

1877

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Recommended Citation

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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.

1. Name of deceased C. Packham
2. Sex Male 3. Color White 4. Age 42 yrs.
5. Married or Single Married
6. Date of death Feb. 26 "1905
7. Cause of death Over dose, Strichnine
8. Duration of last illness 12 hours
Residence John C. Gray, Bowling Green Ky., M.D.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Michigan
11. Residence Adams St. Ward No. 3
12. Time of residence in the city 10 yrs.
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Betty Creek Mich.
15. Date of intended interment Feb. 29 "1905
Leard & Leard, Undertaker.
Date of Certificate Feb. 26 "05 Residence _____

J. B. Page 1892

410 2

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

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

2. Sex *Female* 3. Color *White* 4. Age *37 yrs.*

5. Married or Single *Married*

6. Date of Death *Apr 27 - 1892*

7. Cause of Death *Chronic Hepatitis*

8. Duration of last Illness *One Year*

W. W. Bowling, M. D.
Residence *Kentucky St.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation _____

10. Place of Birth *Harrods*

11. Residence *Ky street* Ward No. *3rd*

12. Time of Residence in the City *5 yrs.*

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

14. Place of intended Interment *Trindston Grave yd.*

15. Date of intended Interment *Apr 28 / 92*

F. B. Beard, Undertaker.

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.

1260

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1260

- 1. Name of deceased James Page
- 2. Sex Male 3. Color white 4. Age 57
- 5. Married or single wid
- 6. Date of death Sept 28 1912
- 7. Cause of death Bright's disease
- 8. Duration of last illness 9 mo.

J. W. Griffith, M. D.
 Residence B Green
ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation Contractor
- 10. Place of birth Bauley, Tenn
- 11. Residence " Ward No. "
- 12. Time of residence in the City. Life
- 13. When a minor { Name of Mother _____
Name of Father _____
- 14. Place of intended interment Grinister, Ky
- 15. Date of intended interment Sept 29 1912

Emmaberry, Undertaker.
 Date of Certificate _____ Residence B Green

Mrs. James Page 1893

4

Out of town

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs James Page*
2. Sex *Female* 3. Color *White* 4. Age *25 yrs*
5. Married or single *Married*
6. Date of Death *Oct 26 - 92*
7. Cause of Death *Peritonitis*
8. Duration of last Illness _____

J. F. Duncan, M. D.

Residence *203 Potomac St Bismarck*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co.*
11. Residence *August Street* Ward No. *4*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Outlet Church Warren Co*
15. Date of intended Interment *Oct 27 - 92*

Frederick & Co., Undertaker.

Date of Certificate *Oct 27/92* Residence _____

James H. Page

THIS CONSTITUTES ONE CERTIFICATE TO BE RETURNED TO THE CITY CLERK FOR A BURIAL PERMIT.

5

RETURN OF A DEATH.

Out of town

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *James H Page*
 - 2. Sex *Male* . 3. Color *White* . 4. Age *3 months*
 - 5. Married or Single *Single*
 - 6. Date of Death *Jun 24th 92*
 - 7. Cause of Death *Capillary bronchitis*
 - 8. Duration of last Illness *Two days*
- Hamilton & Winstead*, M. D.
Residence *Bowling Green Ky*

— UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. —

- 9. Occupation _____
 - 10. Place of Birth *City*
 - 11. Residence *Porter Road* Ward No. *4th*
 - 12. Time of Residence in the City _____
 - 13. When a Minor. } Name of Mother *Mary B Page*
 } Name of Father *J B Page*
 - 14. Place of intended Interment *Country*
 - 15. Date of intended Interment *Jun 28th 1892*
- H. Howard*, Undertaker.
Date of Certificate _____ . Residence _____

John H. Page 1880

6

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mr. H. Page*
2. Sex *Male* . 3. Color *White* . 4. Age *37-5 mo.*
5. Married or Single *Married* *20 minutes*
6. Date of Death *Oct 14 1880*
7. Cause of Death *Acute Dysentery*
8. Duration of last Illness *25 days*

Dr. W. C. Conner, 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 *Oct 14 1880 Fairview Cem*
15. Date of intended Interment *14 1880*
W. C. Conner, Undertaker.

Date of Certificate Residence

Democrat Job Print

Mary J. Page 1896

7

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Mary J. Page*

2. Sex *Female* 3. Color *White* 4. Age *71 yrs.*

5. Married or single *Widow*

6. Date of Death *Nov 9 / 96.*

7. Cause of Death *Inflammation of Stomach*

8. Duration of last Illness _____

J. E. Meredith, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence *Clay street* . 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 *Garvin Cemetery*

15. Date of intended Interment *Nov 11 / 96*

J. C. Guard & Bro, Undertaker.

Date of Certificate *Nov 10 / 96.* Residence *City*

R. L. Page 1893

8

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 *R. L. Page*

2. Sex *Male* 3. Color *White* 4. Age *41 yrs*

5. Married or Single *Married*

6. Date of Death *March 1 / 1903.*

7. Cause of Death *Consumption*

8. Duration of last Illness _____

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

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence *"Dishman Row"* . Ward No. *4"*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Dep. Polkovic Warren Co*

15. Date of intended Interment *Mar 2 / 1903.*

H. J. ... and Bro, Undertaker.

Date of Certificate *Mar 2 / 1903* . Residence *City*

William Mac Page 1908

9

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

486

- 1. Name of deceased William Mac Page
 - 2. Sex Male 3. Color White 4. Age 10
 - 5. Married or single single
 - 6. Date of death July 8
 - 7. Cause of death Tetanus
 - 8. Duration of last illness 1 week
- Dr. Wendell H. Huddle M. D.
Residence City

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation _____
 - 10. Place of birth Bowling Green
 - 11. Residence _____ Ward No. _____
 - 12. Time of residence in the city _____
 - 13. When a minor { Name of mother Mrs J. V. Page
Name of father J. V. Page
 - 14. Place of intended interment Barton River Church
 - 15. Date of intended interment July 9 - 08
- J. H. Payne Undertaker.
Date of Certificate July 8 Residence _____

Ewing P. Palmer 1911

10

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. Ewing Palmer.
 2. Sex Male 3. Color White 4. Age 42 yrs
 5. Married or Single Married
 6. Date of death July 7th 1911.
 7. Cause of death Typhoid Fever
 8. Duration of last illness From June 5 to July 7 1911
W. O. Helms, M. D.
 Residence 322 Main St. Bowling
Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren, Ky.
 11. Residence 323 Main St. Ward No. 3
 12. Time of residence in the city several years.
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment George Row Gr. yrd, Warren Co
 15. Date of intended interment July 8th 1911
Edward J. James, Undertaker.
 Date of Certificate July 7th 1911. Residence _____

Child of Charles Palmore 1907

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Chas Palmore*
2. Sex *female* 3. Color *Black* 4. Age *four years*
5. Married or single *single*
6. Date of death *Feb. 20 - 07.*
7. Cause of death _____
8. Duration of last illness _____
_____ M. D.
Residence *1223 Center St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Center St.*
11. Residence *Center St.* Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Palmore*
Name of Father *Chas. Palmore*
14. Place of intended interment *Mt. Mariah Cem.*
15. Date of intended interment *Feb. 30 - 07.*
J. E. Kuykendall, Undertaker.
Date of Certificate *Feb. 20, 07* Residence *Corner of 7th College St.*

Child of Joe & Sarah Palmore 1898

12

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Joe Palmore.*
 2. Sex _____ 3. Color *Blk.* 4. Age _____
 5. Married or single *Single*
 6. Date of death *July 6" 1898*
 7. Cause of death *Still Born*
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Clay Street City*
 11. Residence " " Ward No. *2*
 12. Time of residence in the City _____
 13. When a minor { Name of Mother *Sarah Palmore*
 Name of Father *Joe Palmore.*
 14. Place of intended interment *Mt. Moriah Cemetery*
 15. Date of intended interment *July 8" 98.*
 _____, Undertaker.
 Date of Certificate *July 7" 98.* Residence _____

Lewis Palmore 1907

13

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

RETURN OF A DEATH.

378

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Lewis
 1. Name of deceased *Lewis Palmore*
 2. Sex *male* 3. Color *black* 4. Age *24*
 5. Married or single *married*
 6. Date of death *Jan. 8-07.*
 7. Cause of death *Pneumonia*
 8. Duration of last illness *About 8 weeks*
 _____, M. D.
 Residence *Bowling Green, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Laborer*
 10. Place of birth *Bowling Green*
 11. Residence *Clay St.* Ward No. *3*
 12. Time of residence in the City. *during life*
 13. When a minor { Name of Mother *Sarah Palmore*
 Name of Father *Joseph Palmore*
 14. Place of intended interment *Mt. Mariah Cemetery*
 15. Date of intended interment *Jan. 9-1908*
 _____, Undertaker.
 Date of Certificate *Jan. 9-08* Residence *Cor 7th*
College St.

Mary Palmore 1899

62 85

14

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

- 1. Name of deceased Mary Palmore
- 2. Sex female 3. Color Black 4. Age 19 yrs
- 5. Married or single single
- 6. Date of death Dec 19 1899
- 7. Cause of death Typhoid Fever
- 8. Duration of last illness

*G. W. M.
M. T. D.*

..... M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
- 10. Place of birth city
- 11. Residence Cherry St Ward No. 3
- 12. Time of residence in the City 1 yr
- 13. When a minor } Name of Mother Sarah Palmore
 } Name of Father Joe Palmore
- 14. Place of intended interment W. Moriah
- 15. Date of intended interment Dec 14 1899

Hawley Payne, Undertaker.

Date of Certificate Residence

Child of Mary Palmore 1898

1170 15

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Child of Mary Palmore
 2. Sex — 3. Color Blk 4. Age —
 5. Married or single single
 6. Date of death Sept 3 1898
 7. Cause of death Born Dead
 8. Duration of last illness —

T. W. Stone, M. D.
 Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation —
 10. Place of birth City
 11. Residence 10th street Ward No. 3
 12. Time of residence in the City —
 13. When a minor } Name of Mother Mary Palmore
 } Name of Father —
 14. Place of intended interment County Cemetery
 15. Date of intended interment Sept 3 1898

Guard & Guard, Undertaker.
 Date of Certificate Sept 3 1898 Residence —

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.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Annie May Pardue
 2. Sex female . 3. Color white 4. Age 7 ^{mo} / 7
 5. Married or single _____
 6. Date of death July 14 1898
 7. Cause of death Cholera Infantum
 8. Duration of last illness 2 weeks
 J.M.S. - Tom W. Stone, M. D.
 Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth city
 11. Residence Broadway Ward No. 1
 12. Time of residence in the City life
 13. When a minor } Name of Mother Lizzie Pardue
 } Name of Father Charles Pardue
 14. Place of intended interment Hadley St
 15. Date of intended interment July 15 1898
Howley Payne, Undertaker.
 Date of Certificate _____ Residence _____

Emma D. Pardue 1905

17

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL:

1. Name of deceased Emma D Pardue
 2. Sex female . 3. Color white . 4. Age 31 yrs-
 5. Married or single married -
 6. Date of death August 21st 1905-
 7. Cause of death Typhoid Fever
 8. Duration of last illness 3 weeks
J. A. Blackburn, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation "
 10. Place of birth County
 11. Residence E Park St Ward No. _____
 12. Time of residence in the City. years
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Cemetery
 15. Date of intended interment Aug 22 1905
Hawley Payne, 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 *Mary Pardue*
 2. Sex *female* 3. Color *White* 4. Age *35 yrs*
 5. Married or single *married*
 6. Date of death *August 2 1906*
 7. Cause of death *Consumption*
 8. Duration of last illness *months*
H. P. Cartwright, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*
 10. Place of birth *ennessee*
 11. Residence *Porter addition* Ward No. _____
 12. Time of residence in the City *years*
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Fairview Cant*
 15. Date of intended interment *August 3 1906*
H. Hawley Baym, Undertaker.
 Date of Certificate _____ Residence _____

Myrtle Mae Pardue 1911

19

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

RETURN OF A DEATH.

1113

Physician's Certificate Preparatory to Burial.

1. Name of deceased Myrtle Mae Pardue
 2. Sex Female 3. Color white 4. Age 2
 5. Married or Single Single
 6. Date of death Died 3 1911
 7. Cause of death membranous croup
 8. Duration of last illness 2 days
 _____, M. D.
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren county
 11. Residence _____ Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother Bess Pardue
 Name of Father Uncle " "
 14. Place of intended interment Farrum Cem
 15. Date of intended interment Dec 5 1911
 _____, Undertaker.
 Date of Certificate _____ Residence B.H. Ky.

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 *Miss Annie Parker*
 2. Sex *Female* 3. Color *White* 4. Age *20 yrs*
 5. Married or single *Single*
 6. Date of Death *April 9"/1896*
 7. Cause of Death *Peritonitis*
 8. Duration of last Illness _____
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Warren County*
 11. Residence *Main Street* Ward No. *2nd*
 12. Time of Residence in the City *six months*
 13. When a Minor } Name of Mother *Mrs Mary Park*
 } Name of Father *Lige Parker*
 14. Place of intended Interment *Grave near Yd Park*
 15. Date of intended Interment *April 10"/1896*
F. C. Gerard Undertaker.
 Date of Certificate *Apr 9/96* Residence *City*

Eliza Parker 1897

Out city

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 Parker*
- 2. Sex *Female* 3. Color *Blk* 4. Age *55 yrs.*
- 5. Married or single *Widow*
- 6. Date of Death *Apr. 5" 1897.*
- 7. Cause of Death *apoplexy*
- 8. Duration of last Illness

Ben Gubler Cor, M. D.

Residence *Warren County*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
 - 10. Place of Birth *Warren Co.*
 - 11. Residence *10th Street* Ward No. *2nd*
 - 12. Time of Residence in the City
 - 13. When a Minor { Name of Mother _____
Name of Father _____
 - 14. Place of intended Interment *Mt Tabor Warren Co*
 - 15. Date of intended Interment *Apr 6" 1897.*
- F. B. Guard & Bro.*, Undertaker.
- Date of Certificate *Apr 5" 97.* Residence *City*

Elizabeth Parker 1880

8 22

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Elizabeth Parker*

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

5. Married or Single *Single*

6. Date of Death *Evening 22 Nov 1880*

7. Cause of Death *Consumption*

8. Duration of last Illness *6p months*

A. J. Schinnerer, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence *Dishman Row* — Ward No *32*

12. Time of Residence in the City *27 years*

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Dec 23^d 1880*

A. J. Schinnerer, Undertaker.

Date of Certificate *Dec 23^d 80* Residence _____

Democrat Job Print

Martha Parker 1913

23

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

RETURN OF A DEATH.

1397

Physician's Certificate Preparatory to Burial.

1. Name of deceased Martha Parker
 2. Sex female 3. Color col. 4. Age 19 yrs.
 5. Married or Single single
 6. Date of death May 20 - 1913.
 7. Cause of death Arthritis
 8. Duration of last illness Twenty-two days
 _____, M. D.
 Residence Green St

Undertaker's Certificate in Relation to Deceased.

9. Occupation Cook
 10. Place of birth Warren Co. Ky.
 11. Residence Cor Center & 4 St Ward No. 2
 12. Time of residence in the city During life
 13. When a minor { Name of Mother Annie Parker
 { Name of Father Mack Parker
 14. Place of intended interment Mt. Moriah
 15. Date of intended interment May 20 - 1913
 _____ Undertaker.
 Date of Certificate May 21 - 1913 Residence Cor 7
& College St.

Mrs. Henry L. Parks 1910

24

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

RETURN OF A DEATH.

907

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Henry L. Parks
 2. Sex Female 3. Color White 4. Age 39 yrs.
 5. Married or single Married
 6. Date of death Oct. 3rd 1910
 7. Cause of death Carcinoma of Breast
 8. Duration of last illness 1 1/2 yrs -
Geo. H. Beschoum M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Columbus, Ga.
 11. Residence 10th St. Ward No. 1
 12. Time of residence in the city 23 yrs.
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Oct. 5th 1910.
GERARD & GERARD Undertaker.
 Date of Certificate Oct. 4/1910 Residence.....

Ralmer Parks 1909

25

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

RETURN OF A DEATH.

732

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ralmer Parks.
 2. Sex Male 3. Color Blk 4. Age 1 yr.
 5. Married or single Single
 6. Date of death Dec. 14" 1909
 7. Cause of death Heart Lesion
 8. Duration of last illness Very Short
 Signature E. N. Hall M. D.
 Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth Bowling Green, Ky
 11. Residence Clay St. " " " Ward No. 3
 12. Time of residence in the city 1 year
 13. When a minor { Name of mother Earnest Parks
 Name of father Bud Parks
 14. Place of intended interment Rockfield Ky
 15. Date of intended interment Dec. 15" 1909
 Signature GERARD & GERARD Undertaker.
 Date of Certificate Dec 14-09 Residence BOWLING GREEN, KY

William H. Parks 1907

26

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

RETURN OF A DEATH.

345

Physician's Certificate Preparatory to Burial.

1. Name of deceased *W. H. Parks* *Parks*

2. Sex *male* 3. Color *white* 4. Age *72 1/2*

5. Married or single *married*

6. Date of death *Nov 10 1907*

7. Cause of death *Organic Heart Disease*

8. Duration of last illness *1 wk*

J. H. Blackburn M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Carpenter*

10. Place of birth *Warren County Ky*

11. Residence *2nd St* Ward No.

12. Time of residence in the city *years*

13. When a minor { Name of mother

{ Name of father

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Nov 11 - 07*

Harvey Payne Undertaker.

Date of Certificate Residence

Ellen Parrish 1910

27-1

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

RETURN OF A DEATH.

865

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Ellen Mrs. Ellen Parrish*
2. Sex *Female* 3. Color *White* 4. Age *88 yrs.*
5. Married or Single *Widow*
6. Date of death *June 18" 1910.*
7. Cause of death
8. Duration of last illness

....., M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth
11. Residence *County house, Warren Co.* Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *June 20" 1910.*

GERARD & GERARD.

....., Undertaker.

Date of Certificate *June 20" 1910.* Residence

Ellen Parrish 1910

27-2
Crestfield Ky
June 20-10
This is to certify that Mrs Ellen
Parrish, died of arteriosclerosis,
June 14-10 -
W. P. Drake M.D.

Joshua T. Paschal 1911

28

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 *Joshua T. Paschal,*
 2. Sex *Male* 3. Color *White* 4. Age *7 days.*
 5. Married or Single *Single.*
 6. Date of death *July 7" 1911.*
 7. Cause of death *Enterus*
 8. Duration of last illness *5 days*
J. F. Rodgers, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *B. Green, Ky.*
 11. Residence *Scotts St. 707.* Ward No. *3.*
 12. Time of residence in the city *7 days.*
 13. When a minor { Name of Mother *Laticia Paschal*
 Name of Father *Wm S. Paschal.*
 14. Place of intended interment *Still Grave, yard, Warren Co*
 15. Date of intended interment *July 8" 1911.*
Sproul & Guvain, Undertaker.
 Date of Certificate *July 8" 1911.* Residence *City*

Child of Alex & Carrie Patterson 1906

29

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Alex. Y. Patterson*
 2. Sex ~~White~~ *female* 3. Color *White* 4. Age *1 day*
 5. Married or single *Single*
 6. Date of death *May 27" 06.*
 7. Cause of death *Inanition*
 8. Duration of last illness
Francis Gibson, M. D.
 Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *BOWLING GREEN, KY.*
 11. Residence *10th St.* Ward No. *1*
 12. Time of residence in the City.....
 13. When a minor { Name of Mother *Mrs. Carrie Patterson*
 Name of Father *Alex. Y. Patterson*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *May 28" 06*
Guard & Guard, Undertaker.
 Date of Certificate *May 28" 06.* Residence

Alice Patterson 1908

420 30

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Alice Patterson
 2. Sex female 3. Color lat. 4. Age 30 yrs.
 5. Married or single married
 6. Date of death March 18 - 1908.
 7. Cause of death Tubercularis
 8. Duration of last illness Visited her from 8th 1908
V. E. Soper, M. D.
 Residence Center St 1223

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Nurse keeper
 10. Place of birth Auburn Ky.
 11. Residence first St. Ward No. 2
 12. Time of residence in the City. 8 mo.
 13. When a minor { Name of Mother Betty Blakey
 Name of Father Levi Blakey
 14. Place of intended interment Auburn Ky.
 15. Date of intended interment March 16 - 1908.
J. E. Kuykendall Undertaker.
 Date of Certificate Mar 18, 1908 Residence Cor. 7th College St.

Atwood Patterson 1904

31

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Atwood Patterson*
 2. Sex *male* 3. Color *black* 4. Age *68*
 5. Married or single *married*
 6. Date of death *October 1st 1904*
 7. Cause of death *Heart disease*
 8. Duration of last illness *3 months*
J.P.C. *J.P. Costington*, M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *Pa*
 11. Residence *Hope 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 *West Meriah*
 15. Date of intended interment *October 2 - 1904*
Thawney Payne, 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.

1. Name of deceased *Child of Beckie Patterson*
 2. Sex 3. Color *Black* 4. Age *1 day*
 5. Married or single *—*
 6. Date of death *Apr*
 7. Cause of death *still born*
 8. Duration of last illness

J. W. Willis M. D.
 Residence *131 1/2 main st.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*
 10. Place of birth *College St*
 11. Residence Ward No. *2*
 12. Time of residence in the city *—*
 13. When a minor { Name of mother *Beckie Patterson*
 Name of father

14. Place of intended interment *Paupers grave*
 15. Date of intended interment *May 1 - 1906*
J. E. Ruykendall Undertaker.

Date of Certificate *April 30, 1906* Residence *College St.*

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.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Chas. C. Patterson*
 2. Sex *Male* 3. Color *White* 4. Age *69 yrs.*
 5. Married or single *Married*
 6. Date of death *July 15 " 1907*
 7. Cause of death *Chronic Bright's Disease*
 8. Duration of last illness.....
 Signature *Jos. H. Blackburn* M. D.
 Residence *B. Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Warren County*
 11. Residence *Park Street* Ward No. *1*
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *July 17 " 1907*
 Signature *GERARD & GERARD* Undertaker.
 Date of Certificate *July 16 " 1907* Residence *BOWLING GREEN, KY*

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.

553

Physician's Certificate Preparatory to Burial.

1. Name of deceased F. Y. Patterson, Sr.
 2. Sex Male 3. Color White 4. Age 81 yrs.
 5. Married or single Married
 6. Date of death Dec. 5th 1908
 7. Cause of death Cramp Colic
 8. Duration of last illness 30 minutes to 1 hour.
V. A. Moss, Rockfield Ky. M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
 10. Place of birth Sumner, County Tenn.
 11. Residence Rockfield Ky Ward No.
 12. Time of residence in the city

13. When a minor { Name of mother

14. Place of intended interment Farrar Cemetery
 15. Date of intended interment Dec. 7th 1908

GERARD & GERARD. Undertaker.
 Date of Certificate Dec. 7/1908 Residence BOWLING GREEN, KY

Margaret Patterson 1913

35

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

RETURN OF A DEATH.

1312

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Margaret Patterson Patterson
 2. Sex Female 3. Color White 4. Age 74 yrs.
 5. Married or Single Widow
 6. Date of death Jan. 5th 1913.
 7. Cause of death Lobar Pneumonia
 8. Duration of last illness 5 days
Geo. H. Blackburn, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Ky. Warren, Co.
 11. Residence W. Chestnut St. Ward No. 1st
 12. Time of residence in the city 4 yrs
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Jan. 7th 1913.
GERARD & GERARD., Undertaker.
 Date of Certificate JAN 6 - 1913 Residence BOWLING GREEN, KY.

Olivia Patterson 1908

36

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

RETURN OF A DEATH.

456

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs. Olivia Patterson
 2. Sex Female 3. Color White 4. Age 60?
 5. Married or single Married (widow)
 6. Date of death May 14 - 1908
 7. Cause of death Exophthalmic Goiter
 8. Duration of last illness About three days
W. H. M. as [unclear] M. D.
 Residence Bowling Green, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeep
 10. Place of birth Warren
 11. Residence Belmore Park Street Ward No. _____
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother _____
 Name of Father Chas Donaldson
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment May 15 - 1908
T. Hawley Paynes wife, Undertaker.
 Date of Certificate _____ Residence _____

Cora Payne 1901

37

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Cora Payne
2. Sex female 3. Color blk 4. Age 12 yrs
5. Married or single single
6. Date of death June 6 1901
7. Cause of death Consumption
8. Duration of last illness O.D.P.
O. D. Porter, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence College St Ward No. 2
12. Time of residence in the City City
13. When a minor { Name of Mother Jessie Payne
Name of Father Resign Payne
14. Place of intended interment St. Maria
15. Date of intended interment June 9 1901
Thos. Payne, Undertaker.
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 White 4. Age 44
5. Married or Single Married
6. Date of death May 10, 1908.
7. Cause of death Traumatic septicaemia
8. Duration of last illness 6 days
A. V. Tompkins, M. D.
Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Undertaker
10. Place of birth Warren Co
11. Residence Bowling Green Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother Dr. Geo. Payne
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment May 12, 1908
J. S. Prather, Undertaker.
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.

471

Physician's Certificate Preparatory to Burial.

1. Name of deceased James Wilber Payne
2. Sex Male 3. Color White 4. Age 5 wks
5. Married or single Single
6. Date of death July 24 1911
7. Cause of death Cold Fever
8. Duration of last illness

Geo. H. Hoyle M. D.
 Coroner of Warren Co.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth BOWLING GREEN, KY
11. Residence 1st Street Ward No. 2
12. Time of residence in the city 5 Weeks
13. When a minor { Name of mother Mrs. Elmer Payne
 Name of father Elmer Payne
14. Place of intended interment Fairview Cemetery
15. Date of intended interment July 25 1911

GERARD & GERARD Undertaker.

Date of Certificate FEB 24 1911 Residence

Myrtle Mai Payne 1907

40

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

RETURN OF A DEATH.

287

Physician's Certificate Preparatory to Burial.

1. Name of deceased Myrtle Mai Payne
2. Sex female 3. Color white 4. Age 21 yrs
5. Married or single single
6. Date of death August 3rd 1907
7. Cause of death Tuberculosis
8. Duration of last illness 10 mos
T. W. Stone M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Smith Grove Ky
11. Residence 11th St bet 1st & Center Ward No.....
12. Time of residence in the city about 3 yrs
13. When a minor { Name of mother Jennie J. Payne
Name of father Will T. Payne
14. Place of intended interment Fairview Cemetery
15. Date of intended interment August 4th 1907
Hawley Payne Undertaker.
- Date of Certificate..... Residence.....

Nellie Payne 1911

41

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

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 Married
 6. Date of death Nov 11 - 1911
 7. Cause of death Supposed Convulsion
 8. Duration of last illness Two days

 _____, M. D.
 Residence 940 Adams

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Kentucky
 11. Residence 3rd St Ward No. 2
 12. Time of residence in the city 30 years
 13. When a minor { Name of Mother Alphyna Sartain
 Name of Father Walter Sartain
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Nov. 12/1911.
 _____, Undertaker.
Nov. 11/1911 Date of Certificate _____
BOWLING GREEN, KY Residence _____

Pinkie Payne 1908

42

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

RETURN OF A DEATH.

550

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Pinkie Payne*
 2. Sex *female* 3. Color *col.* 4. Age *58*
 5. Married or single *married*
 6. Date of death *Nov. 21 - 1908.*
 7. Cause of death *Mitral Regurgitation*
 8. Duration of last illness *2 wks*
- O. W. Poole* M. D.
- Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Housekeeper*
 10. Place of birth *Bowling Green*
 11. Residence *First & College St* Ward No. *2*
 12. Time of residence in the city *during life*
 13. When a minor { Name of mother
 - { Name of father
 14. Place of intended interment *Mt. Moriah Cem.*
 15. Date of intended interment *Nov. 23 - 08*
- J. E. Stupendall* Undertaker.
- Date of Certificate *Nov. 23 - 08* Residence
- 7 & college st*

William P. Payne 1880

43

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mr P Payne*
2. Sex *Male* 3. Color *White* 4. Age *83*
5. Married or Single *Single*
6. Date of Death *May 27th 1880*
7. Cause of Death *Pneumonia*
8. Duration of last Illness *7 days*
Albright 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

....., Undertaker.

Date of Certificate Residence

Democrat Print.

W. H. Payton 1913

44

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

RETURN OF A DEATH.

1409

Physician's Certificate Preparatory to Burial.

1. Name of deceased Rev. W. H. Payton
 2. Sex male 3. Color col 4. Age about 50 yrs.
 5. Married or Single married
 6. Date of death May 26 - 1913.
 7. Cause of death Acute tuberculosis
 8. Duration of last illness four weeks
 _____, M. D.
 Residence Brend Ky

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 About 25 yrs.
 13. When a minor { Name of Mother Mrs. Kraw
 { Name of Father _____
 14. Place of intended interment mt mariah
 15. Date of intended interment May 26 - 1913
J. E. Kelly Undertaker.
 Date of Certificate May 28 1913 Residence _____
Cor. 7 College St
Bowling Green Ky.

Mrs. George Pearson 1898

45

City of City

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*

2. Sex *Female* 3. Color *White* 4. Age *42 yrs.*

5. Married or single *Widow*

6. Date of death *June, 18th 98.*

7. Cause of death *Bruis. Pneumonia*

8. Duration of last illness _____

J. E. Meredith M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Allen County*

11. Residence *Marie Street* 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 *Allen County*

15. Date of intended interment *June 19th 98*

Gerard & Gerard, Undertaker.

Date of Certificate *June, 19th 98.* Residence _____

Clara E. Peart 1909

46

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

RETURN OF A DEATH.

585

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss. Clara E. Peart*
2. Sex *Female* 3. Color *White* 4. Age *47 yrs.*
5. Married or single *Single*
6. Date of death *Mar 2nd 1909.*
7. Cause of death *Peritonitis*
8. Duration of last illness

J. H. Mc Cormack M. D.
Residence *Bowling Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Auburn, Kentucky*
11. Residence *Kentucky St.* Ward No. *3*
12. Time of residence in the city *30 yrs.*
13. When a minor { Name of mother
Name of father
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Mar, 4th 1909.*

GERARD & GERARD. Undertaker.

Date of Certificate *Mar, 3rd 1909.* Residence

Elizabeth Peart 1913

47

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

RETURN OF A DEATH.

1361

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Elizabeth Peart.
 2. Sex Female 3. Color White 4. Age 79 yrs.
 5. Married or single Widow
 6. Date of death MAR 17 1913
 7. Cause of death Chronic gastritis
 8. Duration of last illness 1 year
 _____ M. D.
 Residence Paris, Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Kentucky
 11. Residence Kentucky St Ward No. 3
 12. Time of residence in the city _____
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Mar. 19 1913.
GERARD & GERARD. Undertaker.
 Date of Certificate Mar 18/13 Residence Bowling Green, K.

Joseph Peart 1894

631 48

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Joseph Peart*
 2. Sex *male* 3. Color *white* 4. Age *77*
 5. Married or single *married*
 6. Date of Death *June 14, 1894*
 7. Cause of Death *In aneurism & aneurism*
 8. Duration of last Illness *Several Months*
Alexandria, M. D.
 Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Stone mason*
 10. Place of Birth *Logan County*
 11. Residence *Bow Green on Clay St* Ward No. *4*
 12. Time of Residence in the City
 13. When a Minor { Name of Mother
 Name of Father
 14. Place of intended Interment *Fairview Cemetery*
 15. Date of intended Interment *June 15th 1894*
F. L. Gerard & Son, Undertaker.
 Date of Certificate *15* Residence

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 *Mrs Martha Peart,*
 2. Sex *Female* 3. Color *White* 4. Age *47 yrs*
 5. Married or single *Widow*
 6. Date of death *April, 27" 1901.*
 7. Cause of death *Senile Pneumonia*
 8. Duration of last illness _____
 _____, M. D.
 Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence *Kentucky Street* Ward No. *2*
 12. Time of residence in the City, _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Fairview Cemetery,*
 15. Date of intended interment *April 29" 1901,*
Gerard and Gerard, Undertaker.
 Date of Certificate *April, 28/1901,* Residence _____

Wyett Peden 1911

50

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

RETURN OF A DEATH.

1911

Physician's Certificate Preparatory to Burial.

1. Name of deceased Wyett Peden
2. Sex Male 3. Color Black 4. Age 52
5. Married or Single Widower
6. Date of death Aug 4 1911
7. Cause of death mitral stenosis
8. Duration of last illness Six months

O. D. Poble, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth Hurt Co Ky
11. Residence Ky St Ward No. 2^d
12. Time of residence in the city Six months
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Mt Mariah
15. Date of intended interment _____

GERARD & GERARD.
_____, Undertaker.

Date of Certificate _____ Residence _____

Earnest Pedigo 1912

51

♥♥ 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 Earnest Pedigo,
 2. Sex Male 3. Color White 4. Age 18 yrs.
 5. Married or Single Single
 6. Date of death Sept 17 1912
 7. Cause of death Epilepsy
 8. Duration of last illness _____
Jno. E. Gray Casner, M. D.
 Residence ROWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Mo
 11. Residence Nutwood ave Ward No. 1
 12. Time of residence in the city 12 yrs -
 13. When a minor { Name of Mother Rebecca Pedigo,
 Name of Father Edwora
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment SEP 18 1912
GERARD & GERARD, Undertaker.
 Date of Certificate SEP 18 1912 Residence ROWLING GREEN, KY

Myrtle Estell Pedigo 1909

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

52

RETURN OF A DEATH.

687

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Myrtle Estell Pedigo*
 2. Sex *Female* 3. Color *White* 4. Age *8 mos.*
 5. Married or single *single*
 6. Date of death *Aug. 15th - 1909.*
 7. Cause of death *Marasmus*
 8. Duration of last illness *Two weeks*
 Signature *A. J. McCormack* M. D.
 Residence *Bellevue Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *Bowling Green Ky*
 11. Residence *11* Ward *N 11*
 12. Time of residence in the City *8 mos*
 13. When a minor { Name of Mother
 Name of Father *Edmer Pedigo*
 14. Place of intended interment *Farrar Cemetery*
 15. Date of intended interment *Aug. 15th 09*
 Signature *Morris T. Enokes*, Undertaker. *S*
 Date of Certificate *Aug. 16th 09* Residence *Bellevue Ky*

Susan Pedigo 1896

918 53

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs Susan Pedigo
 2. Sex female 3. Color white 4. Age 62
 5. Married or single married
 6. Date of Death July 26 1896
 7. Cause of Death Erysipelas
 8. Duration of last Illness Two Weeks
 Dr. Francis W. Francis, M. D.
 Residence Bowling Green, Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth Warren County
 11. Residence College St . Ward No. 2
 12. Time of Residence in the City years
 13. When a Minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment Fairview Cem
 15. Date of intended Interment July 26 1896
Prater & Payne, Undertaker.
 Date of Certificate _____ Residence _____

Thomas B Pemberton 1912

54

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

RETURN OF A DEATH.

1202

Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas B. Pemberton
 2. Sex Male 3. Color White 4. Age 41
 5. Married or single Single
 6. Date of death June 15/12
 7. Cause of death Chronic Alcoholism
 8. Duration of last illness 24 hours
G. E. Huddle M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Traveling Salesman
 10. Place of birth Hard Lewis Ky
 11. Residence " " " " Ward No.
 12. Time of residence in the city

13. When a minor { Name of mother

14. Place of intended interment Harrison Cave Ky
 15. Date of intended interment June 16/12

GERARD & GERARD. Undertaker.
BOWLING GREEN, KY
 Date of Certificate June 15/12 Residence

Send to St. Joseph's Hospital

John J. Pence 1901

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. Pence Pence*
 2. Sex *Male* 3. Color *White* 4. Age *45*
 5. Married or single *Single*
 6. Date of death *Sept 5 "1901*
 7. Cause of death *Tuberculosis*
 8. Duration of last illness _____
 _____, M. D.
 Residence *B. Grant, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Kentucky Town, Texas*
 11. Residence *State St.* Ward No. *2*
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Sept. 6 "1901*
Garard and Garard, Undertaker.
 Date of Certificate *Sept 6/1901* Residence _____

J. M. Pendleton 1891

56

266

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. M. Pendleton*
 2. Sex *Male* . 3. Color *White* . 4. Age *79 years*
 5. Married or Single *Married*
 6. Date of Death *March 4th 1891*
 7. Cause of Death *Copillary Bronchitis*
 8. Duration of last Illness *Three weeks*
S. W. Coombs, M. D.
 Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Minister of the gospel*
 10. Place of Birth _____
 11. Residence *12th St* . Ward No. *1st*
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *Fairview Court*
 15. Date of intended Interment *March 6th 1891*
H. B. Gerard, Undertaker.
 Date of Certificate _____ . Residence _____

Lilly A. Pendleton 1897

57

1014

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 Lilly A. Pendleton
 2. Sex female 3. Color white 4. Age 60 yrs
 5. Married or single widow
 6. Date of Death May - 20 - 1897
 7. Cause of Death Pneumonia & Paralysis
 8. Duration of last Illness _____

B. H. Milliken, M. D.
 Residence 11

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth Kentucky Warren Co
 11. Residence Church St Ward No. 3rd
 12. Time of Residence in the City Ten Years
 13. When a Minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment Fairview Cem
 15. Date of intended Interment May 21 - 1897
A. L. Search & Bro., Undertaker.
 Date of Certificate May 21/97 Residence College St

Robert Penix 1896

884 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 Penix Penix
 2. Sex boy 3. Color black 4. Age 15 mo
 5. Married or single _____
 6. Date of Death April - 30 - 1886
 7. Cause of Death Measles
 8. Duration of last Illness _____

Dr Francis W.R. Francis, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth city
 11. Residence 3rd W. 1st N. W. Ky. Ward No. 2
 12. Time of Residence in the City life
 13. When a Minor { Name of Mother } Bartord
 { Name of Father } _____
 14. Place of intended Interment St. Maria's
 15. Date of intended Interment May 1st 1886

Brath's Penix, Undertaker.
 Date of Certificate _____ Residence _____

Forrest H. Perdue 1909

59

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

RETURN OF A DEATH.

637

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Forrest

1. Name of deceased *Forrest H Perdue*
 2. Sex *Male* 3. Color *white* 4. Age *5*
 5. Married or single *Single*
 6. Date of death *May 30 / 09*
 7. Cause of death *Fay anemia*
 8. Duration of last illness *Short time*
- D. S. Pulhford*, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Bowling Green Ky*
 11. Residence *" " "* Ward No. _____
 12. Time of residence in the City. *life time*
 13. When a minor { Name of Mother _____
Name of Father *Dans Perdue*
 14. Place of intended interment *Fairview Cem*
 15. Date of intended interment *May 31 / 09*
- Morris Enocks*, Undertaker.
Date of Certificate *May 30 / 09* Residence *B. S. Ky*

Nancy Perdue 1903

60

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 Nancy Perdue*
 2. Sex *Female* 3. Color *White* 4. Age *55-*
 5. Married or single *Widow*
 6. Date of death *July - 10 - 1903*
 7. Cause of death *Consumption*
 8. Duration of last illness *43m*
 Signature: *B. A. Milliken*, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*
 10. Place of birth *" "*
 11. Residence *Newton St* Ward No. *1*
 12. Time of residence in the City *Several years*
 13. When a minor { Name of Mother *" "*
 { Name of Father *" "*
 14. Place of intended interment *Fairview Cem*
 15. Date of intended interment *July - 11 - 1903*
 Signature: *T. Hawley Payne*, Undertaker.
 Residence: *Bowling Green Ky.*
 Date of Certificate _____

Charlotte Perkins 1906

#55 61

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

RETURN OF A DEATH.

#55

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Charlotte Perkins*
2. Sex *Female* 3. Color *White* 4. Age *2 yrs.*
5. Married or single *Single*
6. Date of death *July 2 "06*
7. Cause of death *Dysentery*
8. Duration of last illness _____

J. W. Possey, D.O. M. D.
Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *BOWLING GREEN, KY.*
11. Residence *Christmast St. BOWLING GREEN, KY.* Ward No. _____
12. Time of residence in the City. *Lifetime*
13. When a minor { Name of Mother *Mrs. J. Giddens Perkins*
Name of Father *J. Giddens Perkins*
14. Place of intended interment *Frederick Cemetery*
15. Date of intended interment *JUL 2- 1906*

Guard and Guard, Undertaker.
Date of Certificate *JUL 2- 1906* Residence *BOWLING GREEN, KY.*

Gilbert Perkins 1911

62

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

RETURN OF A DEATH.

957

Physician's Certificate Preparatory to Burial.

1. Name of deceased Gilbert Perkins
 2. Sex Male 3. Color Blk 4. Age 29 yrs.
 5. Married or Single Single
 6. Date of death Jan. 19" 1911.
 7. Cause of death Consumption
 8. Duration of last illness _____
 _____, M.D.
 Covoyer of Warren, Co. BOWLING GREEN, KY
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation Labourer
 10. Place of birth Warren, Ky
 11. Residence Ky St. Ward No. 2
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment County Cemetery
 15. Date of intended interment Jan. 20" 1911.
GERARD & GERARD, Undertaker.
 Date of Certificate JAN 19 1911 Residence BOWLING GREEN, KY

Hester Perkins 1891

258

63

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 *Hester Perkins*
 2. Sex *Female* 3. Color *Blk.* 4. Age *22 yrs.*
 5. Married or Single *Single*
 6. Date of Death *Jan 29 - 1891.*
 7. Cause of Death *Athma*
 8. Duration of last Illness *Six weeks*
S. W. Coomb, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Wayne County*
 11. Residence *Main Street*, Ward No. *4th*
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *Int. No. 101*
 15. Date of intended Interment *Jan 30" / 1891*
A. B. Seaver, Undertaker.
 Date of Certificate *Jan 29" / 91* Residence *City*

J. S. Perkins 1906

64

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

RETURN OF A DEATH.

462

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. S. Perkins
 2. Sex male 3. Color white 4. Age 76
 5. Married or Single married
 6. Date of death May 27 - 1906
 7. Cause of death Chronic Prostatitis
 8. Duration of last illness 6 months
H. P. Cartwright, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation Carpenter
 10. Place of birth Warren Co
 11. Residence Paris Ward No.
 12. Time of residence in the city

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

14. Place of intended interment Warren County
 15. Date of intended interment May 28/1908
L. Harvey Payne, Undertaker.
 Date of Certificate Residence

Hazel Mary Perry 1911

65

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 Perry
 2. Sex Female 3. Color White 4. Age 2 yrs.
 5. Married or Single Single
 6. Date of death Mar. 26" 1911.
 7. Cause of death Pneumonia
 8. Duration of last illness 4 days
 T. W. Stone, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth BOWLING GREEN, KY
 11. Residence 11th St. Ward No. 2
 12. Time of residence in the city 2 yrs.
 13. When a minor { Name of Mother Mrs. H. D. Perry
 Name of Father H. D. Perry
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Mar. 27" 1911
GERARD & GERARD, Undertaker.
 Date of Certificate Mar. 26/11 Residence _____

Lee Perry 1892

423 66

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 Lee Perry*
2. Sex *Female* 3. Color *White* 4. Age *22 yrs.*
5. Married or Single *Single*
6. Date of Death *July 21/192*
7. Cause of Death *Phthisis*
8. Duration of last Illness *Eight-months*

S. J. Wilcox, M. D.
Residence *Bowling Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Hardin County*
11. Residence *College St.* Ward No. *2nd*
12. Time of Residence in the City _____

13. When a Minor. } Name of Mother _____
 } Name of Father *W. F. Perry*
14. Place of intended Interment *Fairview Cem.*
15. Date of intended Interment *July 22/192*

File Guard, Undertaker.

Date of Certificate *July 21/192* Residence *City*

Margaret Perry 1900

67

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. Margaret C. Perry*
- 2. Sex *Female* Color *White* 4. Age *38 yrs.*
- 5. Married or single *Single*
- 6. Date of death *July 23rd 1900.*
- 7. Cause of death *Consumption*
- 8. Duration of last illness *several months*

O. T. Hughes, M. D.
 Residence *Rolling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
 - 10. Place of birth *Alabama*
 - 11. Residence *State Street* Ward No. *1st*
 - 12. Time of residence in the City *14 years*
 - 13. When a minor } Name of Mother
 } Name of Father *General H. F. Perry*
 - 14. Place of intended interment *Fairview Cemetery*
 - 15. Date of intended interment *July 24/1900*
- Garold T. Girard*, Undertaker.
 Date of Certificate *July 24/1900* Residence

Samuel V. Perry 1905

68

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Samuel V. Perry.*
 2. Sex *Male* Color *White* 4. Age *53 yrs.*
 5. Married or Single *Married.*
 6. Date of death *Apr. 8th 1905*
 7. Cause of death *Cancer of Stomach*
 8. Duration of last illness *several months*
J. H. Blackburn., M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence *Highland Broadway* Ward No. *1*
 12. Time of residence in the city *Several months*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Apr 9th 1905*
Edward J. Inaud, Undertaker.
 Date of Certificate *Apr 8th 05* Residence _____

Violet Perry 1911

69

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

RETURN OF A DEATH.

987

Physician's Certificate Preparatory to Burial.

1. Name of deceased Violet Perry
 2. Sex Female 3. Color White 4. Age 6 yrs.
 5. Married or Single Single
 6. Date of death Mar. 25" 1911.
 7. Cause of death Pneumonia
 8. Duration of last illness 5 days
J. W. Stone, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth B. Green Ky
 11. Residence 11th St. Ward No. 2
 12. Time of residence in the city 6 yrs.
 13. When a minor { Name of Mother Mrs. W. D. Perry
 Name of Father W. D. Perry
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Mar. 27" 1911.
GERARD & GERARD., Undertaker.
 Date of Certificate Mar 26/1911 Residence _____

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. Name of deceased *General, A. F. Perry.*
 2. Sex *Male* 3. Color *White* 4. Age *78 yrs*
 5. Married or single *Married.*
 6. Date of death *December, 17th 1901.*
 7. Cause of death *Pneumonia*
 8. Duration of last illness *our weeks.*
 Signature *Sarah J. Milroy* M.D.
 Residence *Bobling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Georgia*
 11. Residence *State Street* Ward No. *1*
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *December 19th 1901.*
 Signature *Guard and Guard* Undertaker.
 Date of Certificate *Dec, 18/1901.* Residence _____

William H. Perry

71

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Wm H Perry*
 - 2. Sex *Male* . 3. Color *White* . 4. Age *40*
 - 5. Married or Single *Single*
 - 6. Date of Death *Oct 10th*
 - 7. Cause of Death *Consumption*
 - 8. Duration of last Illness *Several months*
- A. H. Knight*, M. D.
- Residence *Boonville, 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 _____
- 13. When a Minor { Name of Mother _____
Name of Father _____
- 14. Place of intended Interment _____
- 15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

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 Perryman*
2. Sex *male* 3. Color *white* 4. Age *68 yrs*
5. Married or single *single*
6. Date of death *Sept - 7 - 1906*
7. Cause of death *Pneumonia.*
8. Duration of last illness *few days*
B. S. Rutherford, M. D.
Residence *city p*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County*
11. Residence *Indiana St* Ward No. _____
12. Time of residence in the City. *2 years*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Old Union*
15. Date of intended interment *Sept 8 1906*
T. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Richard E. Pete 1896

854

73

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Richard E. Pete.
 2. Sex Male 3. Color White 4. Age 30 yrs
 5. Married or single Married.
 6. Date of Death Mar. 2nd / 96
 7. Cause of Death Pneumonia.
 8. Duration of last Illness Seven days -
J. M. McCormack, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth Virginia
 11. Residence Park street Ward No. 1st
 12. Time of Residence in the City _____
 13. When a Minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment Fairview
 15. Date of intended Interment Mar. 5 / 96
F. C. Grand Undertaker.
 Date of Certificate Mar 2 / 96 Residence _____

Infant of Vesta Petecord

74

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of Deceased Petecord *Infant of Vesta*
2. Sex Boy . 3. Color Black . 4. Age _____
5. Married or Single _____
6. Date of Death April 17th
7. Cause of Death Still Born
8. Duration of last Illness _____
Wm Claypool, M. D.
Residence Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Bowling Green
11. Residence _____ . Ward No. 2
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Vesta Petecord
Name of Father _____
14. Place of intended Interment Col Cemetery
15. Date of intended Interment April 17th
J. W. [Signature], Undertaker.
Date of Certificate _____ . Residence _____

Democrat Print.

Carl Petticoed 1900

75

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 Carl Petticoed
2. Sex male . 3. Color Black. 4. Age 27
5. Married or single _____
6. Date of death Aug 10 1900
7. Cause of death Summer Diarrhea
8. Duration of last illness
ODP _____
O. S. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence Lead St . Ward No. _____
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father Will Petticoed
14. Place of intended interment Memorial
15. Date of intended interment Aug 11 1900
Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Favery Petticord 1891

75

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 Carl Petticord
 2. Sex male . 3. Color Black. 4. Age 27
 5. Married or single _____
 6. Date of death Aug 10 1900
 7. Cause of death Summer Diarrhea
 8. Duration of last illness ODP
 _____, M. D. O. S. Porter

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth City
 11. Residence Lead St . Ward No. _____
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father Will Petticord
 14. Place of intended interment West Moriah
 15. Date of intended interment Aug 11 1900
 _____, Undertaker. Edw. Payne

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.

Petticord

1. Name of deceased *Child of Will Petticord*

2. Sex *female* 3. Color *Black* 4. Age *6 mos*

5. Married or single _____

6. Date of death *June 6 1905*

7. Cause of death _____

8. Duration of last illness _____

Fred B Cartwright, M. D.
Residence *City Physician*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *city*

11. Residence *Seab St* Ward No. _____

12. Time of residence in the City. *life*

13. When a minor { Name of Mother _____
Name of Father *Will Petticord*

14. Place of intended interment *City*

15. Date of intended interment *June 7 1905*

Hawley Bayne, Undertaker.

Date of Certificate _____ Residence _____

Joseph Petty 1882

78

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Joe Petty*
- 2. Sex *Male* . 3. Color *White* . 4. Age *21 years*
- 5. Married or Single *Single*
- 6. Date of Death *Oct 28th 1882*
- 7. Cause of Death *Epilepsy*
- 8. Duration of last Illness *15 years*
- No M.D.* , M. D.
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
- 10. Place of Birth _____
- 11. Residence *Church Street* . Ward No *3^d*
- 12. Time of Residence in the City *Since 1874*
- 13. When a Minor { Name of Mother *A B C Petty*
Name of Father *Columbus Petty*
- 14. Place of intended Interment *Farrington Court*
- 15. Date of intended Interment *Oct 29th 1882*
- H C Goran* , Undertaker.
- Date of Certificate _____ . Residence _____

Democrat Job Print

Joe Peyton 906

79

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joe Peyton
 2. Sex male 3. Color black 4. Age 35
 5. Married or single married
 6. Date of death Jan 20 - 1906
 7. Cause of death Pneumonia
 8. Duration of last illness nine days

 O. D. Potter M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Laborer
 10. Place of birth Tennessee
 11. Residence Stone quarry Ward No.
 12. Time of residence in the city
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment White Stone quarry
 15. Date of intended interment Jan. 21 - 1906
 J. S. Ruykendale Undertaker.
 Date of Certificate Mar. 9 - 1906 Residence
 Cor. 7th & College Street

Minor Peyton 1894

6221 80

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 *Minor Peyton*

2. Sex *Male* 3. Color *White* 4. Age *9 yrs.*

5. Married or single *Single*

6. Date of Death *May 21/94*

7. Cause of Death *Dysentery*

8. Duration of last Illness *8 days*

Jno. Plautwight, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence *6th street* Ward No. *2nd*

12. Time of Residence in the City _____

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

14. Place of intended Interment *St Josephs Cemetery*

15. Date of intended Interment *May 22/94*

F. G. Gerard & Bros., Undertaker.

Date of Certificate *May 21/94* Residence _____

May Phalan 1909

81

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

RETURN OF A DEATH.

689

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss May Phalan
 2. Sex Female 3. Color White 4. Age 19 years
 5. Married or single Single
 6. Date of death Sep 9th 1909
 7. Cause of death Typhoid Fever
 8. Duration of last illness Fifteen days

 _____ M. D.
 Residence Green 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 _____
 { Name of father W.E. Phalan
 14. Place of intended interment Farrar County
 15. Date of intended interment Sep 10th 1909
 Morris Enoch Undertaker
 Date of Certificate Sep 9th 09 Residence Green Ky

Lizzie Pheasant 1910

82

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

RETURN OF A DEATH.

773

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Lizzie Pheasant*
 2. Sex *Female* 3. Color *White* 4. Age *38 yrs*
 5. Married or single *Married*
 6. Date of death *Feb. 21-1910*
 7. Cause of death *Pulmonary Tuberculosis*
 8. Duration of last illness
B. S. Rutherford M. D.
 Residence *City*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Housekeeper*
 10. Place of birth *Warren Co Ky*
 11. Residence *Kentucky Second St* Ward No. *2*
 12. Time of residence in the city
 13. When a minor { Name of mother
 Name of father
 14. Place of intended interment *St Joseph Cemetery*
 15. Date of intended interment *Feb 22-1910*
GERARD & GERARD Undertaker.
 Date of Certificate *Feb. 21-10* Residence *City*

Arther Philbrick 1907

83

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

RETURN OF A DEATH.

208

Physician's Certificate Preparatory to Burial.

1. Name of deceased Arther Philbrick
 2. Sex male 3. Color white 4. Age 23 yrs
 5. Married or single single
 6. Date of death May - 7 - 1907
 7. Cause of death complication of disease
 8. Duration of last illness 4 or 5 weeks
W. A. Briggs M. D.
 Residence city

Undertaker's Certificate in Relation to Deceased.

9. Occupation Student State Normal
 10. Place of birth Kinder Louisiana
 11. Residence Chas. Schott Briggs Hospital Ward No.
 12. Time of residence in the city 4 weeks
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment May 9 - 1907
Harvey Payne Undertaker.
 Date of Certificate Residence

Cossie Philips 1878

84

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Cossie Philips*
2. Sex *Male* . 3. Color *white* . 4. Age _____
5. Married or Single _____
6. Date of Death *Sept 12 1878*
7. Cause of Death *Conjestion of the Brain*
8. Duration of last Illness *one day*
_____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ Ward No. *1*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____
_____, Undertaker.
Date of Certificate _____ Residence _____

Democrat Print.

Mary F. Philips 1909

700

85

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Mary F Philips*

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

5. Married or single *Widow of the late W. H. Philips*

6. Date of death *SEP 30 1909*

7. Cause of death *Old age*

8. Duration of last illness.....

Wm. A. Briggs M. D.

Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Warren County*

11. Residence *Main & Elm Streets* Ward No.....

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

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *OCT 1 - 1909*

GERARD & GERARD. Undertaker.

Date of Certificate *SEP 30 1909* Residence *BOWLING GREEN, KY*

Amanda Phillips 1913

86

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

RETURN OF A DEATH.

1327

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Amanda Phillips
2. Sex Female 3. Color White 4. Age 58
5. Married or Single Married
6. Date of death Jan 27 - 1913
7. Cause of death Cardiac Asthma
8. Duration of last illness Two and 1/2 months
Dr H Posey D D, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation at home
10. Place of birth Warren Co Ky
11. Residence '' '' Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
 Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment Jan 29 1913
Ed C Rattapfeld, Undertaker.

Date of Certificate Jan 29 1913 Residence Warren Co Ky

D. W. Phillips

87

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

RETURN OF A DEATH.

694

Physician's Certificate Preparatory to Burial.

1. Name of deceased D. W. Phillips
 2. Sex Male 3. Color White 4. Age 74 yrs.
 5. Married or single Married
 6. Date of death Sept 13 1909.
 7. Cause of death Heart Disease
 8. Duration of last illness 5 W Weeks M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth.....
 11. Residence Warren County Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment SEP 14 1909
GERARD & GERARD, Undertaker.
 Date of Certificate SEP 14 1909 Residence BOWLING GREEN, KY

David H. Phillips 1904

88

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *David H. Phillips*
 2. Sex *Male* 3. Color *White* 4. Age *78 yrs.*
 5. Married or Single *Married*
 6. Date of death *August, 14th 04.*
 7. Cause of death *Old age and Pneumonia*
 8. Duration of last illness
 _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren County*
 11. Residence *Center 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 *Fairview Cemetery*
 15. Date of intended interment *Aug 16th 04*
 _____, Undertaker.
 Date of Certificate *Aug 16th 04* Residence *City*

David John Phillips 1892

443 89

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *David John Phillips*
 2. Sex *Male* . 3. Color *White* . 4. Age *48*
 5. Married or Single *Married*
 6. Date of Death *July 25th 1892*
 7. Cause of Death *Tumor of abdomen*
 8. Duration of last Illness *3 months*
J. D. [Signature], M. D.
 Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Teacher*
 10. Place of Birth *Garden County*
 11. Residence *City* Ward No. *1*
 12. Time of Residence in the City *Years*
 13. When a Minor. } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *Furrow Lane*
 15. Date of intended Interment *July 26 1892*
[Signature], Undertaker.
 Date of Certificate _____ . Residence _____

Emory T. Phillips 1909

90-1

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

RETURN OF A DEATH.

698 Emory T. Phillips

Physician's Certificate Preparatory to Burial.

per transit permit

1. Name of deceased Emory Phillips
 2. Sex Male 3. Color White 4. Age 38
 5. Married or single Single
 6. Date of death not given 9/19/1909
 7. Cause of death not given
 8. Duration of last illness " "
B. F. Hill Health Clk M. D.
 Residence Denver Colo.

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 Fairview Cem
 15. Date of intended interment Sept 22/09
Marvin Couch Undertaker.
 Date of Certificate Sept 22/09 Residence B. F. Hill

Warren County, Kentucky Death Records, Box 4, Folder 1 (Pa to Pop)

Emory T. Phillips 1909

FORM V. S. No. 6

State Board of Health of Colorado

BUREAU OF VITAL STATISTICS

TRANSIT PERMIT FOR AN EMBALMED BODY

STATE OF COLORADO }
 COUNTY OF Sumner } ss. Wm. S. Nash, being duly sworn, deposes and
 says that he has charge of the removal from Sumner to Burlington Ky.
 of the body of Emory T. Phillips, sex Male, color Wh, age 38,
 cause of death _____ date of death Sept 19, 1909

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

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

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

I further certify that said body was prepared by William S. Nash, holder of license No. 53

Sworn to and subscribed before me this _____ day of _____, 19____

Shipped by Burlington Ky Date 9/20, 1909 Time 1:30 A. M.
P. M.

In accordance with the above affidavit, the stub on file in this office, of Removal Permit No. _____ which has been issued for the transportation of the above-named body; and if, at point of shipment or destination, conditions are found otherwise than as above represented, an immediate report of the facts should be made to this office.

R. F. Hill
 Local Registrar, District No. _____

THIS FORM MUST BE SECURELY ATTACHED TO THE OUTSIDE SHIPPING CASE AND ACCOMPANY BODY TO ITS DESTINATION.

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 *Joseph Phillips*
 2. Sex *Male* 3. Color *White* 4. Age _____
 5. Married or single *Single*
 6. Date of death *January, 12 - 1903*
 7. Cause of death *Pistol Shot Wounds*
 8. Duration of last illness _____
 _____, M. D.
 Residence *Warren County*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Bowling Green Ky*
 11. Residence *5th & Park St.* Ward No. *1*
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother *Mrs Aaron Phillips*
 Name of Father *Aaron Phillips*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *January 1903*
Edward T. Heard, Undertaker.
 Date of Certificate *Jan 13 / 1903* Residence _____
 Received by *Melvin Summers*

Joseph L. Phillips 1905

92

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 *Joseph L. Phillips*
 2. Sex *Male* 3. Color *White* 4. Age *85 yrs*
 5. Married or Single *Married*
 6. Date of death *Dec 28 05*
 7. Cause of death *Pneumonia*
 8. Duration of last illness _____
 Signature *J. Mc Cormack*, M. D.
 Residence *13 Green St*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren County*
 11. Residence *Kentucky St.* Ward No. *2*
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Dec 30 05*
Grand & Grand, Undertaker.
 Date of Certificate *Dec 29 05* Residence _____

Nancy Phillips 1912

93

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

RETURN OF A DEATH.

1155

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Nancy Phillips.
 2. Sex Female Color White 4. Age 87 yrs.
 3. Married or Single Widow.
 6. Date of death Mar. 3" 1912.
 7. Cause of death Malnutrition.
 8. Duration of last illness several years
H. J. McCombes, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth BOWLING GREEN, KY.
 11. Residence Kentucky St Ward No. _____
 12. Time of residence in the city Lifetime
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Mar. 4" 1912
GERARD & GERARD, Undertaker.
 Date of Certificate Mar 3" 1912 Residence _____

Sallie Phillips 1909

94

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

RETURN OF A DEATH.

639

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Ms. Sallie Phillips*
 2. Sex *Female* 3. Color *white* 4. Age *39*
 5. Married or single *married*
 6. Date of death *May 31 1909*
 7. Cause of death *Zyphoic fever Typhoid*
 8. Duration of last illness _____
 _____ M. D.
 Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Bowling Green*
 11. Residence *Bowling Green Ky* Ward No. _____
 12. Time of residence in the City. *since Dec 1-08*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Franklin^{Ky} cemetery*
 15. Date of intended interment *June 1-09*
Warriss F. Enos, Undertaker.
 Date of Certificate *June 1-09* Residence *B. Green 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.

1854

Physician's Certificate Preparatory to Burial.

1. Name of deceased Sidney S. Phillips
2. Sex Male
3. Color White
4. Age 69 yrs
5. Married or Single Married
6. Date of death AUG 1 - 1911
7. Cause of death Bright's disease
8. Duration of last illness _____

V. U. Moss, M. D.
 Residence Rockfield Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth K. G.
11. Residence Rockfield Ky Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
 Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Aug 7/1911

GERARD & GERARD, Undertaker.

Date of Certificate AUG 1 - 1911 Residence _____

William L. Phillips 1910

96-1

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

RETURN OF A DEATH.

904

Physician's Certificate Preparatory to Burial.

1. Name of deceased William L Phillips
2. Sex Male 3. Color White 4. Age 25 yrs
5. Married or single Single
6. Date of death Oct. 7" 1910
7. Cause of death.....
8. Duration of last illness.....

..... M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Warren, Kentucky
11. Residence Burnsiding P.O. Warren Co Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Oct. 8" 1910.
GERARD & GERARD Undertaker.
Date of Certificate Oct. 7" 1910. Residence.....

William L. Phillips 1910

962
904
Rockfield, Ky, Oct. 1910
This is to certify that
Wm Phillips died last
night of Pulmonary
hemorrhage caused by
tuberculosis
V U Mrs
MO

Lillian Phippers 1904

97

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Lillian Phippers*
 2. Sex *female* 3. Color *white* 4. Age *11 mo*
 5. Married or single
 6. Date of death *Aug - 29 - 04*
 7. Cause of death *Summer Complaint*
 8. Duration of last illness
slow *D. W. Slawson* M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth
 11. Residence *10th St* Ward No.
 12. Time of residence in the City.
 13. When a minor { Name of Mother *Nattie Phippers*
 Name of Father *G. W. Phippers*
 14. Place of intended interment *Fairview Cem*
 15. Date of intended interment *Aug - 30 - 04*
Stawley Payne Undertaker.
 Date of Certificate Residence

Jack Phitspatrick 1897

1048 9

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Jack Phitspatrick
2. Sex male 3. Color Black 4. Age 100 yrs
5. Married or single married
6. Date of Death Sept 5 - 1897.
7. Cause of Death Old Age
8. Duration of last Illness _____
O. D. Rohler, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer
10. Place of Birth Kentucky
11. Residence Kentucky St Ward No. 3rd
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment County Cem
15. Date of intended Interment Sept 6 - 1897
Leard & Leard, Undertaker.
Date of Certificate Sept 6 - Residence College St.

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 *Female*. 3. Color *Col*. 4. Age *70 years*
- 5. Married or Single *—*
- 6. Date of Death *August 16th 1878*
- 7. Cause of Death *unknown*
- 8. Duration of last Illness *—*

_____, M. D.

Residence *—*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation *—*
- 10. Place of Birth *—*
- 11. Residence *Summer St*, Ward No. *1st*
- 12. Time of Residence in the City *One day*
- 13. When a Minor { Name of Mother _____
Name of Father _____
- 14. Place of intended Interment _____
- 15. Date of intended Interment _____

"Strickle's", Undertaker.

Date of Certificate *Aug 10th 78*. Residence *State St*
Bowling Green Ky

Democrat Print.

Maggie Pierson 1910

100

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

RETURN OF A DEATH.

915

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Maggie Pierson*
 2. Sex *Female* 3. Color *Col* 4. Age *60*
 5. Married or single *Widow*
 6. Date of death *Oct 22 - 1910*
 7. Cause of death *mitral Insufficiency*
 8. Duration of last illness *Three months*
 O. D. Potter M. D.
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *none*
 10. Place of birth *Dartmouth*
 11. Residence *Bowling Green Ky* Ward No. *2*
 12. Time of residence in the city *Dartmouth*
 13. When a minor { Name of mother *" "*
 Name of father *" "*
 14. Place of intended interment *MT Marshall*
 15. Date of intended interment *Oct 23 1910*
Esrock Kelly Undertaker.
 Date of Certificate *OCT 22 1910* Residence *BGM*

Mrs. James E. Pike 1909

101-1

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. James E. Pike
 2. Sex Female 3. Color White 4. Age 43 yrs.
 5. Married or Single Married
 6. Date of death July 13 - 1909 -
 7. Cause of death typhoid fever
 8. Duration of last illness _____
 _____, M. D.
 Residence Russellville Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Shantkeeper
 10. Place of birth Clinton Co.
 11. Residence Adamsville Ky Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment July 15 - 09
 _____, Undertaker.
 Date of Certificate July 13 - 09 Residence city

Mrs. James E. Pike 1909

101-2

UREY G. DAVIS, M. D.
COUNTY HEALTH OFFICER
AUDITORIUM BUILDING

Russellville, Ky., July 13 1909

This is to certify that the deceased;
Mrs James Pike, age forty-two, died
of typhoid fever at Adairville
Kentucky, and is permitted to be
removed for burial to Bowling
Green Kentucky.

Urey G. Davis M. D.
Health Officer Logan County

John Pike 1913

102

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

RETURN OF A DEATH.

1366

Physician's Certificate Preparatory to Burial.

1. Name of deceased John Pike
 2. Sex Male 3. Color White 4. Age 18 yrs
 5. Married or single Single
 6. Date of death Apr 12th 1913
 7. Cause of death Epilepsy
 8. Duration of last illness Two weeks
 .. W R Franzen M. D.
 Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation Laborer
 10. Place of birth Miss St. Pike
 11. Residence Miss St. Pike Ward No.
 12. Time of residence in the city.....
 13. When a minor { Name of mother Lucinda Pike
 { Name of father John Pike
 14. Place of intended interment County Cemetery
 15. Date of intended interment Apr 12th 1913
GERARD & GERARD. Undertaker.
 Date of Certificate Apr 1-1913 Residence Bowling Green, Ky.

Jane Pittman 1898

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 of deceased Jane Pittman
 2. Sex female . 3. Color Black . 4. Age 14 yrs
 5. Married or single single
 6. Date of death Dec 28 1898
 7. Cause of death Burned
 8. Duration of last illness 24 hours
G.M.C. S. N. Coomb , M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence Wheat . Ward No. 25
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment County Ground
 15. Date of intended interment Dec 29 98
Hawley Payne Undertaker.
 Date of Certificate _____ Residence _____

Gertrude W. Place 1913

104

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

RETURN OF A DEATH.

1420

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Gertrude W. Place
 2. Sex Female 3. Color White 4. Age 30 yrs.
 5. Married or single Married
 6. Date of death JUN 20 1913
 7. Cause of death Pneumonia
 8. Duration of last illness 8 days
 _____ M. D.
E. W. Hall
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Brownsville Tenn.
 11. Residence Ky St Ward No. 3
 12. Time of residence in the city _____
 13. When a minor { Name of mother Mrs. Geo. L. Wabb
 Name of father Geo L Wabb.
 14. Place of intended interment St. Josephs Cemetery
 15. Date of intended interment June 21 " 1913
GERARD & GERARD. Undertaker.
 Date of Certificate JUN 20 1913 Residence Bowling Green, K

Mrs. J. W. Poindexter 1906

105

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs J. W. Poindexter*
 2. Sex *Female* 3. Color *White* 4. Age *56*
 5. Married or Single *Widow*
 6. Date of death *Apr. 29 " 05*
 7. Cause of death *Intestinal cancer*
 8. Duration of last illness
A. J. McCasman, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *City*
 11. Residence *State St.* Ward No. *2*
 12. Time of residence in the city
 13. When a minor { Name of Mother
 Name of Father
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Apr 30 " 05*
Gerard & Gerard, Undertaker.
 Date of Certificate *Apr 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.

277

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Edward Pollard

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

5. Married or single Single widower

6. Date of death July 21 - 1907

7. Cause of death _____

8. Duration of last illness Fifteen or twenty minutes

J. D. Fother, M. D.

Residence Bowling Green, Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Taylor

10. Place of birth Bowling Green

11. Residence At Chicago Ward No. _____

12. Time of residence in the City. _____

13. When a minor { Name of Mother _____
Name of Father Buy out Pollard

14. Place of intended interment Mt. Moriah Cemetery

15. Date of intended interment _____

J. E. Kempendall, Undertaker.

Date of Certificate July 22-07 Residence Cor. 7 & College St.

Susan H. Poore 1911

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

Poore
(Per
Cemetery Bk
II)

1. Name of deceased Mrs Susan H Poore
2. Sex Female 3. Color White 4. Age 78 yrs.
5. Married or Single Widow
6. Date of death June 14th 1911
7. Cause of death Epithelioma of face
8. Duration of last illness Two years.

J. Gibson Ranney, M. D.
Residence 1149 State St. Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Granville Ky
11. Residence Near Bowling Green Ky Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
- Name of Father
14. Place of intended interment Clinton, Ky
15. Date of intended interment June 15th 1911

Garard & Garard, Undertaker.

Date of Certificate June 15/1911 Residence

Child of C. E. Pope 1905

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of C. E. Pope
2. Sex Male 3. Color White 4. Age 3 mo.
5. Married or Single Single
6. Date of death July 14 '05
7. Cause of death Enterocolitis
8. Duration of last illness
D. F. Ruthenford, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth City
11. Residence Indianola Ward No. 1
12. Time of residence in the city 3 months
13. When a minor Name of Mother Mrs. C. E. Pope Name of Father C. E. Pope
14. Place of intended interment Mt. Union, Allen, Co.
15. Date of intended interment July 15 '05
Herard & Herard, Undertaker.
Date of Certificate July 14/05 Residence

Warren County, Kentucky Death Records, Box 4, Folder 1 (Pa to Pop)

Warren County, Kentucky Death Records, Box 4, Folder 1 (Pa to Pop)