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1877

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

Manuscripts & Folklife Archives Western Kentucky University, mssfa@wku.edu

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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 G. J. Luinuf 2. Sex Male 3. Color White, 4. Age 32 yr 5. Married or single Manual
5. Married or single Manual
6. Date of death pri 7/1901, 7. Cause of death Prancouca,
8. Duration of last illness B. Kught, M. D Residence B. Guan Sy,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth 11. Residence Church St. Ward No, 3,
11. Residence blunch St, 12. Time of residence in the City. Several Months (Name of Mother
13. When a minor Name of Father
14. Place of intended interment Jawouw Manual 1901
Guard and General, Undertaker.
Date of Certificate 9900 /// 900 . Residence

Amanda Quisenberry 1908

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 Can and & Princen berry
2. Sex funale. 3. Color Blick 4. Age 13
5. Married or single 6. Date of death 9an -29-1908
6. Date of death Commine front dicum
8. Duration of last illness
Bryse M.a. Bigger, M.D.
Residence
The second s
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth again Carry Ky
11. Residence Ward No, Ward No,
12. Time of residence in the City.
13. When a minor Name of Father
14. Place of intended interment
15. Date of intended interment
Undertaker.
Date of Certificate Residence

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

#### Adam Rabold 1878

Tì	is Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of Deceased Abum Rubolil, Rabold
	Sex male . 3. Color White . 4. Age 30 mg-
	Married or Single Married,
	Date of Death Mich 2 wer + 78.
	Cause of Death Philtie's Pulumalis,
	Duration of last Illness 4 yr Milileonuill, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	
10.	Place of Birth_Bucc
	Re
II.	Residence
1	Residence
12.	Time of Residence in the City
12.	
12. 13. 14.	Time of Residence in the City
12. 13. 14.	Time of Residence in the City
12. 13. 14. 15.	Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Fairing County Date of intended Interment Man 2000 1878 Undertaker.
12. 13. 14. 15.	Time of Residence in the City

Elizabeth Rabold 1898

1141 0 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 Mis Elegebith Rabold 2. Sex Jensale 3. Color Achites 4. Age 73 yrs 5. Married or single mider
5. Married or single main 6. Date of death June - 14 - 1898 7. Cause of death Paralysis
8. Duration of last illness
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Warren Co. Ky 11. Residence Chustmut SI. Ward No. 14 12. Time of residence in the City Life Line
13. When a minor Name of Father
14. Place of intended interment fine - 15 -1878 15. Date of intended interment Fairur ken Guard Pluard, Undertaker.
Date of Certificate me

Henry Rabold 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	11. 2/10
1.	Name of deceased Sterry Rabold, Sex Mary 13, Color White 4. Age 67 470
2.	Name of deceased A fair White 4. Age 67 476 Sex Male 3, Color 4. Age 67 476 Married or single, Window ar
5.	Married or single
6.	Date of death Mar, 28" 1912. Cause of death obar Pronumonia, of Printal Statistic
7.	Cause of death Obar Pronumonia, P Vital Statist
8.	Duration of last illness England A Gurand, Funnal Du
	Oughing of perana, Junitely
	Residence Bowling Gran No.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Place of birth Wayran, G. M Residence Dayton, Ohin Ward No.
10.	Place of birth Wayran, Go, My
11.	Residence Baylow, Ohm Ward No.
12.	Time of residence in the city
13.	When a minor { Name of mother
101	(Name of father Cometerni
14.	Place of intended interment
	Date of intended interment. $Mar, ng''   g   v$ .
15.	e of Certificate Man, 49" 1912 Residence Undertaker
	e of Certificate Way, 49" 1911. Residence

Mrs. Henry Rabold 1900

13 0	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 BUBIAL	
1. Name of deceased Mus Henry Babold	
1. Name of deceased Musting Rabold 2. Sex Funder 3. Color While 4. Age 55 yes. 5. Married or single Manuel 6. Date of death Puby, 12," 1909	
and and a second	
5. Married or single Marrie 1900 6. Date of death Heby, 12," 1900 7. Cause of death Arart Failure	
8. Duration of last illness B. Millipun N. D.	
B. A. Milligun , M. D Residence Innling Gun Sty	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Ward No. 3	Ļ
	*
12. Time of residence in the City	
13. When a minor Name of Mother	
14. Place of intended interment Fairwiren Conwelling	4
15. Date of intended interment of 111913 1900	-
June Davard, Undertaker	•
Date of Certificate July 13 1900. Residence	
	2
1	

Child of W. H. & Mollie Rabold 1896

<b>RETURN OF A DEATH</b> . PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. A Name of deceased A Till A A Auto M. Sex Marle. 3. Color Mile. 4. Age Cannot S. Married or single Single C. Date of Death School & G C. Cause of Death School & G C. Cause of Death School & G Duration of last Hiness Married on Single Single Duration of last Hiness Married Death School & G Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Offy 11. Residence in the City School & G 12. Time of Residence in the City School & G 13. When a Minor Name of Mother Mis. Molling Marrier 14. Place of intended Interment A School & G Marrier & Marrier 15. Date of intended Interment A School & G Marrier & Marrier Date of Certificate Marrier Marrier Marrier Date of Certificate Date of Certificate Cert	4	tis Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
<ul> <li>Monrie</li> <li>Name of deceased 6 July A. Rahrlad</li> <li>Sex Made. 3. Color Mile. 4. Age Gancour</li> <li>Married or single Single</li> <li>Married or single Single</li> <li>Date of Death Supple</li> <li>Date of Death Burnes Anumoria</li> <li>Duration of last Illness</li> <li>Multiply and an analysis</li> <li>Multiply and an analysis</li> <li>M. D. Residence</li> <li>UNDERTAKER'S GERTIFICATE IN RELATION TO DECEASED.</li> <li>Occupation</li> <li>Place of Birth Affrage</li> <li>Time of Residence in the City Samuella for the formula for the fo</li></ul>		
1. Name of deceased <i>Mility A. Mahrluk</i> 2. Sex <i>Matter</i> . 3. Color <i>Matter</i> . 4. Age <i>Generation</i> 5. Married or single <i>Mility 4</i> . Age <i>Generation</i> 6. Date of Death <i>Statutes Mathematical</i> 6. Date of Death <i>Statutes Mathematical</i> 7. Cause of Death <i>Burnes Mathematical</i> 8. Duration of last filness <i>Generatives Mathematical</i> 8. Duration of last filness <i>Generatives Generatives Mathematical</i> 8. Duration of last filness <i>Generatives Generatives Mathematical</i> 9. Occupation 10. Place of Birth <i>Gategy</i> 11. Residence in the City <i>Generative</i> 12. Time of Residence in the City <i>Generative</i> 13. When a Minor Name of Mother <i>Mis</i> , <i>Mollie Rahmen</i> 14. Place of intended Interment <i>Graup to Generative</i> 15. Date of intended Interment <i>Mathematical</i> , <i>Mathematical</i> , <i>Mathematical</i> <i>Generatives Mathematical</i> , <i>Mathematical</i> <i>Generatives Mathematical</i> , <i>Mathematical</i> <i>Generatives Mathematical</i> , <i>Mathematical</i> 15. Date of intended Interment <i>Mathematical</i> , <i>Mathematical</i> <i>Generatives Mathematical</i> , <i>Mathematical</i> <i>Generatives Mathematical</i> , <i>Mathematical</i> <i>Mathematical</i> , <i>Mathematical</i> , <i>Mathematical</i> <i>Generatives Mathematical</i> , <i>Mathematical</i> <i>Mathematical</i> , <i>Mathematical</i> , <i>Mathematical</i> , <i>Mathematical</i> <i>Mathematical</i> , <i>Mathematical</i> <i>Mathematical</i> , <i>Mathematical</i> <i>Mathematical</i> <i>Mathematical</i> <i>Mathematical</i>		
5. Married or single single 6. Date of Death Support of 6/1896. 7. Cause of Death Burles 8. Duration of last Illness Support of Last Illness Support of Last Illness Support of Last Illness Support of Last Illness INDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Office 11. Residence Support of Last 12. Time of Residence in the City Support North Charles 13. When a Minor Name of Mother This, Institut Part 14. Place of intended Interment Support of Councils 15. Date of intended Interment Support of Councils 15. Date of intended Interment Support of Councils 16. Current Support of Councils 17. Current Support of Councils 18. Current Support of Councils 19. Current Sup	Ι.	1 Poll sin lou
6. Date of Death Support of Section 2019 1996. 7. Cause of Death Burned Commonia 8. Duration of last Tilness Support of the Section of Common M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Offy 11. Residence Support of Market Ward No. 3 12. Time of Residence in the City Support No. 19 13. When a Minor Name of Mother Inio, Involute Maket 14. Place of intended Interment Support Support Community 15. Date of intended Interment, Support 1996 Office Support 1997 Office S		, , , , , , , , , , , , , , , , , , , ,
8. Duration of last IIIness		e el a se
John Place of intended Interment Spanner Marker, Marker Marker, Marker		
10. Place of Birth Ofly 11. Residence Multip shull Ward No. 3 12. Time of Residence in the City Smullip 13. When a Minor Name of Mother Mio, Mollie Rahr Name of Father Hollie Rahr 14. Place of intended Interment State of State State		Residence
11. Residence Mentur Hy struck Ward No. 3 12. Time of Residence in the City Smooth 13. When a Minor Name of Mother Mis, Mollie Rahr Name of Father Hollie Rahr 14. Place of intended Interment Structure Commits 15. Date of intended Interment Supple 4/96 Hollie Marker.	9.	Occupation
12. Time of Residence in the City Summarks 13. When a Minor Name of Mother Mio, Mollie Raho 14. Place of intended Interment of Josephio Cumula 15. Date of intended Interment, Supply 196 . Cuand Misso, Undertaker.	10.	Place of Birth 6 July
13. When a Minor Name of Mother Mis, Mollie Rabo. Name of Father A Handle. 14. Place of intended Interment of Jozephio Council. 15. Date of intended Interment, Supple 49/96 A. Cuand Misso, Undertaker.	II.	Residence Suntully shull Ward No. 3
13. When a Minor Name of Father It Kabula. 14. Place of intended Interment Start 15. Date of intended Interment, Suppl. 19.6 A. C. C. C. March 19.0, Undertaker.	12.	M. M
15. Date of intended Interment, Supt 27/96 D. G. Guand Horo, Undertaker.	13.	When a Minor }
H. C. Kuard Horo, Undertaker.	14.	Place of intended Interment of frathe Current
Date of Certificate	15.	All hard the
	Date	e of Certificate

William Andrew Rabold 1908

	8
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	-
DEFILIDAL OF A DEATH	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Win andrew Rabald	
2. Sex male 3. Color white 4. Age 54 gr 9	
5. Married or single manual .	
6. Date of death January -1 - 1908 7. Cause of death	
7. Cause of death dama a parage	
8. Duration of last illness	
J.W. Slam, M	. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Reity .	
11. Residence man biy. Ward No,	
12. Time of residence in the City.	
(Name of Mother	
13. When a minor Name of Father	
14. Place of intended interment Fairview Curch	Ey.
15. Date of intended interment January - 2 - 1907 .	
Hawley Payne, Underta	aker.
Date of Certificate Residence	
Pare of certificate	

## A. J. Ragland 1905

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased A. Ang tand 2. Sex Male 3. Color White 4. Age 54
<ol> <li>Married or Single</li> <li>Date of death July 7" 05.</li> </ol>
7. Cause of death acute Indigestion with felalysis I bladd 8. Duration of last illness on no
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Taurn County State St.
11. Residence Ward No.
12. Time of residence in the city         13. When a minor         Name of Father
14. Place of intended interment Fairwing Country 15. Date of intended interment fuly 3"0.5
Date of Certificate July 115 Residence

Adline Ragland 1912

	RETURN OF A DEATH.
No.	
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased adline Rayland
2.	Sexunale 3. Color Cal 4. Age 1/15
5.	Married or Single Widow
6.	Date of death Jon 29 1912
7.	Cause of death Results of Old Age
8.	Duration of last illness short hime 3-4 weeks
	W= ABuggs , M.D
	Residence Browhing Freen, Sky.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation at Home
10.	Place of birth Viagnia
10.	Residence Bowling Green the Ward No.
11.	Time of residence in the city Dout Know
12.	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment MM Marich Ven
15.	Date of intended interment from 30 19/2
	Englis Killy Undertaker
Dat	e of Certificate Residence & HA

Bob Ragland 1893

5521	11
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
1. Name of deceased Bot Hagland	
2. Sex hale . 3. Color col . 4. Age \$0	
5. Married or Single Manual	
6. Date of Death france 10 183	?
7. Cause of Death Onsumption	
8. Duration of last Illness Jos P. Cartwright, M. D. Residence	
	*
9. Occupation Jaborer 10. Place of Birth Zerr	
11. Residence Chesting	
12. Time of Residence in the City 4 march	
13. When a Minor. Name of Mother	
14. Place of intended Interment at Monale	
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 & Ragland	
2. Sex mach. 3. Color whice . 4. Age 172 Jun	
5. Married or single Single	
6. Date of death Thray 27 1900	
7. Cause of death Concernation 8. Duration of last illness Dix months	
I. W. Coaculy, M. D	
Residence Born Ling Green	R
	1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Constable	
10. Place of birth County	
11. Residence Atte . Ward No.	***
12. Time of residence in the City	
13. When a minor Name of Mother	
14. Place of intended interment Januar	
15. Date of intended interment 30 500	-
Hawley Vagme, Undertake	r.
Date of Certificate Residence	***
	3.5

Ella C. Ragland 1909

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs. Olla, J. Jagland,
2.	Sex Finnala, 3. Color While 4. Age 69415.
5.	Married or Single Willow
6.	Date of death fully 6"1909. Cause of death Chronic, Diarrhra
7.	Cause of death Chronic, Brarrhra
8.	Duration of last illness
	Besidence Decatur ala. M. D
ĸ	Residence Netration Decent.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Warraw County Sty
11.	Residence Milalun Mar, Ward No.
	Time of residence in the city
12.	Time of residence in the city-
	When a minor { Name of Mother
13.	When a minor { Name of Mother
12. 13. 14.	When a minor { Name of Mother Name of Father Place of intended interment Unity I and
13.	When a minor { Name of Mother Name of Father Place of intended interment Date of intended interment Muly 8"1909.
13. 14. 15.	When a minor { Name of Mother Name of Father Place of intended interment Unity I and

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

Ella C. Ragland 1909

₽ No. 465	TRANSIT I	PERMIT.	6kgo
BEBWIL WORL IN ALL CARE Permit aged	CALVIN BRO Lever Alar County of 22 ision is hereby given to remove the rem 20 Ella C. Ray 1909, the analy Delanshea ed for burial at	WIN & SON, <i>longand</i> . State of A.A. 7.6. 19 nains of	sit PERMIT N

Henry Ragland 1881

	This Constitutes ONE CERTIFICATE to be return a City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Hinry Pagland
2.	Sex Tuche . 3. Color black . 4. Age 14
5.	Married or Single Tuania
6.	Date of Death John 26th 1881
7.	Vause of Death Lyphiles
8.	Duration of last Illness Dighter hearth
	PE Sourcesed, M.D.
	Residence Dowling Source 15
9. 10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
10	Occupation Place of Birth 2
10 11.	Occupation Place of Birth Residence Ward No 2
10 11. 12.	Occupation Place of Birth Residence Ward No 2
10 11. 12. 13.	Occupation Place of Birth Residence Time of Residence in the City
10 11. 12.	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father
10 11. 12. 13. 14.	Occupation         Place of Birth         Residence       Ward No         Time of Residence in the City         Time of Residence in the City         When a Minor         Name of Mother         Name of Father         Place of intended Interment         Date of intended Interment

Josh Ragland 1898

1.161-15
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Josh Ragland
2. Sex mak. 3. Color black. 4. Age 80 yr
5. Married or single maining 6. Date of death July 25 1578
7. Cause of donth Malfand for
8. Duration of last illness two whether Sm. S. M. D.
S.W.S. J. W. Coorder, M. D.
Residence Barching Green My
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Jacour
10. Place of birth
11. Residence Thanua an . Ward No. 3
12. Time of residence in the City Gean
13. When a minor Name of Father
Torrent, hound
14. Place of intended interment fully 27 1858
Mawley Payme, Undertaker.
Date of Certificate Residence

Mary Ragland 1899

63 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 Gayland	
2. Sex female 3. Color Blike. 4. Age 71 yor	_
5. Married or single mid aw 6. Date of death Oak 14 1899	
6. Date of death Car 14 1015 7. Cause of death Reumonin	
8. Duration of last illness Do Ray Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth 11. Residence Bart 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	
15. Date of intended interment	
Date of Certificate Residence	•
· · · · · · · · · · · · · · · · · · ·	4
	-

Slaton Ragland 1906

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.
OFF POO
1. Name of deceased Station Ragland.
2. Sex male 3. Color Black 4. Age 25 m
5. Married or single married. 6. Date of death Quynt. 23 1906
7. Cause of death <u>Constractoral</u> 8. Duration of last illness / with .
D. Q. Campbell, M. D.
Residence City
AND DETERMENTS OF A DETERMENTS IN DETAILON TO DETERMENT
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9 Accumation I.R. auction man
10. Place of birth
9. Occupation IR section man 10. Place of birth 11. Residence /4 + / A Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother
(Name of Father
14. Place of intended interment hay Moniah
15. Date of intended interment Ruguest 24 1906 Hawley Payme, Undertaker.
Hawley Daym, Undertaker.
Date of Certificate Residence

William H. Ragland 1900

6.3	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 min & Ragland	
2. Sex male. 3. Color while 4. Age 29 -	
5. Married or single Angle 28 1900	
6. Date of death Pulmonary tuberculoric	
8. Duration of last illness	
Ar Milos Grace Brown . M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
to. Place of birth louty	_
11. Residence Ward No	
) Name of Mother	
) Name of Father	
14. Place of intended interment Jawwww 15. Date of intended interment June 27 1900	
15. Date of intended interment from 27 1900, Undertaker.	
Date of Certificate Residence	

William S. Ragland 1909

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Nome of deserted Um S. Ragland.
1.	Name of decersed
2.	Sex Mary 3. Color Matter 4. Age 7 4 yrs.
5.	Married or Single
6.	Date of death June, 4, 1909.
7.	Cause of death Approprinty.
8.	Duration of last illness-
	J. W. Dlowl , M. D.
	Residence B. Fruan Sty, M. D.
	Undertaker's Certificate in Relation to Deceased.
9	
9.	Occupation Warnher hormet
10.	Occupation Place of birth
10. 11.	Occupation Place of birth Warrhy Connecty Residence State St. BOWLING GREEN, IN. Ward No.
10.	Occupation Place of birth Residence State St. BOWLING GREEN, KY. Ward No. Time of residence in the city.
10. 11.	Occupation Place of birth Residence State St. BOWLING GREEN, XY. Ward No. Time of residence in the city When a minor { Name of Mother
10. 11. 12. 13.	Occupation Place of birth Residence State Strew Constit Time of residence in the city When a minor { Name of Mother Name of Father Winning Constant
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>	Occupation Place of birth Residence State Strew Constitution Time of residence in the city When a minor { Name of Mother Name of Father Place of intended interment
10. 11. 12. 13.	Occupation Place of birth Residence Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Man S''1919
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Residence Marry Constit Residence Marry Constit Residence Marry Constit Time of residence in the city Time of residence in the city When a minor Name of Mother Name of Mother Name of Father Place of intended interment Date of intended interment Marry S'1919 GERARD & GERARD, Undertaker.
<ol> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	Occupation Place of birth Residence Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Manual Manual Manu

Joyce Camp Ragsdale 1905

Do D
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Ragidale
1. Name of deceased Jung en Camp Magalale 2. Sex Jungen 8. Color Black. 4. Age 18 yr
5. Married or single married -
7. Cause of death anemia with a cute dide tation
8. Duration of last illness
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Franklin Fry
11. Residence W Chutuwo Ward No,
12. Time of residence in the City.         13. When a minor         Name of Father
14. Place of intended interment Fagure Gener
15. Date of intended interment from 100 Raway Day Undertaker.
Date of Certificate Residence

James J. Rainey 1912

	RETURN OF A DEATH.
	_1257
	Physician's Certificate Preparatory to Burial.
	1 - Anian
1.	Name of deceased Lamas & Warny
2.	Sex Mark. B. Color Athan 4. Age 48 473.
5.	Physician's Certificate Preparatory to Burial. Name of deceased famas, Maining Sex Male, 3. Color White 4. Age 48 yrs. Married or Single Manuak.
6.	Date of death AMPR 20 1912.
7.	Cause of death Entra August
8.	Duration of last illness 2 Lay
	It PE orlinght , M. D.
	Residence BOWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Marchant.
10.	Paris Jame.
11.	Place of birth Marin BF. Ward No. Z
12.	Time of residence in the city_20 yrv.
13.	When a minor { Name of Mother
14.	Place of intended interment St. Josephs, Canalicy
15.	Date of intended interment Saft. 27" 1912
	GERARD & GERARD. Undertaker.
Date	e of Certificate Saft 26/1912 Residence SOWLING GREEN, K

Mrs. James Rainey 1894

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Mis as Jailly.
2. Sextemale S. Color Malle 4. Age 22 425. 5. Married or single Married.
6. Date of Death Hefry 21"/94 7. Cause of Death Setticacing or bood poison
8. Duration of last Illness
Residence Blyky
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth, June see 11. Residence Adams H. Ward No. 3 - d
12. Time of Residence in the City
13. When a Minor Name of Mother
14. Place of intended Interment Mumphic June 15. Date of intended Interment Fily 22"/94 Howard Horald Horald
Date of Certificate Residence

John R. Ralston 1909

✓ ♥ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♥ ♥	33
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased John Malston	
2. Sex Male 3. Color White 4. Age 87	
5. Married or Single Married	
6. Date of death fung 11th - 1909	
7. Cause of death Mights Whashing	
8. Duration of last illness	
, M. D.	/
Residence NWW Lucy / Jan	ly
Undertaker's Certificate in Relation to Deceased.	)
9. Occupation	
10. Place of birth Darren Daudale Sig	
11. Residence Suchanala W1. Ward No.	
12. Time of residence in the city	
13. When a minor Number of Mother	
(Name of Father Fairview Cemetery	
<ol> <li>Place of intended interment Summum Communication</li> <li>Date of intended interment Summ 12/1909.</li> </ol>	
1 GERARD & CETTURE	
Date of Certificate	
nepuence.	
	18

Walter R. Ramsey 1908

RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Walter R Ransey 2. Sex male. 3. Color white. 4. Age 64 Ja
5. Married or single manie
7. Cause of death Journalia with Complecation
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 Narren County
11. Residence & Park Amar Fairvien Cak Ward No,
12. Time of residence in the City.
14. Place of intended interment Molivet
15. Date of intended interment they - 8 - 1900, Undertaker.
Date of Certificate Residence

William Ramsey 1901

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	25
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
William Raysuy.	
1. Name of deceased www.	r
2. Sex Mala 3. Color Maile 4. Age 70 41 5. Married or single Singly,	
6. Date of death March, 27/1901, .	
7. Cause of death Onenword	
8. Duration of last illness about & days	
, M Residence	. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Glasgory, Scolland, 11. Residence Marin St, Ward No, 3	
11. Residence Main St, Ward No, 3	
12. Time of residence in the City. 95 yrs	
13. When a minor Name of Mother	
14. Place of intended interments Hairy in a Currely	
15. Date of intended interment Mar, 28/1901,	
Burand and Guard, Undert	aker.
Date of Certificate Man, 18/1901, Residence	

Rich Rankin 1896

860 -
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. $\mathcal{Q}_{  \rho}$
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
Name of deceased Rich Naukin Col
1. Name of deceased por a
2. Sex Male. 3. Color Slok. 4. Age 4 Sfre
5. Married or single
6. Date of Death Mar 6 1824
7. Cause of Death Near Failur
8. Duration of last Illness
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence
12. Time of Residence in the City
13. When a Minor
Name of Father
14. Place of intended Interment July Lound
15. Date of intended Interment
Undertaker.
Date of Certificate

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

C. O. Ransom 1892

449	27
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURNOF A DEATH.	
1. Name of deceased x 6 O Ranson	
2. Sex 3. Color 4. Age * 4. Ø	
5. Married or Single " married	
6. Date of Death x 26 Oct 192	
7. Cause of Death Consumption	104
8. Duration of last Illness	 ).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth & Suicepson Co	
11. Residence 8 th at Ward No. 2	
12. Time of Residence in the City x 9 9 9 10 10	2
13. When a Minor. Name of Father	
14. Place of intended Interment Fairver Cem	
15. Date of intended Interment Oct 27 1852 Prattury Pager, Undertaker	
Date of Certificate Residence	
	•

Fannie Ransom 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERT FICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Taune Manorm
2.	Sex Funch. 3. Color Mailo . 4. Age 68 /
5.	Married or Single MUNTUR
6.	Date of Death Sept 17the 1882 -
7.	Cause of Death Arrons Ey hunchion
	Duration of last Illness Sing Jano
	M. M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
10	Place of Birth
11.	Residence Ward No
12.	Time of Residence in the City
	When Minor Name of Mother
13.	When a Minor Name of Father
L <b>4</b> .	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
De	ate of Certificate Residence

Lily F. Rasdale

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 ily F Razdale 2. Sex Junale 3. Color white 4. Age 23 5. Married or single Digle
2. Sex finale 3. Color helate 4. Age 2.3
1 hr in ma
7. Cause of death Ontro Calitis 8. Duration of last illness
J. Duration of last miness. J. Wytony M. D.
Residence Bawling Much 14
Nesidence / the first fi
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Bauling Green Ky Ward No.
13. When a minor { Name of mother Rebacco Razdale Name of father Sw 11
14. Place of intended interment Mainster y. yord
15. Date of intended interment Syst 3rd
Enter Dovis Undertaker.
Date of Certificate afent 2 mg Residence BM 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.
Physician's Certificate Preparatory to Burial.
1. Name of deceased mis. Perg Rudule 2. Sex Figurale 3. Color white 4. Age 29.41
5. Married or single Married
6. Date of death for the " 09
7. Cause of death Consultion
8. Duration of last illness Deren Months Win albriggo M. D.
Residence Bourfing Freese Ky,
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Boughsing Breen They Ward No
12. Time of residence in the city Devanal yface
13. When a minor { Name of mother
(Name of father
14. Place of intended interment and share fare
15. Date of intended interment and here
Date of Certificate Sife - 17 The Residence Brun My

Fred Rasdall 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 Frid Radace
2. Sex male 3. Color White 4. Age 4 min
5. Married or single
6. Date of death War 377-1907
7. Cause of death Mun gilie
8. Duration of last niness
1. D. Cartwright funt M. D.
Residence J. E. Mundeth
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth City
11. Residence Porta & RR near Defect: Ward No.
12. Time of residence in the city <i>life</i>
(Name of mother Warry Rastale
13. When a minor Name of father Perry Radare
14. Place of intended interment 6 day and Currenty 12
15. Date of intended interment
The awling any Undertaker.
Date of Certificate Residence

Ida Rasdall 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	M. A. B. L.W.
1.	Name of deceased
2.	Sex Frink 3. Color While 4. Age 31 yrs
5.	Married or Single
6.	Date of death
7.	Cause of death Jule renden Meningchi
8.	Duration of last illness
	M. D.
	Residence Anny Freen y
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Janan, Cov.
11.	Residence Granty and . Ward No.23
12.	Time of residence in the city
19	When a minor { Name of Mother
10.	When a minor Name of Father
14.	Place of intended interment garmin num, lohuller
15.	Date of intended interment
Date	of Certificate

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.
I'm R. Hill
1. Name of degreased 1, 1, 1 august
2. Sex Male 3. Golor While 4. Age 16 100.
5. Married or single Suple
6. Date of death MAR 1.3 1907
7. Cause of death Paritonilis
8. Duration of last illness. The Stown
J. W. D.M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation. 10. Place of birth Marrow Bouch, Pika les. 11. Residence Indianola St. Ward No.
10. Place of birth another first, June Co.
11. Residence Indianota SV. 12. Time of residence in the city Swind wirks Ward No.
12. Time of residence in the city I would write
13. When a minor { Name of mother
Name of father
14. Place of intended interment Marthur Ky
15. Date of intended interment
GERARD & GERARD. Undertaker.
Date of Certificate MAR 14 1907 Residence WLING GREEN, IY
, MSS 242 ,
Etvel.

Sarah Ratz 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT	-
	RETURN OF A DEATH.	
	MARCINON OF MEDDILLE	
,	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1.		
2.	Sex Junale . 3. Color White . 4. Age	
5.	Sex Junale . 3. Color White . 4. Age Married or Single Marine	
	Date of Death Aug 5-th 1821	
	Cause of Death Consumption	
	Duration of last Illness Ley Mos-	
	Ffrance M.D.	
	Residence Bruling Gum	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9.	Occupation Q	
10	Place of Birth Argan Co Residence adams Strut Ward No 3 -	
11.	Residence adares Strut Ward No 3 -	
12.	Time of Residence in the City	
	When a Minor { Name of Mother	
10.	Name of Father	
14.	Place of intended Interment Russellville Ky	
15.	Date of intended Interment ang 6-1851	
	Hour R. C. Gerand, Undertaker.	
D	Date of Certificate aug 5-12/881. Residence 25	
	Democrat Job Print	

Oliva Rauscher 1913

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. RETURN OF A DEATH. 1359
Physician's Certificate Propostory to Burial
1. Name of deceased 2. Sex Finnal 3. Color White 4. Age 7.9 yrs. 5. Married or single Window
<ol> <li>Married or single, Married</li> <li>Date of death Mar. 12" 1913.</li> <li>Cause of death Cless Cen &amp; Flore a Ck.</li> </ol>
8. Duration of last illness.
Residence Bandyleun &
Undertaker's Certificate in Relation to Deceased.
9. Occupation Manhav 10. Place of birth Jarmany 11. Residence Adams St Ward No. 2
12. Time of residence in the city
<ul> <li>13. When a minor Name of mother.</li> <li>13. When a minor Name of father.</li> <li>14. Place of intended interment St. Josephs, barratry</li> </ul>
15. Date of intended interment. May, 14" 1913.
Date of Certificate Mar 13 - 1913. Residence B. Franky

Bessie Ray 1910

This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit.	36
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Beacil Ray	
2. Sex fimale 3. Color Col . A. Age 6	
5. Married or single Kingle	
6. Date of death markh 9-1910.	
7. Cause of death Athisis	16 
8. Duration of last illness about 10 months.	
J.W. Willis , M. I	).
Residence J 3/2 Anain st	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation *	
10. Place of birth Been ling Green	
11. Residence Jenth G. Ward No,	
12. Time of residence in the City. Aurry Uper	
13. When a minor { Name of Mother and the Angenes of Agy Name of Father	
14. Place of intended interment and performed 11-19	10
15. Date of internet and a Structure Undertak	er.
The stand the second	
Date of Certificate man and the former and the fore	
la company	

Drucilla Ray 1891

37 This Constitutes are Certificate to be Returned to the City Clerk for a Barial Permit. TETUQESI 门口 A DEATRE. PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.meula Ray. 1. Name of deceased 2. Sex Fierale 3. Color BUC. 4. Age 17 422 5. Married or Single 6. Date of Death July reles 7. Cause of Death 8. Duration of last Illness Cleves amilton . M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth Warren Co. 11. Residence Mari atures. Ward No de "/ 12. Time of Residence in the City\_\_\_\_ Name of Mother Jan Ray 13. When a Minor. 14. Place of intended Interment Que 15. Date of intended Interment July 10 / 9/ H. C. Gurard, , Undertaker. 9/ Residence Date of Certificate

Harriett Ray 1896

# sair yeig ?	38
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Anniett Ray 2. Sex Junale 3. Color Bly . 4. Age 77 5. Married or single Manual	
6. Date of Death Stat 21/96. 7. Cause of Death Atcart Failure 8. Duration of last Iliness	
<u>A.G. Mught</u> , M. D. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birth Wanne 60 11. Residence 10 th shut Ward No. 3 The fill is a fill	
12. Time of Residence in the City	.1
14. Place of intended Interment County In An yrs 15. Date of intended Interment Suph 19"/96 H. G. G. W. M. T. Bue, Undertaker.	4
Date of Certificate Alt 4/196 Residence	)

Henry Ray 1897

992 0	39
This Constitutes One Certificate to be Returned to the	City Clerk for a Burial Permit.
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREPARATO	DRY TO BURIAL.
1. Name of deceased Aun Ra	<u> </u>
2. Sex Male . 3. Color BAC	. 4. Age 97 4920 .
6. Date of Death March 8"	1897.
7. Cause of Death Valvar dense	afheart
8. Duration of last Iliness	
G. A. Mon	Jeluy, M. D.
Residence	With James James and James
UNDERTAKER'S CERTIFICATE IN RELATI	ON TO DECEASED.
9. Occupation	
10. Place of Birth Logger for	uly,
11. Residence & Month	. Ward No.
12. Time of Residence in the City	The Design of th
13. When a Minor } Name of Mother	the second s
Name of Father	The second secon
14. Place of intended Interment of c	Conah Qum.
15. Date of intended Interment Mari	9"/899.
Sto Guard Y	Undertaker.
Date of Certificate May 8/97. Resid	ence (

James Ray 1892

4	120 \$ 40
	This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,
	RETURN OF A DEATH.
	1. Name of deceased and Ray,
	1. Name of deceased fames Ray, 2. Sex Male 3. Color BUU: 4. Age 13 yrs
	5. Married or Single Sugle
	6. Date of Death full H 192,
	7. Cause of Death Inf Camatian of Rounds
	8. Duration of last Illness mark
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	9. Occupation
	10. Place of Birth Hentucky
	11. Residence State Street Ward No. 1st .
	12. Time of Residence in the City
	13. When a Minor. Name of Mother Heury Ray
	14. Place of intended Interment MA Mouch
	15. Date of intended Interment July 5/9 2
	Date of Certificate July 4/92. Residence City

Joe Ed Ray 1907

This Constitutes One Certificate to be Rearined to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of degeased for Ed Pay. 2. Sex Male 3. , Color Whith 4. Age 42990. 5. Married or single Manual.
<ol> <li>Date of death ang 31" 1907.</li> <li>Cause of death Paralysis</li> <li>Duration of last illness &amp; days. J.W. Stour.</li> </ol>
I, W, S tour, M. D. Residence ROWLING GREEN, KY
Undertaker's Certificate in Relation to Deceased.
<ol> <li>9. Occupation</li> <li>10. Place of birth allaw 60,</li> <li>11. Residence Junton St. Ward No. / Ward No. /</li> </ol>
11. Residence  Munton St.    12. Time of residence in the city
13. When a minor Name of father
<ol> <li>Place of intended interment. Suppl. 1"1907.</li> <li>Date of intended interment. Suppl. 1"1907.</li> </ol>
Date of Certificate Sift 1"07 Residence BOWLING GREEN, K MW Ray dird maar Benning ui Vauru 60, Eugener a Grand,
Eugener almand,

Kittie Ray 1891

Out oftown	42
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
	14
1. Name of deceased Kittie Ray.	
2. Sex Jernale 3. Color Blill. 4. Age 1 year	
5. Married or Single Grand Co	
6. Date of Death Sept 23/91	
7. Cause of Death Spalm	
8. Duration of last Illness Jell Celing	
·, M. D.	
Residence	
9. Occupation	
10. Place of Birth Octor	
11. Residence Renderetty St. Ward No. 3rd	
12. Time of Residence in the City	
13. When a Minor. > Name of Mother	ŧ
S Name of Father	
14. Place of intended Interment Aga V Prichow Ky	41
15. Date of intended Interment, Jept 24/9/	
Undertaker.	••
Date of Certificate July Residence 10114	

Peter Ray 1882

	This Constitutes ONE CERTIFICATE to be return the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Keler ay
2.	Sex Mall. 3. Color Black 4. Age 413
5.	Married or Single g Marrayel
6.	Date of Death July 28th 1882
7.	Cause of Death Reunouna
8.	Duration of last Illness A DAY
	M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
10. 11.	
11.	Place of Birth
11. 12.	Place of Birth Ward No G Residence Ward No G Time of Residence in the City ( Name of Mother
11. 12.	Place of Birth Ward No 3-2 Time of Residence in the City
11. 12. 13.	Place of Birth Ward No 34
11. 12. 13. 14.	Place of Birth
11. 12. 13.	Place of Birth Ward No 34
111. 112. 113. 114.	Place of Birth Ward No 64 Residence Ward No 64 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment 
111. 112. 113. 114. 115.	Place of Birth         Residence       Ward No         Time of Residence in the City         Time of Residence in the City         When a Minor         Name of Mother         Name of Father         Place of intended Interment         Date of intended Interment

Child of Raymond & Carrie Ray 1911

RETURN OF A DEATH.	
Any sicial s Certaicate Treparatory to Durian.	
1	
Name of deceased Infantist Call My	
Sex 1/all 3, Color 4. Age	
Married or Single Angle	
Date of death funder 12/1911	
Cause of death <u>preprinters</u>	
Duration of last illness-	
J. J. Hulperford, M.	D.
Residence	
Undertaker's Certificate in Relation to Deceased.	
Decupation	
Place of birth Dy Christian Duy	
Residence Ward No. 3	
Time of residence in the city	١.
When a minor { Name of Mother Dawn Man. Name of Father Daymond Changer	
Place of intended interment of the the mountain the mount	an
Date of intended interment	
GERARD & GERARD, Undertak	er.
of Certificate fun 12/11. Residence & Hum	J.
	larried or Single Singl

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

Sally Ray 1880

1	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 Key Ray
2.	Sex Funch . 3. Color Black . 4 Age Syconolis
5.	Married or Single Single
6.	Date of Death Auce 621880
7.	Cause of Death Rhumatism
8.	Duration of last Illness Fine clay
	Residence Chiston St.
	Residence Chestant St
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
	Place of Birth
	Residence Mucanic Shut Ward No. 3-
	Time of Residence in the City
	Name at Mother Martha Ray
13.	When a Minor Name of Father Peter
14.	Place of intended Interment Col Cent
15.	Date of intended Interment Que 75 1880
10.	Thank Okerand . Undertaker.
Da	te of Certificate Residence

Samuel Ray 1899

M	4x 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. Ni	ume of deceased Same Ray	
2. S	ex male. 3. Color Black 4. Age 73 yr	
5. M	arried or single midamu	
6. D	ate of death Phrum onia	
	uration of last illness	
	Residence	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. O	ccupation Lobor	
10. Pl	ace of birth	
	esidence Payn At bet hearin + 10 thelt. Ward No. 8	
12. T	ime of residence in the City	
13. W	Vhen a minor Name of Mother	
	1.000 . 1	
	lace of intended interment Allanco h	
15. D	ate of intended interment 27 1813	
Date o	of Certificate Residence	

Susan Ray 1896

Out of town 9 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 Aurage Ray
2. Sex Fundle 3. Color SHL. J. 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
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence // the struck. Ward No. /
12. Time of Residence in the City
13. When a Minor Name of Mother
14. Place of intended Interment Covington Graphing
15. Date of intended Interment Mar 26/96.
Date of Certificate Man 2999 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 Thile Age 57 m	e.
5. Married or single Manual	
6. Date of Death Aur 30/1896	-
7. Cause of Death row Dis 2 Heard	
8. Duration of last Illness Aan 9 mg	
M.D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Logan County	
11. Residence Park Stull. Ward No. 1 th	
12. Time of Residence in the City 8 yrv.	
13. When a Minor } Name of Mother	
Name of Father	
14. Place of intended Interment Fairwall Cumuling	0
15. Date of intended Interment Dull 3/ "/96.	
F. Q. Syand Y J. M. , Undertaker	
Date of Certificate Auc 3/96. Residence	
	· · · W

Tom Ray 1906

RETU	RN	OF	A	DF	ATH
				~~~	~ ~ ~ ~ ~ ~ ~
Physicia	n's Certi	ificate P	reparat	ory to ]	Burial.
	~			,	
1. Name of deceased.	8 b	m	ne	ay	
2. Sex male	- 3.	Colorb	lack	F/ 4.	Age
5. Married or single.	A	ng	le_	· 	
6. Date of death	Up	2/2	7-	19	06
7. Cause of death		mha	sa of	rom	nore
8. Duration of last ill	ness.	on	mow	1 C	y zary
			00	0.99	Le M.
	Re	esidence	Y J	rem	14
					1.4
Undertake	r's Certi	ficate in	Relati	on to D	eceased.
	61				
9. Occupation		rea		/	
10. Place of birth(	1	A	AA		
11. Residence			/	9	Ward No.
12. Time of residence					
19 When a minor	lame of mo lame of fat				···········
14. Place of intended				5 5	and .
<ol> <li>Date of intended</li> </ol>			bill	Der.	-1916
to. Date of intended	A.	.01	luis	Ferra	a.u. Undertak
Date of Certificate	24	.96	/	Ponidona	e Condernan
	10		11	5	
/ / /	aar	y	- Of		

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 Fundle 3. Color Bly 4. Age	
5. Married or single 6. Date of Death June 5/96.	
7. Cause of Death Still Born	
8. Duration of last Illness	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth 6 ity 11. Residence Churtmuch Muth Ward No. Jak	
11. Residence Chushingh Muth Ward No. Jak	
) Name of Mother Turnic Ray	
13. When a Minor Name of Father Hanne	1
14. Place of intended Interment MA Moriah Gen	1.
15. Date of intended Interment June 6/96. F. G. Kinand MBro, Undertaker.	
Date of Certificate full Jog Residence Dily	

Child of Warner & Tiney Ray 1897

066	
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permi	it
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased to hild of thank the	n
2. Sex Fumale 3. Color Mig . 4. Age	_
5. Married or single Single	
6. Date of Death Och 2.5 11 97	
7. Cause of Death Still Born	
8. Duration of last Illness	
J. W. Ovanley, M	I. D.
Residence Aculth Officer	
//	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth le ity	
11. Residence 5 th & Cheb hunder Ward No. 1 2	<
12. Time of Residence in the City	
Name of Mother Tring Ray	
13. When a Minor Name of Father Harner Ray	- ,
14. Place of intended Interment Wh Moriak	-
15. Date of intended Interment Qch 26"97	
Luard VLund, Underta	ker.
Date of Certificate Och 29 1/2. Residence Oth	
111 1 7	

This Cons	itutes One Certificate to	be Returned to the	City Clerk for a	Burial Permit.
	RETURN	OF A	DEAT	H.
	PHYSICIAN'S CERTIF	-ICATE PREPARAT	 TORY TO BURIAL	
	1	1	11	
	of deceased 6 M	ild of A	chas 1 te 4. Age	Reader
2. Sex 2	hale . 3. C	olor 1/ hu	te 4. Age	F.416.
5. Marri	d or single an	rgli.	1999 - 1999 1999 - 1999 1999 - 1999	
6. Date of	of Death Apr	15/18	96.	•
7. Cause	of Death Pm	minm	ia	
8. Durat	on of last Illness			
		B Sthe	illikee	, M. D.
		ence	•	
	UNDERTAKER'S CERTI	FICATE IN RELAT	TION TO DECEAS	ED.
9. Occup	ation			
10. Place	of Birth 6.1	ty.		
11. Resid	ence 2 nd st	ul	. Ward No	1 shy
12. Time	of Residence in th	e City		
	Name of	h.	Immici 1	Rader
	a Minor }	f Mother Mo	10 1	Reader
	Name of	f Mother his	harles	
	J Name of of intended Intern	f Mother Mo f Father C ient A hite	Store	lunny
14. Place	J Name of of intended Intern f intended Interme	nent 4 hite	Stores Stores 16/96	lanny
14. Place	of intended Intern f intended Interme	nent A hite	Strue 0 16/96	
	of intended Intern f intended Interme F.C.S	nent A hite nt Apr.	Strue 0 16/96	, Undertaker.

Child of Charles & Minnie Reader 1896

Sarah M Ready 1893

.85	53
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,	1
RETURN OF A DEATH.	
1. Name of deceased mis Sarah Ready.	
2 Sex Lemale 3 Color White 1 Aco 62 420.	
5. Married or Single <i>Married</i> 6. Date of Death <i>Hicky 28/93</i> -	
6. Date of Death Hety 28/93-	
7. Cause of Death Cathana	
S. Duration of last Illness	
25 H Prelleman, M. D.	
Residence	
9. Occupation	
9. Occupation 10. Place of Birth Justherford Co. June 11. Residence City, Ward No. / 24 12. Ward No. / 24 13. Will B. H.	
11. Residence Curry	
12. Time of Residence in the City // yrs	
13. When a Minor. Name of Mother	
Name of Father 14. Place of intended Interment Farroreir Cornete	iy.
15. Date of intended Interment March 1 24, 1893.	/
A Guord HBrd, Undertaker.	
Date of Certificate Fiby 28/93. Residence City	

Mary A. Reagan 1898

1166 54
This Constitutes One Certificate to be Refurned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased biss Algary A, Reagan
2. Sex Kentale z. Color Mhille, 4. Age 44 yrs, 5. Married or single
6. Date of death ang 14" 1898, 7. Cause of death for mustion,
8. Duration of last illness
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Sthe M My, Sh Ward No. 2nd
12. Time of residence in the City
13. When a minor Name of Mother
14. Place of intended interment Showiphs, Wenneling
15. Date of intended interment ang 16" 1898, Lugard & Lugard, Undertaker.
Date of Certificate angli 5"98. Residence

Mathew Reardon 1891

55 360 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. EATPE. -PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.---1. Name of deceased Mathem landa 2. Sex Male . 3. Color Whil . 4. Age 90 5. Married or Single Maure 6. Date of Death, 7. Cause of Death 8. Duration of last Illness M. D. Residence -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation lyund 10. Place of Birth ,4 11. Residence Mohn & tias Ward No. 12. Time of Residence in the City ) Name of Mother 13. When a Minor. Name of Father 14. Place of intended Interment -0 15. Date of intended Interment Undertaker. Date of Certificate Residence

John Rease 1896

840 51
RETURN OF A DEATH.
ALIONIO OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased John Reason
2. Sex May. 3. Color Belk. 4. Age 55
5. Married or single manied
6. Date of Death July 2 1896
7. Cause of Death Organic heart disease 8. Duration of last Illness about 1 year
bwc InCoccules, M. D.
Residence, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Contra A. Ward No. 3
12. Time of Residence in the City
13. When a Minor Name of Father
14. Place of intended Interment Mol Maniah
15. Date of intended Interment July 3/36
Grathitlay, Undertaker.
Date of Certificate Residence

Infant of Emmet Reaves 1905

🔻 🕊 This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. 🕊 🕊
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Infant of Emmert & Aravas 2. Sex Mar B. Colog White 4. Age 5 Mo.
5. Married or Single Single, 6. Date of death finer, 11" 05
7. Cause of death holria Infantum, 8. Duration of last illness-
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth
11. Residence   Stall ST.   Ward No.     12. Time of residence in the city   Constant
13. When a minor { Name of Mother 6, 6 Maves Name of Father Mo, 6 6. Praves
<ol> <li>Place of intended interment funct 17"05</li> <li>Date of intended interment funct 17"05</li> </ol>
Date of Certificate funct. 17/05. Residence

Amanda Rector 1909

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased
2.	Name of deceased Mrs, timanda, Pactor. Sex Funale 3. Color White 4. Age 70 yrs. Married or Single Married.
5.	Married or Single
6.	Date of death Haart Duasers
7.	Cause of death Aran Neason
8.	Duration of last illness R. J. Hunter acting form
	, M. 1
	Residence Domling Gum
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth
11.	Residence Man At. Ward No. 3.
12.	Time of residence in the city
13.	When a minor { Name of Mother
10.	Name of Father
14.	Place of intended interment
15.	Date of intended interment July 10"1909.
	GERARD & GERABD, /, Undertake
Dat	e of Certificate Residence

Briggs Rector 1907

DU	TUDN OF A DEATH
LU U	ETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. Name o	of deceased Bright Michon
	wale 3. Color While 4. Age 22 m
	d or single
6. Date of	death July & 1907
	of death Inhustin
8. Duratio	on of last illness.
	ma migge M
	Residence
Ur	ndertaker's Certificate in Relation to Deceased.
	ation
	ation
<ol> <li>Place of</li> <li>Reside</li> </ol>	of birth city - ence Adams 54 Ward No.
<ol> <li>Place of</li> <li>Reside</li> </ol>	of birth City Ward No. Ward No.
<ol> <li>Place of</li> <li>Reside</li> <li>Time of</li> </ol>	of birth ward No. birth ward No. of residence in the city ward No. A minor Name of mother Ward ward ward
<ol> <li>Place of</li> <li>Reside</li> <li>Time of</li> <li>When</li> </ol>	of birth Constant Ward No. ence Ward No. of residence in the city Ward No. a minor Name of mother Harry River Name of father And River
<ol> <li>Place of</li> <li>Reside</li> <li>Time of</li> <li>When</li> <li>Place of</li> </ol>	of birth City Ward No. ence Ward No. of residence in the city Ward No. a minor Name of mother Harris Charles Name of father March Rector of intended interment Harris Company
<ol> <li>Place of</li> <li>Reside</li> <li>Time of</li> <li>When</li> <li>Place of</li> </ol>	of birth City Ward No. ence Ward No. bof residence in the city Ward No. a minor Name of mother. How a River Name of father Ward River Name of father Ward River of intended interment Harving Grant of intended interment
<ol> <li>Place of</li> <li>Reside</li> <li>Time of</li> <li>When</li> <li>Place of</li> <li>Date of</li> </ol>	of birth
<ol> <li>Place of</li> <li>Reside</li> <li>Time of</li> <li>When</li> <li>Place of</li> <li>Date of</li> </ol>	of birth City Ward No. ence Ward No. bof residence in the city Ward No. a minor Name of mother. How a River Name of father Ward River Name of father Ward River of intended interment Harving Grant of intended interment

Child of J. R. & Florence Rector 1898

1144 0	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 S. Rector 2. Sex Furnally 3. Color Mail . 4. Age 2 mo. 5. Married or single Single. 6. Date of death JUNC, 22, 78, 7	*
7. Cause of death Inauclin fine 8. Duration of last illness I, G, Kight, M. Residence	D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth billy 11. Residence brunch Str Ward No. 3-	d
12. Time of residence in the City 13. When a minor Name of Mother Mus Flogeneer New Name of Father P.C. Rector	dor tug.
15. Date of intended interment fund 93 98, Junho Legand, Undertak	er.
Date of Certificate JUNUT 3/G & Residence	

Child of J. R. & Florence Rector 1903

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased In faut Restor
1. 2.	Sex 3. Color white. 4. Age
4. 5.	
6.	Married or single Date of death an 28 1903
7.	Cause of death
8.	Duration of last illness Di days a
	Duration of last illness 2: days 33 H Milliker, M. I
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
0	
9. 10.	Occupation Place of birth
10.	Residence 8" It But aclam + 14 Ward No,
12.	Time of residence in the City.
	(Name of Mother Thomas Peolos
3.	When a minor Name of Father J. 6. Rector
14.	Place of intended interment their Cere
5.	Date of intended interment an 28 1903
	Hawley any , Undertaken
Date	e of Certificate . Residence

Infant of Joseph & Florence Rector 1901

RETURN OF A	DEATH
	DLAIII.
	TADY TA DUDIN
PHYSICIAN'S CERTIFICATE PREPARA	OF Joseph + Florence
1. Name of deceased	at Rector
2. Sex 3. Color whi	1. 4. Age
5. Married or single	
1	9 1901
7. Cause of death Still Born	
8. Duration of last illness	
or Rosm J.F. Ray	, M. D
Residence	ling
UNDERTAKER'S CERTIFICATE IN RELA	TION TO DECEASED.
9. Occupation	
9. Occupation	~
10. Place of birth	
10. Place of birth	Ward No,
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of residence in the City.</li> <li>Name of Mother</li> </ol>	Ward No,
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of residence in the City.</li> <li>When a minor</li> <li>Name of Mother</li> <li>Name of Father</li> </ol>	Ward No,
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of residence in the City.</li> <li>Time of residence in the City.</li> <li>When a minor Name of Mother Image of Name of Father</li> <li>Place of intended interment</li> </ol>	Ward No,
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of residence in the City.</li> <li>When a minor</li> <li>Name of Mother</li> <li>Name of Father</li> </ol>	Ward No,
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of residence in the City.</li> <li>Time of residence in the City.</li> <li>When a minor</li> <li>Name of Mother</li> <li>Name of Father</li> <li>Place of intended interment</li> </ol>	Ward No,
<ol> <li>Place of birth</li> <li>Residence</li> <li>Time of residence in the City.</li> <li>Time of residence in the City.</li> <li>When a minor</li> <li>Name of Mother</li> <li>Name of Father</li> <li>Place of intended interment</li> </ol>	Ward No,

Julia Rector 1907

	<b>RETURN OF A DEATH.</b>
	-191-
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Julia Rictor
2.	Sex free of 3. Color white 4. Age 64 70
5.	Married or single midan
6.	Date of death P - 3 - 1904
7.	Cause of death Culinonon Puber culoring
8.	Duration of last illness for and y carry
	pro HB Cachburn M.
	Residence
	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Occupation Place of birth Briton
10. 11.	Occupation Place of birth British Residence High It Ward No.
10.	Occupation Place of birth Residence Aigh Time of residence in the city
10. 11. 12.	Occupation Place of birth minute Residence Migh Mart Ward No. Time of residence in the city Martha 2 minute When a minor Name of mother Martha 2 minute When a minor
10. 11. 12. 13.	Occupation Place of birth Residence Aigh Att Time of residence in the city When a minor Name of mother Name of father Name of father Name of father
10. 11. 12. 13.	Occupation Place of birth Residence Aight Ward No. Time of residence in the city When a minor Name of mother. Name of father. Place of intended interment. Place of intended interment.
10. 11. 12. 13.	Occupation Place of birth Residence Aight Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Residence A. A. A. Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Manual A.
10. 11. 12. 13. 14.	Occupation Place of birth Residence Aight Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment

Ramey Rector 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Ranny Pretor. 2. Sex Married or single Single
5. Married or single Single 6. Date of death APR 22/1906 and N. R.
7. Cause of death     8. Duration of last illness
Residence M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth fyme. 11. Residence White Storer Juary Ward No,
12. Time of residence in the City. 13. When a minor Name of Mother Mun Rictor.
14. Place of intended interment <u>APR 23 1906</u> 15. Date of intended interment <u>APR 23 1906</u>
Date of Certificate APR 23 <sup>8</sup> 1905 Residence
Pare of Certificate

Hettie J. Redford 1894

673	45
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Setting Radford-	
2. Sexfemale. 3. Color White 4. Age 65 yr	0
5. Married or single married	
6. Date of Death Sept 16, 1894	
7. Cause of Death apopley 4	
8. Duration of last Illness Im months	
Oten Commente, M. D	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Varne Co	Zi-
10. Place of Birth Commence Control Co	J
12. Time of Residence in the City	
13. When a Minor Kname of Kother	
14. Place of intended Interment Fairver Cur	
15. Date of intended Interment Supt 17 134	
Charton Progent, Undertaker.	
Date of Certificate	
-1	

Child of J. C. & Anne Redmon 1893

66 T.C. onstitutes one Certificate to be Returned to the City Clerk for a Burial Permit. JEJE THIO MATCA AL PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of deceased 2. Sex Fecerble 4. Age 5. Married or Single 6. Date of Death .... 7. Cause of Death hin 8. Duration of last Illness /2 , M. D. Residence Bau -UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth 11. Residence Ward No 12. Time of Residence in the City . ) Name of Mothe 13. When a Minor. Name of Fatl 14. Place of intended Intermento 11 15. Date of intended Interment Undertaker. Date of Certificate fuel . . Residence

Lou Redmon 1896

Cut of Jorn & 67
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased for Redmond
2. Sex mare. 3. Color BlR. 4. Age 26 year
5. Married or single
6. Date of Death Chart 3 1886
7. Cause of Death
· / BL Cullen M.C. M.D.
Residence
A W WWW CHERTAREN'S CENTIFICATE IN RELATION TO DECENSED.
JI/g. Occupation
Place of Birth Contraction
11. Residence Centre + 8 . Store. Ward No. 2
12. Time of Residence in the City
13. When a Minor Name of Mother
J Name of Father 14. Place of intended Interment Country
15. Date of intended Interment august the 1836
Pmp
Date of Certificate

Daisy Reed 1897

Thi	Cubudelity by
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of deceased Raisy Ruck
	Sex Junaly. 3. Color might 4. Age 18 m
	Married or single Single
6. 1	Date of Death Dept 10-1897
7. (	Cause of Death Typpia Furn
8. 1	Duration of last Illness Hun hule
	a.c. might., M. D
	Residence College SZ
*	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
	Place of Birth Kulucky Residence College St. Ward No.
12.	Fime of Residence in the City for how have have here here here here here here here he
13. 1	When a Minor Name of Father Entry Rue
14. 1	Place of intended Interment Machine Th
	Date of intended Interment 24 - 97
	Guard Florand, Undertaker
Date	of Certificate Sp 13. Residence College,
	······································

Child of T. R. Redy 1901

Agentures certificate preparatory to BURAL         PHYSICIAN'S CERTIFICATE PREPAratory to BURAL         Amountain the second state of the single         Sex       3. Color with the second state of the single         Date of deceased       Juffield State         Amountain the second state of the single       19.01         Date of death       State         Date of death       State         Date of death       State         Buration of last illness       State         Minicide       State         Duration of last illness       M.D.         Residence       M.D.         Residence       M.D.         DURETAKER'S CERTIFICATE IN RELATION TO DECEASED.         9. Occupation       Marke of Birth         10. Place of birth       Mare of Place         11. State of certificate in the City.       Mare of Father         12. Time of residence in the City.       Mare of Father         13. When a minor       Name of Father         Maximum Control State       State         14. Place of intended interment       State         Marked of Certificate       State         Marked of Certificate       Tok	This Constitutes One Certificate to be Re	Returned to the City Clerk for a Burial Permit.
Arriter R. 1. Name of deceased Information Reality 2. Sex	RETURN O	F A DEATH.
<ul> <li>2. Sex</li></ul>	PHYSICIAN'S CERTIFICAT	TE PREPARATORY TO BURIAL.
<ul> <li>2. Sex</li></ul>	1. Name of deceased	funt Reedy
<ul> <li>5. Married or single</li> <li>6. Date of death</li> <li>7. Cause of death</li> <li>7. Cause of death</li> <li>8. Duration of last illness</li> <li>8. Duration of last illness</li> <li>7. Date of last illness</li> <li>8. Duration of last illness</li> <li>9. An an an an antipaction of the card of the card</li></ul>	2. Sex 3. Color	white. 1. Age
<ol> <li>Cause of death <u>Still Back</u></li> <li>Duration of last illness</li> <li><u>B</u> <u>H</u> <u>Multiplication</u>, M. D. Residence</li> <li><u>UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.</u></li> <li>Occupation <u>9.</u></li> <li>Occupation <u>9.</u></li> <li>Place of birth <u>9.</u></li> <li>Residence Ward No, <u>9.</u></li> <li>Residence in the City. <u>9.</u></li> <li>Time of residence in the City. <u>9.</u></li> <li>When a minor Name of Mother In T.R. Structy Name of Father T.R. Structy Name of Structure Content Structure Co</li></ol>	5. Married or single	
<ul> <li>8. Duration of last illness</li> <li>B. H. D. Residence</li> <li>UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.</li> <li>9. Occupation</li> <li>9. Occupation</li> <li>9. Occupation</li> <li>10. Place of birth</li> <li>11. Residence</li> <li>12. Time of residence in the City.</li> <li>13. When a minor Name of Mother Im T.R. Hundry</li> <li>14. Place of intended interment Family</li> <li>15. Date of intended interment Family</li> <li>16. Date of intended interment Family</li> <li>17. Support Support</li> <li>18. When a Minor Management of Support</li> <li>19. Date of intended interment Family</li> <li>10. Place of intended interment Family</li> <li>11. Result of Support</li> <li>12. Date of intended interment Family</li> <li>13. When a Minor Management of Support</li> <li>14. Place of intended interment Family</li> <li>15. Date of intended interment Family</li> <li>16. Date of intended interment Family</li> <li>17. Support</li> <li>18. When a minor Management of Support</li> <li>19. Date of intended interment Family</li> <li>10. Place of intended interment Family</li> <li>11. Place of intended interment Family</li> <li>12. Date of intended interment Family</li> <li>13. When a minor Management of Support</li> <li>14. Place of intended interment Family</li> <li>15. Date of intended interment Family</li> <li>16. Date of intended interment Family</li> <li>17. Support</li> <li>18. When a minor</li> </ul>		
Minician       03 PM Multiplication, M. D.         Residence       UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.         9. Occupation       0         10. Place of birth       Ward No,         11. Residence       Ward No,         12. Time of residence in the City.       Ward No,         13. When a minor       Name of Mother         Name of Father       TAR Rundy         14. Place of intended interment       Taning         15. Date of intended interment       Taning         Manuary Mary Mary       Undertaker.	7. Cause of death The	Barn
Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the City. 13. When a minor {Name of Mother Im T.R. Mury 14. Place of intended interment Family 15. Date of intended interment Family 16. Date of intended interment Family 17. Date of intended interment Family 18. When a Ward No, 19. Occupation 19. Occupation 10. Place of intended interment Family 10. Place of intended interment Family 11. Residence 12. Time of residence in the City. 13. When a minor {Name of Mother Im T.R. Mury 14. Place of intended interment Family 15. Date of intended interment Family 16. Date of intended interment Jones Jones Jones 17. Mury Particle Jones Jo	8. Duration of last illness	2.1.2
9. Occupation         10. Place of birth         11. Residence         12. Time of residence in the City.         13. When a minor         Name of Mother         Name of Father         14. Place of intended interment         Father         15. Date of intended interment	huicina 051	A millefluis, M. D.
9. Occupation         10. Place of birth         11. Residence         11. Residence         12. Time of residence in the City.         13. When a minor         Name of Mother         Name of Father         7         14. Place of intended interment         7         15. Date of intended interment         7         7         7         7         7         7         14. Place of intended interment         7         7         17         18         19         19         10         11         12         13         14         15         15         16         17         18         19         11         12         13         14         15         16         17         18         19         19         19         10         10         10	Residenc	çe
<ul> <li>10. Place of birth</li> <li>11. Residence</li> <li>12. Time of residence in the City.</li> <li>13. When a minor Name of Mother In T.R. Rungy</li> <li>14. Place of intended interment Family</li> <li>15. Date of intended interment Intermen</li></ul>	UNDERTAKER'S CERTIFICAT	TE IN RELATION TO DECEASED.
11. Residence       Ward No,         12. Time of residence in the City.       Ward No,         13. When a minor       Name of Mother Im 7. R. Kurdy         13. When a minor       Name of Father TR Rudy         14. Place of intended interment       Family         15. Date of intended interment       To 1500         16. Date of intended interment       To 1500         17. Raway       To 1500	9. Occupation	
<ul> <li>12. Time of residence in the City.</li> <li>13. When a minor Name of Mother In T.R. Ruly, Name of Father TR Ruly</li> <li>14. Place of intended interment Family</li> <li>15. Date of intended interment Interment Interment Interment Interment Interment Interment</li> <li>16. Date of intended interment Interment Interment Interment</li> <li>17. Contended Interment Interment Interment</li> <li>18. When a minor Name of Father Intermediate Internet</li> <li>19. Date of intended interment Interment</li> <li>19. Date of intended Interment Intermediate Intermediate Internet</li> <li>19. Date of Intended Interment</li> <li>19. Date of Inte</li></ul>	10. Place of birth	3
<ul> <li>13. When a minor Name of Mother In T.R. Hurry Name of Father TR Rury</li> <li>14. Place of intended interment Family</li> <li>15. Date of intended interment Pamily 3 - 154</li> <li>16. Date of intended interment Pamily</li> <li>17. Place of intended interment Pamily</li> <li>18. Output Pamily</li> <li>19. Ou</li></ul>	11. Residence	Ward No,
<ul> <li>13. When a minor Name of Father TR Rudy</li> <li>14. Place of intended interment Family</li> <li>15. Date of intended interment Star 3 - 150/ Saway Bays, Undertaker.</li> </ul>	<ul> <li>A statistical statistic statistical statistical statistic statistical statistical statist</li></ul>	
15. Date of intended interment of 30 (50)	13. When a minor Name of Father	TR Rudy
Jaway Comment, Undertaker.		
	14. Place of intended interment Ze	anin cum
4		21- 30 150/
	15. Date of intended interment	away Pay, Undertaker.

Child of T. R. Reedy 1896

92-7 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 Infant Ready	
2. Sex 3. Color Orhulic. 4. Age / 5. Married or single	
6. Date of Death ang in it is is it	
8. Duration of last Illness	
Residence , M. D.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
12. Time of Residence in the City	
13. When a Minor Name of Mother Mr. Rudy. Name of Father TR Rudy	
14. Place of intended Interment Fairner June 15. Date of intended Interment 14 1896	
Pathol 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.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased J. Toney Reel
2. Sex male 3. Color lack . " 4. Age 6 5- Ju
5. Married or single married
6. Date of death March 15 1909.
7. Cause of death hephritis, and Rheumsterne
8. Duration of last illness about 3. Mapthis
J. W. Chillis, M. D.
Residence Bawling Green,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Black Smith
10. Place of birth Log on County 11. Residence 5-29 they Street Ward No. 3
12. Time of residence in the City. abut 50 900
13. When a minor Name of Mother
14. Place of intended interment mit onwich Cometon
15. Date of intended interment pharch 77 - 1909 &
A. E. Dury Readall. Undertaker.
Date of Certificate march 7 6- 9 Residence
7 & callege Str

Child of P. D. & Ida Reese 1906

12000-	η.
ATT:	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.
	PHISICIAN'S CERTIFICATE TREFAMATORY TO DURAC.
1. Na	me of deceased Infant Reese
2. Se	A Lonale 3. Color While 4. Age 2 merk
5. M	rried or single
	nte of death10- 1306
	use of death Seven Bout meronion
8. Di	14ur du Seg. Huddle M. D.
	Residence .
	A DESTINATE IN DELITION TO DESTINCT
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. O	ccupation
10. Pl	lace of birth City
11. Re	esidence & High LV Ward No,
	ime of residence in the City.
13. W	Then a minor Name of Mother
	Name of Father Oracian Andrews
	ate of intended interment Rung ~ 11 31906
15. D	ate of intended internet. Undertaker.
The	Get fan Cary and the second
Date o	f Certificate . Residence

Jesse Reeve 1882

	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 Lissu hur Reeve
2.	Sex Mule . 3. Color While . 4. Age 74 years
5.	Married or Single
6,	Date of Death Och 11th 1882
7.	Cause of Death _ Sizen of Hunt & Killer
8.	Duration of last Illness Lon or hiele months
	Allinghe, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation Show Make
10.	
11.	Residence Miccunic Shut
12.	Time of Residence in the City 53 Years
19	When a Minor { Name of Mother
10.	Name of Father
14.	Place of intended Interment Fairous Cent
15.	Date of intended Interment Oct 12th 1882
	Helsen , Undertaker.
De	ate of Certificate OET 11-82. Residence
	Democrat Job Print