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C. Packham 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.
60-11-1
1. Name of deceased C. Cach hay
2. Sex Mall Color And 4. Age 4 1915.
5. Married or Single Mauriel
6. Date of death Finby, 26" 1908
7. Cause of death Over dory Strychning
8. Duration of last illness, / yhung
John O. Gray, M.D.
Residence Howling Franky.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Michigan
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 Buttle Brick
14. Place of intended interment They 29" 12 mg
15. Date of intended interment
Tiebra 04"05 , Undertaker.
Date of Certificate Residence

J. B. Page 1892

410
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mis. J. B. Page
2. Sex Junale 3, Color White . 4. Age 37 y rs.
5. Married or Single Thaucid.
6. Date of Death Apr 27 1882
7. Cause of Death Chronie Hepatilis
8. Duration of last Illness One year
OW Bowhy, M. D.
Residence / 2 Mishy so
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Janea led.
11. Residence thy street, Ward No. 3 rd
12. Time of Residence in the City & yris.
13. When a Minor.
) Name of Father
14. Place of intended Interment June daton Trave yd,
15. Date of intended Interment of 1928
Date of Certificate Apr 27/92 Residence

James Page 1912

	3
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
17/00	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1260	
1. Name of deceased for aga.	
2. Semuly 3. Color infatty. 4. Age 07	
5. Married or single	
6. Date of death 28 191W	
7. Cause of death Sughts Wiseou	
8. Duration of last illness	
D. J. Blaces	
Residence / J. C.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Cantractor	
10. Place of birth Baculy Tun	
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 Grintle Y W	
15. Date of intended interment Sight 28 /1/2	
Emborney, Undertaker.	
Date of Certificate . Residence B Luc	
Date of Certificate	

Mrs. James Page 1893

RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mo James Page
2. Sex France 3. Color While 4. Age 25 gri.
5. Married or single heaviers 6. Date of Death Det 26 93
7. Cause of Death Perstantib 8. Duration of last Illness
M. D.
Residence 203 Pothin It Bynnik
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Haure 60. 11. Residence Superet Lircet Ward No. 4
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Buthel Church yanne Con
Date of Certificate Det 27 Residence

James H. Page
RETURN OF A DEATH.
Out of to PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased James H Pay 2. Sex Mal . 3. Color Whit . 4. Age 3 Mutho
5. Married or Single Day
6. Date of Death Sun & Franchitis 7. Cause of Death Capelary broughtin
8. Duration of last Illness Leve days
Humilton Winstead, M. D. Residence Bowling Greny Ky
9. Occupation 10. Place of Birth
11. Residence Portage Road Road Ward No. 4
12. Time of Residence in the City
13. When a Minor. Name of Mother May Blage
14. Place of intended Interment Country
15. Date of intended Interment Jun 2513/1892
Date of Certificate . Residence

John H. Page 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSIC'AN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Leceased No. 10 Magain
2.	Sex Male . 3. Color Will . 4. Age 37 - 5 h
5.	Married or Single Wurley
6.	Date of Death Uch 14 47 170
7.	Cause of Death Cleut Dypulury-
8.	Duration of last Illness 24 build
	MINGCommeden. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10	Place of Birth
11.	Residence
12.	Time of Residence in the City
13.	When a Minor { Name of Mother Name of Father
14.	Place of intended Interment Oct 14 1880 Tourne Com
15.	Date of intended Interment
	Way Undertaker.
De	ite of Certificate . Residence
	Demorrat Job Print
	Printerior Trus

Mary J. Page 1896

RETURN OF A DEATH. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Mod. Many J. Page 2. Sex Author 3. Color Mills . 4. Age 7/4/10. 5. Married or single Minor . 4. Age 7/4/10. 6. Date of Death Author Standard . Mr. M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence May Author . Ward No. 3 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment Many in Standard . Undertaker. Date of Certificate May J. M. M. D	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Mos. Many J. Page 2. Sex famille. 3. Color family. 4. Age 7/4/4. 5. Married or single Friedric. 6. Date of Death Angamahin Stimular. 8. Duration of last Illness 8. Duration of last Illness 9. Occupation 10. Place of Birth 11. Residence Day Stude. Ward No. 3 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment Parvin Stamping 15. Date of intended Interment Parvin Stamping 16. A Smarle York Output 17. Undertaker.	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
1. Name of deceased Mod. Many J. Jage 2. Sex Rumall. 3. Color Mall. 4. Age 7/4/2. 5. Married or single Fridotto 6. Date of Death Anglamation Stammall 8. Duration of last Illness 8. Duration of last Illness UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Anglamation Ward No. 3 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment Anglamatical Anglam	RETURN OF A DEATH.
2. Sex Auntill. 3. Color Abills. 4. Age 7/141. 5. Married or single Air of the first of the fir	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
2. Sex Auntill. 3. Color Abills. 4. Age 7/141. 5. Married or single Air of the first of the fir	1. Name of deceased Mrs. Mary C. Page
5. Married or single /// 96. 6. Date of Death /// 96. 7. Cause of Death /// 96. 8. Duration of last Illness // N. D. Residence // N. M. D. Residence // N. Residence // N. Residence // N. Ward No. 3 12. Time of Residence in the City // Name of Mother // Name of Father // Name of Father // Name of intended Interment // N. Ward No. 3 14. Place of intended Interment // N. J. J. When a Minor // Name of Father // Name of intended Interment // N. J. When a Minor // Name of Father // Name of intended Interment // N. Ward No. 3 15. Date of intended Interment // N. Ward No. 3 16. Manual // N. Ward No. 3 17. Value of intended Interment // N. Ward No. 3 18. When a Minor // Name of Mother // Name of Father // Name of Father // Name of Father // Name of Intended Interment // N. Ward No. 3 19. Value of intended Interment // N. Ward No. 3 10. Value of intended Interment // N. Ward No. 3 11. Value of intended Interment // N. Ward No. 3 12. Value of intended Interment // N. Ward No. 3 13. When a Minor // Name of Mother // Name of Father // Name of	A solve of fifther the
7. Cause of Death Auflantahin Standard 8. Duration of last Illness , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Augustus . Ward No. 3 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment Augustus Augustus 15. Date of intended Interment Augustus Augustus 16. Mundal Standard Interment Augustus Augustus 17. Date of intended Interment Augustus 18. Date of intended Interment Augustus 19. Date of intende	4.
8. Duration of last Illness (S. MUNCOLO, M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence (In the City 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment 15. Date of intended Interment (In the City of Intended Interment (In the Ci	1 / " / - /
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence 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 17. Undertaker.	7. Cause of Death Inflamation of Stomach
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence	JE. Mundill, M. D.
9. Occupation 10. Place of Birth 11. Residence Oly Thirty. 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 Particul Culture 15. Date of intended Interment No. 11"/96 H. Grand Y. 100, Undertaker.	Residence
10. Place of Birth 11. Residence	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
10. Place of Birth 11. Residence	o. Occupation
12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment Parview Quantity 15. Date of intended Interment Nov 11"/96 H. Grand Y. D. Grandertaker.	
Name of Mother Name of Mother Name of Father Name of Mother Name of Mother	11. Residence Clay Stuff. Ward No. 3
Name of Mother Name of Mother Name of Father Name of Mother Name of Mother	12. Time of Residence in the City
Name of Father 14. Place of intended Interment Parviin Quantity 15. Date of intended Interment Poll!"/96 Fig. Grand Y 1000, Undertaker.	
14. Place of intended Interment Fanvius Cumling 15. Date of intended Interment Nov 11"/96 Figure 1 100 , Undertaker.	
F. G. Grard Y 1300, Undertaker.	
Date of Certificate 100/0/06. Residence 100/0	The Grand Man
	Date of Certificate 100/96. Residence July

R. L. Page 1893

Out of town /s.	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 R. L. Garger	1
2. Sex Male 3. Color Jane 4 Lyrs	
5. Married or Single March 1 1/93.	
7. Cause of Death Cousing From	
8. Duration of last Illness	
BA Millitim, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Harrie Comely	
11. Residence Lishward Row". Ward No. 4"	
12. Time of Residence in the City	
13. When a Minor. Name of Mother Name of Father	1
14. Place of intended Interment Ligy Pollowin Harren	00
15. Date of intended Interment 10212" 193:	
Date of Certificate Mar 2"/98. Residence The Certificate Residence The Certificate Residence Res	
	7000

William Mac Page 1908

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.		
	466		
1.	Name of deceased William, Mac Page		
2.	Sex Male 3. Color White 4. Age 10		
5.	Married or single fing &		
6.	Date of death Jacky 8		
7.	Cause of death / Lyanus		
8.	Duration of last illness / Week		
	Duffmudela Juddlem. D.		
	60		
	Residence Olly		
	Residence Olly		
	Undertaker's Certificate in Relation to Deceased.		
9.			
9. 10.	Undertaker's Certificate in Relation to Deceased.		
	Undertaker's Certificate in Relation to Deceased. Occupation		
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bow Ling Long		
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence ' Ward No. Time of residence in the city (Name of mother Mrs. L. Page		
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. Time of residence in the city		
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Mrs.		
10.11.12.13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father		
10.11.12.13.14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bow Crig January Residence Ward No. Time of residence in the city When a minor Name of mother May January Name of father Place of intended interment Bay on River Church		
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bawling Ward No. Residence Ward No. Time of residence in the city When a minor Name of mother May for a great the city Place of intended interment Baylon River Church Date of intended interment July 9 - 0.5		
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Mayre Undertaker.		
10. 11. 12. 13. 14. 15.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Barriage Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Mayrie Undertaker.		

Ewing P. Palmer 1911

	U
♥ ♥ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♥ ♥	
RETURN OF A DEATH.	
1043	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased P. Ewrity Palmer.	
2. Sex Malk 3. Color White 4. Age 41 45	
5. Married or Single Maurin	
6. Date of death from 7" 1911.	
7. Cause of death Typ houd Fever	
8. Duration of last illness From June 5' to July 7, 1911	•
TOSTELIU, M.D.	
Residence 3 22 277aine st. Bowling	19
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
9. Occupation 10. Place of birth Warran, Cod,	
Warren, led	
10. Place of birth Warren, Od, 11. Residence 323 Mari Sh Ward No. 23,	
10. Place of birth Warran, Cod, 11. Residence 323 Marie Sh Ward No.23, 12. Time of residence in the city swaral years.	
10. Place of birth Warren, Od, 11. Residence 323 Mari Sh Ward No. 23,	
10. Place of birth Warren, Cod, 11. Residence 323 Mani Sh Ward No.23, 12. Time of residence in the city swared years. Name of Mother	la
10. Place of birth Warran, Cod, 11. Residence 323 Mari Sh Ward No.23, 12. Time of residence in the city sward years. 13. When a minor Name of Mother Name of Father Name of Father Name of States.	la
10. Place of birth 11. Residence 323 Mani Sh Ward No.23. 12. Time of residence in the city swared years. 13. When a minor Name of Mother Name of Father 14. Place of intended interment Juny Row Sh. yel, Wanne Suly Language Policy	la
10. Place of birth 11. Residence 323 Marie Sh. 12. Time of residence in the city swarf yours. 13. When a minor Name of Mother Name of Father. 14. Place of intended interment Swarf Pour Sh. yel, Hanne 15. Date of intended interment Swarf Your Sh. 24. Marie Sh. 25. Marie Sh. 26. Marie Sh. 27. Marie Sh. 28. Marie Sh. 29. Mari	la
10. Place of birth 11. Residence 323 Mani Sh Ward No.23. 12. Time of residence in the city sward your. 13. When a minor Name of Mother Name of Father. 14. Place of intended interment Swary Row Sh. yel, Manual Sh. 15. Date of intended interment Swary Row Sh. yel, Manual Sh. 16. Undertaker.	la
10. Place of birth 11. Residence 323 Mani Sh Ward No.23. 12. Time of residence in the city sward your. 13. When a minor Name of Mother 14. Place of intended interment Swary Row Sh. yol, Manual Sh. 15. Date of intended interment Swary Row Sh. yol, Manual Sh. 16. Date of intended interment Swary Row Sh. yol, Manual Sh. 17. Undertaker.	la

Child of Charles Palmore 1907

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Child of Choo Polmage Sex finale. 3. Color Iblack 4. Age furtiers
2.	Sex finale. 3. Color Iblack 4. Age few kins
5.	Married or single
6.	Date of death of the 20-07.
7.	Cause of death
8.	Duration of last illness , M. D. Residence 1223 Center, St.
	10: 8 9 4 M. D.
	Residence 1223 Conter, 124
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	
9. 10.	Occupation ————————————————————————————————————
	Occupation Place of birth Centur II Residence Centur Uf Ward No,
10.	Occupation Place of birth Lenter Af. Residence Lenter Af. Ward No, Time of residence in the City.
10. 11. 12.	Occupation Place of birth Residence Ward No, Time of residence in the City. Name of Mother When a minor
10. 11. 12.	Occupation Place of birth
10. 11. 12. 13.	Occupation Place of birth Residence Ward No, Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment
10. 11. 12.	Occupation Place of birth Residence Ward No, Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Date of intended interment
10. 11. 12. 13.	Occupation Place of birth Residence Ward No, Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment

Child of Joe & Sarah Palmore 1898

150	2
This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Child of JoE Palmore	,
2. Sex . 3. Color / 2011 . 4. Age	
5. Married or single Suigle	
6. Date of death July 6"1898	
7. Cause of death Still Born	
8. Duration of last illness W. S. Nambricke, M. D.	
n. D. Namvuse, M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
ONDERTHACK > CERTIFICATE IN RECEIPION TO DESCRIBE.	
9. Occupation	
10. Place of birth blay Street bity	
11. Residence // Ward No. 2	
12. Time of residence in the City	_
13. When a minor Name of Mother Sarah Palmert	
13. When a minor \ Name of Father for Palmore.	_
14. Place of intended interment MV, Mariah Countles	«
15. Date of intended juterment July 8 1981	
Frank Jerand, Undertaker.	
Date of Certificate July 7 "98, Residence	
Examination of the second of t	

Lewis Palmore 1907

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Secretary Preparatory to Burial. 2. Sex Mall. 3. Color black. 4. Age 24 5. Married or single Marricary 6. Date of death Secretary Secretary 7. Cause of death Meumonia 8. Duration of last illness about 8 We 46 UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation & about 10. Place of birth Rauling Grund 11. Residence Clay St. Ward No. 9 12. Time of residence in the City. Auring Light 13. When a minor Name of Mother Sarafa Odlmon 14. Place of intended interment Apple. Muriah Cerritary 15. Date of intended interment Jan. 9 999 16. Murphendard Undertaker. Date of Certificate June, 9 98 Residence Cor J. Callegy St.	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RETURN OF A DEATH.
2. Sex Male. 3. Color black. 4. Age 24 5. Married or single Married 6. Date of death Memoria 7. Cause of death Memoria 8. Duration of last illness about 8 We We Walter Who Residence Powling Green, 34 UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation & about 10. Place of birth Bawling Green 11. Residence Clay St. Ward No. 9 12. Time of residence in the City. Auring fight 13. When a minor Name of Mother Sargh Odlmon Name of Father I wayth Dalmon 14. Place of intended interment Amt. Muriah Cernitar 15. Date of intended interment Jan. 9 16. Nayken last Undertaker. Date of Certificate June, 9-08. Residence Con The	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
2. Sex Male. 3. Color black. 4. Age 5. Married or single Married 6. Date of death An. 8 7 7. Cause of death Memoria 8. Duration of last illness about 8 Wells UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation Labour 10. Place of birth Bauling Grunt 11. Residence Clay St. Ward No. 9 12. Time of residence in the City. Arrive fight 13. When a minor Name of Mother Sarah Dalmon 14. Place of intended interment Ant. Muriah Cernstan 15. Date of intended interment Jan. 9 16. Nuyken last Undertaker. Date of Certificate Jun, 9 98. Residence Corn Memory 18. Residence Corn Residence Corn Memory 19. Residence Corn Re	1. Name of deceased wire almost
6. Date of death 7. Cause of death Meumoura 8. Duration of last illness World Wells Oallow M. D. Residence Bowling Green, M. D. Residence Bowling Green, M. D. 10. Place of birth Bowling Green 11. Residence Clay St. Ward No. St. 12. Time of residence in the City. Name of Mother Sargh Pollmon Name of Father Ivasiph Dolmon 13. When a minor Name of Father Ivasiph Dolmon 14. Place of intended interment Ant. Muriah Cernstan 15. Date of intended interment Jan. 9-1905 Schupkendall. Undertaker. Date of Certificate June, 9-08. Residence Con The	
9. Occupation of last illness Work of Williams Green, M. D. Residence Bowling Green, M. D. Residence Bowling Green, M. D. 9. Occupation Lahour 10. Place of birth Burling Green 11. Residence Clay St. Ward No. P 12. Time of residence in the City. Auring Light Name of Mother Sarah Dalmon Name of Father Jurish Dalmon 14. Place of intended interment Ant. Muriah Cernstan 15. Date of intended interment Jan. 9-99 Ale Muriah Undertaker. Date of Certificate June, 9-98. Residence Con The	5. Married or single Mannied
9. Occupation of last illness Work of Williams Green, of UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation & above 10. Place of birth Quilling Green Ward No. 9 12. Time of residence in the City. Auring Life 13. When a minor Name of Mother of Argh Odlino Name of Father Jurish Palmone 14. Place of intended interment Ant. Muriah Cernstan 15. Date of intended interment Jan 9-99 J. Kuykinskall, Undertaker. Date of Certificate June, 9-98. Residence Con The	6. Date of death fan 8-07.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation & above 10. Place of birth & auding Grun 11. Residence Clay St. Ward No. 3 12. Time of residence in the City. during Life 13. When a minor Name of Mother Sarafa Odlmon 14. Place of intended interment & Mr. Muriah Cernstan 15. Date of intended interment Jan. 9-1905 J. Kuyken Law. Undertaker. Date of Certificate June, 9-08. Residence Con St.	7. Cause of death / Meumoura
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation & aharia 10. Place of birth & aurling & run 11. Residence Clay Sh. & Ward No. & 12. Time of residence in the City. Auring Lyde 13. When a minor Name of Mother & argh Odlmon 14. Place of intended interment & M.A. Muriah Cernstan 15. Date of intended interment Jan. 9 1908 J. Kuyken daw Undertaker. Date of Certificate June, 9 08. Residence Cory	8. Duration of last illness about 8 WE CES
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation & above 10. Place of birth Qualing frum 11. Residence Clay Sp. Ward No. 3 12. Time of residence in the City. during Life 13. When a minor Name of Mother Large Odling 14. Place of intended interment Land, murical Certain 15. Date of intended interment Jan. 9-1908 J.C. Name of Certificate June, 9-08. Residence Con The	0000 M. D.
9. Occupation & ahour 10. Place of birth Bawling Grun 11. Residence Clay St. Ward No. 3 12. Time of residence in the City. Auring Lift 13. When a minor Name of Mother Sargh Odlino 14. Place of intended interment Junk. muriah Cernetar 15. Date of intended interment Junk. 9-1908 16. Kuykundukt. Undertaker. Date of Certificate June, 9-08. Residence Con The	Residence 43 outing Green, of
9. Occupation & ahore 10. Place of birth Bawling Grun 11. Residence Clay St. Ward No. F 12. Time of residence in the City. Auring Lift Name of Mother Sarah Odlino Name of Father wash Odlino 14. Place of intended interment Ant. muriah Cernetar 15. Date of intended interment Jan. 9-1908 J. Kuyken date. Undertaker. Date of Certificate Jun. 9-08. Residence Con The	
9. Occupation & ahour 10. Place of birth Bawling Grun 11. Residence Clay St. Ward No. 3 12. Time of residence in the City. Auring Lift 13. When a minor Name of Mother Sarah Odlino Name of Father Ivailab Dalmon 14. Place of intended interment Ant. muriah Cernetar 15. Date of intended interment Jan. 9-1908 J. Kuykunduk. Undertaker. Date of Certificate Jun. 9-08. Residence Con The	HADDDAYEDS CEDTIFICATE IN DELATION TO DECEASED
10. Place of birth Qualling Grun 11. Residence Clay St. Ward No, 3 12. Time of residence in the City. Auring Life 13. When a minor Name of Mother Sarah Palmon 14. Place of intended interment Ant. Muriah Cerustan 15. Date of intended interment Jan. 9-1905 16. Kuyken dall. Undertaker. Date of Certificate Jun. 9-08. Residence Con The	UNDERTAKENS CERTIFICATE IN REDITION TO DECEASED.
10. Place of birth Bawling Grun 11. Residence Clay St. Ward No, 3 12. Time of residence in the City. Auring Life 13. When a minor Name of Mother Sarah Odlino Name of Father Insufah Odlino 14. Place of intended interment Ant. Muriah Cernetar 15. Date of intended interment Jan. 9-1905 Ale Skuyken Sall. Undertaker. Date of Certificate Jun. 9-08. Residence Con 31	9. Occupation V. ahomes
11. Residence Clay St. Ward No. 9 12. Time of residence in the City. Suring Life 13. When a minor Name of Mother Sarah Odlino 14. Place of intended interment Link, Muriah Cernetar 15. Date of intended interment Jan, 9-1908 16. Kuyken Luck Undertaker. Date of Certificate Jun, 9-08. Residence Con The	10. Place of birth Bowling Grun
12. Time of residence in the City. 13. When a minor Name of Mother Sarah Odlmon Name of Father Swelch Oalmon 14. Place of intended interment Ant. Muriah Cernetar 15. Date of intended interment Jan. 9-1905 J.C. Kuyken Sull. Undertaker. Date of Certificate Jun. 9-08. Residence Con The	11. Residence Clay St. & Ward No. 3
13. When a minor Name of Mother Sarah Odlino Name of Father Losefah Odlino 14. Place of intended interment Ant. Muriah Cerristar 15. Date of intended interment Jan, 9-1905 J.C., Kurjken Sall, Undertaker. Date of Certificate June, 9-08. Residence Con The	
14. Place of intended interment June, 9-1905 15. Date of intended interment June, 9-1905 J. S. Kuykendall. Undertaker. Date of Certificate June, 9-08. Residence Con The	0 1 6 1 1 1
15. Date of intended interment Jan, 9-1908 J. Kryken dall Undertaker. Date of Certificate June, 9-08. Residence Con The	13. When a minor Name of Father Jurish Dalmone
Date of Certificate June, 9 - 08 Residence Con 71	14. Place of intended interment Ant. muriah Cerristan
Date of Certificate June, 9 - 08. Residence Com	
Date of Certificate June, 9 - 08. Residence Con 7	
	2 261

Mary Palmore 1899

.6x 85 H
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Many Falmon
1. Name of deceased Many Palmon 2. Sex funds. 3. Color Black. 4. Age 19 yar 5. Married or single flight
7. Cause of death Jyfshpish Lever
8. Duration of last illness
9. N. M. D. , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Jeil
11. Residence College St. Ward No. 3
12. Time of residence in the City
13. When a minor Name of Mother Sarah Palman Name of Father
14. Place of intended interment WAM grich
15. Date of intended interment
Mawley Tong, Undertaker.
Date of Certificate Residence

Child of Mary Palmore 1898

7170	15
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	-
RETURN OF A DEATH.	
NUCLORANC CENTIFICATE AND ADDATANT TO DIDITI	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Child of Mary Palin	ORE,
2. Sex . 3. Color . 4. Age	
5. Married or single surgle,	
6. Date of death Sept 3"98.	
7. Cause of death Bone Dend	
8. Duration of last illness T. W. Stone, M. I	
Residence College SX	,
Residence	***
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
MANAGEMENT AND	
9. Occupation	
10. Place of birth Willy	
11. Residence 10 th street. Ward No. 3,	
12. Time of residence in the City	
13. When a minor Name of Mother Many Palmon	_
	-
14. Place of intended interment legundy Centrally	9
15. Date of intended interment & John January 18	
Tunned Juna , Undertake	r.
Date of Certificate 2959 7 . Residence	. ada
winners and the second	

Annie May Pardue 1898

Out of City 16
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
TETOTHE OF IT DETITIES.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Pardue
1. Name of deceased Carrie May Pardue
2. Sex famale. 3. Color while. 4. Age 7 100
5. Married or single
6. Date of death Prolesa Dufanteur
8. Duration of last illness 2 mecks
Jon W. Stone, M. D.
Residence College St
September of the Control of the Cont
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth leity
11. Residence Broadway Ward No.
12. Time of residence in the City
Name of Mother Living Parding Name of Father Durthet Parding
14. Place of intended interment Stadley My
15. Date of intended interment July 15 1898
January June, Undertaker.
Date of Certificate Residence
position and the second

Emma D. Pardue 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 Enuna D Fardur
2. Sexfunale. 3. Color whili. 4. Age 3/4rz- 5. Married or single married
5. Married or single married -
6. Date of death Quy 2/20/905- 7. Cause of death The Solid Five
8. Duration of last illness 3 recele , M. D.
Residence 3_
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth County
11. Residence & Fartyst 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 have been been undertaker.
Date of Certificate . Residence .

Mary Pardue 1906

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 Tay Paraue
2. sofemale 3. Color While 4. Age 35 you
5. Married or single married 6. Date of death Queuf 2 1806
o. Date of death
7. Cause of death 8. Duration of last illness
A. P. Cartwright M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Partir artilion Ward No.
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
14. Place of intended interment farmer Same
15. Date of intended interment the state of intended intend
Date of Certificate . Residence

Myrtle Mae Pardue 1911

	The state of the s
	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 Mystle Max Pardue
2.	Sexunal 3/color white 4. Age 2
5.	Married or Single Dingle
6.	Date of death Diel 3 /9//
7.	Cause of death Meet brown croups .
8.	Duration of last illness 2 day
	M.D.
- 1	Residence Bowling Imen 16g
4	Undertaker's Certificate in Relation to Deceased.
	Oldertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	Occupation
10.	Place of birth Warran down Residence (Ward No.) Time of residence in the city.
10. 11. 12.	Place of birth Warring danky Residence Ward No. Time of residence in the city When a minor Name of Mother Bass Pardice
10. 11. 12.	Place of birth Warm dawn Residence // Ward No. Time of residence in the city. When a minor Name of Mother Buss Pardur Name of Father W
10. 11. 12. 13.	Place of birth Warm dawn Residence // Ward No. Time of residence in the city When a minor Name of Mother Sees Pardur Name of Father are // // Place of intended interment Amurum dawn
10. 11. 12.	Place of birth Warm dawn Residence // Ward No. Time of residence in the city. When a minor Name of Mother Buss Pardur Name of Father W
10. 11. 12. 13. 14.	Place of birth Warm dawn Residence // Ward No. Time of residence in the city When a minor Name of Mother Sess Pardue Name of Father are // (/ Place of intended interment Arrange Comment)
10. 11. 12. 13. 14.	Place of birth Warring danky Residence
10. 11. 12. 13. 14.	Place of birth Warring danky Residence

Annie Parker 1896

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 Asis Annie Parker
2. Sextumale 3. Golor It hite. 4. Age 70 yra
5. Married or single Single
6. Date of Death april 9"/1896
7. Cause of Death Plyllantes
8. Duration of last Illness
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth famen County
11. Residence Mani Street Ward No. 2 mg
12. Time of Residence in the City Ry mouths
Name of Mother Mis Mary Parker Name of Father Lige Parker
14. Place of intended Interment Gaines brane gallann
15. Date of intended Interment April 10"/896 Fig. Guland 11310, Undertaker.
Date of Certificate Apr 9/96 Residence Colly

Eliza Parker 1897

Out aly
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 Eliza Partier
2. Sex Fumale. 3. Color Blko. 4. Age 5 5 420,
5. Married or single Wilson
6. Date of Death 1897.
7. Cause of Death Was Suxy
8. Duration of last Illness
Bus Gullen Cor, M.D.
Residence, Hanney Commit
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Hanen Co.
11. Residence 10 H shell . Ward No. 2 34
12. Time of Residence in the City
13. When a Minor Name of Mother Name of Father
14. Place of intended Interment MA Jabor Harrin 60
15. Date of intended Interment Wor 6" 1897. File Gunden V Bio., Undertaker.
Date of Certificate Wolfs"97. Residence Sily
•

Elizabeth Parker 1880

	RETURN OF A DEATH.
	DUVERGANC CERTIFICATE PREPARATORY TO BURIAL
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Elizabeth Parket
2.	Sex Figurale 3. Color phile. 4. Age 20
5.	Married or Single Assace
6.	
	Date of Death 12 cm 22 new 1880
7.	Cause of Death females afficient
8.	Duration of last Illness & Immedia
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10	Place of Birth
11.	Residence Dishman Por - Ward No 32
12.	Time of Residence in the City 27 cars
	$When \ a \ Minor \left\{ egin{array}{ll} Name \ of & Mother \\ Name \ of & Father \end{array} ight.$
13.	Place of intended Interment Fairview Ceuf
13. 14.	
14.	Date of intended Interment, The Dec 23-1880
13. 14. 15.	20 /00

Martha Parker 1913

*5
DETIIDNI OF A DE ATH
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Martha Parker
2. Sex fimale 3. Color Qul. 4. Age 19 yrs. 5. Married or Single Lingle
5. Married or Single Lingle
6. Date of death may 20 - 1915.
7. Cause of death Milloutes 8. Duration of last illness Twenty two duys
Caffer, M.D.
Residence Deleu St
Undertaker's Certificate in Relation to Deceased.
9. Occupation Coak
10. Place of birth It arrese Co. Thy.
11. Residence Cor Centery H St- Ward No. 2
12. Time of residence in the city. During life
13. When a minor Name of Mother Cyril Park. Name of Father Mack Park.
14. Place of intended interment Mt. morial
15. Date of intended interment many 20 - 1913.
JE Lung Bundal Undertaker.
Date of Certificate Many 21-1913 Residence Conf

Mrs. Henry L. Parks 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Mrs Harry L. Parks Sex Humaly 3. Color White 4. Age 39 410. Married or single 2" (91)
1.	Name of deceased ho stuments
2.	Sex thinale 3. Color thile 4. Age 39 410.
5.	Married or single Manual Date of death Det 3" 1910
6.	Date of death
7.	Cause of death Carcinoma of Breast
8.	Duration of last illness 11/2-yr-
	Juoth Blochburn M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	
	Occupation Place of birth Solum bus, Sa. Residence 10 th St. Ward No.
10.	Occupation Place of birth Columbus, Sa. Residence 10 th St. Ward No. Time of residence in the city 23 yrs,
10. 11.	Occupation Place of birth Solum bus, Sa. Residence 10 11 Ward No. Time of residence in the city 23 yrs, Name of mother.
10. 11. 12.	Occupation Place of birth Solumbus, Sa. Residence 10 th St. Ward No. Time of residence in the city 23 yrs, When a minor Name of mother Name of father
10. 11. 12. 13.	Occupation Place of birth Solum bus, Sa. Residence Solum bus, Sa. Ward No. Time of residence in the city 23 yrs, When a minor Name of mother Name of father Place of intended interment.
10. 11. 12.	Occupation Place of birth Solum bus, Sa. Residence Sin Sin Sin Ward No. Time of residence in the city 23 yrs, When a minor Name of mother. When a minor Name of father. Place of intended interment Set 5"1910.
10. 11. 12. 13.	Occupation Place of birth Residence Name of mother Name of father Place of intended interment Date of intended interment OCERARD & GERARD Undertaker.
10. 11. 12. 13.	Occupation Place of birth Solumbus, Sa. Residence Ward No. Time of residence in the city 23 yrs, When a minor Name of mother. When a minor Name of father. Place of intended interment Set, 5"1910.

Ralmer Parks 1909

	733
	Physician's Certificate Preparatory to Burial.
	Name of deceased Palmer, Parks, Sex Male 3. Color Bld. 4. Age 1991. Married or single Single
1.	Name of deceased
2.	Sex Macr 3. Color 1910 . 4. Age 1910 .
5.	Married or single
6.	Date of death 100 1779
7.	Cause of death Alart Legen
8.	Duration of last illness 1127 Third
	E.M. Hall, M. D.
	Residence Bouling Freew
	Undertaker's Certificate in Relation to Deceased.
	——————————————————————————————————————
9.	Occupation
10.	Place of birth Bowling Gram, Sy
11.	Residence Clay At 11 " Ward No. 3
12.	min continue in the in I what
	(Name of mother Carnet Parks)
13.	When a minor Name of father, Bud Parks
14.	Place of intended interment freeffield fry
15.	Date of intended interment Wick, 15"1909
	GERARD & GERARD. Undertaker.
Dat	e of Certificate Auc. 14-09. Residence WLING GEREN, K

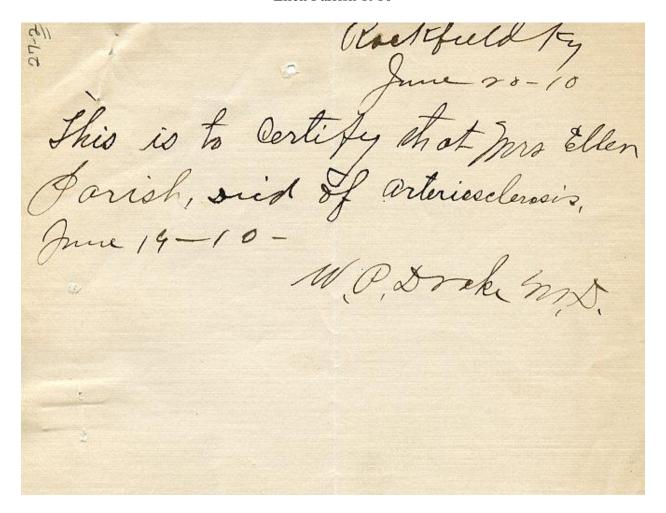
William H. Parks 1907

7 <u>1</u>	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- De la la
1.	Name of deceased
2.	Sex male 3. Color solice 4 Are 77 2 200
5.	Married or single 4. Age 727
6.	Date of death 10 1907
7.	Cause of death Oranice Heart Diseans
8.	Duration of last illness / MK
	JABlackburn M.D.
	Residence
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Description
10.	Place of birth Phonen Conte /2
11.	Residence AK 1
12.	Time of residence in the city Ward No.
	(Name of mether.
13.	When a minor Name of mether
14.	Place of intended interment Fariner Court
15.	Date of intended interment 1/24 11-07
	Alane Paris
Date	Undertaker.
Dau	e of Certificate Residence.

Ellen Parrish 1910

	RETURN OF A DEATH.	
	844	
	Physician's Certificate Preparatory to Burial.	
1.	Name of deceased Mrs. Olker Janoh	
2.	Sex June 1 Sex June 1 Age 88 yr Married or Single	0.
5.	Married or Single	
6.	Date of death funt, 18"1910.	
7.	Cause of death	
8.	Duration of last illness-	
	, М.	D
	Residence	
	Undertaker's Certificate in Relation to Deceased.	
9.	Occupation	
10.	Place of birth	
11.	Residence Sounty hours, Hauns 62. Ward No.	
12.	Time of residence in the city	
13.	When a minor Name of Mother Name of Father	
14.	Place of intended interment 2 ! Josephs Osmally	-
15.	Date of intended interment fully, "1910. GERARD & GERARD. Undertaken	
	te of Certificate June 20"1910 Residence , Undertal	er

Ellen Parrish 1910



Joshua T. Paschal 1911

2	8
♥ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♥ ♥	
RETURN OF A DEATH.	
- 1044	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased fashing J fas chal,	辨
2. Sex Malw 3, Color Mhole 4. Age 7 days.	
5. Married or Single Single,	
6. Date of death July 7"1911.	
7. Cause of death Deterus	
8. Duration of last illness 5 down	
J. F. Godgees M.D.	
Residence	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation 10. Place of birth B. Green, Ky	
K TI, KI	
11. Residence Dente 17. Ward No. 3.	
12. Time of residence in the city	
13. When a minor \ Name of Mother \ Mother & Dane bull	
Name of Father Still Shave want 1/2	.6
14. Place of intended interment and guilland, Mauri	reco
15. Date of intended interment	
Quite G'' (2) () () () () () () () () ()	
Date of Certificate Residence	
V v v	

Child of Alex & Carrie Patterson 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name globassed Infant of Alex. Matterson. 2. Sex Hunt Color White 4. Age day
5 Married or single Single
7. Cause of death Industrius,
8. Duration of last illness Julian, M. D. Residence BOWLING GREEN, KY.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence 10 the St. Ward No.
12. Time of residence in the City. Name of Mother May leavin Patterson Name of Mother May leaving Patterson
Name of Father Heavy Jamussy
14. Place of intended interment Hairway 18"06 15. Date of intended interment May 18"06
Date of Certificate May 18"06. Residence

Alice Patterson 1908

420
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased a lice Patterson
2. Sex finale. 3. Color Cal. 4. Age 50 pro, 5. Matried or single married
5. Married or single married
6. Date of death march 18 - 1908.
7. Cause of death Tuber culaber 8. Duration of last illness I guilted her land & 1906
(0) R T
() & J. M. D.
Residence Content 1223
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Hunse Keeper
10. Place of birth Camberthe Day.
11. Residence first St. Ward No. 2
12. Time of residence in the City.
13. When a minor Name of Mother Bettil Blakey
Name of Father Leve Slakey
14. Place of intended interment Qubern My.
15. Date of intended interment March 16-11908.
J. E. Kuykin dalladertaker.
Date of Certificate MG2 184.90 Residence
Cor. 77 College St.

Atwood Patterson 1904

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Rown Ratural Ange of Married or single M
1. Name of decensed Arron Palace 2. Sex Male 3. Color Black 4. Age 8 5. Married or single Married 6. Date of death Palace 7. Cause of death Palace 8. Duration of last illness Palace Windertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth 11. Residence Palace Ward No, 12. Time of residence in the City. (Name of Mother
1. Name of decensed Arron Palace 2. Sex Male 3. Color Black 4. Age 8 5. Married or single Married 6. Date of death Palace 7. Cause of death Palace 8. Duration of last illness Palace Windertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth 11. Residence Palace Ward No, 12. Time of residence in the City. (Name of Mother
2. Sex Maried or single 5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness WINDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City. Name of Mother
5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City. (Name of Mother
5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City. (Name of Mother
7. Cause of death 8. Duration of last illness Windertaker's Certificate in Relation to Deceased. 9. Occupation 1. Residence Ward No, 12. Time of residence in the City. (Name of Mother
8. Duration of last illness , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City. (Name of Mother
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence Head Ward No. 12. Time of residence in the City. (Name of Mother
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 1. Residence Ward No.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 1. Residence Ward No, 12. Time of residence in the City. (Name of Mother
9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City.
9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City.
9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City.
1. Residence Ward No. 1. Time of residence in the City. (Name of Mother
1. Residence Ward No. 1. Time of residence in the City. (Name of Mother
1. Residence Ward No. 12. Time of residence in the City. (Name of Mother
12. Time of residence in the City.
3. When a minor Name of Father
14. Place of intended interment Juffluoriak
5. Date of intended interment Column 2 - 1904
Thoward of Undertaker.
Date of Certificate Residence

Child of Beckie Patterson 1906

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.
07.11
1. Name of deceased hild of Buskie atturn 2. Sex 3. Color black 4. Age/ day
2. Sex 3. Color black 4. Age/ day
5. Married or single
6. Date of death 7. Cause of death Still borns
7. Cause of death Still bown
8. Duration of last illness.
Residence 131/2 main of
Residence 131/2 pagain Af
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth College St
11. Residence Ward No. 13.
12 Time of residence in the city —
(Name of mother Belkie Patterson
13. When a minor Name of father
14. Place of intended interment Packers grown
15. Date of intended interment Tules 1-1906
J. E Duy hendal Bertaker.
Date of Certificate Q 1906 Residence
w hallon st
- Congression

Charlec C. Patterson 1907

£162 33
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1 1 2-1
1. Name of deceased Chas, C. Jatterson 2. Sex Male 3. Color Mile 4. Age 69 yrs,
2. Sex Mall 4. Age 69 yrs,
1. Name of deceased Chas, C. January. 2. Sex Mall 3. Color Mile 4. Age 69 yrs, 5. Married or single Many 15" 1007
6. Date of death July 13
5. Married or single Manney. 6. Date of death Chimic Bughts drawns 7. Cause of death Chimic Bughts drawns 8. Duration of last illness.
8. Duration of last illness file of Blackburn. M. D. Residence B. Suun Ky
B. Green Kis
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Warren County 11. Posidones Park Struct Word No.
11. Residence Park Strut Ward No.
12. Time of residence in the city
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of father
14. Place of intended interment Fisher 17 1 1907
15. Date of intended interment. GERARD & GERARD. Undertaker.
Date of Certificate Frey 16"1907. Residence BOWLING GREEN, KY
Date of Certificates Residences Residences
SPSSON -
Park!

F. Y. Patterson, Sr. 1908

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 F. J. Patterson SN. 2. Sex Mals 3. Color White 4. Age 81) yrs. 5. Married or single Married 5" 1908 6. Date of death Cramp Colice
8. Duration of last illness 30 Munutes to 1 hour.
Residence BOWLING GREZN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmer 10. Place of birth Sommer Lockfield Ky Ward No.
12. Time of residence in the city
13. When a minor Name of mother Name of father Fauvew Cemelety
14. Place of intended interment Que, 7"1908
Date of Certificate Occ. 7/1908 GERARD. Undertaker. Residence Residence

Margaret Patterson 1913

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 Mrs. Margut. Pathason Patterson 2. Sex Hamaly 3. Color White 4. Age 74 yrs. 5. Married or Single
2 Sex Hamaly 3 Color White 1 Are 74 yrs.
5. Married or Single, William
6. Date of death Jan. 5"1913,
5. Married or Single 6. Date of death Lubar Pneumonia 7. Cause of death Lubar Pneumonia
8. Duration of last illness 5 days
tro At Blochburn, M. D.
Residence NOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Sy Warren, low. 11. Residence W Christiant, St. Ward No.
12. Time of residence in the city. # yus
13. When a minor { Name of Mother
Name of Father Cemetery
14. Place of intended interment Jan. 7" 1913.
GERARD & GERARD.
, Undertaker.
Date of Certificate Residence SOWLING GREEN, KY.
Date of Certificate Residence SOWLING GREEN, KY
Date of Certificate Residence NOWLING GREEN, KY

Olivia Patterson 1908

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	n 100. D
	Name of deceased Mrs. Olivin fatteson. Sex Finds. 3. Color White 4. Age 60:
2.	Married or single Married. (widow)
5. 6.	Date of death Many 14" 1918.
7.	Cause of death Exophthalmie Goity.
8.	Duration of last illness about three days.
	Wyx. Mas frame, M. D.
	Residence Broling Gran, Ky.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation HouseKeep
10.	Place of birth Warring
11.	Residence Polynew Park Shuh Ward No.
12.	Time of residence in the City.
13.	When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10.	Name of Father Chao Vonaldin
14.	Place of intended interment Auronew Curling
15.	Date of intended interment Muy 15-1908
	Hawley Paynes wife, Undertaker.
Date	e of Certificate . Residence

Cora Payne 1901

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 2. Sex 3. Color 324 4. Age /2 7 5. Married or single
6. Date of death 5. Cause of death 6. Cause of d
8. Duration of last illness O. D. Forlet, M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
12. Time of residence in the City. Name of Mother Name of Father
14. Place of intended interment 15. Date of intended interment
Date of Certificate Residence

Hawley J. Payne 1908

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 J. Hawley Payne
2 Sex Male 3. Color Whit 4 Age 44
5. Married or Single Manuel
6. Date of death May 10, 1908.
7. Cause of death Francatic septicaenia
8. Duration of last illness 6 days
Residence Anoling Free, 14
Undertaker's Certificate in Relation to Deceased.
9. Occupation Muder Laker
10. Place of birth Warrun Ca
11. Residence Bracking Mun. Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Dryno Jayne Name of Father
14. Place of intended interment Harran Censelry
15. Date of intended interment may 12/1908
Date of Certificate Residence

James Wilber Payne 1911

	39
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit	
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased factors, Milway Payror 2. Sex 3. Color White 4. Age 5 w/s 5. Married or single Sungla 6. Date of death Solld Spices 7. Cause of death 8. Duration of last illness No Shop Warron & M. Residence B. Married Friend Science	D .
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth SOWLING GREEN, KV 11. Residence / Struct Ward No. 2	
12. Time of residence in the city 5 Mars 1	
11. Residence Ward No. 2 12. Time of residence in the city 5 Hours Gland Payne 13. When a minor Name of mother Church Payne Name of father Church Payne	
14. Place of intended interment Sanniew Persolety	
15. Date of intended interment 7407 2-5/19/1	
GERARD & GERARD Undertake Date of Certificate FEB 2 4 1911 Residence	er.

Myrtle Mai Payne 1907

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 2. Sex 3. Color Thir 4. Age 2/ 7. 5. Married or single 3. Color Thir 7. Cause of death 2. Cause of death 2. Cause of last illness 10 Ms. D. Residence M. D. Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Smult France 144
11. Residence // Tist but May & Center Ward No.
12. Time of residence in the city about 3 yre
13. When a minor Name of mother will Thank
14. Place of intended interment Tanasew Country
15. Date of intended interment Que unt 4 11 1907 Howard Pay w Undertaker.
Date of Certificate Residence

Nellie Payne 1911

	RETURN OF A DEATH.
	1097
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs Nellie Payne
2.	Sex girl . 3. Color white . 4 Age 16
5.	Married or Single Manuel
6.	Date of death (Mar 11 - 19 11
7.	Cause of death Puthberry Conversion
8.	Duration of last illness Classic Change
	W & ABruggo, M. D.
	Residence 940 Adaman
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation / /
10.	Kanlucky
11.	319 81
12.	Time of residence in the city.
	(Name of Mother Ushinga Sailain
13.	When a minor Name of Father Mulau
	Place of intended interment
14.	Date of intended interment Nov. 12/19/1.
	Cantan & Cantan
	GERARD & GERARD. Undertaken
14. 15.	e of Certificate Residence ROWLING GREEN. KY

Pinkie Payne 1908

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Pinkil Payree Sexfemal 3. Color Cal. 4. Age 58 Married or single married
1.	Name of deceased Annie
2.	Sex gamal 3. Color Cat. 4. Age 00
5. 6.	Data of Joseph 71 77 9 1 - 1905
6. 7.	Date of death Nov. 21 - 1908. Cause of death MitralRegurgitation
8.	Duration of last illness
0.	Duration of last fillness Duration of last fillness M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Hanskeeper Place of birth Burling Green
10.	Place of birth Junitary green
11.	Residence first Vealling St Ward No. 2 Time of residence in the city during life
12.	Time of residence in the city
13.	When a minor Name of mother
	(Name of father.
14.	Place of intended interment mf. murich Com
15.	Date of intended interment 2011
	te of Certificate Nov. 2 3-08 Residence
Dat	
	77 callege St

William P. Payne 1880

<u> </u>	43
This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	
RETURN OF A DEATH.	
PHYSICAN'S CERTIFICATE PREPARATORY O BURIAL	
1. Name of Deceased mr P Payne	
2. Sex Mule . 3. Color While - 4. Age 83	
5. Married or Single Single 6. Date of Death My 27 /880 7. Cause of Death Municipal 8. Duration of last Illness Y and	
6. Date of Death My 27 /880	
7. Cause of Death minimum	
8. Duration of last Illness Y augs	,
8. Duration of last Illness Y and Illness The blings.	M. D.
Residence	
9. Occupation	D.
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	
, Undert	taker.
Date of Certificate . Residence	
Democr	at Print.

W. H. Payton 1913

₹ 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 Rev. Dr. D. Payton
2 Sex male 3. Color Cal 4. Age 30 yrs.
5. Married or Single Maried
6. Date of death May may 26-1913.
7. Cause of death acrid tuburtulogy
8. Duration of last illness Ann Mancs
Mrs. P. Casting J. , M. D.
Residence 12 Great Tay
Undertaker's Certificate in Relation to Deceased.
9. Occupation Minister
10. Place of birth Kentucky
11. Residence 2 Street . Ward No. 2
12. Time of residence in the city Clearet 25-
12. Time of residence in the city. Clean 25 700 13. When a minor Name of Mother Dunk Recus Name of Father.
13. When a minor Name of Mother Dunk Rraus
13. When a minor Name of Mother Dunk Rnew Name of Father 14. Place of intended interment Into morials 15. Date of intended interment Into Many 26-1963
13. When a minor Name of Mother Dunk Rraus 14. Place of intended interment Intermediate 15. Date of intended interment Intermediate, Undertaker.
13. When a minor Name of Mother Dunk Rraw Name of Father 14. Place of intended interment The morials 15. Date of intended interment The Morials September 2007 26-1963 Date of Certificate May 28-1913 Residence
13. When a minor Name of Mother Dunk Rraw Name of Father 14. Place of intended interment Intermediately 26-1963 Talkey Rendale, Undertaker.

Mrs. George Pearson 1898

adyleny o	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 Mrs Georgia Pearson	_
The Male Male No. 1/2	1
5. Married or single Hillow	
6. Date of death June, 18198,	
7. Cause of death Bures. Premuound	
8. Duration of last illness	
J. E. Meredith . M. D	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
Oliverial Control of Machiner Control	
9. Occupation	
10. Place of birth aller Journey	
11. Residence Maril Short 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 allew County	
15. Date of intended interment June 19"98	wa 1
Territol & Gerard, Undertake	r,
Date of Certificate 1914 Residence	
	-1*

Clara E. Peart 1909

76
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, Clara, E. Prart. 2. Sex Fundly 3. Color Inity 4. Age Hryso. 5. Married or single Dingly. 6. Date of death Mars 2" 1909. 7. Cause of death Puritorialis 8. Duration of last illness M. M. E. Cormaek. Residence Boulding Suran My. Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Au burn, Stantises of Ward No. 3. 11. Residence Stantischy St. Ward No. 3.
11. Residence Laurery \$1. Ward No. 3.
12. Time of residence in the city 3 0 yrs.
13. When a minor Name of mother.
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Mar, 4" 1909.
Date of Certificate Max, 3"/909. Residence. Undertaker.
S80.22M
THE STATE OF THE S

Elizabeth Peart 1913

	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs. Elizabeth Peart. Sex Junals Married or single Milling MAR 1 7 1913
2.	Sex Jamala 3 Color White 4 Age 79 yrs.
5.	Married or single Willow
6.	Date of death MAR 1 7 1913
7.	Cause of death Chronic que tutis
8.	Date of death Cause of death Cause of last illness MAR 1 7 1913 Duration of last illness M. D.
	am Como M. D.
	Residence Butylundy
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	Occupation Place of birth Nautucky
	Occupation Place of birth Nautucky Residence Kautucky & h. Ward No. 3
10.	Place of birth Santucky Residence Santucky Sh Ward No. 3
10. 11. 12.	Place of birth Santucky Residence Santucky Sh Ward No. 3
10. 11.	Place of birth Santucky & h. Residence Mantucky & h. Time of residence in the city. When a minor Name of mother.
10. 11. 12.	Place of birth Santucky & h. Residence Mantucky & h. Time of residence in the city. When a minor Name of mother.
10. 11. 12.	Place of birth Aucturely Residence Frentierly & Ward No. 3. Time of residence in the city When a minor Name of mother Place of intended interment Party of intended interment Mar. 19"1913.
10. 11. 12. 13. 14.	Place of birth Santucky Sh. Residence Stantucky Sh. Time of residence in the city. When a minor Name of mother. Name of father. Place of intended interment. Date of intended interment. Mar. 19"1913. GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14.	Place of birth Santucky Sh. Residence Stantucky Sh. Time of residence in the city. When a minor Name of mother. Name of father. Place of intended interment. Date of intended interment. Mar. 19"1913. GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14.	Place of birth Suctively Residence Stantisety Sh. Time of residence in the city. When a minor Name of mother. Name of father. Place of intended interment. Date of intended interment. Mar. 19"1913. GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14.	Place of birth Santucky Sh. Residence Frantucky Sh. Time of residence in the city. When a minor Name of mother. Name of father. Place of intended interment. Date of intended interment. Mar. 19"1913. GERARD & GERARD. Undertaker.

Joseph Peart 1894

631	48
TL. 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 Joseph. Peart	
2. Sex male 3. Color white . 4. Age 77	
5. Married or single Marries	
6 Date of Death June 14, 1894	
7. Cause of Death an annihu & Drumbus	
8. Duration of last Illness Derevel milly	
Aleleryke M. D.	
Residence CL4	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Stone meason	
10. Place of Birth Logare bounty.	
11. Residence Bown, Free on Clay St Ward No. 4	
12. Time of Residence in the City	
Name of Mother	
13. When a Minor Name of Father	
14. Place of intended Interment Fairview Countery	
15. Date of intended Interment Lecus 15 to 1894	
F. Co. Gerard & Bro, Undertaker.	0
Date of Certificate 15 . Residence	
•	
	0.40

Martha Peart 1901

• 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 Mis Martha Peart, 2. Se Frinale 3. Solor While 4. Age 47 yes
1. Name of deceases All Margue State 2. Septemale 3. Folor While 4. Age #7 yes 5. Married or single Willow 6. Date of death April 17 "1901.
7. Cause of death Genila Purumonia 8. Duration of last illness N. J. M. Bormacko . , M. D.
8. Duration of last illness N. J. M. Bornwacko., M. D. Residence Lowling Live My
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 11. Residence Seatury Street Ward No. 2
12. Time of residence in the City. 13. When a minor \(\) Name of Mother
14. Place of intended interment Fairward Cauralary,
15. Date of intended interment of the Service . Undertaker.
Date of Certificate 18/1901, Residence

Wyett Peden 1911

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 Wyest Peden 2. Sex Male . 3. Color Bluck . 4. Age 52
2. Sex Maile . 3. Color Bluck . 4. Age 32
5. Married or Single Widowes
6. Date of death Aug 4 /9// 7. Cause of death Mittal Sanosis
8. Duration of last illness lix mouths
O. Politi, M. D.
Residence Low Truy Jeen 15
Undertaker's Certificate in Relation to Deceased.
9. Occupation Harrier
10. Place of birth Hurt lev Ky
11. Residence Ky SI - Ward No. 2d
12. Time of residence in the city Signature
13. When a minor Name of Mother
14. Place of intended interment Mt Mariah
15. Date of intended interment
GERARD & GERARD. Undertaker.
Date of Certificate Residence

Earnest Pedigo 1912

For This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1252
Physician's Certificate Preparatory to Burial.
1. Name of deceased Carnest, Judigo.
2. Sex Male 3. Golor White 4. Age 18 yrs.
5. Married or Single Dingle.
6. Date of death Suff 17"1912
7. Cause of death Epilepsy.
8. Duration of last illness
Ino & Thoy Causer, M. D.
Residence ROWLING GREEN. KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Ward No.
12. Time of residence in the city / 7 / 7
13. When a minor Name of Mother Rubacca Salight
Name of Father
14. Place of intended interment
15. Date of intended interment SEP 1 8 1912
GERARD & GERARD, Undertaker.
Date of Certificate SEP 1 8 1912 Residence ROWLING GREEN. KY

Myrtle Estell Pedigo 1909

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
Alterna	This constitutes one certificate to be retained to the city ciery of a burnary city.
	RETURN OF A DEATH.
	-Ce 8/
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Myrtle Estell Pedago Sex French 3. Color White 4. Age 8 mas
2.	Sex Fremal. 3. Color White 4. Age 8 mas
5.	Married or single Augle
6.	Date of death guy. 15th - 1909.
7.	Cause of death (arasmun)
8.	Duration of last illness Two Wieks
	Residence Breeze M. D.
	Residence & Wellin py.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Bouling men Thy
11.	Residence 11 /1 Ward N#J
12.	Place of birth Bouling Green Thy Residence 11 'I Ward No! Time of residence in the City. 8 Mu's
19	When a miner Name of Mother
10.	When a minor Name of Mother Elmer Pedigo
14.	Place of intended interment Juniver Ceruling
15.	Date of intended interment aug. 15-th 09
	marris Enobles, Undertaker
Dat	e of Certificate aug. 16" 09 Residence Breek
initi.	

Susan Pedigo 1896

918 5	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 Murs Sugar Pedijo	
2. Sexture 3. Color white. 4. Age 62	
5. Married or single	
6. Date of Death July 26 1856	
7. Cause of Death On Sphalas	
8. Duration of last Illness 100 100 100 100 100 100 100 100 100 1	
A Trance My for the Cold, M. D.	
Residence Dowland france	,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	Z.
	*
9. Occupation	
10. Place of Birth Warry Courty	
11. Residence Colly J. Ward No. L	
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	
Fram + My , Undertaker.	
Date of Certificate	

Thomas B Pemburton 1912

54
T 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.
1. Name of deceased Thomas B. Prinbutton, 2. Sex Married or single Single 4. Age 41 5. Married or single Single 15/12
1. Name of deceased Thomas B. Jumbulmi,
2. Sex male 3. Color While 4. Age 41
5. Married or single Single
6. Date of death Juni 15/12
7. Cause of death Chalesing Alchalesman
8. Duration of last illness 24 hours
J. D. Iduddle M. D.
Residence SOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation Traveling Salesman
10. Place of birth Stored lewn My
11. Residence // // Ward No.
12. Time of residence in the city
13. When a minor Name of father
13. When a minor
(Name of father
14. Place of intended interment Harry, Caux Ky
Marry laure Kes
14. Place of intended interment Sparse, Court Ky 15. Date of intended interment June, 16/12 GERARD & GERARD. Undertaker.
14. Place of intended interment Sparse, Cour Ky 15. Date of intended interment June, 16/12 CERARD & CERARD
14. Place of intended interment from, bown ky 15. Date of intended interment from, 16/12 GERARD & GERARD. Undertaker.
14. Place of intended interment four, bour ky 15. Date of intended interment four, 16/12 GERARD & GERARD. Undertaker.

John J. Pence 1901

*0	55
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased John J. Purity 2. Sex Mala . 3. Color White . 4. Age 45 5. Married or single Surgar	
1. Name of deceased John & Lucy 2. Sex Male . 3. Color Hatte . 4. Age 45	
2. Sex Maccol Sex Color Maccol 4. Age 43	
5. Married or single Syngh. 6. Date of death Sapt 5"/90/1. 7. Cause of death Lubreulis.	
7. Cause of death Tubyreulis.	
8. Duration of last illness // //	
8. Duration of last illness Why Mught, M. D. Residence B. Graem, Ky.	
Residence B. Green Ry	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Madwery Jown, Jexas. 11. Residence State St. Ward No.	
10. Place of birth Agulucky Jown, Jexas.	
12. Time of residence in the City.	
13. When a minor Name of Mother	
14. Place of intended interment Farryjan Canalary	
15. Date of intended interment Sapt. 6"1901,	
Grand and Garand Undertaker	4
Date of Certificate Saft 6/1901, Residence	
Date of Certificates.	
	VII

J. M. Pendleton 1891

266	4	56
This Constitutes or	e Certificate to be Returned to the City Clerk for a	Burial Permit.
REI	CEC A TO KEU	PTC.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL —	
1. Name of decea	sed J. M. Poudletes 3. Color White . 4. Age	<u> </u>
2. Sex Mal	. 3. Color White . 4. Age	79 years
5. Married or Sin	gle March 4th 18	// 0
6. Date of Deat	March 4th 18;	91
	, Copillary Dem chilis	
	ast Illness Thus weeks	
	S. W. Cooml	, M. D.
	Residence	
	DERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	Misuster of the gr	is ful
10. Place of Birtl	1	
11. Residence	12 th . Ward N	0.121
12. Time of Resid	lence in the City	
13. When a Mind	or. Name of Mother	
10. When a larm) Name of Father	0
14. Place of inten		ecul
15. Date of intend	led Interment March 6th	1891
	#6 Gerard	,, Undertaker.
Date of Certificate	Residence	

Lilly A. Pendleton 1897

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased Mrs Lilly. a. Pendleton
5.	Sex female 3. Color rfile. 4. Age coyal Married or single - milon -
6.	Date of Death May - 20 - 1897
	Cause of Death Freumania & Paralysis
8.	Duration of last Illness
	3 A Bullikers, M. D
	Residence/
	INDEDITATEDES CERTIFICATE IN DELATION TO DECERTE
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
	Place of Birth Kentucky haver Co
Ι.	Residence Chur L L1 Ward No. 323
2.	Time of Residence in the City Jun June
3.	When a Minor Name of Mother
	Name of Father
	Place of intended Interment
5.	Date of intended Interment May 2/- 1897 Alland Pro, Undertaker
Date	e of Certificate May 2//97 Residence College D.

Robert Penix 1896

-8-84 - 58
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Robert Berry Parist 2. Sex boy 3. Color Colorell 4. Age 15 mar
2. Sex boy . 3. Color colact 4. Age 15 mar
5. Married or single
6. Date of Death Opin - 30-1886
7. Cause of Death Muslix
8. Duration of last Illness
De Francis, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence 3 rd before + 12y. Ward No. 2
12. Time of Residence in the City
13. When a Minor Name of Mother Bactord
14. Place of intended Interment But Mariah
15. Date of intended Interment Allany 1st 1896
Prath & P., Undertaker.
Date of Certificate

Forrest H. Perdue 1909

59
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 Farrest TH Findus
5
2. Sex Male. 3. Color White. 4. Age
5. Married or single Quigle 6. Date of death May 300/09
8. Duration of last illness Delhuford , M. D.
Residence Bowling Green
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Sowling Gun Ky
11. Residence Ward No.
12. Time of residence in the City.
13. When a minor Name of Mother Oans Perdue
14. Place of intended interment Fairview Cem
15. Date of intended interment May 31/09
Marris Enachs, Undertaker.
Date of Certificate May 30/09 Residence BULL

Nancy Perdue 1903

	60
This Constitutes One Certificate to be	e Returned to the City Clerk for a Burial Permit.
RETURN C	OF A DEATH.
PHYSICIAN'S CERTIFIC	TATE PREPARATORY TO BURIAL.
1. Name of deceased	Vancy Pendue
	r While 4. Age 55-
5. Married or single	dow
6. Date of death	, - 10- 1903
7. Cause of death Coulds 8. Duration of last illness	implion
of BM B	AMilliku M.D.
Reside	nce
UNDERTAKER'S CERTIFIC	ATE IN RELATION TO DECEASED.
9. Occupation	
10. Place of birth 11. Residence Henriou	Ward No,
12. Time of residence in the City.	/ . /
13. When a minor \ Name of Moth	ier
Name of Father	
14. Place of intended interment15. Date of intended interment	ul -11-1903
2 me of intended interment	T. HAWLEY PAYNE, Undertaker.
Date of Certificate	Funeral Director & Embalmer. , Charlaker. Bowlessiderice Ky.

Charlotte Perkins 1906

.Crea-	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of deceased bhartotte. Perfins Sex function 3. Color White 4. Age 24. Married or single Bringle Date of death fully 2"06 Cause of death Dysundary
1.	Name of deceased White
2.	Sex Junati 3. Color 4. Age
5.	Married or single Muyer
6.	Date of death
7.	Cause of death Nysucary
8.	Duration of last illness
	TO A STATE OF THE
	Residence SUWBING GREEN, A.
9.	Occupation
10.	Occupation BOWLING GREEN, KY.
10.	Place of birth.
11	Place of birth of black of browning GREEN KY, W. 1 N.
	Place of birth of black of browning GREEN KY, W. 1 N.
12.	Place of birth of black of browning GREEN KY, W. 1 N.
12.	Place of birth of black of browning GREEN KY, W. 1 N.
	Residence of birth Residence of the City. Time of residence in the City. When a minor Name of Mother Mrs. & Sudar Purkus. Name of Father Name of Father
12. 13.	Residence Clustinut St. BOWLING GREEN, KY Ward No. Time of residence in the City. Life times When a minor Name of Mother Mass. School Purkus. Name of Father Place of intended interment Janvinery Quintinum they
12. 13. 14.	Residence of birth Residence of the City. Time of residence in the City. When a minor Name of Mother Name of Father Place of intended interment Date of intended interment JUL 2-1906
12. 13. 14. 15.	Residence Clustinut St. BOWLING GREEN, KY Ward No. Time of residence in the City. Life times When a minor Name of Mother Mass. School Purkus. Name of Father Place of intended interment Janvinery Quintinum they
12. 13. 14. 15.	Residence of birth Residence of the City. Time of residence in the City. When a minor Name of Mother Mrs. Study, Parkurs. Name of Father Place of intended interment Date of intended interment JUL 2- 1906 Luand June 1906 J

Gilbert Perkins 1911

	RETURN OF A DEATH.
	-957-
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Lilbert Parkins
2.	Name of deceased Silbert Julius Sex Mala 3. Color Blk 4. Age 29 470. Married or Single Single
5.	Married or Single Single
6.	Date of death Jand, 19" 1911.
7.	Cause of death Common phin
8.	Duration of last illness
	molney " No
	Covoyer of Warven, Co. BUWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	December Laborer
10.	Occupation Labour Place of birth Warraw, len
11.	Ku Ma
12.	
12.	Time of residence in the city.
13.	When a minor { Name of Mother
14.	Place of intended interment bounts boundary
15.	Date of intended interment faut, 20" 1911.
	GERARD & GERARD. , Undertaker,
Date	e of Certificate JAN 1 9 1911 Residence SOWLING GREEN, KY
	Residence And Control of the Control

Hester Perkins 1891

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Streter Persieurs
2. Sex Hernales. Color Blil. 4. Age 22 yrs.
5. Married or Single Liegle.
6. Date of Death fam 29-1891.
7. Cause of Death Withma
8. Duration of last Illness dix wells
S, W. Coould, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth & Wayyew leavety.
11. Residence Main Stuet Ward No. 4 th
12. Time of Residence in the City
Name of Mather
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment My Louis L.
15. Date of intended Interment fqu 30" /1891
J. Decard Undertaker.
Date of Certificate Jan 29"/9/Residence City

J. S. Perkins 1906

₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
CS.P 7
1. Name of deceased J. Perkus
2. Sex Male 3. Color Ceople 4. Age 76
5. Married or Single Murried
6. Date of death muy 27 - 1906 7. Cause of death Chronic Brockelus
The state of
8. Duration of last illness S Conting M. D.
Residence Residence
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Capulation
10. Place of birth Yearn
11. Residence Life Ward No.
12. Time of residence in the city.
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment Flanno Cauly
15. Date of intended interment Truy 28/1908
T. Haroly Payne Maf., Undertaker.
Date of Certificate Residence

Hazel Mary Perry 1911

* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
486
Physician's Certificate Preparatory to Burial.
1. Name of deceased Hazel, Mary, Parry 2. Sex Junal 3. Color White 4. Age 2 yrs. 5. Married or Single Single. 6. Date of death Mar, 26 1911.
2 Sex Junal 3 Color White 4 Age 2 yrs.
5. Married or Single Lingly
6. Date of death May, 26"/9/1.
7. Cause of death Premis
8. Duration of last illness # glack
Y. W. D. D. D. M. D.
Residence ROWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation SOWLING GREEN, KY
10. Place of birth 11. Residence // The Ward No. 2
O MIS
12. Time of residence in the city. Name of Mother Name of Mother Name of Mother Name of Mother
13. When a minor Name of Father M. D. Davig
14. Place of intended interment Max, 2 7" 1911
To. Date of intended interment
Date of Certificate Max, 26/// Residence.

Lee Perry 1892

423	66
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATE.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Auga Lee Perry.	
2. Sex Temole & Golor White 4. Age \$22 4	is.
5. Married or Single Lungle.	
6. Date of Death July 2/1/92	
7. Cause of Death Philipis	
8. Duration of last Illness & Enghl-mmtho	
D. M. D. M. D.	
Residence Bonling pun	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 42 1	
10. Place of Birth of arms Corner by	
11. Residence Levelige St. Ward No. 2 Fel.	
12. Time of Residence in the City	
13. When a Minor. Name of Mother H. H. Perry	
14. Place of intended Interment Fairview Con	u,
15. Date of intended Interment July 22"/92.	
# Lolling , Undertaker.	
Date of Certificate July 21/92. Residence City	

Margaret Perry 1900

O U
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 flish, Margry D, Jerry
2. Sex Jamala Color Mhile. 4. Age 38 yes.
5. Married or single Spingle 6. Date of death My 33"/900.2"
7. Cause of death Consumption
8. Duration of last illness superful Proglike
O, J, Sughes M. D.
Residence Howling Menn My
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence State Street . Ward No.
12. Time of residence in the City /4 years,
Name of Mother
Name of Father Haward, J. J. Tanky,
14. Place of intended interment Hanyum Camerry,
15. Date of intended interment fly 14.000 , Undertaker.
Date of Certificate July 94/1900, Residence

Samuel V. Perry 1905

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of decgased Samuel, U. Jany.
2.	Sex Male Color Milly 4. Age 53 yes
5.	Married or Single Married .
6.	Date of death 1905/01
7.	Cause of death Caucit of Stornach
8.	Duration of last illness, Deveyal Murilles
	J. Dlaefburn. , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth
11.	Residence Aug h and Moran way
12.	Time of residence in the city Award Munus
13.	When a minor { Name of Mother
14.	Place of intended interment Fairvisus Country
14. 15.	Harrisan Characteria
15.	Place of intended interment Jairvine Country

Violet Perry 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Jivin Jany
2.	Sex forwald & Colory White 4 Age 6 yrs.
5.	Married or Single Jugay.
6.	Date of death Man. 15"1911.
7.	Cause of death Premovia
8.	Duration of last illness Sagran
	T. W. Stone, M. D
	Residence SOWLING GREEN, KY
	The state of the s
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation By Garage Bar
9. 10. 11.	Occupation Place of birth Residence / Th St. Ward No. 2
10.	Occupation Place of birth Place of birth
10. 11.	Occupation Place of birth Residence / Th St. Ward No. 2
10. 11. 12.	Occupation Place of birth Residence / The State Ward No. 2 Time of residence in the city 6 400. When a minor Name of Mother Mas M. Sarry When a minor
10. 11. 12.	Occupation Place of birth Residence / The State Ward No. 2 Time of residence in the city www. When a minor Name of Mother Name of Father The state of the city of of
10. 11. 12. 13.	Occupation Place of birth Residence / The State of Ward No. Time of residence in the city of the Ward No. When a minor Name of Mother Name of Father Place of intended interment May 27" (21)

William F. Perry 1901

	70
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1	
1. Name of deglased Turnal, M. H. Jarry	
1. Name of declased Seural, N. F. Parry, 2. Sex Male 3. Color Spile 4. Age 78 yes	
5. Married or single Marriya,	
1. Name of declased States. 2. Sex Male 3. Color Shill 4. Age 78 yrs 5. Married or single Married, 6. Date of death Security 17"1901. 7. Cause of death Surmound	
7. Cause of death Surumonua	
8. Duration of last illness our works Sarah & Milsopy, M.D.	
Darah & Miles Jane M.D.	,
Residence Control	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
9. Occupation 10. Place of birth Shared 11. Residence State Stared Ward No.	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Jurising Country	
15. Date of intended interment Necuntary 191/901.	
Guard and Trease , Undertaker.	
Date of Certificate Lee, 18/1901. Residence	

William H. Perry

11. Residence		This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
1. Name of Deceased		RETURN OF A DEATH.
2. Sex Mille 3. Color Black 4. Age 40 5. Married or Single Surjet 6. Date of Death Cech 16 7. Cause of Death Councillance Millness Revision M.D. Residence Brillian M.D. Residence Brillian M.D. Residence Brillian M.D. 10. Place of Birth 11. Residence Ward No 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment 15. Date of intended Interment 16. Date of Certificate Residence Name of Certificate Residence Residence Residence Undertaker		
5. Married or Single 6. Date of Death 7. Cause of Death 8. Duration of last Illness Pletrific , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Ward No. 12. Time of Residence in the City 13. When a Minor Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment 15. Date of Certificate Residence Residence Residence Undertaker.		Sex Mills 3 Color Black 4 Age 40
6. Date of Death 7. Cause of Death 8. Duration of last Illness Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence 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 16. Date of Certificate Residence Residence Residence		Married or Single Snigle
7. Cause of Death 8. Duration of last Illness Plating Manuel UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence 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 Date of Certificate . Residence . Undertaker.	6.	Date of Death Cel 16
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 Undertaker. Date of Certificate Residence Residence		Cause of Death Consuplin
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	8.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Ward No 12. Time of Residence in the City 13. When a Minor { Name of Mother Name of Father 14. Place of intended Interment 15. Date of intended Interment, Undertaker. Date of Certificate Residence Residence		
9. Occupation 10. Place of Birth 11. Residence		Residence Bushing hunt
10. Place of Birth 11. Residence		UNDERTAKED'S CERTIFICATE IN DELATION TO DECEASED
11. Residence		UNDERTAKERS CERTIFICATE IN RELATION TO DECEASED.
12. Time of Residence in the City 13. When a Minor { Name of Mother Name of Father 14. Place of intended Interment	9.	
13. When a Minor { Name of Mother Name of Father Name of Father Name of Interment Name of Pather Name of Father Name of Father Name of Father Name of Mother Name of Residence Name of Mother Name of Mother Name of Residence Name of Mother Name of Residence N	9. 10.	Occupation
14. Place of intended Interment 15. Date of intended Interment	10.	Occupation Place of Birth
Date of Certificate . Residence . Residence	10. 11.	Occupation Place of Birth Residence . Ward No
Date of Certificate . Residence Residence	10. 11.	Occupation Place of Birth Residence . Ward No Time of Residence in the City
Date of Certificate . Residence	10 11. 12.	Occupation Place of Birth Residence . Ward No Time of Residence in the City When a Minor { Name of Mother . Name of Father
Dute of Corregions.	10 11. 12.	Occupation Place of Birth Residence . Ward No Time of Residence in the City When a Minor { Name of Mother . Name of Father Place of intended Interment
	10. 11. 12. 13.	Occupation Place of Birth Residence . Ward No Time of Residence in the City When a Minor { Name of Mother . Name of Father Place of intended Interment Date of intended Interment
Democrat Job Print	110. 111. 112. 113. 114.	Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment , Undertaker.

Jim Perryman 1906

72
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 Jim Penyman
2. Sex much. 3. Color while . 4. Age 68 gm
5. Married or single
6. Date of death Sept - 7- 1906
7. Cause of death Premaria.
8. Duration of last illness fine days -
B.S. Plustherford, M.D.
Residence City
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Marin Goong
1 - 1+
13. When a minor Name of Mother Name of Father
14. Place of intended interment
15. Date of intended interment
Thawly Sayne, Undertaker.
Date of Certificate . Residence

Richard E. Pete 1896

854	73
This Constitutes One Certificate to be Returne to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Achard & Pitt. 2. Sex Male. 3. Color Milite 4. Age Gogs 5. Married or single Manuel. 6. Date of Death Man I'/96 7. Cause of Death Purumonia. 8. Duration of last Illness Simu days— Residence Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth 11. Residence 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment 15. Date of intended Interment 16. Sumand 17. When a Minor Residence 17. When a Minor Name of Father 18. Place of intended Interment 19. Sumand 19.	

Infant of Vesta Petecord

_	
1 -	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSIC AN'S CERTIFICATE PREPARATORY TO BURIAL
1.	Name of Deceased Detection Intamesta
2.	Sex Bay . 3. Color Black . 4. Age
6.	Married or Single Date of Death Spril / // . Cause of Death Olill Born
7.	Cause of Death Still Born
8.	Duration of last Illness
	molay pool, M. D.
	Residence Blyrung
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Q l
	Place of Birth Bowling Sun
	Residence . Ward No. 2
12.	Toute or control of the control of t
13.	When a Minor Name of Mother Vesta Peticeral
	Name of Father
14.	Place of intended Interment 60 Country
15.	Date of intended Interment Africe 17/2
	Molo Dra L, Undertaker.
D	ate of Certificate Residence
<u></u>	Democrat Print.

Carl Petticoed 1900

	ertificate to be Returned to the City Clerk for a Burial Permit,
RETU	URN OF A DEATH.
DHAZIU	CIAN'S CERTIFICATE PREPARATORY TO BURIAL
	Carl Betticord
2. Sex male	. 3. Color Bluck. 4. Age 27-
When the second control of the second contro	
6. Date of death	Summu Diarrheon
8. Duration of last il	O.D. Porlet M. D.
~ /	And the control of th
	Residence
IINDEDTO	TAKER'S CERTIFICATE IN RELATION TO DECEASED.
סווטנגווי	THERE SERVINGS IN RECITION TO DESCRIBE.
9. Occupation	
10. Place of birth	Gig-
11. Residence	Ward No.
12. Time of residence	e in the City
13. When a minor	Name of Mother Name of Father Will Petitions
13. When a limbor	Name of Father Will be this ord
14. Place of intended	I interment Worldware
15. Date of intended	d interment (My)
*****	Haw Cylony Undertake
Date of Certificate	. Residence

Favery Petticord 1891

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 Garl Bitticard
2. Sex male . 3. Color Bluck. 4. Age 27-
6. Date of death Our 10 1900 7. Cause of death Summu Diarrheon
8. Duration of last illness O.D. Porlir, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence Last LT . Ward No.
11. Residence Ward No.
Name of Mother Name of Father Will Pettieved
14. Place of intended interment World Place
75. Date of intended interment (Line) Undertaker.
Date of Certificate Residence

Child of Will Petticord 1905

77
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 Patticard
1. Name of deceased Chill of Will Pulliant
2. Sex Small . 3. Color Blk . 4. Age 6
5. Married or single
6. Date of death June 6 9503
7. Cause of death
8. Duration of last illness
M.D.
Residence III Thysiciai
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Control
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 2111 1121 1221
15. Date of intended interment
La Van Crypay Undertaker.
Date of Certificate . Residence

Joseph Petty 1882

This Constitutes ONE CERTIFIC	ICATE to be returned to the City Clerk for a BURIAL PERMIT
RETUR	N OF A DEATH.
	IFICATE PREPARATORY TO BURIAL.
1. Name of Deceased for	Cetty. Color White 4. Age 211 years
	iff
6. Date of Death Oct &	284/882
7. Cause of Death Ep	hilefeg
8. Duration of last Illness	10.71.2
	v The D, M.D.
Res	sidence
UNDERTAKER'S CERT	DIFICATE IN RELATION TO DECEASED.
9. Occupation	
0 Place of Birth	
	Shal . Ward No 30
2. Time of Residence in the	City Since 774
(Name of	Mother A 13 6 Petts
3. When a Minor Name of	Father Golumbus Petty
A Diago of intended Interme	ent Fairin Cent
	11 1 10 10 10 0
15. Date of intended Intermen	Holmen, Undertaker.
Date of Certificate	. Residence
Date of Certificate	. Residence

Joe Peyton 906

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased low Control
1.	1 1 1 2 1
2.	
5.	Married or single married Date of death fan 20 - 1906
6.	Cause of death Thumbura
7.	Cause of death of meumonia Duration of last illness Mine days
8.	Duration of last illness. M. D. M. D.
	Residence Bowling frem 14
	Residence 10 10 10 10 10 10 10 10 10 10 10 10 10
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Laborer.
10.	Place of birth Tennessee
11.	Residence Stone quary Ward No
12.	Time of residence in the city
13.	When a minor { Name of mother
10.	(Name of father
14.	Place of intended interment It hits stone quary
15.	Date of intended interment Jan. 21-1906
	J. E. Kungkendal Ondertaker.
	te of Certificate My, 9-1956. Residence
Dat	
Dat	Cox yx callege Street

Minor Peyton 1894

6221	80
This Constitutes One Certificate to be . arned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
0, 10 4	
1. Name of deceased Minor Selyton	
2. Sex Mall. 3. Color May. 4. Age 9 yrs.	
5. Married or single Stugle	
6. Date of Death Ang 2/1/94	
7. Cause of Death Dyunay	
8. Duration of last Illness A Could	
M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence 6th still . Ward No. 3 rd	
12. Time of Residence in the City	
Name of Mother	
Name of Father	
14. Place of intended Interment At Josephs Gun	der
15. Date of intended Interment May 22"/94	0
Hollinand + Bro, Undertaker.	
Date of Certificate May 2 Residence	

May Phalan 1909

81
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mis May Phalau
2. Sex Figurale 3. Color While 4. Age 1991us
5. Married or single Dinigle
5. Married or single Surge 6. Date of death Sep 9Th, 1909
7 Cause of death Ly phoris French
8. Duration of last illness Fifteen Cays WR Francis M. D.
Residence Blyseen Ky
Undertaker's Certificate in Relation to Deceased.
9. Occupation Student
10. Place of birth
11. Residence Warren County Ward No.
12. Time of residence in the city.
13. When a minor Name of mother WE, Phase of father WE,
14. Place of intended interment Francesse Cemelery
15. Date of intended interment Sep 10th 1909
Marris Escoles Undertaker.S
Date of Certificate Sep 9th-09 Residence Brewky

Lizzie Pheasant 1910

82
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs Lingin Theasant 2. Sex temple 3. Color 2 thite 4. Age 38 yrs 5. Married or single Married
2. Sex temale 3. Color White 4. Age 38 yrs
5. Married or single Married
6. Date of death \$10, 21-1910
7. Cause of death Reformany Rubercularies
8. Duration of last illness S. S. Rutherford M. D.
J. J. Wutherford M. D.
Residence City
Undertaker's Certificate in Relation to Deceased.
9. Occupation Fauschufer
10. Place of birth Harren Co Ky 11. Residence Lentucky Decoud N Ward No. 2
11. Residence Julicky & could Ward No. 2
12. Time of residence in the city
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of father
14. Place of intended interment of Jaseph Cellulus
15. Date of intended interment JUS 227910
Date of Certificate Feb 21-10 Residence Lety

Arther Philbrick 1907

	RETURN OF A DEATH.
	208
	Physician's Certificate Preparatory to Burial.
	De plia
1.	Name of deceased Athly Uniform
2.	Sexmale 3. Color While 4. Age 2371
5.	Married or single
6.	Date of death
	Cause of death
8.	Duration of last illness 4 2 5 medice
	M. a. Priss M. D
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Student State Normal
10.	Place of birth Amedia Journau a
11.	Residence wall day for Hospital Ward No.
12.	Time of residence in the city
13.	When a minor \ Name of mother
10.	(Name of father.
14.	Place of intended interment Janveen Compley
15.	Date of intended interment
	January Dan Undertaker
Dat	e of Certificate Residence

Cossie Philips 1878

	DEWENN OF A STARRE
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Cossil Philips
	Sex Mosts . 3. Color White . 4. Age
0. e	Married or Single SUNT 12 1/818
7	Date of Death Consistion of the Brain
0	
0.	
	. , М. Д.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
	Place of Birth
	Residence Ward No.
12.	Time of Residence in the City
13.	When a Minor { Name of Mother
1.1	
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
D	ate of Certificate . Residence

Mary F. Philips 1909

700
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 2. Sex funder 3. Color for the fact of Age So yes. 5. Married or single Willow of the late of M. Philips 6. Date of death 7. Cause of death 8. Duration of last illness M. D. Residence BOWLING OPEEN, KY
9. Occupation
10. Place of birth Warren County 11. Residence Many & lin Streets Ward No.
Marian Comments
10. Place of birth Warren County 11. Residence Maru & Elin Streets Ward No. 12. Time of residence in the city Name of mother. Name of father on the city of the county of the city of
10. Place of birth Warran County 11. Residence Mara & Elin Strate 12. Time of residence in the city 13. When a minor Name of mother Name of father Fairne Countery 14. Place of intended interment 15. Date of intended interment
10. Place of birth Warren County 11. Residence Mary Elin Streete Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father Garrier Cemetery 14. Place of intended interment
10. Place of birth Warran County 11. Residence Mara & Blance Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father Fairne Cemetery 14. Place of intended interment 15. Date of intended interment GERARD & GERARD. Undertaker. SED 20 1009 BOWLING GREEN, KY

Amanda Phillips 1913

* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * *
RETURN OF A DEATH.
-12-/-
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs amanda Shielizes
2. Sex Februale 3. Color White 4. Age 58
5. Married or Single Married
6. Date of death 1 27 - 19/3
7. Cause of death Cardine arthura
8. Duration of last illness Two and farmanthe
TH Vosey DD, N.D.
Residence Bowling Green My
Undertaker's Certificate in Relation to Deceased.
Olidertaker's Certificate in Relation to Deceased.
9. Occupation at 71
10. Place of birth Warren CV 100
11. Residence 2/ Ward No. Ward No.
12. Time of residence in the city
13. When a minor \{ Name of Mother
(Name of Father
14. Place of intended interment 2 arrun Com
15. Date of intended interment File Potter 1913
Date of Certificate 29 1913 Residence When Rous
Residence Colonia 13

D. W. Phillips

87
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1 11 DOVI
1. Name of deceased al, V. Thylips
1. Name of deceased 2. Sex Mack 3. Color White 4. Age 74 yes.
1. Name of deceased of W. Physlips 2. Sex Married or single Married 13" 1909.
6. Date of death X
7. Cause of death Steart Weasiss
8. Duration of last illness J. H. Thie to M. D.
D. 11 neve M. D.
Residence BOWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth. 11. Residence Harrin County Ward No.
11. Residence Martin Ward No.
12. Time of residence in the city
13. When a minor Name of mother. Name of father. 14. Place of intended interment.
(Name of father
14. Place of intended interment
15. Date of intended interment. SEP 14 1909 GERARD & GERARD. Undertaker.
Date of Certificate SEP 14 1909 Residence Undertaker. BOWLING GREEN, KY
Sing sole

David H. Phillips 1904

	88
DETIIDNI OF A DE ATI	
RETURN OF A DEATI	1.
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Lavid & Bhillips	
Male While 48	yu/
muned .	haan aanut
5. Married or Single 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7. Cause of death Oldage and Phrimais	w
8. Duration of last illness	
Will Griggs	M D
Residence	., ш. Б.
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth Nauew Openty	
11. Residence Gentler 18th Streets 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 Jaivieur Creedle	j j
Haineren Camela	<u></u>
14. Place of intended interment faciorism Causta	lertaker.
14. Place of intended interment facionism Successor	lertaker.
14. Place of intended interment decyle" 14. 15. Date of intended interment decyle" 14. Aug. 16" 14.	lertaker.
14. Place of intended interment decyle" 15. Date of inten	lertaker.

David John Phillips 1892

443	89
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	1
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased David John Phillips	
2. Sex hace . 3. Color brokite. 4. Age 48	
5. Married or Single Married	
6. Date of Death July 25 1882	
7. Cause of Death Turn of ablomes	
8. Duration of last Illness 3 months	
\$70,001Ca}, M. D.	
Residence	
9. Occupation 9.	
10. Place of Birth Sarden County	
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 Farmer Com	
15. Date of intended Interment 26 152 Robot Line 15. Undertaker.	
Date of Certificate Residence	

Emory T. Phillips 1909

RETU	RN OF A DEATH.
	698 Emory T. Phillips
Physicia	an's Certificate Preparatory to Burial.
C	
1. Name of deceased	Emary Philips
2. Sex Male	3. Color White 4. Age 3
5. Married or single	
6. Date of death	nut ofice 9/19/1909
7. Cause of death	not Jane
8. Duration of last ill	
	Jef Sill Weath Ch
	Residence Develope Oul
. 10	
Undertake	er's Certificate in Relation to Deceased.
9. Occupation	er's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth	
9. Occupation	
9. Occupation	Ward No
9. Occupation	Ward No.
9. Occupation	Ward No e in the city Name of mother
 9. Occupation	Ward No
 9. Occupation	Ward No
9. Occupation 10. Place of birth 11. Residence 12. Time of residence 13. When a minor { } 14. Place of intended.	Ward Noe in the city Name of mother Name of father
9. Occupation	Ward No. e in the city Name of mother Name of father I interment I interment I I I I I I I I I I I I I I I I I I I

Emory T. Phillips 1909

FORM V. S. No. 6		
	ard of Health of Col	orado
	REAU OF VITAL STATISTICS	
	TEAU OF WHAL STATISTICS	
TR	ANSIT PERMIT FOR AN EMBALMED BODY	
STATE OF COLORADO	Company of the second	
COUNTY OF.	Jms Rash	
says that he has charge of the removal from	finner, tol	being duly sworm deposes and
of the body of mony I.	Chillip , sex Male cold	Dr. 2011 200 38
cause of death	date of death Jept	19 , 19 09
(a) arterial and cavity injection with an approved of washing the body with the disinfectant, all of which Health of Colorado. After being disinfected as above, such body shasheet securely fastened, and encased in an air-tight and all enclosed in a strong, tight wooden box. Or ti	the must be done by an embalmer holding a certificate the content of the content	ipment by being thoroughly disinfected by all orifices with absorbent cotton, and (c) ate as such issued by the State Board of an one inch thick, completely wrapped in a all joints and seams hermetically sealed,
	encased in an artigat zinc, copper or tin-lined box, over, puerperal fever, tuberculosis, or measles, may with an approved disinfecting fluid, washing the teless than one inch thick, and all wrapped in a sh-lined box; PROVIDED, that this shall only apply to all other cases such believe the state of the cases such believe to the case such as the case of the cases such as the case of the c	all joints and seams hermetically soldered. be received for transportation when pre- exterior of the body with the same, and eet securely fastened, and encased in an bodies which can reach their destination
I further certify that said body was prepared	ed by Millerand D.	Mask, holder of
license No. 33	A. E.	
Sworn to and subscribed before me this	day of	, 19
9		Was a second
Shipped bolington, Ry	Date 9/20,	1979 Time / 30 7. M.
In accordance with the above affidavit, the st	tub on file in this office, of Removal Permit No	which
has been issued for the transportation of the al	bove-named body; and if, at point of shipment	
otherwise than as above represented, an immedia		
	<u> </u>	TARIO
THIS FORM MUST BE SECURELY ATTACHED	TO THE OUTSIDE SHIPPING CASE AND ACCOMPANY	Local Registrar, District No. BODY TO ITS DESTINATION.
	A COOMINIT	

Joseph Phillips 1903

91
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased brights Phillips 2. Sex Mala 3. Color White 4. Age 5. Married or single Sungar 12-1903.
5. Married or single 6. Date of death Paintage 12-1903. 7. Cause of death Pistul Shot Wounds
8. Duration of last illness Ed. Parter Seturg County, M. D. Residence Harren County
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Jowling Frank St. 11. Residence 5 in Park St. Ward No.
12. Time of residence in the City. Name of Mother Mus Caron Phillips Name of Father Name of Father
14. Place of intended interment January 1903 15. Date of intended interment January 1903 June 1 Heart , Undertaker.
Date of Certificate Jany 13/1903. Residence Keird by Melvin Summer.

Joseph L. Phillips 1905

	RETURN OF A DEATH.	
	Physician's Certificate Preparatory to Burial.	
1.	Name of deceased bush & thulips.	
2.	Sex Male 3. Color, Thir 4. Age 85 yes	
5.	Married or Single Manual	
6.	Date of death New 18" 05,	
7.	Cause of death Chrimmina	
8.	Duration of last illness	
	M. M. Connacto.	. I
	Residence Jyurn Jen	******
	Undertaker's Certificate in Relation to Deceased.	
9.	Occupation	
10.	Place of birth Jawww Conny	
11.	Residence Mulliment & 1. Ward No.	
12.	Time of residence in the city	
13.	When a minor Name of Mother Name of Father	
14.	Place of intended interment fauther Cumulary	
15.	Place of intended interment Are 30 "05 Date of intended interment Are 30 "05 Livard Farant Through , Underta	
Dat	e of Certificate Dr. 19"05 Residence Underta	ke

Nancy Phillips 1912

	93
	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs. Hancy Phillips.
2.	Sex James 3 Color White 4 Age 8/ MM.
5.	Married or Single
6.	Date of death Malmutution
7.	Cause of death
8.	Duration of last illness
	BOWLING GREEN, KY
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth BOWNING GREEN, KY
11.	Residence Kunturky St. Ward No.
12.	Time of residence in the city Life time
Sea	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment
15.	Date of intended interment May, 4 1910
Dat	e of Certificate May 3" 1912, Residence.
CE LIE	

Sallie Phillips 1909

94
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
<u> 639</u>
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
y 1 Dl. 11.1
1. Name of deceased Mis. Sallie Phillips
2. Sex Freunale 3. Color White 4. Age 39
5. Married or single Married
6. Date of death May 31-1909
6. Date of death May 31-1909 7. Cause of death Zyphoice Jever Virgsypelis
8. Duration of last illness Att Blook heere, M. D.
Residence Boulnig grew Tky
Residence Josephy of the first
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth & byane
11. Residence Baufing Greece ky Ward No.
12. Time of residence in the City. Since Dec 1-08
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
13. When a minor Name of Father 14. Place of intended interment Frankline Country 15. Date of intended interment May 181-04
14. Place of intended interment Thursday Community
Marris FEnosles, Undertaker.
Date of Certificate June 1-09 Residence Brew Ky

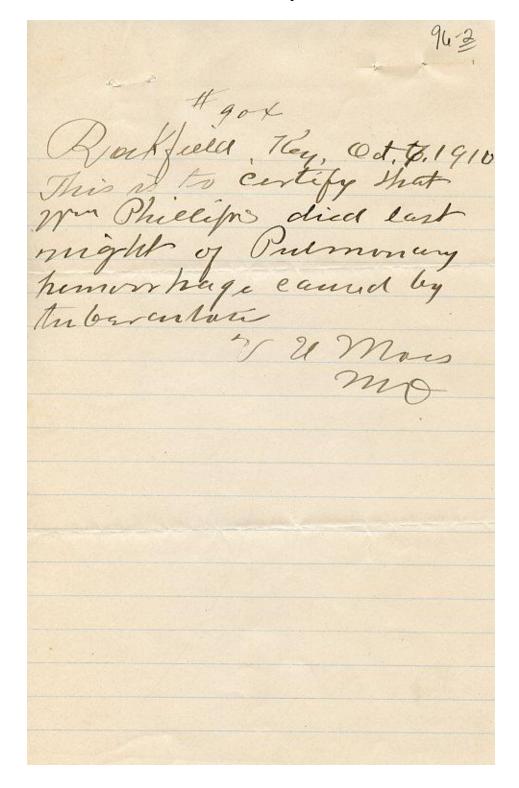
Sidney S. Phillips 1911

95 * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Sidney D. Spillips
2. Sex Male B. Color White 4. Age 69 yrs.
5. Married or Single Manual
6. Date of death AUG 1 - 1911
7. Cause of death Sughts was as well as the second
8. Duration of last illness
Rocklind III.
Residence Teaper 169
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmer,
10. Place of birth 10.
11. Residence Hockfield Sty. Ward No.
12. Time of residence in the city
(Name of Mother
13. When a minor Name of Father
14. Place of intended interment (Lug N / 2 / 1
15. Date of intended interment CERARD & CERARD
Date of Certificate AUG 1 - 1911 Residence
Date of Certificate AUG 1 - 1311 Residence

William L. Phillips 1910

This	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
I	Physician's Certificate Preparatory to Burial.
7. C	ame of deceased William Phillips arried or single Single ate of death Pet 7"1910 ause of death uration of last illness M. D.
	Residence Undertaker's Certificate in Relation to Deceased.
12 7	Place of birth Warren, County Residence Burnsung P. O. Hann Cod. Ward No.
13. V	When a minor { Name of mother. Name of father. Place of intended interment. Name of father. Place of intended interment. Name of mother. Name of father. Name of
	of Certificate GERARD & GERARD. Undertaker. Residence
3,,,,,,,,,,	

William L. Phillips 1910



Lillian Phippers 1904

	97
This Constitutes One Certificate to be Returned to the City Clerk for	or a Burial Permit.
RETURN OF A DE	EATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BU	JRIAL.
find pl'	,, ,
1. Name of deceased Allian My	yeur
1. Name of deceased Fiction Phys. 2. Sex Junale 3. Color White.	4. Age //
of matrice desinate	
6. Date of death Sulvey - 29 · org	
7. Cause of death Sulling Cain	plant?
8. Duration of last illness	
Stom I Stame	, M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DEC	CEASED.
	>
10. Place of birth 11. Residence / O	W 1 27
	Ward No,
12. Time of residence in the City.	0/.66.
13. When a minor Name of Mother Wallait	hour
14. Place of intended interment Tarriviru	- Em
15. Date of intended interment Quy -30	-04
M. A.	
- Toward and the second	, Undertaker.
Date of Certificate . Residence	

Jack Phitspatrick 1897

DET	IDN O		DEATH	
ŊĽI.	OHII O	ГЛ	PEUTIT	•
PHYSICI	AN'S CERTIFICATI	PREPARATO	RY TO BURIAL.	
1. Name of deceas	ad Jack	Phi	& patrice	26
2. Sex male		0 1	. 4. Age ,	100
5. Married or sing				
6. Date of Death	014	The state of the s	97.	***************************************
	/ n	1 d 1	La	
7. Cause of Death			4 J =	
8. Duration of last	Timess	12 x	21.	
- C.		UD	1 onus	, N
	Residence			
UNDERTAI	(ER'S CERTIFICAT	E IN RELATI	ON TO DECEASED.	
	0 1			
9. Occupation			0 7	
o. Place of Birth			Mener	7
1. Residence K	ulucky	17	. Ward No.	329
2. Time of Reside	nce in the Ci	ty		
3. When a Minor	Name of Mo	ther		
3. When a Millor	Name of Fat	her	- , ~	
4. Place of intend	ed Interment	Com	ely len	~
5. Date of intende	d Interment,	Sipi	P6-189	7
·	Gerard	A Lu	and it	Judert
Date of Certificate	Sept 6	- Resid	ence Colle	ge,
	1	2,0010		

Eliza Pierson 1878

	99
	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 Eliza Pierson
	2. Sex Finale. 3. Color Col 4. Age 70 years
	5. Married or Single
	6. Date of Death Quyunt 16"/878
	7. Cause of Death WNKMWW
	8. Duration of last Illness
	, м. р.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation
	10. Place of Birth 11. Residence Sunner St . Ward No. 1st
	11. Residence Sunner Of . Ward No.
	12. Time of Residence in the City One day
	13. When a Minor \{ Name of Mother
•	Name of Father
100	14. Place of intended Interment
	15. Date of intended Interment
-	"Strickle's " Undertaker.
	Date of Certificate Aug 10"48. Residence State St.
	Bouthy Gran Al
	Democrat Print.

Maggie Pierson 1910

Physician's Certificate Preparatory to Burial.
Name of deceased Mrs Maggie Lierson
externale 3. Color Cal 4. Age 60
farried or single Widow
Date of death
Cause of death Mital Fransfiture
Ouration of last illness Thru mouths
O. RYOTET M. I
Residence Bowling grun
Undertaker's Certificate in Relation to Deceased.
Occupation Sant/Snow
Residence Bauly Green & Ward No.
Time of residence in the city Dart Know
(Name of mother // '/
When a minor Name of father
Place of intended interment MT Mariah
Date of intended interment Let 23 1913
Ezzelo Kelly Undertaken
of Certificate 007 22 1910 Residence Byth

Mrs. James E. Pike 1909

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	665
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs. Jones 6, Sille
2.	Sex Xemale 3 Color While 4 Age 43 yrs.
5.	Married or Single Married
6.	Date of death July 13-1909-
7.	
8.	
	Duration of last illness Wey Davis, M. D.
	Residence Russellville Tay
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Shaunkufur Place of birth Chinton Co.
10.	Place of birth Clinton Co.
11.	Residence adamelle Sty Ward No.
12.	Time of residence in the city
13.	When a minor { Name of Mother
	Name of Father Cemeters
14.	Place of intended interment
15.	Date of intended interment 100 - 9
Date	e of Certificate July 13-09 Residence City

Mrs. James E. Pike 1909

UREY G. DAVIS, M. D.
COUNTY HEALTH OFFICER
Russellville, Ky., July 13 1909
This is to entify that the deceard; This James Cide, Day forty-two, died of Sychold Years at adainable Venturedy, and is familial to be removed for buried to Bouling
Mrs James Oide, Reg forty-two, died
elliviabil to usur transpet go
thintucky, and is furnitted to be
removed for burial to Bourling
Thren Menhacety.
Should William Logonal Somethy
Erran Hentwerly. Very Howis W. A. Strath Office Logan Country

John Pike 1913

103
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 styleceased from the
2. Sex Male 3. Color While 4. Age 18 9
5. Married or single
6. Date of death
7. Cause of death Chilpsy
8. Duration of last illness fire weeks
· WRomans M. D.
Residence Quilling Freund
Undertaker's Certificate in Relation to Deceased. 9. Occupation
9. Occupation 10. Place of birth
11. Residence Maru That Ward No.
12. Time of residence in the city
13. When a minor Name of mother and conda Pike
14. Place of intended interment Capully Cureling
15. Date of intended interment GERARD & GERARD. Undertaker.
Date of Certificate 1-1913 Residence owling Green, Ky

Jane Pittman 1898

1911
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 2. Sex-curate . 3. Color . 4. Age 5. Married or single 6. Date of death 7. Cause of death 8. Duration of last illness
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
Date of Certificate Residence

Gertrude W. Place 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	mit to the little Ober
1.	Name of deceased Sex Humala 3. Color, Whith 4. Age 30 yrs. Married or single
2.	Sex Humala 3. Color, While 4. Age 30 yrs.
5.	
6.	Date of death JUN 2 0 1913
7.	Cause of death Cleuro preumonia
8.	Duration of last illness & days & Hall M.D.
	Residence Bowling Green, Ky.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Occupation Place of birth Brownsville Jann.
11.	Residence My SV Ward No. 3
12.	Time of residence in the city.
	When a minor Name of mother Mus, Gas L Wall
13.	When a minor Name of father Just Ly Wall.
14.	Place of intended interment Shipsaphs Omnibuty
15.	Date of intended interment funit 21" 1913
	GERARD & GERARD. Undertaker
	te of Certificate JUN 2 0 1913 Residence Bowling Gree
Dat	
Dat	

Mrs. J. W. Poindexter 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Ms It. Poundry ter. 2. Sex Humals 3. Cotor White 4. Age 56
2. Sex Fermals 3. Coxor White 4. Age 56
aby 19" 05
6. Date of death Intestinal leaner
8. Duration of last illness A.J. M. Coannack, M.D.
Residence , M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth St. 11. Residence State St. Ward No.
12. Time of residence in the city
13. When a minor Name of Mother Name of Father.
14. Place of intended interment fairwirm Chungtry.
15. Date of intended interment 30 0-3. Strand & Grand
Date of Certificate april 30/05 Residence

Edward Pollard 1907

106				
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.				
RETURN OF A DEATH.				
PHYSICIAN'S CERTIFICATE PRÉPARATORY TO BURIAL.				
1. Name of deceased Edward Pollard				
2. Sex Inale 3. Color Clack 4. Age				
5. Married or single Single Woodow				
6. Date of death July 2 /- 1907				
7. Cause of death S. Duration of last illness Fifture or twenty minutes Softer, M. D.				
Residence Bowling green dy				
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.				
9. Occupation Flaglor				
10. Place of birth & bowling Green 11. Residence at Chicago Ward No.				
12. Time of residence in the City.				
(Name of Mother				
13. When a minor Name of Father Duy aut Wallard				
14. Place of intended interment Mt. Mariah Cemetry				
15. Date of intended interment				
J. 6 Ruykendull. Undertaker.				
Date of Certificate July 22-07 Residence Con 7 7				
Colfigue St.				

Susan H. Poore 1911

107
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial. Poore
Physician's Certificate Preparatory to Burial. FOOTE (per Bk 1. Name of deceased Mrs Lusur House Cemetery Bk I. Name of deceased Mrs Lusur House Cemetery Bk
1. Name of deceased was a Color White 4. Age 78 yrs.
5. Married or Single William
6. Date of death June 14" 1911
7. Cause of death Epitheliona of face
8. Duration of last illness Fro years.
J. Gilson Ranney , M. D.
Residence 1149 State St. Bowling Fran
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Frams brugh My 11. Residence Bowling Fram Sig. Ward No.
11. Residence Downing Gram Gry, Ward No
12. Time of residence in the city
13. When a minor Name of Father Name of Father
14. Place of intended interment blintin, M
15. Date of intended interment
Date of Certificate June 15/19/1. Residence

Child pf C. E. Pope 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 Chill of 6, 6, Popr.
2. Sex Maly 3. Color Mills 4. Age 3 Mis.
5. Married or Single Single
6. Date of death July 14"05
7. Cause of death doubtreolities
8. Duration of last illness
D.J. Mulusfoca , M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth day
11. Residence Ward No. Ward No.
12. Time of residence in the city of Mrs 6 & Potes
13. When a minor Name of Mother 66. Por
14. Place of intended interment Williams allah, loo.
15. Date of intended interment July 15"05
Grand Trand, Undertaker.
Date of Certificate July 14/05 Residence

Warren County, Kentucky Death Records, Box 4, Folder 1 (Pa to Pop)			
MSS 293 Manuscripts & Folklife Archives -	- Library Special Collections -	- Western Kentucky University	

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