


1877

## Box 3, Folder 7 Bowling Green, Kentucky - Death Records, N

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Emanuel Nahm 1892

*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 *Emanuel Nahm.*  
2. Sex *Male* 3. Color *White* 4. Age *58 yrs.*  
5. Married or Single *Married*  
6. Date of Death *Oct. 17<sup>th</sup>/92.*  
7. Cause of Death *Dysentery*  
8. Duration of last Illness \_\_\_\_\_  
*H. P. Cartwright*, M. D.  
Residence *Brunswick*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Merchant*  
10. Place of Birth \_\_\_\_\_  
11. Residence *Main St.* 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 *Louisville Ky.*  
15. Date of intended Interment *Oct. 18<sup>th</sup>/92.*  
*H. C. Guard.*, Undertaker.  
Date of Certificate *Oct. 18/92.* Residence \_\_\_\_\_

Harry L. Nahm 1910

2

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

# RETURN OF A DEATH.

759

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Harry L. Nahm.  
 2. Sex Male 3. Color White 4. Age 33 yrs.  
 5. Married or single Single.  
 6. Date of death January 28<sup>th</sup> 1910.  
 7. Cause of death Pulmonary Tuberculosis.  
 8. Duration of last illness.....  
F. B. Reardon, M. D.  
 Residence Bowling Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Bowling Green Ky.  
 11. Residence Main St. Ward No. 1  
 12. Time of residence in the city 33 years.  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment Louisville Ky.  
 15. Date of intended interment Jan'y 30<sup>th</sup> 1910.  
GERARD & GERARD Undertaker.  
 Date of Certificate Jan 28/1910. Residence.....

Moses Hahm 1907

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 *Moses Hahm*  
 2. Sex *Male* 3. Color *White* 4. Age *69 yrs.*  
 5. Married or single *Married*  
 6. Date of death *Oct 15/1907*  
 7. Cause of death *Nephritis*  
 8. Duration of last illness.....  
*H. P. Cartwright* M. D.  
 Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Merchant*  
 10. Place of birth *Germany*  
 11. Residence *Main St.* Ward No. *1*  
 12. Time of residence in the city *45 yrs.*  
 13. When a minor { Name of mother.....  
 Name of father.....  
 14. Place of intended interment *LOUISVILLE, KY.*  
 15. Date of intended interment *Oct 16 " 1907*  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *OCT 15 1907* Residence *BOWLING GREEN, KY*

Samuel Nahm 1908

4

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

## RETURN OF A DEATH.

376

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

1. Name of deceased Samuel Nahm  
2. Sex Male 3. Color White 4. Age 75  
5. Married or single Married  
6. Date of death Jan'y 7<sup>th</sup> 1908.  
7. Cause of death Heart Disease  
8. Duration of last illness.....  
H. P. Cartwright M. D.  
Residence..... BOWLING GREEN, KY

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

9. Occupation Merchant  
10. Place of birth Garriguey  
11. Residence Main St. Bowling Green Ky Ward No. 1  
12. Time of residence in the city 38 yrs.  
13. When a minor { Name of mother.....  
Name of father.....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Jan'y 8<sup>th</sup> 1908  
GERARD & GERARD Undertaker.  
Date of Certificate Jan'y 8/08. Residence BOWLING GREEN, KY

Alice M. Nayrocker

5-1

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

# RETURN OF A DEATH.

484

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Alice M. Nayrocker  
 2. Sex Female 3. Color white 4. Age 16  
 5. Married or single \_\_\_\_\_  
 6. Date of death July 4/08  
 7. Cause of death Accidental Poisoning  
 8. Duration of last illness \_\_\_\_\_  
C. E. Goddard M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth BG 14  
 11. Residence Peru Ind. Ward No. \_\_\_\_\_  
 12. Time of residence in the City. (0)  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           Name of Father H. Nayrocker  
 14. Place of intended interment Peru BG 14  
 15. Date of intended interment July 6 1908  
T. H. Payne Wife, Undertaker.  
 Date of Certificate July 6 - 08 Residence \_\_\_\_\_

1908

Alice M. Nayrocker 1908

**ORIGINAL.** Transit Permit No. \_\_\_\_\_

Railroad. **FORM E**

## TRANSPORTATION OF CORPSE.

INDIANA STATE BOARD OF HEALTH.

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of Deceased Alice M. Nayrocker Date of Death July 4, 1908

Hour of Death 9 A. M. Age 16 Years \_\_\_\_\_ Months 11 Days \_\_\_\_\_

Place of Death Peru Ind? Cause of Death accidental poisoning  
 which is a Non Communicable disease. By carbolic acid  
(Communicable or non-communicable.)

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

C. E. Goodrick M. D. or Coroner.

Residence Peru County of Miami State of Indiana

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**PERMIT OF LOCAL BOARD OF HEALTH.**

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the City of Peru County of Miami  
(City or Township.)

State of Indiana on the 5 day of July

Permission is hereby given William F. Shuck holder of Embalmer's Permit No. 49

to remove for burial at Bowling Green in the County of Warren

State of Kentucky the body of Alice M. Nayrocker

who died at Peru County of Miami State of Ind?

on the 4 day of July Aged 16 Years \_\_\_\_\_ Months 11 Days,

and Henry Nayrocker is hereby authorized to accompany said remains.

[SEAL] Signed L. O. Malbury Health Officer.

RULE 1. The transportation of bodies dead of small-pox, Asiatic cholera, yellow fever, typhus fever or bubonic plague, is absolutely forbidden.  
 This Form E must be detached and delivered to the person in charge of the corpse, who must also have a burial permit.

**BURIAL PERMIT MUST ACCOMPANY THIS FORM.**

Charles Nayrocker 1897

1083 6

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Chas Nayrocker  
2. Sex male . 3. Color white 4. Age 42 yrs  
5. Married or single married  
6. Date of Death Dec 12 1897  
7. Cause of Death Organic heart disease.  
8. Duration of last Illness Two days.  
7 B 20 Thomas R. Knight, M. D.  
Residence Burlington Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation RR man  
10. Place of Birth County  
11. Residence East High 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 Cem  
15. Date of intended Interment Dec 14 1897  
Pratt & Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Henry Nayrocker 1913

7-1

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

# RETURN OF A DEATH.

1389

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Henry Nayrocker*  
 2. Sex *Male* 3. Color *White* 4. Age *51 yrs.*  
 5. Married or single *Married*  
 6. Date of death *May, 4<sup>th</sup> 1913.*  
 7. Cause of death *Bartramona Gall B. fiddler (as per vital statistics)*  
 8. Duration of last illness *E. A. Gerard, Funeral Director*  
 Residence *Bowling Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *R. R. Engineer.*  
 10. Place of birth *Ky*  
 11. Residence *J. H. Wagner Ind.* 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 8 - 1913*

*GERARD & GERARD* Undertaker.  
 Date of Certificate *MAY 8 - 1913* Residence *Bowling Green, Ky*

Henry Nayrocker

7-211

This Certificate and the shipping paster below must be detached at this perforation and securely tacked or pasted on the end of the coffin box.

FORM **F**

**CERTIFICATE OF UNDERTAKER**

I hereby certify that the accompanying dead body of Henry Nayrocker  
(If a minor give the parents' name also.)

Consigned to Rowling Green in the County of Warren State of Kentucky  
 and who died of Concussion of Skull has been prepared by me, strictly in accordance with the Rules  
 of the Indiana State Board of Health, for transportation by Railway and in conformity with said Rules as printed on the back of this  
 permit, and I further certify that I hold Embalmer's Permit (No. 1148) issued by the State Board of Embalmers.

J. H. Schumann, Jr.  
 Shipping Undertaker.  
 W. C. No. 8.

Residence W. H. Nayrocker, Ind.

**PASTER** Transit Permit No. \_\_\_\_\_

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

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

Date May 5-1913

From Fort Wayne Ind. to Penn. State of Ind.

No. of Ticket of Escort 24 942-6077 Form No. of Ticket of Escort Cash - card

No. of Corpse Ticket 718.07-3290 Form No. of Corpse Ticket Imp Pass

Via Wabash R. R. To Penn.

Via Penn to Logan R. R. To \_\_\_\_\_

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

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

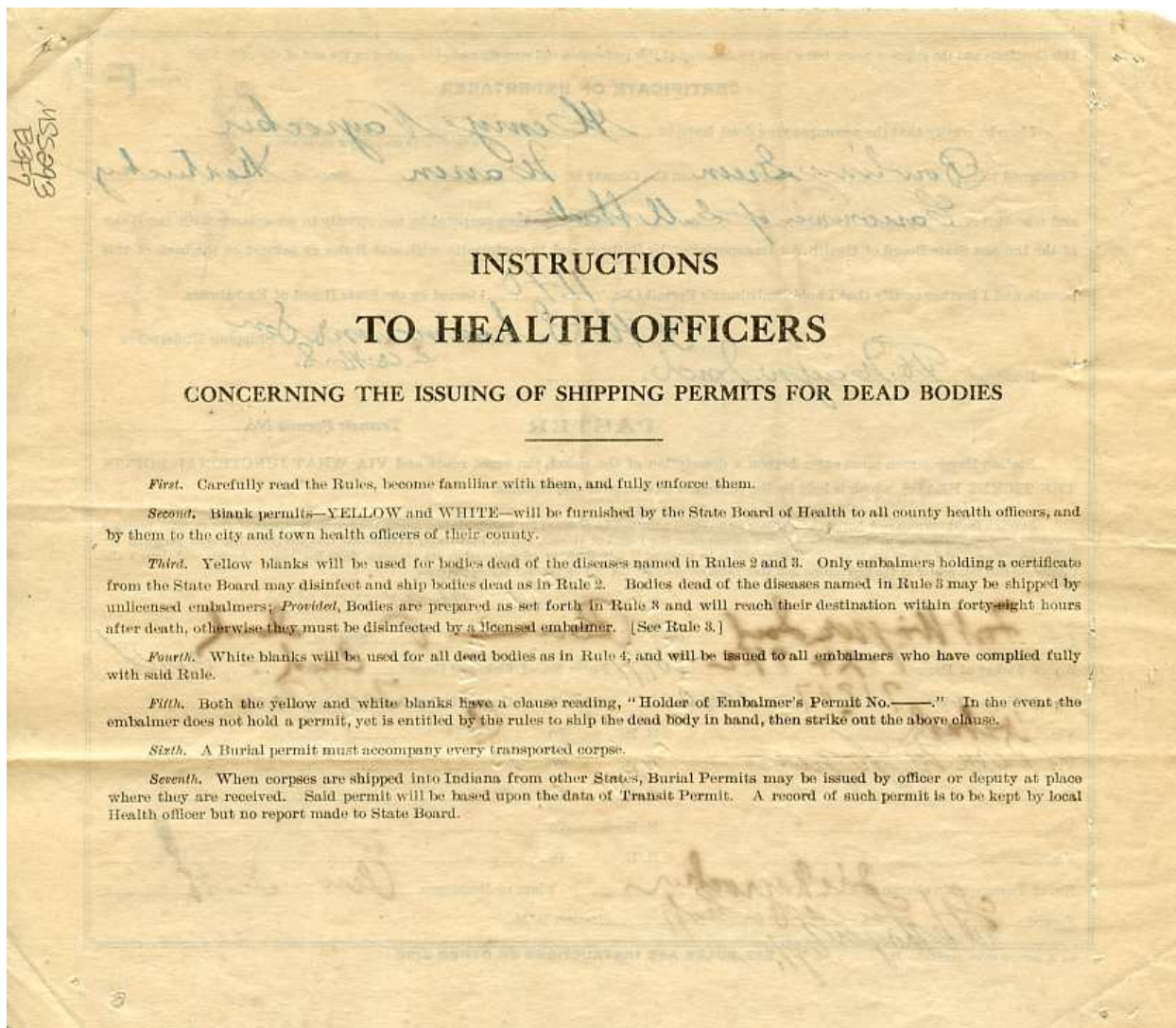
Via \_\_\_\_\_ R. R. To \_\_\_\_\_

No. of Passenger in charge J. H. Nayrocker Place of Residence Penn. Ind.

Signed J. H. Nayrocker Station B. M.

Wm. G. DORFORD PRINT. IND'Y. SEE RULES AND INSTRUCTIONS ON OTHER SIDE

Henry Nayrock



Louisa Nayrocker 1894

8

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Louisa Nayrocker

2. Sex female . 3. Color white . 4. Age 5 yrs

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

6. Date of Death June 4 1894

7. Cause of Death Scarletina

8. Duration of last Illness 7 or 8 Days

Wm C. Cuyfolds, M. D.  
Residence Pl. Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth city

11. Residence Adam St . Ward No. 3

12. Time of Residence in the City life

13. When a Minor { Name of Mother Ida May Nayrocker  
Name of Father Henry Nayrocker

14. Place of intended Interment Fairview Cem

15. Date of intended Interment June 6 1894

Boath & Payne, Undertaker.

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

Louisa Nayrocker

314

9

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Mrs

- 1. Name of deceased *Louisa Nayrocker*
  - 2. Sex *Female* . 3. Color *White* . 4. Age *62*
  - 5. Married or Single *Married*
  - 6. Date of Death *July 19<sup>th</sup> 1891*
  - 7. Cause of Death *Pneumonia Pulmonalis.*
  - 8. Duration of last Illness *Several days*
- C. S. Trotter*, M. D.  
Residence *State St.,*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
  - 10. Place of Birth *Kentucky*
  - 11. Residence *East Chestnut* . Ward No. *1<sup>st</sup>*
  - 12. Time of Residence in the City
  - 13. When a Minor. } Name of Mother  
                              } Name of Father
  - X 14. Place of intended Interment ~~*West Main Street*~~
  - 15. Date of intended Interment *July 20<sup>th</sup> 1891*
- A. W. Good*, Undertaker.  
Date of Certificate *July 21<sup>st</sup>* . Residence

Place of Interment *Harwood Court*

1891

Clara Neal

3 10

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Clara Neal*

2. Sex *Girl* . 3. Color *Blk* . 4. Age *8 Mo*

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

6. Date of Death *Dec 24*

7. Cause of Death *Whooping Cough*

8. Duration of last Illness *2 or 3 weeks.*  
*No Physician, 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

Darcus Ann Neal 1908

11

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

# RETURN OF A DEATH.

5242

## Physician's Certificate Preparatory to Burial.

*Marsh*

1. Name of deceased *Darcus Ann Neal*
2. Sex *Female*      3. Color *White*      4. Age *72*
5. Married or single *Widow*
6. Date of death *Nov 10 1908*
7. Cause of death *Pneumonia*
8. Duration of last illness *Tom. W. Stover* M. D.  
Residence **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation
  10. Place of birth
  11. Residence *Adams St*      Ward No. *Warren Co.*
  12. Time of residence in the city *4 years*
  13. When a minor { Name of mother  
Name of father
  14. Place of intended interment *Forest Green Graveyard*
  15. Date of intended interment *Nov 11th 1908*
- GERARD & GERARD**, Undertaker.  
Date of Certificate *Nov 10 1908*      Residence **BOWLING GREEN, KY**

Mrs. J. R. Neal 1892

12

*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 *Mrs J R Neal*

2. Sex *Female* 3. Color *White* 4. Age *29 years*

5. Married or Single *Married*

6. Date of Death *July 2<sup>nd</sup> 1892*

7. Cause of Death *Consumption*

8. Duration of last Illness *5 months*

*J. F. Dumas*, M. D.  
Residence *703 Porter St. Bowling Green Ky*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

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

10. Place of Birth *Burien County*

11. Residence *Main & Clay* Ward No. *4<sup>th</sup>*

12. Time of Residence in the City *18 mo*

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

14. Place of intended Interment *Beekun Grove Yard*

15. Date of intended Interment *July 3<sup>rd</sup> 1892*

*F. C. Grund*, Undertaker.

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



E. P. Neale 1908

13-1

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

## RETURN OF A DEATH.

440

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased E. P. Neale

2. Sex male 3. Color white 4. Age 86 yrs

5. Married or single widower

6. Date of death March 5 1908

7. Cause of death Senility.

8. Duration of last illness 2 months

J. H. Blackburn, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation [Redacted]

10. Place of birth Allen County Ky

11. Residence Neale 3rd State St Ward No. \_\_\_\_\_

12. Time of residence in the City. years

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

14. Place of intended interment Fairview Court

15. Date of intended interment Mar 6/08

Ed Hawley Payne Undertaker.

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

E. P. Neale 1908

13-2

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

# RETURN OF A DEATH.

468

## Physician's Certificate Preparatory to Burial.

1. Name of deceased E. P. Neale

2. Sex ..... 3. Color ..... 4. Age .....

5. Married or single .....

6. Date of death ..... June 9 - 1908

7. Cause of death ..... Recurred from

8. Duration of last illness ..... Hay fever

..... M. D.

Residence ..... Summit St

## 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 .....

J. H. ... Undertaker.

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

Mrs. E. P. Neale 1903

14

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs. E. P. Neale  
 2. Sex female 3. Color white 4. Age —  
 5. Married or single yes  
 6. Date of death July - 3 - 1903  
 7. Cause of death Apoplexy  
 8. Duration of last illness Several months  
 A.T. No. 6. A. T. McCosack, M. D.  
 Residence State 718" St

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " " " "  
 10. Place of birth " " " "  
 11. Residence 124 Park 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 Morganfield Ky  
 15. Date of intended interment —

T. HAWLEY PAYNE, Undertaker.  
 Funeral Director & Embalmer.  
Bowling Residence Ky.

Date of Certificate —

Harriett Neeley 1903

15

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Harriet Neeley*  
2. Sex *female* 3. Color *col* 4. Age *40*  
5. Married or single *widow*  
6. Date of death *Nov 30 1903*  
7. Cause of death *expansion pneumonia*  
8. Duration of last illness \_\_\_\_\_

*J. E. Gray* M. D.  
Residence *Warren County*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Laborer*  
10. Place of birth *Simpson co*  
11. Residence *Porter Brick 1st* 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 *St. Maria*  
15. Date of intended interment *Dec 1st 1903*

T. HAWLEY PAYNE,  
Funeral Director & Embalmer, Undertaker.  
*Bowling Green, Ky.*  
Residence \_\_\_\_\_

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

Catherine Neely 1910

76

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

# RETURN OF A DEATH.

880

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Catherine Neely
  2. Sex Female 3. Color White 4. Age 10 mo.
  5. Married or Single Single
  6. Date of death Aug. 6" 1910.
  7. Cause of death Ileo-Colitis
  8. Duration of last illness \_\_\_\_\_
- E. N. Hall, M. D.  
Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_
  10. Place of birth BOWLING GREEN, KY
  11. Residence 10th St. BOWLING GREEN, KY Ward No. 3
  12. Time of residence in the city \_\_\_\_\_
  13. When a minor { Name of Mother Mrs. Frank Neely  
Name of Father Frank Neely
  14. Place of intended interment Still Grave yard.
  15. Date of intended interment Aug. 17" 1910.
- GERARD & GERARD, Undertaker.
- Date of Certificate Aug. 17/1910. Residence \_\_\_\_\_

George Nelson 1908

17

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

## RETURN OF A DEATH.

448

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

1. Name of deceased Geo Nelson

2. Sex male 3. Color Col 4. Age 70

5. Married or single Married

6. Date of death April 25 - 1908.

7. Cause of death Suited by runaway horse

8. Duration of last illness.....

O. D. Foster M. D.

Residence.....

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

9. Occupation Brick moulder

10. Place of birth Virginia

11. Residence Kentucky St Ward No. 3

12. Time of residence in the city 150 years

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

14. Place of intended interment mt maria's Cemetery

15. Date of intended interment April 28

J. E. King Undertaker.

Date of Certificate April 25, 1908 Residence.....  
Cor 7th college St.

Maude Nelson 1906

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

# RETURN OF A DEATH.

#144

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Maude Nelson*  
 2. Sex *Female* 3. Color *White* 4. Age *16 yrs*  
 5. Married or single *Single*  
 6. Date of death *Dec 28 / 1906*  
 7. Cause of death *Uremia*  
 8. Duration of last illness *10 days*  
 Signature *T. W. Sisson*, M. D.  
 Residence *Bowling Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Humbolt Tenn*  
 11. Residence *Bowling Green Ky* Ward No. *3*  
 12. Time of residence in the City. *Three Months*  
 13. When a minor { Name of Mother *Mrs Lula Nelson*  
                           Name of Father *Geo Nelson*  
 14. Place of intended interment *Humbolt Tenn*  
 15. Date of intended interment *Dec 30<sup>th</sup> 1906.*  
 Signature **GERARD & GERARD.**, Undertaker.  
 Date of Certificate *Dec 29-1906* Residence **BOWLING GREEN, KY**

A. J. Newton 1897

1073 19

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 A. J. Newton  
2. Sex Male 3. Color White 4. Age 68 yrs  
5. Married or single \_\_\_\_\_  
6. Date of Death Nov 12 1897  
7. Cause of Death Valva disease of heart  
8. Duration of last Illness \_\_\_\_\_  
A. G. Wright, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Edmonson Co. Ky  
11. Residence Church Street Ward No. 7<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 Nov 14 1897  
Gerard T. Guard, Undertaker.  
Date of Certificate Nov 12/97 Residence \_\_\_\_\_



Mrs. A. J. Newton 1897

1051 20

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. A. J. Newton*  
2. Sex *Female* 3. Color *White* 4. Age *62 yrs.*  
5. Married or single *Married*  
6. Date of Death *Sept. 17<sup>th</sup> 1897*  
7. Cause of Death *Softening of the Brain*  
8. Duration of last Illness \_\_\_\_\_  
*A. C. Knight*, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence *Church Street* Ward No. *3<sup>rd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Funerary*  
15. Date of intended Interment *Sept. 19<sup>th</sup> 1897*  
*F. G. Guard & Guard* Undertaker.  
Date of Certificate *Sept. 17/97* Residence \_\_\_\_\_

Aluna Newton 1893

531

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 Aluna Newton
2. Sex Female 3. Color White 4. Age 5 yrs
5. Married or single Single
6. Date of Death July 29/93
7. Cause of Death Dysentery
8. Duration of last Illness 3 weeks

H. P. Cozworth, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
  10. Place of Birth City
  11. Residence Church Street Ward No. 4th
  12. Time of Residence in the City 5 yrs -
  13. When a Minor } Name of Mother Mrs Ida Newton  
 } Name of Father Joe Newton "Deaf"
  14. Place of intended Interment Fairview Cemetery
  15. Date of intended Interment July 30/93
- F. L. Grand & Sons, Undertaker.
- Date of Certificate July 30/93 Residence City.

Cecilia A. Newton 1905

22

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Cecilia A. Newton*  
2. Sex *female* 3. Color *white* 4. Age *64 yrs*  
5. Married or single *widow*  
6. Date of death *April - 12 - 1905*  
7. Cause of death *Pneumonia*  
8. Duration of last illness *10 days*  
*F. D. Cartwright*, M. D.  
Residence *Main St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*  
10. Place of birth *Fairview Ky*  
11. Residence *Main St* Ward No. \_\_\_\_\_  
12. Time of residence in the City. *40 yrs*  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cem*  
15. Date of intended interment *April - 14 - 1905*  
*Hawley Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Charley Newton 1879

This 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 *Charley Newton*
  2. Sex *Male* . 3. Color *Black* . 4. Age *6 years*
  5. Married or Single *Single*
  6. Date of Death *March 5<sup>th</sup> 1879*
  7. Cause of Death *Tuberculosis of Lungs*
  8. Duration of last Illness *3 months.*
- Blakely & Lippincott, M. D.*  
Residence

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

9. Occupation \_\_\_\_\_
  10. Place of Birth *Bowling Green*
  11. Residence \_\_\_\_\_ . Ward No. *3*
  12. Time of Residence in the City \_\_\_\_\_
  13. When a Minor { Name of Mother *Fannie Newton*  
Name of Father \_\_\_\_\_
  14. Place of intended Interment *Col Cemetery*
  15. Date of intended Interment *Mar 6<sup>th</sup> 79*
- J. W. Edwards* , Undertaker.  
Date of Certificate *Mar 6<sup>th</sup> 79.* Residence \_\_\_\_\_

George F. Newton 1911

24

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

# RETURN OF A DEATH.

953

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs F Newton
  2. Sex Male      3. Color white      4. Age 73
  5. Married or Single Widower
  6. Date of death Jan 13 1911
  7. Cause of death Carcinoma of Stomach
  8. Duration of last illness From Sept 28<sup>th</sup> 1910 to Jan 13<sup>th</sup> 1911
- O. E. Dowdell, M. D.

Residence 1472 Cottage St Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation retired
  10. Place of birth Peters Home Mass
  11. Residence Bowling Green Ky Ward No. 3
  12. Time of residence in the city 8 years
  13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
  14. Place of intended interment Fairview Cem
  15. Date of intended interment Jan 15 1911
- Ernest Killen, Undertaker.
- Date of Certificate Jan 14 1911      Residence Bowling Green

James R. Newton 1900

25

This 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 R. Newton
2. Sex Male 3. Color White 4. Age 66 years
5. Married or single Married
6. Date of death Nov 18/1900.
7. Cause of death Chronic Brights Nephrosis
8. Duration of last illness

H. P. Cartwright, M. D.  
Residence Bowling Green Ky.

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
  10. Place of birth Burnsville Ky
  11. Residence Main 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 Nov 19/1900.
- Garard and Garard, Undertaker.
- Date of Certificate Nov 18/1900. Residence \_\_\_\_\_

Joe Newton 1891

338 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 Joe. Newton  
 2. Sex Male 3. Color White 4. Age 29 yrs.  
 5. Married or Single Married  
 6. Date of Death September 4 / 1891.  
 7. Cause of Death Killed by Train.  
 8. Duration of last Illness \_\_\_\_\_  
Cartwright Crowder, M. D.  
 Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation Railroader  
 10. Place of Birth Warren County  
 11. Residence Church street Ward No. 4th  
 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. 6 / 1891.  
F. C. Gerard, Undertaker.  
 Date of Certificate Sept 5 / 91. Residence City.

Kelley Neton 1891

27

*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 *Mrs. Kelley Neton*  
 2. Sex *Female* 3. Color *White* 4. Age \_\_\_\_\_  
 5. Married or Single *Married*  
 6. Date of Death *Aug 8/91*  
 7. Cause of Death *Typhoid Fever*  
 8. Duration of last Illness *8 weeks*  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Butler 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 *No. Row Farm*  
 15. Date of intended Interment *Aug 9<sup>th</sup>/91*  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate *Aug 9/91* Residence \_\_\_\_\_



Pearl Newton 1908

28

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

# RETURN OF A DEATH.

SSS

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Pearl Newton*  
 2. Sex *Female* 3. Color *White* 4. Age *3 Mos.*  
 5. Married or single *Single*  
 6. Date of death *DEC 6 1908*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness *several days*  
 J. F. Duncan M. D.  
 Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth *Warren County*  
 11. Residence *Clay St. Portus Add.* Ward No. *2*  
 12. Time of residence in the city  
 13. When a minor { Name of mother *Mrs. Dona Newton*  
 Name of father *Osby Newton*  
 14. Place of intended interment *Still Grave yard, Warren Co.*  
 15. Date of intended interment *Dec 8 1908*  
 GERARD & GERARD, Undertaker.  
 Date of Certificate *Dec 7/1908* Residence *BOWLING GREEN, KY*

SP62M  
1908

S. L. Newton 1911

29

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

# RETURN OF A DEATH.

1123

## Physician's Certificate Preparatory to Burial.

1. Name of deceased S. L. Newton  
 2. Sex Male Color White 4. Age 81 yrs.  
 3. Married or Single Widower  
 6. Date of death Dec. 23" 1911.  
 7. Cause of death Organic heart disease  
 8. Duration of last illness Four months  
J. W. Overmire, M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Edmonton, Kan.  
 11. Residence Church St. Ward No. 3.  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Dec 25" 1911.  
GERARD & GERARD, Undertaker.  
 Date of Certificate Dec 25/11 Residence BOWLING GREEN, KY.

Mrs. S. L. Newton 1905

30

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs S. L. Newton*  
2. Sex *Female* 3. Color *White* 4. Age *65*  
5. Married or Single *Married*  
6. Date of death *Mar 4 '05.*  
7. Cause of death *Pneumonia*  
8. Duration of last illness  
*S. W. Coombs*, M. D.  
Residence

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
10. Place of birth *Warren County*  
11. Residence *Church St.* Ward No. *3.*  
12. Time of residence in the city  
13. When a minor { Name of Mother  
Name of Father  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Mar 6 '05*  
*Gerard and Guard*, Undertaker.  
Date of Certificate *Mar. 6/05.* Residence

Child of S. L. & Freck Newton 1879

51 31

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

**RETURN OF A DEATH.**

Infant of S. L. & Freck Newton

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Newton

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

5. Married or Single single

6. Date of Death June 28th

7. Cause of Death Still Born

8. Duration of last Illness           

W. B. Spring M. D.  
Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation           

10. Place of Birth Bowling Green

11. Residence " " . Ward No. 3

12. Time of Residence in the City           

13. When a Minor { Name of Mother Freck Newton  
Name of Father S. L. Newton

14. Place of intended Interment Fairview Cemetery

15. Date of intended Interment June 29th 1879

F. C. Grover, Undertaker.

Date of Certificate            . Residence           

Democrat Print.

Child of W. A. Newton 1897

1043 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 *Child of W. A. Newton*  
2. Sex *Female* 3. Color *White* 4. Age *8 months*  
5. Married or single *single*  
6. Date of Death *Aug 26 - 1897*  
7. Cause of Death *Broncho Pneumonia*  
8. Duration of last Illness \_\_\_\_\_

*J. M. Mc Cormack*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Maple Street* Ward No. *3*  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father *W. A. Newton*  
14. Place of intended Interment *Union Cemetery*  
15. Date of intended Interment *August 27 1897*

*F. G. Guard* Undertaker.  
Date of Certificate *Aug 26/97* Residence *Guard*

Child of W. A. & Lilly Newton 1896

8-53 33

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of W. A. Newton*  
2. Sex *Male* 3. Color *White* 4. Age *9 mo.*  
5. Married or single *Single*  
6. Date of Death *Feb'y 27/1896*  
7. Cause of Death *Pneumonia*  
8. Duration of last Illness \_\_\_\_\_  
*J. E. Meredith*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Main Street* Ward No. *4th*  
12. Time of Residence in the City *9 months*  
13. When a Minor { Name of Mother *Mrs. Lilly Newton*  
Name of Father *W. A. Newton*  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Feb'y 28/1896*  
*J. C. Guard & Son*, Undertaker.  
Date of Certificate *Feb'y 27/96* Residence \_\_\_\_\_

Amelia Nickolds 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 Amelia Nickolds  
 2. Sex female 3. Color black 4. Age 35 yrs  
 5. Married or single married  
 6. Date of death Aug. 5 - 1906.  
 7. Cause of death Pulmonary Tuberculosis  
 8. Duration of last illness About eight months  
O. W. [unclear], M. D.  
 Residence Bowling Green Ky

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeeper  
 10. Place of birth Warren Co.  
 11. Residence Base Potter St Ward No. 3  
 12. Time of residence in the City.  
 13. When a minor { Name of Mother Russ Smith  
 Name of Father Berry Smith  
 14. Place of intended interment Mt. Mariah Cemetery  
 15. Date of intended interment Aug. 6 - 1906  
J. E. [unclear] Undertaker.  
 Date of Certificate Aug 10 1906 Residence Leon 17 & College St.

Annie Nickolds 1909

35

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

# RETURN OF A DEATH.

683

## Physician's Certificate Preparatory to Burial.

1. Name of deceased..... *Annie Nickolds*
2. Sex *female* 3. Color..... *col* 4. Age..... *60 yrs*
5. Married or single..... *Single*
6. Date of death..... *Aug. 23 - 09.*
7. Cause of death.....
8. Duration of last illness.....

M. D.

Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation..... *Janitor*
10. Place of birth..... *St. Armand*
11. Residence..... *Kentucky St.* Ward No. *3*
12. Time of residence in the city..... *During life*
13. When a minor { Name of mother..... *Caroline Woods*  
Name of father.....
14. Place of intended interment..... *In Pauper Cemetery*
15. Date of intended interment..... *Aug. 24 - 09.*

*J. E. Gray Kendall* Undertaker.

Date of Certificate..... *Aug. 24 - 09.* Residence.....

*77 College St*



William Nicholl 1877

36

This 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 Nicholl*
  2. Sex *male*      3. Color *White*      4. Age *45*
  5. Married or Single *Married*
  6. Date of Death *Dec 3<sup>d</sup> 1877*
  7. Cause of Death *Brain & Portia*
  8. Duration of last Illness *3 days*
- Wm Nicholl*, M. D.  
Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Stone Mason*
  10. Place of Birth *Scotland*
  11. Residence *B Green*      Ward No. *3*
  12. Time of Residence in the City *10 years*
  13. When a Minor { Name of Mother \_\_\_\_\_  
                              Name of Father \_\_\_\_\_
  14. Place of intended Interment \_\_\_\_\_
  15. Date of intended Interment *Dec 4<sup>th</sup> 77*
- Jm Green*, Undertaker.  
Date of Certificate *Dec 3<sup>d</sup>*      Residence \_\_\_\_\_

Pantagraph Print.

Laura Nichols 1912

37

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

# RETURN OF A DEATH.

1256

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Laura Nichols  
 2. Sex female 3. Color red 4. Age 33  
 5. Married or Single married  
 6. Date of death 9-20-12  
 7. Cause of death Septicæmia  
 8. Duration of last illness about 6 months  
Z. K. Jones, M. D.  
 Residence 211 Main St. Bowling Green

## Undertaker's Certificate in Relation to Deceased.

9. Occupation BOWLING GREEN, KY  
 10. Place of birth BOWLING GREEN, KY  
 11. Residence 7th 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 Mt. Moriah Cemetery  
 15. Date of intended interment Sept. 21" 1912.  
GERARD & GERARD.  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate SEP 21 1912 Residence BOWLING GREEN, KY

Mary E. Nichols 1905

38

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary E. Nichols*
2. Sex *Female* 3. Color *White* 4. Age *30*
5. Married or Single *Married*
6. Date of death *June 24 1905*
7. Cause of death *Cerebral Embolism*
8. Duration of last illness *4 wks*  
*G. W. Stone* M. D.  
Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....
10. Place of birth .....
11. Residence *Adams St City* 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 *June 25<sup>th</sup> 1905*  
*Gerard & Gerard*, Undertaker.
- Date of Certificate *June 24 1905* Residence .....

Nellie Nicholson 1893

39

*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 *x Nellie Nicholson*  
2. Sex *female* . 3. Color *white* . 4. Age *x 10 yrs.*  
5. Married or Single *Single*  
6. Date of Death *Oct. 21 1893*  
7. Cause of Death *Typhoid fever*  
8. Duration of last Illness *Ten days*  
*S. M. Coomb* *S. H. Coomb*, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *x Columbia, Tenn.*  
11. Residence *Smy St* . Ward No. *2*  
12. Time of Residence in the City *x Sept. 1.*  
13. When a Minor. ) Name of Mother *Mrs. J. H. Nicholson.*  
                          ) Name of Father *Mr. J. H. Nicholson.*  
14. Place of intended Interment *Rose Hill Cem.*  
15. Date of intended Interment *Columbia, Tenn.*  
*Prather Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

H. F. Nimmo 1903

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 *H. F. Nimmo*  
 2. Sex *Male* 3. Color *White* 4. Age *53 yrs*  
 5. Married or single *Married*  
 6. Date of death *Feb 7 1903*  
 7. Cause of death *Inflammation of Stomach*  
 8. Duration of last illness  
*Tom W. Stone*, M. D.  
 Residence *City*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
 10. Place of birth *Tennessee*  
 11. Residence *10th St.* Ward No. *2*  
 12. Time of residence in the City. *2 weeks*  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *Catholic Church*  
 15. Date of intended interment *Feb 9 1903*  
*Edward T. Leonard*, Undertaker.  
 Date of Certificate *Feb 2 1903* Residence \_\_\_\_\_

Catharine Nolan 1881

2.2 41

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Catharine Nolan*
2. Sex *Female* . 3. Color *white* . 4. Age *31 years*
5. Married or Single *Single*
6. Date of Death *July 4th 1881*
7. Cause of Death *Hæmoptysis*
8. Duration of last Illness *Several months*

*A. B. Johnson*, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of Birth *Kenton Co Ky*
11. Residence *40 years Summ St. Ward No 2*
12. Time of Residence in the City *10 years*
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended Interment *Catholic Cem*
15. Date of intended Interment *July 5<sup>th</sup> 1881*

*A. B. Johnson*, Undertaker.

Date of Certificate *July 5<sup>th</sup> 1881* Residence \_\_\_\_\_

Democrat Job Print

Cathrine Nolan 1906

#30 42

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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 Cathrine Nolan  
2. Sex female 3. Color white 4. Age 61 yrs  
5. Married or single widow  
6. Date of death May 31 1906  
7. Cause of death Apoplexy  
8. Duration of last illness sudden  
T. W. Starn M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth County Longford Ireland  
11. Residence College St Ward No. \_\_\_\_\_  
12. Time of residence in the City. years  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment St Joseph Church  
15. Date of intended interment June 2<sup>nd</sup> 1906  
Harry Payne Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Frank Nordlom 1905

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 *Frank Nordlom*  
 2. Sex *Male* Color *White* 4. Age *32 yrs.*  
 5. Married or Single *Single.*  
 6. Date of death *January 22<sup>nd</sup> 05*  
 7. Cause of death *Pulmonary Tuberculosis*  
 8. Duration of last illness *13 months*  
 \_\_\_\_\_, M. D.  
 Residence *Burdette Ave 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 *Fairview Sanitary.*  
 15. Date of intended interment *Jan. 24<sup>th</sup> 05*  
   *Harold J. Gerard*, Undertaker.  
 Date of Certificate *Jan. 23/05* Residence \_\_\_\_\_



John Norris 1906

44

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

# RETURN OF A DEATH.

#7 ✓

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Norris  
 2. Sex male 3. Color white 4. Age 56 yrs  
 5. Married or single married  
 6. Date of death July - 25 - 1906.  
 7. Cause of death Baker Strachan  
 8. Duration of last illness week or 10 days.  
 Dr. Huddle, F. E. Huddle. M. D.  
 Residence city.

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

9. Occupation " "  
 10. Place of birth Lawrence  
 11. Residence 1st St. Ward No. \_\_\_\_\_  
 12. Time of residence in the City. 10 years  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Bethel near Gate Stone  
 15. Date of intended interment July - 26 - 1906  
Harvey Payne, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Martha North 1893

526 45

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Martha North*  
2. Sex *Female* 3. Color *W* 4. Age *13 yrs*  
5. Married or single *Single*  
6. Date of Death *July 12/93*  
7. Cause of Death *Scarlet*  
8. Duration of last Illness \_\_\_\_\_

*J. Johnson*, M. D.  
Residence *Balmuckey*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Glasgow Ky*  
11. Residence \_\_\_\_\_ 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 *Catholic Cem.*  
15. Date of intended Interment *July 13/93.*  
*J. L. Howard & Son*, Undertaker.  
Date of Certificate *July 13/93.* Residence \_\_\_\_\_

John North 1909

46-1

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

# RETURN OF A DEATH.

623

## Physician's Certificate Preparatory to Burial.

1. Name of deceased John Norton  
 2. Sex Male 3. Color White 4. Age 23 years  
 5. Married or Single Single  
 6. Date of death May 14-1909  
 7. Cause of death Pneumonia  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Clerk  
 10. Place of birth Danville, Ky  
 11. Residence Louisville Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment St Joseph Cemetery  
 15. Date of intended interment May 15-1909  
GERARD & GERARD, Undertaker.  
 Date of Certificate May 15-09 Residence City

John North 1909

(Always write with ink.)

**TRANSIT PERMIT.**

**TRANSPORTATION OF CORPSE.**  
**KENTUCKY STATE DEPARTMENT OF HEALTH.**

Transit Permit No. ....

**PERMIT OF LOCAL BOARD OF HEALTH.**  
**Department of Health, State of Kentucky.**

*This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent before a body can be shipped.*

In the City of Louisville County of Jefferson  
(City, Town or Village.)

State of Kentucky, on this 14 day of May 1909

Permission is hereby given L. D. Bay holder of Embalmer's License No. 24

to remove for burial at Bowling Green County of Warren

State of Ky the body of John Norton

who died at Louisville County of Jefferson

on the 13 day of May 1909, at M. Aged 23 years months and days,

the cause of death being Parasomnia which is a (Communicable or Non-Communicable.) disease requiring shipment under Rule No. 11 of the Rules of the Kentucky State Department of Health for the Transportation of the dead, as printed on the back of this Permit.

Name of person in charge of Transit. J. Fitzpatrick

Signed J. H. Baker  
Registrar of Records of the Department of Health  
of the State of Kentucky

*This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.*

John North 1909

MSS 293  
B3F7

### TRANSPORTATION RULES

APPROVED AND ADOPTED BY THE AMERICAN ASSOCIATION OF GENERAL BAGGAGE AGENTS, THE CONFERENCE OF STATE AND PROVINCIAL BOARDS OF HEALTH, AND THE NATIONAL FUNERAL DIRECTORS' ASSOCIATION.

**RULE 1.** The transportation of bodies dead of smallpox and bubonic plague, from one state, territory, district or province to another, is absolutely prohibited.

**RULE 2.** The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria, (membranous croup), scarlet fever, (scarlatina, scarlet rash), typhoid, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an embalmer holding a certificate as such, issued by the State or Provincial Board of Health, or other state or provincial authority provided for by law.

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

For interstate transportation under this rule only embalmers holding a license issued or approved by the State or Provincial Boards of Health, or other state or provincial authority provided by law, after examination, shall be recognized as competent to prepare such bodies for shipment.

**RULE 3.** The bodies of those dead of typhoid fever, puerperal fever, tuberculosis or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket, or air-tight metal-lined box, provided that this shall apply only to bodies which can reach their destination within 30 hours from time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2, when air-tight sealing and bandaging with cotton may be dispensed with.

**RULE 4.** The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from time of death. If the body cannot reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

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

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the

spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 3 notice must be sent by telegraph by the shipping embalmer to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

**RULE 6.** Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The transit permit must be made in duplicate, and the signature of the physician, coroner, health officer and undertaker must be on both the original and duplicate copies. The undertaker's certificate and pastor of the original shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse. The duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the secretary of the State or Provincial Board of Health of the state or province from which said shipment is made.

**RULE 7.** When bodies are shipped by express a transit permit as described in Rule 6 must be made out in duplicate. The undertaker's certificate and pastor of the original shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to accompany the express waybill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sent by the forwarding express agent to the secretary of the State or Provincial Board of Health of the state or province from which said shipment was made.

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

**RULE 9.** All rules and parts of rules conflicting with these rules are hereby repealed.

Jennie Nugent 1901

47

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Jennie Nugent*  
 2. Sex *Female* 3. Color *White* 4. Age *21 yob*  
 5. Married or single *Single*  
 6. Date of death *June 22/1901*  
 7. Cause of death *Typhoid Fever*  
 8. Duration of last illness  
*A. J. Francis* M. D.  
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
 10. Place of birth *City*  
 11. Residence *Chestnut St.* Ward No. *1*  
 12. Time of residence in the City. *Life time*  
 13. When a minor { Name of Mother *Mrs Owen Nugent*  
 Name of Father *Owen Nugent*  
 14. Place of intended interment *St. Josephs Cemetery*  
 15. Date of intended interment *June 24/1901*  
*Gerard Gerard*, Undertaker.  
 Date of Certificate *June 23/1901* Residence

Josie Nugent 1901

48

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Josie Nugent*  
 2. Sex *Female* 3. Color *White* 4. Age *19 yrs*  
 5. Married or single *Single*  
 6. Date of death *Nov. 29<sup>th</sup> 1901*  
 7. Cause of death *Consumption*  
 8. Duration of last illness  
*Sarah J. Milroy*, M. D.  
 Residence *Bowling Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
 10. Place of birth *Bowling Green Ky*  
 11. Residence *Water works* Ward No. *1*  
 12. Time of residence in the City. *Life time*  
 13. When a minor { Name of Mother *Mrs Owen Nugent*  
 Name of Father *Owen Nugent*  
 14. Place of intended interment *St. Josephs Cemetery*  
 15. Date of intended interment *Dec 1<sup>st</sup> 1901*  
*Garard and Garard*, Undertaker.  
 Date of Certificate *Nov 30/1901* Residence

Owen Nugent 1903

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 *Owen Nugent*  
2. Sex *male* 3. Color *white* 4. Age *61 yrs*  
5. Married or single *married*  
6. Date of death *May 13 1903*  
7. Cause of death *Hypertrophic Cirrhosis of Liver*  
8. Duration of last illness *Two weeks*  
*F. D. Readan*, M. D.  
7R Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Ireland*  
11. Residence *Water Works* Ward No. \_\_\_\_\_  
12. Time of residence in the City. *Years* \_\_\_\_\_  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *St. Joseph's Cem*  
15. Date of intended interment *May 15 1903*  
*Harvey Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

143



Kate Nunn 1903

50

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss, Kate Nunn, Nunn*  
2. Sex *Female* 3. Color *White* 4. Age *25*  
5. Married or single *Single*  
6. Date of death *Aug. 13<sup>th</sup> 1903*  
7. Cause of death *Consumption*  
8. Duration of last illness \_\_\_\_\_  
*B. H. Millikan*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Monticello Co. Ky.*  
11. Residence *Kentucky St* Ward No. *3*  
12. Time of residence in the City. *7 years*  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Aug 14/1903*  
*Guard & Guard*, Undertaker.  
Date of Certificate *Aug 13/1903* Residence \_\_\_\_\_

Infant of Nannie Nunn 1894

672

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 Infant <sup>of Nannie</sup> Nunn  
 2. Sex female 3. Color Black 4. Age 11 mos.  
 5. Married or single \_\_\_\_\_  
 6. Date of Death Sept 28 94  
 7. Cause of Death Cholera Infantum  
 8. Duration of last Illness \_\_\_\_\_  
O. B. Poston \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth Italy  
 11. Residence 4th St . Ward No. 2  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor { Name of Mother Nannie Nunn  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended Interment Int Monks  
 15. Date of intended Interment Sept 3 - 94  
Poston + Payne, Undertaker.  
 Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Warren County, Kentucky Death Records, Box 3, Folder 7 (N)