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Ann E. Oaks 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 Mars, Ann G. Oaka,	
2. Sex funder Hidows of the late, D. D. Age 7 V 410 5. Married or single Hidows of the late, D. D. Oaks	
6. Date of death famy 30"1907. 7. Cause of death Humiplegia	
 Cause of death Duration of last illness Wyrke Blackkurk 	
BOWLING GREEN, KY Residence	D.
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth Image: State	
13. When a minor Name of mother	·····
14. Place of intended interment Jany 31"1907.	
GERARD & GERARD. Undertak Date of Certificate any 30"/907. Residence BOWLING GREE	

Thomas D. Oaks 1898

104	
Th	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. 3.	Name of deceased a homan A, Jaks Sex Male . 3. Color Ithile. 4. Age 71 yrb.
5. 6.	Married or single Married Date of death Flory, 26" 1898 Cause of death & Kapolich V
7. 8,	Cause of death <u>hypolicity</u> , Duration of last illness
	Residence City
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 10.	Occupation Farmer Place of birth Rizquind
11. 12.	Residence Auturity Sheek Ward No. 2 Time of residence in the City 15 420,
тз.	When a minor { Name of Mother
14. 15.	Place of intended interment Fully 25" 1898 Verand Undertaker.
Date	e of Certificate Fuly 28'98 Residence

Tula Oaks 1913

RETURN OF A DEATH.	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
 Name of deceased Mar Turla Oaks Stimale 3. Color Unhite 4. Age H9 4/7 Married or single Marrie Date of death MAY 8 1913 Cause of death Organic News Original Duration of last illness Marrie News Original Duration of last illness Original Duration of last illness Duration of last illness Marrie Original Marrie Original Mane of Mother When a minor Name of Mother When a minor Name of Father Place of intended interment FAIRVIN COMSTERY. Date of intended interment FAIRVING OR OF MARKERS (Undertaker. 	
 Spimale 3. Color Unhite 4. Age H9 Ym Married or single Marria Date of death MAY 8 1913 Cause of death Organic Neort Occas Duration of last illness Marria Marrie Organic Neort Occas Duration of last illness Marria Marrie Marri	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
 Spimale 3. Color Unhite 4. Age H9 Ym Married or single Marria Date of death MAY 8 1913 Cause of death Organic Neort Occas Duration of last illness Marria Marrie Organic Neort Occas Duration of last illness Marria Marrie Marri	m. T.l. Onna
 Married or single MAY & 1913 Date of death MAY & 1913 Cause of death Organic Neort Occas Duration of last illness Organic Neort Occas Duration of last illness Organic Neort Occas Duration of last illness Organic Neort Occas UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Of Home Notes Place of birth Kinturger Residence Bowling Dura Ward No. Time of residence in the City. 30 yeons When a minor Name of Mother When a minor Name of Father Place of intended interment FAIRYLEW DEMETERY. Date of intended interment FAIRYLEW DEMETERY. 	1. Name of deceased ran Inna Curre
 6. Date of death MAY & 1913 7. Cause of death Organic Neorf Occasion 8. Duration of last illness Organic Neorf Occasion, M. D. Residence Bowling Grann UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Ct Home 10. Place of birth Kinturgeray 11. Residence Bowling Dura Ward No. 12. Time of residence in the City. 30 years 13. When a minor Name of Mother 14. Place of intended interment Part 8/11/3 15. Date of intended interment Action States Undertaker. 16. Place of intended interment Name States Occasion, Undertaker. 	2. Spinarde S. Color 5 40000. 4. Age 11 - 19
 Cause of denth Orfalue News Driver Duration of last illness And And And And And And And And And And	6 Date of death MAY 8 1913
 8. Duration of last illness <u>Section</u>, M. D. Residence <u>Bowling</u> <u>Home</u>, M. D. Residence <u>Bowling</u> <u>Home</u>, M. D. Residence <u>Bowling</u> <u>Home</u>, <u>M. D. Residence</u> <u>Bowling</u> <u>Home</u>, <u>M. D. Residence</u> <u>Bowling</u> <u>Home</u>, <u>Ward No.</u> 9. Occupation <u>Ct Home</u> 9. Occupation <u>Ct Home</u> 10. Place of birth <u>Kuntucerry</u> 11. Residence <u>Bowling</u> <u>Hume</u> Ward No. 12. Time of residence in the City. <u>30 Juons</u> 13. When a minor <u>Name of Mother</u> 14. Place of intended interment <u>Marg. 81/9/3</u> 15. Date of intended interment <u>FAIRY EW CEMETERY</u>, <u>Undertaker</u>. 	7. Cause of death Orfaine Heart Dices
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Control of the City. 10. Place of birth Kintuscan 11. Residence Bowling Success Ward No. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment May 8/1913 15. Date of intended interment FAIRY IN CEMSTERY. 16. Control of the City. 17. Control of the City. 18. When a minor State of the City. 19. Control of the City. 10. Place of the City. 10. Place of intended interment State of the City. 11. Residence of the City. 12. Time of residence in the City. 13. When a minor State of the City. 14. Place of intended interment State of the City. 15. Date of intended interment State of the City. 16. Control of the City. 17. Control of the City. 18. When a minor State of the City. 19. Control	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation <u>Ct Home</u> 10. Place of birth <u>Kintuscay</u> 11. Residence <u>Bowling Yearn</u> Ward No. 12. Time of residence in the City. <u>30 years</u> 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment <u>Many 8, 1913</u> 15. Date of intended interment <u>FAIRY SW SEMESTERY</u> , Undertaker. 15. Date of intended interment <u>FAIRY SW SEMESTERY</u> , Undertaker.	Mr. Storre, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation <u>Ct Home</u> 10. Place of birth <u>Kintuscay</u> 11. Residence <u>Bowling Juin</u> Ward No. 12. Time of residence in the City. <u>30 years</u> 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment <u>Many 8, 1913</u> 15. Date of intended interment <u>FAIRY SW SEMESTERY</u> . 15. Date of intended interment <u>FAIRY SW SEMESTERY</u> . 16. Date of intended interment <u>FAIRY SW SEMESTERY</u> . 17. CIndertaker.	Residence Bowling Gran
 9. Occupation <u>Ct Home</u> 10. Place of birth <u>Kintuskay</u> 11. Residence <u>Bawling Yuun</u> Ward No, 12. Time of residence in the City. <u>30 yuons</u> 13. When a minor Name of Mother 14. Place of intended interment <u>Many 8, 1913</u> 15. Date of intended interment <u>FAIRVIEW DEMETERY</u>. 16. Date of intended interment <u>Many 8, 1913</u> 17. Date of intended interment <u>FAIRVIEW DEMETERY</u>. 	/
 Place of birth Kurlington Ward No. Residence Bowling Sum Ward No. Time of residence in the City. 30 years When a minor Name of Mother When a minor Name of Father When a minor State State	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
 Place of birth Kurlington Ward No. Residence Bowling Sum Ward No. Time of residence in the City. 30 years When a minor Name of Mother When a minor Name of Father When a minor State State	9. Occupation at Home
12. Time of residence in the City. 30 years 13. When a minor Name of Mother 14. Place of intended interment May 8, 1913 15. Date of intended interment FAIRVIEW DEMETERY. 15. Date of intended interment FAIRVIEW DEMETERY. 16. MOCHS & MCOMMUNE, Undertaker.	10 Place of birth Kintucky,
 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. ENGLAS & MCOMMUNE 18. Undertaker. 	
14. Place of intended interment <u>FAIRVIEW CEMETERY</u> 15. Date of intended interment <u>FAIRVIEW CEMETERY</u> ENCOMO S & MCOMMUNE, Undertaker.	1
14. Place of intended interment 15. Date of intended interment EMOCHS & MCOINNIS, Undertaker.	
15. Date of intended interment FAIRVIEW CEMETERY, ENOCHS & MCOINNIS, Undertaker.	Name of Father
ENOCHS & MCOINNIS, Undertaker.	FAIRVIEW STATES
Date of Certificate MAY 8 1913. Residence Bowling Jun	ENGCHS & MCBINNIS
<u>A</u>	Date of Certificate MAY 8 1913. Residence Bouling Jun
	V

Mrs. George W. O'Bannon

This Constitutes ONE CERTIFICATE to be retucu .	. 107 a BURIAL PERMIT
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREPA 1. Name of Deceased Mars, Gro. W. C. 9	
2. Sex female . 3. Color while	the second s
5. Married or Single Married	
6. Date of Death Sept. 23 acd	
7. Cause of Death Child - bi	ath Acver
8. Duration of last Illness	te a
5,6,0	Townsend , M. D.
Residence ILoco Co	ing Green, My.
UNDERTAKER'S CERTIFICATE IN RE	LATION TO DECEASED.
9. Occupation	
10 Place of Birth	20
11. Residence Clay Stuet	. Ward No 3
12. Time of Residence in the City	
13. When a Minor Name of Father	
Harris Harris	" Cont
14. Place of intended Interment Soft 2	209
Helsoren	, Undertaker.
Date of Certificate Supt 22 m2	Residence +
	Democrat Job Print

Maggie O'Bannon 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Maggie Bannon 2. Sexfunan. 3. Color white . 4. Age 52 yr 5. Married or single Auge
2. Sexfuncer. 3. Color while . 4. Age 52 yr
5. Married or single
6. Date of death 24 - 17 - 1904
7. Cause of death
8. Duration of last illness
8. Duration of last illness that the artwright , M. D. Residencity Physician
Rectionary Physicall.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Burke any 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 Tarmoun Com
45. Date of intended interment may 18 13 09
Alawing agan, Undertaker.
Date of Certificate Residence
the second se

Jpohn O'Connell 1893

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. N	Name of deceased MM Comule
2. 5	ex male 3. Color While 4. Age 75 yr
5. N	Iarried or single
6. I	Date of Death Apr 51/93.
	Cause of Death
8. I	Duration of last Illness
	Jeden M. D.
	Residence My
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
0.0	Decupation
	Place of Birth Suland
	Residence Center stuck. Ward No. 2 and
12. J	'ime of Residence in the City
13. 1	Vhen a Minor } Name of Mother
	Name of Father
	Place of intended Interment for pr, leur
15. 1	Date of intended Interment Apr 6 193
Dete	of Certificate Mer 6 193. Residence
Date	or certificate epiper of 170. Kesidence

Timothy O'Connell 1894

653 7
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
2. Sex Mall 3. Color Mill, 4. Age 55 yrs. 5. Married or single 6. Date of Death Milly 25. 994 7. Cause of Death King the deares of Kinding
8. Duration of last Illness <i>W.L. Mughl.</i> , M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth <u>Cultur</u> . Ward No. <u>2</u> 2 2 2 1 2 2 1 2
14. Place of intended Interment of fragment 15. Date of intended Interment May 2794 Holund Micondertaker. Date of Certificate My 29, Residence

John J. O'Connor 1901

	Ô
	This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit.
	RETURN OF A DEATH.
	* 11.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	1 TAL with
	Name of decented John S. Oggywir
	Sex Maly . B. Color Mile . 4. Age 36
5.	Married or single Manyak
6.	Date of death Detofrer 31/1901
7.	Cause of death Alchology
8.	Duration of last illness grand have been
	D. St. 19 Denny, J. G. M. D.
	Residence How may show of
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth January 1
11.	Place of birth Trunkeryr Residence Main Sturt Ward No, 2
12.	Time of residence in the City. Jew yraw
	(Name of Mother
13.	When a minor Name of Fatger
14.	Place of intended interment Deposit how building
15.	Date of intended interment & withwwww //1901,
	Suald and Sund , Undertaker.
-	of Certificate // 1/190/ Residence
Date	
Date	
Date	

Eldon O'Dell 1908

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Ellow Adell
1.	Name of deceased aldon On file 31/Ks.
2.	Sex Mala 3. Color While 4. Age 31/16.
5.	Name of deceased while 4. Age 31/16. Sex Mala 3. Color While 4. Age 31/16. Married or single Single
6.	Date of deathy
7.	Cause of death 2
8.	Duration of last illness. J. DCartweight M. F.
	Residence BOWLING GREEN, KY-
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.
9. 10.	Occupation. Place of birth BOWLING GREEN, KY
	Occupation Place of birth BOWLING GREEN, KY Residence 10 th St. Ward No. 2
10. 11.	Occupation Place of birth BOWLING GREEN, KY Residence 10 th St. Ward No. 2
10. 11. 12.	Occupation Place of birth BOWLING GREEN, KY Residence 10 th St. Time of residence in the city 3 mls. (Name of mother Mus, Blanch & Dull
10. 11. 12.	Occupation Place of birth BOWLING GREEN, KY Residence 10 the St. Ward No. 2
10. 11.	Occupation Place of birth BOWLING GREEN, KY Residence 10 the St. Ward No. 2 Time of residence in the city 3 mls. Blanch Obull When a minor Name of mother Mus. Blanch Obull
10. 11. 12. 13.	Occupation. Place of birth BOWLING GREEN, KY Residence 10 the St. Ward No. 2 Time of residence in the city 3 mls. Time of residence in the city 3 mls. Ward No. 2 Ward No. 2 Ward No. 2 Ward No. 2 Ward No. 2 Ward No. 2 Mus. Blanch Obull Name of mother Mus. Blanch Obull.
10. 11. 12. 13.	Occupation Place of birth BOWLING GREEN, KY Residence 10 the Str. Ward No. 2 Time of residence in the city 3 mMz. Ward No. 2 Time of residence in the city 3 mMz. Ward No. 2 When a minor Name of mother Mus. Blanch O Dull. When a minor Name of father Stubert ODull. Place of intended interment Stationary Malance
10. 11. 12. 13. 14.	Occupation. Place of birth BOWLING GREEN, KY Residence 10 the Str. Ward No. 2 Time of residence in the city 3 mMz, Ward No. 2 Time of residence in the city 3 mMz, Ward No. 2 Time of residence in the city 3 mMz, Ward No. 2 When a minor Name of mother Mus, Blanch OLull, When a minor Name of mother Mus, Blanch OLull, Place of intended interment Julburt ODull, Place of intended interment Julburt ODull, Date of intended interment Julbury 39, 1908;

Tandy H. O'Dell 1910

	RETURN OF A DEATH.
	<u>80 q</u>
	Physician's Certificate Preparatory to Burial.
	Sandy A. D. Dell.
1.	Name of decensed Jandy N. D. Nu.
2.	Sex Mar . 3. Color . 4. Age 56 upre
5.	Married or Single
6.	Date of death July 3/1910.
7.	Cause of death Saralysis
8.	Duration of last illness
	E. M. Hall. M.D.
	Residence BOWLING GREEN, IT.
9.	Occupation
10.	Place of birth
11.	Residence Paym St. Ward No. 3
12.	Time of residence in the city
13.	When a minor { Name of Mother
19,	Name of Father
14.	Place of intended interment
15.	Date of intended interment July 16"1910
	Swand & Jurand, Undertaker
	10 m July 16/1910
Dat	e of Certificate Residence

Cora S. Oder 1905

RETU	RN OF A DE	ATH
101		
Thysicia	n's Certificate Preparatory to Bu	rial.
. Name of deceased	bora & Oder.	
Sex Fruale	. 3. Colge White , 4. A	abt. 45.
Married or Single		go
. Date of death	Mar, 1/1/15. 10	
	Turnow, dird Suddand	¥
. Cause of death		
Duration of last il	Iness PS Aunter alling	bornes
	Rawling Sha	mal his
	Residence Bour ung Sel	The org.
I I and a set a liter	er's Certificate in Relation to Dec	10 A
Underlane	er s Certificate in Kelation to Dec	eased.
Occupation		
V	, Tall.	
Place of birth	ramery	
Alta	us, St.	ard No. 2.
. Residence Ada	and second	ard No. 2
. Residence Ada.	in the city Sweed years	ard No
. Residence Ada . Time of residence . When a minor	in the city Sword years	ard No. 2
. Residence Ada . Time of residence . When a minor {	in the city Sword years	'ard No. <u><u></u></u>
. Residence Ada . Time of residence . When a minor . Place of intended	in the city Sweed years, Name of Mother	'ard No. <u><u></u></u>
. Residence Ada . Time of residence . When a minor {	in the city Sweed years, Name of Mother	
$\begin{array}{c} & \text{Residence} \\ & \text{Time of residence} \\ & \text{Time of residence} \\ & \text{When a minor} \\ & \text{Place of intended} \\ & \text{Date of intended i} \\ \end{array}$	in the city Sweed years, Name of Mother	ard No. J.
. Residence Ada . Time of residence . When a minor . Place of intended	in the city Sweed years, Name of Mother	

James Odman 1900

1.2	12
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased James adman 2. Sex male 3. Color Col . 4. Age 39-	
5. Married or single Single	
6. Date of death lie - 29 - 1900 7. Cause of death Premoria-	
8. Duration of last illness Ino Maler	
De Hernigton, M. D. Residence Center S.F.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Labora	
10. Place of birth Jummer Suith Co- 11. Residence Levith Straith . Ward No. 2	2
12. Time of residence in the City Four Months	1
r3. When a minor Name of Mother	
14. Place of intended interment County Cemulary	
15. Date of intended interment lice - 39 - 1900 / Luand Manad, Undertaker.	
Date of Certificate les - 29/1900 Residence	

Joe P. O'Donnell 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased for J. O. Donulall. Sex Malu 3. Cotor White 4. Age 35 yrs Married or single Single. Married or single Married 1 1 9 1 3
1. 2.	Name of deceased 10
z. 5.	Married or single Single
6.	Date of death May, 19" 1913. Cause of death Palagra, as fur, Ital statistics.
7.	Cause of death. Palagra, as pur, lital statistics.
8.	Duration of last illness
	Duration of last illness EA Guard, Funanal Director K.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9. 10.	Occupation
10. 11.	Occupation Place of birth Residence Washwilly Tune Ward No.
10.	Occupation Place of birth Residence Time of residence in the city
10. 11. 12.	Occupation Place of birth Residence Time of residence in the city
10. 11. 12. 13.	Occupation Place of birth Residence Time of residence in the city
10. 11.	Occupation Place of birth Residence Time of residence in the city When a minor Name of mother Name of father Name of father Name of father

Joe P. O'Donnell 1913

TRANSIT NO CERTIFICATE OF UNDERTAKER
I (or we) hereby certify that the accompanying dead body of
Consigned to
and who died of
has been prepared for transportation by an Embalmer helding License No
Shipping Embalmer
Address Mastulte Address Mastuill
Station Baggagemen must enter hereon a description of the ticket, the exact route, and VIA WHAT JUNCTIONAL POINTS THE TICKET READS, which is held by the passe ver in charge of the remains.
SPECIAL INSTRUCTIONS—A burial case containing a corpse must not be received for transportation unless the per- son in charge of the remains presents a certificate of the attending physician or coroner, a Permit from the Board of Health and an Undertaker's Certificate that the body has been prepared for burial according to the law of the State. Neither will
It be received if any fluids or offensive odors are escaping from the case. AGENTS will DETACH the CERTIFICATE and THIS PASTER at the perforation and tack them securely on the end of the box before shapping.
From Mashrille See to Bowling Greenstate of Ky
No. of Ticket of Escort
No. of Corpse Ticket
Via
Via R. R. To
Via
Signed
ISSUED BY TENNESSEE STATE BOARD OF EMBALMERS.

Nace Ogden 1891

306 This Constitutes one Certificate to be Returned-to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Arec Of dece
2. Sex male . 3. Color Blk 4. Age 76 4 22. 5. Married or Single maincied. 6. Date of Death July 13"/ 1591
7. Cause of Death Jargune 8. Duration of last Illness
S, W, Coouls, M. D. Residence
9. Occupation 10. Place of Birth Jaccur Co.
11. Residence Part Street . Ward No. 1 24 12. Time of Residence in the City
13. When a Minor. Name of Mother
14. Place of intended Interment Af Morial Country 15. Date of intended Interment July 15-1/91
J. C. Grand, Undertaker. Date of Certificate July 14/91, Residence

Mrs. V. S. Oldham 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. # #
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. T. S. Oldham. 2. Sex Fridale 3. Color While 4. Age 83 412.
5. Married or Single Flaby 25" 1904
 5. Married or Single <i>Fubg 25" 904</i> 6. Date of death <i>Fubg 25" 904</i> 7. Cause of death <i>Old age</i>
8. Duration of last illness
J. W Block Residence Dowling Grana My
Residence 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence Marin St Ward No. 3
Lowrand man
13. When a minor { Name of Mother
14. Place of intended interment Bella Station, Jane,
15. Date of intended interment and find friand
Date of Certificate Freby 26/1904, Residence

Katie Oliver 1879

		16
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	1
	RETURN OF A DEATH.	
-	PHYSICIAN'S CERTIFICATE PREPARATORY C BURIAL.	
	2. Sex Fundle . 3. Color White . 4. Age 25	
	5. Married or Single 6. Date of Death 23	
	7. Cause of Death And Children 8. Duration of last Illness A Angel Angel	
*	Residence Blaur	
-	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	9. Occupation	
	10. Place of Birth & June 11. Residence Main Stut . Ward No. 3	
63	12. Time of Residence in the City 4 Years	
	13. When a Minor Name of Mother	
	14. Place of intended Interment flourous Cent 15. Date of intended Interment Aug 24th 1879	
	Frank Oferand, Undertaker.	
	Date of Certificate Residence	1
	Democrat Print.	

Susan N. Oliver 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
1	The second second second
	PHYSIC AN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased Musuri Y. a Graner
2.	Sex female. 3. color White A. Age 19 years
5.	Married or Single Dingle
6.	Date of Death O.A. Jorg 1979
7.	Cause of Death Typhoid former
8.	Duration of last Illness 29 days
	- C K Qnial . M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Place of Birth Jenn
11.	Residence Mein Start . Ward No. 3
12.	Time of Residence in the City 4 Year
	(Name of Mother
13.	When a Minor Name of Father
14.	Place of intended Interment Fairner Quit
15.	Date of intended Interment Oct 24579
	4. 110.
	Martin Revere Conternater.
Do	te of Certificate_OCA_27/279. Residence
	Democrat Print.

Walter Olliver 1896

856	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 Walter Ollin	
2. Sex male. 3. Color mhile 4. Age 3 yre	
5. Married or single 6. Date of Death Tuby 214- 1896	
7. Cause of Death Truemenia	
8. Duration of last Illness	-
Dr Milliken Rogers & Merden D. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth City	
11. Residence Patter . Ward No. 3	
12. Time of Residence in the City	
l. L. nna	
13. When a Minor Name of Mother Gallie Ollow	
Name of Father Jullie Cline	
14. Place of intended Interment Jammun Come	
15. Date of intended Interment thoy 22 1815 Warth Payme, Undertaker.	
Date of Certificate Residence	

John H. Oneale 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	GETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased how & Oreale
2.	sex male. 3. Color white. 4. Age To
5.	2
6.	Date of Death 28th Safet 1880
7.	Cause of Death Mennonca
8.	Duration of last Illness & day
	X Clover, M. D.
	Residence Bowlingfra
	(
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED
9.	Occupation Conden
10.	Place of Birth Incland
11.	Residence
12.	Time of Residence in the City 4 Months
13.	When a Minor { Name of Mother
	Name of Father
14.	Place of intenaea Interment Loovasico Semurity
15.	Date of intended Interment
	Undertaker.
De	te of Certificate

John Onstott 1896

Cut g towns	20
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased John Onstoth. 2. Sex Male 3. Color It hile 4. Age 60 yrs.	
5. Married or single Married ,	
6. Date of Death July 20 196. 7. Cause of Death Pistor shot Mound.	
8. Duration of last Iliness	
Residence Cov, M. C.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth 11. Residence Potter house. Ward No. 2nd	
12. Time of Residence in the City	
13. When a Minor { Name of Mother	
14. Place of intended Interment Marhwille Run	e
15. Date of intended Interment July 31/96. F.C. Guard MBro, , Undertaker.	
Date of Certificate July & Masidence	

William J. Orange 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	9
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Unit. Change 2. Sex male 3. Color white 4. Age 77 yr 5. Married or single Under	
2. Sex male 3. Color white 4. Age 7.7 yr 5. Married or single Underer 6. Date of death Maril - 19-1901	P
7. Cause of death 8. Duration of last illness 6 when	
Tom H. Stone, M. D Residence Callege	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Retired Jammer	11
10. Place of birth Buttle Co - Kuntuchy 11. Residence Clay CF - Ward No. 27	2
12. Time of residence in the City. Three Jan. 13. When a minor Name of Mother	та 17-а
14. Place of intended interment Salen Church But 15. Date of intended interment Afril - 20 - 1901 -	th
Levald Muard , Undertaker Date of Certificate , Residence	•
	4

	A	1 4
This Constitutes ONE CEN	RTIFICATE to be returned to the City Clerk for a B	URIAL PERMIT.
RETU	URN OF A DEAT.	H.
	RTHICATE PREPARATORY	100
	3. Color Black 4.	
5. Married or Single	Single	
6. Date of Death MC	ay 2nd 1	879
7. Cause of Death	·	
8. Duration of last Illnes		A
·	No Physice	сег , М. D.
R	lesidence	
UNDERTAKER'S CI	ERTIFICATE IN RELATION TO	D DECEASED.
UNDERTAKER'S CI 9. Occupation		D DECEASED.
UNDERTAKER'S CI 9. Occupation 10. Place of Birth	ERTIFICATE IN RELATION TO	
UNDERTAKER'S CH 9. Occupation 10. Place of Birth 11. Residence	ERTIFICATE IN RELATION TO	D DECEASED. ed No. 3 d
UNDERTAKER'S CH 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in t	ERTIFICATE IN RELATION TO	
UNDERTAKER'S CI 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in t 13. When a Minor {	ERTIFICATE IN RELATION TO	
UNDERTAKER'S CI 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in t 13. When a Minor {	ERTIFICATE IN RELATION TO . Wa whe City of Mother <u>Martha</u> of Father	
UNDERTAKER'S CI 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in t 13. When a Minor { Name Name Name Name	ERTIFICATE IN RELATION TO . Wa the City of Mother <u>Martha</u> of Father rment <u>Col Cun</u>	
UNDERTAKER'S CI 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in t 13. When a Minor { Name 14. Place of intended Inter	ERTIFICATE IN RELATION TO . Wa the City of Mother <u>Martha</u> of Father rment <u>Col Cun</u>	
UNDERTAKER'S CI 9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in t 13. When a Minor { Name 14. Place of intended Inter	ERTIFICATE IN RELATION TO . Wa the City of Mother <u>Martha</u> of Father rment <u>Col Cun</u>	n No. 3ª

Daniel O'Reagan 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	, Demuial Algagan
1.	Name of decensed Damial Of Lagan Mart
2.	Sex auto 3. Color 4. Age
5.	Married or Single Manuel 19"1910.
6.	And an Police
7.	Cause of death TIM JMU TUMOUS
8.	Duration of last illness. J. Steel and the
	B. Que Gerry
	Residence Quitty May
	Undertaker's Certificate in Relation to Deceased.
	Occupation Salasman
9.	Burn Kahn My
10.	Place of birth
11.	Residence Ward No.3.
12.	Time of residence in the city
13.	When a minor { Name of Mother
	Name of Father Josephs Bunnhung
14. 15.	Place of intended interment " 1910,
10.	Date of intended interment GERARD & GERARD.
Dete	e of Certificato univ. NO" 1910. Residence Lity
Date	Residence

Thomas L. O'Reagan 1908

	# 561 - 24
Th	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of decoased Thre, Z. Magaw. Sex Male 3. Color Hait 4. Age 46 yes. Married or single Single Date of death Such 20" 1908
1.	Name of decoased White the Mes.
2.	Sex C 3. Color 4. Age T
5.	Married or single July 20" 1918
7.	Cause of death Near Nereach
8.	Duration of last illness
	BOWLING GREEN. KY
	Residence
	Undertaker's Certificate in Relation to Deceased.
	alie
9.	Occupation Policemun Place of birth Bowling Gerran Ky Residence Main SA. Ward No. 2
10.	Place of birth Northing strend of
11.	Pil Marin AF.
	Residence Ward No. Ward No.
12.	Time of residence in the city 46 4755.
	Time of residence in the city. 46 405.
12. 13.	Time of residence in the city 46 4755.
	Time of residence in the city 46 4755. When a minor
13.	Time of residence in the city 46 405. When a minor Name of mother Name of father Place of intended interment Date of intended interment
13. 14.	Time of residence in the city 46 475. When a minor Name of mother Name of father, Place of intended interment. A Joseph's Cannotray
13. 14. 15.	Time of residence in the city 46 405. When a minor Name of mother. Name of father. Place of intended interment. Date of intended interment. CERARD & CERARD
13. 14. 15.	Time of residence in the city 46 405. When a minor Name of mother Name of father, Place of intended interment. Date of intended interment. GERARD & GERARD, Undertaker.
13. 14. 15.	Time of residence in the city 46 405. When a minor Name of mother Name of father, Place of intended interment. Date of intended interment. GERARD & GERARD, Undertaker.
13. 14. 15.	Time of residence in the city 46 405. When a minor Name of mother Name of father, Place of intended interment. Date of intended interment. GERARD & GERARD, Undertaker.

Mary Orford 1893

RETURN OF A DEATH.
1. Name of deceased Many Orford 2. Sex funate . 3. Color 2014. 4. Age 18
5. Married or Single
6. Date of Death Mary 22 1853 7. Cause of Death & Inflamation of Thomach & Boull
8. Duration of last Illness for Millikin . 7 B. H. Mullikin , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. Place of Birth Unskellvice day
12. Time of Residence in the City
13. When a Minor. Name of Father
14. Place of intended Interment Aussiliance of 15. Date of intended Interment Bathur Pagan, Undertaker.
Date of Certificate . Residence

Cornelia Osbourne 1878

26 This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. RETURN F D T 0 E A н. A PHYSICTAN'S CERTIFICATE PREPARATORY TO BURIAL. tie Cola Name of Deceased Courses 1. Sex Ferra 1 r 2. Married or Single win 5. Date of Death. 6. Cause of Death 7. Duration of last Hlness-8. M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation 9. Kenter, Place of Birth 10. Ward No. 39 Residence 11. Time of Residence in the City____ 12. Name of Mother Name of Father When a Minor 13. Place of intended Interment 7 14. 15. Date of intended Interment Undertaker. Date of Certificate Pantagraph Print.

Blackburn Osburn 1906

130 0 27
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Blackburn Osburn
2. Sex Male. 3. Color White . 4. Age 11-Month
5. Married or single Digle
6. Date of death Nor 23-1906
7. Cause of death Meningitis
S. Duration of last illness 5 days
John Black brown, M. D.
C Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. Place of birth porting theen 1rd 11. Residence Eight Street Ward No. 2
12 Time of residence in the City. 11- Manths
13. When a minor Name of Mother This J.J. Osburn Name of Father J.J. Osburn
14. Place of intended interment 13et the Church grave gard
15. Date of intended interment Ned 23 1908
GERARD & GERARD., Undertaker.
Date of Certificate New 23 1906 Residence BOWLING GREEN, KY

Nelson E. Osburn 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Physician's Certificate Preparatory to Burial. Name of deceased Sex Mala Married or Single Maurical JAN 6 - 1913
2.	Sex Mala & Color White 1 how 45 yrs
5.	Married or Single Maurid
6.	Date of death JAN 6 - 1913
7.	Cause of death Pulmonary Somo Trage
8.	Duration of last illness. 3 dege
Æ	6. n. Hay. MI
	Residence Bocoling Frece 1
	Undertaker's Certificate in Relation to Deceased.
	Occupation Liniaman. Place of birth Ohia Residence E. Park St. Ward No. 1
9.	Occupation Ahia
10.	Place of birth & At
11,	Residence OI Ward No. Ward No.
12.	Time of residence in the city. 2 yrs .
13.	When a minor { Name of Mother
	Name of Father Time Hin
.4.	Place of intended interment JAN 8 - 1913
5.	Date of intended interment
	GERARD & GERARD, Undertaken
Dat	e of Certificate OAN 0 - 1915 Residence OWLING GREEN.

Thomas O'Shea 1894

630/ 29
This Constitutes One Certificate to ,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased ? homas O. heal.
2. Sex Male. 3. Color Male. 4. Age 75 4/2.
5. Married or single Manuel
6. Date of Death Jul 12"/1894 .
7. Cause of Death Msulenz
8. Duration of last Illness Orayo
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Suntant Ward No. 4 Th
12. Time of Residence in the City
13. When a Minor } Name of Mother
Name of Father
14. Place of intended Interment
HORMAN Hardertaker.
Date of Certificate Jull 3/2 Residence

Elizabeth Ott 1906

/13	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.	
Mars Elizabeth, Ott.	
1. Name of deceased Ous Elizabeth, OU, 2. Sex Humala 13. golor White 4. Age 61 yrs	niitit 957
2. Sex	•
 Name of deceased Old Oly augur, Our, Sex Hundle, 3. Golor White, 4. Age 61 yrs Married or single Widow. Date of death 01/1906. 	
6 Date of death	
7. Cause of death Cancer,	e
8. Duration of last illness	
1	
Residence BOWLING GREEN, KX	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
9. Occupation 10. Place of birth forces and .	
10. Place of birth Kours and . 11. Residence Church St. Ward No. 3	-
12. Time of residence in the City.	
(Name of Mother	
13. When a minor Name of Father	
14. Place of intended interment M. John burning	
15. Date of intended interment	
GERARD & GERARD, Undert	aker.
Date of Certificate 0CT 13 1906 . Residence BOWLING GREEN	

Mrs. A. L. Owens 1904

* This Constitutes One Certificate to be Returned to the City	Clerk for a Burial Permit. 🕈 🕈
RETURN OF A	DEATH.
	and the second se
Physician's Certificate Preparator	ry to Burial.
/	
1. Name of deceased Mr. N. Z. Christian	2/,
1. Name of deceased 2. Sex Finally 3. Color, White 5. Married or Single	4. Age 65
5. Married or Single Married	
hore 1811 114.	
7. Cause of death Blovd Poison	
	4
8. Duration of last illness. The Stine.	
B Gue	M. D
D 11	
Residence	nu ky
Kesidence	
Undertaker's Certificate in Relation	
	n to Deceased.
	n to Deceased.
9. Occupation 10. Place of birth Barren, County.	n to Deceased.
9. Occupation 10. Place of birth Bauren, County. 11. Residence Niver Pille	n to Deceased.
9. Occupation 10. Place of birth Baww, lanuty. 11. Residence Init Pille 12. Time of residence in the city.	n to Deceased.
 9. Occupation 10. Place of birth Baurn, lanuty. 11. Residence Print Pills 12. Time of residence in the city	n to Deceased.
 9. Occupation 10. Place of birth Bauver, County. 11. Residence Nor Pille 12. Time of residence in the city	n to Deceased.
 9. Occupation 10. Place of birth Bawm, lanuty. 11. Residence In the city. 12. Time of residence in the city. 13. When a minor Name of Mother 14. When a minor Name of Father. 	n to Deceased.
 9. Occupation 9. Occupation 10. Place of birth Baww, lanuty. 11. Residence Min Pilla 12. Time of residence in the city	n to Deceased.
 9. Occupation 9. Occup	n to Deceased. Ward No. 3.
 9. Occupation 9. Occupation 10. Place of birth Baurn, lanuty. 11. Residence Wir Pille 12. Time of residence in the city. 13. When a minor Name of Mother 13. When a minor Name of Father 14. Place of intended interment A Fairvin 15. Date of intended interment Mary 19"04. 16. Date of intended interment Mary Junard 	n to Deceased. Ward No. 3.
 9. Occupation 9. Occupation 10. Place of birth Bawm, lanuty. 11. Residence Min Pills 11. Residence Min Pills 12. Time of residence in the city 13. When a minor Name of Mother 13. When a minor Name of Mother 14. Place of intended interment A Fairwing 15. Date of intended interment Min 19"04. 16. Man 19"04. 	n to Deceased. Ward No. 3. Ward No. 3.
 9. Occupation 9. Occupation 10. Place of birth Bawm, lanuty. 11. Residence Min Pills 11. Residence Min Pills 12. Time of residence in the city 13. When a minor Name of Mother 13. When a minor Name of Mother 14. Place of intended interment A Fairwing 15. Date of intended interment Min 19"04. 16. Man 19"04. 	n to Deceased. Ward No. 3. Ward No. 3.

Mrs. J. B. Owens 1907

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.
Mrs 1B Owens
2. Sex Frinally 3. Color White 4. Age 20 grb.
2. Sex Frinder Manuel 4. Age 201900.
6. Date of death UN, 7" 1907.
7. Cause of death Pulinmary, Thimbosis
8. Duration of last illness fant days
Jur H Blackburn, M. D.
Residence ROWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Portage RR.
11. Residence ward No.
12. Time of residence in the city
13. When a minor Name of father W6 Poster
14. Place of intended interment Farming Country
15. Date of intended interment
GERARD & GERARD. Undertaker.
Date of Certificate
Prosense in the second s

Child of J. V. Owens 1905

NCIU	RN OF	A DEATH.
Physicia	n's Certificate Pre	Mis Miss
1. Name of deceased	Child of f.	1. Jurens
2. Sex Fundly	3. Colgr Wh	ite 4. Age 13 Mo.
5. Married or Singl	Single	
6. Date of death	apt. 14 "115	
7. Cause of death	hanilin	
8. Duration of last i	llness	4 .) college
	S.O. Maria	, м.
C.	Residence	
1		
Undertak	er's Certificate in F	Relation to Deceased.
	er's Certificate in F	 Relation to Deceased.
	er's Certificate in F	Celation to Deceased.
9. Occupation	er's Certificate in F	Relation to Deceased.
9. Occupation 0. Place of birth	sity web St.	Ward No. 3
 9. Occupation 0. Place of birth 1. Residence 2. Time of residence 	sity web St.	
 9. Occupation 0. Place of birth 1. Residence 2. Time of residence 3. When a minor 	in the city. Name of Mother Man Name of Father	Ward No. 3
 9. Occupation 0. Place of birth 1. Residence 2. Time of residence 3. When a minor 4. Place of intended 	in the city Name of Mother Ma Name of Father interment Fairve	Ward No. 3
 9. Occupation 0. Place of birth 1. Residence 2. Time of residence 3. When a minor 	in the city Name of Mother Ma Name of Father interment Fairve	Ward No. 3
 9. Occupation 0. Place of birth 1. Residence 2. Time of residence 3. When a minor 4. Place of intended 	in the city Name of Mother Ma Name of Father interment Fairve	Ward No. 3

Child of Lee & Lou Ella Owens 1891

3 2 4 This Constitutes one Certificate to be Beturned to the City Clerk for a Burial Permit.	34
RETURN OF A DEATH.	
1. Name of deceased (hill & Lee Owend 2. Sex male . 3. Golor White . 4. Age -	/ .
5. Married or Single Lice igle 6. Date of Death ang 7/91	
7. Cause of Death Milecomoge	
8. Duration of last Illness	
9. Occupation 10. Place of Birth City	
11. Residence	
13. When a Minor. Name of Mother Low Ella Owe	e e
14. Place of intended Interment Frairview Cenete 15. Date of intended Interment Que V "191.	7
Date of Certificate Curg 7/91. Residence	

Child of Lee & Loue Owens 1896

975	0	35
This Co.	nstitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
	RETURN OF A DEATH.	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
	ne of deceased & hill of Lee anins.	
	Male. 3. Color Hill . 4. Age 5 days	
	e of Death Aluce 30"/96.	
	se of Death Jetanus Jeonalonn ation of last Illness 24 hours	-
	Tom It Stone, M. D.	
	Residence 3/F College St	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	e of Birth OMY	
11. Resi	P	
12. Time	e of Residence in the City Name of Mother Ime Low Owen	0/
	n a Minor Name of Father Lee Omine	
	of intended Interment Samual Out.	
	F. G. Gurand Y 1810, Undertaker.	
Date of (Certificate Dec 3// Residence Oily	

Mortimer C. Owens 1912

	RETURN OF A DEATH.
	_1210
	Physician's Certificate Preparatory to Burial.
	Mutimar la Amans
1.	Name of deceased
2.	Sex Male . 31 Coor White 4. Age 90 400
5.	Married or Single
6.	Date of death fund 18" 1912
7.	Cause of death Surley
8.	Duration of last illness 2 gran
	Foreada M.D.
	Residence Bawling Frem 14
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	Occupation Place of birth
	Occupation Place of birth Residence Ward No
10.	Occupation Place of birth
10. 11. 12.	Occupation Place of birth Residence Time of residence in the city
10. 11.	Occupation Place of birth Residence Ward No
10. 11. 12.	Occupation Place of birth Residence Time of residence in the city. Ward No.
10. 11. 12. 13.	Occupation Place of birth Residence Time of residence in the city When a minor Name of Mother
 10. 11. 12. 13. 14. 	Occupation Place of birth Residence Time of residence in the city_3 Wurths When a minor Name of Mother Name of Father Place of intended interment
 10. 11. 12. 13. 14. 15. 	Occupation Place of birth Residence Time of residence in the city. 3 Munths When a minor Name of Mother Name of Father Place of intended interment Date of intended interment GERARD & GERARD