


1877

## Box 3, Folder 6 Bowling Green, Kentucky - Death Records, Me-My

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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.**

1. Name of deceased S. W. Meador  
2. Sex Male 3. Color White 4. Age 77 yrs.  
5. Married or single Married  
6. Date of death July 18<sup>th</sup> 07.  
7. Cause of death Pneumonia  
8. Duration of last illness several days.  
E. M. Meador M. D.  
Residence.....

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation.....  
10. Place of birth Warren County  
11. Residence Woodburn, Ky Ward No. ....  
12. Time of residence in the city.....  
13. When a minor { Name of mother.....  
                          { Name of father.....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment July 19<sup>th</sup> 1907.  
GERARD & GERARD Undertaker.  
Date of Certificate July 19/07. Residence BOWLING GREEN, KY

E. M. Meadow 1910

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

## RETURN OF A DEATH.

943

**Physician's Certificate Preparatory to Burial.**

Dr. E. M. Meadow

1. Name of deceased E. Meadow

2. Sex Male 3. Color white 4. Age 51

5. Married or single married

6. Date of death Dec 14 1910

7. Cause of death Tubercular Hip joint Disease

8. Duration of last illness 13 months

Wm. H. Blackburn M. D.  
Residence #1119 State St

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation M. D.

10. Place of birth Tennessee

11. Residence Warren County Ward No. \_\_\_\_\_

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

13. When a minor { Name of mother \_\_\_\_\_  
                          { Name of father \_\_\_\_\_

14. Place of intended interment Old Union Church

15. Date of intended interment Dec 15 - 1910

Enochs & Kelley Undertaker.

Date of Certificate \_\_\_\_\_ Residence Benton



Virgil F. Meadow 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 *Virgil F. Meadow*  
2. Sex *Male* 3. Color *White* 4. Age *34 yrs*  
5. Married or single *Married*  
6. Date of death *MAR 18 1906*  
7. Cause of death *Measles*  
8. Duration of last illness *Several days*  
*Tom W. Stour*, M. D.  
Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Simpson County*  
11. Residence *Washington Ave* Ward No. *3*  
12. Time of residence in the City. *over year*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Franklin, Ky.*  
15. Date of intended interment *MAR 19 1906*  
*GERARD & GERARD*, Undertaker.  
*Eugene A. Gerard*  
Date of Certificate *MAR 18 1906* Residence *BOWLING GREEN, KY.*



William J Meeks 1907

327 4

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

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Wm J Meeks

2. Sex Male 3. Color White 4. Age 57 yob.

5. Married or ~~single~~ .....

6. Date of death OCT 12 1907

7. Cause of death Supernatural

8. Duration of last illness F. D. Cartwright M. D.

Residence BOWLING GREEN, KY

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Undertaker's Certificate in Relation to Deceased.

9. Occupation .....

10. Place of birth Warren Co

11. Residence High St. Ward No. ....

12. Time of residence in the city 4 yrs.

13. When a minor { Name of mother .....

Name of father .....

14. Place of intended interment Crested Lawn yd Warren Co

15. Date of intended interment Oct. 13 " 07.

GERARD & GERARD Undertaker.

Date of Certificate OCT 12 1907 Residence BOWLING GREEN, KY

R. T. Meglocklin 1893

5

*Autopsy*

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *R. T. Meglocklin*  
2. Sex *male* . 3. Color *white* . 4. Age *17 years*  
5. Married or Single *single*  
6. Date of Death *Sept. the 11*  
7. Cause of Death *Typhoid Fever*  
8. Duration of last Illness \_\_\_\_\_

*Prather & Payne*  
*H. B. Miller*, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Barran co Ky*  
11. Residence *Hope St* . Ward No. *4*  
12. Time of Residence in the City *three years*  
13. When a Minor. } Name of Mother *Sarah Foster Maglocklin*  
                          } Name of Father *R. T. Meglocklin*  
14. Place of intended Interment *Barran County*  
15. Date of intended Interment *Sept 10 1893*

*PRATHER & PAYNE*, 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 *Mrs. Geo. H. Menkle.*  
 2. Sex *Female* 3. Color *White* 4. Age *31 yrs.*  
 5. Married or ~~single~~  
 6. Date of death *Oct. 23/06*  
 7. Cause of death *Cancer of Stomach*  
 8. Duration of last illness  
*W. G. Kelly.* M. D.  
 Residence *Knoxville Tenn.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
 10. Place of birth *BOWLING GREEN, KY*  
 11. Residence *Knoxville Tenn.* Ward No.  
 12. Time of residence in the City.  
 13. When a minor { Name of Mother *Mrs. Jennie O. Ragan*  
 Name of Father *Jenniel O. Ragan.*  
 14. Place of intended interment *St. Josephs Cemetery*  
 15. Date of intended interment *Oct. 26/06.*  
*GERARD & GERARD.* Undertaker.  
 Date of Certificate *Oct 25/06.* Residence *BOWLING GREEN, KY*



Mrs. George H. Menkle 1906

4-811

### TRANSPORTATION OF CORPSE.

Transit Permit No. 170

**PHYSICIAN'S OR CORONER'S CERTIFICATE.**

Name of deceased Marie L. Menkle Date of death Oct. 23, 1906  
(If a minor, give parents' name also.)

Hour of death 3 P. M. Age 30 Years Months Days

Place of death 714 W. Church Cause of death Cancer of Stomach  
 which is a non-communicable disease.  
(Communicable or non-communicable.)

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

Residence Knoxville County of Knox State of Tenn  
A. S. Tyle, M. D. or Coroner.

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**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 24 day of Oct. 1906 Permission is hereby given E. B. Maus Med. Co. Undertaker or Embalmer, to remove for burial at Bowling Green in the County of Kentucky State of Kentucky the body of Marie L. Menkle who died at Knoxville County of Knox State of Tenn on the 23 day of October 1906 Aged 30 years months days, and Geo. H. Menkle is hereby authorized to accompany said remains.

(SEAL.) Signed William B. Brown M.D.  
 Secretary Board of Health, City of Knoxville.

#170

Mary E. Mentz 1910

7

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

# RETURN OF A DEATH.

848855

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary E. Mentz.*  
 2. Sex *Female* Color *White* Age *61 yrs.*  
 3. Married or Single *Widow of E. H. Mentz.*  
 4. Date of death *June 23" 1910.*  
 5. Cause of death *Atheromatous Degeneration of Blood Vessels.*  
 6. Duration of last illness *Six Months.*  
 7. *Fred D. Cartwright* M. D.  
 8. Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Ireland*  
 11. Residence *12th & Chestnut* Ward No. \_\_\_\_\_  
 12. Time of residence in the city *several months*  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *Glasgow, Ky.*  
 15. Date of intended interment *June 26" 1910.*  
   *Edward & Guard,* Undertaker.  
 Date of Certificate *June 24/1910.* Residence *City.*



Infant of Herschel Meredith 1912

8

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

## RETURN OF A DEATH.

1270

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Infant of Herschel Meredith

2. Sex Female 3. Color White 4. Age —

5. Married or Single Single

6. Date of death OCT 15 1912

7. Cause of death Still born

8. Duration of last illness —

E. N. Hall, M. D.

Residence BOWLING GREEN, KY

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation —

10. Place of birth BOWLING GREEN, KY

11. Residence College St BOWLING GREEN, KY Ward No. 2

12. Time of residence in the city —

13. When a minor { Name of Mother Mrs. Herschel Meredith  
Name of Father Herschel Meredith

14. Place of intended interment Fairview Cemetery

15. Date of intended interment OCT 15 1912

GERARD & GERARD, Undertaker.

Date of Certificate OCT 15 1912 Residence BOWLING GREEN, KY



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.

630

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Mrs. W.D. Meredith*
- 2. Sex *Female*      3. Color *White*      4. Age *50*
- 5. Married or single *Married*
- 6. Date of death *May 21st - 1909*
- 7. Cause of death *Intestinal illness*
- 8. Duration of last illness

*A. J. McBarrow*, M. D.  
 Residence *Bowling Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
- 10. Place of birth
- 11. Residence *Rocky Hill*      Ward No.
- 12. Time of residence in the City.
- 13. When a minor { Name of Mother  
Name of Father
- 14. Place of intended interment *Beaver Dam Cemetery*
- 15. Date of intended interment *May 21st 1909*

*Marion Smith* Undertaker.

Date of Certificate *May 21-09*      Residence *Bowling Green Ky*

*Died at St Josephs Hospital  
Bowling Green Ky*

Carl J.. Meritt 1912

10

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

## RETURN OF A DEATH.

1215

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Carl J. Meritt  
2. Sex Male 3. Color White 4. Age \_\_\_\_\_  
5. Married or single Married  
6. Date of death July 7, 1912  
7. Cause of death Cancer of Bladder  
8. Duration of last illness Six months  
\_\_\_\_\_  
E. V. Hall, M. D.  
Residence Bowling Green Ky

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer  
10. Place of birth Warren Co.  
11. Residence Bowling Green Ward No. \_\_\_\_\_  
12. Time of residence in the City. 3 yrs  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Farrwin  
15. Date of intended interment July 11  
Ernest Kelly, Undertaker.  
Date of Certificate July 11, 1912 Residence Bowling Green

Child of Carrie Merritt 1898

1198

11

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased child of Carrie Merritt

2. Sex male . 3. Color black . 4. Age 3 weeks

5. Married or single single

6. Date of death May 19-1898

7. Cause of death Scrub typhus

8. Duration of last illness \_\_\_\_\_

J. W. Coomber , M. D.  
Health Officer  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of birth Bohmy Tenn

11. Residence Park St . Ward No. 1st

12. Time of residence in the City Life

13. When a minor } Name of Mother Carrie Merritt  
                          } Name of Father \_\_\_\_\_

14. Place of intended interment County Cem

15. Date of intended interment May -19-1898

Luand Luand Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Child of Mary Merritt 1896

*Out of town* 12

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mary Merritt's child*  
2. Sex *Female* 3. Color *Col* 4. Age *1 yr*  
5. Married or single \_\_\_\_\_  
6. Date of Death *Jan 21<sup>st</sup> 1896*  
7. Cause of Death *Dropsy*  
8. Duration of last illness *Six weeks*  
*S. W. Coombs*, M. D.  
Residence *Health Officer*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *Kentucky St.* Ward No. *3rd*  
12. Time of Residence in the City *Six weeks*  
13. When a Minor { Name of Mother *Mary Merritt*  
                          { Name of Father *Thomas Williams*  
14. Place of intended Interment *Old Union Cemetery*  
15. Date of intended Interment *Jan 23<sup>rd</sup> 1896*  
*L. C. Gerard*, Undertaker.  
Date of Certificate *Jan 22/96* Residence \_\_\_\_\_

Mrs. W. W. Merritt 1906

13

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

## RETURN OF A DEATH.

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased *Mrs. W. W. Merritt*

2. Sex *Female* 3. Color *White* 4. Age *51*

5. Married or single *Married*

6. Date of death *DEC 18 1906*

7. Cause of death *Softening of Brain*

8. Duration of last illness *E. A. Cherry* M. D.

Residence *BOWLING GREEN, KY*

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation.....

10. Place of birth *Logan County*

11. Residence *17th St.* Ward No. *1*

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

13. When a minor { Name of mother.....  
Name of father *Jesse Ross Norton*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Dec. 19 1906*

*GERARD & GERARD* Undertaker.

Date of Certificate *DEC 18 1906* Residence *BOWLING GREEN, KY*



William W. Merritt 1912

14

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

# RETURN OF A DEATH.

1232

## Physician's Certificate Preparatory to Burial.

1. Name of deceased William W. Merritt  
 2. Sex Male 3. Color White 4. Age 58 yrs.  
 5. Married or Single Widower.  
 6. Date of death Aug. 20<sup>th</sup> 1912.  
 7. Cause of death General Paralysis of the Insane  
(as per Vital Statistics)  
 8. Duration of last illness \_\_\_\_\_  
Eugene A. Green, Surgeon Director  
B. Green Ky. M.D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Warren, Co. Ky.  
 11. Residence Hopkinsville Ky. Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Aug. 21<sup>st</sup> 1912.  
GERARD & GERARD., Undertaker.  
 Date of Certificate Aug. 21<sup>st</sup> 1912. Residence BOWLING GREEN, KY



Belzara Messeker 1910

15

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

# RETURN OF A DEATH.

843

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Belzara Messeker  
2. Sex Female 3. Color White 4. Age 58 1/2  
5. Married or Single Married  
6. Date of death June 15 - 1910  
7. Cause of death Epilepsy  
8. Duration of last illness \_\_\_\_\_  
B. S. Rutherford, M. D.  
Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper  
10. Place of birth Allen Co  
11. Residence First St. State Mall Ward No. 2  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cometary  
15. Date of intended interment June 15 - 1910  
GERARD & GERARD, Undertaker.  
Date of Certificate June 15 Residence City

R. J. Meyley 1904

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *R. J. Meyley Meyley*  
2. Sex *male* 3. Color *white* 4. Age *66* 11  
5. Married or single *married*  
6. Date of death *Feb 7 - 1904*  
7. Cause of death *Chronic Bright's Disease.*  
8. Duration of last illness  
*Fred S. Waterhouse, M. D.*  
Residence *Rowling Green, Ky.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *St. St.* Ward No. \_\_\_\_\_  
12. Time of residence in the City. *Year*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cem*  
15. Date of intended interment *Feb 8 1904*  
*Harley Payne* Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Aggie Middleton 1881

31 17

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Aggie Middleton*  
2. Sex *Female* 3. Color *BLK* 4. Age *70 years*  
5. Married or Single *Left*  
6. Date of Death *Sept 7th 1881*  
7. Cause of Death *Old age*  
8. Duration of last Illness \_\_\_\_\_  
\_\_\_\_\_ No Physician, M. D.  
Residence *By Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Jefferson Co Miss*  
11. Residence \_\_\_\_\_ Ward No *2*  
12. Time of Residence in the City *3 weeks*  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *Col Cemt*  
15. Date of intended Interment *Sep 8<sup>th</sup> 81*  
*M. G. S. S. S.*, Undertaker.  
Date of Certificate *Sep 18<sup>th</sup> 81*. Residence \_\_\_\_\_

Democrat Job Print

Lola Middleton 1894

*Out of town* 18

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Lola Middleton*  
 2. Sex *Female* 3. Color *White* 4. Age *82 yrs*  
 5. Married or single *Widow*  
 6. Date of Death *Jan 17 1904*  
 7. Cause of Death *Old age*  
 8. Duration of last Illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *England*  
 11. Residence *Park street* Ward No. *1st*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Cave Ky*  
 15. Date of intended Interment *Jan 19 1904*  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate *Jan 18 1904* Residence \_\_\_\_\_



Wyat Middleton 1908

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

# RETURN OF A DEATH.

525

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Wyat Middleton  
 2. Sex Male 3. Color Blk 4. Age 35 yrs.  
 5. Married or single Married  
 6. Date of death OCT 4 - 1908  
 7. Cause of death Pistol Shot wound.  
 8. Duration of last illness Dr. E. Gray, coroner of Warren Co. M.D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Warren County  
 11. Residence Centre St. Ward No.....  
 12. Time of residence in the city several years  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment County Cemetery  
 15. Date of intended interment OCT 7 - 1908  
GERARD & GERARD. Undertaker.  
 Date of Certificate OCT 4 - 1908 Residence BOWLING GREEN, KY

Annie Milane 1907

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Annie Milans*  
 2. Sex *Female* 3. Color *White* 4. Age *32 yrs.*  
 5. Married or single *Single*  
 6. Date of death *July 28<sup>th</sup> 07.*  
 7. Cause of death *Tuberculosis of the Lungs.*  
 8. Duration of last illness.....  
*Lillian Smith* 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* Ward No. *1*  
 12. Time of residence in the city *Life time*  
 13. When a minor { Name of mother.....  
                           Name of father.....  
 14. Place of intended interment *St. Joseph's, Cemetery*  
 15. Date of intended interment *Jan 30<sup>th</sup> 1907*  
**GERARD & GERARD,** Undertaker.  
 Date of Certificate *Jan 29/07* Residence **BOWLING GREEN, KY**



Dennis Milane 1901

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Dennis Milane*  
 2. Sex *Male* 3. Color *White* 4. Age *70 yrs*  
 5. Married or single *Married*  
 6. Date of death *Feb. 8 / 1901*  
 7. Cause of death *Heart Disease*  
 8. Duration of last illness \_\_\_\_\_  
*J. A. Mc Cormack*, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Ireland*  
 11. Residence *6<sup>th</sup> St.* Ward No. *2<sup>nd</sup>*  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *St. Josephs Cemetery*  
 15. Date of intended interment *Feb. 10 / 1901*  
*Guard & Guard*, Undertaker.  
 Date of Certificate *Feb. 9 / 1901* Residence \_\_\_\_\_

Patrick J. Milane 1909

22-1

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

## RETURN OF A DEATH.

638

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Patrick J. Milane

2. Sex Male 3. Color White 4. Age 56

5. Married or Single Single

6. Date of death May 29 1909.

7. Cause of death Pulmonary Tuberculosis

8. Duration of last illness \_\_\_\_\_

No Bill, M. D.

Residence \_\_\_\_\_

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_

10. Place of birth Lexington Ky.

11. Residence Spur Hill Farm, Ward No. \_\_\_\_\_

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

13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father Dennis Milane (Deed.)

14. Place of intended interment St. Josephs Cemetery

15. Date of intended interment June 1 1909.

**GERARD & GERARD**, Undertaker.

Date of Certificate May 31 1909. Residence City



Patrick J Milane 1909

**TRANSPORTATION OF CORPSE.**

Transit Permit No. **804**

**PHYSICIAN'S OR CORONER'S CERTIFICATE.**

Name of deceased Patrick J. Milane Date of death May 29/09  
(If a minor, give parents' name also.)

Hour of death 11 P. M. Age 56 Years Months \_\_\_\_\_ Days \_\_\_\_\_

Place of death 206 High St. Cause of death Pulmonary Tuberculosis  
 which is a Communicable disease.  
(Communicable or non-communicable.)

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

A. P. Coile, M. D. or Coroner.

Residence Knoxville County of Knox State of Tenn

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**PERMIT OF BOARD OF HEALTH, CITY OF KNOXVILLE.**

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 30 day of May 1909 Permission is hereby given Free Donshue Coffin Co Undertaker or Embalmer, to remove for burial at Boiling Green in the County of \_\_\_\_\_ State of Kentucky the body of Patrick J. Milane who died at Knoxville County of Knox State of Tenn on the 29 day of May 1909 Aged 56 years \_\_\_\_\_ months \_\_\_\_\_ days and \_\_\_\_\_ is hereby authorized to accompany said remains.

(SEAL.) Signed William R. Doehner M.D.  
Secretary Board of Health, City of Knoxville.

20-2

C. T. Miles 1896

933 23

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased C. T. Miles.  
2. Sex Male 3. Color White 4. Age 88 yrs.  
5. Married or single Married.  
6. Date of Death Aug 26"/1896.  
7. Cause of Death Bright's Disease  
8. Duration of last Illness \_\_\_\_\_

S. J. Millroy, M. D.  
Residence \_\_\_\_\_

---

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Vermont  
11. Residence Clay Street Ward No. 4  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment Fairview Cem.  
15. Date of intended Interment Aug 26"/96.

A. C. Guard & Bro., Undertaker.

Date of Certificate Aug 26/96 Residence City



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 *Feb 4 - 1891*  
7. Cause of Death *a Complication of disease*  
8. Duration of last Illness \_\_\_\_\_  
*J. E. Purcette* , M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *R. R. Engineer*  
10. Place of Birth *Warren County*  
11. Residence *10<sup>th</sup> Street* . Ward No. *4<sup>th</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Feb 5<sup>th</sup> / 1891*  
*J. C. Seard* , Undertaker.  
Date of Certificate *Feb 4 - 91* . Residence \_\_\_\_\_

Ada Miller

25

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

## RETURN OF A DEATH.

473

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Miss Ada Miller  
2. Sex Female 3. Color white 4. Age 46  
5. Married or single Single  
6. Date of death May  
7. Cause of death Typhoid Fever  
8. Duration of last illness 6 weeks  
J. W. Stone, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence 14 + Center Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother —  
Name of Father —  
14. Place of intended interment Highway Ky  
15. Date of intended interment \_\_\_\_\_  
J. H. Payne wife, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Charles Miller 1877

26

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Charles Miller*
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 *Epilepsy*
8. Duration of last Illness *30 minutes*

Residence *J. J. Miller, M. D.  
Bowling Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Sutcliman RR*
10. Place of Birth *Ny*
11. Residence *at John Burks* Ward No. *3*
12. Time of Residence in the City *5 mos*

13. When a Minor { Name of Mother  
Name of Mother *John*

14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Jan 1st 1878*

Date of Certificate *Jan 1st 1878* Residence *John Burks*, Undertaker.

Pantagraph Print.

Daniel Miller 1899

1899 27-1

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 Daniel Miller  
2. Sex male 3. Color White 4. Age 85 years  
5. Married or single Widower  
6. Date of death Dec. 5/99  
7. Cause of death old age  
8. Duration of last illness \_\_\_\_\_  
B. L. Bullard M. D.  
Residence Co. Hancock Co

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Sailor  
10. Place of birth \_\_\_\_\_  
11. Residence Park Port Ward No. 1  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview  
15. Date of intended interment Dec. 6/99  
Garard & Garard Undertaker.  
Date of Certificate Dec. 3/99 Residence \_\_\_\_\_



Daniel Miller 1899

74 272

This 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 Daniel Miller  
2. Sex Male 3. Color White 4. Age \_\_\_\_\_  
5. Married or single Single  
6. Date of death Dec 5, 1899  
7. Cause of death Cancer incident to old age  
8. Duration of last illness \_\_\_\_\_  
B. L. Gullen, M. D.  
Residence Warren Ed.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence Park Road, Ward No. 2<sup>nd</sup>  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Dec 6, 1899  
Garard and Garard, Undertaker.  
Date of Certificate Dec 5/99 Residence \_\_\_\_\_

Child of Eugene Miller 1912

28

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1161

1. Name of deceased *Child of Eugene Miller*  
 2. Sex *Female* 3. Color *White* 4. Age *—*  
 5. Married or single *Single*  
 6. Date of death *Mar. 10 1912*  
 7. Cause of death *Still Born, as per Vital Statistics*  
 8. Duration of last illness *Eugene A. Gerard, Funeral Director*  
 Residence *Bowling Green, Ky.* **M.D.**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Warren Co. Ky.*  
 11. Residence *" " "* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *Mrs. Eugene Miller*  
 Name of father *Eugene Miller*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Mar 1912*  
**GERARD & GERARD, Undertaker.**  
 Date of Certificate *Mar. 10 1912* Residence *B. Green Ky.*



Hoy Miller 1909

#722 29

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

722

1. Name of deceased Hoy Miller
2. Sex Male      3. Color white      4. Age 11
5. Married or single \_\_\_\_\_
6. Date of death Nov 14/09
7. Cause of death Peritonitis
8. Duration of last illness about two weeks

\_\_\_\_\_  
Ern Hall, M. D.  
Residence Bowling Green  
Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Student
10. Place of birth Woodburn Ky
11. Residence " " Ward No. \_\_\_\_\_
12. Time of residence in the City. \_\_\_\_\_
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father Gas Miller
14. Place of intended interment Woodburn Ker Cem
15. Date of intended interment Nov 15/09

C. M. House, Undertaker.

Date of Certificate Nov 15 Residence Franklin Ky

Laura B. Miller 1891

30

*Out of town*

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

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## RETURN OF A DEATH.

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—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs Laura B Miller.*  
 2. Sex *Female* 3. Color *White* 4. Age *28 yrs.*  
 5. Married or Single *Married*  
 6. Date of Death *July 14 - 1891.*  
 7. Cause of Death *Heart Disease*  
 8. Duration of last Illness \_\_\_\_\_

*W. W. Bowling* M. D.  
 Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Ohio.*  
 11. Residence *2<sup>nd</sup> Ward.* Ward No. \_\_\_\_\_  
 12. Time of Residence in the City *7 weeks.*  
 13. When a Minor. } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment \_\_\_\_\_  
 15. Date of intended Interment \_\_\_\_\_

*H. C. Guaid.* , Undertaker.  
 Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Matilda Miller 1913

31

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

# RETURN OF A DEATH.

1345

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Matilda Miller  
 2. Sex female 3. Color col 4. Age 69  
 5. Married or single Single  
 6. Date of death Feb. 20 - 1913  
 7. Cause of death Heart Mitral  
 8. Duration of last illness about 3 hours.  
Z. H. Jones M. D.  
 Residence 217 Main St

## Undertaker's Certificate in Relation to Deceased.

9. Occupation House Keeper  
 10. Place of birth Allen Co. Ky  
 11. Residence Hope St Ward No. ....  
 12. Time of residence in the city about 40 yrs  
 13. When a minor { Name of mother Judy Jewel  
                           { Name of father Sam Bannor  
 14. Place of intended interment Mt. Mariah  
 15. Date of intended interment Feb. 23 - 1913  
J. E. Kempfendahl Undertaker.  
 Date of Certificate Feb. 23 - 1913 Residence Car. 74 College St.

William R. Miller 1896

846 32

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Wm. R. Miller

2. Sex Male 3. Color White 4. Age 20 yrs

5. Married or single Single

6. Date of Death July 12<sup>th</sup> 1896

7. Cause of Death Typhoid fever

8. Duration of last Illness 21 days

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

Residence \_\_\_\_\_

*Permit to place in vault need to return same later.*

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth Lansville Ky

11. Residence State St Ward No. 2

12. Time of Residence in the City 8 years

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father S. R. Miller

14. Place of intended Interment Fairview Cemetery

15. Date of intended Interment July 14 1896

Pratt [Signature], Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Aaron Milliken 1900

53 33

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

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## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Milliken Aaron Milliken

2. Sex Male 3. Color black 4. Age 40 yrs

5. Married or single Married

6. Date of death May 25 / 1900

7. Cause of death \_\_\_\_\_

8. Duration of last illness One week

\_\_\_\_\_ M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Tanner

10. Place of birth Mt. Vernon

11. Residence White Stone Quarry Ward No. \_\_\_\_\_

12. Time of residence in the City. \_\_\_\_\_

13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_

14. Place of intended interment Mt. Vernon

15. Date of intended interment May 26 - 1900

J. E. Skyles Undertaker.

Date of Certificate June 4 - 1900 Residence 815 State St  
Pauling House

Annie Milliken 1906

34

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

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Annie Milliken*  
2. Sex *female* 3. Color *black* 4. Age *10 yrs*  
5. Married or single *single*  
6. Date of death *Aug. 15- 1906*  
7. Cause of death *Phthisis Pulmonalis.*  
8. Duration of last illness *seven months.*  
*J. K. Killis,* M. D.  
Residence *#131 1/2 main st.*

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Warren county*  
11. Residence *Bark Town* Ward No. \_\_\_\_\_  
12. Time of residence in the City. *five years*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father *Lude milliken*  
14. Place of intended interment *Mt. Mariah Cem*  
15. Date of intended interment *Aug. 16- 1906*  
*J. E. Shepherd* Undertaker.  
Date of Certificate *Aug. 16-1906* Residence \_\_\_\_\_  
*6 or 177 College St.*



B. H. Milliken 1903

35

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Dr. B. H. Milliken*
2. Sex *male* 3. Color *white* 4. Age *64 yrs.*
5. Married or single *married*
6. Date of death *October - 2 - 1903*
7. Cause of death *Enteric catitis*
8. Duration of last illness *five weeks*  
*medically attended by* \_\_\_\_\_ M. D.  
Residence *B. H. Milliken*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Physician*
10. Place of birth *Simpson County*
11. Residence *10<sup>th</sup> St* Ward No. *1*
12. Time of residence in the City. *Years*
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *October 3 1903*

T. HAWLEY PAYNE, Undertaker.  
Funeral Director & Embalmer,

Date of Certificate \_\_\_\_\_  
*Bowling* Residence *Ky.*

Edgar Milliken 1897

996 36

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Edgar Milliken  
2. Sex Male 3. Color Blk 4. Age 16 yrs  
5. Married or single Single  
6. Date of Death Apr 4<sup>th</sup> 1897.  
7. Cause of Death Consumption  
8. Duration of last Illness \_\_\_\_\_

B. H. Milliken, M. D.  
Residence City

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth City  
11. Residence River Pike . Ward No. 3  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
                          { Name of Father Oliver Milliken

14. Place of intended Interment Mt Moriah Cemetery  
15. Date of intended Interment Apr 6<sup>th</sup> 1897

J. C. Leonard & Bro., Undertaker.

Date of Certificate Apr 5/97 . Residence City



George Milliken 1894

593 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 Geo Milliken *col*

2. Sex male . 3. Color col . 4. Age 5 yrs

5. Married or Single \_\_\_\_\_

6. Date of Death Feb 4 1894

7. Cause of Death Intracerebral of Sarsol

8. Duration of last Illness 5 days

*J. Johnson* . J. Johnson, M. D.  
Residence Bowling Green Ky.

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_

10. Place of Birth Franklin Ky

11. Residence near fair ground. Ward No. 1

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. } Name of Mother Frances Milliken  
                          } Name of Father Wm Milliken

14. Place of intended Interment Wm Moriah's Cem

15. Date of intended Interment Feb 5 1894

Pratt R. Rym, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_





Jesse Milliken 1893

514 39

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Jesse Milliken*  
2. Sex *male* 3. Color *Blk.* 4. Age *18 months*  
5. Married or single *single*  
6. Date of Death *June 1/93*  
7. Cause of Death *Tubercular Meningitis*  
8. Duration of last Illness *Eight months*  
*G. N. Murphy*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Leitch*  
11. Residence *River Side* Ward No. *4th*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father *Olliver Milliken*  
14. Place of intended Interment *Memorial Church*  
15. Date of intended Interment *June 2/93*  
*Frank C. Henry & Bro.*, Undertaker.  
Date of Certificate *June 1/93* Residence \_\_\_\_\_

Child of Leucian Minor 1892

453

40

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Child of Leucian Minor*
- 2. Sex *Male* . 3. Color *White* . 4. Age *3 mo.*
- 5. Married or Single *Single*
- 6. Date of Death *Sept 17" / 92*
- 7. Cause of Death *Enteric colitis*
- 8. Duration of last Illness *Two weeks*

*J. W. Coombs*, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
  - 10. Place of Birth *City*
  - 11. Residence *12<sup>th</sup> street* . Ward No. *1<sup>st</sup>*
  - 12. Time of Residence in the City
  - 13. When a Minor. } Name of Mother  
                          } Name of Father *Leucian Minor*
  - 14. Place of intended Interment *Fairview Cem.*
  - 15. Date of intended Interment *Sept 17" / 92*
- J. O. Beard* . Undertaker.  
Date of Certificate *Sept 17 / 92* . Residence *City*



Bettie Mise 1901

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 decedent *Mrs. Bettie Mise*

2. Sex *Female* 3. Color *White* 4. Age *48 yrs*

5. Married or single *Married, Wife of W. E. Mise.*

6. Date of death *May 1" 1901*

7. Cause of death *Consumption*

8. Duration of last illness \_\_\_\_\_

*Dr. Grace Brown*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of birth *Barren 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 \_\_\_\_\_

14. Place of intended interment *Fairview Cemetery.*

15. Date of intended interment *May 2" 1901*

*Gerard J. Gerard*, Undertaker.

Date of Certificate *May 2" 1901* Residence \_\_\_\_\_

Albert Mitchell 1893

495 42

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Albert Mitchell*  
2. Sex *Male* 3. Color *White* 4. Age *81 yrs*  
5. Married or single *Married*  
6. Date of Death *Nov 26"/193*  
7. Cause of Death *Pneumonia*  
8. Duration of last Illness *Four days*  
*Adairsville*, M. D.  
Residence *City*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *State Street* Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Nov 27"/193*  
*H. C. Gerard & Bro*, Undertaker.  
Date of Certificate *Nov 27"/193* Residence *City*



C. T. Mitchell

43

This 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 *C. T. Mitchell*
  2. Sex *Male* . 3. Color *Blk* . 4. Age *5 Mo*
  5. ~~Married~~ or Single
  6. Date of Death *May 19*
  7. Cause of Death *Jaundice*
  8. Duration of last Illness *3 Days*
- J. M. Elroy*, M. D.  
*per Claypool*
- Residence \_\_\_\_\_

#### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

\_\_\_\_\_, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Print.

Emma Mitchell 1909

44

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

## RETURN OF A DEATH.

728

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Emma Mitchell  
2. Sex Female 3. Color White 4. Age 9 yrs.  
5. Married or single Single  
6. Date of death Dec. 1" 1909.  
7. Cause of death Membranous Oroph  
8. Duration of last illness.....  
B. S. Ruthersford M. D.  
Residence..... BOWLING GREEN, KY

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation.....  
10. Place of birth.....  
11. Residence Europe Ford, Warren Co Ward No. ....  
12. Time of residence in the city.....  
13. When a minor { Name of mother Mrs. J. P. Mitchell  
Name of father J. P. Mitchell  
14. Place of intended interment Garman Cemetery  
15. Date of intended interment Dec. 2" 1909.  
GERARD & GERARD. Undertaker.  
Date of Certificate Dec. 2" 09. Residence BOWLING GREEN, KY



Emma B. Mitchell 1912

45

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

# RETURN OF A DEATH.

1121

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Emma B. Mitchell  
 2. Sex female 3. Color red 4. Age 25 yrs  
 5. Married or single single  
 6. Date of death Dec 191 - 1912  
 7. Cause of death Tuberculosis  
 8. Duration of last illness 7 months  
 Signature J. K. Jones M. D.  
 Residence Chestnut

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Teacher  
 10. Place of birth Paducah Ky  
 11. Residence State St. Ward No. ....  
 12. Time of residence in the city about 15 yrs  
 13. When a minor { Name of mother Virginia Mitchell  
 Name of father R. Mitchell  
 14. Place of intended interment Mt. Mariat. Cemetery  
 15. Date of intended interment Jan. 2 - 1913  
 Signature J. C. Humphreys Undertaker.  
 Date of Certificate Jan. 4 - 1912 Residence cor. 9th & College St.

James Albert Mitchell 1906

46-2

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased James A. Mitchell  
2. Sex Male 3. Color White 4. Age 63 yrs  
5. Married or single Married  
6. Date of death MAY 26 1906  
7. Cause of death Diabetes  
8. Duration of last illness \_\_\_\_\_

\_\_\_\_\_, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Kentucky  
11. Residence BOWLING GREEN, KY Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_

13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_

14. Place of intended interment Fairview Cemetery  
15. Date of intended interment May 27 1906

GERARD & GERARD, \_\_\_\_\_, Undertaker.

Date of Certificate MAY 26 1906 Residence BOWLING GREEN, KY



James Albert Mitchell 1906

46-1

(ORIGINAL)

## OHIO STATE BOARD OF HEALTH

# TRANSPORTATION OF CORPSE

TRANSIT PERMIT NO. 327

PHYSICIAN'S OR CORONER'S CERTIFICATE

Date May 26 1906

Name of Deceased James Albert Mitchell Sex m Color w

Place of Death Cincinnati County Ham State Ohio  
(Township, Village or City)

Date of Death May 26/06 Hour of Death .....

Cause of Death Diabetes Duration ..... Days

Contributory Cause of Death ..... Duration ..... Days

Age: Years 63 Months ..... Days .....

Occupation Rayon ~~Single, Married, Widowed, Divorced.~~  
(Cross out all but answer required.)

Place of Birth ..... (State or Country.)

Name of Father ..... Birthplace of Father ..... (State or Country.)

Maiden Name of Mother ..... Birthplace of Mother ..... (State or Country.)

### 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.

Chas S. Walden M. D. or Coroner

Residence Cincinnati County of Ham State of Ohio

A WHITE BLANK is only to be used when death did not result from any of the following: typhoid fever, diphtheria (membranous croup), scarlet fever (scarlatinia, scarlet rash), leprosy and when the body has not been disinterred.

Mary E. Mitchell 1912

471

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

## RETURN OF A DEATH.

1309

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Mrs. Mary E. Mitchell
2. Sex Female 3. Color White 4. Age 81 yrs.
5. Married or Single Widow
6. Date of death Dec 24/1912
7. Cause of death La Grippe (as per Vital Statistics)
8. Duration of last illness 1 week

Residence Edwards, Funeral Director  
Bowling Green Ky.

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_
10. Place of birth Kentucky
11. Residence Los. Santos, Cal. Ward No. \_\_\_\_\_
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment Highway Cemetery
15. Date of intended interment Jan. 2/1913.

Edward Edwards, Undertaker.

Date of Certificate Jan. 2/12 Residence B. Bowling Green Ky.



Mary E. Mitchell 1912

47-2

TO UNDERTAKERS—Hand this entire Blank to Transportation Company

REGISTRATION DISTRICT  
County of Barren **Removal Permit**  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

December 27 1912

PERMISSION is hereby given for the Removal of the Remains of  
Mrs Mary E. Mitchell

Sex Female Color or Race White Aged 81 Years 0 Mos. 5 Days  
Place of Birth Kentucky Died Dec 24 1912  
Place of Death Old Fellows Home Los Angeles California  
Cause of Death La Grippe originating Chronic Bronchitis  
To Bowling Green Ky. Lewis Burgess Physician  
Date of Removal Dec 29 1912 Lewis Burgess Registrar

This Permit must be retained by the Transportation Company

ORIGINAL

All Alterations must be Officially Made by Some Duly Authorized Official

Polly Ann Mitchell 1879

48

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Polly Ann Mitchell*
  2. Sex *Female* 3. Color *white* 4. Age *65 years*
  5. Married or Single *single*
  6. Date of Death *April 7<sup>th</sup>*
  7. Cause of Death *Phthisis Pulmonalis*
  8. Duration of last Illness *several months*
- A. B. Brown* M. D.  
Residence *Richmond*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
  10. Place of Birth *Warren County*
  11. Residence *State Street* . Ward No. *2*
  12. Time of Residence in the City *2 years*
  13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
  14. Place of intended Interment *Mt Olivet*
  15. Date of intended Interment *April 8<sup>th</sup> 1879*
- Date of Certificate *April 7<sup>th</sup> 1879* . Residence \_\_\_\_\_  
*J. W. C. Gerard* , Undertaker.

Pantograph Print.



Robert Mitchell 1881

35 49

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Robert Mitchell*

2. Sex *Male* . 3. Color *Black* . 4. Age *40 years*

5. Married or Single *Married*

6. Date of Death *Feb 14<sup>th</sup> 1881*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *Two days*

*H. P. Cortright*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence \_\_\_\_\_ . Ward No *2*

12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Job Print

Child of Robert & Nancy Mitchell 1881

13

50

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

RETURN OF A DEATH.

Infant of Robert + Nancy

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *No Name Mitchell*
  - 2. Sex *Female* 3. Color *Black* 4. Age *Premature*
  - 5. Married or Single \_\_\_\_\_
  - 6. Date of Death *Jan 12th 1881*
  - 7. Cause of Death *Fall of Mother Premature*
  - 8. Duration of last Illness \_\_\_\_\_
- \_\_\_\_\_  
*Heath Officer*, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
  - 10. Place of Birth *B. G.*
  - 11. Residence \_\_\_\_\_ . Ward No *2*
  - 12. Time of Residence in the City \_\_\_\_\_
  - 13. When a Minor { Name of Mother *Nancy Mitchell*  
 Name of Father *Robt Mitchell*
  - 14. Place of intended Interment *Col Cemetery*
  - 15. Date of intended Interment *Jan 13th 1881*
- \_\_\_\_\_, Undertaker.  
 Date of Certificate *Jan 13th 1881* Residence \_\_\_\_\_

Democrat Job Print



Thomas Mitchell 1907

51

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Thomas A. B. Mitchell*
2. Sex *male* 3. Color *white* 4. Age *56*
5. Married or single *married*
6. Date of death *April - 20 - 1907*
7. Cause of death *Septicemia*
8. Duration of last illness

*W. M. McFarlane* M. D.  
 Residence *Douglas Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Cremery*
11. Residence *city* Ward No.
12. Time of residence in the city *Life*
13. When a minor { Name of mother  
Name of father
14. Place of intended interment *Fusion Court*
15. Date of intended interment *Apr 21 1907*
- Hawley Payne* Undertaker.

Date of Certificate Residence

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.

1. Name of deceased *Wm. Woodford Mitchell*  
2. Sex *Male* 3. Color *White* 4. Age *17 yrs.*  
5. Married or single *Single*  
6. Date of death *June 18" 1908.*  
7. Cause of death *Rheumatism.*  
8. Duration of last illness.....  
*Jodie Smith, D.O.* M.D.  
Residence..... **BOWLING GREEN, KY**

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Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth **BOWLING GREEN, KY**  
11. Residence *East Chestnut St.* Ward No. *2*  
12. Time of residence in the city *17 yrs.*  
13. When a minor { Name of mother *Mrs. Ida Mitchell*  
Name of father *W. H. Mitchell*  
14. Place of intended interment *Lawrence Cemetery*  
15. Date of intended interment *June 19" 1908.*  
**GERARD & GERARD**..... Undertaker.  
**BOWLING GREEN, KY**  
Date of Certificate *June 18" 1908.* Residence.....



Mrs. Willie A Mitchell 1896

*Out of Town* 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 *Mrs. Willie A Mitchell*  
2. Sex *Female* 3. Color *White* 4. Age *66 yrs.*  
5. Married or single *Widow*  
6. Date of Death *May 11 / 1896.*  
7. Cause of Death *Cancer Gastritis*  
8. Duration of last Illness *four days*  
*Dr. A. Murphy*, M. D.  
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence *Adams street* Ward No. *3rd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Green River Annex*  
*in Warren Co.*  
15. Date of intended Interment *May 12 / 96*  
*F. G. Luard & Bro*, Undertaker.  
Date of Certificate *May 12 / 96* Residence \_\_\_\_\_

William Molock 1896

867 54

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *William Molock*

2. Sex *Male* 3. Color *Blk* 4. Age *abt. 45 yrs*

5. Married or single *Single*

6. Date of Death *Mar 27/96*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *Three weeks*

*A. H. Coombs*, M. D.

Residence *High St*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *Tennessee*

11. Residence *Station House* Ward No. *1<sup>st</sup>*

12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment *County Cemetery*

15. Date of intended Interment *Mar 28/96*

*F. L. Swanwick*, Undertaker.

Date of Certificate *Mar 28/96* Residence \_\_\_\_\_



Charlie Moltenberry 1897

1029 55

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Charlie Moltenberry

2. Sex male 3. Color white 4. Age 19 yrs

5. Married or single single

6. Date of Death July 7 - 1897

7. Cause of Death suppression of S & B

8. Duration of last Illness \_\_\_\_\_

H. E. Mendenhall, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer in Planing mill

10. Place of Birth Warren Co Ky.

11. Residence Chestnut St Ward No. 2

12. Time of Residence in the City Life time

13. When a Minor } Name of Mother Sarah E. Moltenberry  
 } Name of Father Jacob

14. Place of intended Interment Fairview C

15. Date of intended Interment July 8 - 1897

F. C. Howard, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Sarah Elizabeth Moltenberry 1909

54

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

## RETURN OF A DEATH.

1909

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased *Mrs. Sarah Elizabeth Moltenberry*

2. Sex *Female* Color *White* Age *68 yrs.*

3. Married or single *Widow of the late Jacob Moltenberry*

4. Date of death *Oct. 3<sup>rd</sup> 1909.*

5. Cause of death *arteriosclerosis*

6. Duration of last illness *several years*

7. Name of Physician *John H. Blackburn,* M. D.

Residence *BOWLING GREEN, KY*

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation *Warren County*

10. Place of birth *Warren County*

11. Residence *6<sup>th</sup> & Chestnut* Ward No. *1*

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

13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Oct. 4<sup>th</sup> 1909.*

*GERARD & GERARD* Undertaker.  
*BOWLING GREEN, KY*

Date of Certificate *Oct. 4<sup>th</sup> 1909.* Residence \_\_\_\_\_

ENC 204  
1909



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.

1. Name of deceased *Mrs. Sallie Montgomery*  
2. Sex *Female* 3. Color *White* 4. Age *56 yrs.*  
5. Married or Single *Widow*  
6. Date of death *July 29" 04.*  
7. Cause of death *Consumption.*  
8. Duration of last illness *J. G. Suddler,* M. D.  
Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....

10. Place of birth *Washington Co., Ky.*

11. Residence *Clay 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 *Springfield, Ky.*

15. Date of intended interment *July 31" 04.*  
*Harold and Grand,* Undertaker.

Date of Certificate *July 30" 04.* Residence .....

Charlie Moodie 1894

58

*Out of town*

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Charlie Moodie* <sup>*Moody*</sup>

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

5. Married or single *Single*

6. Date of Death *Inflammation of bowels*

7. Cause of Death *June 9 1894*

8. Duration of last illness \_\_\_\_\_

*W. R. Frances*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *County*

11. Residence *near Woodville*. Ward No. *3*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother *Belle Moody*  
Name of Father *George Moody*

14. Place of intended Interment *Jas Gilman*

15. Date of intended Interment *June 10 1894*

*W. H. Taylor*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

*Taken for Burial*



Enoch Moody 1908

59

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

# RETURN OF A DEATH.

*file*

## Physician's Certificate Preparatory to Burial.

- 1. Name of deceased *Enoch Moody*
- 2. Sex *Male* 3. Color *white* 4. Age
- 5. Married or Single *single*
- 6. Date of death *May 22-1908*
- 7. Cause of death *complication of disease*
- 8. Duration of last illness *6 months*

*J. H. [unclear]*, M. D.  
 Residence *Scottsville Ky*

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation \_\_\_\_\_
  - 10. Place of birth *Warren Co*
  - 11. Residence *Scottsville Ky* Ward No. \_\_\_\_\_
  - 12. Time of residence in the city \_\_\_\_\_
  - 13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
  - 14. Place of intended interment *Fairview Cemetery*
  - 15. Date of intended interment *May 22-1908*
- A. J. Pearson*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Child of George & Martha Moody 1896

*Act of Laws* 60

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

George + Martha

1. Name of deceased *Child of Martha Moody*

2. Sex *Female* 3. Color *Blk* 4. Age *18 mos.*

5. Married or single *Single*

6. Date of Death *July 11<sup>th</sup> 1896.*

7. Cause of Death *Bovine Pemmoma*

8. Duration of last Illness \_\_\_\_\_

*J. S. Porter*, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *City*

11. Residence *North City street* Ward No. *9<sup>th</sup>*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother *Martha Moody*  
                          } Name of Father *Geo Moody*

14. Place of intended Interment *Rockfield Rd*

15. Date of intended Interment *July 11<sup>th</sup> 1896*

*J. C. Gerard & Bro.*, Undertaker.

Date of Certificate *July 11/96* Residence *City*



John F. Moody 1891

61

*Out of town*

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *John F. Moody.*

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

5. Married or Single *Single.*

6. Date of Death *June 13"/1891*

7. Cause of Death *Perniciouss malarial fever*

8. Duration of last Illness *Seven weeks*

*Ref. Hamilton* . M. D.  
Residence *Bodling Green Ky.*

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_

10. Place of Birth *Warren Co.*

11. Residence *Wooded Mills* Ward No. *4th*

12. Time of Residence in the City *Three years*

13. When a Minor. } Name of Mother *Isabel Moody,*  
                          } Name of Father *G. B. Moody*

14. Place of intended Interment *Guilmore Grove yd. Warren Co.*

15. Date of intended Interment *June 14-1891.*

*J. C. Gerard* Undertaker.

Date of Certificate *June 13/91* 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 *Frank Mooney Sr*  
2. Sex *Male* 3. Color *White* 4. Age *69*  
5. Married or Single *married*  
6. Date of death *April 8 1911*  
7. Cause of death *Organic Heart Disease*  
8. Duration of last illness *3 years*  
Residence *G. W. Stone, M. D.  
Bowling Green Ky*

### Undertaker's Certificate in Relation to Deceased.

9. Occupation *Ex Employee S. W. RR Co*  
10. Place of birth *Lowell Mass*  
11. Residence *Main Street Pike* Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *St Josephs Cemetery*  
15. Date of intended interment *April 10 1911*  
*Gerard & Gerard*, Undertaker.  
Date of Certificate *April 10 1911* Residence *Bowling Green Ky*



Frank Mooney, Sr. 1911

62-2

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.

Name of Deceased

1. Name of deceased Frank J. Mooney Sr  
 2. Sex Male 3. Color White 4. Age 69. yrs.  
 5. Married or Single Married  
 6. Date of death Apr. 8" 1911.  
 7. Cause of death Organic Heart Disease  
 8. Duration of last illness 3 years  
D. W. Stone, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Ex. Employee of L and N R. R. Co.  
 10. Place of birth Lowell, Mass.  
 11. Residence Main St. Pike Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment St. Josephs Cemetery  
 15. Date of intended interment Apr. 10" 1911.  
GERARD & GERARD, Undertaker.  
 Date of Certificate Apr. 10" 1911. Residence City

Louise Mooney 1880

63

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

# RETURN OF A DEATH.

1047

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Louise Mooney  
 2. Sex Female 3. Color White 4. Age 60 yrs  
 5. Married or Single Widow of Frank Mooney  
 6. Date of death June 13<sup>th</sup> 1911.  
 7. Cause of death Hemorrhage stomach  
 8. Duration of last illness 10 days.  
H. P. Courtwright, M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Frankfort Ky  
 11. Residence W. Main St. Pitts Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment St Josephs Cemetery  
 15. Date of intended interment July 16<sup>th</sup> 1911.  
GERARD & GERARD., Undertaker.  
 Date of Certificate June 14/1911 Residence BOWLING GREEN, KY



Alice 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 TO BURIAL.

1. Name of Deceased *Alice Moore*

2. Sex *Female* . 3. Color *White* . 4. Age *28 years*

5. Married or Single *Single*

6. Date of Death *April Twenty Ninth 1880*

7. Cause of Death *Dropsy*

8. Duration of last Illness *Nine Months*

*W. F. Williams* , M. D.

Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence \_\_\_\_\_ . Ward No. *2*

12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Print.

Ben Moore 1908

65

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

## RETURN OF A DEATH.

556

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ben Moore  
2. Sex Male 3. Color White 4. Age 46 yrs.  
5. Married or single Married  
6. Date of death Dec. 7" 1908  
7. Cause of death accident.  
8. Duration of last illness.....  
Residence Jno E. Gray Doctor of M. D. Bowling Green, Ky.  
**BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
10. Place of birth Warren County  
11. Residence Near Browning, Ky Ward No.....  
12. Time of residence in the city.....  
13. When a minor { Name of mother.....  
                          { Name of father.....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Dec. 8" 1908.  
**GERARD & GERARD.** Undertaker.  
Date of Certificate Dec 7" 1908 Residence **BOWLING GREEN, KY**



Bulah Moore 1908

66

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

## RETURN OF A DEATH.

437

Physician's Certificate Preparatory to Burial.

1. Name of deceased Bulah, Moore
2. Sex Female
3. Color White
4. Age 22 Mo.
5. Married or single Single
6. Date of death Apr. 10" 1908
7. Cause of death Pneumonia
8. Duration of last illness several days.

Gaudreca J. Dowell M. D.

Residence BOWLING GREEN, KY.

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Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Butler Co.
11. Residence Kentucky Ward No. 2
12. Time of residence in the city one year
13. When a minor { Name of mother Mrs. Elizabeth Moore  
Name of father Jas. B. Moore
14. Place of intended interment Morgantown Ky
15. Date of intended interment Apr 11" 1908.

GERARD & GERARD Undertaker.

Date of Certificate Apr 11/08 Residence BOWLING 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.

647

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<sup>th</sup> 1909  
7. Cause of death Heart disease  
8. Duration of last illness Three months  
Residence Bowling Green Ky  
B. S. Rutherford, M. D.  
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence Bowling Green Ky Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Mount Pleasant  
15. Date of intended interment June 11<sup>th</sup> 1909  
Morris Enochs, Undertaker.  
Date of Certificate June 11-09 Residence Bowling Green Ky



James H. Moore 1909

68

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

# RETURN OF A DEATH.

685

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of decedent James H. Moore *Moore*  
 2. Sex Male 3. Color White 4. Age 72  
 5. Married or single Single  
 6. Date of death May 29th, 1909  
 7. Cause of death Septicæmia from epididymitis  
 8. Duration of last illness few days  
 Drs A. T. McClarnock, M.D.  
 Residence Bowling Green Ky

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Capitalist  
 10. Place of birth \_\_\_\_\_  
 11. Residence Hopkinsville Ky Ward No. \_\_\_\_\_  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Hopkinsville Ky  
 15. Date of intended interment May 30-1909  
Marris Enoles, Undertaker  
 Date of Certificate May 29/09 Residence Bowling Green Ky  
died at St Joseph Hospital

Martha R. Moore 1903

69

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Martha R. Moore  
 2. Sex female . 3. Color white . 4. Age 71 years  
 5. Married or single widow  
 6. Date of death April - 29 - 1903  
 7. Cause of death Bronchial Asthma  
 8. Duration of last illness several months  
Geo F. South, D.O. M.D.  
 Residence 12<sup>th</sup> St City -  
by authority of Geo F. S.

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence 12<sup>th</sup> + High St Ward No. 1  
 12. Time of residence in the City. 3 years  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Wardbury St  
 15. Date of intended interment \_\_\_\_\_  
Harvey Payne , Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Robert F. Moore 1901

70

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Robt. F. Moore*  
2. Sex *Male* 3. Color *White* 4. Age *50 yrs.*  
5. Married or single *Married*  
6. Date of death *March 22/1901.*  
7. Cause of death *Dropsy.*  
8. Duration of last illness \_\_\_\_\_  
\_\_\_\_\_  
*D. H. Milligan*, M. D.  
Residence *3 Green St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Simpson, Les., Ky.*  
11. Residence *7th Street* Ward No. *1*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Franklin, Ky.*  
15. Date of intended interment *Mar. 24/1901.*  
*Garard & Garard*, Undertaker.  
Date of Certificate *Mar. 20/1901.* Residence \_\_\_\_\_

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 *White* . 4. Age *17 mo*  
5. Married or Single *Single*  
6. Date of Death *Aug 6<sup>th</sup> 1891*  
7. Cause of Death *Arteriosclerosis*  
8. Duration of last Illness *Several weeks*  
*H. P. Cortwright*, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *B. Guen*  
11. Residence *Patterson (142)* Ward No. *4*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Ellie B. Moore*  
                          } Name of Father *C. W. " "*  
14. Place of intended Interment *Home Cem*  
15. Date of intended Interment *Aug 7<sup>th</sup> 1891*  
*H. P. Cortwright*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Ed Moppins 1908

72

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

# RETURN OF A DEATH.

411

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ed Moppins  
2. Sex male 3. Color col. 4. Age 41  
5. Married or single single  
6. Date of death march 6 - 1908.  
7. Cause of death Consumption  
8. Duration of last illness about 3 years  
J. M. Willis, M. D.  
Residence 13th main st

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation tailor by trade  
10. Place of birth Barren Co.  
11. Residence Bek. State & Ches & 1st and Ward No. 2  
12. Time of residence in the City. Twenty years  
13. When a minor { Name of Mother Lazar Moppins  
Name of Father \_\_\_\_\_  
14. Place of intended interment Mt. Moriah Cemetery  
15. Date of intended interment march 8 - 1908  
J. E. Kuyken d. Undertaker.  
Date of Certificate march 8 Residence \_\_\_\_\_  
7th College St

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 *Crit Morehead*  
2. Sex *Male* 3. Color *White* 4. Age *89 yrs.*  
5. Married or single *Married*  
6. Date of death *Aug. 16, 1903.*  
7. Cause of death *Paralysis*  
8. Duration of last illness \_\_\_\_\_  
O. S. Porter, M. D.  
Residence *2 Green Ky.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Warren County*  
11. Residence *State St.* Ward No. *1*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Mt. Moriah Cemetery*  
15. Date of intended interment *Aug 18, 1903.*  
*Frank J. Ward.* Undertaker.  
Date of Certificate *Aug 17, 1903* Residence *Citley*



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 Morehead*  
2. Sex *female* 3. Color *white* 4. Age *22 yr*  
5. Married or single *married*  
6. Date of death *Nov - 28 - 1907*  
7. Cause of death *Tuberculosis*  
8. Duration of last illness *4 months*  
*D. W. Starn* M. D.  
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth *city*  
11. Residence *Stoll St* Ward No.....  
12. Time of residence in the city *life*  
13. When a minor { Name of mother *Mary E Rigby*  
Name of father *A. Davis Rigby*  
14. Place of intended interment *Fairview Cem*  
15. Date of intended interment *Nov - 30 - 1907*  
*J. Hawley Taylor* Undertaker.  
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.

862

## Physician's Certificate Preparatory to Burial.

1. Name of deceased John W. Morehead  
2. Sex male 3. Color white 4. Age 63  
5. Married or single married  
6. Date of death July 19, 1910  
7. Cause of death Consumption  
8. Duration of last illness  
Residence J. H. Gibbs M. D.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer  
10. Place of birth  
11. Residence Warren County Ward No.  
12. Time of residence in the city  
13. When a minor { Name of mother  
Name of father  
14. Place of intended interment Farmers Corn  
15. Date of intended interment July 20, 1910  
Chancellor Undertaker.  
Date of Certificate July 23, 1910 Residence B. S. King





Bessie Morgan

77

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

# RETURN OF A DEATH.

347

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Bessie Morgan
2. Sex female      3. Color white      4. Age 2 years
5. Married or single single
6. Date of death Nov - 11 - 1907
7. Cause of death Tuberculosis
8. Duration of last illness.....

J. E. Meredith M. D.  
 Residence city

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth City
11. Residence Beauty Ave      Ward No.....
12. Time of residence in the city life
13. When a minor { Name of mother Mr. J. V. Morgan  
 { Name of father J. V. Morgan
14. Place of intended interment Riviera Bay
15. Date of intended interment Nov - 11 - 1907

Hawley Payne Undertaker.

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



Clara Morgan 1896

942 78

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Clara Morgan*  
2. Sex *Female* 3. Color *Blk* 4. Age *20 yrs.*  
5. Married or single *Married*  
6. Date of Death *Sept. 15"/96.*  
7. Cause of Death *Consumption.*  
8. Duration of last illness \_\_\_\_\_  
*O. D. Carter*, M. D.  
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *4th street* . Ward No. *1*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Charlotte Cooke*  
Name of Father *Richard C. Cooke*  
14. Place of intended Interment *Mt Moriah.*  
15. Date of intended Interment *Sept. 16"/96*  
*F. C. Gerard & Co.*, Undertaker.  
Date of Certificate *Sept 15"/96* Residence *City*

James Morgan 1911

79

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

## RETURN OF A DEATH.

1125

### Physician's Certificate Preparatory to Burial.

1. Name of deceased James Morgan
2. Sex Male 3. Color White 4. Age 30 yrs.
5. Married or Single Single
6. Date of death Dec 25 1911.
7. Cause of death Pulmonary Tuberculosis
8. Duration of last illness 3 or 4 wks

F. O. Reader, M. D.

Residence \_\_\_\_\_

### Undertaker's Certificate in Relation to Deceased.

9. Occupation Stenographer
10. Place of birth Bowling Green Ky
11. Residence \_\_\_\_\_ " 14<sup>th</sup> St Ward No. 1
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Dec, 26 1911.

**GERARD & GERARD**, Undertaker.

Date of Certificate Dec 25 1911. Residence B. Green Ky



John B. Morgan 1912

80

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

## RETURN OF A DEATH.

1912

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John B Morgan  
2. Sex Male 3. Color White 4. Age 65  
5. Married or single Married  
6. Date of death Sept 14 1912  
7. Cause of death Haemia  
8. Duration of last illness 3 or 4 days  
W. E. Tognet, M. D.  
Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Mail Serrace  
10. Place of birth Virginia  
11. Residence Bowling Green Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Farrow Creek  
15. Date of intended interment Sept 14 1912  
Emmicks Kelley Undertaker.  
Date of Certificate \_\_\_\_\_ Residence Bowling Green  
W. E.

Mary Morgan 1896

877

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 *Miss Mary Morgan*  
 2. Sex *Female* 3. Color *White* 4. Age \_\_\_\_\_  
 5. Married or single *Widow*  
 6. Date of Death *Apr. 15/1896*  
 7. Cause of Death *Phthisis Pulmonalis*  
 8. Duration of last Illness *Two months*  
 \_\_\_\_\_  
*J. M. Lesraver*, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth \_\_\_\_\_  
 11. Residence *Center street* Ward No. *4<sup>th</sup>*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Fairview Cemetery*  
 15. Date of intended Interment *Apr 1896*  
*J. C. Guard & Bro.*, Undertaker.  
 Date of Certificate *Apr 16/96* Residence *City*



Moria Morgan 1904

82

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Moria Morgan.*  
 2. Sex *Female* 3. Color *White* 4. Age *69 yrs*  
 5. Married or Single *Widow*  
 6. Date of death *Feb. 22-1904.*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *Bowling Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence *Church St* Ward No. *3*  
 12. Time of residence in the city *2 wks*  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Near Russellville Ky.*  
 15. Date of intended interment *Feb. 23" 1904*  
*Guard & Guard*, Undertaker.  
 Date of Certificate *Feb. 22/1904* Residence \_\_\_\_\_

Joseph Morphen 1908

83

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

# RETURN OF A DEATH.

418

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Joseph Morphen <sup>Morphier</sup>

2. Sex Male 3. Color White 4. Age 71 yrs.

5. Married or single Married

6. Date of death Mar. 15" 1908.

7. Cause of death Blood Poison.

8. Duration of last illness several days  
26 Marcheth. M. D.

Residence Bowling Green Ky.

### Undertaker's Certificate in Relation to Deceased.

9. Occupation Merchant

10. Place of birth Adair Co. Ky.

11. Residence Main St. Ward No. 3

12. Time of residence in the city 20 yrs

13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_

14. Place of intended interment Bro. Lw. Ch. of Warren Co.

15. Date of intended interment Mar. 16" 1908

GERARD & GERARD Undertaker.

Date of Certificate Mar. 16/08. Residence \_\_\_\_\_



Nancy E. Morphen 1881

15 84

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Nancy E. Morphen Morphen*  
2. Sex *female* . 3. Color *white* . 4. Age *43 Years*  
5. Married or Single *Married*  
6. Date of Death *July 29<sup>th</sup> 1881*  
7. Cause of Death *Catarrhal Consumption*  
8. Duration of last Illness \_\_\_\_\_

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

\_\_\_\_\_, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Job Print

Child of P. J. Morphen

95 851

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Child of P. J. Morphen  
2. Sex Male 3. Color White 4. Age 4 months  
5. Married or single Single  
6. Date of death Nov. 7-99  
7. Cause of death congestion of stomach  
8. Duration of last illness \_\_\_\_\_

J. E. Meredith, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation None  
10. Place of birth City  
11. Residence Denver Ward No. 2  
12. Time of residence in the City Lifetime  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father P. J. Morphen  
14. Place of intended interment Fairview  
15. Date of intended interment Fairview Nov 8/99  
Gerard & Gerard, Undertaker.  
Date of Certificate Nov. 7-99 Residence \_\_\_\_\_



Child of P. J. Morphen 1899

69 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

- 1. Name of deceased *Child of P. J. Morphen*
- 2. Sex *Female* 3. Color *White* 4. Age *4 months*
- 5. Married or single *Single*
- 6. Date of death *Nov. 7" 1899*
- 7. Cause of death *Sparaxis*
- 8. Duration of last illness

*A. H. Milliken*, M. D.

*M.*

Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
  - 10. Place of birth *City*
  - 11. Residence *Center Street* Ward No. *2*
  - 12. Time of residence in the City
  - 13. When a minor } Name of Mother *Mrs. P. J. Morphen*  
Name of Father *P. J. Morphen*
  - 14. Place of intended interment *Fairview Cemetery*
  - 15. Date of intended interment *Nov. 8" 1899*
- Grant and Grant*, Undertaker.
- Date of Certificate *Nov. 8" 1899* Residence

Allene Morris 1899

86

~~13~~      ~~72~~      ~~111~~

This 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 female      3. Color white      4. Age 3 yrs

5. Married or single \_\_\_\_\_

6. Date of death March 18 1899

7. Cause of death Enteroperu

8. Duration of last illness \_\_\_\_\_

above \_\_\_\_\_, M. D.

Residence Richfield

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of birth City

11. Residence Cor 10<sup>th</sup> & 4<sup>th</sup>      Ward No. 1

12. Time of residence in the City Life

13. When a minor } Name of Mother Emma Morris  
                              } Name of Father W. J. Morris

14. Place of intended interment Fairview Cemetery

15. Date of intended interment March 19 1899

Hawley Payne, Undertaker.

Date of Certificate \_\_\_\_\_      Residence \_\_\_\_\_



Arther Morris 1903

87

This 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 Morris*
2. Sex *Male* 3. Color *White* 4. Age *3 years*
5. Married or single \_\_\_\_\_
6. Date of death *Feb 15<sup>th</sup>*
7. Cause of death *Pneumonia*
8. Duration of last illness *one week*
9. Signature of Physician *D. E. Rutherford*, M. D.  
Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of birth *Bushy Green*
11. Residence *Eight St* Ward No. *2*
12. Time of residence in the City. *3 yrs.*
13. When a minor { Name of Mother *Emma Morris*  
Name of Father *M. J. Morris*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Feb 16 1903*
- Signature of Undertaker *Gerard & Gerard*, Undertaker.
- Date of Certificate *Feb 16 1903* Residence \_\_\_\_\_

Cooper Morris 1897

998 88

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Cooper Morris  
2. Sex Male 3. Color white 4. Age 24 yrs  
5. Married or single single  
6. Date of Death April 13 1897  
7. Cause of Death \_\_\_\_\_  
8. Duration of last Illness \_\_\_\_\_  
B L Cullen Corona, N. D., @  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Warren County  
11. Residence E Chestnut . Ward No. 2  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended Interment Fairview Cem  
15. Date of intended Interment April 24/97  
Prather & Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Ethel Morris 1898

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 Ethel Morris  
2. Sex female 3. Color white 4. Age 1 yr  
5. Married or single \_\_\_\_\_  
6. Date of death Dec 1<sup>st</sup> 1898  
7. Cause of death Pneumonia  
8. Duration of last illness 10 days  
\_\_\_\_\_ M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth city  
11. Residence 14<sup>th</sup> & 10<sup>th</sup> St Ward No. 3  
12. Time of residence in the City life  
13. When a minor } Name of Mother Emma Morris  
                          } Name of Father M. J. Morris  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Dec 2 1898  
Hawley Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Herman Morris 1904

90

This 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 *Herman Morris*  
 2. Sex *Male* 3. Color *White* 4. Age *7 yrs.*  
 5. Married or Single *Single*  
 6. Date of death *Feb. 23, 1904*  
 7. Cause of death *Tubercular Meningitis*  
 8. Duration of last illness  
*J. D. Cartwright*, M. D.  
 Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....  
 10. Place of birth *city*  
 11. Residence *Scott St* Ward No. *9*  
 12. Time of residence in the city *Life time*  
 13. When a minor { Name of Mother *Mrs W. H. Morris*  
 Name of Father *W. H. Morris*  
 14. Place of intended interment *Guirvins Cemetery*  
 15. Date of intended interment *Feb. 24, 1904.*  
*Guard & Guard*, Undertaker.  
 Date of Certificate *Feb. 29, 1904.* Residence .....



James Morris 1892

388 91

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *James Morris*  
2. Sex *Male* . 3. Color *White* . 4. Age *18 yrs*  
5. Married or Single *Single*  
6. Date of Death *March 7/92*  
7. Cause of Death *Typhoid Fever*  
8. Duration of last Illness *8 wks*  
*Hamilton Winston, M. D.*  
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *Hy. street* . Ward No. *2nd*  
12. Time of Residence in the City *Three years*  
13. When a Minor. } Name of Mother *Mrs. Polly Moore*  
                          } Name of Father *Gas*  
14. Place of intended Interment *Jefferson Cemetery*  
15. Date of intended Interment *March 8/92*  
*J. L. Grand* , Undertaker.  
Date of Certificate *Mar 8/92* . Residence \_\_\_\_\_

James H. Morris 1912

92

*Helen*

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

## RETURN OF A DEATH.

1238

### Physician's Certificate Preparatory to Burial.

1. Name of deceased James H. Morris
2. Sex Male
3. Color White
4. Age 77 yrs.
5. Married or single Widower
6. Date of death Sept. 1 1912
7. Cause of death Septicemia
8. Duration of last illness 8 days

H. O. Helen M. D.  
Residence Bowling Green Ky.

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### Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth Ky.
11. Residence Hight St. Ward No. 1
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Sept. 2 1912

**GERARD & GERARD** Undertaker.

Date of Certificate Sept. 2 1912 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 *Mrs. John E. Morris*  
2. Sex *Female* 3. Color *White* 4. Age *55 yrs.*  
5. Married or single *Married*  
6. Date of death *July 16 " 06.*  
7. Cause of death *Pulmonary Inflammation*  
8. Duration of last illness \_\_\_\_\_  
*John H. Blackburn* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *College St.* Ward No. *2*  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Old Union Church, Warren, Ky.*  
15. Date of intended interment *July 18 " 1906.*  
*Harold and Harold*, Undertaker.  
Date of Certificate *July 17/06.* Residence \_\_\_\_\_

Mary A. Morris 1907

# 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.**

1. Name of deceased *Miss. Mary A Morris*  
2. Sex *Female* 3. Color *White* 4. Age *75 yrs.*  
5. Married or single *Single*  
6. Date of death *June 21 1907.*  
7. Cause of death *Remia.*  
8. Duration of last illness *WR Francis,* M. D.  
Residence *B. Green, Ky.*

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_  
10. Place of birth *Warren, Ky.*  
11. Residence *Ewing Ford Road* Ward No. \_\_\_\_\_  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of mother \_\_\_\_\_  
Name of father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *June 22 1907.*  
*GERARD & GERARD* Undertaker.  
Date of Certificate *June 22 1907.* Residence *BOWLING GREEN, KY*



Child of Munro & Bell Morris 1882

95

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

*Child of Munro + Bell Morris*

1. Name of Deceased *Morris*
2. Sex *Female* . 3. Color *Black* . 4. Age *14 yr*
5. ~~Married~~ or Single
6. Date of Death *May 7<sup>th</sup>*
7. Cause of Death *Diphtheria*
8. Duration of last Illness *one week*  
*A. P. Cortright*, M. D.

Residence \_\_\_\_\_

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of Birth *Bowling Green Ky*
11. Residence *Green Street* . Ward No *2*
12. Time of Residence in the City \_\_\_\_\_
13. When a Minor { Name of Mother *Bell Morris*  
Name of Father *Munro* .
14. Place of intended Interment *Col Cent*
15. Date of intended Interment *May 8<sup>th</sup> 1882*  
*Frank Leonard* . Undertaker.

Date of Certificate *May 8<sup>th</sup> 1882* . Residence \_\_\_\_\_

Democrat Job Print

Robert W. Morris 1904

96

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

## RETURN OF A DEATH.

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Robert A. Morris  
2. Sex Male 3. Color White 4. Age 61 yrs.  
5. Married or Single Married  
6. Date of death May 12/04.  
7. Cause of death Chronic Bronchitis  
8. Duration of last illness W. R. Francis, M. D.  
Residence .....

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation .....  
10. Place of birth .....  
11. Residence City 10<sup>th</sup> 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 Fairview Cemetery  
15. Date of intended interment May 13/04  
Grand & Grand, Undertaker.  
Date of Certificate May 17/04. Residence .....



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.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Samuel L. Morris*  
 2. Sex *Male* 3. Color *White* 4. Age *24*  
 5. Married or single *Single*  
 6. Date of Death *May 25<sup>th</sup>*  
 7. Cause of Death *Consumption*  
 8. Duration of last Illness *several months*  
*C. T. Grinstead*, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Mfg of Irons*  
 10. Place of Birth *Kentucky Metcalf Co*  
 11. Residence *Ky Ave* Ward No. \_\_\_\_\_  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Fairview Cem*  
 15. Date of intended Interment *May 26<sup>th</sup> 94*  
*F. L. Grant*, Undertaker.  
 Date of Certificate *May 25<sup>th</sup> 94* Residence \_\_\_\_\_

Thomas J. Morris 1912

98

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

# RETURN OF A DEATH.

1167

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas J. Morris
  2. Sex Male      3. Color White      4. Age 79
  5. Married or Single Married
  6. Date of death March 17 1912
  7. Cause of death
  8. Duration of last illness
- Cartwright & Helen, M. D.  
Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation retired
  10. Place of birth Lexington Ind
  11. Residence Bowling Green Ky Ward No.
  12. Time of residence in the city 30 years
  13. When a minor { Name of Mother         
                          { Name of Father
  14. Place of intended interment Fairview Cem
  15. Date of intended interment March 18 1912
- Essocks & Kelly, Undertaker.  
Date of Certificate      Residence Bowling Green Ky



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.

580

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Wm H. Morris, Jr.  
 2. Sex Male 3. Color White 4. Age 6 yrs.  
 5. Married or single Single  
 6. Date of death July 23" 1909.  
 7. Cause of death Pneumonia  
 8. Duration of last illness E. A. Gerard  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth.....  
 11. Residence Clarksville, Tenn. Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother Mrs. W. H. Morris  
                           Name of father W. H. Morris  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment July 23" 1909.  
GERARD & GERARD Undertaker.  
 Date of Certificate July 23" 1909. Residence BOWLING GREEN, KY

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

William H. Morris Jr. 1909

94-2

CERTIFICATE

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

Consigned to Bowling Green in the County of \_\_\_\_\_ State of Ky.  
and who died of Memoria has been prepared by me, strictly in accordance with  
Rules of the State Boards of Health of Tennessee, for transportation by Railway or Steamboat.

Residence Clarksville Garrett & Raven Shipping Undertaker.  
Tennessee

(SEAL.) **PASTER.** Transit Permit No. \_\_\_\_\_  
(Give Station No.)

Station Baggage men must enter hereon a description of the ticket, the exact route and VIA WHAT  
JUNCTION POINTS THE TICKET READS, which is held by the passenger in charge of the remains.

SPECIAL INSTRUCTIONS.—A burial case containing a corpse must not be received for transportation unless the person in charge of the remains  
presents a certificate of the attending physician or coroner, a permit 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. Neither will it be received if any fluids or offensive odors are escaping from the case.

Date July 23/09

From Clarksville to Bowling Green State of Ky.

No. of Ticket of Escort Pass Form No. of Ticket of Escort \_\_\_\_\_  
Pass

No. of Corpse Ticket \_\_\_\_\_ Form No. of Corpse Ticket \_\_\_\_\_

Via Low R. R. To Bowling Green

Via \_\_\_\_\_ R. R. To \_\_\_\_\_

Via \_\_\_\_\_ R. R. To \_\_\_\_\_

Via \_\_\_\_\_ R. R. To \_\_\_\_\_

Via \_\_\_\_\_ R. R. To \_\_\_\_\_

Name of Passenger in charge E. Morris Place of Residence CLARKSVILLE, TENN.

Signed [Signature] Station B. M.



Fred Morrison 1881

4 100

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Fred Morrison*

2. Sex *male* . 3. Color *white* . 4. Age *18 yrs*

5. Married or Single *single*

6. Date of Death *June 30th 1881*

7. Cause of Death *Consumption*

8. Duration of last illness *four months*

*H. J. Townsend* , M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *Barrin Co*

11. Residence *State Street* . Ward No *1st*

12. Time of Residence in the City *6 mo*

13. When a Minor { Name of Mother *M. E. Morrison*  
Name of Father *H. M. "*

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

*H. J. Townsend* , Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Job Print

Mary Marrow

101

This 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 Marrow*
2. Sex *Female* . 3. Color *Brown* . 4. Age *53 years*
5. ~~Married or Single~~ *Widow*
6. Date of Death *June 11<sup>th</sup>*
7. Cause of Death *Cancer*
8. Duration of last Illness *Approx 12 months*  
*Wm. Claypool*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of Birth \_\_\_\_\_
11. Residence \_\_\_\_\_, Ward No *2<sup>nd</sup>*
12. Time of Residence in the City \_\_\_\_\_
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended Interment \_\_\_\_\_
15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_, Residence \_\_\_\_\_

Democrat Job Print



Jacob Montenbury 1892

393 108

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Jacob Montenbury  
2. Sex Male . 3. Color White . 4. Age 62 yrs  
5. Married or Single Married  
6. Date of Death March 25<sup>th</sup> 1892  
7. Cause of Death Cancer of Stomach  
8. Duration of last Illness Several months  
G. N. Murphy, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Steam Mason  
10. Place of Birth Germany  
11. Residence Chestnut . Ward No. 1st  
12. Time of Residence in the City 35 yrs  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
                          Date \_\_\_\_\_  
14. ~~Place~~ of intended Interment March 26<sup>th</sup> 1892  
15. ~~Date~~ <sup>Place</sup> of intended Interment Fairview Cem  
Frank C. G... .. Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Amanda Morton 1906

TRANSIT PERMIT.

LOUISVILLE, KY., Sept 25 1906

Permission is hereby given to remove the remains of Amanda Morton  
 aged 13 yrs who died at 91 Mayberry  
 on the 14 day of Sept 1906. The cause of death being Parotitis  
Uremia which is a venereal disease, and a  
 Transit Permit being asked for burial at Bowling Green  
 in the State of Ky

NAME OF UNDERTAKER: [Signature] Signed by [Signature] HEALTH OFFICER  
 NAME OF MEDICAL ATTENDANT: [Signature] SEC'Y BOARD OF HEALTH

THIS PERMIT MUST IN ALL CASES ACCO THE BODY TO ITS DESTINATION.

Coupon No. Two to Transit Permit No. 103-2 who died at

This Coupon will be detached by Train Baggage man of terminal line and sent to General Baggage Agent. (See back.)

CERTIFICATE OF UNDERTAKER.

Louisville Ky Date Sept 25 1906  
 Name of Deceased Amanda Morton  
 Place of Death 919 Mayberry St Louisville Ky  
 Cause of Death Uremia non-venereal  
 For Interment at Bowling Green Ky  
 Name of Person in Charge Louisa Morton  
 Number of Transit Permit 2087  
 Signed [Signature] Undertaker.  
Louisville Ky P. O. Address.

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



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.

1. Name of deceased *Anna Morton*  
 2. Sex *Female* 3. Color *Blk.* 4. Age *16 yrs.*  
 5. Married or single *Single*  
 6. Date of death *June 23 1907*  
 7. Cause of death *Consumption*  
 8. Duration of last illness.....  
 J. W. Willis M. D.  
 Residence *B. Green Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *B. Green Ky.*  
 11. Residence *Center St.* Ward No.....  
 12. Time of residence in the city *16 yrs.*  
 13. When a minor { Name of mother *Eva Morton*  
 Name of father.....  
 14. Place of intended interment *County Cemetery*  
 15. Date of intended interment *June 24 1907*  
 GERARD & GERARD, Undertaker.  
 Date of Certificate *June 24 1907* Residence *BOWLING GREEN, KY*

Infant of Charles & Emma Morton 1893

527 105

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Chas. Morton*  
2. Sex *Male* 3. Color *Black* 4. Age *3 weeks*  
5. Married or single *Single*  
6. Date of Death *July 10/93*  
7. Cause of Death *Cholera Infantum*  
8. Duration of last Illness *Three days*  
*J. F. McElroy*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *city*  
11. Residence *8th street* Ward No. *3rd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Emma Morton*  
Name of Father *Chas*  
14. Place of intended Interment *Put in vault*  
15. Date of intended Interment *July 11/93*  
*J. C. Grand* Undertaker.  
Date of Certificate *July 10/93* Residence *city*



Daisy Morton 1898

1138 106

This 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 Daisy Morton  
2. Sex Female 3. Color Black 4. Age 8 mo  
5. Married or single single  
6. Date of death June 5 1898  
7. Cause of death Consumption  
8. Duration of last illness Eight months  
O.S.P. O. D. Porter, M. D.

Residence \_\_\_\_\_

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Hope 21-  
11. Residence 254 Hope 21- Ward No. 3  
12. Time of residence in the City life  
13. When a minor { Name of Mother Rena Morton  
Name of Father John Morton  
14. Place of intended interment West Moriah  
15. Date of intended interment June 10 1898  
Hawley Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

David Morton 1899

104 107

This 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 David Morton  
2. Sex male 3. Color White 4. Age 53 years  
5. Married or single Widowed  
6. Date of death Nov. 23/99  
7. Cause of death Inflammation of Intestines  
8. Duration of last illness \_\_\_\_\_  
Thomas Wright, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Hotel Clerk  
10. Place of birth Owensboro  
11. Residence Manard 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 Owensboro Ky.  
15. Date of intended interment Nov. 24/99  
Garard & Garard, Undertaker.  
Date of Certificate Nov. 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. *Morton*

1. Name of deceased *Child of John Morton*  
2. Sex *female* 3. Color *col* 4. Age *6 weeks*  
5. Married or single \_\_\_\_\_  
6. Date of Death *April - 5<sup>th</sup> 1896.*  
7. Cause of Death *Infantile Convulsions*  
8. Duration of last Illness *Two days.*  
*A. D. Rubin*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Bonhig Linn Ky*  
11. Residence *Hope St* Ward No. *9<sup>th</sup>*  
12. Time of Residence in the City *Life Time*  
13. When a Minor { Name of Mother *Rena Morton*  
Name of Father *John Morton*  
14. Place of intended Interment *Ind. Mount.*  
15. Date of intended Interment *April 6<sup>th</sup> 1896.*  
*The Yeast Co*, Undertaker.  
Date of Certificate *April 5/96.* Residence *College St*

Lucy Morton 1913

109

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

## RETURN OF A DEATH.

1231

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased Lucy Morton

2. Sex female 3. Color Cal 4. Age 40

5. Married or single married

6. Date of death Feb 1<sup>st</sup> 1913

7. Cause of death Cancer

8. Duration of last illness about 1 year

M. D. Dr. E. J. Smith

Residence Beatty Green Ky

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation Cook

10. Place of birth Auburn Ky

11. Residence City St Ward No. \_\_\_\_\_

12. Time of residence in the city about 20

13. When a minor { Name of mother Lucy Johnson  
Name of father David Johnson

14. Place of intended interment Court Ground

15. Date of intended interment Feb. 5 1913

J. H. Humphreys Undertaker.

Date of Certificate Feb. 5 1913 Residence Cor. 7<sup>th</sup> College St.



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.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Martha Morton.*  
2. Sex *Female.* 3. Color *Blk.* 4. Age *59 yrs*  
5. Married or Single *Widow*  
6. Date of Death *July 9<sup>th</sup>/91.*  
7. Cause of Death *Pneumonia*  
8. Duration of last Illness *two weeks*  
*J. F. McElroy*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Logans, Co.*  
11. Residence *Park Street*. Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City *Eleven months*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Auburn Kentucky.*  
15. Date of intended Interment *July 12<sup>th</sup>/91*  
*Frank C. Guard*, Undertaker.  
Date of Certificate *June 11/91*. Residence *City*

Rena Morton 1897

1078

111

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Rena Morton

2. Sex Female 3. Color Blk. 4. Age 27 yrs.

5. Married or single Married

6. Date of Death Nov 29<sup>th</sup> 1897

7. Cause of Death Consumption

8. Duration of last Illness \_\_\_\_\_

C. D. Porter, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence No 257 Hope St. Ward No. 2<sup>nd</sup>

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment Mt Moriah Cemetery

15. Date of intended Interment Nov 30<sup>th</sup> 1897.

Edward T. Guard, Undertaker.

Date of Certificate Nov 30<sup>th</sup> 97. Residence City



John Mosley 1910

112

This 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 Mosley*  
 2. Sex *male* 3. Color *leal* 4. Age *about 35 yrs*  
 5. Married or Single  
 6. Date of death *May 23 - 1910*  
 7. Cause of death *by being killed by R.R. by train or otherwise*  
 8. Duration of last illness  
*Jns E Gray Comm. M. D.*  
 Residence

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Common laborer*  
 10. Place of birth *don't know*  
 11. Residence *in country* Ward No.  
 12. Time of residence in the city  
 13. When a minor { Name of Mother  
 Name of Father  
 14. Place of intended interment *in putters field*  
 15. Date of intended interment *May 24 - 1910*  
*J. E. Gray Undertaker*  
 Date of Certificate *May 24 1910* Residence  
*Cor 7th College St.*

Infant of Sam Mosley 1909

113

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

# RETURN OF A DEATH.

*642*

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of Mrs. & Mr. Sam Mosley*  
 2. Sex *Female* 3. Color *White* 4. Age *3 days*  
 5. Married or single *-*  
 6. Date of death *June 2 - 1909*  
 7. Cause of death *Acromphilia*  
 8. Duration of last illness *-*  
 Physician *J. D. Reardon* M. D.  
 Residence *Bowling Green, Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *-*  
 10. Place of birth *Bowling Green*  
 11. Residence *Bowling Green* Ward No. *-*  
 12. Time of residence in the city *Lifetime*  
 13. When a minor { Name of mother *-*  
 Name of father *Sam Mosley*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *June 3rd - 1909*  
 Undertaker *Marrie E. Couch*  
 Date of Certificate *June 3rd - 09* Residence *B. Green Ky.*



H. Benton Moss 1912

114

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

## RETURN OF A DEATH.

1140

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased H. Benton Moss,  
2. Sex Male 3. Color White 4. Age 46 yrs.  
5. Married or Single Married  
6. Date of death Jan. 14" 1912.  
7. Cause of death Typhoid fever  
8. Duration of last illness 21 days

Will A. Briggs, M. D.  
Residence Bowling Green Ky  
Per E. N. H.

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation R. W. Mail Agt.  
10. Place of birth Hart. Co. Ky.  
11. Residence 627 Clay St. Ward No. 3.  
12. Time of residence in the city 1 yr.  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment Horse Cave, Ky.  
15. Date of intended interment Jan. 15" 1912.  
Edward T. Howard, Undertaker.

Date of Certificate Jan. 15" 1912. Residence \_\_\_\_\_

Mary J. Moss

115

This 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 J. Moss*  
2. Sex *female* 3. Color *white* 4. Age *68 yrs*  
5. Married or single *married*  
6. Date of death *Feb - 26 - 1905*  
7. Cause of death *Branch Pneumonia*  
8. Duration of last illness *Several weeks*

*J. H. Blackburn*, M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Ohio*  
11. Residence *Park bet Main & 10<sup>th</sup>* Ward No. \_\_\_\_\_  
12. Time of residence in the City. *Several years*  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Cinti. Ohio*  
15. Date of intended interment \_\_\_\_\_

*Hawley Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

1905



Ann Elizabeth Mottley

116

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

## RETURN OF A DEATH.

# 127

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Ann Elizabeth Mottley*  
2. Sex *Female* 3. Color *White* 4. Age *7 yrs.*  
5. Married or single \_\_\_\_\_  
6. Date of death **NOV 15 1906**  
7. Cause of death *Diphtheria*  
8. Duration of last illness \_\_\_\_\_  
Residence *Sarah Gibson Ramsey*, M. D.  
**BOWLING GREEN, KY**

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth **BOWLING GREEN, KY**  
11. Residence *Warren Co.* Ward No. \_\_\_\_\_  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother *Mrs. G.P. Mottley*  
Name of Father *G.P. Mottley*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment **NOV 16 1906**  
**GERARD & GERARD.**, Undertaker.  
Date of Certificate **NOV 15 1906** Residence **BOWLING GREEN, KY**

Euclid H. Mottley 1898

1165 117

This 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 Euclid H. Mottley  
2. Sex Male 3. Color White 4. Age 55 yrs.  
5. Married or single Single  
6. Date of death Aug 14<sup>th</sup> 1898.  
7. Cause of death Paralysis  
8. Duration of last illness \_\_\_\_\_  
John P. Cartwright M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Greenburgh Ky.  
11. Residence Clay street Ward No. 3rd  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Aug 14<sup>th</sup> 1898.  
Guard & Guard, Undertaker.  
Date of Certificate Aug 14<sup>th</sup> 98. Residence \_\_\_\_\_



William Moulton 1907

#196 118

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

## RETURN OF A DEATH.

**Physician's Certificate Preparatory to Burial.**

1. Name of deceased..... *Wm Moulton*

2. Sex..... *Male* 3. Color..... *White* 4. Age..... *48 yrs*

5. Married or single..... *Single*

6. Date of death..... *APR 10 1907*

7. Cause of death..... *Tuberculosis*

8. Duration of last illness..... *H.P. heart right* M. D.

Residence.....

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**Undertaker's Certificate in Relation to Deceased.**

9. Occupation.....

10. Place of birth..... *Green County*

11. Residence..... *2 and 1/2 Park, Warren Co.* Ward No.....

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

13. When a minor { Name of mother.....  
                          { Name of father.....

14. Place of intended interment..... *Farrar Cemetery*

15. Date of intended interment..... *Apr 11 1907*

**GERARD & GERARD**..... Undertaker.

Date of Certificate..... *APR 10 1907* Residence..... **BOWLING GREEN, KY**

John Moxley 1908

119

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

# RETURN OF A DEATH.

413

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Moxley  
 2. Sex male 3. Color cal. 4. Age 36  
 5. Married or single married  
 6. Date of death march 8 - 1908  
 7. Cause of death Abscess of Liver  
 8. Duration of last illness 7 wks  
7 D Residency M. D.  
 Residence Bowling Green Ky

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Tailor by trade  
 10. Place of birth Franklin Ky  
 11. Residence main st Ward No. 3  
 12. Time of residence in the City 21 years  
 13. When a minor { Name of Mother Stella Cushmanberg  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment mt. moriah cemetery  
 15. Date of intended interment march 12 -  
J. E. Skypendall Undertaker.  
 Date of Certificate march 10 - 08 Residence \_\_\_\_\_  
Cor 7th college st.



William Moyer 1882

120

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

### RETURN OF A DEATH.

#### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Wm Moyer*  
2. Sex \_\_\_\_\_ 3. Color *White* 4. Age *24*  
5. Married or Single *Single*  
6. Date of Death *April 21<sup>st</sup>*  
7. Cause of Death *Typhoid Fever*  
8. Duration of last Illness *18 days*  
*A. C. Wright*, M. D.  
Residence *Summer St., B. G., Ky.*

#### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *R.R. Man*  
10. Place of Birth *Penn*  
11. Residence *Adams* Ward No *32*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *April 27<sup>th</sup> 1882*  
*H. G. Grand*, Undertaker.  
Date of Certificate *April 27<sup>th</sup> 1882* Residence \_\_\_\_\_

Democrat Job Print

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 *Simual Mumford*  
2. Sex *male* . 3. Color *coal* . 4. Age *82*  
5. Married or single *Single Married*  
6. Date of death *March 5 - 1909.*  
7. Cause of death *Nephritis*  
8. Duration of last illness \_\_\_\_\_

*O. D. Folie*, M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Labourer*  
10. Place of birth *Miss.*  
11. Residence *Birks Alley* Ward No. *3*  
12. Time of residence in the City. *About 20 yrs*  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Mt. Mariah Cemetery*  
15. Date of intended interment *March 7 - 1909.*

*J. E. May Kendall* Undertaker.

Date of Certificate *March 8 - 1909.* Residence \_\_\_\_\_  
*Cor. 7 & College Street*



Emma Murphey 1899

66 90

122

This 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 Emma Murphey
- 2. Sex female 3. Color black 4. Age 32 years
- 5. Married or single married
- 6. Date of death October 24 1899
- 7. Cause of death Consumption
- 8. Duration of last illness \_\_\_\_\_

O.D.P.  
52 M.R.F.

J. D. Fortin, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of birth \_\_\_\_\_
- 11. Residence Lane 14<sup>th</sup> St. Ward No. 3
- 12. Time of residence in the City \_\_\_\_\_
- 13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_
- 14. Place of intended interment St. Maria's
- 15. Date of intended interment Oct 25 1899

W. H. Payne, Undertaker.

Date of Certificate \_\_\_\_\_

Residence \_\_\_\_\_

John Murphey 1900

20 123

This 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 Murphey  
 2. Sex male 3. Color black 4. Age 55-  
 5. Married or single widower  
 6. Date of death March 26 1900  
 7. Cause of death Pneumonia  
 8. Duration of last illness \_\_\_\_\_

J. W. Porter, M. D.  
 Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer  
 10. Place of birth \_\_\_\_\_  
 11. Residence Lane 10<sup>th</sup> 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 Log Memorial  
 15. Date of intended interment Mar 27 1900  
J. Hawley Payne, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Bridget Murphy 1901

124

This 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 *Bridget Murphy*  
 2. Sex *Female* 3. Color *White* 4. Age *91 yrs.*  
 5. Married or single *Widow of the late John Murphy*  
 6. Date of death *May 12 1901*  
 7. Cause of death *Heart Disease*  
 8. Duration of last illness \_\_\_\_\_  
*J. E. Meredith* M. D.  
 Residence *Douglas Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Ireland*  
 11. Residence *Main Street* Ward No. *2*  
 12. Time of residence in the City *16 yrs.*  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *St. Josephs Cemetery*  
 15. Date of intended interment *May 13 1901*  
*Guard and Guard* Undertaker.  
 Date of Certificate *May 13 1901* Residence \_\_\_\_\_

John Murphy 1910

125

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

# RETURN OF A DEATH.

860

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *John Murphy*  
 2. Sex *Male* 3. Color *White* 4. Age *21 months*  
 5. Married or Single *Single*  
 6. Date of death *July 15 1910*  
 7. Cause of death *Ductero Colitis - Brain conf.*  
 8. Duration of last illness *10 days*  
*T. W. Stone*, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *BOWLING GREEN, KY.*  
 11. Residence *Navy St.* " " " " Ward No. *3*  
 12. Time of residence in the city *Life time*  
 13. When a minor { Name of Mother *Mrs. Carrie Murphy*  
 Name of Father *T. J. Murphy*  
 14. Place of intended interment *St. Joseph's, Cadaverary*  
 15. Date of intended interment *July 16 1910*  
*Guard & Guard*, Undertaker.  
 Date of Certificate *July 15 1910* Residence \_\_\_\_\_



Margrett Murphy 1909

126

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

## RETURN OF A DEATH.

621

### Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Margrath Murphy.*

2. Sex *Female* 3. Color *White* 4. Age *80 yrs.*

5. Married or Single *Widow of the late Jno. Murphy.*

6. Date of death *MAY 2- 1909*

7. Cause of death *Organic Heart Disease*

8. Duration of last illness *2 Wks.*

*T. W. Stone*, M. D.

Residence *B Green Hill*

### Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_

10. Place of birth *Ireland.*

11. Residence *8th & 1/2 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 *St. Josephs Cemetery*

15. Date of intended interment *May 3 1909.*

*GERARD & GERARD*, Undertaker.

Date of Certificate *May 3/1909* Residence \_\_\_\_\_

Mike Murphy 1892

127

439

This 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 *Mike Murphy*

2. Sex *Male* . 3. Color *White* . 4. Age *27 yrs*

5. Married or Single *Single*

6. Date of Death *Aug 28 '92*

7. Cause of Death *Consumption*

8. Duration of last Illness \_\_\_\_\_

*H. P. Conwright*, M. D.

Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_

10. Place of Birth *Brookings Green Ky*

11. Residence *8th Street* . Ward No. *3rd*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. ) Name of Mother \_\_\_\_\_  
 ) Name of Father \_\_\_\_\_

14. Place of intended Interment *Catholic Cemetery*

15. Date of intended Interment *Aug 29 '92*

*J. C. G. G. G.* Undertaker.

Date of Certificate *Aug 29 '92* Residence *City*



Mrs. William Murphy 1904

128

This 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. Wm Murphy*

2. Sex *Female* 3. Color *White* 4. Age *72 yrs*

5. Married or Single *Married*

6. Date of death *July 22 '04*

7. Cause of death *Chronic Poison*

8. Duration of last illness \_\_\_\_\_

*B. S. Rutherford*, M. D.

Residence \_\_\_\_\_

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_

10. Place of birth *Ireland*

11. Residence *Scott St.* Ward No. *3*

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

13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended interment *St. Josephs Cemetery*

15. Date of intended interment *July 23 '04*

*Edward J. Girard*, Undertaker.

Date of Certificate *July 23/04* Residence \_\_\_\_\_

Eli H. Murray 1896

129

This 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 Eli H Murray <sup>Murray</sup>

2. Sex male 3. Color white 4. Age 52 yrs

5. Married or single married

6. Date of Death November 19 1896

7. Cause of Death Diabetes

8. Duration of last Illness Eighteen months

R B W \_\_\_\_\_, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence Cor 12<sup>th</sup> & My at . Ward No. 3

12. Time of Residence in the City several weeks

13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment Fairview Cemetery

15. Date of intended Interment Nov 19 1896

Coatman Ryan \_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Felix Murray 1910

130

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

## RETURN OF A DEATH.

755

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Felix Murray*  
2. Sex *Male* 3. Color *White* 4. Age *34*  
5. Married or single *Single*  
6. Date of death *Jan'y. 22 - 1910*  
7. Cause of death *Syphilis*  
8. Duration of last illness *2 months*  
*South M. Carmack*, M. D.  
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation   
10. Place of birth *Warren County, Ky.*  
11. Residence *Bowling Green, Ky.* Ward No. *-*  
12. Time of residence in the City.  
13. When a minor { Name of Mother   
                          { Name of Father   
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Jan'y 23 - 1910*  
*Morris E. Enoch*, Undertakers  
Date of Certificate *Jan'y 22" 1910* Residence *Bowling Green, Ky.*

Mrs. John Murray 1896

917 131

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 *Mrs John Murray*  
2. Sex *Female* 3. Color *White* 4. Age *63 yr*  
5. Married or single *Married*  
6. Date of Death *July 26 / 1896*  
7. Cause of Death *Heart failure*  
8. Duration of last Illness \_\_\_\_\_  
*J. E. Meredith*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ireland*  
11. Residence *Portage R.R.*, Ward No. *3rd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *St Josephs*  
15. Date of intended Interment *July 28 / 96*  
*T. C. Guard & Bur*, Undertaker.  
Date of Certificate *July 27 / 96* Residence \_\_\_\_\_



Becky Murrell 1907

132

This 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 Becky Murrell  
2. Sex female 3. Color Black 4. Age 74  
5. Married or single Single  
6. Date of death June 7 - 1907  
7. Cause of death Uræmia  
8. Duration of last illness Four months  
O. A. Miller, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeeper  
10. Place of birth Warren Co.  
11. Residence Center St Ward No. \_\_\_\_\_  
12. Time of residence in the City. 45 or 50 yrs  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment mt. Mariah Cem.  
15. Date of intended interment June 8 - 1907  
J. A. Kumpen duff, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence Warren  
77 College St.

Dave Murrell 1909

133

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

## RETURN OF A DEATH.

*679*

### Physician's Certificate Preparatory to Burial.

1. Name of deceased *Dave Murrell*  
2. Sex *Male* 3. Color *Col.* 4. Age *19 yrs.*  
5. Married or Single *Single*  
6. Date of death *AUG 9 1909*  
7. Cause of death *Consumption*  
8. Duration of last illness  
*F. D. Reardon*, M. D.  
Residence *BOWLING GREEN, KY*

### Undertaker's Certificate in Relation to Deceased.

9. Occupation  
10. Place of birth *Warren County*  
11. Residence *8th St BOWLING GREEN, KY* Ward No. *2*  
12. Time of residence in the city  
13. When a minor { Name of Mother *Maad*  
Name of Father *Tom Murrell*  
14. Place of intended interment *Covington, Gravesyd, Warren Co*  
15. Date of intended interment *AUG 10 1909*  
*GERARD & GERARD*, Undertaker.  
Date of Certificate *AUG 10 1909* Residence *BOWLING GREEN, KY*



Earl Murrell 1899

~~65~~ 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

1. Name of deceased Earl Murrell <sup>Murrell</sup>

2. Sex male . 3. Color Black. 4. Age 3 yrs

5. Married or single \_\_\_\_\_

6. Date of death Oct 20 1899

7. Cause of death Summer Diarrhoea

8. Duration of last illness \_\_\_\_\_

D. O. P. \_\_\_\_\_ O. S. Forlin , M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "

10. Place of birth Wis

11. Residence Clark Neck . Ward No. 3

12. Time of residence in the City Wis

13. When a minor } Name of Mother Wm Harpooe  
 } Name of Father Robt Murrell

14. Place of intended interment County Ground

15. Date of intended interment Oct 21 1899

Harvey Payne , Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

George Murrell 1898

1167 135

This 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 Geo Murrell *Murrell*

2. Sex male 3. Color black 4. Age 44 *700*

5. Married or single married

6. Date of death August 19 1898

7. Cause of death Dropsy

8. Duration of last illness Six months

*O.D.P.* C. D. Fortz, M. D.

Residence \_\_\_\_\_

### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer

10. Place of birth \_\_\_\_\_

11. Residence 8<sup>th</sup> St near College Ward No. 2

12. Time of residence in the City \_\_\_\_\_

13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended interment St. Maria's

15. Date of intended interment August 20 1898

Hawley Payne, Undertaker.

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 *female* 3. Color *black* 4. Age *74 yrs.*  
5. Married or single *Single*  
6. Date of death *April 24 - 07.*  
7. Cause of death *La grippe + acute Diarrhea.*  
8. Duration of last illness *About 3 weeks.*  
*J. W. Willis,* M. D.  
Residence *13 1/2 Main St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Housekeeper*  
10. Place of birth *Bowling Green Ky.*  
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 *Mt. Moriah Cem.*  
15. Date of intended interment *April 25 - 07.*  
*J. E. Snykendale* Undertaker.  
Date of Certificate *April 24 07* Residence *Cover*  
*74 College St.*

A. P. Murrey 1901

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *A. P. Murrey* <sup>Murrey</sup>  
 2. Sex *Male* 3. Color *White* 4. Age *56*  
 5. Married or single *married*  
 6. Date of death *May - 12 - 1901*  
 7. Cause of death *Asthma + Heart Disease*  
 8. Duration of last illness  
*J.P.H.* *Jno. P. Hartwig, M.D.* M. D.  
 Residence *for R.H. 12*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *"*  
 10. Place of birth *Scott Co Ky*  
 11. Residence *Adam St* Ward No. *2*  
 12. Time of residence in the City. *1902*  
 13. When a minor { Name of Mother *"*  
                           { Name of Father *"*  
 14. Place of intended interment *Fairview Cem*  
 15. Date of intended interment *May 14, 1901*  
*Hawley Payne* Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Annie A. Murry 1905

138

\* \* This 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 Annie A. Murry

2. Sex Female 3. Color White 4. Age 13 yrs

5. Married or Single Single

6. Date of death June 30" 05

7. Cause of death Tuberculosis

8. Duration of last illness \_\_\_\_\_

G. E. Huddell, \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

**Undertaker's Certificate in Relation to Deceased.**

9. Occupation \_\_\_\_\_

10. Place of birth City

11. Residence 10th St. Ward No. 2

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

13. When a minor { Name of Mother Mary Murry  
Name of Father \_\_\_\_\_

14. Place of intended interment Smiths Grove, Ky

15. Date of intended interment July 1" 05

Edward and Grand \_\_\_\_\_, Undertaker.

Date of Certificate July 1" 05 Residence \_\_\_\_\_

John Murry 1900

31

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased John Murry  
 2. Sex Male 3. Color White 4. Age 63  
 5. Married or single Widower  
 6. Date of death Apr. 12/1900.  
 7. Cause of death Pneumonia  
 8. Duration of last illness ten days  
Demijhe, M. D.  
 Residence City

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer  
 10. Place of birth Ireland  
 11. Residence Portage R.R. Ward No. 3  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment St. Josephs. Cemetery.  
 15. Date of intended interment Apr. 13/1900  
Guard & Guard, Undertaker.  
 Date of Certificate 4/13/1900 Residence \_\_\_\_\_



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 DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs M. E. Murry Murry*  
2. Sex *Female* . 3. Color *White* . 4. Age *54*  
5. Married or Single *Married*  
6. Date of Death *Dec 11<sup>th</sup> 1891*  
7. Cause of Death *Cancer.*  
8. Duration of last Illness *Several months*  
*Dr. W. H. McCombs*  
Residence *W. H. McCombs*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *North Carolina*  
11. Residence *College Street* . Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cem*  
15. Date of intended Interment *Dec 11<sup>th</sup> 1891*  
*Frank G. Gandy* Undertaker.  
Date of Certificate *Dec 11<sup>th</sup> 1891* Residence \_\_\_\_\_

J. W. Mustain 1893

141

*Out of town*

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *J. W. Mustain*  
2. Sex *Male* 3. Color *White* 4. Age *21 yrs.*  
5. Married or single *Single*  
6. Date of Death *June 27/93.*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *one year*

*J. H. McElroy*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Edinburgh, Va.*  
11. Residence *11<sup>th</sup> Street* Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *Mt Pleasant*  
15. Date of intended Interment *June 28/93.*  
*F. E. Guard + Bros*, Undertaker.  
Date of Certificate *June 27/93.* Residence \_\_\_\_\_



G. W. Myers 1898

1094 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 *Dr. G. W. Myers*

2. Sex *male* 3. Color *white* 4. Age *34*

5. Married or single *married*

6. Date of Death *Jan - 19 - 98*

7. Cause of Death *Blood Poison*

8. Duration of last Illness *Three days*

*G. N. Murphy*, M. D.  
Residence *Seelye St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Artist*

10. Place of Birth *Allen County.*

11. Residence *Chestnut St.* Ward No. *-1-*

12. Time of Residence in the City

13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment *Fairview Bur.*

15. Date of intended Interment *Jan - 20 - 98*

*Guay & Guay*, Undertaker.

Date of Certificate *Jan - 20 / 98* Residence \_\_\_\_\_

Henry Myers 1893

555 143

This 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 Henry Myers  
2. Sex Male . 3. Color Black . 4. Age 60  
5. Married or Single Married  
6. Date of Death Sept 28 1853  
7. Cause of Death Accidental as far as known  
8. Duration of last Illness \_\_\_\_\_

C. P. Munkle Cor. M. D.  
Residence N. Co.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Lebanon  
10. Place of Birth \_\_\_\_\_  
11. Residence Near Main . Ward No. 4  
12. Time of Residence in the City years  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment at Lebanon  
15. Date of intended Interment Sept 28 1853

Pratt & Payne Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Child of Hubert & Sallie Myers 1907

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

## RETURN OF A DEATH.

*23*

Physician's Certificate Preparatory to Burial.

of *Herbert + Sallie*

1. Name of deceased *Infant of H.P. Myers.*
2. Sex *Female* 3. Color *White* 4. Age *—*
5. Married or single *Single*
6. Date of death *Oct. 8<sup>th</sup> 1907.*
7. Cause of death *Still Born*
8. Duration of last illness *Lillian South,* M. D.

Residence *BOWLING GREEN, KY.*

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Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*
10. Place of birth *City #12117 High St.*
11. Residence *" " "* Ward No. *1*
12. Time of residence in the city *—*
13. When a minor { Name of mother *Mrs. Sallie A. Myers.*  
Name of father *Hubert P. Myers*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Oct. 9<sup>th</sup> 1907.*

*GERARD & GERARD* Undertaker.

Date of Certificate *Oct. 9<sup>th</sup> 1907.* Residence *BOWLING GREEN, KY.*

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