


1877

Box 4, Folder 3 Bowling Green, Kentucky - Death Records, Q-Ree

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C. T. Quinn 1901

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *C. T. Quinn*
2. Sex *Male* 3. Color *White* 4. Age *32 yrs*
5. Married or single *Married*
6. Date of death *Apr. 7/1901*
7. Cause of death *Pneumonia*
8. Duration of last illness
J. B. Knight, M. D.
Residence *B. Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth
11. Residence *Church St.* Ward No. *3*
12. Time of residence in the City *Several Months*
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *April 1901*
Gerard and Gerard, Undertaker.
Date of Certificate *Apr 7/1901* Residence

Amanda Quisenberry 1908

2

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

RETURN OF A DEATH.

391

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Amanda Quisenberry*
2. Sex *female* 3. Color *Bluer* 4. Age *73*
5. Married or single *widow*
6. Date of death *Jan - 29 - 1908*
7. Cause of death *Organic Heart disease*
8. Duration of last illness *long*
Byrge *W. A. Byrge*, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*
10. Place of birth *Logan County Ky*
11. Residence *Burke Alley* Ward No.
12. Time of residence in the City. *2 years*
13. When a minor { Name of Mother *CS*
 { Name of Father *CS*
14. Place of intended interment *Mt Moriah Cent-*
15. Date of intended interment *July 14 - 1908*
Shawyer Payne Undertaker.
Date of Certificate Residence

Adam Rabold 1878

3

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

RETURN OF A DEATH.

Adam
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Adam Rabold, Rabold*

2. Sex *male* 3. Color *white* 4. Age *30 yrs.*

5. Married or Single *Married*

6. Date of Death *Mar 2nd 1878.*

7. Cause of Death *Phthisis Pulmonalis,*

8. Duration of last Illness *4 yrs.*

J. M. Leonard, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *B. G.*

11. Residence *B. G.* 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 3rd 1878*

Date of Certificate *Mar 2nd 78* *Justus Bond*, Undertaker. Residence _____

Pantagraph Print.

Elizabeth Rabold 1898

1141 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 *Mrs Elizabeth Rabold*
2. Sex *Female* 3. Color *White* 4. Age *73 yrs*
5. Married or single *Widow*
6. Date of death *June - 14 - 1898*
7. Cause of death *Paralysis*
8. Duration of last illness _____
H. A. Francis, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren Co. Ky*
11. Residence *Chestnut 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 *June - 15 - 1898*
15. Date of intended interment *Fairview Cem*
Guard & Guard, Undertaker.
Date of Certificate *June - 14/98* Residence _____

Henry Rabold 1912

5

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

RETURN OF A DEATH.

1178

Physician's Certificate Preparatory to Burial.

1. Name of deceased Henry Rabold.
 2. Sex Male 3. Color White 4. Age 67 yrs.
 5. Married or single Widower
 6. Date of death Mar. 28" 1912.
 7. Cause of death Lobar Pneumonia, as per Vital Statistics
 8. Duration of last illness _____
 Residence Engene A. Gerard, Funeral Director
Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren Co. Ky.
 11. Residence Dayton, Ohio 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. 29" 1912.
GERARD & GERARD. Undertaker.
Mar. 29" 1912. BOWLING GREEN, KY
 Date of Certificate _____ Residence _____

Mrs. Henry Rabold 1900

13

6

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Mrs. Henry Rabold
 2. Sex Female 3. Color White 4. Age 55 yrs.
 5. Married or single Married
 6. Date of death July, 12th 1900
 7. Cause of death Heart Failure
 8. Duration of last illness _____

B. H. Millifan, M. D.
 Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence _____ Ward No. 3rd 11
 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 13th 1900
Edward and Edward, Undertaker.
 Date of Certificate July 13th 1900 Residence _____

Child of W. H. & Mollie Rabold 1896

945 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 *Child of W. H. Rabold* *+ Mollie*

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

5. Married or single *single*

6. Date of Death *Sept 26 / 1896*

7. Cause of Death *Bronch Pneumonia*

8. Duration of last illness

John P. Cartwright M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *City*

11. Residence *Kentucky street* Ward No. *3*

12. Time of Residence in the City *3 months*

13. When a Minor } Name of Mother *Mrs. Mollie Rabold*
 } Name of Father *W. H. Rabold*

14. Place of intended Interment *St. Josephs Cemetery*

15. Date of intended Interment *Sept 27 / 96*

F. C. Guard & Bro, Undertaker.

Date of Certificate *Sept 26 / 96* Residence

William Andrew Rabold 1908

8

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

RETURN OF A DEATH.

3417

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Wm Andrew Rabold*

2. Sex *male* 3. Color *white* 4. Age *54yr 9mo-*

5. Married or single *married.*

6. Date of death *January - 1 - 1908*

7. Cause of death *Adema of lungs*

8. Duration of last illness *few days*

J. W. Starn, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*

10. Place of birth *City.*

11. Residence *near City.* 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 *January - 2 - 1908*

Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

A. J. Ragland 1905

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 A. J. Ragland
 2. Sex Male 3. Color White 4. Age 54
 5. Married or Single _____
 6. Date of death July 2nd 05.
 7. Cause of death Acute indigestion with paralysis of bladder
 8. Duration of last illness 5 mo
T. W. Stone, M. D.

Residence _____

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 July 3rd 05
Edward G. Grues, Undertaker.
 Date of Certificate July 2/15 Residence _____

Adline Ragland 1912

10

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

RETURN OF A DEATH.

1143

Physician's Certificate Preparatory to Burial.

1. Name of deceased Adline Ragland
2. Sex Female 3. Color Cal 4. Age 1/15
5. Married or Single Widow
6. Date of death Jan 29 1912
7. Cause of death Results of Old Age
8. Duration of last illness short time 3-4 weeks
W. A. Buggs, M. D.
Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation at home
10. Place of birth Virginia
11. Residence Bowling Green Ky. Ward No. _____
12. Time of residence in the city Don't know
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment W. T. March Cem
15. Date of intended interment Jan 30 1912
Essie Kelly, Undertaker.
Date of Certificate _____ Residence B. G. Ky.

Bob Ragland 1893

552

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 Bob Ragland
2. Sex Male 3. Color red 4. Age 40
5. Married or Single Married
6. Date of Death July 10 1893
7. Cause of Death Consumption
8. Duration of last Illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of Birth Lynn
11. Residence Chestnut . Ward No. 1
12. Time of Residence in the City 4 yrs
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Out Memorial
15. Date of intended Interment _____

PRATHER & PAYNE, Undertaker.
Date of Certificate _____ . Residence _____

Charles G. Ragland 1900

54 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 Char G Ragland
2. Sex man 3. Color white 4. Age 52 yrs
5. Married or single single
6. Date of death May 27 1900
7. Cause of death Consumption
8. Duration of last illness Six months

S. W. Crawley, M. D.
Residence Bowling Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Constable
10. Place of birth Italy
11. Residence State Ward No. _____
12. Time of residence in the City life
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment May 30 1900

Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Ella C. Ragland 1909

13-1

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

RETURN OF A DEATH.

659

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Ella C. Ragland.*
 2. Sex *Female* 3. Color *White* 4. Age *69 yrs.*
 5. Married or Single *Widow*
 6. Date of death *July 6" 1909.*
 7. Cause of death *Chronic Diarrhea*
 8. Duration of last illness _____
 _____, M. D.
 Residence *Dacatur Ala.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren County Ky.*
 11. Residence *Dacatur 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 *July 8" 1909.*
GERARD & GERARD, Undertaker.
 Date of Certificate *July 7/1909.* Residence _____

Ella C. Ragland 1909

FRONT

No. 465

TRANSIT PERMIT.

CALVIN BROWN & SON,

Dreighton, Ala. County of *Marshall* State of *Ala.* *7/6* 1909

Permission is hereby given to remove the remains of *...*

Mrs Ella C. Ragland

aged *69* years who died at *Dreighton* on

the *6* day of *July* 1909, the cause of death being *...*

Chronic Dysentery 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 CALVIN BROWN & SON,	[SIGNED] <i>J. W. Myers</i>
Name of Medical Attendant, <i>F. P. Petty</i>	Official Title <i>Deputy</i>
	P. O. Address <i>Dreighton Ala</i>

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

COUPON NO. TWO TO TRANSIT PERMIT NO. 465
Ella C. Ragland who died at *Dreighton*
This coupon will be detached by Agent or Baggage-man at destination and sent to General Baggage Agent. (See back.)

Henry Ragland 1881

14

27

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Henry Ragland*

2. Sex *male* . 3. Color *black* . 4. Age *44*

5. Married or Single *married*

6. Date of Death *Feb. 26th 1881*

7. Cause of Death *Syphilis*

8. Duration of last Illness *Eighteen months*
E. C. Townsend, M. D.
Residence *Doubling 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 _____

E. C. Gerard, Undertaker.

Date of Certificate _____, Residence _____

Democrat Job Print

Josh Ragland 1898

15

1161

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 Josh Ragland

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

5. Married or single married

6. Date of death July 26 1898

7. Cause of death Marital fever

8. Duration of last illness two weeks

S. W. S. S. W. Coombs, M. D.

Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer

10. Place of birth D

11. Residence Thomas Ave . Ward No. 3

12. Time of residence in the City years

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

14. Place of intended interment County Ground

15. Date of intended interment July 27 1898

Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Mary Ragland 1899

68 86

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 Mary Ragland
- 2. Sex female 3. Color Blk 4. Age 71 yrs
- 5. Married or single widow
- 6. Date of death Oct 14 1899
- 7. Cause of death Pneumonia
- 8. Duration of last illness _____

Dr. Ragan
O.S.P.

O. S. Pook, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation _____
- 10. Place of birth _____
- 11. Residence East High 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 West Mission
- 15. Date of intended interment Oct 15 1899

H. Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Slaton Ragland 1906

17

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

RETURN OF A DEATH.

88

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Slaton Ragland
2. Sex male 3. Color Black 4. Age 25 yrs
5. Married or single married
6. Date of death August 23 1906
7. Cause of death Cerebral Hemorrhage
8. Duration of last illness 1 week
D. A. Campbell M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation RR section man
10. Place of birth _____
11. Residence Ky + 6th st Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Mt Moriah
15. Date of intended interment August 24 1906
J. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

William H. Ragland 1900

63 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 Wm. H. Ragland
2. Sex male 3. Color white 4. Age 29
5. Married or single single
6. Date of death June 28 1900
7. Cause of death Pulmonary tuberculosis
8. Duration of last illness _____

Ed. Wilson Grace Brown, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence _____ Ward No. _____
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Fairview
15. Date of intended interment June 29 1900
Howley Payne, Undertaker.
Date of Certificate _____ Residence _____

William S. Ragland 1909

19

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

RETURN OF A DEATH.

1044

Physician's Certificate Preparatory to Burial.

1. Name of deceased Wm S. Ragland.
 2. Sex Male Color White 4. Age 74 yrs.
 3. Married or Single Married
 6. Date of death June 4th 1909.
 7. Cause of death C. P. pop. luxy.
 8. Duration of last illness J. W. Stone, M. D.
 Residence B Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth Warren County
 11. Residence State 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 Fairview Cemetery
 15. Date of intended interment June 8th 1909.
GERARD & GERARD, Undertaker.
 Date of Certificate June 7th 1909. Residence BOWLING GREEN KY.

Joyce Camp Ragsdale 1905

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 *Joyce Camp Ragsdale*
 2. Sex *female* 3. Color *Black* 4. Age *18 yrs*
 5. Married or single *married*
 6. Date of death *June 6 1905*
 7. Cause of death *Anemia with acute dilatation*
 8. Duration of last illness *2 days*
Stone *J. W. Stone*, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Franklin Ky*
 11. Residence *W. Chestnut* Ward No. _____
 12. Time of residence in the City. *year*
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Fairview Cem*
 15. Date of intended interment *June 7 1905*
Hawley Payne Undertaker.
 Date of Certificate _____ Residence _____

James J. Rainey 1912

21

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

RETURN OF A DEATH.

1259

Physician's Certificate Preparatory to Burial.

1. Name of deceased James J. Rainey
 2. Sex Male 3. Color White 4. Age 48 yrs.
 5. Married or Single Married
 6. Date of death Sept. 25th 1912.
 7. Cause of death Contracting
 8. Duration of last illness 2 days
 _____, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Merchant
 10. Place of birth Paris, Tenn.
 11. Residence Main St. Ward No. 2
 12. Time of residence in the city 20 yrs.
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment St. Josephs. Cemetery
 15. Date of intended interment Sept. 27th 1912
GERARD & GERARD., Undertaker.
 Date of Certificate Sept 26/1912 Residence BOWLING GREEN, KY

Mrs. James Rainey 1894

22

Out of town

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL:

1. Name of deceased *Mrs. James Rainey*

2. Sex *Female* 3. Color *White* 4. Age *22 yrs.*

5. Married or single *Married*

6. Date of Death *July 21st 1904*

7. Cause of Death *Syphilis or blood poison*

8. Duration of last Illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Tennessee*

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

12. Time of Residence in the City _____

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

14. Place of intended Interment *Memphis Tenn*

15. Date of intended Interment *July 22nd 1904*

F. C. Herald & Co., Undertaker.

Date of Certificate _____ Residence _____

John R. Ralston 1909

23

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

RETURN OF A DEATH.

648

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased John R. Ralston
- 2. Sex Male 3. Color White 4. Age 87
- 5. Married or Single Married
- 6. Date of death June 11th 1909
- 7. Cause of death Bright's Disease
- 8. Duration of last illness _____

V. E. Tugert, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation _____
- 10. Place of birth Barren County Ky
- 11. Residence Indianola K 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 June 12/1909

GERARD & GERARD, Undertaker.
 Date of Certificate June 11 Residence City

Walter R. Ramsey 1908

450 - 24

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Walter R Ramsey
2. Sex male 3. Color white 4. Age 64 yr
5. Married or single married
6. Date of death May - 2 - 1908
7. Cause of death Jauundice with Complication
8. Duration of last illness about 10 days
J. S. Martin, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of birth Warren County
11. Residence 8 Park St near Fairview Ward No. _____
12. Time of residence in the City. 7 years
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment St Olivet
15. Date of intended interment May 3 - 1908
Haway Payne, Undertaker.
Date of Certificate _____ Residence _____

William Ramsey 1901

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 *William Ramsey*
2. Sex *Male* 3. Color *White* 4. Age *70 yrs*
5. Married or single *Single*
6. Date of death *March, 27/1901.*
7. Cause of death *Pneumonia*
8. Duration of last illness *about 8 days*
D W Coombs, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Glasgow, Scotland*
11. Residence *Main St.* Ward No. *3*
12. Time of residence in the City. *95 yrs.*
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Mar, 28/1901.*
Gerard and Gerard, Undertaker.
Date of Certificate *Mar, 28/1901.* Residence _____

Rich Rankin 1896

860

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 26

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Rich Rankin Col
2. Sex Male 3. Color Blk 4. Age 45 yrs
5. Married or single Married
6. Date of Death Mar 6 1896
7. Cause of Death Heart Failure
8. Duration of last Illness DDDP
O. W. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence 6th St Ward No. 2
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment County Ground
15. Date of intended Interment Mar 14 1896
Wm. S. Dyer, Undertaker.
Date of Certificate _____ Residence _____

C. O. Ransom 1892

449 27

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *x C O Ransom*
2. Sex *♂* . 3. Color _____ . 4. Age *x 40*
5. Married or Single *married*
6. Date of Death *x 26 Oct / 92*
7. Cause of Death *Consumption*
8. Duration of last Illness _____
B A Miller, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *x Simpson Co*
11. Residence *8th St* . Ward No. *2*
12. Time of Residence in the City *x 9 years*
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Oct 27 1892*
Pratt A Payne, Undertaker.
Date of Certificate _____ . Residence _____

Fannie Ransom 1882

28

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 Ransom*
 2. Sex *Female* . 3. Color *White* . 4. Age *63 Yrs*
 5. Married or Single *Married*
 6. Date of Death *Sept 17th 1882*
 7. Cause of Death *Apoplexy & Emission*
 8. Duration of last Illness *Six Yrs*
- J. M. Thomas* M. D.
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Democrat Job Print

Lily F. Rasdale

29

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

RETURN OF A DEATH.

514

[1908]

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lily F Rasdale
2. Sex Female 3. Color White 4. Age 23
5. Married or single Single
6. Date of death Sept 2nd
7. Cause of death Intro Calitis
8. Duration of last illness _____

J W Stone M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence Bowling Green Ky Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of mother Rebecca Rasdale
 Name of father GW " "
14. Place of intended interment Monster G. Ford
15. Date of intended interment Sept 3rd
Enoch & Davis Undertaker.

Date of Certificate Sept 2nd Residence BH Ky

Mrs. Perry Rasdale 1909

30

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

RETURN OF A DEATH.

686

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased *Mrs. Perry Rasdale*
- 2. Sex *Female* 3. Color *White* 4. Age *29 years*
- 5. Married or single *Married*
- 6. Date of death *Sept. 6" 09*
- 7. Cause of death *Consumption*
- 8. Duration of last illness *Seven Months*

Wm A Briggs M. D.
 Residence *Bowling Green, Ky.*

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation *-*
- 10. Place of birth *-*
- 11. Residence *Bowling Green Ky* 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 *Emmanuel Home Yard*
- 15. Date of intended interment *Sept. 7th 1909*

Marrion Enoch Undertaker. *5*
 Date of Certificate *Sept - 7th* Residence *Bowling Green Ky.*

Fred Rasdall 1907

#34 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 Fred Rasdall
2. Sex male 3. Color white 4. Age 4 mo
5. Married or single single
6. Date of death Nov 3rd 1907
7. Cause of death Meningitis
8. Duration of last illness about 10 days -
F. D. Cartwright just M. D.
G. S. Dowell next and
 Residence J. E. Meredith

Undertaker's Certificate in Relation to Deceased.

9. Occupation [Redacted]
10. Place of birth City
11. Residence Portage RR near Depot Ward No.
12. Time of residence in the city life
13. When a minor { Name of mother Nancy Rasdall
 Name of father Perry Rasdall
14. Place of intended interment Edmonson County Ky
15. Date of intended interment Nov 4, 1907
Hawley Payne Undertaker.

Date of Certificate Residence

Ida Rasdall 1911

32

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

RETURN OF A DEATH.

1004

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ms. Ida Rasdall
2. Sex Female 3. Color White 4. Age 21 yrs.
5. Married or Single Married
6. Date of death April 11 1911.
7. Cause of death Tubercular Meningitis
8. Duration of last illness _____

J. D. Munson, M. D.
Residence London, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Barren, Co.
11. Residence Beauty Ave. 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 Barren River, Church.
15. Date of intended interment Apr. 12, 1911
Guard & Guard, Undertaker.
Date of Certificate Apr. 11, 1911. Residence _____

L. M. Ratliff 1907

33

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *L. M. Ratliff*
 2. Sex *Male* 3. Color *White* 4. Age *16 yrs.*
 5. Married or single *Single*
 6. Date of death *MAR 13 1907*
 7. Cause of death *Peritonitis*
 8. Duration of last illness *J. W. Stover* M. D.
 Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Marrow Bone, Pike Co.*
 11. Residence *Indiana St.* Ward No. *1*
 12. Time of residence in the city *Several weeks*
 13. When a minor { Name of mother *Irud*
 Name of father *L. M. Ratliff*
 14. Place of intended interment *Marrow Bone Ry.*
 15. Date of intended interment *Mar 15 " 1907.*
 .. GERARD & GERARD. Undertaker.
 Date of Certificate *MAR 14 1907* Residence *BOWLING GREEN, KY*

Sarah Ratz 1881

20

34

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Miss Sarah Ratz*
 2. Sex *female* . 3. Color *White* . 4. Age _____
 5. Married or Single *Married*
 6. Date of Death *Aug 5th 1881*
 7. Cause of Death *Consumption*
 8. Duration of last Illness *1 1/2 Mos.*
 _____, M. D.
 Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Argan Co*
 11. Residence *Adams Street* . Ward No *3rd*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended Interment *Russellville Ky*
 15. Date of intended Interment *Aug 6th 1881*
 _____, Undertaker.
 Date of Certificate *Aug 5th 1881* . Residence *RB*

Democrat Job Print

Oliva Rauscher 1913

95

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

RETURN OF A DEATH.

1359

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ms. Oliva Rauscher Rauscher
 2. Sex Female 3. Color White 4. Age 79 yrs.
 5. Married or single Widow
 6. Date of death Mar. 12" 1913.
 7. Cause of death Cancer of Stomach
 8. Duration of last illness 6 mo.
 M. D. G. E. Huddle
 Residence Bardonia, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation House Keeper
 10. Place of birth Germany
 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 St. Josephs, Cemetery
 15. Date of intended interment Mar 14" 1913.
GERARD & GERARD Undertaker.
 Date of Certificate Mar 13-1913. Residence B. Green Ky.

Bessie Ray 1910

36

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

RETURN OF A DEATH.

783

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Bessie Ray
 2. Sex female 3. Color col 4. Age 6
 5. Married or single single
 6. Date of death march 9 - 1910.
 7. Cause of death Phthisis.
 8. Duration of last illness About 10 months.
J. W. Willis M. D.
 Residence 13 1/2 Main st

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of birth Bowling Green
 11. Residence Tenth Ward No.
 12. Time of residence in the City. during life
 13. When a minor { Name of Mother Agnes Ray
 Name of Father
 14. Place of intended interment Rockfield
 15. Date of intended interment march 11 - 1910.
J. E. Kuykendall Undertaker.
 Date of Certificate march 10 - 1910 Residence
cor 7 & college st.

Drucilla Ray 1891

Out of town 37

This constitutes a 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 *Drucilla Ray.*
2. Sex *Female* 3. Color *Blk.* 4. Age *17 yrs*
5. Married or Single *Single*
6. Date of Death *July 9th / 91*
7. Cause of Death *Gastritis*
8. Duration of last Illness *Eleven days*
R Hamilton, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co.*
11. Residence *Main street*. Ward No *2nd / ward*.
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father *Sam Ray*
14. Place of intended Interment *Bristow Ky.*
15. Date of intended Interment *July 10th / 91*
H. C. Guard, Undertaker.
Date of Certificate *July 9 / 91* . Residence _____

Harriett Ray 1896

38

#3 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 *Harriett Ray*

2. Sex *female* 3. Color *Blk* 4. Age *22*

5. Married or single *Married*

6. Date of Death *Sept 21/96*

7. Cause of Death *Heart Failure*

8. Duration of last illness _____

A. C. Knight, M. D.

Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren Co*

11. Residence *10th street* Ward No. *3*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Courington buryard*

15. Date of intended Interment *Sept 22/96*

F. C. Guard & Bro, Undertaker.

Date of Certificate *Sept 21/96* Residence *City*

Henry Ray 1897

992 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 Henry Ray
2. Sex Male 3. Color Black 4. Age 67 yrs.
5. Married or single Married
6. Date of Death March 8" 1897
7. Cause of Death Valvular disease of heart
8. Duration of last Illness _____

E. A. Murphy, M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Logan County
11. Residence Chickasha 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 McKee Memorial Cem.
15. Date of intended Interment Mar. 9" 1897
J. C. Guard & Son, Undertaker.
Date of Certificate Mar 8/97 Residence City

James Ray 1892

420 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 James Ray.
2. Sex Male 3. Color Blk : 4. Age 13 yrs
5. Married or Single Single
6. Date of Death July 4th 1892,
7. Cause of Death Inflammation of Bowels
8. Duration of last Illness one week
J. F. McEby, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Kentucky
11. Residence State Street Ward No. 1st
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father Henry Ray
14. Place of intended Interment Mt Moriah
15. Date of intended Interment July 5/92
J. C. Guard, Undertaker.
Date of Certificate July 4/92 . Residence City

Joe Ed Ray 1907

41

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

304
RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Joe Ed Ray*
2. Sex *Male* 3. Color *White* 4. Age *42 yo.*
5. Married or single *Married*
6. Date of death *Aug 31" 1907.*
7. Cause of death *Paralysis*
8. Duration of last illness *4 days.*
J. W. Stout, M. D.
Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Warren Co.*
11. Residence *Hutton 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 *Hairview Cemetery*
15. Date of intended interment *Sept. 1" 1907.*
GERARD & GERARD Undertaker.
Date of Certificate *Sept 1" 07* Residence *BOWLING GREEN, KY*
Mr Ray died near Bowling in Warren Co.
Eugene A. Guard,

Kittie Ray 1891

Out of town 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 *Kittie Ray*
2. Sex *Female* 3. Color *Blk* 4. Age *1 year*
5. Married or Single *Single*
6. Date of Death *Sept 23/91*
7. Cause of Death *Spasms*
8. Duration of last Illness _____
J. F. McHugh, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City*
11. Residence *Kentucky St.* Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *near Bristol Ky.*
15. Date of intended Interment *Sept 24/91*
J. C. [unclear] Undertaker.
Date of Certificate *Sept 24/91* Residence *City*

Peter Ray 1882

43

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Peter Ray*

2. Sex *Male* . 3. Color *Black* . 4. Age *43*

5. Married or Single *Married*

6. Date of Death *July 28th 1882*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *7 days*

W. H. Staley, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____, Ward No *32*

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

Child of Raymond & Carrie Ray 1911

44

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

RETURN OF A DEATH.

1026

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of ^{Raymond} Carrie Ray*
 2. Sex *Male* 3. Color *Blk* 4. Age *—*
 5. Married or Single *Single*
 6. Date of death *June 12/1911*
 7. Cause of death *Premature birth*
 8. Duration of last illness *—*
 Signature: *B. S. Pughford, M. D.*
 Residence *—*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*
 10. Place of birth *B. Graham Ky*
 11. Residence *Center St. " "* Ward No. *3*
 12. Time of residence in the city *—*
 13. When a minor { Name of Mother *Carrie Ray*
 Name of Father *Raymond Chambers*
 14. Place of intended interment *Warren County, Mt. Vernon*
 15. Date of intended interment *June 12/1911*
 Signature: *GERARD & GERARD*, Undertaker.
 Date of Certificate *June 12/11* Residence *B. Graham Ky*

Sally Ray 1880

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 *Sally Rey Ray*
 2. Sex *Female* . 3. Color *Black* . 4. Age *8 years old*
 5. Married or Single *Single*
 6. Date of Death *Aug 6th 1880*
 7. Cause of Death *Rheumatism*
 8. Duration of last Illness *Five days*
- H. P. Cartwright*, M. D.
Residence *Chestnut St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of Birth
 11. Residence *Mecanic Street* . Ward No. *32*
 12. Time of Residence in the City
 13. When a Minor { Name of Mother *Martha Ray*
Name of Father *Peter* "
 14. Place of intended Interment *Col Cent*
 15. Date of intended Interment *Aug 7th 1880*
- Frank Oberand*, Undertaker.
- Date of Certificate Residence

Democrat Print.

Samuel Ray 1899

46

~~47~~ 43

~~44~~

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 Ray

2. Sex male 3. Color Black 4. Age 73 yrs

5. Married or single widower

6. Date of death June 26 1899

7. Cause of death Pneumonia

8. Duration of last illness O.D.P. J. D. Porter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer

10. Place of birth _____

11. Residence Rayne St bet Quinn + 10th St. Ward No. 6

12. Time of residence in the City years

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

14. Place of intended interment W. M. Marion Co

15. Date of intended interment June 27 1899

J. Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Susan Ray 1896

Out of town 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 *Susan Ray*
 2. Sex *Female* 3. Color *Blk* 4. Age *72 yrs.*
 5. Married or single *Married*
 6. Date of Death *Mar. 25/1896.*
 7. Cause of Death *Old age*
 8. Duration of last Illness _____
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 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 *Covington Gr. & S. H. Co.*
 15. Date of intended Interment *Mar 26/96.*
F. C. Howard & Bro., Undertaker.
 Date of Certificate *Mar 25/96.* Residence _____

Thomas E. Ray 1896

976 48

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Thomas E. Ray
2. Sex Male 3. Color White 4. Age 57 yrs.
5. Married or single Married
6. Date of Death Dec 30/1896
7. Cause of Death valv dis of heart
8. Duration of last Illness 2 wks
J. B. Guard & Bro., M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Logan County
11. Residence Park Street Ward No. 1st
12. Time of Residence in the City 8 yrs.
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Fairview Cemetery
15. Date of intended Interment Dec 31/1896
J. B. Guard & Bro., Undertaker.
Date of Certificate Dec 31/96 Residence _____

Tom Ray 1906

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... *Tom Ray*
2. Sex... *male* 3. Color... *black* 4. Age.....
5. Married or single... *single*
6. Date of death... *Apr 27 - 1906*
7. Cause of death... *Haemorrhage from nose*
8. Duration of last illness... *Don't know about 3 weeks*
..... *J. D. [Signature]* M. D.
Residence... *B Green St*

Undertaker's Certificate in Relation to Deceased.

9. Occupation... *Laborer*
10. Place of birth... *Simson Co.*
11. Residence... *Barks Alley* 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... *County yard*
15. Date of intended interment... *April 27 - 1906*
..... *J. E. [Signature]* Undertaker.
Date of Certificate... *Apr 26 1906* Residence...
7 + College St.

Child of Warner & Tinnie Ray 1896

895 50

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 Warner Ray*
2. Sex *Female* 3. Color *Blk* 4. Age _____
5. Married or single *Single*
6. Date of Death *June 5/96.*
7. Cause of Death *Still Born*
8. Duration of last Illness _____
C. P. Grinstead, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Chestnut Street* Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother *Tinnie Ray*
 } Name of Father *Warner*
14. Place of intended Interment *Mt Zion ch Church.*
15. Date of intended Interment *June 5/96.*
F. C. Howard & Bro, Undertaker.
Date of Certificate *June 5/96.* Residence *City*

Child of Warner & Tiney Ray 1897

1066 51

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 Warner Ray
2. Sex Female 3. Color W 4. Age _____
5. Married or single Single
6. Date of Death Oct 25 '97
7. Cause of Death Still Born
8. Duration of last Illness _____

S. W. Swank, M. D.
Residence Health Officer

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence 5th & Chestnut Ward No. 1st
12. Time of Residence in the City _____

13. When a Minor { Name of Mother Tiney Ray
Name of Father Warner Ray

14. Place of intended Interment Mt Moriah
15. Date of intended Interment Oct 26 '97

Guard & Guard, Undertaker.
Date of Certificate Oct 24 '97 Residence City

Child of Charles & Minnie Reader 1896

Out of town 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 *Child of Chas Reader*
2. Sex *male* 3. Color *White* 4. Age *3 yrs.*
5. Married or single *single*
6. Date of Death *Apr. 15/1896.*
7. Cause of Death *Pneumonia*
8. Duration of last Illness _____
B. H. Milliken, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *2nd street* Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Minnie Reader*
Name of Father *Charles Reader*
14. Place of intended Interment *White Star Quarry*
15. Date of intended Interment *Apr. 16/96*
F. G. Girard & Bro., Undertaker.
Date of Certificate *Apr. 15/96.* Residence _____

Sarah M Ready 1893

485 53

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Sarah M Ready.*
2. Sex *Female* 3. Color *White* 4. Age *62 yrs.*
5. Married or Single *Married*
6. Date of Death *Feb 28/93*
7. Cause of Death *Asthma*
8. Duration of last Illness _____
B H Meliken, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Butterford Co. Tenn.*
11. Residence *City,* Ward No. *1st*
12. Time of Residence in the City *11 yrs.*
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Harrods Cemetery*
15. Date of intended Interment *March 1st 1893.*
H. C. Leonard & Bro., Undertaker.
Date of Certificate *Feb 28/93* . Residence *City,*

Mary A. Reagan 1898

1166 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 *Miss Mary A. Reagan,*
2. Sex *Female* 3. Color *White* 4. Age *44 yrs.*
5. Married or single *Single.*
6. Date of death *Aug 14th 1898,*
7. Cause of death *Consumption.*
8. Duration of last illness
L. B. Murphy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *8th and My. St.* Ward No. *2nd*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *St. Joseph's Cemetery*
15. Date of intended interment *Aug. 16th 1898,*
Guard & Guard, Undertaker.
Date of Certificate *Aug 15th 98.* Residence _____

Mathew Reardon 1891

366

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 Mathew Reardon
2. Sex Male 3. Color White 4. Age 90
5. Married or Single Married
6. Date of Death Dec 24/91
7. Cause of Death Old age
8. Duration of last Illness
D. B. W. M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth Bonyon Green Ireland
11. Residence Hope Street Ward No. 4th
12. Time of Residence in the City
13. When a Minor } Name of Mother
} Name of Father
14. Place of intended Interment St Josephs Church
15. Date of intended Interment Dec 25th 1891
H. B. Grand Undertaker.
Date of Certificate Residence

John Rease 1896

840 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 John Rease
2. Sex Male 3. Color Blk 4. Age 55
5. Married or single Married
6. Date of Death July 2 1896
7. Cause of Death Organic heart disease
8. Duration of last Illness About 1 year
lwc J. W. Coocules, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence Center 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. Monica
15. Date of intended Interment July 3/96
Pratt & Payne, Undertaker.
Date of Certificate _____ . Residence _____

Infant of Emmet Reaves 1905

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 *Infant of Emmet C. Reaves*
2. Sex *Male* 3. Color *White* 4. Age *5 Mo.*
5. Married or Single *Single*
6. Date of death *June 11 " 05*
7. Cause of death *Cholera Infantum*
8. Duration of last illness
G. C. Huddell, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *City of*
State St.

11. Residence *State St.* Ward No. *1*

12. Time of residence in the city

13. When a minor { Name of Mother *E. C. Reaves*
Name of Father *Mr. E. C. Reaves*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *June 17 " 05*
Edward and Edward, Undertaker.

Date of Certificate *June 17 / 05* Residence

Amanda Rector 1909

58

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

RETURN OF A DEATH.

660

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Amanda Rector.
2. Sex Female 3. Color White 4. Age 70 yrs.
5. Married or Single Married.
6. Date of death June 9" 1909.
7. Cause of death Heart Disease
8. Duration of last illness _____
R. S. Hunter acting Coroner,
M. D.
Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence Main St. Ward No. 3.
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment July 10" 1909.
GERARD & GERARD, Undertaker.
Date of Certificate _____ Residence City.

Briggs Rector 1907

59

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

RETURN OF A DEATH.

261

Physician's Certificate Preparatory to Burial.

1. Name of deceased Briggs Rector
2. Sex male 3. Color White 4. Age 2 1/2 mo
5. Married or single single
6. Date of death July 6 1907
7. Cause of death Substitution
8. Duration of last illness some time

W. A. Briggs M. D.

Residence City

Undertaker's Certificate in Relation to Deceased.

9. Occupation city
10. Place of birth city
11. Residence Adams St Ward No.
12. Time of residence in the city life
13. When a minor { Name of mother Therence Rector
Name of father Joseph Rector
14. Place of intended interment Fairview Cem
15. Date of intended interment July 6 1907

Harvey Payne Undertaker.

Date of Certificate Residence

Child of J. R. & Florence Rector 1898

1144 60

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Child of J. R. Rector
2. Sex Female 3. Color White 4. Age 2 mo.
5. Married or single Single
6. Date of death June, 22 '98
7. Cause of death Inanition
8. Duration of last illness _____
J. B. Knight, M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence Church St. Ward No. 3rd
12. Time of residence in the City _____
13. When a minor } Name of Mother Mrs. Florence Rector
 } Name of Father J. R. Rector
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June 23 '98
Gerard & Gerard, Undertaker.
Date of Certificate June 23 '98 Residence _____

Child of J. R. & Florence Rector 1903

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.
of J.R. + Florence

1. Name of deceased *Infant Rector*
2. Sex _____ 3. Color *white* 4. Age _____
5. Married or single _____
6. Date of death *Jan 23 1903*
7. Cause of death *same*
8. Duration of last illness *2 days*
D. H. Miller, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *8th St Bet Adams & 14th* Ward No, _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Florence Rector*
Name of Father *J. R. Rector*
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *Jan 23 1903*
J. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Infant of Joseph & Florence Rector 1901

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.

of Joseph + Florence

1. Name of deceased Infant Rector
2. Sex — 3. Color white 4. Age —
5. Married or single —
6. Date of death June 9 1901
7. Cause of death Sudden
8. Duration of last illness —
Dr. Rector J. F. Rector M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation —
10. Place of birth City
11. Residence 8th St Ward No. —
12. Time of residence in the City. —
13. When a minor { Name of Mother Florence
Name of Father Joseph Rector }
14. Place of intended interment Fairview Cem
15. Date of intended interment June 9 1901
W. H. Payne, Undertaker.
Date of Certificate — Residence —

Julia Rector 1907

63

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

RETURN OF A DEATH.

191

Physician's Certificate Preparatory to Burial.

1. Name of deceased Julia Rector
 2. Sex female 3. Color white 4. Age 64 yrs
 5. Married or single widow
 6. Date of death Apr - 3 - 1907
 7. Cause of death Pulmonary Tuberculosis
 8. Duration of last illness Several years
- Dr. H. Blackburn M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Bristol
 11. Residence High St Ward No.
 12. Time of residence in the city years
 13. When a minor { Name of mother Martha J. Ewing
Name of father Dr. H. Ewing
 14. Place of intended interment Farmers Cemetery
 15. Date of intended interment April 5, 1907
- Undertaker.
Date of Certificate..... Residence.....

Ramey Rector 1906

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 Ramey Rector
2. Sex Male 3. Color White 4. Age 23 yrs.
5. Married or single Single
6. Date of death APR 22 1906
7. Cause of death Killed by L. and N. R.R.
8. Duration of last illness _____
Residence Jno E Gray Coroner, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Japan
11. Residence White Stour Inaugy Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father Wm Rector
14. Place of intended interment Fairview Cemetery
15. Date of intended interment APR 23 1906
GERARD & GERARD,
Engquist A Gerard, Undertaker.
Date of Certificate APR 23 1906 Residence _____

Hettie J. Redford 1894

673 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 Hettie J. Redford
2. Sex female 3. Color white 4. Age 65 yrs
5. Married or single married
6. Date of Death Sept 16, 1894
7. Cause of Death Apoplexy
8. Duration of last Illness Two months
Dr. W. D. Damm, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Warren Co Ky
11. Residence State st Ward No. 1
12. Time of Residence in the City Life
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Fairview Cem
15. Date of intended Interment Sept 17 1894
Chas. Payne, Undertaker.
Date of Certificate _____ Residence _____

Child of J. C. & Anne Redmon 1893

478 66

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Child of J. C. Redmon.*
2. Sex *Female* 3. Color *White* 4. Age *3 weeks*
5. Married or Single *Single*
6. Date of Death *Feb 7th, 1893.*
7. Cause of Death *Morphia Poisoning*
8. Duration of last Illness *12 hours*

J. S. Johnson, M. D.
Residence *Bowling Green Ky.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City*
11. Residence *Main Street* Ward No *4th*
12. Time of Residence in the City *3 weeks*
13. When a Minor. } Name of Mother *Anne Redmon*
 } Name of Father *J. C. Redmon*
14. Place of intended Interment *Joseph County*
15. Date of intended Interment *Feb 8th 1893.*

J. O. Gerard & Bro, Undertaker.

Date of Certificate *Feb 7th 1893.* Residence _____

Lou Redmon 1896

Out of Town 67

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Lou Redmond

2. Sex male 3. Color Blk 4. Age 26 years

5. Married or single _____

6. Date of Death August 3 1896

7. Cause of Death Shot

8. Duration of last Illness _____

B L Queen M.C., M.D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Country

11. Residence Center + 3rd 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 Country

15. Date of intended Interment August 7 1896

Pratt & Payne, Undertaker.

Date of Certificate _____ Residence _____

Buried in Country

Daisy Reed 1897

68

Outside 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 *Miss Daisy Reed*

2. Sex *Female* 3. Color *white* 4. Age *18 yrs*

5. Married or single *Single*

6. Date of Death *Sept 13 - 1897*

7. Cause of Death *Typhoid Fever*

8. Duration of last illness *three weeks*

A. C. Wright, M. D.

Residence *College St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Kentucky*

11. Residence *College St* Ward No. *1st*

12. Time of Residence in the City *Four weeks*

13. When a Minor { Name of Mother _____
Name of Father *Erwin Reed*

14. Place of intended Interment *Washburn Ter*

15. Date of intended Interment *Sept 14 - 97*

Guard Guard, Undertaker.

Date of Certificate *Sept 13* Residence *College St*

Child of T. R. Redy 1901

69

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 Mrs. Mrs. T.R.

- 1. Name of deceased Infant Redy
 - 2. Sex 3. Color white 4. Age
 - 5. Married or single
 - 6. Date of death Apr 30 1901
 - 7. Cause of death Still Born
 - 8. Duration of last illness
- Miss* B. H. Mellisham, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation
 - 10. Place of birth city
 - 11. Residence Ward No.
 - 12. Time of residence in the City.
 - 13. When a minor { Name of Mother Mrs. T. R. Redy
 { Name of Father T. R. Redy
 - 14. Place of intended interment Famian
 - 15. Date of intended interment Apr 30 1901
- , Undertaker.
Date of Certificate Residence

Child of T. R. Reedy 1896

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.

of Mrs. Mrs. T. R.

1. Name of deceased Infant Reedy

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

5. Married or single _____

6. Date of Death Aug. 14, 1896

7. Cause of Death Still Born

8. Duration of last Illness _____

J. P. C. J. P. Cartwright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth city

11. Residence _____ Ward No. 2

12. Time of Residence in the City _____

13. When a Minor { Name of Mother Mrs. Reedy.
Name of Father T. R. Reedy

14. Place of intended Interment Fairview

15. Date of intended Interment Aug 14 1896

Pratt & Payne, Undertaker.

Date of Certificate _____ Residence _____

J. Toney Reel 1909

71

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

RETURN OF A DEATH.

597

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased J. Toney Reel
2. Sex male 3. Color red 4. Age 65 yrs
5. Married or single married
6. Date of death March 15 - 1909.
7. Cause of death Nephritis, and Rheumatism.
8. Duration of last illness about 3 months

J. W. Willis, M. D.
Residence Bowling Green,

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Black Smith
10. Place of birth Ligon County
11. Residence 5-29 1/2 Ky Street Ward No. 3
12. Time of residence in the City. about 30 yrs
13. When a minor { Name of Mother _____
Name of Father Joseph Reel
14. Place of intended interment Putnam Memorial Cemetery
15. Date of intended interment March 17 - 1909

J. E. Stacy Kendall Undertaker.

Date of Certificate March 16 - 09 Residence 7 College St

Child of P. D. & Ida Reese 1906

72

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

of P.D. + Ida

1. Name of deceased Infant Reese

2. Sex female 3. Color White 4. Age 2 weeks

5. Married or single _____

6. Date of death Aug - 10 - 1906

7. Cause of death Seven Small Invasions

8. Duration of last illness 2 weeks

H. S. Huddle M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth City

11. Residence E High St Ward No. _____

12. Time of residence in the City. 1 yr

13. When a minor { Name of Mother Ida Reese
Name of Father P.D. Reese

14. Place of intended interment Fulton Ky

15. Date of intended interment Aug - 11 - 1906

J. Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

Jesse Reeve 1882

73

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Jesse Reeve*
 2. Sex *Male* . 3. Color *White* . 4. Age *74 years*
 5. Married or Single *Single*
 6. Date of Death *Oct 11th 1882*
 7. Cause of Death *disease of Heart & Kidney*
 8. Duration of last Illness *Two or three months*
Abingdon, M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Shoe Maker*
 10. Place of Birth *Virginia*
 11. Residence *Mecanic Street* . Ward No *3⁰*
 12. Time of Residence in the City *53 years*
 13. When a Minor { Name of Mother
 Name of Father
 14. Place of intended Interment *Fairview Cent*
 15. Date of intended Interment *Oct 12th 1882*
F. LeGross, Undertaker.
 Date of Certificate *Oct 11th 82* . Residence

Democrat Job Print

Warren County, Kentucky Death Records, Box 4, Folder 3 (Q to Ree)