


1877

Box 4, Folder 2 Bowling Green, Kentucky - Death Records, Por-Py

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Charles W. Porter 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 *Charles W. Porter*
 2. Sex *Male* 3. Color *White* 4. Age *55 yrs.*
 5. Married or single *Widower*
 6. Date of death *July 27" 1907.*
 7. Cause of death *Street Car accident. in Canada.*
 8. Duration of last illness *several hours.*
 Signature *E. A. Grand* M. D.
 Residence **BOWLING GREEN, KY.**

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Farmer.*
 10. Place of birth *Warren Co.*
 11. Residence *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 *July 31" 1907*
 Signature **GERARD & GERARD** Undertaker.
BOWLING GREEN, KY.
 Date of Certificate *July 29" 07.* Residence _____

Charles W. Porter 1907

12



Certificate of Registration of Death.

PERMIT OF BURIAL.

(Official form prepared by the Registrar-General of Ontario, and issued by Division Registrars for Burial purposes only, as authorized by Sec. XII, Chap 44, R.S.O. 1897.)

I hereby certify that the following particulars of Death, as returned to me, have been duly registered in compliance with Sec. XII, Chap. 44, R.S.O. 1897.

County	York	Municipality	Port Hope
Name of Decedent	Charles W. Porter		
Sex	m		
Date of Death	July 27 1907		
Age	53		
Dwelling, Street No. or Concession and lot	General Hospital		
Occupation	Carpenter		
Single or Married	m		
If single, give name of Father. If Married, give name of Husband.			
Where Born	Kentucky U.S.A.		
Cause of Death	Fracture of skull		
Length of Illness	7 hrs		
Name of Physician in Attendance			
Religious Denomination	Pres		
Name of Person making Return	G. S. Rowe, m d		
Date of issue	July 29 1907		
Signature of Div. Registrar	J. A. Gillis		

This Certificate is Authorized by the Registrar-General for Burial Purposes Only

Before the Division Registrar issues this CERTIFICATE OF REGISTRATION OF DEATH, the Medical Health Officer of each City, Town, or Village must inspect, and endorse the medical practitioner's Certificate of the Cause of Death. (Form 2.) For TOWNSHIPS, see special provisions as follows:
 "Where a death has occurred in any township, a certificate of registration from the nearest Division Registrar shall be sufficient; provided that where death from a contagious disease has occurred the return shall, prior to registration by the Division Registrar, be endorsed by the Medical Health Officer (if any), but such Division Registrar shall forward the original certificate to the Registrar of the Division in which the death occurred."

Charles W. Porter

CAUTION.

NO UNDERTAKER, CLERGYMAN, SEXTON, HOUSE HOLDER OR OTHER PERSON shall engage in the removal, or burial of the dead body of any person before this CERTIFICATE OF REGISTRATION OF DEATH has been issued by the Division Registrar.

The fine for violation of this statutory provision may be \$20.00 and costs.

The Public Health Act, and Regulations of the Board of Health require that the body of anyone dying of either SMALLPOX, SCARLET FEVER, (Scarletina), DIPHTHERIA, (Croup) or CHOLERA must be buried forthwith, by private burial, in a cemetery in common use by the municipality where the death occurred, transportation being forbidden.

By order,

Charles Rodgett M.D.
Deputy Registrar-General

Ontario.

MSS 293
B4F2

Child of E. H. Porter 1897

1081 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 *Child of E. H. Porter*
2. Sex *Male* 3. Color *White* 4. Age *22 Months*
5. Married or single *Single*
6. Date of Death *Dec 2" 97.*
7. Cause of Death *Dysentery*
8. Duration of last Illness _____
S. M. Coomba, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Main St* Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother *Mrs. E. H. Porter*
 } Name of Father *E. H. Porter*
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Dec 3" 1897.*
Guard & Guard Undertaker.
Date of Certificate *Dec 2" 97* Residence *City*

Emiley Porter 1891

318

3

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Emiley Porter*
 2. Sex *Female* 3. Color *White* 4. Age *2 yrs*
 5. Married or Single *Single*
 6. Date of Death *July 24th 1891*
 7. Cause of Death *Membranes*
 8. Duration of last Illness *2 weeks*
A. M. D., M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *City*
 11. Residence *Center St.* Ward No. *3rd*
 12. Time of Residence in the City *Two years*
 13. When a Minor. } Name of Mother *Mrs. Lucid Porter*
 } Name of Father *G. J. "*
 14. Place of intended Interment *Fairview Cemetery*
 15. Date of intended Interment *July 25th 1891*
J. C. Grand Undertaker.
 Date of Certificate *July 24/91* Residence *City*

Child of E. H. & Lizzie Porter 1898

1203 4

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 E. H. Porter*
2. Sex *Male* 3. Color *Blk* 4. Age *5 da.*
5. Married or single *single*
6. Date of death *Dec 19" 98.*
7. Cause of death *Sanitation*
8. Duration of last illness _____
E. H. Porter M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *city*
11. Residence *1st street* Ward No. *1st*
12. Time of residence in the City _____
13. When a minor } Name of Mother *Lizzie Porter*
 } Name of Father *E. H. Porter*
14. Place of intended interment *Wm Monahan Secum*
15. Date of intended interment *Dec 20" 98*
Howard & Howard Undertaker.
Date of Certificate *Dec 19/98.* Residence _____

Fannie Porter 1881

24

5

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Fannie Porter c.*

2. Sex *female* . 3. Color *black* . 4. Age *6 yrs.*

5. Married or Single _____

6. Date of Death *March 3rd 1881*

7. Cause of Death *Marasmus*

8. Duration of last Illness *Five months*

J. L. C. Townsend, M. D.

Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ . Ward No *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Frank Porter 1906

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

RETURN OF A DEATH.

#107

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Frank Porter*
2. Sex *Male* 3. Color *White* 4. Age *45 yrs.*
5. Married or single *Single*
6. Date of death *Sept. 29th 1906.*
7. Cause of death *Killed in wreck at Clarksville, Tenn.*
8. Duration of last illness *Guard & Guard* M.D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *R.R. Engineer*
10. Place of birth *Richlin, Butler Co.*
11. Residence *Adams 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 *Oct. 4th 1906*
Gerard & Gerard, Undertaker.
Date of Certificate *Oct. 4/1906* Residence _____

Harriet Porter 1907

335

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 *Harriet Porter*
 2. Sex *female* 3. Color *Black* 4. Age *very old*
 5. Married or single *widow*
 6. Date of death *October - 23 - 1907*
 7. Cause of death *Cancer Uterus.*
 8. Duration of last illness *years -*
O. D. Porter M. D.
 Residence *City*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *" "*
 10. Place of birth *not given*
 11. Residence *3rd St bet 5th Street & Park* 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 *St. Maria's Cemetery*
 15. Date of intended interment *October - 26 - 1907*
Howley Payne Undertaker.
 Date of Certificate _____ Residence _____

Hester Porter 1879

8-2

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

RETURN OF A DEATH.

Hester
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Hester Porter*
2. Sex *Female* . 3. Color *Black* . 4. Age *20 months*
5. Married or Single _____
6. Date of Death *July 25th 1879,*
7. Cause of Death *not known*
8. Duration of last Illness _____

R. B. Thomas, _____, M. D.

Residence _____

8-1

SED.

*I certify that Perry Green Porter
Child age 20 months - died of
Tuberc meningitis*

R. B. Thomas, M. D.

July 26th 79

KENTUCKY
WARREN COUNTY
FILED
MAY 26 1879

Undertaker. _____

Date of Certificate _____ Residence _____

Democrat Print.

J. O. Porter 1901

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 J. O. Porter
2. Sex male 3. Color white 4. Age 53 yrs
5. Married or single Widower
6. Date of death June - 27 - 1901
7. Cause of death Softening of brain
8. Duration of last illness 1 1/2 yrs
J. W. Combs, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Marion Co Kentucky
11. Residence Main St Ward No. 1st
12. Time of residence in the City. Life Time
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment June 28 - 1901
Guard & Guard, Undertaker.
Date of Certificate _____ Residence _____

Joe Porter 1898

1156 10

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Joe Porter
2. Sex Male 3. Color Blk. 4. Age 66 yrs.
5. Married or single Married
6. Date of death July, 14th 98.
7. Cause of death Heart disease
8. Duration of last illness _____
_____ M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence 1st Street Ward No. 1st
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Mt. Moriah, Cemetery
15. Date of intended interment July, 15th 1898.
Gerard Bond, Gerard; Undertaker.
Date of Certificate _____ Residence _____

Joseph Henry Porter 1911

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

RETURN OF A DEATH.

1032

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joseph Henry Porter
 2. Sex Male 3. Color White 4. Age 54 yrs
 5. Married or Single _____
 6. Date of death June 21 - 1911
 7. Cause of death Bright's Disease
 8. Duration of last illness 15 days
T. O. Helton, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation Salesman
 10. Place of birth Lagun Co
 11. Residence 1022 Adams 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 June 23 - 1911
GERARD & GERARD. Undertaker.
 Date of Certificate June 22 Residence City

Lizzie Porter 1897

987 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 *Miss Lizzie Porter*

2. Sex *Female* 3. Color *White* 4. Age *45 yrs.*

5. Married or single *Single*

6. Date of Death *July 13" 1897*

7. Cause of Death *Heart Disease*

8. Duration of last illness _____

A.C. Knight, M. D.

Residence *Covington, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Butler County*

11. Residence *Center Street* Ward No. *2nd*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Fairview Cem.*

15. Date of intended Interment *July 15" 1897*

F.C. Gerard & Bro, Undertaker.

Date of Certificate *July 14/97* Residence *City*

Mrs. Louis Porter 1893

13

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. Louis Porter*

2. Sex *Female* 3. Color *White* 4. Age *83 yrs*

5. Married or single *Married*

6. Date of Death *June 22 "1933*

7. Cause of Death *Cancer*

8. Duration of last Illness *six months*

Geo. P. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Pa.*

11. Residence *10th 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 *St. Charles & Hancock*

15. Date of intended Interment *June 23 "1933*

J. C. Howard & Co., Undertaker.

Date of Certificate *June 23/93* Residence *city*

Margaret Wright Porter 1907

14

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

RETURN OF A DEATH.

#187

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Margaret Wright Porter*
2. Sex *female* 3. Color *white* 4. Age *25 yrs*
5. Married or single *married*
6. Date of death *March 16th 1907*
7. Cause of death *Acute Dilatation of Heart following diphtheria and meningitis*
8. Duration of last illness

A. T. McManis M. D.

Residence *City*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Housekeeper*
10. Place of birth *Smith Grove Ky*
11. Residence *10th West Elm + Park St* Ward No.
12. Time of residence in the city *3 years*
13. When a minor { Name of mother *Laura Frances Knight*
Name of father *W. T. Knight*
14. Place of intended interment *Smith Grove Ky*
15. Date of intended interment *March - 17 - 1907*

Harold Payne Undertaker.

Date of Certificate Residence

Max A. Porter 1910

15-1

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

RETURN OF A DEATH.

866

Physician's Certificate Preparatory to Burial.

1. Name of deceased Max A. Porter
 2. Sex Male 3. Color White 4. Age 55
 5. Married or single Single
 6. Date of death Aug 3 1910
 7. Cause of death Chronic Nephritis
 8. Duration of last illness.....
 J. L. Gaston M. D.
 Residence Montgomery Ala

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Butler Co. Ky
 11. Residence Montgomery Ala 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 4 - 1910
GERARD & GERARD Undertaker.
 Date of Certificate Aug 4 - 1910 Residence City

Max A. Porter 1910

15-2

HEALTH DEPARTMENT
CITY OF MONTGOMERY, STATE OF ALABAMA
(To be issued by City Health Officer.)
TRANSIT PERMIT

R. R. AGENTS AND ALL OTHER CARRIERS SEE BACK OF PERMIT.

No. 816

Permission is hereby given to remove the remains of Max A. Porter Aug 3 1910

color W, sex male Age: 55 years _____ months _____ days,

who died at 659 Milledge _____ St., City of Montgomery

on the 3 day of Aug 1910, the cause of death being Chronic Nephritis which is a non-contagious disease, and a

Transit Permit being asked for burial at Bowling Green

in the State of Ky

Name of Undertaker or person in charge of the Transit Leak

Name of Medical Attendant or Coroner J. K. Gaston

Signed R. L. McElvaine City Health Officer.

By Measner

THIS PERMIT MUST IN ALL CASES ACCOMPANY THE BODY TO ITS DESTINATION.

Warner S. Porter 1908

16

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

RETURN OF A DEATH.

547

Physician's Certificate Preparatory to Burial.

1. Name of deceased Warner S. Porter
 2. Sex Male 3. Color White 4. Age 25 years
 5. Married or single Single
 6. Date of death Nov. 24-1908
 7. Cause of death Tuberculosis
 8. Duration of last illness several months
- J. N. Mc Cormack, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Clerk
 10. Place of birth Bowling Green, Ky
 11. Residence Center Street Ward No. 2
 12. Time of residence in the city Life time
 13. When a minor { Name of mother _____
Name of father of Porter
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Nov. 26" 1908.
- GERARD & GERARD, Undertaker.
Residence BOWLING GREEN, KY
- Date of Certificate Nov 24 1908

J. B. Posey 1900

50

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 J. B. Posey
 2. Sex Male 3. Color White 4. Age 84 yrs
 5. Married or single Widower
 6. Date of death May 18 1900
 7. Cause of death Aneurism of Aorta.
 8. Duration of last illness Unknown
 J. N. M.
D. Ross, M. D., M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence W. Chestnut St. Ward No. 1
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment Courthouse
 15. Date of intended interment May 23 1900
Dawley Payne, Undertaker.
 Date of Certificate _____ Residence _____

Sallie A. Posey 1901

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 *Miss Sallie A. Posey*
 2. Sex *female* 3. Color *white* 4. Age *36 yrs*
 5. Married or single *married*
 6. Date of death *OCT-29-1901*
 7. Cause of death
 8. Duration of last illness
J. B. Wright, M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *Germany*
 11. Residence *W Chestnut* 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 *Lincoln Cem*
 15. Date of intended interment *OCT 30 1901*
J. H. [Signature], Undertaker.
 Date of Certificate Residence

Child of Asher & Lizzie Potter 1901

19

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Asher Potter*^{+Lizzie}

2. Sex *female* 3. Color *white* 4. Age _____

5. Married or single _____

6. Date of Death *Feb-8-1901*

7. Cause of Death *Still Born*

8. Duration of last Illness _____

J. E. Meredith, M. D.

Residence *State St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

11. Residence *Admas. St* Ward No. *3rd*

12. Time of Residence in the City _____

13. When a Minor } Name of Mother *Lizzie Potter*
 } Name of Father *Asher* "

14. Place of intended Interment *Home Grave Yd*

15. Date of intended Interment *Feb-9-1901*

Edward Edwards, Undertaker.

Date of Certificate *Feb 9-1901* Residence _____

Callie Potter 1906

20

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Callie Potter*
 2. Sex *female* 3. Color *black* 4. Age *22*
 5. Married or single *married*
 6. Date of death *March 17 1906*
 7. Cause of death *Ovarian Abscess*
 8. Duration of last illness *Three weeks*
 Signature *V. D. Potter* M. D.
 Residence *Bowling Green, Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *housekeeping*
 10. Place of birth *Cor 1st Park*
 11. Residence *Cor 1st* 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 *MF Moriah Cem.*
 15. Date of intended interment *March 2 - 1906*
 J. E. Kuykendall Undertaker.
 Date of Certificate *March 9 1906* Residence *Cor 1st*
 College St.

Charles W. Potter 1910

21-1

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

RETURN OF A DEATH.

765

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Chas. W. Potter*
 2. Sex *Male* 3. Color *White* 4. Age.....
 5. Married or single *Married*
 6. Date of death *July 10 " 1910*
 7. Cause of death *Asthma*
 8. Duration of last illness.....
W. Ed Grant M. D.
 Residence *Louisville Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Warren County*
 11. Residence *127 High St* Ward No. *1*
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *July 12/1910.*
GERARD & GERARD Undertaker.
 Date of Certificate *July 12/1910.* Residence *Lawling Green, KY*

Warren County, Kentucky Death Records, Box 4, Folder 2 (Por to Py)

Charles W. Potter 1910

(Always write with ink.)

TRANSPORTATION OF CORPSE

Standard Certificate of Death

Transit Permit No. **5034**

State of Kentucky, County of Jefferson, City of Louisville

ADOPTED BY THE U. S. CENSUS BUREAU

No. 113 W. Chestnut Street

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information")

FULL NAME Charles W. Potter

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR <u>White</u>	DATE OF BIRTH <u>December 9th 1843</u> (Month) (Day) (Year)	DATE OF DEATH <u>February 10 1910</u> (Month) (Day) (Year)		
AGE <u>66</u> Years	<u>2</u> Months	<u>1</u> Days	I HEREBY CERTIFY, That I attended deceased from <u>Aug 19th 1910</u> to <u>Feb 10th 1910</u> that I last saw him alive on <u>Feb 10 1910</u> and that death occurred, on the date stated above, at <u>4:25 P. M.</u>		
SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>			The CAUSE OF DEATH was as follows: <u>Asthma (Cardiac)</u>		
BIRTHPLACE (State or Country) <u>Warren County Ky</u>		 (DURATION) DAYS		
NAME OF FATHER <u>Joseph Potter</u>			Contributory		
BIRTHPLACE OF FATHER (State or Country) <u>Kentucky</u>		 (DURATION) DAYS		
MAIDEN NAME OF MOTHER <u>Eliza Tarrant</u>			(Signed) <u>Curran Pope</u> M. D.		
BIRTHPLACE OF MOTHER (State or Country) <u>Kentucky</u>			<u>Feb 10 1910</u> (Address) <u>115 W. Chestnut</u>		
OCCUPATION <u>Lumber Dealer</u>			SPECIAL INFORMATION only for Hospitals, Institutions and Transients: Former or Usual Residence <u>Bowling Green Ky</u> How long at Place of Death? <u>6 mo</u> Days		
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF Informant <u>F. J. Potter</u>			Where was disease contracted, If not at place of death? <u>Bowling Green Kentucky</u>		
Address <u>Bowling Green Ky</u>				
PLACE WHERE REMAINS ARE TO BE SENT <u>Bowling Green Ky</u>		DATE OF SHIPMENT <u>Feb 11th 1910</u>		
SHIPPING UNDERTAKER <u>Lee & Grall</u>		ADDRESS <u>Louisville Ky</u>		
FIRM NAME				
THESE SPACES TO BE FILLED OUT BY THE RECEIVING UNDERTAKER.					
PLACE OF BURIAL		Date of Burial		Name of Undertaker in Charge of Burial	
CEMETERY		19		

Rule 1. The transportation of bodies dead of Small Pox or Bubonic Plague is absolutely forbidden.

PERMIT OF LOCAL BOARD OF HEALTH.

Louisville Ky, February 10 1910

Permission is hereby given to remove the remains of Charles W. Potter above described to Bowling Green State of Kentucky, the cause of death being a non communicable disease, which requires shipment under Rule No. 4 of the Transportation Rules as printed on the back of above certificate, said body being certified to as having been prepared in accordance with said rules by an Embalmer holding License No. 99 awc

Name of person in charge and who is authorized to accompany the body
F. J. Potter

W. Ed. Grant
Registrar of Vital Statistics, Health Officer, or Secretary of Board of Health.

Before a body can be shipped the above permit together with Undertaker's Certificate must be properly signed and presented to the Transportation Agent and after being detached by him at this perforation the above certificate and permit is to be placed in an envelope which envelope is to be securely tacked on the outside box by the shipping undertaker.

Charles W. Potter 1910

TRANSPORTATION RULES

Approved and Adopted by the American Association of General Baggage Agents, the Conference of State and Provincial Boards of Health, and the National Funeral Directors' Association.

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

Rule 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever, (scarlatina, scarlet rash), 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 or Provincial Board of Health, or other state or provincial authority provided for by law.

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

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

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

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

Rule 5. In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the health officer as having been properly disinfected. Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all

necessary precautions have been taken to prevent the spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping embalmer to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

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

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

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

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

Child of Ed & Julie Potter 1893

5471 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.

of Ed & Julie

1. Name of deceased Infant Potter

2. Sex Male . 3. Color _____ . 4. Age Infant

5. Married or Single _____

6. Date of Death June 27 1893

7. Cause of Death Stillborn

8. Duration of last Illness _____

J.P.C. Jno. P. Cartwright M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth City

11. Residence E. Chestnut . Ward No. 4

12. Time of Residence in the City _____

13. When a Minor. } Name of Mother Julie Potter
 } Name of Father Ed Potter

14. Place of intended Interment Mt Moriah

15. Date of intended Interment June 28 1893

FRATHER & PAYNE, Undertaker.

Date of Certificate _____ . Residence City

Elisabeth Potter 1882

23

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 *Elisabeth Potter*
 - 2. Sex *Female*. 3. Color *white*. 4. Age *53*
 - 5. Married or Single *Married*
 - 6. Date of Death *April 6th 1882*
 - 7. Cause of Death *Consumption of Lungs*
 - 8. Duration of last Illness *3 months*
- W H Bateley*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
 - 10. Place of Birth _____
 - 11. Residence _____ . Ward No *12nd*
 - 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 _____
- L. C. Gerard*, Undertaker.
- Date of Certificate *Apr 7th 1882* Residence *Bowling Green*

Democrat Job Print

Eliza Potter 1897

24

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

RETURN OF A DEATH.

870

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Eliza Mrs John Potter*

2. Sex *Female* 3. Color *white* 4. Age *39*

5. Married or Single *Married*

6. Date of death *Aug 2 1910*

7. Cause of death *Acute Dysentery*

8. Duration of last illness *3 weeks*

Wm. H. Blackburn, M. D.
Residence *1119 State St*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth _____

11. Residence *Bowling Green* Ward No. _____

12. Time of residence in the city _____

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

14. Place of intended interment *Edley graveyard*

15. Date of intended interment *Aug 4 1910*

Enoch Kelley, Undertaker.

Date of Certificate _____ Residence *Bowling Green*

Eliza Potter 1910

Outside City 25

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Eliza Potter*
 2. Sex *female* 3. Color *BLK* 4. Age *79 yrs*
 5. Married or single *widow*
 6. Date of Death *Dec -5-1897*
 7. Cause of Death *Burial to death*
 8. Duration of last Illness *few hours*
Shepherd, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Warren County*
 11. Residence *College 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 *Cemetery at*
for Dickys
 15. Date of intended Interment _____
Richard Payne, Undertaker.
 Date of Certificate _____ Residence _____

Eugene B. Potter 1912

26

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

RETURN OF A DEATH.

1279

Physician's Certificate Preparatory to Burial.

1. Name of deceased Eugene B. Potter
 2. Sex Male 3. Color White 4. Age 51 yrs
 5. Married or Single Married
 6. Date of death Oct 30 1912
 7. Cause of death Tubererculosis
 8. Duration of last illness 10 yrs
J. P. O'Connell, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
 10. Place of birth Warren Co. Ky.
 11. Residence Morganstown Pike, Warren County 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 Oct. 31 1912
GERARD & GERARD, Undertaker.
 Date of Certificate Oct. 30 1912 Residence BOWLING GREEN, KY

J. Erasmus Potter 1912

27

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

RETURN OF A DEATH.

1169

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. Erasmus Potter
 2. Sex Male 3. Color White 4. Age 63 yrs.
 5. Married or single Married
 6. Date of death Mar. 16 1912.
 7. Cause of death arterio. sclerosis as per Vital Statistics
 8. Duration of last illness Engene A. Gerard, Funeral Director
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Warren Co
 11. Residence Chattanooga Tenn. Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment MAR 17 1912
GERARD & GERARD Undertaker.
 Date of Certificate MAR 17 1912 Residence BOWLING GREEN, KY

Child of J. J. Potter 1907

28

198

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.

Mr & Mrs John J.

1. Name of deceased *Child of J J Potter*
2. Sex *Female* 3. Color *White* 4. Age *—*
5. Married or single *—*
6. Date of death *April 13 1907*
7. Cause of death *Still born*
8. Duration of last illness *—*

John Bluetter M. D.
Residence *—*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*
10. Place of birth *Near Brandenburg City*
11. Residence *Near Brandenburg* Ward No. *—*
12. Time of residence in the city *—*
13. When a minor { Name of mother *Mrs John J Potter*
Name of father *John J Potter*
14. Place of intended interment *Highway grave yard*
15. Date of intended interment *April 13 1907*

GERARD & GERARD Undertaker.

Date of Certificate *April 13 1907* Residence **BOWLING GREEN, KY**

Katie Potter 1882

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 *Katie Potter*
 2. Sex *female* . 3. Color *White* . 4. Age *4 years*
 5. Married or Single *Single*
 6. Date of Death *Sept 9th 1882*
 7. Cause of Death *Acute Syphilis*
 8. Duration of last Illness *Three weeks*
- W. E. Hatcher* , M. D.
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *B. Green Ky*
 11. Residence *Main Street* . Ward No *2*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother *Mary Potter*
Name of Father *Pleasant H*
 14. Place of intended Interment *Harrison Cem*
 15. Date of intended Interment *Sept 10th 82*
- W. E. Hatcher* , Undertaker.
- Date of Certificate *Sept 10th 82* Residence _____

Democrat Job Print

Martha Potter 1906

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 *Martha Potter*

2. Sex *female* 3. Color *black* 4. Age *90 yrs*

5. Married or single *single*

6. Date of death *June 15 - 1906*

7. Cause of death *Pemile pneumonia*

8. Duration of last illness

O. D. Potter M. D.

Residence *Bowling Green 15*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *House Keeper*

10. Place of birth

11. Residence *2nd St* Ward No. *2*

12. Time of residence in the city

13. When a minor { Name of mother *don't know*
Name of father

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

15. Date of intended interment *June 16 - 1906*

J. E. Keykendall Undertaker.

Date of Certificate *June 16 - 1906* Res *Box 7 +*
College St.

Mrs. Moses Potter (reinterment 1879)

31

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Moses Potter.*
 2. Sex *Female* 3. Color *White* 4. Age *—*
 5. Married or single *Married*
 6. Date of death *About 1876.*
 7. Cause of death *Dist. Heart*
 8. Duration of last illness *—*
 _____, M. D.
 Residence *—*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*
 10. Place of birth *Warren Co., Ky.*
 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 *NOV 1 - 1906*

GERARD & GERARD., Undertaker.

Date of Certificate *NOV 1 - 1906* Residence *—*
Mrs. Potter's remains disinterred from Mt. Pleasant Church
Graveyard and Reburied in Fairview Cemetery.
NOV 1 - 1906 *E. A. Gerard.*

Mrs. P. J. Potter 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 *Mrs. P. J. Potter*
2. Sex *Female* 3. Color *White* 4. Age *86 yrs.*
5. Married or single *Married*
6. Date of death *Feb. 16" 06.*
7. Cause of death *Cause incident to old age*
8. Duration of last illness _____
Residence *S. W. Coombs,* M. D.
Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County*
11. Residence *State St.* Ward No. *1*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Feb. 17" 06.*
General Seward, Undertaker.
Date of Certificate *Feb. 16/06.* Residence _____

Pauline Potter 1913

33

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

RETURN OF A DEATH.

1346

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Pauline Potter Potter*
2. Sex *female* 3. Color *col* 4. Age *15 yrs*
5. Married or single *single*
6. Date of death *Feb 23 - 1913.*
7. Cause of death *tuber culosis*
8. Duration of last illness *About 17 yrs*
Dr Jones M. D.
Residence *217 Main St*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *School girl*
10. Place of birth *Kentucky*
11. Residence *near Church St* Ward No.
12. Time of residence in the city *About 10 yrs*
13. When a minor { Name of mother *Mary Potter*
 { Name of father *Will Potter*
14. Place of intended interment *Mt. Mariah*
15. Date of intended interment *Feb. 25 - 1913.*
J. E. King Undertaker.
Date of Certificate *Feb. 23 - 1913* Residence *Cor. 7 & College St.*

Preston T. Potter 1908

34

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

RETURN OF A DEATH.

498

Physician's Certificate Preparatory to Burial.

1. Name of deceased Preston T. Potter
 2. Sex Male 3. Color White 4. Age 86 yrs.
 5. Married or single Widower
 6. Date of death Aug. 3rd 1908.
 7. Cause of death Interstitial Fibroid Phthisis.
 8. Duration of last illness several months
H.P. Cartwright M. D.
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Warren County
 10. Place of birth Warren County
 11. Residence 11th St. Bowling Green Ky 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 Mt. Pleasant Grave yard
 15. Date of intended interment Aug. 4th 1908
GERARD & GERARD. Undertaker.
 Date of Certificate Aug 3rd 08. Residence BOWLING GREEN, KY.

Mrs. Preston T. Potter 1907

35

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Preston T. Potter*
 2. Sex *Female* 3. Color *White* 4. Age *66 yrs.*
 5. Married or single *Married*
 6. Date of death *Feb 11/07*
 7. Cause of death *Heart failure*
 8. Duration of last illness *8 W. Coombs* M. D.
 Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Nelson Co Ky.*
 11. Residence *11th St. Bowling Green Ky* 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 *Mt. Pleasant Ex. yd. Warren, Co*
 15. Date of intended interment *Feb 17/07*
GERARD & GERARD. Undertaker.
 Date of Certificate *Feb 11/07* Residence *BOWLING GREEN, KY*

Richard Potter 1897

36

Autopsy

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 Potter

2. Sex male 3. Color white 4. Age 80 yrs

5. Married or single widower

6. Date of Death Sept 9th 1897

7. Cause of Death old age

8. Duration of last Illness _____

Cyrus, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Warren Co.

11. Residence Cleventh St Ward No. 3rd

12. Time of Residence in the City Life Time

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

14. Place of intended Interment Hay Haven Yd.

15. Date of intended Interment Sept 12th 1897

Luard & Luard, Undertaker.

Date of Certificate Sept 10th 1897 Residence College St

Samuel Potter 1880

39

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Samuel Potter*
 2. Sex *Male* 3. Color *White* 4. Age *20 months*
 5. ~~Married~~ or Single
 6. Date of Death *Aug 21st 1880*
 7. Cause of Death *Dysentery*
 8. Duration of last Illness *14 days*
- D. P. Bartonigh*, M. D.
Residence *West Chestnut St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of Birth
 11. Residence Ward No. *101*
 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

Pantagraph Print.

Sarah J. Potter 1896

830 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 *Sarah J. Potter*
2. Sex *Female* 3. Color *Blk* 4. Age *50 yrs.*
5. Married or single *Married*
6. Date of Death *Jan 3/96*
7. Cause of Death *Dropsy*
8. Duration of last illness *2 1/2 months*
J. F. Morley, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ Ward No. *4*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *Jan 4/96*
F. C. Howard & Co., Undertaker.
Date of Certificate *Jan 3/96* Residence _____

Tom Potter 1894

640 39

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Tom Potter

2. Sex Male 3. Color Blk 4. Age 30

5. Married or single Married

6. Date of Death May 20 1894

7. Cause of Death Typhoid fever

8. Duration of last Illness Four weeks

Dr. Coombe J. W. Coombe, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Country

11. Residence Fairgrounds Ward No. 1

12. Time of Residence in the City short time

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

14. Place of intended Interment Ant. Moriah

15. Date of intended Interment May 21 1894

Robert Payne, Undertaker.

Date of Certificate _____ Residence _____

Virgil M. Potter 1899

40

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Virgil M. Potter
 2. Sex male 3. Color white 4. Age 12 yrs
 5. Married or single Single
 6. Date of death May 2nd 1899
 7. Cause of death Meningitis
 8. Duration of last illness _____
S. H. Coombs, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Buckley Green Ky
 11. Residence Buckley Green Ky Ward No. _____
 12. Time of residence in the City 12 yrs
 13. When a minor } Name of Mother Mrs Mary Potter
 } Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment May 5th 1899
Garrett P. Lewis Undertaker.
 Date of Certificate May 2nd Residence Buckley Green Ky

Alvin W. Powell 1899

41

~~14~~ ~~18~~ ~~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 Alvin W. Powell

2. Sex male 3. Color black 4. Age 13 ~~years~~

5. Married or single _____

6. Date of death Feb. 24 1899

7. Cause of death Gastritis

8. Duration of last illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth City

11. Residence 7th St Bet 14th & Center Ward No. 2

12. Time of residence in the City life

13. When a minor } Name of Mother Myrtle Powell
 } Name of Father Alvin Powell

14. Place of intended interment Wat Moriah

15. Date of intended interment Feb 25 1899

E. Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Henry Powell 1882

42

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 *Henry Powell*

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

5. Married or Single _____

6. Date of Death *7th October*

7. Cause of Death *Membranous Croup.*

8. Duration of last Illness *four days*

Y. J. Townsend . M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *B Green*

11. Residence _____ . Ward No *3^d*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *May Powell*
Name of Father *Daniel "*

14. Place of intended Interment *Fairview Cent*

15. Date of intended Interment *Oct 7th 1882*

H. J. Townsend , Undertaker.

Date of Certificate *Oct 7th 1882* . Residence _____

Democrat Job Print

John Powell

43

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

RETURN OF A DEATH.

790

Physician's Certificate Preparatory to Burial.

1. Name of deceased..... *John Powell*
 2. Sex *Male* 3. Color..... *white* 4. Age..... *80*
 5. Married or single..... *Married*
 6. Date of death..... *March 18th 1910*
 7. Cause of death..... *Pneumonia + Grippe*
 8. Duration of last illness..... *about 4 weeks*
- *W. E. Sygret* 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..... *Franklin Cemetery*
 15. Date of intended interment..... *March 19-1910*
- *Marrast Enoch* Undertaker. S
- Date of Certificate..... *3/21-1910* Residence..... *Blairsville Ky*

Mrs. N. C. Powell 1899

33 44

Out 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. N. C. Powell*

2. Sex *female* 3. Color *white* 4. Age *73 yrs*

5. Married or single *widow*

6. Date of death *May - 11 - 1899*

7. Cause of death *Pulmonary Congestion.*

8. Duration of last illness *Three days*

A. M. M. Duack, M. D.

Residence *State St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Cary Co. - Green River*

11. Residence *Christman St* Ward No. *- 1st / 11*

12. Time of residence in the City *Two weeks*

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

14. Place of intended interment *Houstonville Ky.*

15. Date of intended interment *May - 12 - 99*

Guard & Guard, Undertaker.

Date of Certificate *May - 11 / 99* Residence *Collings St*

William Powell 1878

45

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of Deceased *Wm Powell Powell*
 - 2. Sex *male* . 3. Color *white* 4. Age *10 mos.*
 - 5. Married or Single
 - 6. Date of Death *Sept 7th 1878*
 - 7. Cause of Death *Cholera Infantum,*
 - 8. Duration of last Illness *4 weeks*
- W H Orrel* , M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
 - 10. Place of Birth *Bowling Green*
 - 11. Residence . Ward No. *3*
 - 12. Time of Residence in the City
 - 13. When a Minor { Name of Mother *May Powell*
Name of Father *David "*
 - 14. Place of intended Interment *Harrison County*
 - 15. Date of intended Interment *Sept 7th 78*
- J W Orrel* , Undertaker.
- Date of Certificate *Sept 8th 78* Residence

Democrat Print.

Cecil Maire Poynter 1909

46

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

RETURN OF A DEATH.

704

Physician's Certificate Preparatory to Burial.

1. Name of deceased Cecil Maire Poynter
 2. Sex Female 3. Color White 4. Age 13 mo.
 5. Married or single Single
 6. Date of death OCT 5 - 1909
 7. Cause of death Summer Complaint
 8. Duration of last illness.....
C. S. Dowell. M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Royce City Texas.
 11. Residence Church St. Ward No. 3
 12. Time of residence in the city several days.
 13. When a minor { Name of mother Mrs. Cecil Poynter
 Name of father J. E. Poynter
 14. Place of intended interment Farmers Cemetery.
 15. Date of intended interment OCT 6 - 1909
GERARD & GERARD. Undertaker.
 Date of Certificate OCT 6 - 1909 Residence BOWLING GREEN, KY

845 204
5749

Mrs. J. E. Poynter 1901

47

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. J. E. Poynter.*
2. Sex *Female* 3. Color *White* 4. Age *42*
5. Married or single *Married.*
6. Date of death *Aug. 18/1901*
7. Cause of death *Consumption*
8. Duration of last illness
H. P. Cartwright, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth
11. Residence *10th St.* Ward No. *12*
12. Time of residence in the City. *14 Months*
13. When a minor { Name of Mother
 { Name of Father
14. Place of intended interment *Parisville Ky.*
15. Date of intended interment *Aug 19th 1901.*
Gerard and Gerard, Undertaker.
Date of Certificate *Aug 19/1901.* Residence

Margaret Poynter 1908

481-

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

RETURN OF A DEATH.

404

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Margaret Poynter
2. Sex Female 3. Color White 4. Age 26 yrs.
5. Married or single Married
6. Date of death July 14th 1908
7. Cause of death Typhoid Fever.
8. Duration of last illness.....

J. L. Halliday M. D.
Residence Wellington Kansas

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth.....
11. Residence Wellington Kansas 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 17th 1908

GERARD & GERARD Undertaker.

Date of Certificate July 17th 1908 Residence BOWLING GREEN, KY
Maiden Name, Miss Margaret Brownfield.
Married Name, Poynter.

Margaret Poynter 1908

ORIGINAL	PASTER	NO 3599
For the Transportation of Dead Bodies Prepared in Accordance With the Rules of the		
KANSAS STATE BOARD OF EMBALMERS.		
For Use Only By Kansas Licensed Embalmers.		
Physician's, Coroner's, or Health Officer's Certificate.		
Name of deceased	Wellington Kan Feb 13 th 1908	
Date of death	Feb 11 th '08 Hour of death 8 o'clock P.M.	
Age	26 years months days	
Place of death	Wellington city Sumner county Kan state	
Cause of death	Typhoid fever	
I HEREBY CERTIFY that the above is true to the best of my knowledge and belief		
Residence	Wellington County of Sumner State of Kan	
	J. H. Halliday M. D., Coroner or Health Officer.	

N. Endy Prather 1903

49

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *N. Endy Prather*
 2. Sex *female* 3. Color *white* 4. Age *60*
 5. Married or single *married*
 6. Date of death *April 3 1903*
 7. Cause of death *Consumption*
 8. Duration of last illness *6 months*
a 7th *A. J. Starnes*, M. D.
 Residence *Bonding Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence *Broadway* 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 *Apr 5 1903*
Hawley Payne Undertaker.
 Date of Certificate _____ Residence _____

Child of George W. & Josie Pratt 1907

50

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

RETURN OF A DEATH.

179

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Geo. W. Pratt Pratt*
 2. Sex *Male* 3. Color *White* 4. Age *2 yrs.*
 5. Married or single *Single*
 6. Date of death *Mar. 13 '07*
 7. Cause of death *Pneumonia*
 8. Duration of last illness *J W Stov* M. D.
 Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Linn, Co. Oregon*
 11. Residence *Indiana St* Ward No. *1*
 12. Time of residence in the city *6 months*
 13. When a minor { Name of mother *Mrs Josie Pratt*
 Name of father *Geo W Pratt*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Mar 13 '07*
 GERARD & GERARD, Undertaker.
 Date of Certificate *Mar 13 '07* Residence *BOWLING GREEN, KY*

Anderson Price 1913

51

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

RETURN OF A DEATH.

1382

Physician's Certificate Preparatory to Burial.

1. Name of deceased Anderson Price
 2. Sex male 3. Color cal 4. Age 70
 5. Married or single single
 6. Date of death Apr 27 - 1913
 7. Cause of death pneumonia
 8. Duration of last illness.....
W. P. Francis M. D.
 Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation Carpenter
 10. Place of birth Ky
 11. Residence 4th Street Ward No. 2
 12. Time of residence in the city About 35 yrs
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment Mt. Maria
 15. Date of intended interment Apr 28 - 1913
J. E. King Undertaker.
 Date of Certificate Apr 28 - 1913 Residence.....
Cor. 7th College St.
Burling Green

Bud Price 1906

52

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..... *Bud Price*

2. Sex..... *male* 3. Color..... *black* 4. Age..... *38*
~~40~~

5. Married or single..... *Married*

6. Date of death..... *May 14 - 1906*

7. Cause of death..... *Heart disease*

8. Duration of last illness..... *4 months*

..... *H. A. Coshwight* M. D.

Residence..... *13 Ave 14*

Undertaker's Certificate in Relation to Deceased.

9. Occupation..... *Rail Road*

10. Place of birth..... *Logan Co*

11. Residence..... *Kentucky St* Ward No. *9*

12. Time of residence in the city..... *six years*

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

14. Place of intended interment..... *Mt Mariah Cemetery*

15. Date of intended interment..... *May 15 - 1906*

..... *J. E. Dwykendall* Undertaker.

Date of Certificate..... *May 15 1906* Residence.....
607 1/2 College St

Charles Price 1901

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 Char Price
- 2. Sex male 3. Color black 4. Age 20 yrs
- 5. Married or single single
- 6. Date of death Feb 27 1901
- 7. Cause of death Consumption
- 8. Duration of last illness

n.n.f. W.R. Frazer, M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
- 10. Place of birth
- 11. Residence College + 7th St Ward No. 2
- 12. Time of residence in the City
- 13. When a minor { Name of Mother Ananda Price
 { Name of Father
- 14. Place of intended interment Lat Moriah
- 15. Date of intended interment Feb 28 1901

Harvey Payne, Undertaker.

Date of Certificate Residence

Charles Price 1880

54

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 *Charles Price*

2. Sex *Male* . 3. Color *White* . 4. Age *5 months*

5. Married or Single _____

6. Date of Death *Sept 16 1880*

7. Cause of Death *Inflammation of Bowels*

8. Duration of last Illness *one week*

Dr. McCormack, M. D.

Residence

Fannie Price 1906

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 *Fannie Annie Price*
 2. Sex *Female* 3. Color *black* 4. Age *35 yrs*
 5. Married or single *single*
 6. Date of death *Aug. 19 - 1906*
 7. Cause of death *Gastro-Enteritis*
 8. Duration of last illness *about seven weeks*
 _____, M. D.
 Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Housekeeper*
 10. Place of birth *Bowling Green*
 11. Residence *Delylefield* Ward No. _____
 12. Time of residence in the City. *35 yrs*
 13. When a minor { Name of Mother *Mrs Price*
 { Name of Father *James Price*
 14. Place of intended interment *Mt. Moriah Cemetery*
 15. Date of intended interment *Aug. 20 - 1906*
 _____, Undertaker.
 Date of Certificate *Aug. 22 - 1906* Residence *Leon*
77 College St.

George Price 1896

56

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 *Geo Price*

2. Sex *male* 3. Color *blk* 4. Age *57 yrs*

5. Married or single *married*

6. Date of Death *April 11 1896*

7. Cause of Death *Valvular lesion of heart*

8. Duration of last Illness

residence in country
Folder to country
for burial

G. A. Murphy, M. D.
Residence *B. G. Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *County of Logan Ky*

11. Residence *Christman 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 *Albion Ky*

15. Date of intended Interment *Apr 12 96*

Porter & Payne, Undertaker.

Date of Certificate _____ Residence _____

George T. Price 1900

57

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 *George T. Price*
2. Sex *Male* . 3. Color *White* . 4. Age *55 yrs*
5. Married or single *Married* .
6. Date of death *Dec. 10 1900.*
7. Cause of death *Pistol Shot Wound*
8. Duration of last illness

B. L. Cullen, Cor. Warren, M. D.
Residence *County, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *Logan, County*
 11. Residence *College St* . Ward No. .
 12. Time of residence in the City *Several years*
 13. When a minor } Name of Mother
 } Name of Father
 14. Place of intended interment *Russellville Ky.*
 15. Date of intended interment *Dec. 11, 1900.*
- Gerard and Gerard*, Undertaker.
Date of Certificate *Dec. 11/1900* . Residence

Infant of Harry & Callie Price 1905

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 *Infant - Price*
2. Sex *male* 3. Color *Black* 4. Age *1 day*
5. Married or single _____
6. Date of death *Sept - 25 - 1905*
7. Cause of death _____
8. Duration of last illness _____
O. D. Price, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *city*
11. Residence *Acme* Ward No. _____
12. Time of residence in the City *life*
13. When a minor { Name of Mother *Callie Price*
Name of Father *Harry Price*
14. Place of intended interment *Put - Thomas*
15. Date of intended interment *Sept 26 1905*
W. H. Payne, Undertaker.
Date of Certificate _____ Residence _____

Hattie Price 1911

59

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

RETURN OF A DEATH.

1093

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Hattie Price*
 2. Sex *Female* 3. Color *Blk* 4. Age *18 yrs.*
 5. Married or Single *Single*
 6. Cause of death *Tuberculosis*
 7. Date of death *Oct. 25 1911.*
 8. Duration of last illness *6 mo.*
H. C. Cortright, M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Logan, Co*
 11. Residence *BOWLING GREEN, KY.* Ward No. *1*
 12. Time of residence in the city
 13. When a minor { Name of Mother *Winnifred Price*
 Name of Father *Ad Price*
 14. Place of intended interment *Auburn, Ky*
 15. Date of intended interment *Oct. 27/1911.*
GERARD & GERARD, Undertaker.
 Date of Certificate *Oct. 26/1911.* Residence *BOWLING GREEN, KY*

Henry Price 1896

60

Warren County

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 *Henry Price*
2. Sex *Male* 3. Color *Blk.* 4. Age *50 yrs.*
5. Married or single *Married but Divorced*
6. Date of Death *April 11th 1896*
7. Cause of Death *Valvular lesion of heart*
8. Duration of last Illness _____

G. N. Murphy, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Laborer*
10. Place of Birth *Logan County Ky*
11. Residence *E Chestnut 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 *Auburn Ky*
15. Date of intended Interment *April 12th 1896*

Prather & Payne, Undertaker.

Date of Certificate _____ Residence _____

*Taken to
County for
Burial.*

Hugh H. Price 1906

57 61

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 *Dr. Hugh H. Price*
 2. Sex *Male* 3. Color *White* 4. Age *28 yrs.*
 5. Married or single *Single*
 6. Date of death *July 2 "06*
 7. Cause of death *Appendicitis*
 8. Duration of last illness _____
 _____, M. D.
 Residence *Rockfield*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *D. O.*
 10. Place of birth *Warren County*
 11. Residence *Yalloways Mill* 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 4 "06*
Garrett T. Garard, Undertaker.
 Date of Certificate *July 3 "06* Residence _____

Mary Bell Price 1898

1092 62

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 Bell Price*

2. Sex *Female* 3. Color *White* 4. Age *49 yrs*

5. Married or single *Widow*

6. Date of Death *Jan 20 " 1898.*

7. Cause of Death *Consumption*

8. Duration of last Illness _____

Sarah J. Miller, M. D.

Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

11. Residence *By 11th 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*

15. Date of intended Interment *Jan 23 " 1898*

Gerard A. Guard, Undertaker.

Date of Certificate *Jan 22/98* Residence _____

Mary Ellen Price 1911

63

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

RETURN OF A DEATH.

1063

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary Ellen Price,*
 2. Sex *Female* 3. Color *White* 4. Age *61 yrs*
 5. Married or Single *Widow*
 6. Date of death *Aug. 14" 1911*
 7. Cause of death *Hemorrhage of Brain, (as per Vital*
 8. Duration of last illness *Statistics*
Ernest O. Grand, Funeral Director
 Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Tennessee*
 11. Residence *Galloways Mill, 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 *Aug 15" 1911*
GERARD & GERARD, Undertaker.
 Date of Certificate *Aug. 15/1911* Residence _____

Sadie F. Price 1913

64

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 Sadie F. Price*
 2. Sex *Female* 3. Color *White* 4. Age *—*
 5. Married or single *Single*
 6. Date of death *July 3/1903*
 7. Cause of death *Dysentery*
 8. Duration of last illness *—*
Centwright *H. P. Cartwright*, M. D.
 Residence *—*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*
 10. Place of birth *city*
 11. Residence *11th 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 4/1903*
Gerard & Gerard, Undertaker.
 Date of Certificate *July 3/1903* Residence *—*

Thomas D. Price 1906

65

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Thos. D. Price*
 2. Sex *Male* 3. Color *White* 4. Age *68*
 5. Married or single *Married*
 6. Date of death *APR 20 1906*
 7. Cause of death *Complication of disease,*
 8. Duration of last illness _____
 By *GERARD & GERARD,* M. D.
Enguist A. Guard
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Farmer*
 10. Place of birth *Warren, Co.*
 11. Residence *Near Galloways Mill* 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 *APR 23 1906*
GERARD & GERARD,
Enguist A. Guard, Undertaker.
 Date of Certificate *APR 23 1906* Residence _____

Viola Price 1912

46

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

RETURN OF A DEATH.

1151

Physician's Certificate Preparatory to Burial.

1. Name of deceased Viola Price
2. Sex Female 3. Color White 4. Age 9 months
5. Married or Single Single
6. Date of death Feb 27 - 1912
7. Cause of death Smothered to death
8. Duration of last illness Dont know
Residence Bowling Green
J F Duncanson, M. D.

Undertaker's Certificate in Relation to Deceased.

9. Occupation none
10. Place of birth Bowling Green
11. Residence " " Ward No. _____
12. Time of residence in the city Lif Time
13. When a minor { Name of Mother Viola Price
Name of Father Vergil Price
14. Place of intended interment near Mouth of Gasper
15. Date of intended interment Feb 28 1912
Emerson, Undertaker.
Date of Certificate _____ Residence Bowling Green

Mrs. W. C. Price 1910

67

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

RETURN OF A DEATH.

792

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. W. C. Price
 2. Sex Female 3. Color White 4. Age 63 yrs.
 5. Married or single Married
 6. Date of death Mar 30, 1910
 7. Cause of death Tuberculosis
 8. Duration of last illness J. H. Moss M. D.
 Residence Rockfield, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Warren County
 11. Residence Galloways Mill, 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 Apr 1, 1910.
GERARD & GERARD Undertaker.
 Date of Certificate MAR 31 1910 Residence.....

Zetta A. Price 1906

73 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 *Miss Zetta A. Price*
2. Sex *Female* 3. Color *White* 4. Age *25 yrs.*
5. Married or single *Single*
6. Date of death *July 28th 1906.*
7. Cause of death *Tuberculosis of Bowel*
8. Duration of last illness *4 weeks*

Geo. H. ... M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Butter Co.*
11. Residence *River View* 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 29th 1906*

GERARD & GERARD, Undertaker.

Date of Certificate *July 29th 06.* Residence *BOWLING GREEN, KY*

Easter Pride 1897

1074 469

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 Easter Pride

2. Sex Female 3. Color Wk 4. Age 71 y 6

5. Married or single Widow

6. Date of Death June 23rd 1897

7. Cause of Death low msp time

8. Duration of last Illness _____

J. H. Gorman, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Pennesse

11. Residence Chickasaw 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 Wk Moriah Cemetery

15. Date of intended Interment June 24 - 1897

F. C. Guard & Bros, Undertaker.

Date of Certificate June 24/97 Residence City

Effie Proctor 1906

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 *Effie Proctor*
 2. Sex *Female* 3. Color *Blk.* 4. Age *34 yrs.*
 5. Married or single *Single*
 6. Date of death *Jan. 16 '06.*
 7. Cause of death *Brain Fever*
 8. Duration of last illness _____
 _____, M. D.
 Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Logan County*
 11. Residence *High 7 14th* Ward No. *1*
 12. Time of residence in the City. *16 yrs.*
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Mt. Moriah Cemetery*
 15. Date of intended interment *Jan 17 '06.*
Edward J. Grand Undertaker.
 Date of Certificate *Jan. 16/06.* Residence *City*
BOWLING GREEN, KY.

H. C. Proctor 1900

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 H. C. Proctor

2. Sex male 3. Color white 4. Age 53 yrs

5. Married or single married

6. Date of death January 27, 1900

7. Cause of death _____

8. Duration of last illness Consumption of Proem
Dr. Meredith John Meredith, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Preacher

10. Place of birth County

11. Residence State + Co. 21 Ward No. 15

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 22 1900
Alvey Proctor, Undertaker.

Date of Certificate _____ Residence _____

Henderson Proctor 1892

458 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 *Andrew Proctor*
 2. Sex *Male* 3. Color *Blk* 4. Age *53 yrs.*
 5. Married or Single *Married*
 6. Date of Death *Oct 8 '92*
 7. Cause of Death *Stroke*
 8. Duration of last Illness _____

W. V. Bowling, M.D.
 Residence _____

— UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. —

9. Occupation _____
 10. Place of Birth _____
 11. Residence *High 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 *County Cemetery*
 15. Date of intended Interment *Oct 9 '92*

J. S. Gear, Undertaker.
 Date of Certificate *Oct 9 '92* Residence _____

Thomas F. Proctor 1912

73

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

RETURN OF A DEATH.

1268

Physician's Certificate Preparatory to Burial.

1. Name of deceased Thomas F. Proctor
 2. Sex male 3. Color white 4. Age 73 yrs.
 5. Married or Single Single
 6. Date of death Oct 15, 1912
 7. Cause of death erysipelas
 8. Duration of last illness 8 days
 _____, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
 10. Place of birth Logan Co Ky
 11. Residence " " " " Ward No. _____
 12. Time of residence in the city 1 day
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Old Gaspar, Ch. yd. Logan Co.
 15. Date of intended interment Oct 16, 1912
 _____, Undertaker.
 Date of Certificate Oct. 15, 12 Residence BOWLING GREEN, KY

W. A. Proctor 1909

74

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

RETURN OF A DEATH.

737

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased W. A. Proctor
2. Sex Male 3. Color White 4. Age 52
5. Married or single Married
6. Date of death Jan'y. 7. 09
7. Cause of death Heart failure
8. Duration of last illness Suddenly

B. S. Rutherford, M. D.

Suggested by Residence Bowling Green Ky

Coroner
Dr. Jno C Gray

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Butcher
10. Place of birth Texas
11. Residence Bowling Green Ky Ward No. 3
12. Time of residence in the City.
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan'y. 10th

Marris Enoch, Undertaker

Date of Certificate Jan'y 11th - 10 Residence B Green Ky

Child of H. & Sarah Pruitt 1901

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 Child of H. Pruitt
2. Sex male 3. Color white 4. Age Still Born
5. Married or single _____
6. Date of death Sept 25-1901
7. Cause of death Still Born
8. Duration of last illness _____

J. E. Minnich, M. D.
Residence State of

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Bowling Green Ky
11. Residence Tenth St Ward No. 3rd
12. Time of residence in the City. _____
13. When a minor { Name of Mother Sarah C. Pruitt
Name of Father H. - Pruitt
14. Place of intended interment Family burying
15. Date of intended interment Sept 25-1901
Wm. J. Howard Undertaker.
Date of Certificate _____ Residence _____

Bell Pryor 1882

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

76

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Bell Pryor*

2. Sex *Female* . 3. Color *Col* . 4. Age *12*

5. Married or Single *Single*

6. Date of Death *May 11th 1882*

7. Cause of Death *Liver disease*

8. Duration of last Illness *Two years.*

A. J. Leonard, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence _____ . Ward No *2*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Columbia Pryor*
Name of Father *Reed* " "

14. Place of intended Interment *Col Cent*

15. Date of intended Interment *May 11th 1882*

H. LeGrand, Undertaker.

Date of Certificate *May 11th 82*. Residence _____

Democrat Job Print

Bennie Pryor Jr. 1898

1118 230 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

1. Name of deceased *Bennie Pryor Jr*

2. Sex *male* . 3. Color *Black* . 4. Age *7 months*

5. Married or single _____

6. Date of death *April 8 1898*

7. Cause of death *Inanition*

8. Duration of last illness _____

J.P. _____ *O. D. Porter*, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *City*

11. Residence *7th and Main Park* . Ward No. *2*

12. Time of residence in the City _____

13. When a minor } Name of Mother *Mary Pryor*
 } Name of Father *Bennie Pryor*

14. Place of intended interment *W. Memorial*

15. Date of intended interment *April 9 1898*

_____ *Hawley Payne*, Undertaker.

Date of Certificate _____ Residence _____

Child of Bennie & Mary Pryor 1897

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 *Infant of Bennie Pryor* *+ Mary*

2. Sex *Female* 3. Color *Black* 4. Age *9 m d*

5. Married or single *Single*

6. Date of Death *July 25 / 97*

7. Cause of Death *Inanition*

8. Duration of last Illness *About 3 months*

O. D. Porter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *2nd St*

11. Residence *2nd St* Ward No. *3*

12. Time of Residence in the City *10 yrs*

13. When a Minor { Name of Mother *Mary Pryor*
Name of Father *Bennie Pryor*

14. Place of intended Interment *Historical*

15. Date of intended Interment *July 26 / 97*

Frederick Pryor, Undertaker.

Date of Certificate _____ Residence _____

Charles Pryor 1906

79

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

RETURN OF A DEATH.

F 84

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Charles Pryor.*
 2. Sex *Male* 3. Color *Blk* 4. Age *70*
 5. Married or single *Married*
 6. Date of death **AUG 15 1906**
 7. Cause of death *Hemorrhage of the Brain.*
 8. Duration of last illness
- John H Blackburn*, M. D.
Residence **BOWLING GREEN, KY**

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth *Warren County*
 11. Residence *West St.* **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 *Mt Moriah Cemetery.*
 15. Date of intended interment **AUG 16 1906**
- GERARD & GERARD**, Undertaker.
Date of Certificate **AUG 15 1906** Residence **BOWLING GREEN, KY**

Lee Ann Pryor 1897

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 *Lee Ann Pryor*

2. Sex *Female* 3. Color *Blk* 4. Age *19 yrs*

5. Married or single *Married*

6. Date of Death *Mar 14th 1897*

7. Cause of Death *Consumption*

8. Duration of last Illness _____

S. H. Coombs, M. D.

Residence *City Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Tennessee*

11. Residence *Kentucky street* Ward No. *2nd*

12. Time of Residence in the City *few months*

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

14. Place of intended Interment *County Cemetery*

15. Date of intended Interment *Mar 15th 1897*

F. G. Guard + Bro, Undertaker.

Date of Certificate *Mar 14/97* Residence _____

Roland Puckett 1892

81

400

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 Roland Puckett
 2. Sex Male . 3. Color white . 4. Age 3 mos
 5. Married or Single _____
 6. Date of Death Apr 8th 1892
 7. Cause of Death Bronchitis
 8. Duration of last Illness 2 or 3 weeks
J. W. Puckett, M. D.
 Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth city
 11. Residence Chestnut st . Ward No 1
 12. Time of Residence in the City _____
 13. When a Minor.) Name of Mother _____
) Name of Father J. W. Puckett
 14. Place of intended Interment Fairview cemetery
 15. Date of intended Interment Apr 10th 1892
Prather + Payne, Undertaker.
 Date of Certificate Apr 7th . Residence city

C. D. Pullium 1912

82

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

RETURN OF A DEATH.

1181

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased C. D. Pullium
 2. Sex Male 3. Color white 4. Age 61
 5. Married or single Widowed
 6. Date of death April 10 1912
 7. Cause of death Heart Failure & Uremia
 8. Duration of last illness 7 years
 Signature J. E. W. Stephens, M. D.
 Residence Nashville Tenn
 By Chas Ernscho

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Salesman Traveling
 10. Place of birth Ky
 11. Residence Nashville Tenn Ward No. _____
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Farmers Cem
 15. Date of intended interment April 11/1912
 Signature Ernscho, Undertaker.
 Date of Certificate _____ Residence B.M.

Exact Duplicate
of Transit Permit of Tennessee

Elsa Christine Pulliam 1893

5666

83

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 *Elsa Christine Pulliam*
2. Sex *Female* . 3. Color *White* . 4. Age *9 Mos*
5. Married or Single
6. Date of Death *Oct 7th 1893*
7. Cause of Death *Pneumonia*
8. Duration of last Illness *Ten day*
M Mc Cormack M. D.
Residence *Chestnut St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Bowling Green*
11. Residence *Chestnut St* . Ward No. *3rd*
12. Time of Residence in the City *Six years*
13. When a Minor. } Name of Mother *Sallie D Pulliam*
 } Name of Father *C D Pulliam*
14. Place of intended Interment *Fair View Cemetery*
15. Date of intended Interment *Oct 8th 1893*
Pratt & Payne, Undertaker.
Date of Certificate . Residence

Richard Pulliam 1894

643 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 Richard Pulliam
2. Sex Male 3. Color Blk 4. Age 27
5. Married or single Married
6. Date of Death June 15 1894
7. Cause of Death Septicemia
8. Duration of last Illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of Birth County
11. Residence Sty St Ward No. 3
12. Time of Residence in the City _____

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

14. Place of intended Interment St. Marias
15. Date of intended Interment June 15 1894

Robert H. Payne, Undertaker.
Date of Certificate _____ Residence _____

Irvine Pushin 1911

85

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

RETURN OF A DEATH.

1029

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Irvine Pushin*
 2. Sex *Male* 3. Color *White* 4. Age *21 days.*
 5. Married or Single *Single*
 6. Date of death *June 20" 1911.*
 7. Cause of death *Inanition*
 8. Duration of last illness *2 weeks*
 H. P. Covert, M. D.
 BOWLING GREEN, KY
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *BOWLING GREEN, KY*
 11. Residence *1324 Center St.* Ward No. *3*
 12. Time of residence in the city *21 days.*
 13. When a minor { Name of Mother *Mrs. J. L. Pushin*
 Name of Father *J. L. Pushin*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *June 21" 1911.*
 GERARD & GERARD, Undertaker.
 Date of Certificate *June, 20/1911.* Residence

John William Pyle 1908

86

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

RETURN OF A DEATH.

447

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John W. Pyle
 2. Sex male 3. Color white 4. Age 67 yrs
 5. Married or single married
 6. Date of death April - 22 - 1908
 7. Cause of death Bright's Disease
 8. Duration of last illness years or more.
G. B. Dowell M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Jeweler
 10. Place of birth Richmond Va
 11. Residence 11th bet Park + Chestnut Ward No.
 12. Time of residence in the City. years
 13. When a minor { Name of Mother —
 Name of Father —
 14. Place of intended interment Fairview Court
 15. Date of intended interment April 23 - 1908
Hawley Payne Undertaker.
 Date of Certificate Residence

Warren County, Kentucky Death Records, Box 4, Folder 2 (Por to Py)

Warren County, Kentucky Death Records, Box 4, Folder 2 (Por to Py)