


1877

Box 3, Folder 8 Bowling Green, Kentucky - Death Records, O

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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 *Mrs. Ann E. Oaks.*
2. Sex *Female* 3. Color *White* 4. Age *72 yrs.*
5. Married or single *Widow of the late, S. D. Oaks*
6. Date of death *Jan'y 30" 1907.*
7. Cause of death *Paraplegia*
8. Duration of last illness *3 weeks*
John H. Blackburn M. D.
Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth.....
11. Residence *10th St. BOWLING GREEN, KY* 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 *Jan'y 31" 1907.*
GERARD & GERARD. Undertaker.
Date of Certificate *Jan'y 30" 1907.* Residence *BOWLING GREEN, KY*

Thomas D. Oaks 1898

11024

2

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Thomas D. Oaks
2. Sex Male 3. Color White 4. Age 71 yrs.
5. Married or single Married
6. Date of death July 26" 1898
7. Cause of death Apoplexy
8. Duration of last illness _____

J. F. Rodgers, M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer
10. Place of birth Virginia
11. Residence Kentucky Street Ward No. 2
12. Time of residence in the City 15 yrs.
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Fairview Cem.
15. Date of intended interment July 28" 1898
Gerard & Leonard, Undertaker.
Date of Certificate July 28" 98 Residence City

Tula Oaks 1913

3

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

RETURN OF A DEATH.

1392

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs Tula Oaks
 2. Sex Female 3. Color white 4. Age 49 yrs
 5. Married or single Married
 6. Date of death MAY 8 1913
 7. Cause of death Organic Heart Disease
 8. Duration of last illness 6 years
D. W. Stone, M. D.
 Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation at Home
 10. Place of birth Kentucky
 11. Residence Bowling Green Ward No. _____
 12. Time of residence in the City. 30 years
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment May 8, 1913
 15. Date of intended interment FAIRVIEW CEMETERY.
ENOCHS & McBRINNIS Undertaker.
 Date of Certificate MAY 8 1913 Residence Bowling Green

Mrs. George W. O'Bannon

This Constitutes ONE CERTIFICATE to be returned for a BURIAL PERMIT

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mrs. Geo. W. O'Bannon*

2. Sex *female* . 3. Color *white* . 4. Age *28 yrs.*

5. Married or Single *married*

6. Date of Death *Sept. 23rd*

7. Cause of Death *Child-birth Fever*

8. Duration of last Illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence *Clay Street* . Ward No *3^d*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Fairview Court*

15. Date of intended Interment *Sept 23rd*

Melrose . Undertaker.

Date of Certificate *Sept 22nd* . Residence _____

Democrat Job Print.

Maggie O'Bannon 1904

5

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Maggie O'Bannon*
2. Sex *female* 3. Color *white* 4. Age *52 yr*
5. Married or single *single*
6. Date of death *May-17-1904*
7. Cause of death _____
8. Duration of last illness _____

Fred Hartwright M. D.
Residence *City Physician.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *?*
10. Place of birth _____
11. Residence *Banks Alley* 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 *May 18 1904*

Thomas Dagan Undertaker.
Date of Certificate _____ Residence _____

John O'Connell 1893

500

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John O'Connell*
2. Sex *Male* 3. Color *White* 4. Age *75 yrs.*
5. Married or single _____
6. Date of Death *Apr 5 "193.*
7. Cause of Death *Old age.*
8. Duration of last Illness _____
_____, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Ireland*
11. Residence *Center street* Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *St Joseph pt, Ceme*
15. Date of intended Interment *Apr 6 "193.*
J. C. Guard & Bio; Undertaker.
Date of Certificate *Apr 6 "193.* Residence *City*

Timothy O'Connell 1894

653 7

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. *O'Connell*

1. Name of deceased *Timothy O'Connell*
2. Sex *Male* 3. Color *White* 4. Age *55 yrs.*
5. Married or single *Single*
6. Date of Death *July 25/94.*
7. Cause of Death *Bright's disease of kidneys*
8. Duration of last Illness _____

A. C. Wright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Ireland*
11. Residence *Center St.* Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *St Josephs*
15. Date of intended Interment *July 27/94*

A. C. Guady Undertaker.
Date of Certificate *July 26/94* Residence *City*

John J. O'Connor 1901

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 *John J. O'Connor*
 2. Sex *Male* 3. Color *White* 4. Age *36*
 5. Married or single *Married*
 6. Date of death *October 31/1901*
 7. Cause of death *Alcoholism*
 8. Duration of last illness _____
 Signature *G. N. Murphy* M. D.
 Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Tennessee*
 11. Residence *Main Street* Ward No. *2*
 12. Time of residence in the City. *Few years*
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *St Josephs Cemetery*
 15. Date of intended interment *November 1/1901*
 Signature *Guard and Guard* Undertaker.
 Date of Certificate *Nov 1/1901* Residence _____

Eldon O'Dell 1908

9

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

RETURN OF A DEATH.

381

Physician's Certificate Preparatory to Burial.

1. Name of deceased Eldon O'Dell
 2. Sex Male 3. Color White 4. Age 3 Wks.
 5. Married or single Single
 6. Date of death January 21/1908
 7. Cause of death Inanition
 8. Duration of last illness.....
F. B. Cartwright M. D.
 Residence..... BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth..... BOWLING GREEN, KY
 11. Residence 10th St. Ward No. 2
 12. Time of residence in the city 3 wks.
 13. When a minor { Name of mother Mrs. Blanch O'Dell
 Name of father Gilbert O'Dell.
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment January 22/1908.
GERARD & GERARD Undertaker.
 Date of Certificate Jan'y. 21/08. Residence BOWLING GREEN, KY

Tandy H. O'Dell 1910

10

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

RETURN OF A DEATH.

859

Physician's Certificate Preparatory to Burial.

1. Name of decedent Tandy H. O'Dell.
2. Sex Male 3. Color White 4. Age 56 yrs.
5. Married or Single Married
6. Date of death July 15/1910.
7. Cause of death Paralysis
8. Duration of last illness _____

E. N. Hau., M. D.
Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence Payne 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 July 16" 1910
Edward & Edward, Undertaker.
Date of Certificate July 16/1910. Residence _____

Cora S. Oder 1905

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 *Cora S. Oder.*
 2. Sex *Female* 3. Color *White* 4. Age *abt. 45.*
 5. Married or Single *Single*
 6. Date of death *Mar. 24/05.*
 7. Cause of death *Unknown, died Suddenly.*
 8. Duration of last illness *R. S. Hunter, acting Coroner.*
 Residence *Bowling Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Kentucky*
 11. Residence *Adams St.* Ward No. *2.*
 12. Time of residence in the city *Several years.*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Cynthiana, Ky.*
 15. Date of intended interment *Mar. 23/05.*
Gerard and Gerard. Undertaker.
 Date of Certificate *Mar. 24/1905* Residence *City*

James Odman 1900

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 Odman
2. Sex Male 3. Color Col. 4. Age 39-
5. Married or single Single
6. Date of death Dec - 29 - 1900
7. Cause of death Pneumonia
8. Duration of last illness Two Weeks
Dr. Harrington, M. D.
Residence Center St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of birth Tennessee Smith Co
11. Residence South Street Ward No. 2nd
12. Time of residence in the City Four Months
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment County Cemetery
15. Date of intended interment Dec - 29 - 1900
Guard & Guard, Undertaker.
Date of Certificate Dec - 29 / 1900 Residence _____

Joe P. O'Donnell 1913

13-1

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

RETURN OF A DEATH.

1396

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joe. P. O'Donnell.
 2. Sex Male 3. Color White 4. Age 35 yrs.
 5. Married or single single
 6. Date of death May, 19 1913.
 7. Cause of death Palagra, as per Vital statistics.
 8. Duration of last illness E. A. Gerard, Funeral Director
Bowling Green, Ky.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth Ky.
 11. Residence Nashville Tenn. Ward No.
 12. Time of residence in the city
 13. When a minor { Name of mother
 Name of father
 14. Place of intended interment St. Josephs Cemetery
 15. Date of intended interment MAY 20 1913
GERARD & GERARD. Undertaker.
 Date of Certificate MAY 20 1913 Residence Bowling Green, Ky

Joe P. O'Donnell 1913

13-2

TRANSIT PERMIT No. _____ CERTIFICATE OF UNDERTAKER

I (or we) hereby certify that the accompanying dead body of Joe P. O'Donnell
 (If a minor, give parents' name also.)

Consigned to Bowling Green in the County of Polk, State of Ky
 and who died of Polio

has been prepared for transportation by an Embalmer holding License No. B9 in conformity with Rule No. 6
 of the Transportation Rules.

Shipping Embalmer W. H. Jacobs License No. 139 Shipping Undertaker Wm. H. Hester
 (Firm Name)

Address Nashville Address Nashville

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 tack them securely on the end of the box before shipping.

From Nashville Tenn to Bowling Green Date May 19 13 State of Ky

No. of Ticket of Escort 24368 Form No. of Ticket of Escort Card

No. of Corpse Ticket 24369 Form No. of Corpse Ticket Card

Via Train R. R. To

Via

Via

Via

Name of passenger in charge J. P. O'Donnell Place of Residence Nashville

Signed J. P. O'Donnell Station B. M.

ISSUED BY TENNESSEE STATE BOARD OF EMBALMERS.

Nace Ogden 1891

14

306

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 *Nace Ogden*

2. Sex *Male* . 3. Color *Blk.* . 4. Age *76 yrs.*

5. Married or Single *Married.*

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

7. Cause of Death *Jaundice*

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 Co.*

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

12. Time of Residence in the City _____

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

14. Place of intended Interment *Mt. Moriah Cemetery*

15. Date of intended Interment *July 15 " / 91*

J. C. Grant, Undertaker.

Date of Certificate *July 14 / 91* . Residence _____

Mrs. V. S. Oldham 1904

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 Mrs. V. S. Oldham.
 2. Sex Female 3. Color White 4. Age 87 yrs.
 5. Married or Single Widow.
 6. Date of death Feb 25" 1904
 7. Cause of death Old age
 8. Duration of last illness _____
 _____, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence Main St Ward No. 3
 12. Time of residence in the city several years
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Bella Station, Tenn.
 15. Date of intended interment Feb 26" 1904
Gerard and Gerard, Undertaker.
 Date of Certificate Feb 26/1904. Residence _____

Katie Oliver 1879

16

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Katie Oliver*
2. Sex *Female* . 3. Color *White* . 4. Age *25*
5. Married or Single _____
6. Date of Death *Sept 23*
7. Cause of Death *Dysphoid Fever*
8. Duration of last Illness *18 Days*
- _____ , M. D.
Wm Claybrook
Residence *Berea*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *E. Ind*
11. Residence *Main Street* . Ward No. *3*
12. Time of Residence in the City *4 years*
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Aug 24th 1879*
- _____ , Undertaker.
Frank C. Gerard
- Date of Certificate _____ . Residence _____

Democrat Print.

Susan N. Oliver 1879

17

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

RETURN OF A DEATH.

Susan
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Susan N. Oliver*
2. Sex *female* 3. Color *White* 4. Age *19 years*
5. Married or Single *Single*
6. Date of Death *Oct 24th 1879*
7. Cause of Death *Typhoid fever*
8. Duration of last Illness *22 days*

C. H. Omeal, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Tenn*
11. Residence *Main Street* Ward No. *3*
12. Time of Residence in the City *4 years*
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment *Fairview Court*
15. Date of intended Interment *Oct 27th 79*

Frank Leonard, Undertaker.

Date of Certificate *Oct 27th 79.* Residence

Democrat Print.

Walter Olliver 1896

856 18

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Walter Olliver*
2. Sex *male* 3. Color *white* 4. Age *34 1/2*
5. Married or single _____
6. Date of Death *Feb'y 21st 1896*
7. Cause of Death *Tuberculosis*
8. Duration of last Illness _____
Dr. Milliken _____ *Milliken Rogers & Meredith*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Patton St* . Ward No. *3*
12. Time of Residence in the City *life*
13. When a Minor { Name of Mother *Lillie Olliver*
Name of Father *Jathan Olliver*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Feb'y 22 1896*
Pratt & Payne, Undertaker.
Date of Certificate _____ . Residence _____

John H. Oneale 1880

19

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mr H Oneale*
 2. Sex *Male*. 3. Color *White*. 4. Age *30*
 5. Married or Single *Married*
 6. Date of Death *28th Sept 1880*
 7. Cause of Death *Pneumonia*
 8. Duration of last Illness *8 days*
- J. C. Porter*, M. D.
- Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Boarder*
 10. Place of Birth *Ireland*
 11. Residence _____ . Ward No. *3*
 12. Time of Residence in the City *4 months*
 13. When a Minor { Name of Mother _____
Name of Father _____
 14. Place of intended Interment *Protestant Cemetery*
 15. Date of intended Interment *Sept 29th 1880*
- J. Porter*, Undertaker.
- Date of Certificate *Sept 29th* . Residence _____

Democrat Print.

John Onstott 1896

Out of town 20

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Onstott
2. Sex Male 3. Color White 4. Age 60 yrs.
5. Married or single Married
6. Date of Death July 20/96.
7. Cause of Death Pistol shot Wound.
8. Duration of last illness _____

Ben L. Cullum, M.D.
Residence Cor. W. C.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence Potters house Ward No. 2nd
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
 Name of Father _____
14. Place of intended Interment Nashville Tenn
15. Date of intended Interment July 31/96
F. C. Guard / Bro., Undertaker.
Date of Certificate July 30/96 Residence _____

William J. Orange 1901

e1

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Wm J. Orange
2. Sex male 3. Color white 4. Age 77 yrs.
5. Married or single Widower
6. Date of death April - 19 - 1901
7. Cause of death Influenza
8. Duration of last illness 6 wks
Residence College St
Tom H. Stone, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Retired Farmer
10. Place of birth Butler Co - Kentucky
11. Residence Clay St. Ward No. 2nd
12. Time of residence in the City Three years
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Salem Church Butler Co
15. Date of intended interment April - 20 - 1901 -
Gerald Ward, Undertaker.
Date of Certificate _____ Residence _____

Sally Orbert
1879

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 *Sally* ~~Martha~~ Orbert
2. Sex *Female*. 3. Color *Black*. 4. Age *18 months*
5. Married or Single *Single*
6. Date of Death *May 2nd 1879*
7. Cause of Death _____
8. Duration of last Illness *2 day*
No Physician, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____, Ward No. *3d*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Martha Orbert*
Name of Father _____
14. Place of intended Interment *Col Cem*
15. Date of intended Interment _____
J. Helman, Undertaker.
Date of Certificate _____, Residence _____

Democrat Print.

Daniel O'Reagan 1910

23

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

RETURN OF A DEATH.

846

Physician's Certificate Preparatory to Burial.

1. Name of deceased Daniel O'Reagan
 2. Sex Male 3. Color White 4. Age _____
 5. Married or Single Married
 6. Date of death June 19 1910.
 7. Cause of death Angina Pectoris
 8. Duration of last illness Sudden
G. E. Duddle, M. D.
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Salesman
 10. Place of birth Bowling Green Ky.
 11. Residence 8th & Ky. St. Ward No. 3
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment St. Joseph's Cemetery
 15. Date of intended interment June 21 1910.
GERARD & GERARD., Undertaker.
 Date of Certificate June 20 1910. Residence City

Thomas L. O'Reagan 1908

561 24

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Thos. L. O'Reagan.*
2. Sex *Male* 3. Color *White* 4. Age *46 yrs.*
5. Married or single *Single*
6. Date of death *Dec. 20 1908*
7. Cause of death *Heart Disease*
8. Duration of last illness.....
J. E. Meredith M. D.
Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Policeman*
10. Place of birth *Bowling Green Ky*
11. Residence *Main St.* Ward No. *2*
12. Time of residence in the city *46 yrs.*
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *Dec 27 1908*
GERARD & GERARD Undertaker.
Date of Certificate *Dec 21 1908* Residence *BOWLING GREEN, KY*

Mary Orford 1893

25

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 *Mary Orford*

2. Sex *female* . 3. Color *W* . 4. Age *18*

5. Married or Single *Single*

6. Date of Death *May 22 1893*

7. Cause of Death *Inflammation of Stomach & Duodenum*

8. Duration of last Illness *24* *Milliken*
+ B. H. Milliken, M. D.
 Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Russellville Ky*

11. Residence *Lower Main st.* Ward No *4*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Russellville Ky*

15. Date of intended Interment _____

Brathen & Payne, 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 OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Cornelia Osbourne*
2. Sex *Female* 3. Color *White* 4. Age *55*
5. Married or Single *Widow*
6. Date of Death *March 14th 1878*
7. Cause of Death *Consumption*
8. Duration of last Illness *One year*
Dr. J. B. [unclear] M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Kentucky*
11. Residence *BB* Ward No. *32*
12. Time of Residence in the City *since 1871*
13. When a Minor { Name of Mother _____
 Name of Father _____
14. Place of intended Interment *Fairview*
15. Date of intended Interment *16th*
- Dr. B. [unclear] Undertaker.*
 Date of Certificate *15th March - 78* Residence _____

Pantagraph Print.

Blackburn Osburn 1906

130

27

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

RETURN OF A DEATH.

130

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Blackburn Osburn
 2. Sex Male . 3. Color White . 4. Age 11 Months
 5. Married or single single
 6. Date of death Nov 23 - 1906
 7. Cause of death Meningitis
 8. Duration of last illness 5 days
- John Blackburn, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth Bowling Green 1904
 11. Residence Eight Street Ward No. 2
 12. Time of residence in the City. 11 Months
 13. When a minor { Name of Mother Mrs J. J. Osburn
Name of Father J. J. Osburn
 14. Place of intended interment Bethel Church Grave yard
 15. Date of intended interment Nov 23 1906
- GERARD & GERARD., Undertaker.
- Date of Certificate Nov 23 1906 Residence BOWLING GREEN, KY

Nelson E. Osburn 1913

28

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

RETURN OF A DEATH.

1314

Physician's Certificate Preparatory to Burial.

1. Name of deceased Nelson, E. Osburn
 2. Sex Male 3. Color White 4. Age 45 yrs.
 5. Married or Single Married
 6. Date of death JAN 6 - 1913
 7. Cause of death Pulmonary Hemorrhage
 8. Duration of last illness 3 days
 Signature E. N. Hall, M. D.
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Lawyer
 10. Place of birth Ohio
 11. Residence E. Park St Ward No. 1
 12. Time of residence in the city 8 yrs.
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Smiths Grove Ky.
 15. Date of intended interment JAN 8 - 1913
GERARD & GERARD, Undertaker.
 Date of Certificate JAN 8 - 1913 Residence BOWLING GREEN, KY

Thomas O'Shea 1894

630 29

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Thomas O. Shea
 2. Sex Male 3. Color White 4. Age 75 yrs.
 5. Married or single Married
 6. Date of Death June 12"/1894
 7. Cause of Death Dysentery
 8. Duration of last Illness 8 days
D. D. McEnnamell, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth Ireland
 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 St. Joseph's
 15. Date of intended Interment June 14"/94
F. C. Howard Undertaker.
 Date of Certificate June 13/94 Residence _____

Elizabeth Ott 1906

113 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 Elizabeth Ott*
2. Sex *Female* 3. Color *White* 4. Age *61 yrs.*
5. Married or single *Widow*
6. Date of death *Oct 12/1906.*
7. Cause of death *Cancer*
8. Duration of last illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Louisiana*
11. Residence *Church St.* Ward No. *3*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *Oct 4/1906.*

GERARD & GERARD, Undertaker.
Date of Certificate *OCT 13 1906* Residence *BOWLING GREEN, KY*

Mrs. A. L. Owens 1904

31

☛ 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. A. L. Owens.*
 2. Sex *Female* 3. Color *White* 4. Age *65*
 5. Married or Single *Married*
 6. Date of death *Nov 18th 04.*
 7. Cause of death *Blood Poison*
 8. Duration of last illness _____
 _____, M. D.
 Residence *B Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren County.*
 11. Residence *River Pike* 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 *at Fairview Cemetery*
 15. Date of intended interment *Nov 19th 04.*
Guard & Guard, Undertaker.
 Date of Certificate *Nov 19th 04.* Residence _____

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.

322

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs J. B. Owens*

2. Sex *Female* 3. Color *White* 4. Age *20 yrs*

5. Married or single *Married*

6. Date of death *Oct. 7th 1907.*

7. Cause of death *Pulmonary Thrombosis*

8. Duration of last illness *few days*

J. W. Blackburn M. D.

Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth.....

11. Residence *Portaga RR.* Ward No.....

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

13. When a minor { Name of mother *Head*
Name of father *W. C. Poston*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Oct 8th 1907.*

GERARD & GERARD. Undertaker.

Date of Certificate *Oct. 7/07.* Residence *BOWLING GREEN, KY*

Child of J. V. Owens 1905

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 J. V. Owens*
 2. Sex *Female* 3. Color *White* 4. Age *13 Mos.*
 5. Married or Single *Single*
 6. Date of death *Sept. 14 "05*
 7. Cause of death *Scarlet fever*
 8. Duration of last illness
J. C. Meredith, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *City*
 11. Residence *Church St.* Ward No. *3*
 12. Time of residence in the city
 13. When a minor { Name of Mother *Mrs. J. V. Owens*
 Name of Father *J. V. Owens*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Sept 15 "05*
Edward J. Grand., Undertaker.
 Date of Certificate *Sept 15/05.* Residence

Child of Lee & Lou Ella Owens 1891

34

324

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 Lee Owens + Lou Ella*

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

5. Married or Single *Single*

6. Date of Death *Aug 7/91*

7. Cause of Death *Misery*

8. Duration of last Illness *—*

W. M. Clay, M. D.
Residence *—*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *—*

10. Place of Birth *City*

11. Residence *—* . Ward No. *3rd*

12. Time of Residence in the City *—*

13. When a Minor. } Name of Mother *Lou Ella Owens*
 } Name of Father *Lee*

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *Aug 7/91*

H. C. Seward, Undertaker.

Date of Certificate *Aug 7/91* . Residence *—*

Child of Lee & Lou Owens 1896

975

35

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Lee ^{& Lou} Owens*
2. Sex *Male* 3. Color *White* 4. Age *5 days*
5. Married or single *single*
6. Date of Death *Dec 30"/196.*
7. Cause of Death *Tetanus Neonatorum*
8. Duration of last Illness *24 hours*

Tom W Stone, M. D.
 Residence *318 College St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *City*
 11. Residence _____ . Ward No. *3*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother *Mrs Lou Owens*
 Name of Father *Lee Owens*
 14. Place of intended Interment *Fairview Cem.*
 15. Date of intended Interment *Dec 31"/1896.*
- F. G. Guard & Bro.*, Undertaker.
 Date of Certificate *Dec 31/96* Residence *City*

Mortimer C. Owens 1912

36

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

RETURN OF A DEATH.

1210

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mortimer C. Owens
 2. Sex Male 3. Color White 4. Age 90 yrs
 5. Married or Single Widow
 6. Date of death June 28" 1912
 7. Cause of death Senility
 8. Duration of last illness 2 yrs
F. D. Reader, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence State St. Ward No. 1
 12. Time of residence in the city 3 months
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Massachusetts, Ky
 15. Date of intended interment June 29" 1912
GERARD & GERARD, Undertaker.
 Date of Certificate June, 29" 1912 Residence BOWLING GREEN, KY

Warren County, Kentucky Death Records, Box 3, Folder 8 (O)