
0	Name of Mother
3.	$When \ a \ Minor \left\{ egin{aligned} Name \ o^c \ Mother \ Name \ o^c \ Father \end{aligned} ight.$
4	Place of intended Interment
	Date of intended Interment
5.	Date of interment , Undertaker.
	A CONTRACTOR OF THE PROPERTY O
Dat	e of Certificate . Residence
47 (4)	
	\

Child of J. Mangiore 1899

	108
Th	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
1.	Name of deceased Child of J. Many word Sex Fenner. 3. Color Thin. 4. Age 1-11000
2,	Sex France. 3. Color There. 4. Age / 11000
5.	Married or single Gingle
6.	Date of death Sec. 6/99
7.	Cause of death Inuition
8.	Duration of last illness Hoom by, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
ю.	Place of birth City
11	Residence main . Ward No.
12.	Time of residence in the City
(3.	When a minor Name of Mother Name of Father J. Mang with
14.	Place of intended interment our fisher.
15.	Date of intended interment January June . Undertaker
Date	of Certificate Mc16/99 Residence
212.	
1 men 1 1 1 1 1	900 (100 (100 (100 (100 (100 (100 (100 (

Robert Manley 1904

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1	Nama of decessed Rabert Massler M. C.
2.	Name of deceased Habert Massley Manley Sex man. 3. Color while 4. Age 14 W Married or single Light
5.	Married or single
6.	Married or single Date of death Cause of death
7.	Cause of death accidental Drowning
8.	Duration of last illness
	Juo E, may MI
	Residence Ceroner W.B.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth
1.	Residence Ward No,
12.	Time of residence in the City.
3.	When a minor Name of Mother Houseley
14.	Place of intended interment Janview
5.	Date of intended interment June 15-1904
	Thoward Payme, Undertake
Date	of Certificate . Residence
1/2	

Charles Manning 1913

This C	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	ETURN OF A DEATH.
- I	1400
	Physician's Certificate Preparatory to Burial.
	OP EOZ
	me of deceased have of farming Male 3. Color White 4. Age 64
	Male 3. Color While 4. Age 64
	te of death Marks 24-1913
 Date Cat 	use of death lengthelas
	ration of last illness Conquire Alexand
	Residence & Green Mily
	Undertaker's Certificate in Relation to Deceased.
	equation Chla AM AMCo
	1,120
	esidence accevable Ward No.
	ime of residence in the city
	Name of mother
	hen a minor Name of father
14. Pl	lace of intended interment Farrage Cemeters
15. Da	ate of intended interment. May 26 -/ 3
	GERARD & GERARD. Undertaker.
Date of	f Certificate May 26-13 Residence Bowling Green

Charles Manning 1913

properly classified.	1PLACE OF DEATH STATE BUREAU O	AILD OF MENTUCRY DARD OF HEALTH F VITAL STATISTICS ATE OF DEATH LIf death occurred in strength of the state of the strength of the state of the strength o
k of certi	2 FULL NAME Chas & Mann	ing Street and aumber.
on back	Personal and Statistical Particulars 3 SEX 4 COLOR OR RACE Warried Married Married Married Married Married Married Married Married Marrie the word)	16 DATE OF DEATH 7 4 1913
uctions	GOATE OF BIRTH (Month) (Day) (Year	
TH in plain terms, so important. See instr	9 BIRTHPLACE (State of country), Mussour	that I last saw halive on
information should be state CAUSE OF DEA-OCCUPATION is very	S 11 BIRTHPLACE OF FAVIER (State or country) Wanted States 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Contributory
should sont of O	14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) (Address)	(Signed) A Baddress) , M. (Signed) A 1913 Address) , M. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residen
N. B.—Every in PHYSICIANS Exact stateme	BOUL SHIPMENT # BOLLEN FIRM NAME ADDRESS DATE OF SHIPMENT # 479.1	At place In the

Charles Manning 1913

TRANSPORTATION RULES

Approved and Adopted by the American Association of General Baggage Agents, the Conference of State and Provincial Boards of Health and the National Funeral Directors' Association.

Rule 1. The transportation of bodies dead of smallpox or

Rule 1. The transportation of bodies dead of smallpox or bubonic plague, is alsolutely prohibited.

Rule 2. The transportation of bodies dead of Askatle cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by licensed embalmer holding a certificate as such, issued by the State Board of Embalming of Kentucky. ing of Kentucky.

After being disinfected as above, such bodies shall be enveloped in a layer of dry cotton not less than one inch thick, completely wrapped in a sheet securely fastened and encased in an air-tight zinc, copper or lead-lined coffin, or iron casket, all joints and seams hermetically scaled, and all enclosed in a strong, tight wooden box, or the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, encased in an air-tight zinc, copper or tin-lined box, all joints and seams hermetically soldered.

Rule 3. The bodies of those dead of typhold fever, puerperal fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same, which must be done by a licensed embalmer holding a certificate as provided for in Rule 2.

Rule 4. The bedies of those deed from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from the time of death. If the body cannot reach its destination within 30 hours from the time of

tination within 30 hours from the time of death. If the body cannot reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same by a licensed embalmer, as defined and directed in Rule 2.

Rule 5. In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease unless certified by the health officer as having been properly disinfected.

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping undertaker to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

Rule 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of decaded, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The undertaker's certificate and paster shall be detached from the transit permit and sacurely fastened on the end of the coffin box. All coffin hoxes must be provided with at least four handles. The physician's certificate and transit permit shall be placed in an envelope, which envelope is to be securely tacked on the coffin box. on the coffin box.

on the coffin box.

Aule 7. When bodies are shipped by express a transity permit must be made out as described in Rule 6. The undertaker's certificate and paster shall be detached from the transity permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express waybill covering the remains, or placed in an envelope, which envelope is to be securely tacked on the coffin box, and be delivered with the body at the point of destination to the person to whom it is consigned.

to the person to whom it is consigned.

Rule 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the state or provincial health and thorities having invalidation, where reads health additional and the state of removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate and enclosed in a hermetically soldered zinc, tin or copper-lined box. But the bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embelmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embelmers from receiving vaults may be made within 30 days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After 30 days the casket or coffin containing said body must be enclosed in a hermetically soldered containing said body must be enclosed in a hermetically soldered

These rules and regulations are hereby adopted, and all others heretofore promulgated, in conflict with the foregoing, are revoked.

By order of the board.

J. N. MCCORMACK, M. D.,

December 30, 1910.

MSS 293 B3F4 Secretary.

A. J. Manor 1892

419 24
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
BETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased A. J. Manon Manon
2. Sex Male . 3. Color Whit . 4. Age & Super
5. Married or Single Manual
6. Date of Death 1111 2916 1891
7. Cause of Death / Kush Slisine
8. Duration of last Illness Analinaly
Allbught, M. D.
Residence Culy
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Certure
10. Place of Birth Century
11. Residence Ward No.
12. Time of Residence in the City
13. When a Minor. Name of Mother
) Name of Pather
14. Place of intended Interment Marious Cent
15. Date of intended Interment June 1899
Undertaker.
Date of Certificate 1111 19/9 Residence

Ada Dell Mansfield 1911

25-1
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 Oss, Han Vill Mansfield
2. Sextunale Color This. 4. Age 28 yrs.
5. Married or Single Sungle,
6. Date of death Miny 9 1911
7. Cause of death Mulynung morticulos as sur
8. Duration of last itness The January Funance Duroton
, M. Ď.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Barren ba My
11. Residence for isville Ky Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment June 11" 1211
15. Date of intended interment
Janua 10/9/
Date of Certificate Residence
Throbour party died in Juniorille My

Ada Dell Mansfield

EDIT OF	IN THE OF PETTU	to of Rentucky Transit Permit No.
to safe	of Kentucky.	ITAL STATISTICS
Coun	SECRETARION OF THE PROPERTY OF	to Cale and the transportation of bodies described to the company of The transportation of bodies described to the company of
City	of Louisviller No 1508 de	w Creation St.: Ward) [If death occurred in heapital or institution
Serviced	2 FULL NAME Miss Ada De	Il Manufold street and number.
Off)	Personal and Statistical Particulars	Medical Certificate of Death
8 SEX		16 DATE OF DEATH
0	Funal White of Divorced word	June 9 , 1911
6 DAT	E OF BIRTH 8. / // 1884	[Month] [Day] [Yes
in of	(Month) (Day) (Year)	Masch 191/ to hard 9 191
7 AGE	28 yrs 8 mos ds.	that I last saw held alive on 2 / 9 101/
8 000	CUPATION of the engineer warning of the course of	and that death occurred, on date stated above, at J.O. J.A.
	THPLACE	The CAUSE OF ATH was as follows:
(8	tate or country) Ballen to Sty	leave and their conceptorate to coner as the noncept reli
of Sa	10 NAME OF FATHER	Pulmonary Tuleboulody
	11 BIRTHPLACE	The state of the s
ENTE	(State or country) Bassen bo Shy	D store the cold blobby (Dunation)
PARENTS	12 MAIDEN NAME OF MOTHER 10 - 4-10-	Contributory.
na di	13 BIRTHPLACE	(Secondary) polypholais beauting he filly nothernt
	OF MOTHER (State or country) Allen bo sky	(Duration) yrs mos
180	HE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF	(Signed) and and and and Brooks
200	Informant) 100 100000	MANA 7, 191 (Address) 1.1.0 M. W. M. W.
15 P	Address A D. L. JUL. JULY D. C. LACE WHERE REMAINS ARE TO BE SENT DATE OF SHIPMENT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translants or Recent Resident At place In the
68	owling Gleen Sy June 1 19/1	of deathyrsmosds. Stateyrsmos
SHIP	lemilles fond	Where was disease contracted, if not at place of death?
FIRM	HAME ADDRESS A 11 W	Former or usual residence

Ada Dell Mansfield 1896

TRANSPORTATION RULES

Approved and Adopted by the American Association of General Baggage Agents, the Conference of State and Provincial Boards of Health and the National Funeral Directors' Association.

Rule 1. The transportation of bodies dead of smallpox or bubonic plague, is absolutely prohibited.

Rule 2. The transportation of bodies dead of Aslatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever, (scarlatina, scarlet rash), crysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by licensed embalmer holding a certificate as such, issued by the State Board of Embalming a certificate as such, issued by the State Board of Embalming of Kentucky.

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After being disinfected as above, such bodies shall be enveloped in a layer of dry cotton not less than one inch thick, completely wrapped in a sheet securely fastened and encased in an air-tight zinc, copper or lead-lined coffin, or fron casket, all joints and seams hermetically seciled, and all enclosed in a strong, tight wooden box, or the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, encased in an air-tight zinc, copper or tin-lined box, all joints and seams hermetically soldered.

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Bule 8. Buer disciplinated body dead from any discase or

Rule 8. Divery disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate and enclosed in a hermetically soldered zinc, the or copper-lined box. But the bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embedmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 30 days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After 30 days the casket or coffin containing said body must be enclosed in a hermetically soldered box.

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By order of the board.

J. N. McCORMACK, M. D.,

December 30, 1910.

Secretary.



Clara Mansfield 1896

964
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Clara Mansfield 2. Sex final, 3. Color Mile. 4. Age 5 yrs 5. Married or single Fright 6. Date of Death Nor. 28 1896 7. Cause of Death Membraceurs Croup 8. Duration of last Illness And December 18.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Broken Low Ly 11. Residence Charles II CA Ward No. 12. 12. Time of Residence in the City Ly 13. When a Minor Name of Mother Clara manifold Name of Father M. M. Manifold
14. Place of intended Interment Fairrir En- 15. Date of intended Interment For - 29 4 1886. Hill Gerard Bro, Undertaker.
Date of Certificate 107 - 29/96 Residence

Bessie Pauline Markham 1908

#531 0 21
This Constitutes One Certificate to be Returned to the City Cierk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Brossin Paulynn Markhann 2. Sex Fundly 3. Golor White 4. Age 5 Months 5. Married or single Single 6. Date of death Set. 15" 1908 7. Cause of death Smanitim 8. Duration of last illness Sohn J. Black burn M. D. Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth BOWLING GREEN, KY.
11. Residence hashing tow ave. BOWLING GREEN, KY Ward No.
12. Time of residence in the city 5 months,
9. Occupation 10. Place of birth 11. Residence hashing tow low. BOWLING GREEN, KY 12. Time of residence in the city Name of mother Name of father 6. 6. Markhault Name of father Name of father
14. Place of intended interment OFT 16 1968
15. Date of intended interment
GERARD & GERARD. Undertaker. OCT 16 1908 Date of Certificate OCT 16 1908 Residence Residence
SYSZII.

Ruby Markham 1911

RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Ruby Warkhaur
2. Sex Tunder 8. Color While 4. Age 4 Mes.
5. Married or Single Smyll
6. Date of death / Way 1911.
7. Cause of death Mellin Traumagnetic.
8. Duration of last illness Wolf Hackberry N. D.
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth BOWLING GREEN, KY
11. Residence Ward No. 3. Ward No. 3.
12. Time of residence in the city Wass Mass fans.
13. When a minor Name of Mother 6.6. What have.
14. Place of intended interment May 19" 1911.
15. Date of intended interment May 11" 1911.
Date of Certificate May 21"1911 Residence SOWLING GREEN, KY

Ruth Markham 1911

	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 Ruth Mark hans.
2.	Sex Famaly 3. Colof While: 4. Age 4 Mrs.
5.	Married or Single Single.
6.	Date of death May 20" 1911.
7.	Cause of death auth Munnguis
8.	Duration of last illness
	trottil lackbury M. D.
	Residence SOWLING GREEN, KY.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth, NOWLING GREEN, KY.
11.	Residence Ward No. 314 Ward No. 314
12.	Time of residence in the city. # Market Was Market
13.	When a minor \ Name of Mother Col Wayham,
	(Name of Father Control of the State of Father Control of the State of State of the State of
14.	Place of intended interment Way 21" 1011
15.	Date of intended interment GERARD & GERARD. Undertaker
Т.	Man 21/11/1 NOWLING GREEN TV
Date	e of Certificate Residence Residence
4000 4014	

William H. Markham 1909

#675. 30
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Off My Markham
2. Sex Mule 3. Color White 4. Age 69
5. Married or single Married
6. Date of death aug. 4th 1908
7. Cause of death Aughts Disease
8. Duration of last illness Eight with
Wa Ponggo M.D.
Residence Bourfung Freue
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Bowling Green Hy Ward No.
12. Time of residence in the city
13. When a minor Name of mother Name of father 14. Place of intended interment Furry Camely 15. Date of intended interment Thursday 16. Date of intended interment Thursday 17. June 19.9
Name of father
14. Place of intended interment Harrier Canaly
15. Date of intended interment duaguest 3 1909
Marrin Enoche Undertaker. S
11 11100 016 16
Date of Certificate aug. 5"09 Residence Blace 14
Date of Certificate UUG. S. O.G. Residence Street
Date of Certificate UU4. S. O.S. Residence Structure
Date of Certificate UUG. S. O.G. Residence Some Teg

Ben Marlow 1910

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🗣 🗣
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Bru. Marlow.
2.	Sex Male 3, Color White 4. Age 75 yrs.
5.	Married or Single Wislowar
6.	Date of death Aug. 13"1910.
7.	Cause of death Brights Recease Duration of last illness H week
8.	Duration of last illness # week!
	W. E. Taygret, M. D.
	Residence Bowling Green Ky
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
9. 10.	
	Occupation
10.	Occupation Place of birth
10. 11. 12.	Occupation Place of birth Residence Sopular St. Ward No. 3
10. 11. 12.	Occupation Place of birth Residence Sopu. St. Ward No. 3 Time of residence in the city When a minor Name of Mother
10.11.12.13.14.	Occupation Place of birth Residence Now S. Ward No. 3 Time of residence in the city. When a minor Name of Mother Name of Father Place of intended interment Stull Snow yard Paramote Date of intended interment GERARD & GERARD.
10. 11. 12. 13. 14.	Occupation Place of birth Residence Now S. Ward No. 3 Time of residence in the city. When a minor Name of Mother Name of Father Place of intended interment Still Lawy yard Marsard

Susan Marlow 1900

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Miss Susan Marlow 2. Sex Junale - 3. Color white 4. Age 66 yr. 5. Married or single Single
5. Married or single Single 6. Date of death Jan -9-1900 7. Cause of death Heart Failure
8. Duration of last illness Flue Lays De Milligan , M. D. Residence Fluith ST.
Residence Faith S1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Jennesee 11. Residence Center ST Ward No. / ==
11. Residence Ward No, 77, 12. Time of residence in the City. Life Time Name of Mother 13. When a minor Name of Eather
14. Place of intended interment Fair very Cerulary
i5. Date of intended interment Jan - 10-1900 Levard & Levard, Undertaker.
Date of Certificate 7/901. Residence

William Marlow 1900

	33
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased mm Marlow.	
2. Sex male . 3. Color white . 4. Age 5-3 yer	
5. Married or single Single 6. Date of death Aug- 17- 1900	
7. Cause of death Heat Prostration	
Dr. Tom. Stone . M. D	
Residence 10 Fhuth St.	

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Laborett	
10. Place of birth Darren County 11. Residence / S. St. Ward No. 1 =	
12. Time of residence in the City Chu hule -	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Fairver Cerneter	
15. Date of intended interment aug- 18 - 1800	
Guard F Luard, Undertaker	
Date of Certificate ay-17-1800 - Residence	

Martha L. Marman 1904

* * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *	
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
11 A D Marman	
1. Name of deceased Marka & Marman	
2. Sex Fremale. 3. Color White . 4. Age 6/	
5. Married or Single Wides	
6. Date of death # 14 1904	
7. Cause of death Aufetire of hall Bludder	
8. Duration of last illness 4 Menths	
A.I.M.C. Comack, M. D.	
Residence Bulling Zuen 14	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth	
11. Residence Park St lity Ward No. 121	
12. Time of residence in the city	
13. When a minor Name of Mother	
14. Place of intended interment Fairwew Cometing	
15. Date of intended interment Feb 13-1904	
Date of Certificate Hely 1904 Residence.	

Ann L. Marshall 1912

1.0	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mrs Auce & Marshall
	Name of deceased Mrs. Aut. Marshall Sex Dunala 3, Color White 4. Age 86 yrs
2.	Sex Junio 3, Color 4. Age 4. Age
5.	Married or Single JUL 3 1 1912
6.	Date of death JUL 3 1 1912
7.	Cause of death Cancer of Bleast.
8.	Duration of last illness 5 years
	Dreemack bruch, M. D.
	Residence ROWLING GREEN. KY
	Undertaker's Certificate in Relation to Deceased.
0	Occupation non
	Kantueku
0.	10 101/H
1.	Residence Ward No. 2
2.	Time of residence in the city.
3.	When a minor { Name of Mother
	Name of Fathers
4.	Place of intended interment find 11/12 in
5.	Date of intended interment
	GERARD & GERARD. , Undertaker.
Ont	e of Certificate Residence ROWLING GREEN. KY
	V

Charles K. Marshall 1911

36
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
-///8
Physician's Certificate Preparatory to Burial.
1. Name of deceased le has K Marshall
2 Sexprale 3 Color white 4 Age 35
5. Married or Single Married
6. Date of death Lee 14 1911
7. Cause of death Surside Chloroform
8. Duration of last illness Suddurit
Thomas Lwallace Corp.
Residence Metropalia Del By Chas Errocks
Undertaker's Certificate in Relation to Deceased.
9. Occupation Minister
10. Place of birth
11. Residence
11. Residence Ward No
11. Residence
11. Residence
11. Residence Ward No

Mary Ann Marshall 1911

37 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mary ann Marshel.
2. Sex Junale 3. Color White. 4. Age 77
5. Married or Single Lingh
6. Date of death 2 12 th 1911
7. Cause of death Brasaysis
8. Duration of last illness 2 Mary 1
(// E/) (M. D.
Residence Ballen Ma Holem Ky
Undertaker's Certificate in Relation to Deceased.
9. Occupation Human Respec
10. Place of birth Jayett Co
11. Residence Danly Free. Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment Harrow Countary
15. Date of intended interment Que 13th 19/1
Crock To Celly Undertaker.
Date of Certificate Due 10 /4// Residence Bowly Free

Thomas Harold Marshall 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Thamas Handle marshall
2.	Sex male. 3. Color white. 4. Age 21 mon
5.	Married or Single Jugle
6.	Date of death Mov 4 191/
7.	Cause of death Bronchy - Premium
8.	Duration of last illness 7 days
	memach Fruit, M. D.
	Residence 633-12 44-
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	
11.	Place of birth Boul July July 19. Ward No.
12.	Time of residence in the city Life
	(Name of Mother
	When a minor Name of Father Ta Mushall
13.	Place of intended interment 7 aur view our
13. 14.	
	Date of intended interment
14.	4. 1. 10
14. 15.	Date of intended interment

Child of Bessie Martian 1901

39
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased child of Bessie martian 2. Sex may . 3. Color Hack . 4. Age 6mo
2 Sex maly . 3. Color Hack . 4. Age 6mo
5. Married or single
6. Date of death July 23-1901
6. Date of death July 23-1901 7. Cause of death Summer Complaint 8. Duration of last illness To make -
S. Duration of last liness
8. Duration of last illness H. Shigas . Cuf. , M. D. Residence Cuttu St.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTAKENS CENTIFICATE IN KEDATION TO DECEMBED.
9. Occupation
10. Place of birth ham ev /ky
11. Residence almaram ally Ward No, 2
12. Time of residence in the City. Afe time (Name of Mother Beauti marka
13. When a minor Name of Father Name of Father
14. Place of intended interment County Coulty
15. Date of intended interment
Grand Thank, Undertaker.
Date of Certificate . Residence

Ada Martin 1894

633
This Constitutes One Certificate to b
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURNAL
1. Name of deceased Ada Marline
2. Sex Humale 3. Golor Sell 4. Age 10 yrs
5. Married or single Sungle
6. Date of Death July 19 19 94
7. Cause of Death Syphoid Oncurronses
8. Duration of last Illness Sit weeks
Richardo & Mredist, M. D.
Residence
HADDOTAVEDIC CEDITIONEE IN DELETION TO DECEMBE
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Harrin Co.
11. Residence . Ward No. 476
12. Time of Residence in the City
Name of Mother name market
Name of Father 4. M. Marshie
14. Place of intended Interment MM Mascah
15. Date of intended Interment June 20 "/94
6 Sund Y Sundertaker.
Date of Certificate July 2 / Residence

Alma Martin 1900

12	41
This Constitutes One Certificate to be Returned to the City Clerk for a Burini Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Alma	
1. Name of deceased fluid Mustine 2. Sex female . 3. Color Black . 4. Age 27	
5. Married or single 6. Date of death Fuy 8 1900 7. Cause of death Rumonin 8. Duration of last illness	
8. Duration of last illness ODP Residence Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth City 11. Residence Centra but 4+13 . Ward No.	
Name of Mother Susice Martin Name of Father Ed Martin	
14. Place of intended interment Thy Inariah 15. Date of intended interment Thy 9 1900	
Date of Certificate . Residence	

Bettie Martin 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Bettie Martin
2.	Sex funde 3. Color white 4. Age 74 722
5.	Married or single milou
6.	Date of death October - 16 - 1907
7.	Cause of death Heart Failur
8.	Duration of last illness Sant Given
	M.R. Rusia M.D.
	Residence Smith From 124
	Undertaker's Certificate in Relation to Deceased.
	Ondertaker's Certificate in Relation to Deceased.
9.	Occupation "
10.	Place of birth nut sin
11.	Residence was Survey on the Ward No.
12.	Time of residence in the city not at acl.
13.	When a minor Name of mother
10.	When a minor Name of mother Name of father
14.	Place of intended interment Friedrich Gent
15.	Date of intended interment, Octeob18-1907
	June /3rac Undertaker.
Dat	e of Certificate Residence Oukland 15

Bulah Martin 1911

	43
RETURN OF A DEATH	
- 1037	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Bulah Martin	
2. Sex Farnals 3. Color Gol. 4. Age 184	no.
5. Married or Singles Dungle	
6. Date of death June 18" 1911	
7. Cause of death Tuerporal & apticarmia	
8. Duration of last illness One well	
O. S. & Har	M. D.
Residence SOWLING GREEN. KY	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	******
10. Place of birth January	
11. Residence 513, Kurlulky Ward No. 2	
12. Time of residence in the city	
Name of Mother	
13. When a minor Name of Father	
14. Place of intended interment Gallalin June.	
15. Date of intended interment www 29"/9/	
OERARD & GERARD. , Under	taker.
Date of Certificate Residence 80 WLING GREE	IN. KY

E. G. Martin 1909

# 6-0-9 This Constitutes One Certificate to be Returned to the Co	ty Clerk for a Burial Permit.
RETURN OF A	
PHYSICIAN'S CERTIFICATE PREPARATOR	Y TO BURIAL.
1. Name of deceased & S. Martin	
2. Sex male 3. Color white 5. Married or single Midowin	1. Age 17 June 2
6. Date of death Put 1. 190	19
7. Cause of death Faralysis	
8. Duration of last illness 7 weeks	
GB & SMait	TIO , M. D.
8. Duration of last illness Jumps B & HMAN Exidence Bau	lung hum. 14,
	T
UNDERTAKER'S CERTIFICATE IN RELATIO	N TO DECEASED.
10. Place of birth Racky Hall.	My,
11. Residence bainsloitte 1	Ward No,
12. Time of residence in the City.	
13. When a minor \ Name of Mother \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ey Marin
Name of Father Mark	on marin
14. Place of intended interment hair wi	0 1606
15. Date of intended interment This.	1 # 0.00
Tod So &	a Mesful Undertaker.
Date of_Certificate Res	dence Aller from
	- 17

Earline Martin 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Earlin Martin
2.	Sex funate 3. Color BCK 4. Age 6 mo-
5.	Married or single
6.	Date of death 2 - 5 - 1907
7.	Cause of death Andantile transce. (Premaria)
8.	Duration of last illness mether 10 days.
-	
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth
11.	Residence Ward No. Ward No.
12.	
13.	When a minor Name of mother Loula Murtin
	When a minor Name of father blass and article
14.	
15.	Date of intended interment, Dec 3/807 Undertaker.
	te of Certificate
Da	
Da 	

Child of Ed & Susie Martin 1898

145	46
This Constitutes One Certificate to be Returned to the City Clerk for a Burial P	Permit,
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	2, /
1. Name of deceased Child of El Carlo 2. Sex Hewall 3. Color Blk . 4. Age 2 yr 5. Married or single swingle 6. Date of death June, 24"98.	w.
7. Cause of death Sold deases. 8. Duration of last illness Residence	, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth City 11. Residence Lewiller Street Ward No.	g nd
12. Time of residence in the City Name of Mother Susaie Manager Name of Father Ed Month	ulin
14. Place of intended interment County Country 15. Date of intended interment AME 94" 1898 Leanel & Guard. Union	dertaker.
Date of Certificate Juni 24/98 Residence	

Ellen Martin 1894

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	11 - 2 - 2 - 4 -
	ne of deceased fiss Ellin martin
	Funal 3. Color Shile . 4. Age & 3 ys
5. Mar	ried or single striple
6. Date	e of Death [197] [1994
1072	se of Death Consumption
8. Dur	ation of last Illness and for the same at
	D Pymuluul, M.
	Residence Scruling lucas
6	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
0	
Victoria I	upationee of Birth
11. Res	D 1/2
	ne of Residence in the City
	Name of Mother Budget Theat
13. Who	en a Minor Name of Father Batury Inas
14. Plac	e of intended Interment Aashville Tenu
15. Date	e of intended Interment Oct. 2/1/1894.
	Abywarf Mio, Undertake
Date of	Certificate Oct 2 / Residence Cette
	197

Ida Martin 1882

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURI.	AL PERMIT
RETURN OF A DEATH	<i>I</i> •
PHYSICIAN'S CERTIFICATE PREPARATORY TO	BURIAL.
1. Name of Deceased I da Mir tim marte	•
2. Sex function 3. Color M/C . 4. Ag	e72110
5. Married or Single	
6. Date of Death Oly 18 18 8 in	
7. Cause of Death	
8. Duration of last Illness	
	, M. D.
Residence	***************************************
	Samerann
UNDERTAKER'S CERTIFICATE IN RELATION TO 9. Occupation	DECEASED.
21 01-1	1 No 13 2
12. Time of Residence in the City	
13. When a Minor Name of Mother Juni Hung	
Name of Father	
14. Place of intended Interment	
15. Date of intended Interment 119 19-1884	The Part Land
71.61	, Undertaker.
2 Heginan	
Date of Certificate On 197 . Residence	

John Mason Martin 1898

HHY OUT HOU, 5 49
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased the Carry Carling 2. Sex Jall . 3. Color Mile 4. Age Stout 6.5 yrs 5. Married or single Aurical,
6. Date of death Seast Deasese 7. Cause of death Seast Deasese
8. Duration of last illness Bett, College Consumer Residence Farrer Co.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 11. Residence Main St. Ward No. 3 rd 12. Time of residence in the City 24 family Name of Mother
12. Time of residence in the City 24 finesh.
13. When a minor Name of Father
14. Place of intended interment Juscalotta Sla, 15. Date of intended interment July 18", 98, Herand & Herand , Undertaker.
Date of Certificate July 7"98 Residence Died at Fred Sthoward Restamant
an some some some some some some some some

Lula Martin 1909

-	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
**	600
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	9
1.	Name of deceased Zula martin
2.	Sex female 3. Color Cal. 4. Age 22 g Married or single married
5.	
6.	Date of death murch 17-1909.
7.	Cause of death Coulding them
8.	Duration of last illness
	OD OL M.D
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTARENS CERTIFICATE IN MEDITION TO DECOME
9.	Occupation Hauskeepen
10.	Place of birth Kees hurgh kg,
11.	Residence West main It Ward No. J
12.	Time of residence in the City. Live yero
13.	When a minor Name of Mother Francis Belinus Name of Father
14.	Place of intended interment
15.	Date of intended interment much 19-09.
	OS Same
	e of Certificate mer, 19-09. Residence
Date	e of Certificate 2007, /7-09. Residence
Territorio	7 & college St.

Mary Martin 1907

#178
This Constitutes 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 M. Mary Martin 2. Sex Finnals 3. Color While 4. Age 76 yrs. 5. Married or single William 6. Date of death Appropring 7. Cause of death Appropring 8. Duration of last illness G. Rodgius M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Warran County, 11. Residence Spring Water distilling Hawar Leo Ward No.
12. Time of residence in the city
14. Place of intended interment May 9" 1907. 15. Date of intended interment. May 9" 1907.
Date of Certificate May, 9/07. Residence OWLING GREEN, KY

Mary Martin 1880

			50
		This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	
		PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
	1.00	Name of Deceased . Mary Martin .	
	5.	Sex Finale . 3. Color Black . 4. Age 35 Married or Single . Single :	
	6.	Date of Death Afrest 27 1986	
		Cause of Death ConSumption	
	8.	Duration of last Illness one year I Fi Thelloy M. D.	
		Residence	
	0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation	
	11.	Place of Birth Residence	
	12.		
	12.		
	134	When a Minor { Name of Mother Name of Father	
	14.	Place of intended Interment Col Cent.	
	15.	Date of intended Interment Ofin 28th 1880	
	L	Pate of Certificate This 27 8. Residence Undertaker.	
		Democrat Print	1
*			

Child of Mollie Martin 1878

Constitutes ONE CE	ERTIFICATE to	be returned	to the City	Clerk for a	BURIAL	PERMIT.
RETU	RN	O F	A 10	E A	LT	H.
DUVELCIÁNIS	CEDTIE	CATE DDI	EDADATC	DV TO	DIIDIA	
			intant ot.	violize .	Ma	L. T
		14			2.11	A_
		olor ja	qu	. 4. Ag	re Alde	70/1/1
.,					1	
Date of Death	Muy	7				

Duration of last	Illness	27	n. a/	/	ρ	
	D 11		n Clar	1/200		, M. D.
	Kesidence		rayna		•	
UNDERTAKER	S CERTIFI	ICATE IN	RELATIO	ON TO I	DECEA	SED.
		//				
Place of Birth	Bowlin	g Gre	en /le	5-		
Residence S	uner	- St.			ard No	10
					tin	
When a Minor <						
Place of interior		0.1	0		Time,	
		ma	11 32	189	S	
Date of intended	Interment	- mel	87	20 000	200	
of Carlificate	May 30	2000	- nuck	w M	tato	ndertaker.
Bowle	1 11 1/1	een Ku	. Kesu	-	·	
	PHYSICIAN'S Name of Dececre Sex VIC Married or Singue Date of Death Cause of Death Duration of last UNDERTAKER Occupation Place of Birth Residence Time of Residence When a Minor Place of intended Date of intended	PHYSICIAN'S CERTIFIC Name of Decersed 107 Sex 17 (3. C) Married or Single Date of Death 11 Cause of Birth 12 Cause of Birth 12 Cause of Birth 13 Place of Birth 14 Cause of Mame of Mame of Mame of Mame of Mame of Interment Date of intended Interment 15 Certificate 14 Cause 16 Certificate 14 Ce	PHYSICIAN'S CERTIFICATE PRINCE Name of Deceased Sex 100 C. 3. Color Married or Single Date of Death Mary 3 Cause of Death Married Brown Duration of last Illness Residence UNDERTAKER'S CERTIFICATE IN Occupation Place of Birth Bowling Green Residence Summer St., Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment Occupation Place of intended Interment Place of intended Interment October 1988 Place of intended Interment October 1988 Color Married OF Place of intended Interment October 1988 Place of intended Interment October 1988 Place of intended Interment October 1988 Place of Certificate Mary 300 988	PHYSICIAN'S CERTIFICATE PREPARATO Name of Decersed 107 Migro Sex 100 3. Color Sugro Married or Single Date of Death Muy 3 Cause of Certificate Mu	PHYSICIAN'S CERTIFICATE PREPARATORY TO Name of Decersed Sex Live 3. Color Jugar 4. As Married or Single Date of Death Mary 3 Cause of Death Hours Duration of last Illness UNDERTAKER'S CERTIFICATE IN RELATION TO 1 Occupation Place of Birth Bowling Green Super Residence Summer St. W Time of Residence in the City New Rown When a Minor Name of Mother Mollie Mar Name of Father Place of intended Interment Date of intended Interment May 37 187 Of Certificate May 370 18	Married or Single Date of Death Muy 3 Cause of Death Muy 3 Cause of Death Muy 3 Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEA. Occupation Place of Birth Bowling Green Ky- Residence Summer St., Ward No. Time of Residence in the City New Bown When a Minor Name of Mother Mollie Martin Name of Father Place of intended Interment Col - Centerry Date of intended Interment May 3- 1878 Of Certificate Muy 3- 1878 Residence State Of Certificate Muy 3- 1878 Residence State

Oby Martin 1904

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 Miss Oby Marline Thomas Miss Oby Miss Oby Marline Thomas Miss Oby Miss Oby Miss Oby Marline Thomas Miss Oby Miss Ob
2. Sextender 3. Color Maile 4. Age 10 yrs. 5. Married or Single Sningle
6. Date of death May 30"/904. 7. Cause of death Massals
8. Duration of last illness # Dearting ht
Residence , M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Wassen ha
10. Place of birth Warrin & D. Ward No.
12. Time of residence in the city. Mus & J. Martin
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14. Place of intended interment Have 30" 1904
15. Date of intended interment fraud fraud, Undertaker.
Date of Certificate // Out / Sp " o # Residence

Robert Lee Martin 1899

2 26	55
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Robt Lee Marcin	
2. Sex Male . 3. Color Black . 4. Age 14 months	
5. Married or single 6. Date of death Anil 14 1829	
7. Cause of death	
8. Duration of last illness	
W,A, 7. , M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Coly	
11. Residence Elhestrut let 1st + 2 md. Ward No. 2	
12. Time of residence in the City	
13. When a minor Name of Mother Famin Martin	
14. Place of intended interment MAMoriah Country	
15. Date of intended interment April - 15-1899	
Hawley Jayne, Undertaker.	
Date of Certificate Residence	

Child of Rufus & Lina Martin 1891

Out of town
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEATE.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Child of Rufus Martin 2. Sex female . 3. Color Whit . 4. Age 6 Couks
2. Sex female. 3. Color Whit. 4. Age 6 Couls
5. Married or Single Single
5. Married or Single Single 6. Date of Death That 1st 1491
7. Cause of Death Whoolome, Love 1
8. Duration of last Illness Dalval day
DOMMERY, M.D.
Residence What wall Office
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence / Ward No. 4
12. Time of Residence in the City
13. When a Minor. Name of Mother Lincal Manies Name of Father Rufus
13. When a Minor. SName of Father Reviews
14. Place of intended Interment Bauen County
15. Date of intended Interment March 2 2/89/ Ho Grand, Undertaker.
Date of Certificate . Residence

Susie Martin 1900

9	57
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Harris Martin 2. Sexpande. 3. Color BIK . 4. Age 24	
6. Date of death July 2 1900	
7. Cause of death Cerebritis	
8. Duration of last illness U. S. Forlet M. D.	
Residence	
THE PROPERTY OF THE PROPERTY O	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth	
11. Residence Ceuth ht 4 t 5 st. Ward No. 2 12. Time of residence in the City	
) Name of Mother	
14. Place of intended interment 22 1900	
15. Date of intended interment / Lawley / ay, Undertaker.	
Date of Certificate Residence	
	-

William Martin 1900

16	5
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
NUMERICANIE CENTIFICATE ADENDATION TO PHOUSE	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Wir hearting	
2. Sex han . 3. Color Cal . 4. Age &D	
5. Married or single	
6. Date of death The 1500 7. Cause of death Community	
8. Duration of last illness	
, 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 \ \begin{cases} \text{Name of Mother} \\ \text{Name of Father} \end{cases}	
14. Place of intended interment AB Monah	
15. Date of intended interment July 17 1500	
Lawey ay Undertaker.	
Date of Certificate Residence	

Mary E. Marton 1910

	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 May & Marton
2.	serviale 3. Color white 4. Age 76
5.	Married or Single Widow
6.	Date of death July 9 1910
7.	1711
8.	Duration of last illness 9 days -
	TOGSELLE, M.D.
9	Residence Bowling Gneent
	Undertaker's Certificate in Relation to Deceased.
0	
9. 10.	Place of birth Dippson country
11.	Residence Banky Mrun Kward No.
	100 + 10:
12.	Time of residence in the city Sharf while
13.	When a minor Name of Mother Name of Father.
14.	Place of intended interment auburn //y
15.	Date of intended interment July 10 1910
	The start of
Date	e of Certificate July 9/4/0 Residence Byry

William Carrol Marum 1881

This Constitutes ONE CERTIFICATE	to be retu.	e City Clerk for a BU	RIAL PERMIT
RETURN	OF A	DEAT	H.
		A STATE OF THE PARTY OF THE PAR	
x Male . 3. Colo	or w	lite . 4.	Age 63 yil
ate of Death San	neiry	22	1881
uration of last Illness	one	week	
	J.	Filholl	M. D.
Residence	ce Gr	der 0	Street
NDERTAKER'S CERTIFIC	CATE IN R	ELATION T	O DECEASED.
Pesidence Cent O	15	- N	ard No 2
ime of Residence in the City_			****
(Name of Mo	other		
Vhen a Minor Name of Fath	er		
	Fleen	1,0	ut-
	Jan	232/8	84
A A	laly.		, Undertaker.
of Certificate Jan 22	2081	Residence	
	PHYSICIAN'S CERTIFIC Tame of Deceased Mille The Constant of Single Income The Constant of Last Illness Income Residence Income of Residence in the City When a Minor Place of Monor Income of Monor Inco	PHYSICIAN'S CERTIFICATE PREI ame of Deceased William & ax Male 3. Color was farried or Single Inversive ate of Death Provent ause of Death Provent auration of last Illness one Residence Gra The Coupation Interpreted are of Residence in the City Vhen a Minor { Name of Mother Name of intended Interment Place of intended Interment Place of intended Interment	PHYSICIAN'S CERTIFICATE PREPARATORY Tame of Deceased William Carrol Tarried or Single The first of Death The first of Lineary 22 The first of Last Illness The first of Residence of Birth The first of Residence in the City Then a Minor That of Intended Interment That of Intended Interment

Gertie Mason 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Hustis House
	Name of deceased
2.	Sex Color 4 Age
5.	Married or Single
6.	Date of death May, 49 0 L
7.	Cause of death Making Foram
8.	Duration of last illness
	M. J. Wallington, M. D.
	Residence
	Trestuence
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
	Undertaker's Certificate in Relation to Deceased.
0.	Undertaker's Certificate in Relation to Deceased. Occupation
0. 1.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Annua S
0. 1. 2.	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
0. 1. 2.	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.
9. 0. 1. 2. 3.	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
0. 11. 22. 33.	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.
0. 11. 22. 33.	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 May 80 " att
0. 1. 2. 3. 4.	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 May 30"04. Livary Livary Residence Ward No.

Mary Lee Mason 1913

	6.
This Constitutes One Certificate to be Record to the City Clerk for a Burial Pers	mlt.
RETURN OF A DEAT	н.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Mary Lie Mason	2
2. Sexual 3. Color white 4. Age 4. 5. Married or single Married	154
5. Married or single Married	
6. Date of death 15 1913	
7. Cause of death Pulmonary Tuberon	loxis
8. Duration of last illness	
Residence & Lucus	, M. D.
Residence & Luce	>
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation at Home	
10. Place of birth Warren Co 16 11. Residence Bowling Green Ward N	
	No,
12. Time of residence in the City.	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Fair view &	111
15. Date of intended interment Leas 16 191	3
En la Mossimi	Undertaker.
Date of Certificate Fely 18 1913 Residence 13 11	— —

Sank Mason 1910

	6
This	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	PETHEN OF A DEATH
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Thysician's Certificate Treparatory to Burian.
1. N	Name of deceased Sand mason
	Sex male 3. Color lol 4. Age 576
	Married or single Marriel
	Date of death april 6 - 1910
	Cause of death Brothen Lig + arm
	Ouration of last illness
	O. Dyorto M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Common Color
	Place of birth Lagran Carrolly
	Residence W. / Ward No.
12.	Time of residence in the city about 14 418
	(Name of mother
13.	When a minor Name of father
14.	Place of intended interment The morial Cometry
15.	Date of intended interment april 7 - 1910
	J. E. Kenghus Dass Undertaker.
V 423 M 187 1	of Certificate April 7 1910 Residence
Date	of Certificate 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Date	Com y Y College & A
Date	Cory Y Callege S.
Date	Con 7 4 College Sf

Lena Massey 1896

855
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 Lewa, Massly
2. Sex Humall 3. Color Bld . 4. Age 9 yrs
5. Married or single 3000 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Cause of Death Consumption
8. Duration of last Illness Philipped Thomas
Residence M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Deutsville Ry
11. Residence Man Such Ward No. 4
12. Time of Residence in the City
Name of Mother Name of Mother Name of Father Town Massey
14. Place of intended Interment County Laurely
15. Date of intended Interment Mary 2 196
Date of Certificate MAN Hy Residence Letty

Lucile Josephine Massey 1911

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.
Lucita touthing Mossey
1. Name of deceased the first finance from the first from the firs
2. Sex Junols 3. Colo Phile . 4. Age 7 ms.
5. Married or Single Inight. 6. Date of death Max, 30" 1911.
R P P
8. Duration of last illness 18 days -
Tolleander, M.D.
Residence Sawling Fin 12
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Bowling Gun Sty.
11. Residence My Sh " " Ward No. 2
12. Time of residence in the city. 7 yrs.
(Name of Mother Mrs Ruth Massry.
13. When a minor Name of Father Jis. J. Massey
14. Place of intended interment Stylosiphs, bundlery
15. Date of intended interment Mar, 31" 1911,
GERARD & GERARD. , Undertaker.
Date of Certificate May, 30"/9//. Residence

Thomas Massey 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.
1. Name of deceased Thomas, J. Massey
2. Sex Malv 3. Color White 4. Age 19 yes.
5. Married or Single Widoway,
6. Date of death 181915
7. Cause of death Obstriction of Common Faul Such.
8. Duration of last illness
A General No.
Residence Steven ny
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth lyllayd
11. Residence Onucu St. Ward No. 3
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father Josephs Crington
14. Place of intended interment april 15. Date of intended interment april 15.
Grand Thrank
Date of Certificate PN. 8"/19115 Residence

Mrs. Winfield Massey 1909

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	le"
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
mrs ffindill Massen	
1. Name of deceased Minfield Massey 2. Sexfernale 3. Color White. 4. Age 521	
5. Married or single Married	,,,
6. Date of death FEB 5 - 1909 7. Cause of death Overion Turnors	
8. Duration of last illness The Carmour South, M. I	
Residence Bauling Green Ky	eees
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
UNDERTAKENS CERTIFICATE III RELATION TO DECENSED.	
9. Occupation	
10. Place of birth 11. Residence Oarland / Ky Ward No,	
11. Residence Ward No.	
Name of Mother	
Name of Father	
14. Place of intended interment Oakland -	
15. Date of intended interment February 6 9 ENOCHS & DAVIS Undertake	er.
Date of Certificate FEB 5 - 1909 Residence Buy	
\$ \tag{4}	

Lucy S. Mast 1912

	D D D L D L D L D L D L D L D L D L D L
	RETURN OF A DEATH.
	1144
	Physician's Certificate Preparatory to Burial.
	Name of declased Mrs. Lucy & Mast. Sex Hall Jewal 3. Color White 4. Age 6/1/15. Married or single 5.00 1012
1.	Name of declased Mis Lucy Protest
2.	Sex Hour finale 3. Color White 4. Age 6/1916.
5.	Married or single
C	Date of death FED = Z 131Z
7.	Cause of death Clrebral Softening arlewel
8.	Cause of death Cerebral Softening arteriosel Duration of last illness 6 months
	Residence Bowling Green R
	Residence Bowling Freent
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Place of birth Chris Lian, Lov, Ky Residence BOWLING GREEN, KY Ward No.
10.	Place of birth Whis www. 100, 107
11.	Residence Ward No.
12.	Time of residence in the city 18 yrs.
13.	When a minor Name of mother.
10.	When a minor Name of father
14.	Place of intended interment
15.	Date of intended interment July 4"/9/V
	GERARD & GERARD Undertaker
Dat	e of Certificate FEB - 2 1912 Residence SUWLING GREEN

	Warren County, Kentucky Death Records, Box 3, Folder 4 (Mac to Mas)				
MCC 202	Manuscripta & Falklifa Arabiya	a Library Canadal Callactions	Mastan Kantualiu I labanitu		

	Warren County, Kentucky Death Records, Box 3, Folder 4 (Mac to Mas)				
MCC 202	Manuscripta & Falklifa Arabiya	a Library Canadal Callactions	Mastan Kantualiu I labanitu		