


1877

Box 3, Folder 4 Bowling Green, Kentucky - Death Records, Ma-Mas

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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 deceased Charlie Mack
2. Sex Male 3. Color Blk 4. Age 4 yrs.
5. Married or single Single
6. Date of death Aug. 11/1901
7. Cause of death Whooping cough
8. Duration of last illness Two weeks
J. B. Slusher Ch., M. D.
Residence Center St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence 10th Street Ward No. 2
12. Time of residence in the City. _____
13. When a minor { Name of Mother Mary Mack
Name of Father _____
14. Place of intended interment County Cemetery
15. Date of intended interment Aug 11/1901
Edward J. Slusher, Undertaker.
Date of Certificate Aug 11/1901 Residence _____

Mary A. Mack 1913

2

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

RETURN OF A DEATH.

1413

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Mask

1. Name of deceased Mary A Mack

2. Sex Female 3. Color white 4. Age 16 yrs

5. Married or single Single

6. Date of death June 6 1913

7. Cause of death Gangrene of small intestine from mesenteric thrombosis

8. Duration of last illness 26 days

J. H. Blackburn, M. D.

Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation at home

10. Place of birth Iowa

11. Residence Bowling Green Ward No. _____

12. Time of residence in the City three months

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

14. Place of intended interment DeMains Iowa

15. Date of intended interment June 12 1913

Ernest McQuinn Undertaker.

Date of Certificate June 10 1913 Residence Bowling Green

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. Name of deceased *John P. Madden*
2. Sex *Male* 3. Color *White* 4. Age *8 months*
5. Married or Single *Single*
6. Date of Death *July 30 "92*
7. Cause of Death *Cholera Infantum.*
8. Duration of last Illness _____
A. C. Knight, M. D.
Residence *Green Ky*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City*
11. Residence *Adams St.* Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Mrs. Mary Madden*
 } Name of Father *Pat. Madden*
14. Place of intended Interment *St. Josephs Cem.*
15. Date of intended Interment *July 30 "92*
F. C. Guard, Undertaker.
Date of Certificate *July 30 "92* Residence *City*

John Thomas Madden 1898

1143 4

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased John Thomas Madden
2. Sex male 3. Color white 4. Age 5 mo
5. Married or single 6
6. Date of death June 2 / 98
7. Cause of death Whooping cough
8. Duration of last illness Six weeks
J.M.M. G. N. Murphy, M. D.
Residence B. L. Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth city
11. Residence Porter St Ward No. 3
12. Time of residence in the City _____
13. When a minor } Name of Mother Mary Madden
 } Name of Father Pat J Madden
14. Place of intended interment St Joseph
15. Date of intended interment June 3 98
Howland Payne 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 *Infant of Pat Madden*
2. Sex 3. Color *white* 4. Age
5. Married or single
6. Date of Death *Sept 24 / 96*
7. Cause of Death *Still Born*
8. Duration of last Illness *Still Born*
A. Wright, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *City*
11. Residence *South St* . Ward No. *8*
12. Time of Residence in the City
13. When a Minor } Name of Mother
 } Name of Father *Pat Madden*
14. Place of intended Interment *St. Joseph*
15. Date of intended Interment *Sept 24 / 96*
Patrick W. Ryan, Undertaker.
Date of Certificate Residence

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 Mrs Patrick Madden
2. Sex Female 3. Color White 4. Age 37 yrs.
5. Married or single Married
6. Date of death June 26th 98.
7. Cause of death Consumption
8. Duration of last illness _____
G. N. Murphy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Ireland
11. Residence Potter street Ward No. 3,
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment St. Josephs Cemetery
15. Date of intended interment June 28th 98.
Edward & Grand, Undertaker.
Date of Certificate June 27th 98. Residence _____

Harry Madison 1911

7

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

RETURN OF A DEATH.

1119

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Harry Madison
- 2. Sex Male 3. Color White 4. Age 23
- 5. Married or Single Single
- 6. Date of death July 8 1911
- 7. Cause of death Killed by Train
- 8. Duration of last illness Instant

J. J. Adams ^{Cor} M.D.
 Residence Munfordville Ky
By Mrs. Elmer

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation Sailor
- 10. Place of birth Simpson County
- 11. Residence Bowling Green Ky Ward No. _____
- 12. Time of residence in the city _____
- 13. When a minor { Name of Mother _____
 Name of Father _____
- 14. Place of intended interment Farmview Cem
- 15. Date of intended interment Dec 18 1911

Enoch Kelly, Undertaker.
 Date of Certificate _____ Residence B.B. Ky

Duplicate of Transit Permit
Permit was Hermetically sealed
Filed with Bureau of Vital Statistics

Mimia Magage 1892

440

8

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mimia Magage?*
2. Sex *female* . 3. Color *black* . 4. Age *90*
5. Married or Single *Widow*
6. Date of Death *May 13*
7. Cause of Death *Old Age*
8. Duration of last Illness *✓*
J. P. Mykh, M. D.
Residence *City of Owensboro*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Housekeeper*
10. Place of Birth *Warren Co*
11. Residence *City* . Ward No. *1*
12. Time of Residence in the City *years*
13. When a Minor.) Name of Mother _____
) Name of Father _____
14. Place of intended Interment *Mt Moriah*
15. Date of intended Interment *May 14 1892*
Prather Payne, Undertaker.
Date of Certificate _____ . Residence _____

Catharine Maha

9

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Catharine Maha Maha?*
2. Sex *Female* . 3. Color *White* . 4. Age *58*
5. Married or Single *Widow*
6. Date of Death *Sept 29th*
7. Cause of Death *Stricture of the Oesophagus*
8. Duration of last Illness *Several months*
Al. Wright & McClay, M.D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.
Date of Certificate _____ Residence _____

Democrat Print.

Eula Maier 1912

10

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

RETURN OF A DEATH.

1245

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Eula Maier
 2. Sex Female 3. Color White 4. Age 55 yrs
 5. Married or Single Married
 6. Date of death Sept. 9th 1912
 7. Cause of death Stroke
 8. Duration of last illness 3 yrs
T. W. Stone, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Hamburg,
 11. Residence Laurel Ave Ward No. 1
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Sept 11th 1912
GERARD & GERARD, Undertaker.
 Date of Certificate Sept 10/12 Residence BOWLING GREEN, KY.

Mary Maier 1893

532

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 Maier Maier?*
2. Sex *Female* 3. Color *Black* 4. Age *19 years*
5. Married or single *Single*
6. Date of Death *July 31st 1893*
7. Cause of Death *Consumption*
8. Duration of last Illness _____
G. L. Murphy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Kentucky*
11. Residence *16th Ave* Ward No. *38*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Mt Memorial Cem*
15. Date of intended Interment *July 31st 1893*
F. L. Smith & Sons, Undertaker.
Date of Certificate _____ Residence _____

R. F. Maier 1906

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *R F Maier*
2. Sex *Male* 3. Color *white* 4. Age *22*
5. Married or single *single*
6. Date of death *June 25 1906*
7. Cause of death *Killed by street cars*
8. Duration of last illness *one day*
E J Bogart, M. D.
Residence *Middle Town Ohio*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Jeweler*
10. Place of birth *Bewling Green Ind*
11. Residence *Elm st* Ward No. *1st*
12. Time of residence in the City. *21 years*
13. When a minor { Name of Mother *Mrs F Maier*
Name of Father *Frank Maier*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *June 26th 1906*
Gerard Gerard Undertaker.
Date of Certificate _____ Residence _____

R. F. Maier 1906

CERTIFICATE OF UNDERTAKER 12-1

I hereby certify that the accompanying dead body of R. F. Maier
(If an infant, give parents' name also.)
 Consigned to Bowling Green, in the County of _____ State of Ky.
 has been prepared by me strictly in accordance with the Rules of the State Board of Health of Ohio, for transportation by Rail-
 way, and in conformity with said Rules.

Residence Middletown Ohio Rathman T. Bailey Shipping Undertaker.
 Number of License 350

TRANSIT PERMIT NO. _____ PASTER

STATION BAGGAGEMEN Must Enter Hereon a Description of the Ticket, the Exact Route and VIA WHAT JUNCTIONAL POINTS THE TICKET READS which is held by the Passenger in Charge of the Remains.

SPECIAL INSTRUCTIONS—A burial case containing a corpse must not be received for transportation, unless the person in charge of the remains presents a certificate of the attending Physician or Coroner, a permit from the Board of Health, and an Undertaker's Certificate that the body has been prepared for burial according to the law of the state. Neither will it be received if any fluids or offensive odors are escaping from the case. Agents will detach the Certificate and this paster at the perforation and tack them securely on the end of the box before shipping.

From Middletown Mo to Cincinnati Ohio Date June 25 1906
 No. of Ticket of Escort C 40 16 12 10 5 11 Form No. of Ticket of Escort _____ State Ohio
 No. of Corpse Ticket A 7396 12 10 5 11 Form No. of Corpse Ticket _____
 Via _____ R. R. To _____
 Via Final Destination R. R. To _____
 Via Bowling Green Ky R. R. Via L & N
 Via _____ R. R. To _____
 Name of Passenger in charge Frank Maier
 Signed C. J. Boggs Place of Residence Bowling Green Ky
 Station Baggage Master. [or Express Agent.]

Charlotta Mallory 1883

13

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 *Charlotta Mallory Mallory*

2. Sex *Female* . 3. Color *Black* . 4. Age *18 years*

5. ~~Married~~ or Single

6. Date of Death *July 24th 1883*

7. Cause of Death *Consumption*

8. Duration of last Illness *Four months*

H. D. Cartwright, M. D.

Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence Ward No *2*

12. Time of Residence in the City

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

14. Place of intended Interment

15. Date of intended Interment

., Undertaker.

Date of Certificate Residence

Democrat Job Print

Elija Mallory 1878

74

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Elija Mallory*

2. Sex *Male* . 3. Color *Black* . 4. Age *60*

5. Married or Single *Married*

6. Date of Death *June 14 1878*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *two weeks*

J. F. McElroy, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence . Ward No. *1st*

12. Time of Residence in the City

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

14. Place of intended Interment

15. Date of intended Interment

, Undertaker.

Date of Certificate . Residence

Democrat Print.

John H Mallory 1896

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 *John H. Mallory*
2. Sex *male* 3. Color *white* 4. Age *58 yrs*
5. Married or single *married*
6. Date of death *Jan 28" 1903*
7. Cause of death *Neuritis*
8. Duration of last illness *about 10 months*
J. W. Combs, M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Druggist & Mayor*
10. Place of birth _____
11. Residence *State St* Ward No. *1*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *Jan - 29" 1903*
J. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Matilda Mallory 1896

846 16

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Matilda Mallory*
2. Sex *Female* 3. Color *Blk* 4. Age *50 yrs*
5. Married or single *Widow*
6. Date of Death *April 13th 1896*
7. Cause of Death *Shock from operation*
8. Duration of last Illness _____

G. A. Murphy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence *2nd street* . Ward No. *1st*
12. Time of Residence in the City _____

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

14. Place of intended Interment *Wt. Morick Cemetery*
15. Date of intended Interment *April 14/96*
J. C. Leonard & Co., Undertaker.
Date of Certificate *April 13/96* Residence _____

Sarah Mallory 1881

14 17

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Sarah Mallory*

2. Sex *Female* . 3. Color *ed* . 4. Age *about 46*

5. Married ~~or Single~~

6. Date of Death *Jan. 13th 1881*

7. Cause of Death *Dont know*

8. Duration of last Illness *Dont know*

J. Carson, M. D.
Residence *State Street.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence . Ward No *2*

12. Time of Residence in the City

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

14. Place of intended Interment *Col Cent*

15. Date of intended Interment *Jan 14th*

F. H. [unclear], Undertaker.

Date of Certificate *Jan 14th 80* Residence

Democrat Job Print

Mrs. Malone 1892

402

18

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs Malone
2. Sex female 3. Color white 4. Age 45 about
5. Married or Single Married
6. Date of Death Apr 20 / 92
7. Cause of Death Cancer Stomach
8. Duration of last Illness _____

J. F. Duncan M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence City Ward No. 8
12. Time of Residence in the City Several years
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment County
15. Date of intended Interment April 21st 1892
Booth & Payne, Undertaker.
Date of Certificate _____ Residence City

Child of Clevis Malone 1899

89
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 Child of Clevis Malone
2. Sex Female 3. Color Black 4. Age 7 years
5. Married or single Single
6. Date of death Oct 23/99
7. Cause of death Paralysis
8. Duration of last illness _____
_____ D. S. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence College St Ward No. 2
12. Time of residence in the City Lifetime
13. When a minor } Name of Mother _____
 } Name of Father Clevis Malone
14. Place of intended interment Memorial Cemetery
15. Date of intended interment Oct 24/99
Guard & Guard, Undertaker.
Date of Certificate Oct 23/99 Residence _____

John Malory 1880

20

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Malory*
2. Sex *Male* . 3. Color *Black* . 4. Age *4 yrs*
5. Married or Single *Single*
6. Date of Death *Nov 18th 1880*
7. Cause of Death *Marasmus*
8. Duration of last Illness *three months*
- G. E. Townsend*, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Undertaker.

Date of Certificate Residence

Democrat Job Print

Child of J. Mangiore 1899

108 21

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 J. Mangiore,
2. Sex Female. 3. Color White. 4. Age 1 month
5. Married or single Single
6. Date of death Dec. 6/99
7. Cause of death Inanition
8. Duration of last illness _____
S. H. Coombs, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence Main Ward No. 3
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father J. Mangiore
14. Place of intended interment Saint Joseph.
15. Date of intended interment Dec. 7 99.
Guard & Guard Undertaker.
Date of Certificate Dec. 6/99 Residence _____

Robert Manley 1904

22

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 Robert Manley Manley
2. Sex male 3. Color white 4. Age 14 yr
5. Married or single single
6. Date of death June 14 1904
7. Cause of death accidental drowning
8. Duration of last illness _____
Geo E. Gray M. D.
Residence Crown W.B.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Elm St Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father H.C. Manley
14. Place of intended interment Fairview Cem
15. Date of intended interment June 15 1904
Harvey Payne, Undertaker.
Date of Certificate _____ Residence _____

Charles Manning 1913

23-1

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

RETURN OF A DEATH.

1400

Physician's Certificate Preparatory to Burial.

1. Name of deceased Chas. E. Manning
 2. Sex Male 3. Color White 4. Age 64
 5. Married or single Married
 6. Date of death May 24 - 1913
 7. Cause of death Apoplexy
 8. Duration of last illness One week
 Signature Ernest A. Gerard ~~M.D.~~
 Residence B. Green Hill

Undertaker's Certificate in Relation to Deceased.

9. Occupation Chk. for W. B. Co.
 10. Place of birth Mo.
 11. Residence Louisville Ward No.
 12. Time of residence in the city
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment Farrar Cemetery
 15. Date of intended interment May 26 - 13
GERARD & GERARD. Undertaker.
 Date of Certificate May 26 - 13 Residence Bowling Green, K

Charles Manning 1913

23-2

(Always write with ink)

TRANSPORTATION OF CORPSE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AG2 should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 65. 16M. 1-15-11

Commonwealth of Kentucky

Transit Permit No. _____

1 PLACE OF DEATH

State of Kentucky,
County of Jefferson
City of Louisville (No. Notor Infirmary St.; Ward)

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Chas E Manning

Personal and Statistical Particulars

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced married
(WRITE the word)

6 DATE OF BIRTH 1849
(Month) (Day) (Year)

7 AGE 64 yrs. mos. ds.

8 OCCUPATION Club L-N.R.R

9 BIRTHPLACE (State or country) Missouri

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) United States

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) United States

14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) Chas H Boden
(Address) 961 Second St

15 PLACE WHERE REMAINS ARE TO BE SENT Bowling Green Ky DATE OF SHIPMENT May 24 1913

SHIPPING UNDERTAKER Chas H Boden

FIRM NAME Chas H Boden ADDRESS 961 Second St

Medical Certificate of Death

16 DATE OF DEATH May 24, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191, to 191

that I last saw h..... alive on....., 191....., and that death occurred, on date stated above, at..... m.

The CAUSE OF DEATH^s was as follows:
Pneumonia

..... (Duration)..... yrs..... mos..... ds.

Contributory (Secondary)..... (Duration)..... yrs..... mos..... ds.

(Signed) R A Bate, M. D.
May 24, 1913 (Address) My 6-71 B

18 LENGTH OF RESIDENCE (For hospitals, institutions, Transients or Recent Residents)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence.....

If the body is to be buried within the State of Kentucky, the Receiving Undertaker will detach the Transit Permit at this perforation and deliver it to the sexton or other persons in charge of the cemetery or burial ground where burial takes place.

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 bubonic plague, is absolutely prohibited.

Rule 2. The transportation of bodies dead of Asiatic 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.

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 sealed, 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 typhoid 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 bodies of those dead 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 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 deceased, 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 securely fastened on the end of the coffin box. All coffin boxes 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.

Rule 7. When bodies are shipped by express a transit permit must be made out as described in Rule 6. The undertaker's certificate and paster shall be detached from the transit 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.

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 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 embalmer 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.

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.

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *A. J. Manor Manor*
2. Sex *Male* . 3. Color *White* . 4. Age *59 yrs*
5. Married or Single *Married*
6. Date of Death *June 29th 1892*
7. Cause of Death *Heart Disease*
8. Duration of last Illness *Protrusely*
A. Wright, M. D.
Residence *City*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Carpenter*
10. Place of Birth *Kentucky*
11. Residence *10th St* . Ward No. *4*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *June 30th 1892*
Frank C. Gracy Undertaker.
Date of Certificate *June 29/92* 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.

1025

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Ada Dell Mansfield*
 2. Sex *Female* Color *White* 4. Age *28 yrs.*
 5. Married or Single *Single*
 6. Date of death *June 9" 1911*
 7. Cause of death *Pulmonary Tuberculosis as per*
Shipping Certificate
 8. Duration of last illness *2 weeks*
E. H. Gerard, General Director, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *Barren Co Ky*

11. Residence *Louisville Ky* Ward No.

12. Time of residence in the city

13. When a minor { Name of Mother

{ Name of Father

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *June 11" 1911.*

GERARD & GERARD, Undertaker.

Date of Certificate *June 10, 1911.* Residence

The above party died in Louisville Ky

Ada Dell Mansfield

25

(Always write with ink)

TRANSPORTATION OF CORPSE

Form V. S. 65, 16M, 1-15-11

Commonwealth of Kentucky

Transit Permit No.

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 **PLACE OF DEATH**
State of Kentucky,
County of Jefferson
City of Louisville (No. 1508 New Preston St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 **FULL NAME** Miss Ada Dell Mansfield

Personal and Statistical Particulars			Medical Certificate of Death
3 SEX <u>Female</u> <u>White</u>	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (WRITE the word) <u>Single</u>	16 DATE OF DEATH <u>June 9</u> , 191 <u>1</u> (Month) [Day] [Year]
6 DATE OF BIRTH <u>Sept 16</u> , 188 <u>2</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY , That I attended deceased from <u>March 9</u> , 191 <u>1</u> , to <u>June 9</u> , 191 <u>1</u> , that I last saw her alive on <u>June 9</u> , 191 <u>1</u> , and that death occurred, on date stated above, at <u>10:30 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u> (Duration).....yrs.....mos.....ds. Contributory..... (Secondary).....(Duration).....yrs.....mos.....ds. (Signed) <u>Sumner Wilson</u> , M. D. <u>June 9</u> , 191 <u>1</u> (Address) <u>110 S. 2nd St.</u>
7 AGE <u>28</u> yrs. <u>8</u> mos.ds.			
8 OCCUPATION			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death..... yrs.....mos.....ds. In the State.....yrs.....mos.....ds. Where was disease contracted, if not at place of death?
9 BIRTHPLACE (State or country) <u>Barren Co Ky</u>			Former or usual residence.....
PARENTS	10 NAME OF FATHER <u>Elgia</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>Barren Co Ky</u>		
	12 MAIDEN NAME OF MOTHER <u>Alice Gore</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Allen Co Ky</u>			
14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) <u>Mr. E. Miller</u> (Address) <u>1507 N. 1st St.</u>			
15 PLACE WHERE REMAINS ARE TO BE SENT <u>Bowling Green Ky</u>		DATE OF SHIPMENT <u>June 10</u> , 191 <u>1</u>	
SHIPPING UNDERTAKER <u>Miller Sont</u>			
FIRM NAME <u>Miller Sont</u>		ADDRESS <u>1617 W. Jeff St.</u>	

* If the body is to be buried within the State of Kentucky, the Receiving Undertaker will detach the Transit Permit at this portion and deliver it to the sexton or other persons in charge of the cemetery or burial ground where burial takes place.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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 Asiatic 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.

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 sealed, 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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Rule 4. The bodies of those dead 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 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.

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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 deceased, 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 pastor shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes 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.

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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.

Secretary.

MSS 293
B3F4

Clara Mansfield 1896

964 26

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 Clara Mansfield
2. Sex female 3. Color white 4. Age 5 yrs
5. Married or single Single
6. Date of Death Nov. 28th 1896
7. Cause of Death Membranous Croup.
8. Duration of last Illness Five days
J. M. Conner, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Bombay, India
11. Residence Cherry St Ward No. 1st
12. Time of Residence in the City Life Time
13. When a Minor { Name of Mother Clara Mansfield
 { Name of Father W. W. Mansfield
14. Place of intended Interment Fairview Cem
15. Date of intended Interment Nov - 29th 1896.
File Guard Bros, Undertaker.

Date of Certificate Nov - 29/96 Residence _____

Bessie Pauline Markham 1908

#531 27

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Bessie Pauline Markham*
2. Sex *Female* 3. Color *White* 4. Age *5 months*
5. Married or single *Single*
6. Date of death *Oct. 15 1908*
7. Cause of death *Inanition*
8. Duration of last illness.....

John H. Blackburn M. D.
Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth **BOWLING GREEN, KY.**
11. Residence *Washington Ave.* **BOWLING GREEN, KY.** Ward No.....
12. Time of residence in the city *5 months.*
13. When a minor { Name of mother *Mrs. Mary Markham.*
Name of father *E. E. Markham.*
14. Place of intended interment *Princeton Cemetery*
15. Date of intended interment **OCT 16 1908**

GERARD & GERARD. Undertaker.
BOWLING GREEN, KY

Date of Certificate **OCT 16 1908** Residence.....

53231
1908

Ruby Markham 1911

28

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

RETURN OF A DEATH.

1016

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ruby Markham
 2. Sex Female Color White 4. Age 4 Mo.
 5. Married or Single Single
 6. Date of death May 21 1911.
 7. Cause of death Acute Meningitis.
 8. Duration of last illness _____
 _____, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth BOWLING GREEN, KY
 11. Residence #1371, Washington Ave. Ward No. 3.
 12. Time of residence in the city 4 Months.
 13. When a minor { Name of Mother Mary Markham.
 Name of Father E. E. Markham.
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment May 21 1911.
 _____, Undertaker.
 Date of Certificate May 21 1911. Residence BOWLING GREEN, KY

Ruth Markham 1911

29

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

RETURN OF A DEATH.

1911

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Ruth Markham.*
 2. Sex *Female* 3. Color *White* 4. Age *4 Mo.*
 5. Married or Single *Single.*
 6. Date of death *May 20 1911.*
 7. Cause of death *Acute Meningitis*
 8. Duration of last illness _____
 _____, M. D.
 Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *BOWLING GREEN, KY.*
 11. Residence *# 1371 Washington Ave.* Ward No. *3rd*
 12. Time of residence in the city *4 Months*
 13. When a minor { Name of Mother *Mary Markham.*
 Name of Father *E. J. Markham.*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *May 21 1911.*
 _____, Undertaker.
 Date of Certificate *May 21 1911* Residence *BOWLING GREEN, KY.*

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.

675

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Wm. Markham*

2. Sex *Male* 3. Color *White* 4. Age *69*

5. Married or single *Married*

6. Date of death *Aug. 4th 1909*

7. Cause of death *Bright's Disease*

8. Duration of last illness *Eight weeks*

W. A. Briggs M. D.

Residence *Bowling Green*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth.....

11. Residence *Bowling Green Ky* Ward No.....

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

13. When a minor { Name of mother

Name of father

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *August 5" 1909*

Morris Enochs Undertaker. \$

Date of Certificate *Aug. 5" 09* Residence *Bowling Green Ky*

Ben Marlow 1910

31

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

RETURN OF A DEATH.

874

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ben Marlow
 2. Sex Male 3. Color White 4. Age 75 yrs.
 5. Married or Single Widower
 6. Date of death Aug. 13 1910.
 7. Cause of death Bright's Disease
 8. Duration of last illness 4 weeks
V. E. Sygnet, M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence Napa St. Ward No. 3
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Still Grove yard, Warren Co.
 15. Date of intended interment Aug. 14 1910.
GERARD & GERARD, Undertaker.
 Date of Certificate Aug 14 1910 Residence _____

Susan Marlow 1900

38

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Miss Susan Marlow
2. Sex Female 3. Color white 4. Age 66 yrs
5. Married or single Single
6. Date of death Jan - 9 - 1900
7. Cause of death Heart Failure
8. Duration of last illness Three days
Dr. Milligan M. D.
Residence Fourth St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Tennessee
11. Residence Center St Ward No. 1st
12. Time of residence in the City Life Time
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan - 10 - 1900
Gerard & Gerard, Undertaker.
Date of Certificate Jan - 9/1901 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 *Wm^r Marlow.*
2. Sex *male* . 3. Color *white* . 4. Age *53 yrs*
5. Married or single *Single*
6. Date of death *Aug - 17 - 1900*
7. Cause of death *Slight Prostration*
8. Duration of last illness *One week*
Dr. Tom. Stone , M. D.
Residence *10th Hunt St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Labourer*
10. Place of birth *Warren County*
11. Residence *Ky. St.* . Ward No. *1st*
12. Time of residence in the City *One week -*
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Aug - 18 - 1900*
Guard & Guard. Undertaker.
- Date of Certificate *Aug - 17 - 1900 -* Residence _____

Martha L. Marman 1904

34

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Martha L. Marman*
2. Sex *Female* 3. Color *white* 4. Age *61*
5. Married or Single *Widow*
6. Date of death *Feb 14 1904*
7. Cause of death *Rupture of Gall Bladder*
8. Duration of last illness *4 Months*
A. J. McCormack, M. D.
Residence *Burling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth
11. Residence *Pass St City* Ward No. *1st*
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Feb 15 1904*
Gerard & Gerard, Undertaker.
Date of Certificate *Feb 14 1904* Residence

Ann L. Marshall 1912

35

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

RETURN OF A DEATH.

1228

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Ann L. Marshall
 2. Sex Female 3. Color White 4. Age 86 yrs
 5. Married or Single Widow
 6. Date of death JUL 31 1912
 7. Cause of death Cancer of Breast
 8. Duration of last illness 5 years
Dr. Leonard A. Smith, M. D.
 Residence ROWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation none
 10. Place of birth Kentucky
 11. Residence Center St. Ward No. 2
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Greenburg, Ky.
 15. Date of intended interment Aug 14 1912
GERARD & GERARD., Undertaker.
 Date of Certificate July 31/12 Residence BOWLING GREEN, KY

Charles K. Marshall 1911

36

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

RETURN OF A DEATH.

1118

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Charles K Marshall
2. Sex Male 3. Color white 4. Age 31
5. Married or Single Married
6. Date of death Dec 14 1911
7. Cause of death Suicide Chloroform
8. Duration of last illness Sudden

Thomus L Wallace M.D.
Residence Metropolis Ill
By Chas Everts

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation Minister
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 Fairview Cem
15. Date of intended interment Dec 16 1911

Everts Kelly, Undertaker.

Date of Certificate Residence B B

body was shipped from Metropolis Ill
Exact Duplicate of Transit Permit
Filed with Bureau of Vital Statistics
Cosmes Certificate attached

Mary Ann Marshall 1911

37

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

RETURN OF A DEATH.

1116

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mary Ann Marshall
2. Sex Female 3. Color White 4. Age 77
5. Married or Single Single
6. Date of death Dec 12th 1911
7. Cause of death Paralysis
8. Duration of last illness 2 months

W. E. Sargent, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation House Keeper
10. Place of birth Fayette Co
11. Residence Bowling Green Ward No. _____
12. Time of residence in the city 2 yrs
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Dec 13th 1911

Enoch Kelly, Undertaker.
Date of Certificate Dec 10 1911 Residence Bowling Green

Thomas Harold Marshall 1911

38

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

RETURN OF A DEATH.

977

Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas Harold Marshall
 2. Sex male 3. Color white 4. Age 21 mon
 5. Married or Single single
 6. Date of death Mar 4 1911
 7. Cause of death Broncho-Pneumonia
 8. Duration of last illness 7 days
McLennan Street, M. D.
 Residence 633-12 St

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Bowling Green Ky
 11. Residence _____ Ward No. _____
 12. Time of residence in the city Life
 13. When a minor { Name of Mother _____
 { Name of Father T. A. Marshall
 14. Place of intended interment Fairview Cem
 15. Date of intended interment Mar 5 1911
W. S. Sully, Undertaker.
 Date of Certificate _____ Residence BA

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 male 3. Color Black 4. Age 6mo
5. Married or single ---
6. Date of death July 23 - 1901
7. Cause of death Summer Complaint
8. Duration of last illness Two weeks -
J.B. Huges, Chf. M. D.
Residence Center St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation ---
10. Place of birth Warren Co Ky
11. Residence Sumner Alley Ward No. 2nd
12. Time of residence in the City. Life time
13. When a minor { Name of Mother Bessie Martian
Name of Father ---
14. Place of intended interment County Cemetery
15. Date of intended interment July 24 - 1901
Edward O. Huges Undertaker.
Date of Certificate _____ Residence _____

Ada Martin 1894

40

633

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Ada Martin*

2. Sex *Female* 3. Color *Blk.* 4. Age *10 yrs.*

5. Married or single *Single*

6. Date of Death *June 19th 1904*

7. Cause of Death *Typhoid Pneumonia*

8. Duration of last Illness *Six weeks*

Richards & Meredith, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren Co.*

11. Residence _____ Ward No. *4th*

12. Time of Residence in the City _____

13. When a Minor } Name of Mother *Minnie Martin*
 } Name of Father *F. M. Martin*

14. Place of intended Interment *Mt Moreah*

15. Date of intended Interment *June 20th 1904*

F. C. Gerard & Son, Undertaker.

Date of Certificate *June 20th 1904* Residence _____

Alma Martin 1900

17

41

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

Alma

- 1. Name of deceased Alma Martin
- 2. Sex female . 3. Color Black . 4. Age 27
- 5. Married or single _____
- 6. Date of death July 8 1900
- 7. Cause of death Pneumonia
- 8. Duration of last illness _____

ODP
Boyer

J. D. Forbes, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
- 10. Place of birth city
- 11. Residence Center bet 4 & B . Ward No. _____
- 12. Time of residence in the City life
- 13. When a minor } Name of Mother Susie Martin
 } Name of Father Ed Martin
- 14. Place of intended interment St. Maria's
- 15. Date of intended interment July 9 1900

Alway Boyer, Undertaker.

Date of Certificate _____ Residence _____

Bettie Martin 1907

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 *Bettie Martin*
2. Sex *female* 3. Color *white* 4. Age *74 yrs*
5. Married or single *widow*
6. Date of death *October - 16 - 1907*
7. Cause of death *Heart Failure*
8. Duration of last illness *not given*
W. R. Ruble M. D.
Residence *Smith Grove Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *" "*
10. Place of birth *not given*
11. Residence *near Sunnyvale Ky* Ward No.
12. Time of residence in the city *not at all.*
13. When a minor { Name of mother
Name of father
14. Place of intended interment *Fairview Cem.*
15. Date of intended interment *October - 18 - 1907*
Guinn Bras Undertaker.
Date of Certificate Residence *Oakland Ky*

Bulah Martin 1911

43

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

RETURN OF A DEATH.

1037

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Bulah Martin*
 2. Sex *Female* 3. Color *Col.* 4. Age *18 yrs.*
 5. Married or Single *Single*
 6. Date of death *June 28" 1911*
 7. Cause of death *Purpural Septicaemia*
 8. Duration of last illness *One week*
 _____, M. D.
 Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Tennessee*
 11. Residence *513, Kentucky* 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 *Gallatin Tenn.*
 15. Date of intended interment *June 29" 1911*
 _____, Undertaker.
 Date of Certificate *June 28/1911* Residence *BOWLING GREEN, KY*

E. G. Martin 1909

609

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 A. G. Martin
 2. Sex male 3. Color white 4. Age 74 years
 5. Married or single widower
 6. Date of death April 1, 1909
 7. Cause of death Paralysis
 8. Duration of last illness 7 weeks
A. B. S. J. Martin M. D.
 Residence Bowling Green, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer
 10. Place of birth Rocky Hill, Ky.
 11. Residence Camdenville Ky Ward No. —
 12. Time of residence in the City. —
 13. When a minor { Name of Mother Mary Martin
 Name of Father Yotton Martin
 14. Place of intended interment Fairview cemetery
 15. Date of intended interment April 2, 1909
Ed C. Satterfield Undertaker.
 Date of Certificate _____ Residence Allen Springs
1909

Earline Martin 1907

45

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

RETURN OF A DEATH.

358

Physician's Certificate Preparatory to Burial.

1. Name of deceased Earline Martin
 2. Sex female 3. Color BLK 4. Age 6 mo -
 5. Married or single l
 6. Date of death Dec - 5 - 1907
 7. Cause of death Infantile trachea. (Pneumonia)
 8. Duration of last illness week or 10 days.
- no M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth city
 11. Residence Main St Ward No.....
 12. Time of residence in the city life
 13. When a minor { Name of mother Loula Martin
Name of father Chas Martin
 14. Place of intended interment Put in a box
 15. Date of intended interment Dec 5 1907
- Hawley Payne Undertaker.
- Date of Certificate..... Residence.....

Child of Ed & Susie Martin 1898

1145 46

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Ed ^{Susie} Martin*
2. Sex *Female* 3. Color *Blk* 4. Age *2 yrs*
5. Married or single *single*
6. Date of death *June, 24 '98.*
7. Cause of death *Potts disease*
8. Duration of last illness
J. F. Rodgers, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *Center street* Ward No. *2nd*
12. Time of residence in the City _____
13. When a minor } Name of Mother *Susie Martin*
 } Name of Father *Ed Martin*
14. Place of intended interment *County Cemetery*
15. Date of intended interment *June 24 '1898*
Leard & Guard, Undertaker.
Date of Certificate *June 24 '98*, Residence _____

Ellen Martin 1894

Out of town

47

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Miss Ellen Martin
2. Sex Female 3. Color White 4. Age 23 yrs.
5. Married or single Single
6. Date of Death Oct 19th 1894
7. Cause of Death Consumption
8. Duration of last Illness one year

W. H. ..., M. D.
 Residence Bowling Green, Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 11. Residence Broad Main St. Ward No. 4th
 12. Time of Residence in the City _____
 13. When a Minor } Name of Mother Mrs. Budget Martin
 } Name of Father Patrick Martin
 14. Place of intended Interment Nashville Tenn.
 15. Date of intended Interment Oct. 21st 1894.
- J. C. ..., Undertaker.
 Date of Certificate Oct 20/94 Residence city.

Ida Martin 1882

48

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 *Ida Martin Martin*
2. Sex *female* 3. Color *W/C* 4. Age *7 mo*
5. Married or Single *single*
6. Date of Death *Aug 18th 1882*
7. Cause of Death
8. Duration of last Illness

_____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth
11. Residence *Main St 1* Ward No *3²*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Jennie Martin*
Name of Father *Andy "*
14. Place of intended Interment *Col Cent*
15. Date of intended Interment *Aug 19th 1882*

H. C. C. C., Undertaker.

Date of Certificate *Aug 19th* Residence _____

Democrat Job Print

John Mason Martin 1898

49

~~1147~~ *out of city*

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *John Mason Martin*
2. Sex *Male* 3. Color *White* 4. Age *About 65 yrs*
5. Married or single *Married*
6. Date of death *June 16" 1898.*
7. Cause of death *Heart Disease*
8. Duration of last illness

Ben. S. Collier Coroner
Residence *Haven Co.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth
11. Residence *Main St.* Ward No. *3rd*
12. Time of residence in the City *24 hours*
13. When a minor } Name of Mother
 } Name of Father
14. Place of intended interment *Duscaloosa Ala.*
15. Date of intended interment *June 18" 98.*

Guard & Guard Undertaker.
Date of Certificate *June 17" 98* Residence *Died at Fred Schott's Restaurant on lower Main St.*

Lula Martin 1909

50

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.

1. Name of deceased Lula Martin
2. Sex female 3. Color Cal 4. Age 22 yrs
5. Married or single married
6. Date of death march 17 - 1909.
7. Cause of death Consumption
8. Duration of last illness _____
_____ J. D. F. O'Leary , M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeeper
 10. Place of birth Keokuk, Ia.
 11. Residence West main St Ward No. 3
 12. Time of residence in the City. five years
 13. When a minor { Name of Mother Thomas Belamy
Name of Father _____
 14. Place of intended interment mt maria's cemetery
 15. Date of intended interment march 19 - 09.
- J. E. Snykendale , Undertaker.
- Date of Certificate mar. 19-09. Residence _____
7 V college St.

Mary Martin 1907

#178

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 *Mrs. Mary Martin*
 2. Sex *Female* 3. Color *White* 4. Age *76 yrs.*
 5. Married or single *Widow*
 6. Date of death *MAR - 8 1907*
 7. Cause of death *Apoplexy*
 8. Duration of last illness *J. F. Rodgers* M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Warren County*
 11. Residence *Spring Water dist. Warren Co* Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Mar 9 1907*
GERARD & GERARD Undertaker.
 Date of Certificate *Mar. 9/07* Residence *BOWLING GREEN, KY*

Mary Martin 1880

50

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mary Martin*

2. Sex *Female* 3. Color *Black* 4. Age *35*

5. Married or Single *Single*

6. Date of Death *April 27 1880*

7. Cause of Death *Consumption*

8. Duration of last Illness *one year*

J. F. McElroy 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 _____
 { Name of Father _____

14. Place of intended Interment *Col Cent*

15. Date of intended Interment *April 28th 1880*

F. L. Leonard, Undertaker.

Date of Certificate *April 27th 80.* Residence _____

Democrat Print.

Child of Mollie Martin 1878

53

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Not named infant of Mollie Martin*
 2. Sex *girl* 3. Color *Negro* 4. Age *Full Born*
 5. Married or Single
 6. Date of Death *May 3*
 7. Cause of Death *Still Born*
 8. Duration of last Illness
- Residence *Wm Claypool, M. D. Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Babe*
 10. Place of Birth *Bowling Green Ky*
 11. Residence *Sumner St.* Ward No. *1st*
 12. Time of Residence in the City *New Born*
 13. When a Minor { Name of Mother *Mollie Martin*
Name of Father
 14. Place of intended Interment *Col - Cemetery*
 15. Date of intended Interment *May 3rd 1878*
- Date of Certificate *May 3rd 78* Residence *State St Bowling Green Ky*
Mr. Strickle & Bro, Undertaker.

Pantagraph Print.

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 Martin*
 2. Sex *Female* 3. Color *White* 4. Age *20 yrs*
 5. Married or Single *Single*
 6. Date of death *Mar 30" 1904.*
 7. Cause of death *Measles*
 8. Duration of last illness *F. D. Cartwright*, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *Warren Co.,*
Main St.

11. Residence, Ward No. *2*

12. Time of residence in the city

13. When a minor { Name of Mother *Mrs D. J. Martin*
 Name of Father *D. J. Martin*

14. Place of intended interment *Fairview, Kentucky*

15. Date of intended interment *Mar 30" 1904*
Guard & Guard, Undertaker.

Date of Certificate *Mar, 30" 04* Residence

Robert Lee Martin 1899

55

~~6~~ ~~24~~ 26

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 Martin

2. Sex male . 3. Color black . 4. Age 1 1/2 months

5. Married or single _____

6. Date of death April 14 1899

7. Cause of death _____

8. Duration of last illness _____

W.A.F. _____, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth City

11. Residence Chestnut bet 1st + 2nd . Ward No. 2

12. Time of residence in the City life

13. When a minor } Name of Mother Fannie Martin
 } Name of Father Wm Martin

14. Place of intended interment Mt Moriah Cemetery

15. Date of intended interment April - 15 - 1899

Lawley Payne, Undertaker.

Date of Certificate _____ . Residence _____

Child of Rufus & Lina Martin 1891

Out of town 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 *Child of Rufus ^{+ Lina} Martin*
2. Sex *Female* 3. Color *White* 4. Age *6 weeks*
5. Married or Single *Single*
6. Date of Death *Mar 1st 1891*
7. Cause of Death *Whooping Cough*
8. Duration of last Illness *Several days*
D. M. P. M. D.
Residence *City Health Officer*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City*
11. Residence *1st* Ward No. *4*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Lina Martin's*
 } Name of Father *Rufus*
14. Place of intended Interment *Bowling Green*
15. Date of intended Interment *March 2nd 1891*
H. E. Small, Undertaker.
Date of Certificate _____ Residence _____

Susie Martin 1900

57

9

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Susie Martin
2. Sex female 3. Color W 4. Age 24
5. Married or single married
6. Date of death Feb 2 1900
7. Cause of death Cerebritis
8. Duration of last illness _____
_____ , M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Center bet 4 & 5 st. Ward No. 2
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment St. Martin
15. Date of intended interment Feb 22 1900
_____ , Undertaker.
Date of Certificate _____ Residence _____

William Martin 1900

16 58

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Wm Martin
2. Sex Man 3. Color Col 4. Age 50
5. Married or single _____
6. Date of death Feb 16 1900
7. Cause of death Consumption
8. Duration of last illness _____
_____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
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 W B Meriah
15. Date of intended interment Feb 17 1900
_____, Undertaker.
Date of Certificate _____ Residence _____

Mary E. Marton 1910

59

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

RETURN OF A DEATH.

856

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Mrs Mary E Marton
- 2. Sex Female 3. Color white 4. Age 76
- 5. Married or Single widow
- 6. Date of death July 9 1910
- 7. Cause of death Filip
- 8. Duration of last illness 9 days -

T. D. Hume, M. D.

Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation _____
- 10. Place of birth Simpson county
- 11. Residence Bowling Green Ky Ward No. _____
- 12. Time of residence in the city short while
- 13. When a minor { Name of Mother _____
Name of Father _____
- 14. Place of intended interment Auburn Ky
- 15. Date of intended interment July 10 1910

E. S. Kelly, Undertaker.

Date of Certificate July 9 1910 Residence Bowling Green Ky

William Carrol Marum 1881

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 *William Carrol Marum*

2. Sex *Male* . 3. Color *White* . 4. Age *63 yrs*

5. Married or Single *Married*

6. Date of Death *January 22 1881*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *one week*

J. H. McElroy, M. D.

Residence *Grider Street*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Farmer*

10. Place of Birth *Penn*

11. Residence *Cent Pike* Ward No *2*

12. Time of Residence in the City

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

14. Place of intended Interment *Fanning Cent*

15. Date of intended Interment *Jan 23 - 1881*

H. H. [unclear], Undertaker.

Date of Certificate *Jan 22 - 81* Residence

Democrat Job Print

Gertie Mason 1904

61

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Gertie Mason*

2. Sex *Female* Color *White* 4. Age *32*

5. Married or Single *Single*

6. Date of death *May 29th 04*

7. Cause of death *Arboreal Poison*

8. Duration of last illness _____

H. P. Cartwright, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Tennessee*

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

12. Time of residence in the city _____

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *May 30th 04.*

Grand T. Grand, Undertaker.

Date of Certificate *May 30/04.* Residence _____

Mary Lee Mason 1913

62

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

RETURN OF A DEATH.

1913

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mary Lee Mason
2. Sex Female 3. Color White 4. Age 45 yrs
5. Married or single Married
6. Date of death July 15 1913
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness 7 mos
T. W. Stone, M. D.
Residence B Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation at home
10. Place of birth Warren Co Ky
11. Residence Bowling Green Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment July 16 1913
Ernest McLean, Undertaker.
Date of Certificate July 18 1913 Residence B Green

Sank Mason 1910

63

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

RETURN OF A DEATH.

799

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sank Mason
 2. Sex male 3. Color col 4. Age 57
 5. Married or single married
 6. Date of death April 6 - 1910
 7. Cause of death Broken Leg + Arm
 8. Duration of last illness 10 days
 _____ M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation Common labor
 10. Place of birth Logan County
 11. Residence W. 1st St Ward No. _____
 12. Time of residence in the city About 14 yrs
 13. When a minor { Name of mother _____
 { Name of father _____
 14. Place of intended interment Mt Moriah Cemetery
 15. Date of intended interment April 7 - 1910
 _____ Undertaker.
 Date of Certificate April 7 1910 Residence _____
Cor 7 & College St

Lena Massey 1896

855

64

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Lena Massey*
 - 2. Sex *Female* 3. Color *Blk* 4. Age *9 yrs*
 - 5. Married or single *Single*
 - 6. Date of Death *Mar 1st / 96.*
 - 7. Cause of Death *Consumption*
 - 8. Duration of last Illness *Nine months*
- O. A. Porter, M. D.*

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
 - 10. Place of Birth *Louisville Ky*
 - 11. Residence *Main Street* Ward No. *4*
 - 12. Time of Residence in the City _____
 - 13. When a Minor { Name of Mother *Dead*
Name of Father *Tom Massey*
 - 14. Place of intended Interment *County Cemetery*
 - 15. Date of intended Interment *Mar 4th / 96*
- F. C. Guard & Bro*, Undertaker.
- Date of Certificate *Mar 4th / 96* Residence *City*

Lucile Josephine Massey 1911

65

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

RETURN OF A DEATH.

988

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lucile Josephine Massey.
2. Sex Female. 3. Color White. 4. Age 7 yrs.
5. Married or Single Single.
6. Date of death Mar. 30 1911.
7. Cause of death Broncho-Pneumonia.
8. Duration of last illness 18 days.
F. D. Resider, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Bowling Green Ky.
11. Residence Ky St. Ward No. 2
12. Time of residence in the city 7 yrs.
13. When a minor Name of Mother Mrs. Ruth Massey
Name of Father Geo. J. Massey
14. Place of intended interment St. Josephs. Cemetery
15. Date of intended interment Mar. 31 1911.
GERARD & GERARD, Undertaker.
Date of Certificate Mar. 30 1911. Residence

Thomas Massey 1905

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas J. Massey
2. Sex Male 3. Color White 4. Age 79 yrs.
5. Married or Single Widow
6. Date of death Apr. 8" 1905
7. Cause of death Obstruction of Common Gall Duct.
8. Duration of last illness _____
A. J. McConaughy, M. D.
Residence B Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Ireland
11. Residence Church St. Ward No. 3
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment St. Josephs Cemetery
15. Date of intended interment Apr. 10" 1905
Garard & Garard, Undertaker.
Date of Certificate Apr. 8" 1905 Residence _____

Mrs. Winfield Massey 1909

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

RETURN OF A DEATH.

575

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Winfield Massey*

2. Sex *Female* 3. Color *White* 4. Age *52*

5. Married or single *Married*

6. Date of death *FEB 5 - 1909*

7. Cause of death *operation Ovarian Tumors*

8. Duration of last illness *Five years*

M. C. Carmack & South, M. D. S
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth _____

11. Residence *Oakland 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 *near Oakland -*

15. Date of intended interment *Feb 6/09*

ENOCHS & DAVIS, Undertaker.

Date of Certificate *FEB 5 - 1909* Residence *Bisby*

Lucy S. Mast 1912

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

RETURN OF A DEATH.

1144

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Lucy S. Mast.
 2. Sex ~~Male~~ Female 3. Color White 4. Age 61 yrs.
 5. Married or single Widow
 6. Date of death FEB - 2 1912
 7. Cause of death Cerebral softening - arteriosclerosis
+ mitral regurgitation
 8. Duration of last illness 6 months
J. M. Blackburn M. D.
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Christian, Co. Ky
 11. Residence BOWLING GREEN, KY Ward No. 1
 12. Time of residence in the city 18 yrs.
 13. When a minor { Name of mother.....
 Name of father.....
 14. Place of intended interment Norfolkville Ky.
 15. Date of intended interment Feb. 4 1912.
GERARD & GERARD. Undertaker.
 Date of Certificate FEB - 2 1912 Residence BOWLING GREEN, KY

Warren County, Kentucky Death Records, Box 3, Folder 4 (Mac to Mas)

Warren County, Kentucky Death Records, Box 3, Folder 4 (Mac to Mas)