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S. W. Meador 1907

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
10 11 1
1. Name of deceased M. Mrador. 2. Sex Mala 3. Color White 4. Age 77 yrb.
2. Sex Mala 13. Color White 4. Age 77 yrs.
5. Married or single Mauria
6. Date of death July 18"07.
1. Cause of death and the second seco
8. Duration of last illness. swarol dop. 6 M. Musador M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Grundy
9. Occupation 10. Place of birth Paurin, County 11. Residence Woodburn, My Ward No.
11. Residence Ward No.
(Name of mother
13. When a minor Name of father
14. Place of intended interment Transcent Cemetery
15. Date of intended interment July 19" 1907.
Date of Certificate July 1907 Residence OWLING GREEN, KY
7 7/

E. M. Meadow 1910

	RETURN OF A DEATH.
	<u>943</u> ,
	Physician's Certificate Preparatory to Burial.
	Name of deceased 6 Muddows
1.	Name of deceased O / //adous
2.	Sex Isale 3. Color white 4. Age 5 /
5.	Married or single 22 22 22
6.	Date of death
7.	Cause of death Inhercular Hip-joint Disease
8.	Duration of last illness 13 months
	MoffBlockburn M. D. Residence #1119 State SX
	Residence #1119 State SX
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation D D Occupation
9. 10.	Undertaker's Certificate in Relation to Deceased.
1500	Undertaker's Certificate in Relation to Deceased. Occupation M J Place of birth Table 1
10.	Undertaker's Certificate in Relation to Deceased. Occupation D D Occupation
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Warring Ward No. Time of residence in the city
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Name of mother Name of father Place of intended interment Place of intended interment
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Name of mother Name of father
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Name of mother Name of father Place of intended interment Place of intended interment
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Place of intended interment Date of intended interment Date of intended interment Name of father Place of intended interment Date of intended interment
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Name of residence in the city When a minor Name of father Place of intended interment Date of intended interment Name of father When a minor Name of father Place of intended interment Name of father Undertaker

Virgil F. Meadow 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of degeased lingil fr. Mandow. 2. Sex 3. Color hits 4. Age 34 yrd. 5. Married or single Manual. 6. Date of death Manual. 7. Cause of death Manualistics 8. Duration of last illness Surgal plays 1. Stown Stown M. D. Residence ROWLING GREEN, KY.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Sumpson County 11. Residence Was hing tow lov Ward No. 3. 12. Time of residence in the City. our year
13. When a minor Name of Mother Name of Father 14. Place of intended interment MAR 19 1905 15. Date of intended interment MAR 19 1905
Date of Certificate MAR 18 1905 . Residence BOWLING GREEN, KY.

William J Meeks 1907

2. Sex Male 3. Color While 4. Age 5 rysb. 5. Married or single 6. Date of death Cause of death J. Louring M. D. Residence BOWLING GREEN, KY Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Place of birth Name of mother Name of father Name of intended interment Junished January & Manuary &	1	371
Physician's Certificate Preparatory to Burial. 1. Name of decased 2. Sex Mala 3. Color While 4. Age 57 yrs. 5. Married or single 6. Date of death Suprutury 7. Cause of death Suprutury 8. Duration of last illness f. Southwight M. D. Residence BOWLING GREEN, KY Undertaker's Certificate in Relation to Deceased. 9. Occupation Saury for 11. Residence Suprutury 11. Residence Suprutury 12. Time of residence in the city Hyrs. 13. When a minor Name of father Name of father Suprutury 14. Place of intended interment Suprutury 15. Sex Mala Age 57 yrs. 4. Age 57 yrs. 5. Ward No. 12. Time of residence in the city Hyrs. 13. When a minor Name of father Suprutury Suprutu	1	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
1. Name of decgased 2. Sex Mark 3. Color Whith 4. Age 57 yrb. 5. Married or single 6. Date of death 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city Name of fathey Name of intended interment Name of fathey 14. Place of intended interment Name of fathey 15. Market 4. Age 57 yrb. 5. Married or single 5. Married or single 6. Data or single 8. Duration of last illness M. D. Residence 80 WLING GREEN, KY Ward No. 12. Time of residence in the city Name of fathey Name of fathey 14. Place of intended interment		RETURN OF A DEATH.
2. Sex Married or single 3. Color 4. Age 3 5. Married or single 3. Date of death Sysrutary 7. Cause of death Sysrutary 8. Duration of last illness for Control of Last illness for Cause of death Sysrutary M. D. Residence BOWLING GREEN, KY Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Warring for 11. Residence for the city for 12. Time of residence in the city for 13. When a minor Name of father 14. Place of intended interment Shows tad January Manual Control of Lawry Manual Control of L		Physician's Certificate Preparatory to Burial.
2. Sex Married or single 3. Color 4. Age 3 5. Married or single 3. Date of death Sysrutary 7. Cause of death Sysrutary 8. Duration of last illness for Control of Last illness for Cause of death Sysrutary M. D. Residence BOWLING GREEN, KY Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth Warring for 11. Residence for the city for 12. Time of residence in the city for 13. When a minor Name of father 14. Place of intended interment Shows tad January Manual Control of Lawry Manual Control of L		Mon (Mass)
2. Sex Married or single 3. Color 4. Age 3 5. Married or single 3. Date of death Sysrutary 7. Cause of death Sysrutary 8. Duration of last illness J. Months GREEN, KY Residence BOWLING GREEN, KY Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth, Warring for the city of the city	1. N	Name of decgased
Date of death OCT 12 1907 Cause of death Dysrutary Bouling GREEN, KY Undertaker's Certificate in Relation to Deceased. Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Time of residence in the city Name of mother Name of father Name of intended interment	2. S	Sex Mall 3. Color N huy 4. Age 3 7 gro.
Bowling Green, Ky Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth, Warry for 11. Residence of the city of the cit	5. M	
Bowling Green, Ky Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth, Warry for 11. Residence of the city of the cit	6. I	Date of death
Undertaker's Certificate in Relation to Deceased. 9. Occupation. 10. Place of birth. 11. Residence Argh St Ward No. 12. Time of residence in the city Hyrs. 13. When a minor Name of father. 14. Place of intended interment June 12 Hauru les		
Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth, St., Ward No. 11. Residence Afgh St., Ward No. 12. Time of residence in the city Hyrs. 13. When a minor Name of father. 14. Place of intended interment Sumsted Grave yet Manual Cost.	8. I	Duration of last illness of Continuish
Undertaker's Certificate in Relation to Deceased. 9. Occupation. 10. Place of birth for the land for the la		y
9. Occupation 10. Place of birth farm less 11. Residence of the city of the series of residence in the city of the series of the city of the series of the city of the series of the ser		Residence BOWLING GREEN, KY
10. Place of birth Warry Leo 11. Residence Fight St. Ward No. 12. Time of residence in the city # 45. 13. When a minor Name of mother Name of father Name of father 14. Place of intended interment Fruit ted Grave yet Warry best		Undertaker's Certificate in Relation to Deceased.
12. Time of residence in the city # 45. 13. When a minor Name of mother Name of father 14. Place of intended interment Trusted Grave ys Warren less	9.	Occupation // // // // // // // // // // // // //
12. Time of residence in the city # 45. 13. When a minor Name of mother Name of father 14. Place of intended interment Trusted Grave ys Hauru less	10.	Place of birth
13. When a minor Name of mother Name of father	11.	Residence Ward No. Ward No.
14. Place of intended interment Thursted Traver yd Warren les	12.	
14. Place of intended interment Thursted Traver yd Warren les		When a minor
(()) (12 () () 7 ()	13.	
15. Date of intended interment.		Di si i i churched have up Valle les
GERARD & GERARD - Undertaker	14.	(()) (12 67
Date of Certificate OCT 12 1907 Residence ROWLING GREEN, K	14.	Date of intended interment
	14. 15.	Date of intended interment GERARD & GERARD - Undertaker.
+	14. 15.	Date of intended interment GERARD & GERARD - Undertaker.
	14. 15.	Date of intended interment GERARD & GERARD - Undertaker.

R. T. Meglocklin 1893

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF À DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased & R. H. Megloch line
2. Sex male . 3. Color nihite . 4. Age 14 years
5. Married or Single
6. Date of Death X Sept The 11
7. Cause of Death Typhord French
8. Duration of last Illness Hamilton of last Illness Hamilton Hamilton
Residence, M. D.
9. Occupation
10. Place of Birth & Barren co Ry
11. Residence Hofee St. Ward No. 4
12. Time of Residence in the City & three years
13. When a Minor. Name of Mother Sarah Fost Maglittel?
14. Place of intended Interment Bynn Comby
15. Date of intended Interment Sept. 10 4893
PRATHER& PAYNEL, Undertaker.
Date of Certificate . Residence
· · · · · · · · · · · · · · · · · · ·

Mrs. George H. Menkle 1906

6-1
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 Mes. Gro. N. Mansh. 2. Sex. Mar. 3. Color White 4. Age 3 11 yes. 5. Married or single
5. Married or single 6. Date of death leaven of Stomach 7. Cause of death leaven of Stomach
8. Duration of last illness
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth BOWLING GREEN KY 11. Residence from Ward No.
12. Time of residence in the City. Name of Mother Mrs. Januar Hagan
14. Place of intended interment of the North of Standard of Standa
Date of Certificate July Residence ROWLING CREEN, KY

Mrs. George H. Menkle 1906

137	TRANSPORTATION OF CORPSE.
(d))	Transit Permit No. 170
	PHYSICIAN'S OR CORONER'S CERTIFICATE.
	Name of deceased Marie to Market Date of death Oct, 23, 1906
	Hour of death 3. M. Age 30 Years Months Days
1000	Place of death 7/4 W. Church Cause of death Carcu of Stonsel
	which is a Non-communicable disease.
and the same	I hereby certify that the above is true to the best of my knowledge and belief. M. D. or Coroner.
	Residence County of The State of Seum
-	PERMIT OF BOARD OF HEALTH.
	This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.
	In the City of Knoxville, County of Knox, State of Tennessee on the day
-	of Oct. 1906 Permission is hereby given Lander Cos. Undertaker or Embalmer, to remove for burial at Booking Green in the
0	County of State of Testucky the body
N	or the state of
_	of There D. Markel who died at trasselle
#	County of Those State of Sew on the 23 day
# # /	of Stole 190 6 Aged 30 years months days,
# (100	and Let N. Nulsee is hereby authorized to accompany said remains.
A/	of years months days,

Mary E. Mentz 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	11-110-END+
1.	Name of deceased was Carry Of Carry.
2.	Sex Humale & Color While / A/ Age 6/410
5.	Married or Singley Widow of Oth Ondy.
6.	Date of death will 23 "1910.
7.	Cause of death Atheromatous Degeneration
8.	Duration of last illess Blood Vescels. Aix Mont
0.	Fred D. Carturight M. I
	BOWLING GROWN MA
	Residence Residence
	Undertaker's Certificate in Relation to Deceased.
	——————————————————————————————————————
9.	Occupation
10.	Place of birth wfand
11.	Residence / 2th P Chrotient Ward No /
12.	Time of residence in the city several Months
12.	
13.	When a minor Name of Mother
	Name of Father Sun
14.	Place of intended interment was 26"1710
15.	Date of intended interment & Grand V Grand
	Undertake
Date	e of Certificate Residence Residence

Infant of Herschel Meredith 1912

	RETURN OF A DEATH.
-	_1270
	Physician's Certificate Preparatory to Burial.
	Indant of Husehal Moundeth
1.	Name of deceased
2.	Sex Timale 3 Color White 4. Age
5.	Married or Single
6.	Date of death UCT 1 5 1912
7.	Cause of death Aul born
8.	Duration of last illness
	E.M. Hall, M.D.
	Residence ROWLING GREEN. KY
	Hadamakan's Casifa at D. Lat D. D. J.
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	Occupation
10.	Occupation
10. 11.	Occupation Place of birth College Manual Green, KY Residence ROWLING GREEN, KY Ward No.
10.	Occupation Place of birth ROWLING GREEN, KY Residence ROWLING GREEN, KY Ward No. Time of residence in the city
10. 11.	Occupation Place of birth ROWLING GREEN, KY Residence Residence in the city When a minor Name of Mother Manual Man
10. 11. 12. 13.	Occupation Place of birth ROWLING GREEN, KY Residence Residence Time of residence in the city Name of Mother Name of Father Fauncieus Clemeters
10. 11. 12. 13.	Occupation Place of birth Residence Residence Name of Mother Name of Father Place of intended interment OCT 1 5 1912
10. 11. 12. 13.	Occupation Place of birth Residence Residence Name of Mother Name of Father Place of intended interment OCT 1 5 1912 Date of intended interment
10. 11. 12. 13.	Occupation Place of birth Residence Residence Name of Mother Name of Father Place of intended interment OCT 1 5 1912

Mrs. W. D. Meredith 1910

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 Mrs. Wo Mercelette
2. Sex Fernals. 3. Color White. 4. Age 50
5. Married or single Musical f
6. Date of death May 2121-1909
7. Cause of death 2ntestinal Ilius
8. Duration of last illness
all Molarmuch M.D.
Residence Boursing Free Ky
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Rocky Will Ward No.
12. Time of residence in the City.
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Beauer Warn Fraungang
15. Date of intended interment May 2 1 82 1909
Marris Sucales Undertaker.
Date of Certificate May 21-09 Residence Breeze Ky
And at It Irreples Hospilal
Bowlendrung

Carl J.. Meritt 1912

	RETURN OF A DEATH.
	12.75
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased orl. A. Meritt.
2.	Sex Mide . 3. Color office . 4. Age
5.	Married or single Moniel
6.	Date of death Sulf. 19, 19,
7.	Date of death Sulf. 19. 19.7 Cause of death Cauer 7 Bladder Duration of last illness Six moul.
8.	Duration of last illness & M. M. D
	, Residence Beweing Frence 14
	, Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation James.
9.	Occupation James. Place of birth Women Co.
10. 11.	Occupation James. Place of birth Women Co. Residence Bru hij Gram. Ward No.
10.	Occupation James. Place of birth Women Co. Residence Pro hig Gram. Ward No. Time of residence in the City. 3 yrs.
10. 11.	Occupation Josmes. Place of birth Women Co. Residence Bru hig Gram. Ward No. Time of residence in the City. 3 yrs. When a minor
10. 11. 12.	Occupation Josmes. Place of birth Women Co. Residence Bru hig Gram. Ward No. Time of residence in the City. 3 yrs. When a minor Name of Mother Name of Father
10. 11. 12.	Occupation James. Place of birth Worsen Co. Residence Bruky Gram. Ward No. Time of residence in the City. 3 yrs. When a minor Name of Mother Name of Father Place of intended interment July 1 11
10. 11. 12. 13.	Occupation James. Place of birth Worsen Co. Residence Bruky Gram. Ward No. Time of residence in the City. 3 yrs. When a minor Name of Mother Name of Father Place of intended interment July 1 11
10. 11. 12. 13. 14.	Occupation James. Place of birth Would Co. Residence Bruky Gram Ward No. Time of residence in the City. 3 yrs. When a minor Name of Mother Name of Father Place of intended interment James Mary Mary Mary Mary Mary Mary Mary Mary
10. 11. 12. 13. 14.	Occupation James. Place of birth Women Co. Residence Bruky Gram. Ward No. Time of residence in the City. 3 yrs. When a minor Name of Mother Name of Father. Place of intended interment Jaly 1 11

Child of Carrie Merritt 1898

The	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
	Merri
T _i	Name of deceased Child of Camie ments
2.	Sex nale. 3. Color black. 4. Age I rech
5.	Married or single
6.	Date of death 70 engl 19-1898
7.	Cause of death Survelence
8.	Duration of last illness
	J. DV. Ca and M. D.
	Residence Residence
	- A CONTRACTOR OF THE PARTY OF
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	Place of birth Briting Them 19
11.	Residence Pack. ST . Ward No. /
12.	Time of residence in the City
13.	When a minor Name of Mother Carry Must
	0 7 6
14.	Place of intended interment County
15.	Date of intended interment -19-1818
	Liver & Tuen Undertaker.
Date	of Certificate . Residence
	4

Child of Mary Merritt 1896

Out of town	12
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Mary Menett's child	
2. Sex Jemale 3. Color Col . 4. Age / yr	
5. Married or single	
6. Date of Death 2/2/896	
7. Cause of Death Worky 8. Duration of last Hiness Dix works	
J. W. Coords M.D.	
Residence Helth Officer	
//	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Warren County.	
11. Residence Kultucky St. Ward No. 3rd	
12. Time of Residence in the City Say newlar.	
Name of Mother Mary Musell	
Name of Father Tompe Williams 14. Place of intended Interment Old Union Communication	
15. Date of intended Interment \an 23 \frac{1}{2}/896.	7
The Gerard Beo, Undertaker.	
Date of Certificate 22/95 Residence	

Mrs. W. W. Merritt 1906

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 Mors WH Mounth 2. Sex Humaly n. 3. Color White 4. Age 51.
1. Name of deceased white 2. Sex Hamaly 3. Color White 4. Age 51. 5. Married or single Manual 4. Age 51.
5. Married or single Mauri
6. Date of death DEC 18 1906
7. Cause of death Dogument 1
8. Duration of last illness & Alhung M. D.
6. W 6 мид
Residence BOWLING GREEN, KY
Contract of the Contract of th
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Logan County.
9. Occupation 10. Place of birth Logan County. 11. Residence / Ward No. /
9. Occupation 10. Place of birth Logan County. 11. Residence Ward No. Ward No.
9. Occupation 10. Place of birth Logan County. 11. Residence Ward No. 12. Time of residence in the city (Name of mother.
9. Occupation 10. Place of birth of any County. 11. Residence / Ward No. / 12. Time of residence in the city 13. When a minor Name of mother Name of father Pake Rais Illonton 14. Place of intended interment. Surviview Commercy
9. Occupation 10. Place of birth of an County. 11. Residence / Ward No. / 12. Time of residence in the city 13. When a minor Name of mother Name of father Palue Rais Monton
9. Occupation 10. Place of birth of any County. 11. Residence / Ward No. / 12. Time of residence in the city 13. When a minor Name of mother Name of father Pake Rais Illonton 14. Place of intended interment. Surviview Commercy
9. Occupation 10. Place of birth of an County. 11. Residence / Ward No. / 12. Time of residence in the city 13. When a minor Name of mother Name of father father Rais Monton 14. Place of intended interment Sauview Countery 15. Date of intended interment July 19" 1906 GERARD & GERARD Undertaker.
9. Occupation 10. Place of birth regard County. 11. Residence / Ward No. / 12. Time of residence in the city 13. When a minor Name of mother Name of father Palue Ray Horton 14. Place of intended interment Fairwiew Cemetery 15. Date of intended interment Law 19" 1906
9. Occupation 10. Place of birth of an County. 11. Residence / Ward No. / 12. Time of residence in the city 13. When a minor Name of mother Name of father father Rais Montes 14. Place of intended interment Sainview Community 15. Date of intended interment Ass. 19" 1906 GERARD & GERARD Undertaker. Date of Certificate DEC 18 1906 Residence OWLING GREEN, KY
9. Occupation 10. Place of birth of an County. 11. Residence / Ward No. / 12. Time of residence in the city 13. When a minor Name of mother Name of father father Rais Monton 14. Place of intended interment Sauview Countery 15. Date of intended interment July 19" 1906 GERARD & GERARD Undertaker.

William W. Merritt 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased thelinus, the Marritt
2.	Sex Walk 3. Color While 4. Age 58 yrs
5.	Married or Single Wislown,
6.	Date of death aug, 20"/9/2.
	Sund Paralyin of the Insaur
7.	(as for Vital States there)
8.	Duration of last illness Company of James June
	12 Garan Su
	Residence 79, 277
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Harran, Co, Sy
11.	Residence Stophus vull My . Ward No.
12.	Time of residence in the city
10	When a minor { Name of Mother
LO.	Name of Father
14.	Place of intended interment Hairwigen Canadacy
15.	Date of intended interment duy, 21"1912.
3.5	GERARD & GERARD. , Undertaker.
Date	of Certificate AND 7/1/9/17 Residence BOWLING GREEN. KY

Belzara Messeker 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 Mrs Belzara Musseker
2 Sex Funale 3. Color White 4. Age 38410
5. Married or Single Married
6. Date of death fun -15-1910
7. Cause of death Chilipsy
8. Duration of last illness
19. S. Mutherford, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation I Lawrence Cupser
10. Place of birth allen C
11. Residence First SN State Called No. 2
12. Time of residence in the city
13. When a minor \{ Name of Mother
15. When a minor (
Name of Father
Name of Father Cometerne
14. Place of intended interment Fairview Cometery
14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. 1910
14. Place of intended interment 15. Date of intended interment GERARD & GERARD., Undertaker.
14. Place of intended interment 15. Date of intended interment GERARD & GERARD., Undertaker.

R. J. Meyley 1904

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 Jacobs R a Menter Menter
1. Name of deceased ()
2. Sex male (3. Color Fibile. 4. Age & & 11
5. Married or single manne 6. Date of death February 7 - 1904
6. Date of death Tolome Inglis Doren
8. Duration of last illness 1 0 5
Orell (asternaly M. D.
Residence Johns Johns
1 16,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Staff Ward No.
12. Time of residence in the City.
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended interment Figure 85/3011
15. Date of intended interment The Hudortokov
Paridones . Undertaker.
Date of Certificate Residence

Aggie Middleton 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Of Cir Middle Tou
2,	Sex Frmale. 3. Color Bell . 4. Age 70 years
5.	Married or Single Left
6.	Date of Death Seff yet 1881
	Cause of Death Old age
8.	Duration of last Illness
	Residence by Health officer
	Residence by Hearth Stlien
	mesmente / fight
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 0. 1.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Jeffer For Co Muss Residence Ward No 2
9. 0. 1.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Jeffer For Co Muss Residence Ward No 2
9. 0. 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Jeffer & Co Junas Residence Ward No 2 Time of Residence in the City 3 was / Co
9. 0. 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Jeffer For Co Muss Residence Ward No 2
9. 0. 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Leffer For Co Misson Residence Ward No 2 Time of Residence in the City 3 was / Co When a Minor { Name of Mother Name of Father Occupation Occupation Occupation Name of Birth Place of Mother Name of Father
9. 0. 1. 2.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No 2 Time of Residence in the City 3 www/cs 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 Leffer run Co Minas Residence Ward No 2 Time of Residence in the City 3 Ward No 2 When a Minor Name of Mother Name of Father Place of intended Interment Col Class
9. 0. 1. 2. 3. 4.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Leffer sur Co Misson Residence Ward No 2 Time of Residence in the City 3 was / Co When a Minor Name of Mother Name of Father Place of intended Interment Co C Cust Date of intended Interment Sylving 1872-81

Lola Middleton 1894

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 his Lofa Meddletine
2. Sex Funal. 3 Color Hhits. 4. Age 82 yrs
5. Married or single Hidou,
6. Date of Death Jaw 17 "194
7. Cause of Death Ollage
8. Duration of last Illness 90 Cartweight, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth England
11. Residence Park stuck. Ward No. 1 st
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Caste Ky
15. Date of intended Interment Jaw 19"/94 Le Stand & Bio, Undertaker.
Date of Certificate Jaw 894. Residence

Wyat Middleton 1908

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 year find that 2. Sex are 3. Color B. 4. Agec 3.5 450. 5. Married or single Maurica 6. Date of death OCT 4-1908 7. Cause of death Pistol Shirt would. 8. Duration of last illness for Jay, Lownor of Lawren C. Residence BOWLING GREEN, KY Undertaker's Certificate in Relation to Deceased.
- Telation to Deceased.
9. Occupation Hanry County
10. Place of birth faurn County 11. Residence Crutu St. Ward No.
12. Time of residence in the city providly grain
13. When a minor Name of mother Name of father
14. Place of intended interment County Ournaling
15. Date of intended interment. OCT 1- 1908
Date of Certificate OCT 4- 1908 EOWLING GERARD. Undertaker. Residence Residence

Annie Milane 1907

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.
Min Annie Milans
1. Name of deceased Mas Annie Milans 2. Sex Funds 3. Color Mila 4. Age 31 yrs. 5. Married or single Single
5. Married or single Dung 28"07. 6. Date of death Jubiculosis of the Sung. 7. Cause of death Jubiculosis of the Sung.
7. Cause of death Introculosis of the Lungs.
8. Duration of last illness. Lillwan South M. D.
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth BOWLING GREEN, KY
11. Residence Broadway 12. Time of residence in the city Life time Name of mother
12. Time of residence in the city Life Muni
13. When a minor Name of mother Name of father
14. Place of intended interment & floring ha, Cuurling
15. Date of intended interment Law 30"1907
GERARD & GERARD, Undertaker. Date of Certificate Jun 19/07 Residence OWLING GREEN, KY
GERARD & GERARD. Undertaker.
GERARD & GERARD. Undertaker.

Dennis Milane 1901

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 Dannis Milane
1. Name of deceased Lumis My Jame 2. Sex Mala . 3, Color White . 4. Age 70 yrb . 5. Married or single Married . 6. Date of death Fully, 8/1901.
7. Cause of death Steart Deasusy
8. Duration of last illness f. Mc Connack M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Izalanya,
10. Place of birth Malayse (, 11. Residence 6 in St., Ward No. 2 22
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Pf. Joseph Well Constitution of the Place of intended interment Pf. Joseph Well Constitution of the Police of Intended interment Pf. Joseph Well Constitution of the Police of Intended interment Pf. Joseph Well Constitution of the Police of Intended interment Pf. Joseph Well Constitution of the Police of Intended interment Pf. Joseph Well Constitution of the Police of Intended Interment Pf. Joseph Well Constitution of the Police of Intended Interment Pf. Joseph Well Constitution of the Police of Intended Interment Pf. Joseph Well Constitution of the Police of Intended Interment Pf. Joseph Well Constitution of the Police of Intended Interment Pf. Joseph Well Constitution of the Police of Intended Interment Pf. Joseph Well Constitution of the Police of Intended Interment Pf. Joseph Well Constitution of the Police of Intended Interment Pf. Joseph Well Constitution of the Police of Intended Intermediate Intended Inte
15. Date of intended interment Java V Javard, Undertaker.
Date of Certificate Huby 9/190/ Residence

Patrick J. Milane 1909

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 Parick of Milaux 2. Sex Married or Single Sungar Married or Single Sungar Married on Single Sungar
6. Date of death Julianian Submillans
8. Duration of last illness
* Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation for the
10. Place of birth Wills Jann. Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Dunis Miland Dack
14. Place of intended interment Dr. Jesaphs Cumulary
15. Date of intended interment GEPARD & GERARD , Undertaker.
Date of Certificate May 3//1909, Residence City

Patrick J Milane 1909

	TRANSPORTATION OF CORPSE.
	Transit Permit No. 804
	PHYSICIAN'S OR CORONER'S CERTIFICATE.
Name of decea	0.+:10 3 1
The Particular	(H a minor, give parents' name also.)
Hour of death. Place of death.	
which is a	· Communicable disease.
I herebu d	(Communicable or non-communicable.) rertify that the above is true to the best of my knowledge and belief.
	1 St. Coile M. D. or Coroner
Residence	The oile County of 7200 State of Jan
	PERMIT OF BOARD OF HEALTH, CITY OF KNOXVILLE.
	ust be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.
In the City of	Knoxville, County of Knox, State of Tennessee on the day
of way	1909 Permission is hereby given Asse World Coffin C Embalmer, to remove for burial at Boothing Green in the
County of	Embalmer, to remove for burial at Sortling Trees in the State of Tentucky, the body
of Patrie	14 7. molen who died at 72 moiker
County of	The State of Ten on the 29 day
of	190 9 Aged 3-6 years months days
and	is hereby authorized to accompany said remains.

C. T. Miles 1896

33	23
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 6. S. Miles.	
2. Sex Male. 3. Color It hite. 4. Age 88 yrs	' -
5. Married or single Married.	
6. Date of Death 419 16 1896.	
7. Cause of Death July Mrs Duante	
8. Duration of last Illness	
B, S. Milliup, M. I	Ο,
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
ONDERTRICE S OFFI THAT I THE WEEK TON TO DESCRIBED.	
9. Occupation	
10. Place of Birth Virmout	
11. Residence Colay Street. Ward No. #	
12. Time of Residence in the City	
Name of Mother	
Name of Father	
14. Place of intended Interment Fairview Lunc	,
15. Date of intended Interment ang 26"/96.	
F. C. Guard VIB10, Undertake	r
Date of Certificate ang 1696 Residence Gily	

A. H. Miller 1891

260 . 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.H. Miller.
2. Sex male. 3. Color White. 4. Age 44 yrs.
5. Married or Single married
6. Date of Death Fleby 4-1891
7. Cause of Death Or Complication of Bearing
8. Duration of last Illness
JE Junelite, M. D.
Residence
9. Occupation P. R. Buguieer
10. Place of Birth Warrend County. 11. Residence 10 th Street . Ward No. 4 th
11. Residence 10 th Street . Ward No 4 th
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Figure iew lecustry
15. Date of intended Interment Hyby 5"/1891 H. Guard, Undertaker.
Date of Certificate Heby 4-9/. Residence
/ Acsiance

Ada Miller

	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	ETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name o	Edeceased Miss ada Miller Emale. 3. Color white. 4. Age 46
5. Married	1 or single Angle: f death may of death Lyphoid Lever
7. Cause o 8. Duratio	of death Lyphord Flour on of last illness 6. Weeks. The Plane M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	ation
11. Reside	of birth Ward No,
	a minor Name of Mother Name of Father
	of intended interment Linkun Mg
	Titt Cayn Wife , Undertaker
Date of Ce	rtificate

Charles Miller 1877

	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 William	
2. Sex male 3. Color white. 4. Age 34	
5. Married or Single Single 6. Date of Death Dec 31 1877	
7. Cause of Death Epilefing	
8. Duration of last Illness 30 minus 4 Plan Clar, M. D).
Residence Booter's granty	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Surtalunan RA	
10. Place of Birth 1-19	
11. Residence at John Burks . Ward No. 3.	
13. When a Minor { Name of Mother Name Name Nother Name Name	
14. Place of intended Interment Hairing Comment	
Date of Certificate Jan 14 1878. Residence. Undertaken	
Pantagraph Prin	1.

Daniel Miller 1899

		0	100	21-
RETUR				
PHYSICIAN	S CERTIFICATE	PREPARA	TORY TO BURIAL	
 Name of deceased Sex // Mule. Married or single // 	3. Color_	Mhe	Mille L(4. Ag	e 85 year
6. Date of death 2. Cause of death 2	ald,	5	199	
	BAL	ull		, M. D.
UNDERTAKEI	WAR STREET, ST		ATION TO DECEA	
9. Occupation Jac	lori			-
10. Place of birth	is a	on	. w	ard No.
12. Time of residence in	the City			
t3. When a minor \ \ \frac{\text{Na}}{\text{Na}}	me of Mothe	r	,	
14. Place of intended int		Dog	1 /10	n/ 99.
15. Date of intended in	und	190	ind	, Undertaker.
Date of Certificate	ce,3	19.9	Residence	
				n

Daniel Miller 1899

2 74 0
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Danniel Spiller
2. Sex Mall . 3. Color while . 4. Age 5. Married or single Single 6. Detect leads 1899
5. Married or single \$100,000.
7. Cause of death Causes incident to old age
8. Duration et last illness B. L. Gullan Common M. D.
Residence Howwen Led,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
to Place of birth
11. Residence Park Roll, Ward No. 2 rd
12. Time of residence in the City
Name of Mother
14. Place of intended interment Fairviery, Community
15. Date of intended interment
Garard Tarcord, Undertaker.
Date of Certificate & Co., 6999. Residence

Child of Eugene Miller 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	10.10 1 C M. 111
1.	Name of deceased Child of Gregori, Miller
2.	Sex Famale 3., Color While 4. Age
5.	Married or single
6.	Date of death flat 10"1912'
7.	Cause of death Still Born, as for Vital Statistics
8.	Duration of last illness Congress A Guard Survey During
	M. D
	Residence Bowling Jury Sy
	Undertaker's Cartificate in Relation to Deceased
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	
	Occupation / Ke
10.	Occupation Place of birth Warry lest, Ky Residence "" Ward No.
10. 11. 12.	Occupation Place of birth Warry lest, Ky Residence "" Ward No.
10. 11.	Occupation Place of birth Warren Lov. My Residence "" Ward No. Time of residence in the city
10. 11. 12.	Occupation Place of birth Warren Lov. My Residence "" Ward No. Time of residence in the city When a minor Name of mother Mus. Engage Mullist
10. 11. 12. 13.	Occupation Place of birth Warren Lot, My Residence
10. 11. 12. 13.	Occupation Place of birth Warren, by, My Residence "" Ward No. Time of residence in the city When a minor Name of mother Mus, Engune Muller Name of father Engune Muller Place of intended interment Fairburn Community Date of intended interment May GERARD & GERARD Undertaker
10. 11. 12. 13. 14.	Occupation Place of birth Wanne lest, My Residence "" Ward No. Time of residence in the city When a minor Name of mother Ms. Engrue Miller Name of father Engrue Miller Place of intended interment Handelest (21) Date of intended interment.
10. 11. 12. 13. 14.	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 Man GERARD & GERARD Undertaker

Hoy Miller 1909

Alterna	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, Hay Miller
2.	Name of deceased Hay Miller Sex Male . 3. Color White . 4. Age //
	Married or single
	Date of death NoV 14/09
	Cause of death Certoniles
8.	Duration of last illness along two weeks
	Ezz Trall, M.D.
	Residence Bourfing Frem
	/def
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Student
10.	Place of birth Woodburn 1419
11.	Residence Ward No.
12.	Time of residence in the City.
13.	When a minor Name of Mother Name of Father Low Mills
14.	Place of intended interment Woodkurn Ky Cim
15.	Date of intended interment NN 15/09 C. M. Stause, Undertaker.
Date	of Certificate Na 15. Residence Franklin Ty

Laura B. Miller 1891

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Mis Laura 3 Miller 2. Sex Ferrales Color Mile. 4. Age 28 476. 5. Married or Single Manual. 6. Date of Death May 14-1896. 7. Cause of Death Heart Disease 8. Duration of last Illness W. W. Bowling M. D.
1. Name of deceased Mis Layra B Miller 2. Sex Hernales Color Phile . 4. Age 28 yrs. 5. Married or Single Married 6. Date of Death Puly 14-189. 7. Cause of Death Heart Disease 8. Duration of last Illness
2. Sex Females Color Phile . 4. Age 28 476. 5. Married or Single Paquid 6. Date of Death Puly 14-1891. 7. Cause of Death H2avi-Disease 8. Duration of last Illness
2. Sex Females Color Phile . 4. Age 28 476. 5. Married or Single Paquid 6. Date of Death Puly 14-1891. 7. Cause of Death H2avi-Disease 8. Duration of last Illness
5. Married or Single Matter. 6. Date of Death May 14-1896. 7. Cause of Death H2avi-Disease 8. Duration of last Illness
6. Date of Death Heavy 1896. 7. Cause of Death Heavy Disease 8. Duration of last Illness —
7. Cause of Death H2av1-Disease 8. Duration of last Illness
¥1-11MD 1
W.W. Bowling M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Ohio-
11. Residence 22d Hard. Ward No.
12. Time of Residence in the City 7 rucefts
13. When a Minor. Name of Mother Same of Father
14. Place of intended Interment
15. Date of intended Interment Guard, Undertaker.
Date of Certificate . Residence

Matilda Miller 1913

	31
100	s Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	<u> 1940</u>
	Physician's Certificate Preparatory to Burial.
1. N	Name of deceased Malildu Milly
	Sexfernale 3. Color Cal 4. Age 97
	Married or single Single
6. I	Date of death Tick, 25 1918
	Cause of death Meut Mulato fu
8. I	Ouration of last illness about 3 hours,
	15 12 M. D.
	Residence 2/1/hour ST
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation House Keys
	Place of birth allen co / kg
	Residence Hojae St Ward No.
12.	Time of residence in the city aleunt 40 y
	When a minor Name of mother July Jewel
10.	Name of father Sam Raunsa
	Place of intended interment The murah
15.	Date of intended interment 23 1913
-	Lange Rendal Indertaker.
Date	of Certificate /2/4. 2.9-/9/3 Residence
********	car / decege of

William R. Miller 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 mm & Miller
2. Sex Male. 3. Color white 4. Age 20yre
5. Married or single Lugle
6. Date of Death 71 by 12 1 1886
7. Cause of Death Typhrel for
8. Duration of last Illness 2/00/9
Dy Me ment Distritionant, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
Oder 9. Occupation
10. Place of Birth Janisvicu dry
11. Residence State . Ward No. 2
12. Time of Residence in the City & years
Name of Mother
Name of Father RMiller
14. Place of intended Interment January Country
15. Date of intended Interment Filty 14 1836
Mathe J. Undertaker.
Date of Certificate Residence

Aaron Milliken 1900

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. Milliken
1. Name of deceased Aaron Mullight
2. Sex Trale . 3. Color blash . 4. Age # 2 3 .
5. Married or single
6. Date of death July 25 / 1910
7. Cause of death
8. Duration of last illness
Residence , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 4 10 11
10. Place of birth 211 Matters 11. Residence White slow gway Ward No.
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
14. Place of intended interment But Beathers
i5. Date of intended interment May of 6-1900
Date of Certificate June 1908 Residence 8/5 3/10/1
Date of Certificate Length 1908 Residence 815 Block 26

Annie Milliken 1906

	RETURN	OF	A D	EATH.	
	PHYSICIAN'S (CERTIFICATE PRE	PARATORY TO	BURIAL.	
	Name of deceased				
2.	Sex lemale 3.	Color &	lock	4. Age / O	3-
	Married or single	ings	L		
6.	Date of death	01			
	Cause of death PhA	No.			
8.	Duration of last illness_			7	
	1	CA.CA	illis,	rain st.	M. D.
	0	Residence #	13/2 M	rain st.	
	UNDERTAKER'S (CERTIFICATE IN	RELATION TO	DECEASED.	
9.	Occupation		*		
10.	Place of birth Har	rine e	unnty		
1.	Place of birth 4 as Residence Rus	N Tan	~	Ward No,	
12.	Time of residence in the C	ity.	<u>. </u>	years	v
3.	Wilmen	f Mother			
100	/ Name o		A	e milli	9
14.	Place of intended interme	~		· Andrew Sales and	Leo.
i5.	Date of intended interme	ent Uz	100	4	6
		x.6.1	Dung		rtaker.
Date	of Certificate	16-1	Residence)	
	600 /	> 8 Kac	alla-	Se St.	

B. H. Milliken 1903

Am.	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. No	ame of deceased Dr BN Michian
	ex mase. 3. Color while. 4. Age 64 your
	arried or single mannied
	ate of death October - 2-1703
	nuse of death Enland Cultilia
8. D	uration of last illness Sey would
	much the Head to Corregue, M. D.
	Residence & Atua
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	01
9. O	ecupation Mysician
	lace of birth Sunplean County
	esidence / Ward No.
12. Ti	ime of residence in the City.
13. W	hen a minor Name of Mother Name of Father
14. Pl	ace of intended interment Fairner Come
	ate of intended interment October 3 1903
	T. HAWLEY PAYNE, Undertaker.
Date of	Finieral Director & Embalmer, Certificate
	- Controlled the Cont

Edgar Milliken 1897

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.
ı Ne	une of deceased Edgar Willissen
	x Male . 3. Color Blog . 4. Age 16 yrs
	arried or single Bingle
15000	ite of Death War 4" 1897,
	use of Death Consumption
	uration of last Illness
	BSt Millixur M. I
	Residence 6 11
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Oc	cupation
10. Pla	ace of Birth Dily
11. Re	sidence Rover Pike . Ward No. 3
12. Ti	me of Residence in the City
12 W	hen a Minor Name of Mother
13. 11	Name of Father Olliver Mulifi
	ace of intended Interment Mr Mount Cin
15. Da	te of intended Interment Yer 6"1899
	J. P. Burner Troso. Undertake
Date o	f Certificate ANG/9/. Residence O.19
STREET,	

George Milliken 1894

593	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 Les Milliken	
2. Sex mace . 3. Color occ . 4. Age & fra	
5. Married or Single	
6. Date of Death 76 4 1834	
7. Cause of Death Sutussusseption of Lowels	
8. Duration of last Illness & gare	
organis. This Miles	
Residence Powling Anuly.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Transician 154	
11. Residence fair grand. Ward No.	
12. Time of Residence in the City	
13. When a Minor. Name of Mother Frances Millitter Name of Father Mayor mission	
14. Place of intended Interment MA Moriali Cen	
15. Date of intended Interment The 5 1894. Crafter Flyn, Undertaker.	
Table 101 - Francisco Control	
Date of Certificate . Residence .	

George Milliken, Jr. 1899

8	37	32	38
This Constitutes One Certificate	to be Returned to t	he City Clerk for a Buria	l Permit.
		DEATH.	
-	1 01 11	——————————————————————————————————————	
PHYSICIAN'S CE	RTIFICATE PREPARA	TORY TO BURIAL	
1. Name of deceased	Mil	liku J.	~
2. Sex.male . 3.	Color Blac	1. Age 4 -	mas
5. Married or single	2		Terror
6. Date of death 7. Cause of death	say - ?	- 1899	
8. Duration of last illness	maddliff.	1 1	
Milliken	03 74	Millis	M. D.
Re	esidence 1 / /		
INNERTOWERS O	CATIFICATE AL AFLA	TION TO PERFORM	
ONDEKTHVEK > C	ERTIFICATE IN RELA	HOW TO DECEMBED.	
9. Occupation			
10. Place of birth			10 W
11. Residence Janeson			
12. Time of residence in the		Ja liell	Men
13. When a minor Name of	Father Leo	mich kille	_ '
14. Place of intended intermen	it Tugt	leonial	
15. Date of intended interme	nt May	10 /899	
47	How a	ylan	ndertaker.
Date of Certificate	. 1	Lesidence	
	4 11		

Jesse Milliken 1893

RETURN OF A DEATH.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased lessed fille / Lew 2. Sex Marcel 3. Color Bl 4. Age /8 mounts 5. Married or single single 6. Date of Death / "/93 7. Cause of Death / Lew Manyillo 8. Duration of last Illness / Marchaey, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Chity, 11. Residence Rour Rike . Ward No. # The
12. Time of Residence in the City
13. When a Minor Name of Mother Name of Father Clive William 14. Place of intended Interment Work ich Cleur,
Date of Certificate free 1/93, Residence
Date of Certificate 1193, Residence
-

Child of Leucian Minor 1892

453)	40
This Constitutes one Certificate to be E Zrned to the City Clerk for a Burial Permit,	
BETORN OF A DEATH.	
DIVINALIANS ADDRIGOLARS DARAM (TODAY TO BURNI)	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Child of Lincian Min	02
2. Sex Male . 3. Golor White . 4. Age 3 mil	5.
5. Married or Single Suight	
6. Date of Death Sept 17"/92	
7. Cause of Death Culio Coliti	
8. Duration of last Illness Two weeks	
dreamb, M. D.	
Residence	
9. Occupation	
10. Place of Birth Clify	H
11. Residence / 2 th office . Ward No. / 21	
12. Time of Residence in the City	
13. When a Minor. Name of Mother	/
Name of Father falle county in	av,
14. Place of intended Interment diarrous Com	*
15. Date of intended Interment	
Date of Certificate 17/92. Residence City	
Bate of Certificates 1/1/14. Residence	
	150-0

Bettie Mise 1901

	41
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Perr	nit.
RETURN OF A DEAT	н.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Mrs. Butting Mise 2. Sex Freman 3. Color While I Man	18 yes
5. Married or single Married, Nife of W. 6, M. 6. Date of death May 1" 1901	ise.
7. Cause of death Cousing with 8. Duration of last illness A. Grace Brown,	, M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
9. Occupation 10. Place of birth Barran County Ky.	
11. Residence College St. Ward	No. 2
12. Time of residence in the City.	
13. When a minor Name of Mother Name of Father Sairwirm Council	tores
14. Place of intended interment Haviour Council	rolly.
15. Date of intended interment May 2 11901 Levard Frank.	, Undertaker.
Date of Certificate May 1/901 . Residence	
No.	

Albert Mitchell 1893

195)	41
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased A lbert Mexchell	
2. Sex Male 3. Rolor White . 4. Age 8 / 4	w
5. Married or single Married	milita
6. Date of Death Joh 26"/93.	***
7. Cause of Death Portuniania	
8. Duration of last Illness Hour duy S	
Alberighe M.	D.
Residence & Cuty	

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Marrey County.	
11. Residence State Stuet. Ward No. 1 st	
12. Time of Residence in the City	
Name of Mother	
13. When a Minor Name of Father	-
14. Place of intended Interment Agriview Chine	lery
15. Date of intended Intermone Meh 27 193	<i>(</i>
He Gerard & Du, Undertak	er.
Date of Certificate Weh 27 1/9.3 Residence Clify	

C. T. Mitchell

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSIC AN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased C. & Mitchell
2.	Sex Male . 3. Color Blk . 4. Age 5 Mo
5.	Married or Single
6.	Date of Death May 19 Januare
7.	Cause of Death . Januare
8.	Duration of last Illness & Days
	In Elroy, M. D.
	Residence Sed Claybool
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9,	Occupation
10.	Place of Birth
11.	Residence . Ward No.
12.	Time of Residence in the City
10	Name of Mother
13.	When a Minor { Name of Mother
14.	Place of intended Interment
15.	Date of intended Interment
7)	ata of Contificata Basilouss
1)	are of Certificate
=47.00	Democrat Print,

Emma Mitchell 1909

	44
	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	E 11.41.
1.	Name of deceased Omma Millarll
2.	Sex Famula . 3. Color While 4. Age 9 yrs.
5.	Married or single Single
6.	Date of death Nach 1" 1909
7.	Cause of death Manufacture Court of least illness
8.	Duration of last illness B. S. Rutheriford M. D.
	Residence BOWLING AREEN, KY
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth
11.	Residence Eurings ford, Warren lad Ward No
12,	When a minor Name of mother Mus. Milehall
13.	When a minor Name of mother Name of father Name of father
14.	Place of intended interment Friview Cemetery
15.	Date of intended interment Nec, 2"19119.
	GERARD & GERARD. Undertaker
Dat	te of Certificate Nucleur of Residence Residence
ŧ	
11111	

Emma B. Mitchell 1912

45
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
5
1. Name of deceased Comma B. Matchell
2. Sex day Million 3. Color de 4. Age 4. Age
5. Married or single
6. Date of death
7. Cause of death / White for the state of t
8. Duration of last illness / MANAGE
M. D.
Residence freshands
Undertaker's Certificate in Relation to Deceased.
9. Occupation Teach
9. Occupation 10. Place of birth 10.
11. Residence Ward No.
11. Residence Ward No. 12. Time of residence in the city O Manual Manua
11. Residence Ward No. 12. Time of residence in the city O ward to the city of the city o
11. Residence Ward No. 12. Time of residence in the city Ward No. Name of mother Ward No. Name of mother Ward No.
11. Residence Ward No. 12. Time of residence in the city Ward No. 13. When a minor Name of mother Ward No. Name of father Ward No.
11. Residence Ward No. 12. Time of residence in the city Name of mother Name of father 13. When a minor Name of father Name of intended interment Manual Control Con
11. Residence Ward No. 12. Time of residence in the city Name of mother Name of father 14. Place of intended interment Manual Control of the Control of th
11. Residence Ward No. 12. Time of residence in the city Name of mother Name of father 14. Place of intended interment Date of intended interment Ward No. Ward
11. Residence Ward No. 12. Time of residence in the city Name of mother Name of father 14. Place of intended interment Date of intended interment Ward No. Ward
11. Residence Ward No. 12. Time of residence in the city Name of mother Name of father 14. Place of intended interment Date of intended interment Ward No. Ward

James Albert Mitchell 1906

RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Janus, A. Miller Likell 2. Sex Male 3. Color 4. Age 63 yrs 5. Married or single Married . MAY 26 1906
2. Sex Mala) 3. Color Wall 4. Age 63 yrs
5. Married or single Married . 6. Date of death MAY 26 1906
7. Cause of death Dislates
8. Duration of last illness, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth France BOWLING GREEN, KY Ward No.
12. Time of residence in the City.
Name of Mother
14. Place of intended interment Jairvirus Country
15. Date of intended interment May, 27" 1906.
GERARD & GERARD, Undertaker.
Date of Certificate MAY 26 1906 . Residence BOWLING GREEN, KY

James Albert Mitchell 1906

T.	(ORIGINAL)
7	OHIO STATE BOARD OF HEALTH
7.5	TRANSPORTATION OF CORPSE
	TRANSIT PERMIT NO. 3 2 4
	PHYSICIAN'S OR CORONER'S CERTIFICATE
	Name of Deceased Ames albert Mitchell Sex Mu Color W
	Place of Death County County State Out a State Out a
-	Date of Death Duration Days. Contributory Cause of Death Duration Days.
٤	Date of Death
	Occupation A Widowed, Divorced.
	Place of Birth (State or Country.) Name of Father (State or Country.) (State or Country.)
	Maiden Name of Mother
	SPECIAL INFORMATION
	(Only for hospitals, institutions or recent residents.) Former or Usual Residence
	How long at Place of Death?
	Where was the Disease Contracted if not at Place of Death? I hereby certify that the above is true to the best of my knowledge and belief.
	Residence Chan County of Alam State of Chan

Mary E. Mitchell 1912

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
11 11 Court 11
1. Name of deceased Mrs. Mary 6. Muchall
1. Name of deceased 115, Mary 6, Muchan. 2. Sex famals 3, Color White 4. Age 8/412. 5. Married or Single, Willow,
5. Married or Single, White 74/19/2 6. Date of death Dic 74/19/2
7. Cause of death La Gippe (as sul that States lies)
8. Duration of last illness C flanara, Finnal Durater
Amais Gran XX
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Manually 11. Residence (0s. Latis, Cal., Word No.
10. Place of birth Manufacture Coul
22 200740100 ward No
12. Time of residence in the city.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Humania Commutary
15. Date of intended interment Jan, 2/1913.
Guard & Thrand 1 Undartakan
Date of Certificate Jan, 1/1 Residence B. Chanky

Mary E. Mitchell 1912

PERMISSION is hereby given for the Removal of the Remains of Sex Color or Race Aged Vears Mos. Days Place of Birth Place of Death Cause of Death To Oowling Survey Date of Removal Physician Registrar	COL	The	REGISTRATION DISTRICT County of Coun
	3 0 7 1 2	Fermit must be Transportation	PERMISSION is hereby given for the Removal of the Remains of Sex Color or Race Aged Years Mos. Days Place of Birth Died 19 Place of Death Cause of Death To Dowling Skury Physician Date of Removal Day 29 19 2

Polly Ann Mitchell 1879

	LE	T	M 1	RN	0	F	A	D	E	A	T	H.
	PHY	SICI	AN'S	CERTIF	ICATI	E PR	EPAR	ATOR	Y TO)-BL	JRIA	L.
		19		Gos		S	m		W		h	
				3·			whi	le.	4. 4	Age_	6	5 yeu
				Lin		107	-					
6.	Date of	Deat	h A	lui	6,		150					
7.	Cause (of De	eath(fill	his	is	Su	ln	200	ra	li	0
8.	Duratio	on of	last Illi	ness Li	eve	rel	6	me	uM	us,	<i>a</i>	
				Residen			20	70	P	1	en e	M. D.
				Restuen	ce						777 777	
ι	INDE	RTAI	KER'S	CERTI	FICAT	E IN	REL	ATIO	N TO	DE	CEA	SED.
	Decuka	tion										
	PER URSHING PROVIDENCE		1			1	170	_				
10.	Place o	f Birt	0.	Van				7		1		
10.	Place oj Residen	f Birt	Sta	th s	hu	et	- 0	/		Ware	l No	. Z
10. 11.	Place of Residen Time o	f Birt uce, of Res	Sta sidence s	in the C	lo ity o	et 2 y	- 0	/		Ward	l No	o. Z
10. 11.	Place of Residen Time o	f Birt uce, of Res	Sta sidence s	in the C	lo ity o	et 2 y	- 0	/		Ward	l No	. Z
10 11. 12.	Place of Residen Time of When	f Birt uce, of Res a Mir	S La sidence Λ nor $\left\{egin{array}{l} \Lambda \end{array} ight.$	in the Clame of	Ity o Mother Father	et 2 y	- 0	/		Ward	i No	,. Z
11.	Place of Residen Time of When Place of	f Birt nce of Res a Min of inte	S C	in the Co Tame of Tame of	ity o Mother Father	et 2 y	- 0	o			l No	o. Z
11.	Place of Residen Time of When Place of	f Birt nce of Res a Min of inte	S C	in the Clame of	ity o Mother Father	et 2 y	- 0	o			d No	o. Z

Robert Mitchell 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
18	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	
2.	
5.	
6.	Date of Death Meh 145/88/
7.	
8.	Duration of last Illness Levely
	of terdinietie. M. D.
	Residence
6	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
9. 10	Occupation Place of Birth
	Occupation
10	Occupation Place of Birth Residence . Ward No 2
10 11. 12.	Occupation Place of Birth Residence Ward No 2 Time of Residence in the City
10 11.	Occupation Place of Birth Residence . Ward No 2
10 11. 12.	Occupation Place of Birth Residence Ward No 2 Time of Residence in the City
10 11. 12.	Occupation Place of Birth Residence Ward No 2 Time of Residence in the City When a Minor { Name of Mother Name of Father
10 11, 12, 13,	Occupation Place of Birth Residence Ward No 2 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
110 111. 112. 113. 114.	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 Undertaker.
110 111. 112. 113. 114.	Occupation Place of Birth Residence Ward No 2 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment

Child of Robert & Nancy Mitchell 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased no home Mitchell
2.	Sex Fruale. 3. Color Bleek . 4. Age Premaine
5.	Married or Single
6,	Date of Death Sang 12 th 1881.
7.	Date of Death Low of Mother Pormotion
8.	Duration of last Illness
	Heart Office. M. D.
	Residence
	Tresmonce.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
Constitution of the Consti	Control of the Contro
	Occupation
	Place of Birth B.J.
10	
10	Place of Birth B
10	Place of Birth B
10	Place of Birth B
10 11. 12.	Place of Birth B. C. Residence Ward No 2 Time of Residence in the City When a Minor { Name of Mother Mercon historial Name of Father Willower
10 11. 12. 13.	Place of Birth B. C. Residence Ward No 2 Time of Residence in the City When a Minor Name of Mother Mercox histolical Name of Father College Course to the City Place of intended Interment College Course to the Course t
10 11. 12. 13.	Place of Birth B. C. Residence Ward No 2 Time of Residence in the City When a Minor Name of Mother Mercy histolical Name of Father White Millohett Place of intended Interment Col Courtely Date of intended Interment Law 13 188/
10 11. 12. 13. 14.	Place of Birth B
10 11. 12. 13. 14.	Place of Birth B. C. Residence Ward No 2 Time of Residence in the City When a Minor Name of Mother Mercy histolical Name of Father White Millohett Place of intended Interment Col Courtely Date of intended Interment Law 13 188/

Thomas Mitchell 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
-11	Thomas They b Mitchell
1.	Name of deceased w
2.	Sex qual 3. Color Mili 4. Age \$ 56
5.	Date of death David 20- 1907
6.	X/14
7.	Cause of death Septicarna
8.	Duration of last illness.
	M.N. // Traform M. I
	Residence Jesting Bream The
	Undertaker's Certificate in Relation to Deceased.
7.300	
9.	Occupation
9. 10.	Place of birth Canada
233	Place of birth Ward No. Ward No.
10.	Place of birth
10. 11.	Place of birth Ward No. Residence Ward No. Time of residence in the city (Name of mother
10. 11. 12.	Place of birth Ward No. Residence Ward No. Time of residence in the city When a minor Name of mother Name of father.
10. 11. 12.	Residence Ward No. Time of residence in the city When a minor
10. 11. 12.	Place of birth Ward No. Residence Ward No. Time of residence in the city When a minor Name of mother Name of father.
10. 11. 12. 13.	Place of birth Ward No. Residence Ward No. Time of residence in the city When a minor Name of mother Place of intended interment Place of intended interment
10. 11. 12. 13. 14.	Place of birth Ward No. Residence Ward No. Time of residence in the city When a minor Name of mother Place of intended interment Date of intended intended interment Date of intended intended interment Date of intended intend

William Woodford Mitchell 1908

#477. 52
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
-11 10 11
1. Name of deceased In Hovagord, Milehall
2 Sax Male 2 Colder While 1 Area / 7 yes.
5. Married or single Dingle
5. Married or single Single 6. Date of death Phrumatism 7. Cause of death Phrumatism
7. Cause of death // humausm
8. Duration of last illness lowling Smith 197
BOWLING GREEN, KY
Residence.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth BOWLING GREEN, & t
11. Residence Gast, Chartmet St. Ward No. 2
12. Time of residence in the city 17 yrs. Name of mother Mus Sla Mitchell Name of father Withhill.
13. When a minor Name of father
14. Place of intended interment
15. Date of intended interment fully 1908.
Date of Certificate fund, 18" 1908, Residence Residence

Mrs. Willie A Mitchell 1896

Out of Journ	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 Ario, Williag a Mutches	C
2. Sexturialle 3. Color White. 4. Age 66 y	w.
5. Married or single Hidow	
6. Date of Death May 11 /1896.	
7. Cause of Death Canul Gartile	
8. Duration of last Illness gour days	
A Meriphey M. D.	
Residence Barolind Giles K	,
/	9
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
to. Place of Birth	
11. Residence adams shut Ward No. 3 nd	•
12. Time of Residence in the City	
Name of Mother	
13. When a Minor Name of Father	
14. Place of intended Interment Gun Runs Homen	
15. Date of intended Interment May 12/96	
F. G. Guard HBro, Undertaker.	
Date of Certificate May 12/g Residence	

William Molock 1896

867
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S GERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased William Molock
2. Sex Male. 3. Color Blk. 4. Age all y 3 yes
5. Married or single Sungle 6. Date of Death May 27/96
7. Cause of Death
8. Duration of last Illness That we to
A. 1600016 (M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birthe Junusce
11. Residence Statun House Ward No. / sh
12. Time of Residence in the City
13. When a Minor Name of Mother Name of Father
14. Place of intended Interment County Country
15. Date of intended Interment Man 48/96 Grand Tolonomy Tolonomy Undertaker.
Date of Certificate Man 28/6. Residence

Charlie Moltenberry 1897

029	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.	
moltenberry	
1. Name of deceased Charlie Motorbery	
2. Sex maly . 3. Color While . 4. Age 1990	
5. Married or single full	
6. Date of Death Sulp-7-1877	
7. Cause of Death Aughtine of St.	
8. Duration of last Illness	
If & Juneting, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Laboror - Clanny mile	
10. Place of Birth Farm Co /ty.	
11. Residence Chestmut St Ward No. 2 -	
12. Time of Residence in the City Life Trans	
Name of Mother Sarah & Motunter	, ,
13. When a Minor }	7
Name of Father facet	
14. Place of intended Interment Haw vern C	_
15. Date of intended Interment fully 5-177	
The Levand Bur, Undertaker.	
Date of Certificate	

Sarah Elizabeth Moltenberry 1909

RETURN OF A DEATH. Physician's Certificate Preparatory to Burial. Name of deceased Mrs. Sarah Shijabath Moltand Sex francial 34 Color Ministry 4 Age 68 yrs. Married or single Vislow of the Interpretation of death Arturo Schorics Cause of death Duration of last illness swaral yraps form H. Blackburn, M. D.
Physician's Certificate Preparatory to Burial. 1. Name of deceased Mrs. Sarah Shjabath Moltan 2. Sex Figurial 31 Color White State Jacob Moltan Farry 5. Married or single Willow of the Interpretate Moltan Farry 6. Date of death Arterno Schorsis 7. Cause of death Arterno Schorsis 8. Duration of last illness Invarial years 6. Sex Figurial 31 1909: 6. Date of death Arterno Schorsis 7. Cause of death Arterno Schorsis 8. Duration of last illness Invarial years
1. Name of deceased Mrs. Sarah Shjabath Molting 2. Sex figurials 31 Color White Sale Says 5. Married or single Willow of the Sale Sacot Moltin Gara 6. Date of death Arterio Schoras 7. Cause of death Arterio Schoras 8. Duration of last illness soward years Sohn At Blackburn
1. Name of deceased Mrs. Sarah Shjabath Molting 2. Sex figurials 31 Color White Sale Says 5. Married or single Willow of the Sale Sacot Moltin Gara 6. Date of death Arterio Schoras 7. Cause of death Arterio Schoras 8. Duration of last illness soward years Sohn At Blackburn
2. Sex figurall 3/ Color While 4 Age 68 yrs 5. Married or single Willow of the ball facet Moltan ferry 6. Date of death Arterio Schorais 7. Cause of death Arterio Schorais 8. Duration of last illness showard yraps Form At Blackburn
2. Sex figurall 3/ Color While 4 Age 68 yrs 5. Married or single Willow of the ball facet Moltan ferry 6. Date of death Arterio Schorais 7. Cause of death Arterio Schorais 8. Duration of last illness showard yraps Form At Blackburn
5. Married or single Willow of the Interfaces Moltin Gery 6. Date of death Och 3" 1909. 7. Cause of death Arterio Schorsis 8. Duration of last illness showard years From At Blackburn.
7. Cause of death Arternos Chorsis 8. Duration of last illness swaral years Sohn At Blackburn.
8. Duration of last illness savaral years
John At Directours.
John H. Blackburn. M. D
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
Charlaner's Certificate in Telation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Warren, County 11. Residence 6 th 4 Christian Ward No.
11. Residence 6th 46hstunt Ward No.
12. Time of residence in the city
(Name of mother
13. When a minor Name of father Farryiew Cemetery
14. Place of intended interment
15. Date of intended interment Oct, 4 1909.
GERARD & GERARD. Undertaker
Date of Certificate Oct 4"1909 Residence.
Trestrence.

Sallie Montgomery 1904

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.
h
1. Name of deceased MS. Sallin Montgoury
2. Sex 3. Color 17100 4. Age 36418.
5. Married or Single 11 July 29" 04
6. Date of death Consumption,
8. Duration of last illness
Howard M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
——————————————————————————————————————
9. Occupation
10. Place of birth family 1000 100, 100
11. Residence Ward No.
12. Time of residence in the city
13. When a minor Name of Father
14. Place of intended interment Spring field, Sy.
15. Date of intended interment July 3/ 04/
Undertaker.
Date of Certificate Residence

Charlie Moodie 1894

Out of town the City Clerk for a Burial Permit.	58
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Charlie Orondie	
2. Sex desagle. 3. Color awhite 4. Age 15 yrs 5. Married or single dingle	
6. Date of Death Inflamation of bowell	
7. Cause of Death 7 899 8. Duration of last Illness	
M.D. M.D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth	
11. Residence man Woolea Unites. Ward No. 3	
12. Time of Residence in the City Name of Mother Belle Ready	
14. Place of intended Interment Jan Bilmon	
15. Date of intended Interment June 10 1854	
Will Stay lor. On the Thy, Undertaker. Date of Certificate Residence	

Enoch Moody 1908

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Ewoch Moody
2.	Sex Male 3. Color Welhite 4 Age
5.	Married or Single Jeal
6.	Date of death may 22-1908
7.	Cause of death Compeletion of Description
8.	Duration of last illness 6 2 11 11
	, M. D.
	Residence Scatt ille Ky
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth coverrue Co
11.	Residence Scatterel SCy Ward No.
12.	Time of residence in the city
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Fassore Ceculary
15.	Date of intended interment Muy 23-1968
	A. J. Recesore, Undertaker.
Dat	e of Certificate

Child of George & Martha Moody 1896

aux of count	leo
This Constitutes One Certi	ificate to be Returned to the City Clerk for a Burial Permit.
RETU	RN OF A DEATH.
PHYSICIAN'	S CERTIFICATE PREPARATORY TO BURIAL. George + Matha
1. Name of deceased	10.00 1011 -1 1 1
2. Sex Frencas.	3. Color 136 . 4. Age 18
5. Married or single	
6. Date of Death	
7. Cause of Death	Mourico Pinninouna
8. Duration of last II	lness 10 +
*******	C. X. Torrer, M. D.
	Residence
UNDERTAKER	'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation	K.
10. Place of Birth	Oity)
11. Residence MM	Welly Shill Ward No.
12. Time of Residence	
13. When a Minor	Name of Mother Mallia Moodly.
	Name of Father Aco Morthy
14. Place of intended	
15. Date of intended I	
Date of Certificate	6 Gerard TB10., Undertaker.

John F. Moody 1891

This Constitute one Certificate to be Returned to the City Clerk for a Burial Permit.
RETORY OF A DEATH,
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased when I Moody.
2. Sex full (3. golor thite . 4. Age 15 yrs,
5. Married or Single Lingle ,
6. Date of Death June 013"/1891
7. Cause of Death Olerwiceous malorial feron
8. Duration of last Illness Seven week
Ref Hamilton, M. D.
Residence Bod ling Green VCy,
9. Occupation 10. Place of Birth Warren Co. 11. Residence Wooled Brills. Ward No. # The 12. Time of Residence in the City have years.
13. When a Minor. Name of Mother Jakel Shoory,
14. Place of intended Interment Gilmore Grove gd. Marrie &c. 15. Date of intended Interment June 14-1891, June 13/9/Residence City.

Frank Mooney, Sr. 1911

62-1
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
996
Physician's Certificate Preparatory to Burial.
1. Name of deceased Franks Mounty ST
2. Sex Male . 3. Color White . 4. Age 69
5. Married or Single Married
6. Date of death Ofice 8 /9//
7. Cause of death Organic Stent Luiseuse
8. Duration of last illness 3 years 5. W. Storre, N. D.
Residence Bowling Knew 14
Water Street Parket Par
Undertaker's Certificate in Relation to Deceased.
9. Occupation Ex Employe LTM Rh bs
10. Place of birth Lanuel Mass
11. Residence Main Street Pia. Ward No.
12. Time of residence in the city
13. When a minor \{ Name of Mother
14. Place of intended interment It Juestaho Cemetary
14. Place of intended interment Ofice 18 1911
Gerard Verarel Undertaker
Date of Certificate Ofil 10" 1911. Residence Bowling Green 14

Frank Mooney, Sr. 1911

A A This C	62- <u>3</u>
100000000000000000000000000000000000000	onstitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
K	ETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	S to the same So
	Mula White 19 ms.
2. Sex 5. Mar	ried or Single Manual . 4. Age 69, yrs.
10	of death Work 8" 1911.
1 2	se of death Organic Keart Disease
8. Dur	ation of last illness 3 7 4 4
4.0	J. Store, M. D.
1 ,	Residence
1	Undertaker's Certificate in Relation to Deceased.
	El Enthony I fand m R R lad
	e of birth Townell Mass
	dence Main St. Piki Ward No.
	e of residence in the city
	(Name of Wother
13. Whe	n a minor Name of Father
	e of intended interment
15. Date	of intended interment GERARD & GERARD
Date of C	Certificate April 1911. Residence Cotty
	Residence
(m) (m) (m) (m) (m) (m)	

Louise Mooney 1880

68
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
The state of the s
1. Name of deceased Mrs. Louise Moorry
2. Sew 3. Color Age
6. Date of death [3" 191].
7. Cause of death Trumbay Munual
8. Duration of last illness 10 days.
The Cortway M. M. D.
Residence ROWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
——————————————————————————————————————
9. Occupation
10. Place of birth Frankfort Sty
11. Residence W. Main St. Onth Ward No
12. Time of residence in the city.
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment of fasty his Outuary,
15. Date of intended interment fluid 16 1911.
GERARD & GERARD. , Undertaker.
Date of Certificate Residence BOWLING GREEN, KY

Allice Moore 1880

-		64.
		This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
		RETURN OF A DEATH.
		PHYSICIAN'S CERTIFICATE PREPARATORY O BURIAL.
	1.	Name of Deceased Allice Moore
	2.	Sex France . 3. Color White . 4. Age 28 years
	5.	Married or Single Dingle
1	6.	Date of Death I Africe Incuty Winth 1860
	7.	
1	8.	Duration of last Illness Kiese Mesesto
		M. J. Willies M. D.
		Residence Bowling Green 1 by
-	9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	10.	The second secon
	11.	Residence . Ward No. 2 =
		Time of Residence in the City
1		
1	13.	When a Minor { Name of Mother
	14.	Place of intended Interment
	15.	Date of intended Interment
	Tel.	Dute of aucuten interment
-		, Undertaker.
1	. D	ate of Certificate Residence
1		Democrat Print.

Ben Moore 1908

1/5
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 Ban Moorr 2. Sex Mala 3. Color 4. Age 46 45. 5. Married or single Manuar 5. Date of death acculant 7. Cause of death Acculant 7. Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation Harry Country
9. Occupation Frank County 10. Place of birth Harrin County 11. Residence Fran Browning, 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 Gemelety
15. Date of intended interment Nau, 8" 1908.
Date of Certificate Die 7"1908 GERARD. Undertaker. Residence Resi

Bulah Moore 1908

lele
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 Bulah, Moory 2. Sex Humala 3. Color White 4. Age 18 mo. 5. Married or single Dungle
1. Name of deceased Bulan, Marie 1
2. Sex Thursday 3. Color While 4. Age 18 18.
5. Married or single Augus
5. Married or single Aught 6. Date of death Onsumma 7. Cause of death
7. Cause of death Ommunum
8. Duration of last illness swand lays.
Candrella & Woroste M. D.
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation. 10. Place of birth Butler 60.
11. Residence Kentucky 32 Ward No. 2
12. Time of residence in the city of the city of
Name of mother Mis Elyabeth Moves
13. When a minor Name of father fas, B, Moore
14. Place of intended interment Morgantown Ry
15. Date of intended interment apr 11"1908.
GERARD & GERARD. Undertaker.
164111.0
Date of Certificate WILING GREEN, KY
Date of Certificate 47 11/08 Residence BOWLING GREEN, KY
Date of Certificate 47 11/08 Residence BOWLING GREEN, KY
Date of Certificate 47 11/08 Residence 80 WLING GREEN, KY

Charles Moore 1909

67
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Charles. H. Moore 2. Sex Male 3. Color White 4. Age 64 5. Married or single married 6. Date of death June 10" 1909 7. Cause of death Theart Disease 8. Duration of last illness three months B. Rutherford, M. D. Residence Bowfrig meet My
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth 11. Residence Bourfing Run Thy Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment Mount Plansauk 15. Date of intended interment June 11th 1909 Marris Enoch, Undertaker. Date of Certificate June 11-0.9 Residence Bourfung Runn Ky

James H. Moore 1909

	48
	ETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	deceased James Ho Moare Mone

	V
	death May 29th, 1909
6. Date of 7. Cause of	donth Seletingennie tom ebulilanite
8. Duration	death Septicaenie from épulelymite
o. Duration	Drs J. T. McCarmool Vhillen Nord Residence Bouling Free Ty
	Residence Bouling Green The
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupa	tion Capitalest f birth ce Hapkursville Thy Ward No.
10. Place o	f birth
11. Residen	ce Happunsville Tay Ward No.
	residence in the City.
	Name of Mother
13. When a	
14. Place o	f intended interment Hofokinsville Ky
15. Date of	intended interment May 30-1409
	Mussia Versella Undertaker S
Date of Cert	ificate May 24/09 Residence Bruce Key
Died	at St drough Storpetal

Martha R. Moore 1903

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.	
1. Name of deceased Turn Martha Q harre	
	_
2. Sex fund. 3. Color white . 4. Age 7/ y 5. Married or single widow	
6. Date of death Office - 29-1903	
7. Cause of death Branchial arthur	eren.
8. Duration of last illness some march	
Residence 12" St City- by Marchority of Jun 7. 8.	Đ.
Residence 12 + St Cely -	
· Manchorey of you f. O.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth	0.00
11. Residence /2" * High 2# Ward No.	
12. Time of residence in the City. 3 years	
13. When a minor \ Name of Mother	7777 T
/ Name of Father	
14. Place of intended interment Charles of the Company of the Comp	
15. Date of intended interment	er.
Date of Certificate Residence	
	ilin.

Robert F. Moore 1901

	70
This Constitutes One Certificate to be Returned to the City Clerk for a Burial P	Permit.
RETURN OF A DEAT	гн.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1116	
1. Name of decoased Att & Hy gogs	
2. Sex Male 3. Color thite 4. Age	.50 grs .
5. Married or single Married 6. Date of death March, 22/1901,	
8. Duration of last illness A M millikary	W D
69 Transit	M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Spinispoon, les, Sty, 11. Residence 7 th Streat Ward	nia santan anna anna anna
10. Place of birth Spinspron, les, My.	
11. Residence 7 the Straat Ward	1 No, /
12. Time of residence in the City.	
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Name of Father	
14. Place of intended interment Franklin Sty	
15. Date of intended interment May, 44/1901,	. Undertaker.
Date of Certificate Mar, Ly/901, Residence	, Ondertaker.
	THE RESERVE

Wallace Moore 1891

323	71
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 Wallace Moore 2. Sex Male . 3. Color Whit . 4. Age /7 mi	
5. Married or Single 37 6 6. Date of Death Oly 6 891 7. Cause of Death Anomicion	
8. Duration of last Illness Sund wells H. P. Corlwight, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation	
10. Place of Birth Blue	
11. Residence Patter Shut (142) Ward No. 4	
12. Time of Residence in the City	
13. When a Minor. Name of Mother Ellin B. Nuom	-
14. Place of intended Interment Hamen Cent	
15. Date of intended Interment Cey 7 1891 Helicon, Undertaker.	
Date of Certificate	

Ed Moppins 1908

This Constitutes One Certificate to be Returned to the City Clerk for a Surial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased 6 d Marketino 2. Sex Male. 3. Color Col. 4 Age 4/ 5. Married or single Simple 6. Date of death 6 d
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation tailer lay trade 10. Place of birth Aurent Lo. 11. Residence Bek. Stale & Ches & Araba Ward No. 2 12. Time of residence in the City. The sale of Mother Layar March March Prince 13. When a minor Name of Mother Layar March Prince
14. Place of intended interment musical Country 15. Date of intended interment musical 8 - 1908 f. E. Wayken daw. Undertaker.
Date of Certificate And I Residence

Crit Morehead 1903

73
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased but Abouthead 2. Sex Mala 3. Color White 4. Age 89 yrs. 5. Married or single Married 1903
5. Married or single Married 6. Date of death Paralysis 7. Cause of death Paralysis
7. Cause of death Caralysis 8. Duration of last illness (A Durlan)
ON Switze , M. D. Residence & Firm Ky
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Hayrun County 11. Residence State St., Ward No.
11. Residence Ward No, /
13. When a minor Name of Mother Name of Father
14. Place of intended interment Aug 18" 69113. 15. Date of intended interment Aug 18" 69113.
Date of Certificate Aug 17/19 " Residence Colly)

Ina R. Morehead 1907

#353 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 Ina R Monchead
2. Sex funda 3. Color or hir 4. Age 29 72
2. Sex funda 3. Color orhic 4. Age 29 75 5. Married or single married
6. Date of death 12 - 28 - 1907
7. Cause of death Luberculasis
8. Duration of last illness. 4 manths
M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Levy
11. Residence Ward No. Ward No.
12. Time of residence in the city
13. When a minor Name of mother Many & Rigary Name of father A Danid Riss by
14. Place of intended interment Faire 6
15. Date of intended interment Nov-30-1967
Hawly Manuertaker.
Date of Certificate Residence

John W. Morehead 1910

75
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 folia w much and 2. Sex May 3. Color white 4. Age 6. 3. 5. Married or single munich 6. Date of death for summing the sex of death for summing the sex of death for summing the sex of death for death
Undertaker's Certificate in Relation to Deceased.
9. Occupation 7 arms/
10. Place of birth
11. Residence Warren Country Ward No.
12. Time of residence in the city
13. When a minor Name of mother.
14. Place of intended interment
15. Date of intended interment 2019(b) Undertaker.
Date of Certificate July 23 1910 Residence Billy

A. T. Morehead 1899

	106 76
This Constitutes One Certificate to be Returned to the	
RETURN OF A	DEATH.
	AND TO PURIT
PHYSICIAN'S CERTIFICATE PREPARATO	
1. Name of deceased GI MONE	land
2. Sex Male 3. Color While	c. 4. Age 48 Gear
5. Married or single ding to	
6. Date of death Dev 5/99	
7. Cause of death Mary Mrs	use
8. Duration of last illness A. Cullan	// 1
Da Cultur	Marrie 60
Residence VIC V	
UNDERTAKER'S CERTIFICATE IN RELAT	TION TO DECEASED.
11 - 10	,
9. Occupation Hitelelens	
10. Place of birth Ownship	
11. Residence Park Ron.	. Ward No. /
12. Time of residence in the City	
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
14. Place of intended interment Ond	nskorosky
15 Date of intended interment	6199
15. Date of intended interment Land (Gund, Undertaker.
Date of Certificate ACC 5 19.9 B	Residence
	Company of the second of the s

Bessie Morgan

	RETURN OF A DEATH.
	347
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Justic Morgan Sex funds 3. Color White 4. Age 2 7 Married or single 4. Age 2 7 Date of death Nov - 11 - 1907
2.	Sexfunace 3. Color while 4. Age 2 ye
5.	Married or single
6.	
7.	Cause of death Interventage
8.	Duration of last illness
	J. E. Mendeth M. D
	Residence Control
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Residence Searty are Ward No.
11. 12.	Residence Ward No.
	Nama of mathew the U.V. Morcan
13.	When a minor Name of father J. V. Morgan
14.	Place of intended interment Livingian 12
15.	Date of intended interment
	Thanking Say my Indertaker
Dat	te of Certificate

Clara Morgan 1896

942
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 Morgan
2. Sex Funale 3. Color Blk . 4. Age 20 yrs.
5. Married or single Married -
6. Date of Death Supt. 1.5 "/96.
7. Cause of Death Quisini Jelie,
8. Duration of last Illness
O D. Parlis , M. D.
Residence Carry
HNDEDTAVED'S CERTIFICATE IN DELETION TO DECERTE
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth & ity
11. Residence 4 nd atuel . Ward No.
12. Time of Residence in the City
Name of Mother Charlotte booke
13. When a Minor Name of Father Richard & Cooke
14. Place of intended Interment MM Morrah.
15. Date of intended Interment Supl. 16"/96
F. G. Genard M. Dio, Undertaker.
Date of Certificate Sept 15/9 Residence Gilly

James Morgan 1911

This Constitutes One Certificate to be Returned to the City Clerk for a Burlai Permit.
RETURN OF A DEATH.
ALTORN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased lanes, Morgan.
2. Sex Males 3. Color White 4. Age 30 yrs.
5. Married or Single Single,
6. Date of death Wall 25" 1911.
7. Cause of death Tulmoney / ubiculoris
8. Duration of last illness 30 4 9 Pearlo, M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Slanguapher
10. Place of birth 1971 1971
11. Residence Ward No.
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Sac nd "1011
15. Date of intended interment GERARD & GERARD, Undertaker.
Date of Certificate See 25" 1911. Residence B. Sur My

John B. Morgan 1912

80
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Jahn B Margan
1. Name of deceased Jahr B Margan 2. Sexpral J. 3. Color White 4. Age 65
5. Married or single Married
6. Date of death Spt 14 19/12
7. Cause of death Washing
8. Duration of last illness 3004 days WE Taypret, M. D.
(V & Sagnet, M. D.
Residence Bauluy Iran
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Muie Servace
10. Place of birth Virgina
11. Residence Bould Licen Ward No.
12. Time of residence in the City.
13. When a minor \{ \text{Name of Mother } \left(\)
(Name of Pather
14. Place of intended interment Favoruw Cur
15. Date of intended interment Light 14 1912
Cnocks okcley Undertaker.
Date of Certificate . Residence Bawley More
Py

Mary Morgan 1896

877 81
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased fine flary forgand 2. Sex suicale 3. Color While 4. Age 5. Married or single Widow. 6. Date of Death Apr. 15/1896. 7. Cause of Death Philips Pulmonalis 8. Duration of last Illness Are market, M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth 11. Residence Occulor Shuel. Ward No. 2 34 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment Parrice Councily 15. Date of intended Interment 1896 15. Date of Certificate 1916/96 Residence 16. Councily 17. Date of Certificate 1916/96 Residence

Moria Morgan 1904

89
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mis. Moria Morgan. 2. Sex Financer Mis. Color While 4. Age 69 yrs
2. Sex Color 4. Age . 67
5. Married or Single, Tuby 22-1004
6. Date of death Fuby, 22-1904,
7. Cause of death
8. Duration of last illness—Jour W Slove
Residence Grulag Fran,
- The statement of the
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Church St. 11. Residence Ward No. 3
12. Time of residence in the city 2 mKs
13. When a minor Name of Mother
13. When a minor Name of Father.
14. Place of intended interment The first name of the first name o
15. Date of intended interment
Fully vy/au/ Undertaker.
Date of Certificate Residence

Joseph Morphen 1908

83
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial. Name of deceased Joseph Murphine
2. Sex Male 3. Color White 4. Age 71 yes. 5. Married or single Married 15" 1908. 6. Date of death Blass Passon.
7. Cause of death Old a Country (18 Duration of last illness Symul days)
Residence Bruking June &
Undertaker's Certificate in Relation to Deceased.
9. Occupation Marchant 10. Place of birth Adair Go, Ky.
10. Place of birth adam, Go. Sig. 11. Residence Main 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 Two Low, Ch yd Warren, Co
15. Date of intended interment GERARD & GERARD Undertaker.
Date of Certificate Residence

Nancy E. Morphen 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Control of the contro
2.	Sex fernale . 3. Color white . 4. Age 43 years
5. 6.	Married or Single Married Date of Death July 29th 1881
7.	Cause of Death Catarrhal Consumption
	Duration of last Illness
	G. E. Townsend , M. D.
	Residence Bowling Green, Ry.
	, ,
9	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 10	Occupation
10	Occupation
9. 10 11.	Occupation Place of Birth Residence Ward No Doub
10 11. 12.	Occupation Place of Birth Residence . Ward No Discussion Time of Residence in the City
10 11. 12.	Occupation Place of Birth Residence Ward No Doub
10 11. 12.	Occupation Place of Birth Residence . Ward No Discussion Time of Residence in the City
10 11. 12.	Occupation Place of Birth Residence Ward No Devil Time of Residence in the City When a Minor { Name of Mother Name of Father
10 11. 12.	Occupation Place of Birth Residence Ward No Devil Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
10 11. 12. 13. 14.	Occupation Place of Birth Residence Ward No Devil Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment

Child of P. J. Morphen

	, 0		95	85-
This Constitutes One Certificate to b	be Returne	ed to the	e City Clerk for a Bur	ial Permit,
RETURN	OF	А	DEATH.	
PHYSICIAN'S CERTI	FICATE PRI	EPARATO	DRY TO BURIAL	
Thistory of the	110112 110		no mo	yshen
1. Name of deceased <u>lef</u> 2. Sex ///////////////////////////////////	olor h	ohe	4. Age H	phenik
5. Married or single Sug				
6. Date of death Nov		- 9	9	
7. Cause of death Con	just	con	ofston	unch
8. Duration of last illness			/	
		19	Murdin	Z. M. D.
Resi	dence	: 0		
- Account	dence			
UNDERTAKER'S CER	TIEICATE D	N RELAT	TION TO DECEASED	
Oliockilitick > ock	III IOITE II	1 1/4/11	1011 10 5202/1525	
9. Occupation				
9. Occupation City				
11. Residence Denie	1		. Ward N	0. 2
12. Time of residence in the C				
) Name of	Mother			
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ather	P.Y.	Moophe	\checkmark
14. Place of intended interment			in,	
	10	 	in Sois	1/99
15. Date of intended interment	esd	7	General.	Undertaker.
1/ -		<i>u</i> n		Cincianos
Date of Certificate	7-4	. / В	Le sidence	
				H KWENN -

Child of P. J. Morphen 1899

69 0 96	85-2
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 phen	
1. Name of deceased Child of P. S. Morphane 2. Sex French . 3. Color White . 4. Age 4 months	the
5. Married or single Snight. 6. Date of death My 7"1899"	
7. Cause of death Sparams,	
8. Duration of last inness AMMillipen, M. I).
M. Residence ledy	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth lexity	
11. Residence Cruther Street . Ward No. 2	
12. Time of residence in the City Mrs P & Morfo han	1
13. When a minor Name of Mother Mus, P. Morfo hand Name of Father P. Morphand Constant Consta	
14. Place of intended interment 2/202	
15. Date of intended interment Nov. 1899, Grant and Garons , Undertake	 r.
Date of Certificate Nov,8"1899. Residence	

Allene Morris 1899

13 my	86
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased allene Morris	
2. Sex famale 3. Color while. 4. Age 3 ym	
5. Married or single	
6. Date of death Murch 18 1889	
7. Cause of death Interpretation	
8. Duration of last illness),
Residence Auby M	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
11. Residence Cor 10 th + 124 . Ward No. 1	
12. Time of residence in the City	
Name of Mother Emma Morris	
13. When a minor Name of Mother Encura Morris	
14. Place of intended interment Fairview Courting	-
15. Date of intended interment Travel 1888	
Hawley Peyre, Undertake	r.
Date of Certificate	
	0-3

Arther Morris 1903

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 Arther Marris
2. Sex Male. 3. Color White 4. Age 3 years
5. Married or single 6. Date of death Feb 13 th 7. Cause of death Precurronica
7. Cause of death Precurronica
8. Duration of last illness one week Dehutherford , M. D.
Residence
Trestance
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Buthing Green 11. Residence Eight St Ward No. 2
19 Time of residence in the City, 3 yrs.
· Name of Mother Emma Morres
13. When a minor Name of Father M. Marris 14. Place of intended interment Fairness Considers,
14. Place of intended interment Nature Cemelon
15. Date of intended interment Fish 16 1988
Gerard Therend, Undertaker.
Date of Certificate 7116 1903 Residence

Cooper Morris 1897

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 Cooper Mannis 2. Sex Mala . 3. Color white: 4. Age 24 yr 5. Married or single
7. Cause of Death 8. Duration of last Illness 13 L Cullus Coronias & C
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Warner County 11. Residence Martinut . Ward No. 2 12. Time of Residence in the City
Name of Mother Name of Father Name of Father Name of Father
15. Date of intended Interment Office 14/5/ Norther House, Undertaker.
Date of Certificate . Residence

Ethel Morris 1898

you .	89
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased 6the (Marrie	
2. Sexfunale. 3. Color Mobili. 4. Age / ya	
5. Married or single	
6. Date of death Dec 1 41 1878	
7. Cause of death Pumovies	
8. Duration of last illness (o layer	
troncer, M. D	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth lowy	
11. Residence / Ly That Ward No. B	
Time of raidence in the City	
13. When a minor Name of Mother Summa Morris. Name of Father 4. 9. Morris	
14. Place of intended interment fahrning bone	
15. Date of intended interment Die 2 1896. Hawley fra , Undertaker	•
Date of Certificate Residence	

Herman Morris 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
-	Harman Morris
1.	Name of deceased Arman, Moores, Male White Type
2.	Sex . 3. Color . 4. Age
5.	Married or Single July 73" 1944
6.	Date of death The color Manualis
7.	Cause of death
8.	Duration of last illness Carling W
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation billy
10.	Place of birth
11.	Residence Ward No. 3.
12.	Time of residence in the city My MAT Mosausi
13.	When a minor Name of Mother MA Morris
201	Name of Father Cameling
14.	Figby 2 4" 10114
15.	Date of intended interment June Frank
Dat	e of Certificate July 29/1904, Residence

James Morris 1892

388
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 Auces Morrie
2. Sex Male . 3. Color to hote . 4. Age 18 yrs
5. Married or Single fuggle
6. Date of Death Hefirch 7"/92
7. Cause of Death Sy Phon Joves
8. Duration of last Illness 8 will
Hamilton Volendend, M. D.
Residence Towling Free
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth flarew Wounds
11. Residence Ly, stuel . Ward No 2 2 d
12. Time of Residence in the City / hue years
13. When a Minor. Name of Mother His Moely Moure
14. Place of intended Interment Sufficient Country
15. Date of intended Interment Harch 8 1/92 .
Date of Certificate // Residence , Undertaker.

James H. Morris 1912

Stille 92
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
las A Mous.
1. Name of deceased las, A Mours, 2. Sex Marie 4. Age 77 yrs.
6. Date of death Supt. 1"1912.
7. Cause of death lyseuting
8. Duration of last illness & Acy
TO Helen M. D.
Residence Bouring Green Ky
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmal
9. Occupation of the state of birth of the state of birth of the state
12. Time of residence in the city
13. When a minor Name of mother Name of father
14. Place of intended interment January Camally
15. Date of intended interment.
Date of Certificate Supt. 1/9/2 Residence
-

Mrs. John E. Morris 1906

93
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Ois John 6. Morres 2. Sex January Color While 4. Age 55 yes.
2. Sex January Color While 4. Age 53 grs. 5. Married or single Married.
6. Date of death Pulmonary Tarflurga.
8. Duration of last illness of Allen Sugar
Residence , M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 11. Residence bollegs, 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 Old June, Church, Warre, Coll,
15. Date of intended interment June January, Undertaker.
Date of Certificate Haby 17/06 . Residence

Mary A. Morris 1907

1 # 250 94
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
M. ha a Marris
1. Name of deceased his, Wary Williams
2. Sex Junaly 3. golor 4. Age 10 gets.
5. Married or single June 21" 1907
1. Name of deceased Miss., Mary a Morris 2. Sex France 3. golor White 4. Age 75 yro. 5. Married or single Single 6. Date of death france 7. Cause of death france.
Wil Francis, M.D.
8. Duration of last illness. WR Frances. M. D. Residence B. Grass, Ky.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Harry las
9. Occupation 10. Place of birth Warrin, Los. 11. Residence Ewing Ford Road Ward No.
11. Residence GW Ward No.
12. Time of residence in the city
13. When a minor Name of mother
14. Place of intended interment Fairview Cemelery
15. Date of intended interment four vn/1907
GERARD & GERARD, Undertaker.
Date of Certificate June 7 Residence BOWLING GREEN, KY

Child of Munro & Bell Morris 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH. Child of Munro + Bell.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL MONTH
	Name of Deceased - Morres Sex June . 3. Color 13lock . 4. Age 14ur
	Married or Single
e.	Date of Death May y th
7	Cause of Death Dierheu
	Duration of last Mann Mrs Mark
	H. P. Cartienist , M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation 2
10	Place of Birth Bowling Gue Thy
11.	Residence Green Street . Ward No 2
	Time of Residence in the City
13.	When a Minor Name of Mother Bell Mirris Name of Father Munico
14.	Place of intended Interment Col Cent
15.	Date of intended Interment May 8th 1882 Frank Color ord , Undertaker.
L	Date of Certificate May 8 1/882 . Residence
	Democrat Job Print

Robert W. Morris 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased from the Morris Sex Male . D3. Color . 4. Age 6/412.
2.	Sex Male Bolor White 1 Ago 6/ yrs.
5.	Married or Single Married
6.	may 12/04
7.	Cause of death Chronis Bronchitis
8.	Duration of last illness-//
	M. Frances, M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth low last
11,	Residence Ward No. 3
12.	Time of residence in the city.
13.	When a minor { Name of Mother
	Name of Father benefit
	Place of intended interment Hairvirus brunting
	thinging he ates
	Place of intended interment Hairvirus brunting
15.	Place of intended interment May 13/04 Date of intended interment May 13/04

Samuel L. Morris 1894

623)	97
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	() (i)
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Samuel & Mans 2. Sex Male. 3. Color Whit. 4. Age 24	
5. Married or single Sulft 6. Date of Death May 25th	***
7. Cause of Death Consumption. 8. Duration of last Illness swell mouth	
6, Minutead, M. I).
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation My of Irlaco	
10. Place of Birth Kentucky Metcalf Co 11. Residence Ky Ave . Ward No.	
12. Time of Residence in the City	
Name of Mother Name of Father	
14. Place of intended Interment Harvin Courses 15. Date of intended Interment May 26 74	
Date of Certificate May 25 94 Residence	ř.
	-

Thomas J. Morris 1912

RETURN OF A DEATH. Physician's Certificate Preparatory to Burial. 1. Name of deceased Thamas Marris
Physician's Certificate Preparatory to Burial. 1. Name of deceased Thamas Marris
1. Name of deceased Thomas Marris
2 Sextrale. 3. Color White. 4. Age 79 -
5. Married or Single Married
6. Date of death 2nch 17 1912
7. Cause of death
8. Duration of last illness
Cartioright + Heter, M. D.
Residence Bauling Green Ky
Undertaker's Certificate in Relation to Deceased.
9. Occupation retired
10. Place of birth Lucington Ind
11. Residence Bowling Guin 1/2 Ward No.
12. Time of residence in the city 80 years
13. When a minor \{ Name of Mother
Name of Father
14. Place of intended interment favour Cust
15. Date of intended interment 17.0h /8 /9/12
Corocks VKilly, Undertaker.
Date of Certificate Residence & July Duin

William H. Morris Jr. 1909

99-1
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
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth, 11. Residence Clarksville, June, Ward No.
12. Time of residence in the city
12. Time of residence in the city Name of mother Name of father Name of father Name of father
14. Place of intended interment
15. Date of intended interment July 23"1909. GERARD & GERARD. Undertaker.
Date of Certificate Fully 13" 1909. Residence. Residence.

Warren County, Kentucky Death Records, Box 3, Folder 6 (Me to My)

William H. Morris Jr. 1909

A	GER HITCH LE	- MEN		-		
in .	I hereby certify that the accompanying dead body of	minor, give the parents' n	TTS			
9	Consigned to Bowling Frame in the County of					
			pared by me, strictly in accordance with			
	Rules of the State Boards of Health of Tennessee, for transportation		allen Shipping Undertaker.			
=0	le la expelle	seco of	Shipping Undertaker,			
	Residence Lacino acce Lecuses					
	(SEAL.) PAST	ER.	Transit Permit No(Give Station No.)			
	Station Baggagemen must enter hereon JUNCTION POINTS THE TICKET RE	a description of the t ADS, which is held by	icket, the exact route and VIA WHAT 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 corone, a permit of the Board of Health and an Undertaker's Certificate that the body has been prepared for burial according to the law of the State. Notifier will it be received if any fluids or offensive odors are escaping from the case.					
		A CONTRACTOR OF THE PARTY OF TH	ely. 23/09			
	From Clausesuce to B		Green State of Ky			
1	From Olainsula to B	onling 6	State of			
1	No. of Ticket of Escort. For	n No, of Ticket of Esco	rt,			
	No. of Corpse Ticket	m No. of Corpse Ticket	kara marangan bananan			
	Via Louin R. R.	To Gone	ling Gum			
	Via R. R.	To				
	Via, R, R,	То				
	Via	то		1		
-	Via	То				
	Name of Passenger in charge Culture Place of Residence C. ARKSVILLE, ISSN					
	Signed	. Station B. M.				
	2-			10 pm		
				100		

Fred Morrison 1881

	This Constitutes ONE CERTIFICATE to be retained.	City Clerk for a BURIAL PERMIT
	RETURN OF S	DEATH.
	PHYSICIAN'S CERTIFICATE PRI	
1.	Name of Deceased Find 1	
2.	Sex mels . 3. Color or	het . 4. Age 18 900
5.	Married or Single Ling le	
6.	Date of Death Jenne 308	1881
7.		The same of the sa
8	Duration of last Illness Jour	
	7	O. Formend M.D.
	Residence	Brolin Green 12
	UNDERTAKER'S CERTIFICATE IN	RELATION TO DECEASED.
9.	Occupation	
0	Place of Birth Barrin C	0
1.	Residence State Street	. Ward No
2.	Time of Residence in the City 6	mo
		W. F. Minnson
	When a Minor Name of Mother	774
3.	Name of Father	C, V+ U, 11
3.		
	Place of intended Interment	
13. 14. 15.	Place of intended Interment Date of intended Interment	
4.		Y Undertaker.
14. 15.		, Undertaker. Residence
4. 5.	Date of intended Interment	

Mary Marrow

	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 Morrow	ini
2.	Ser Timale . 3. color Brown . 4. Age 5 3 9le	M
5.	Married or Single Nedow	
6.	Date of Death Quil / 1/K	
7.	Cause of Death Cancel	
8.	Duration of last Illness And 12 Months	
	Mmclay pool . M.D.	
	Residence	
	Carrent Okings van dit is a same of the analysis in	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	Occupation The state of the sta	
	Place of Birth Residence . Ward No 2	
	Time of Residence in the City	
13.	When a Minor { Name of Mother Name of Father Name of States Name o	
	Name of Father	
14.	Place of intended Interment	
15.	Date of intended Interment	
	, Undertaker.	
Da	ate of Certificate Residence	
	Democrat Job Print	

Jacob Montenbury 1892

393)	102
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1 - Mostonbury	
1. Name of deceased Jacob Morlenbury	1
2. Sex Mach . 3. Color Whit . 4. Age 62 yra	/
5. Married or Single Manual	
6. Date of Death March 253 1892	
7. Cause of Death Cancer of Stomach	
S. Duration of last Illness feeling months	
T. M. Maragakieg, M. D.	
Residence	
TVIRDITATION OF STREET AND ADDRESS OF STREET	
9. Occupation Structure IN RELATION TO DECEASED.——	
10. Place of Birth Juney	
11. Residence Chestruf Ward No 1st	
12. Time of Residence in the City 359 cm	
13. When a Minor. Name of Mother Name of Father	
. 14. Place of intended Interment March 26 1892	
15. Place of intended Interment Ferrogen Cont	
Frunt 6 Gen Undertaker.	
Date of Certificate Residence	

Amanda Morton 1906

ONT.	1 1#
TRANSIT PERMIT.	ie and ser
LOUISVILLE, KY., Lefor I 1906 Permission is hereby given to remove the remains of Mananda Ingrum	r No.
Permission is hereby given to remove the remains of Manda Mortune aged 13 4 who died at 9 / May Privily on the May of Off Dy 190 S. The cause of death being Brivoletin which is a Military disease and a	o Transit Permit who died at by Train Baggageman
Transit Permit being asked for burial at Three Internal State of	Two to Transit Permit No. who died at detached by Train Baggageman of terminal line and t. (See back.)
NAME OF UNDERTAKEN: Signed by	Coupon will be
NAME OF ACCUPANTS SEC'Y FOARD OF REALTH.	This c
CERTIFICATE OF UNDERTAKER.	Pa
Janis se de y Date Alex 2 5 190	6,
Place of Death 919- magginis & Low	<u>-</u>
For Interment at Bounding Green by	+)
Name of Person in Charge Louisa hinton	
Signed Min Dry Walson Undertaker. Signed Min Dry Walson Undertaker. P. 0. Address The above to be filled out by undertaker and attached to box containing corpse.	is.
	-0

Anna Morton 1907

104
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Danie Morton
1. Name of deceased Anna Morton 2. Sex Frinally 3. Color Blk. 4. Age 16. 400. 5. Married or single Single 6. Date of death fund, 13" o 7. 7. Cause of death Consumption
5. Married or single Sugar
6. Date of death bons numbtion 7. Cause of death bons numbtion
8. Duration of last illness M. Willis M. D. Residence B. Gran Ky.
Residence B. Gran Ry.
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth B. Lury, Ky, 11. Residence beatter St. Ward No.
10. Place of birth P. July Jy.
11. Residence Oxulu 87. Ward No.
12. Time of residence in the city. 16 yrs. Name of mother Gva Morton Name of mother Gva Morton
13. When a minor Name of father
14. Place of intended interment County bruntley
15. Date of intended interment fund v4/07.
GERARD & GERARD. Undertaker.
Date of Certificate June, 24/117. Residence OWLING GREEN, KY
•
>>>
TO FE

Infant of Charles & Emma Morton 1893

527
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 Chas. Morton
2. Sex Trale 3 Color BM. 4. Age 3 with_
5. Married or single Sungle
6. Date of Death Thoba Inhantum
· 8. Duration of last Illness Three days
J. F. M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Letty
11. Residence 8th stut. Ward No. 3 rd
12. Time of Residence in the City
13. When a Minor Name of Mother E your a Thronton
Name of Father 6 22 6
14. Place of intended Interment Aut Mediak
15. Date of intended Interment July 11.93 -
Jean Hundertaker.
Date of Certificate July 10/93 Residence Certy

Daisy Morton 1898

11.138	106
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Per-	mit.
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Daisy horton	
2. Sex fernale. 3. Color Black 4. Age 8 mo	
5. Married or single 6. Date of death 9 1818	
Comment	
8. Duration of last illness Eight mouth	
Osoft C.S. Vorte.	1. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Dupe 21-	
11. Residence 2 56 Hape 11 . Ward No. 1	3
12. Time of residence in the City	
13. When a minor Name of Mother Rena horton Name of Father John histon.	
14. Place of intended interment Math Morreal	,
15. Date of intended interment 16 1878	
. Sawly ay Under	aker.
Date of Certificate Residence	William .
	HARE THE

David Morton 1899

0 / 04 109
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 decensed David morlow
2. Sex Male 3. Color Thile 4. Age 53 Gears
5. Married or single 1) work
7. Cause of death January Amiel Boor 16
8. Duration of last Illness . M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Artel Celer
10. Place of birth Onesboro
11. Residence Manyard Hotel. 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 Orenstore Sty:
15. Date of intended interment June 1999. Undertaker.
Date of Certificate 117.23/99 Residence

Child of John & Rena Morton 1896

842 108
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
Name of deceased Child of John motion
1. Name of deceased 22022
2. Sex famale 3. Color CoL . 4. Age 6 mules
5. Married or single
6. Date of Death Martile Convulsions
8. Duration of last Illness Two days:
P. 11.
· Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Borker & Lune by
11. Residence Tope SL . Ward No. 97
12. Time of Residence in the City Life Times
13. When a Minor Name of Mother Rena Mother
Name of Father Jun Motion
14. Place of intended Interment The mount.
15. Date of intended Interment Copic le 1896.
All Seland Bro, Undertaker.
Date of Certificate Weil Sigle, Residence College S

Lucy Morton 1913

	109
=	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 hucy moston Sex final 3. Color Cal 4. Age 40 Married or single married
2.	Sex final 3. Color Cal 4 Age HO
5.	Married or single married
6.	Date of death 1/1-1/1/1
7.	Cause of death Contest
8.	Duration of last illness.
	(1) E J. (1) T M. D.
	Residence Reside
	Undertaken's Carife and Burney
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Corps
10.	Place of birth Guborn The
11.	Residence Caly St Ward No.
12.	Time of residence in the city about 20
13.	When a minor Name of mother hury Juhnson
10,	When a minor Name of mother huey Johnson Name of father point Johnson
14.	Place of intended interment Court Grand
15.	Date of intended interment Till 5 1913
	Teller Here Sall Undertaker.
Dat	e of Certificate 4 1 5 1913 Residence
	Our 74 College St

	MALE CONTRACTOR OF THE CONTRAC

Martha Morton 1891

Out of City 110
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Martha Morton.
2. Sex fecuale & Color Blic . 4. Age 59 year
5. Married or Single Lidow
6. Date of Death Jany 9"/91,
7. Cause of Death Dreamonia
8. Duration of last Illness two weeks
J. F. MICEGO, M. D.
Residence
HVIDEMINEDS ADDRINGING IN DRIVEN WAS DRIVEN.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Loggy, Cod.
11. Residence Farl Street, Ward No. 125
12. Time of Residence in the City Chewworths
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Auburn Keletwesly.
15. Date of intended Interment Jacy 125"/91
Gradel Cleard, Undertaker.
Date of Certificate face 1/9/ . Residence loily

Rena Morton 1897

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Pe	rmit.
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Roma Monton	
2. Sex Funds. 3. Color Bld. 4. Age 27	me
5. Married or single Mannied	7
6. Date of Death Nov 29" 1897	
7. Cause of Death Consumption	
8. Duration of last Illness	
Q. D. Porter	. M. D
Residence	,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
o. Place of Birth	
11. Residence ho 257 Hope Sh. Ward No. 23	rl
2. Time of Residence in the City	
Name of Mother	
3. When a Minor Name of Father	
4. Place of intended Interment MA Moriah &	un
5. Date of intended Interment Nov 30" 1897.	
Gerand Huard, Under	rtaker
Date of Certificate Nov-30"97. Residence July	/
• 17	Sheptoners

John Mosley 1910

112
₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
018
Physician's Certificate Preparatory to Burial.
0 -0 - 0
1. Name of deceased
2. Sex male. 3. Color leal . 4. Age about 35 3
5. Married or Single
6. Date of death May 27 - 1919
7. Cause of death by Gentle Rell & Coll & Co
8. Duration of last illness of trains or otherwise
Jus & Gray Corona D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Comments Loborate
10. Place of birth And All All All All All All All All All Al
11. Residence Syst Character . Ward No.
12. Time of residence in the city
13. When a minor \{ Name of Mother
Name of Father
14. Place of intended interment AND
15. Date of intended interment 7000 7 7 7
Undertaker,
Date of Certificate May 21/19/0 Residence

Infant of Sam Mosley 1909

	RETURN OF A DEATH.
	RETURN OF IT DEITH.
	Plant Care P
	Physician's Certificate Preparatory to Burial.
	Name of deceased Defaut at Mrs & Med San Must
1.	Jaugny saugny
2.	
5.	Married or single Date of death fure 2 - 1909
6.	
7. 8.	Cause of death Totanop Kulia
0.	Duration of last illness M. I
	V 6 . 1
	Residence Somfring Green Ty
	Undertaker's Certificate in Relation to Deceased.
9.	
10.	2 2 10
11.	Residence /www.gamag ward No
12.	• / / • • • • • • • • • • • • • • • • •
13.	When a minor
	Place of intended interment Farrage Country
14.	
15.	Date of intended interment fune 3rd 1909
	1
Da	te of Certificate June 3 4-09 Residence Portugue

H. Benton Moss 1912

	RETURN OF A	DEATH.
	Physician's Certificate Preparato	ry to Burial.
	· · · HA town	
1.	Name of deceased	
2.	Sex Wall 3. Color White	. 4. Age 46 4919.
5.	Married or Single Marrief. Date of death fau, 14"1912.	
6.	. Date of death au, 14 /7/	
7.	1/19, 1. (1)	Jewez
8.		18
	Will	
	Residence Bowle	Por E.M. N
	Undertaker's Certificate in Relation	1.00
	Occupation R. M. Mail agt.	
9.	1/27/- 11/1	
10.		
11.		
12.	2. Time of residence in the city	
13.	Name of Mother	
	Name of Father	we fix
14.	Carry 15"	1912.
15.	5. Date of intended interment June 1	iarl.
	Jan 15"1912	, Undertak
Dat	ate of Certificate Reside	nce

Mary J. Moss

Tilla Carlotti	utes One Certificate to be Returned to		
RET	URN OF	A DEA	гн.
	PHYSICIAN'S CERTIFICATE PREPA	RATORY TO BURIAL.	
	1-0	1 Moss	
	sed Mary J.		
	a. 3. Color ont		
5. Married or sin	gle mari	6- 1705	-
 Date of death Cause of death 	Branch	Parenn	· mia
	ast illness Sever at		
c. Bulliusi of a	Jun 14,13e Residence B.	ackbur	, M
	0	. 5	w o
	Residence 2	wing -	· · · · · · · · · · · · · · · · · · ·
	Residence 21	wang -	
			<u>Centanguayan</u> ₹
UN	DERTAKER'S CERTIFICATE IN R		<u> </u>
	DERTAKER'S CERTIFICATE IN R		
9. Occupation	DERTAKER'S CERTIFICATE IN R		>
9. Occupation 10. Place of birth	DERTAKER'S CERTIFICATE IN R	ELATION TO DECEASED.	>
9. Occupation 10. Place of birth 11. Residence	DERTAKER'S CERTIFICATE IN R ORio - Orto but Train 7	ELATION TO DECEASED.	d No,
9. Occupation 10. Place of birth 11. Residence	DERTAKER'S CERTIFICATE IN R Oliv Ohther Anain & Once in the City.	ELATION TO DECEASED.	d No,
9. Occupation 10. Place of birth 11. Residence	DERTAKER'S CERTIFICATE IN R Office of Mother —	ELATION TO DECEASED.	d No,
9. Occupation 10. Place of birth 11. Residence 12. Time of reside 13. When a minor	DERTAKER'S CERTIFICATE IN R A Chio — And but Main 7 Once in the City. Show	ELATION TO DECEASED.	d No,
9. Occupation 10. Place of birth 11. Residence 12. Time of reside 13. When a minor 14. Place of intent	DERTAKER'S CERTIFICATE IN R Office Management of Marker of Mother Name of Father	ELATION TO DECEASED.	d No,
9. Occupation 10. Place of birth 11. Residence 12. Time of reside 13. When a minor 14. Place of intent	DERTAKER'S CERTIFICATE IN R Office of Mother Name of Mother Name of Father aded interment	ELATION TO DECEASED.	d No,
9. Occupation 10. Place of birth 11. Residence 12. Time of reside 13. When a minor 14. Place of intent	DERTAKER'S CERTIFICATE IN R Office of Mother Name of Mother Name of Father aded interment	ELATION TO DECEASED.	d No,

Ann Elizabeth Mottley

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of deceased Ann. Elizabath Mottley Sex Fluinale. 3. Color White 4. Age Jyrs.
1. 2.	Sex Humale 3. Color White 4. Age 7 yrs.
5.	Married or single
6.	Married or single NOV 15 1906 Date of death Wirk atherica Cause of death
7.	Cause of death Nip annura
8,	Duration of last illness
	Sarah Libson Jamery , M. D. Bowling GREEN, KY
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Blues of high BOWLING GREEN, KY
10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Value Os. Ward No.
10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Value Os. Ward No.
10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Value Os. Ward No.
10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Value Os. Ward No.
10. 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Warren Co., Ward No., Time of residence in the City. When a minor Name of Mother Mrs. L.P. Mothley Name of Father Pairwiew Cemeley NOV 16 1906
10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of birth Residence Value Os. Ward No.

Euclid H. Mottley 1898

1165	6		117
This Constitutes One Certificat	e to be Returned t	to the City Clerk for	a Burial Permit,
RETUR	N OF I	A DEAT	TH.
PHYSICIAN'S (ERTIFICATE PREPA	ARATORY TO BURIAL	
	,		
1. Name of deceased of	weren s	X, NO ou	leg .
	inale	. 4. Age	os yr
5. Married or single &	14/11/1898		
7. Cause of death Pa			
8. Duration of last illness		. *	, 01
Ja.	lu P. C	barlin	ghet M. D.
	Residence		
IINDERTAKER'S	CERTIFICATE IN R	RELATION TO DECEAS	SED.
direction (- Contribution of the Cont		
9. Occupation		01	
10. Place of birth Ine	rusbur	gh sty	and
11. Residence Olay	e, shee	V. W	ard No. 3 rd
12. Time of residence in		11 2 - 11 - 11	
TIPLE OF CONTRACTOR	of Mother		
14. Place of intended inter-	1.	vien &	Dunelery
15. Date of intended inter		111	78,
Les	and &	Guard	, Undertaker.
Date of Certificate aug	14198	Residence	

William Moulton 1907

_	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Phanisian's Cariforn Paris I
	Physician's Certificate Preparatory to Burial.
	Wm Monling
1.	Name of deceased Sex 2 3. Color 4. Age 48 47
2.	COLARGIA
5.	Married or single APR 10 1907
6. 7.	Date of death Cause of death
8.	Duration of last illness.
0.	M. D.
	M. D.
	Residence
	Residence
	Residence Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Occupation Place of birth Occupation Occupation Place of birth
10.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth. Residence Ward No.
10.	Occupation Place of birth Residence Ward No. Time of residence in the city
10.	Occupation Place of birth Residence Ward No. Time of residence in the city
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth. Residence Ward No. Time of residence in the city. When a minor Name of mother. Name of father.
10. 11. 12. 13.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of father Place of intended interment Ward No.
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth. Residence. Ward No. Time of residence in the city. When a minor Name of mother. Name of father. Place of intended interment.
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Ward Community 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. GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation. Place of birth Ward Community 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. GERARD & GERARD. Undertaker.

John Moxley 1908

119
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
- PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased for how maxley 2. Sex male . 3. Color Cal . 4. Age 96
5. Married or single married . 4. Age (76
6. Date of death march 8 - 1908
7. Cause of death Alaces of Liver
7. Cause of death about f Live 8. Duration of last illness 7 10/19
Tokendry M.D.
8. Duration of last illness / Copy , M. D. Residence Bawling Kenn / Copy , M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Tailor by trade
9. Occupation Tailor hy trade
9. Occupation Tailor light and 10. Place of birth Harank Ciry May. 11. Residence Main St Ward No. 7. 12. Time of residence in the City. 2/ Lears
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the City. 13. When a minor 14. Name of Mother Statlat Ourhiershey Name of Father
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the City. 13. When a minor 14. When a minor 15. Ward No. 16. Variable of Mother Stallan Carshianhery
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the City. 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Occupation 17. Carl 18. Ward No. 19. Jeans 19. Variable of Mother Statlant 19. Occupation 19. Variable of intended interment 19. Date of intended interment 19. Date of intended interment 19. Occupation 10. Place of birth 11. Residence 12. Variable 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Date of intended interment 18. Date of intended interment 19. Date of intended interment 19. Date of intended interment
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the City. 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Occupation 17. Carl 18. Ward No. 19. Jeans 19. Variable of Mother Statlant 19. Occupation 19. Variable of intended interment 19. Date of intended interment 19. Date of intended interment 19. Occupation 10. Place of birth 11. Residence 12. Variable 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Date of intended interment 18. Date of intended interment 19. Date of intended interment 19. Date of intended interment
9. Occupation Jack Line Companies 10. Place of birth Hardeline Ward No. 3. 11. Residence Main St. Ward No. 3. 12. Time of residence in the City. 2 / Jean St. Ward No. 3. 13. When a minor Name of Mother Statlan Countries of Name of Father 14. Place of intended interment March 2 / Line St. Ward of Intended interment March 2 / Line St. Ward of Certificate March 10-05 Residence
9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the City. 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Occupation 17. Carl 18. Ward No. 19. Jeans 19. Variable of Mother Statlant 19. Occupation 19. Variable of intended interment 19. Date of intended interment 19. Date of intended interment 19. Occupation 10. Place of birth 11. Residence 12. Variable 13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Date of intended interment 18. Date of intended interment 19. Date of intended interment 19. Date of intended interment
9. Occupation Jack Line Companies 10. Place of birth Hardeline Ward No. 3. 11. Residence Main St. Ward No. 3. 12. Time of residence in the City. 2 / Jean St. Ward No. 3. 13. When a minor Name of Mother Statlan Countries of Name of Father 14. Place of intended interment March 2 / Line St. Ward of Intended interment March 2 / Line St. Ward of Certificate March 10-05 Residence

William Moyer 1882

This Constitutes ONE CERTIFICATE to be returned to the City	Clerk for a BURIAL PERMIT
RETURN OF A D	EATH.
PHYSICIAN'S CERPLEICATE PREPARA	ATORY TO BURIAL.
1. Name of Deceased W	Jen Jul
2. Sex . 3. Color Will	9 4. Age 4 7
5. Married or Single	2 75/
5. Date of Death Com	4700
7. Cause of Death Syphon 7.	enfo
8. Duration of last Illness 18 days	23/- 11
management of the second secon	C. Might, M.D.
Residence Summer	sh, 439, 19g.
-	V
UNDERTAKER'S CERTIFICATE IN REL	ATION TO DECEASED.
9. Occupation R.R. Man	
0 Place of Birth Cenu	3
1. Residence Odam	. Ward No 32
2. Time of Residence in the City	
3. When a Minor $\begin{cases} Name \ o^{\varphi} \ Mother \\ Name \ of \ Father \end{cases}$	W W
Name of Father	20 1
14. Place of intended Interment	in year
15. Date of intended Interment	27-82
AleGra	, Undertaker.
11 1 0 0 0 0 mil 27 152 m	sidence
Date of Certificate	MWW.54.000.54
Action and the Action of the A	

Simual Mumford 1909

121	
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
593	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Sinus al musuford	
2. Sex male. 3. Color leal . 4./Age & 2	
5. Married or single Single Married	
6. Date of death march 5 - 199. 7. Cause of death Nephritis	4
8 Duration of lost illness	
O Differ M. D.	
Residence Bowling green Da	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Laborer	
11. Residence Birks alley Ward No. 3	
12. Time of residence in the City. About 20 yes	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment not murial Centry	
15. Date of intended interment march 7-1909.	
J. E. Shory fundade Undertaker.	
Date of Certificate murch 8-1901. Residence	
Cor. 7 & college Strut	

Emma Murphey 1899

1	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1.	Name of deceased Enning Murphey
3.	Name of deceased Emma March Sex feman 3. Color Miles 4. Age 32 years
5.	Married or single many
6.	
	Cause of death Consumption Digration of last illness
20	W.R.7 U. D. Porling M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth
11.	Residence Lawer 10 a St. Ward No. 0
12.	Time of residence in the City
13,	When a minor Name of Mother Name of Father
	- Mall int
14	1 25 1858
15.	Thanh Jayne, Undertaker.
Da	te of Certificate

John Murphey 1900

2	-6
This Constitutes One Certificate to be Beturned	to the City Clerk for a Burial Permit.
RETURN OF	A DEATH.
W	
PHYSICIAN'S CERTIFICATE PREPI	
1. Name of deceased Ino Me. 2. Sex may . 3. Color bla	urphey
2. Sex may . 3. Color bla	ex. 4. Age 55-
5. Married or single willowe	
6. Date of death March	
7. Cause of death Cremo	<u>ua</u>
8. Duration of last illness	I. W Porliz M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN	RELATION TO DECEASED.
9. Occupation Labore	
10. Place of birth	
11. Residence James 10 # St	Ward No.
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father	
	Muriah
14. Place of intended interment	~ 27 /300
15. Date of intended interment	oly Korner. Undertaker.
	Residence
Date of Certificate	

Bridget Murphy 1901

	124
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permi	t
RETURN OF A DEATH	┨.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of decented Mrs. Dudget Murphy,	
2. Sex Freunta 3, Color White 1 & Age 9,	1414.
5. Married or single Hidour of the late John Mur	They,
6. Date of death May, 14"1901	
7. Cause of death Steart Duarra	
8. Duration of last illness	
& Mandila.	, M. D.
Residence Lowling Live	w sty
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth dulland	
9. Occupation 10. Place of birth direland 11. Residence Main, Street Ward N	0,2
12. Time of residence in the City. 16 yu.	
13. When a minor Name of Mother —	
Name of Father	leres
14. Place of Intended Interment 971	vig
15. Date of intended interment the start of	
Buard & Gucart.	Undertaker.
Date of Certificate May, 13/1901. Residence	

John Murphy 1910

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 John Murphy Male White
2. 5.	Married or Single Single . 4. Age 2
6. 7.	Date of death July, 15"/910. Cause of death Quetero Calitio-Brain com
8.	Duration of last illness 16 Rayo
	Residence , M. D.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth BOWLING GREEN, KY.
11.	Residence Nope St. " Like thing Ward No. 2.
12.	Time of residence in the city Mo Carrier Marches
13.	When a minor Name of Mother Name of Father
14.	Place of intended interment It for his, Californiany
15.	Date of intended interment July 16"1910.
	Grand & Frank, Undertaker.
Date	e of Certificate fuly 13/1910. Residence

Margrett Murphy 1909

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	26
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
Men Margratt Murshy	
1. Name of deceased the State Const	
2. Sextenually 3. Color that later las muchts	1
5. Married or Single MAY 2- 1909	2.
o. Date of death	
7. Cause of death Chyline Sylvin Williams	
8. Duration of last illness	
Blazza All M.	D.
Residence	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth Julany ,	*****
11. Residence Thy St. BOWLING GREEN, KY Ward No. 2	****
12. Time of residence in the city 48 yrs,	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment of Josephs Ountary	
15. Date of intended interment May 3 1909.	
Date of Certificate May 9/1909. Residence.	er.

Mike Murphy 1892

439 127
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
TETUEN OF A DEATE
DISCOULTES ADMITTED AND DESCRIPTION OF DESCRIPTION
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
Mail Market
1. Name of deceased of the first pay
2. Set fale . 3. Cotor While 4. Age Iffyrs . 5. Married or Single Single
5. Married or Single Sungle 6. Date of Death Aug 28 "/72"
7. Cause of Death Bysome ption,
8. Duration of last Illness
A Planton of last timess & Plantonigh, M. D.
Residence
A Control of the Cont
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Dowling File The
11. Residence & The Street . Ward No 3 - 1
12. Time of Residence in the City
Name of Mother
13. When a Minor. Name of Father
14. Place of intended Interment Of tholic Counting
15. Date of intended Interment light 29"/92
H. O. G. and Undertaker.
Date of Certificate of 11/2 9/1/Residence City

Mrs. William Murphy 1904

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	12
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
m. How m 11	
1. Name of deceased	
1. Name of deceased 2. Sextunal 3. Color 4. Age 729	ro
5. Married or Single Manual	******
6. Date of death July 27"04	
7. Cause of death Manue (Jorson	
8. Duration of last illness	
B. S. Richniforn.	. D.
Residence	******
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth Inland,	
11. Residence Scoth St. Ward No. 3	
12. Time of residence in the city.	
13. When a minor Name of Father	/
14. Place of intended interment & Justipha Country	n
15. Date of intended interment July 23"04	0
Grand Franch	h on
Date of Certificate July 23/04, Residence , Underta	ker.
nesidence	

Eli H. Murray 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.
1. Name of deceased Col Elif Curray
2. Sex maca. 3. Color mail. 4. Age 32/m
5. Married or single Married.
6. Date of Death Novumber 19 1896
7. Cause of Death Dealisty
8. Duration of last Illness Legenteer Duranty
Don Comused, M. D.
Residence Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
ro. Place of Birth
11. Residence Gr 12 1 + Hy at . Ward No.
11. Residence & 12 th + fly at . Ward No. 3
) Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment January Country
15. Date of intended Interment Nov 17 1876
Crusher Hayn , Undertaker.
Date of Certificate Residence

Felix Murray 1910

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased telix Murray
2.	Name of deceased Felix Murray Sex Male . 3. Color White . 4. Age 34
5.	Married or single Single
6.	Date of death Jany, 22-1910 Cause of death Syphilis
7.	Cause of death Syphilis
s.	Duration of last illness 2 months
	South melarmach, M. D.
	Residence Saufning Green Thy
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CENTIFICATE IN RELATION TO DECLASED.
9.	Occupation
10.	
11.	Place of birth warren County, Ky. Residence Bowfing Green, Ky. Ward No
12.	Time of residence in the City.
	When a minor \{ Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment farmer loguetry
15.	Date of intended interment funy 23-1910
	Maries & Enochs Undertakers
Dat	e of Certificate Jarry 22" 1410 Residence Bowling Freen !

Mrs. John Murray 1896

131
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 John Murray. 2. Sex Funall 3. Color Hhite. 4. Age 63 yr. 5. Married or single Married 6. Date of Death July, 26"/1896. 7. Cause of Death Marrian Jailant Jailant 8. Duration of last Illness J. Murcdith, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Assland 11. Residence Portage R., Ward No. 3 and 12. Time of Residence in the City Name of Mother Name of Father
14. Place of intended Interment Styles 15. Date of intended Interment July 28/96.
Date of Certificate July 2 // Residence

Becky Murrell 1907

The state of the s	132
This Constitutes One Certificate to be Returned to the City Clerk for a Bu	rial Permit.
RETURN OF A DEA	хтн.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Reckey Mur	rell
2. Sex female 3. Color black. 4 5. Married or single Single	Age 74
5. Married or single Single	
6. Date of death Warning 7-19	7
7. Cause of death Uramid	
8. Duration of last illness How mont	7. M.D.
0,2,7176	, M. D.
Residence	
9. Occupation Hanskelber 10. Place of birth Tharren Co.	
10. Place of birth Sparren Coo.	ard No,
11. Residence Center St W 12. Time of residence in the City. 450 97	ard No.
13. When a minor \{ \begin{align*} Name of Mother \\ Name of Father \end{align*}	0
13. When a minor Name of Mother	0
13. When a minor \{ \begin{aligned} Name of Mother \\ Name of Father \end{aligned}	0
13. When a minor Name of Mother Name of Father 14. Place of intended interment Mother 15. Date of intended interment 8 - /	h line.
13. When a minor Name of Mother Name of Father 14. Place of intended interment Mother Muria,	h line.
13. When a minor Name of Mother Name of Father 14. Place of intended interment Survey 8— Date of Certificate Residence Lea	h line.

Dave Murrell 1909

	RETURN OF A DEATH.
	_679
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Dave Murrell
2.	Name of deceased Now Sex Man 3. Color Gol. 4. Age 19 yrs. Married or Single Single ANG 9 1909
5.	Married or Single Single
6.	Date of death
7.	Cause of death Consumption
8.	Duration of last illness
	F. D. Reardow, M. D.
	Residence Residence Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9.	Occupation
	Occupation
0.	Occupation Place of birth Farrar Circuity Residence 1 80WLING GREEN, KV Ward No. 1 Time of residence in the city.
0.	Occupation Place of birth Farm Omity Residence The St. SOWLING GREEN, KV Ward No. 7 Time of residence in the city. When a minor Name of Mother Franches
0. 1. 2.	Occupation Place of birth Farm Omity Residence The Sowling GREEN, KV Ward No. Time of residence in the city. When a minor Name of Mother John Municity Name of Father John Municity
0. 1. 2. 3.	Occupation Place of birth farm Omity Residence 1 80WLING GREEN, KV Ward No. 1 Time of residence in the city. When a minor Name of Mother John Municipal Name of Father
0. 1. 2.	Occupation Place of birth Farm Omity Residence The Sowling GREEN, KV Ward No. Time of residence in the city. When a minor Name of Mother John Municity Name of Father John Municity

Earl Murrell 1899

GX 88 134
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 Muncell
1. Name of deceased Earl Murrell
2. Sex male. 3. Color Black. 4. Age 3 yre
5. Married or single 6. Date of death Octo 20 1839
7. Cause of death Summer Diarrhora
8. Duration of last illness O. S. Vorling, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
ro. Place of birth
11. Residence Clark Wack . Ward No. 3
12. Time of residence in the City
Name of Mother Of Attacher
14. Place of intended interment Cedenty Grown
15. Date of intended interment 09 21 5839. Undertaker.
Date of Certificate Residence

George Murrell 1898

//	69 135
	This Constitutes One Certificate to be Returned to the Pity Clark for a Burial Permit,
	RETURN OF A DEATH
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
	. Name of deceased The Murrell
	2. Sex mule . 3. Color beach. 4. Age 44 700
	5. Married or single married
	6. Date of death august - 19 1898
	7. Cause of death Droksy
	8. Duration of last illness Ding mountes
	D.P. D. Partz, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation Laborer
	1. Residence 8 To II was Cally . Ward No. 2
1	2. Time of residence in the City
1	3. When a minor Name of Mother Name of Father
	4. Place of intended interment My Moriah
	5. Date of intended interment August 20 1888
	Hawley Payme, Undertaker.
I	Date of Certificate Residence

Harriet Murrell 1907

136
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 Harriet Murrell. 2. Sex finale 3. Color black. 4. Age 74 yrs. 5. Married or single Lingle
6. Date of death April 24 - 07. 7. Cause of death Lagriff + Acute Wiarrhea. 8. Duration of last illness about 3 mults. L. M. D. Willis, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Hunnel Cuffer. 10. Place of birth Baw ling Green May
11. Residence State St. Ward No. 2 - 12. Time of residence in the City. 74 yrs.
13. When a minor Name of Mother Name of Father 14. Place of intended interment Mother Marieux Common Comm
15. Date of intended interment Upril 25-07. J. Struggendal Undertaker.
Date of Certificate april 240 Residence Comments

A. P. Murrey 1901

137
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 Planning
2. Sex . 3. Color While 4. Age 36 5. Married or single Married 6. Date of death
8. Duration of last illness 9. P.C. Residence N. D. M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Scott Co 121 11. Residence Claure St Ward No.
12. Time of residence in the City. Name of Mother 13. When a minor
14. Place of intended interment
15. Date of intended interment 14 1901 Thuwley 10 1. Undertaker.
Date of Certificate . Residence

Annie A. Murry 1905

	Physician's Certificate Preparatory to Burial.
1.	Name of deceased aniv A. Mury Sextruals 3. Color Orl 4. Age/3 yes
2.	Sextrenals 3, Color Ort 4. Age 13 yes
5.	Name of deceased Sex fixuals 3. Color 4. Age/3/115 Married or Single Surgle Date of death Subarrulous Cause of death Subarrulous Direction of lest illness of
6.	Date of death funt 30 " 05"
7.	Cause of death Jubanulous
8.	Duration of last illness & Huddle, M.D.
	S. O. Audille, M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation ————————————————————————————————————
9.	Occupation
	Occupation
0.	Occupation Place of birth Oilly Residence / Ward No.
.0. 1. .2.	Occupation Place of birth Oily Residence / Ward No. War
.0. 1. .2.	Occupation Place of birth Oily Residence / Ward No. Time of residence in the city
0. 1. 2.	Occupation Place of birth Oster Residence / Ward No. Wa
.0. 1. 2. 3.	Occupation Place of birth Residence Ward No. Time of residence in the city. When a minor Name of Mother Name of Father
.0. 1. 2. 3.	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 Name of Intended interment Name of Intended interment Name of Intended interment Name of Intended interment

John Murry 1900

31	139
This Constitutes One Certificate to be Returned to the City Clerk for a Burial 1	'ermit,
RETURN OF A DEATH.	
Annual and the Control of the Contro	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of decembed John Murry	
1. Name of deceased John Marry 1 2. Sex Mala . 3. Color White . 4. Age 63,	
5. Married or single Millowar ,	
6. Date of death Uss, 12/1900.	
7. Cause of death Pressurement	
8. Duration of last illness Line Cary Stellingths	
	, M. D.
Residence CU	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Lasy	
10. Place of birth Syclaud.	
11. Residence Parlaga R. R Ward No.	3
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father	0
Sh Josephs Came	try.
Chel. 13/1000	-
y de la laceral	dertaker.
Date of Certificate 4/13/1900 . Residence	
Date of Certificate and American Section 1997	

Mrs. M. E. Murry 1891

359 140
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 Mis M. E. Murry Merry 2. Sex Jemah . 3. Color White . 4. Age 54
5. Married or Single Manuel
6. Date of Death Dec 11127891 7. Cause of Death .
8. Duration of last Illness Derval moulto April 12 May 12 May 16
9. Occupation 10. Place of Birth Arth Cocolina 11. Residence College Sheet 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 According Court 15. Date of intended Interment See 11 — 1891 Stand Gloral Undertaker. Date of Certificate See 11 — 1891 See

J. W. Mustain 1893

RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased A Mustami 2. Sex Male 3. Color Mait. 4. Age 2/410. 5. Married or single Augle- 6. Date of Death And Sumption 8. Duration of last Illness one years UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Edwards and Lev. My. 11. Residence // The start Ward No. 22d 12. Time of Residence in the City Name of Mother Name of Father / 7	Out of Town
1. Name of deceased	
2. Sex Maried or single Single 5. Married or single Single 6. Date of Death Sum 27 /93. 7. Cause of Death Consumption 8. Duration of last Illness one yeas UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Educars are lev. 1/2. 11. Residence // the struct Ward No. 22d 12. Time of Residence in the City Name of Mother	1711 +
8. Duration of last Illness Residence UNDERTAKER'S CERTIFICATE IN RELIATION TO DECEASED. 9. Occupation 10. Place of Birth Color and lev. My. 11. Residence // Lastinat Ward No. 22d. 12. Time of Residence in the City Name of Mother Name of Mother	2. Sex Meale 3. Color Thity. 4. Age 2/416. 5. Married or single - 6. Date of Death func 27 1/93.
9. Occupation 10. Place of Birth Educarism Lev. 1/2. 11. Residence // La Struct . Ward No. 22d 12. Time of Residence in the City	8. Duration of last Illness one yeas I Hill Chag. M. D.
10. Place of Birth Education Lev. 14. 11. Residence // the street . Ward No. 22d 12. Time of Residence in the City	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
14. Place of intended Interment At Pleasurt. 15. Date of intended Interment Aura 28/93. I've Guard + Bro -, Undertaker. Date of Certificate Aura 2/9 Residence	10. Place of Birth Education Lev. My. 11. Residence // La Struct . Ward No. 22d 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment At Place ascut. 15. Date of intended Interment from 28/93. 14. Surand + Bro -, Undertaker.

G. W. Myers 1898

1092 142
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 In y. h. Muyur -
2. Sex male . 3. Color while . 4. Age 34-
5. Married or single manies
6. Date of Death 29 - 19 - 98
7. Cause of Death Blogd Paison
8. Duration of last Illness Thur Loys
IN Marshay, M. D.
Residence levelege DT
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Hintast
10. Place of Birth allen County.
11. Residence Chestrut St. Ward No/-
12. Time of Residence in the City
13. When a Minor
Name of Father
14. Place of intended Interment & aurum Alexander
15. Date of intended Interment 20 - 20 - 88
Levery Lucy, Undertaker.
Date of Certificate Jan - 20/98 Residence

Henry Myers 1893

555)		143
This Constitutes one C	certificate to be Beturned to the City	Clerk for a Burial Permit.
TESTELL	orn of a d	ELTE.
nus.	WIND AND ADDRESS OF THE PROPERTY OF	. DUBLIT
PII)	SICIAN'S CERTIFICATE PREPARATORY T	0 BURIAL
1. Name of decease	glenny Chry	erl
	. 3, Color Blill	. 4. Age 60
5. Married or Singl	· marriet	1008
6. Date of Death	Societantal	- A lun as Manner
8. Duration of last	Illness —	
	6. a. Muns	Ke Gos M. D.
	Residence	m.lo.
	TAKERS CERTIFICATE IN RELATION T	
9. Occupation 10. Place of Birth	22001	
	car main.	Ward No.
12. Time of Reside	nce in the City	~ /
13. When a Minor.	Name of Mother Name of Father	ACTIVITY OF THE PARTY OF THE PA
14. Place of intende	180 115 -08	erman
15. Date of intende	6 201	28 1853
	Pratter	Undertaker.
Date of Certificate_	. Resid	ence
		/ = = = = = = = = = = = = = = = = = = =

Child of Hubert & Sallie Myers 1907

144
This Constitutes One Certificate to be Ret. and to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Infant of Mysis. 2. Sex Finals 3. Color 4. Age —
6. Date of death
7. Cause of death Authorities South, M. D.
Residence ROWLING GREEN, KY-
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth letty #17"7 high St.
11. Residence // // Ward No. /
12. Time of residence in the city Ms Sollie Hyans. Name of mother Ms Sollie Hyans.
14. Place of intended interment Set and Committee
15. Date of intended interment GERARD & GERARD Undertaker.
Date of Certificate Olive 1907. Residence BOWLING GREEN, K

Warren County, Kentucky	Death Records, Box 3, Fold	der 6 (Me to My)
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