


1877

Box 4, Folder 5 Bowling Green, Kentucky - Death Records, Sa-Sm

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Recommended Citation

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https://digitalcommons.wku.edu/bg_ky_death_records/34

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Sophie Saffron, 1892

438

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 *Sophie Saffron*
2. Sex *Female* 3. Color *Blk* 4. Age *60 yrs.*
5. Married or Single *Married*
6. Date of Death *Aug. 25/1892*
7. Cause of Death *Dropsy*
8. Duration of last Illness *Four months*
R. J. Hamilton, M. D.
Residence *Crawling Grove*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Tennessee*
11. Residence *Kentucky 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. Mark's Ch.*
15. Date of intended Interment *Aug 26 "192*
J. O. Grand, Undertaker.
Date of Certificate *Aug 26/92* Residence *City*

B. V. Salisbury, 1913

2

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

RETURN OF A DEATH.

1428

Physician's Certificate Preparatory to Burial.

1. Name of deceased B. V. Salisbury
2. Sex Male 3. Color White 4. Age 65 yrs.
5. Married or single Widower
6. Date of death June 30 1913
7. Cause of death Arthritis Diiformis
8. Duration of last illness 15 yrs.
T. H. Stone M. D.
Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Conductor on Land A. R. R.
10. Place of birth New York
11. Residence Adams St. Ward No. 3
12. Time of residence in the city _____
13. When a minor { Name of mother _____
 { Name of father _____
14. Place of intended interment Erin, Tennessee
15. Date of intended interment July 2 1913
GERARD & GERARD. Undertaker.
Date of Certificate JUL 1 - 1913 Residence Bowling Green, Ky.

Mrs. B. V. Salisbury, 1901

3

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. B. V. Salisbury*

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

5. Married or single *Married*

6. Date of death *Sept. 18/1901*

7. Cause of death *Chronic Pleurisy*

8. Duration of last illness *6 Wks*

A. C. Knight, M. D.

Residence *13 Green Hill*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Tennessee*

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

12. Time of residence in the City. _____

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

4. Place of intended interment *Crip, Tennessee*

5. Date of intended interment *Sept. 19/1901*

Joseph Wood Leland, Undertaker.

Date of Certificate *Sept. 18/1901* Residence _____

Ethel Salisbury, 1891

4

Out of town

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Ethel Salisbury.*
2. Sex *Female* 3. Color *White* 4. Age *7 years.*
5. Married or Single *Single.*
6. Date of Death *May 19 - 1891.*
7. Cause of Death *Cardiac Disease following measles*
8. Duration of last Illness *two (2) weeks*

Dr. J. W. Millock, M. D.
Residence *Bowling Green Ky.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Tennessee.*
11. Residence *Kentucky Ave.* Ward No. *3rd*
12. Time of Residence in the City *Sept months.*
13. When a Minor. } Name of Mother *Martha Salisbury*
 } Name of Father *B. D.*
14. Place of intended Interment *Critt, Tennessee*
15. Date of intended Interment *May 20 / 1891.*

H. C. Giffel, Undertaker.
Date of Certificate _____ . Residence *May 19/91*

John Salmonds, 1879

5

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Salmonds*
 2. Sex *Male* . 3. Color *Copper* . 4. Age *3 Months*
 5. Married or Single _____
 6. Date of Death *Nov 5th 1879*
 7. Cause of Death *Croup*
 8. Duration of last Illness *2 Weeks*
- C. K. Omeal*, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Blyss*
 11. Residence *Mecanic Street* . Ward No. *2*
 12. Time of Residence in the City _____
 13. When a Minor { Name of Mother *Sally Salmonds*
Name of Father _____
 14. Place of intended Interment *Col Cemt*
 15. Date of intended Interment *Nov 6th 1879*
- McGowan*, Undertaker.

Date of Certificate _____

Residence _____

Democrat Print.

Catherine Salmons, 1908

6-1

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

RETURN OF A DEATH.

386

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Catherine Salmons.*
2. Sex *Female* 3. Color *White* 4. Age *10 yrs.*
5. Married or single *Single.*
6. Date of death *Jan. 26th 1908*
7. Cause of death *Diphtheria.*
8. Duration of last illness *10 days*
H. L. Simpson M. D.
Residence *Pensacola Fla.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Pensacola Fla.*
11. Residence..... " " Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother *Mrs. Manuella Salmons*
 { Name of father *Frank A. Salmons*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Jan'y 27th 1908.*
GERARD & GERARD, Undertaker.
Date of Certificate *Jan'y 27/08* Residence *BOWLING GREEN, KY*

Catherine Salmons, 1908

(Duplicate) TRANSIT PERMIT No. _____

Railroad.

TRANSPORTATION OF CORPSE.
STATE BOARD OF HEALTH OF FLORIDA.
PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased *Katherine Salmons* Date of death *January 26* 19 *08*
If a child, give parents' names.

Hour of death *3:30* P.M. Age *7* years _____ months _____ days

Place of death *Quincy, Florida*

Cause of death *Diphtheria*

I hereby certify that the above is true to the best of my knowledge and belief.

H. J. Simpson M. D. or Coroner.

Residence *Quincy* County of *Escambia* State of *Florida*

PERMIT OF STATE BOARD OF HEALTH OF FLORIDA.

By *Warrant L. Hudson* County Registrar (Deputy Registrar).

This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the *City* of *Quincy* County of *Escambia*
City or Town. State of *Florida* on the *26* day of *January* 19 *08*

Permission is hereby given *Frank Pan* holder of Embalmer's License No. *61*
to remove for burial at *Quincy* in the County of _____
State of *Florida* the body of *Katherine Salmons*
who died at *Quincy* County of *Escambia* State of *Florida*
on the *26* day of *January* 19 *08* aged *7* years *x* months *x* days
Mrs. M. Salmons is hereby authorized to accompany said remains.

Signed *Warrant L. Hudson* } Health Officer or Sec'y State Board of Health
or County Registrar or Deputy Registrar.

NOTE 1.—The transportation of bodies dead of smallpox and bubonic plague is absolutely forbidden.

This permit and preceding Certificate must be detached and delivered to the person in charge of the corpse.

ded to the General Baggage Department by the First Train.

Catherine McNoon Salmons, 1903

7

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Catherine McNoon Salmons.*
2. Sex *Female* 3. Color *White* 4. Age *25 yrs.*
5. Married or single *Married*
6. Date of death *July 21" 1903.*
7. Cause of death *Marasmus*
8. Duration of last illness *several weeks*
J. M. Cornack, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *France*
11. Residence *Adams 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 *Fairview Cemetery*
15. Date of intended interment *July 22" 1903.*
Guard & Guard, Undertaker.
Date of Certificate *July 22/1903* Residence *Wife of Richard S. Salmons,*

Thomas Sanders, 1904

8

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Thomas Sanders Sanders*
2. Sex *Male* 3. Color *White* 4. Age *73*
5. Married or Single *Married*
6. Date of death *May 8 1904*
7. Cause of death *Pneumonia*
8. Duration of last illness
A. C. Knight, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Logan Co.*
11. Residence *Portage RR.* 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 *Logan County*
15. Date of intended interment *May 9 1904*
Grant Guard, Undertaker.
Date of Certificate *May 9 1904* Residence

Charles T. Sans, 1912

9-1

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

RETURN OF A DEATH.

1233

Physician's Certificate Preparatory to Burial.

1. Name of deceased Chas. T. Sans
 2. Sex Male 3. Color White 4. Age 64 yrs.
 5. Married or Single Married
 6. Date of death Aug 27, 1912
 7. Cause of death Chronic Myocarditis, as per
Vital Statistics
 8. Duration of last illness 2 1/2 Years General Practice
M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation Wagon Master
 10. Place of birth Germany
 11. Residence Louisville Ky Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment St Josephs Cemetery
 15. Date of intended interment Aug 27, 1912
GERARD & GERARD., Undertaker.
 Date of Certificate Aug 27, 1912 Residence BOWLING GREEN, KY

Warren County, Kentucky Death Records, Box 4, Folder 5 (Sa to Sme)

Charles T. Sans, 1912

(Always write with ink)

9-21

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Form V. S. 85. (GM. 1-15-11)

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Transit Permit No. 2723

1 PLACE OF DEATH
State of Kentucky,
County of Jefferson
City of Louisville (No. 25-22-4th St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Chas T Sans

| Personal and Statistical Particulars | | | Medical Certificate of Death | |
|--|---|---|---|--|
| 3 SEX <u>M</u> | 4 COLOR OR RACE <u>W</u> | 5 Single, Married, Widowed, or Divorced (WRITE THE WORD) <u>Married</u> | 16 DATE OF DEATH <u>Aug 22</u> , 191 <u>2</u> (Month) (Day) (Year) | |
| 6 DATE OF BIRTH <u>Dec 16</u> , 191 <u>1</u> (Month) (Day) (Year) | | | 17 I HEREBY CERTIFY That I attended deceased from <u>Aug 18</u> , 191 <u>2</u> to <u>Aug 22</u> , 191 <u>2</u> that I last saw him alive on <u>Aug 22</u> , 191 <u>2</u> and that death occurred, on date stated above, at <u>382</u> . | |
| 7 AGE <u>64</u> yrs.....mos.....ds. | | | The CAUSE OF DEATH* was as follows: <u>Chronic Myocarditis</u> | |
| 8 OCCUPATION <u>Wagon maker</u> | | | (Duration).....yrs.....mos.....ds. | |
| 9 BIRTHPLACE (State or country) <u>Germany</u> | | | Contributory..... (Secondary)..... | |
| PARENTS | 10 NAME OF FATHER <u>John Sans</u> | (Duration).....yrs.....mos.....ds. | | |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>Germany</u> | (Signed) <u>E. F. Katymann, M. D.</u> | | |
| | 12 MARRIAGE OF MOTHER <u>Margaret H. Blank</u> |, 191 (Address) <u>1822 Grand</u> | | |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>Germany</u> | | | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death..... yrs.....mos.....ds. In the State.....yrs.....mos.....ds. | |
| 14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) <u>Chas T Sans</u> (Address) <u>25-22-4th</u> | | | Where was disease contracted, if not at place of death? Former or usual residence..... | |
| 15 PLACE WHERE REMAINS ARE TO BE SENT <u>Worthington Cemetery</u> | | DATE OF SHIPMENT <u>Aug 23/12</u> | | |
| SHIPPING UNDERTAKER <u>Thomas A. Blank</u> | | ADDRESS <u>25-15-4th</u> | | |

* If the body is to be buried within the State of Kentucky, the Receiving Undertaker will detach the Transit Permit at this perforation and deliver it to the sexton or other persons in charge of the cemetery or burial ground where burial takes place.

Charles T. Sans, 1912

MSS 293
BHS

TRANSPORTATION RULES

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

Rule 1. The transportation of bodies dead of smallpox or bubonic plague, is absolutely prohibited.

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

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

Rule 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same, which must be done by a licensed embalmer holding a certificate as provided for in Rule 2.

Rule 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from the time of death. If the body cannot reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same by a licensed embalmer, as defined and directed in Rule 2.

Rule 5. In the shipment of bodies dead from any disease named in Rule 2, such body must not be accompanied by persons or articles which have been exposed to the infection of the disease unless certified by the health officer as having been properly disinfected.

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping undertaker to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

Rule 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The undertaker's certificate and pastor shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be placed in an envelope, which envelope is to be securely tacked on the coffin box.

Rule 7. When bodies are shipped by express a transit permit must be made out as described in Rule 6. The undertaker's certificate and pastor shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express waybill covering the remains, or placed in an envelope, which envelope is to be securely tacked on the coffin box, and be delivered with the body at the point of destination to the person to whom it is consigned.

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

These rules and regulations are hereby adopted, and all others heretofore promulgated, in conflict with the foregoing, are revoked.

By order of the board. J. N. McCORMACK, M. D.,
Secretary.

December 30, 1910.

Child of Fletch and Fannie Sanson, 1897

1016 10

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *child of Fletch Sanson* ^{+ Fannie}

2. Sex *female* 3. Color *Black* 4. Age *7 weeks*

5. Married or single _____

6. Date of Death *May - 5 - 1897*

7. Cause of Death *Inanition*

8. Duration of last Illness _____

O. H. Carter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Bohning Shen Ky*

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

12. Time of Residence in the City *Life time*

13. When a Minor } Name of Mother *Fannie Sanson*
 } Name of Father *Fletch "*

14. Place of intended Interment *Mr. Moriah*

15. Date of intended Interment *May 5 - 1897*

F. L. Howard & Co., Undertaker.

Date of Certificate _____ Residence *May - 5 - 1897*

Julia Saterwhite, 1901

11

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 Julia Saterwhite
2. Sex Female 3. Color White 4. Age 68 yrs.
5. Married or single Married
6. Date of death Feb'y. 12/1901.
7. Cause of death Influenza
8. Duration of last illness _____
_____ M. D.
Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth South Carolina
11. Residence Clay St. Ward No. 3rd
12. Time of residence in the City. 4 months
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Elys. Tennessee.
15. Date of intended interment Feb'y 14/1901.
Garard & Garard, Undertaker.
Date of Certificate Feb'y. 13/1901. Residence _____

G. W. Satterwhite, 1901

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 *G. W. Satterwhite*
2. Sex *Male* 3. Color *White* 4. Age *75 yrs.*
5. Married or single *Widower*
6. Date of death *April 12/1901*
7. Cause of death *Pneumonia*
8. Duration of last illness _____
A. T. Mc Cormack, M. D.
Residence *2 Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Tennessee*
11. Residence *10th 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 *Evins, Tenn.*
15. Date of intended interment *April 14th 1901*
Gerard T Gerard, Undertaker.
Date of Certificate *April 13/1901* Residence _____

Mrs. George H. Satterwhite, 1905

13

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 Geo H Satterwhite*
 2. Sex *Female* 3. Color *white* 4. Age *46*
 5. Married or Single *Married*
 6. Date of death *June 3 1905*
 7. Cause of death *Paralysis, Hemorrhage of Brain.*
 8. Duration of last illness *several Months*
G C Suddler, M. D.
 Residence *city*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Beallway Geo Ky*
 11. Residence *Clay St* Ward No. *3*
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *June 4 1905*
Garrett & Garret, Undertaker.
 Date of Certificate *June 4 1905* Residence _____

Mary F. Savage, 1909

14

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

RETURN OF A DEATH.

632

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary F. Savage*
 2. Sex *Female* 3. Color *White* 4. Age *85 yrs.*
 5. Married or Single *Widow*
 6. Date of death *May 26th 1909.*
 7. Cause of death *Senility*
 8. Duration of last illness _____
 _____, M. D.
 Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *House Keeper*
 10. Place of birth *Columbia Ky.*
 11. Residence *Adams St.* Ward No. *3.*
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Rowfatts, Ky.*
 15. Date of intended interment *May 27th 1909.*
 _____, Undertaker.
 Date of Certificate *May 27/09* Residence _____

William H. Savage, 1912

15

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

RETURN OF A DEATH.

1305

Physician's Certificate Preparatory to Burial.

1. Name of deceased William H. Savage
2. Sex Male 3. Color White 4. Age 1 da
5. Married or Single Single
6. Date of death Dec. 22/1912
7. Cause of death Measles
8. Duration of last illness 24 hrs
T. W. Stone, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Mar B. Green Ky
11. Residence " " " " Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother E. J. Savage
Name of Father Mrs. E. J. Savage
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Dec. 23" 1912
GERARD & GERARD., Undertaker.
Date of Certificate Dec 23/1912 Residence BOWLING GREEN, KY

Anton Scherer, 1909

16

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

RETURN OF A DEATH.

6071

Physician's Certificate Preparatory to Burial.

1. Name of deceased Anton Scherer
 2. Sex Male 3. Color White 4. Age 77 yrs.
 5. Married or single Married
 6. Date of death March, 23" 1909.
 7. Cause of death Aneurism,
8 weeks
 8. Duration of last illness T. W. Stone M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Decorator & Paper Hanger
 10. Place of birth Germany
 11. Residence Main St. Ward No. 3
 12. Time of residence in the city 41 yrs.
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment St. Josephs Crematory
 15. Date of intended interment Mar. 24" 1909.
GERARD & GERARD. Undertaker.
 Date of Certificate Mar. 23/09 Residence BOWLING GREEN, KY

Ruben C. Scherer, 1910

17

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

RETURN OF A DEATH.

924

Physician's Certificate Preparatory to Burial.

1. Name of deceased Ruben C. Scherer
 2. Sex Male 3. Color White 4. Age 84
 5. Married or Single Widower
 6. Date of death Dec. 2-1910
 7. Cause of death Bright's disease
 8. Duration of last illness 8 days
 _____, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
 10. Place of birth Warren Co Ky
 11. Residence College 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 Halls Charters
 15. Date of intended interment Dec 3-1910
Gerard Gerard, Undertaker.
 Date of Certificate 12-2-1910 Residence City

Fred Schneider, 1907

145 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 *Fred Schneider*
2. Sex *Male* 3. Color *White* 4. Age *24 yrs.*
5. Married or single *Single*
6. Date of death *JAN -3 1907*
7. Cause of death *Exhaustion*
8. Duration of last illness
F. D. Cartwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *BOWLING GREEN, KY*
11. Residence *Near Boat Landing* Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *St. Josephs Cemetery*
15. Date of intended interment *JAN -5 1907*

GERARD & GERARD., Undertaker.
Date of Certificate *JAN -5 1907* Residence *BOWLING GREEN, KY*

Joe Schneider, Sr., 1908

19

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

RETURN OF A DEATH.

492

Physician's Certificate Preparatory to Burial.

1. Name of deceased Joe Schneider Sr
 2. Sex Male 3. Color White 4. Age 58 yrs.
 5. Married or single Married
 6. Date of death July 19th 08.
 7. Cause of death apoplexy.
 8. Duration of last illness Two Days M. D.
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Merchant
 10. Place of birth France
 11. Residence Boat Landing Ward No.
 12. Time of residence in the city
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment St. Josephs, Cemetery
 15. Date of intended interment July 21st 08
GERARD & GERARD. Undertaker.
 Date of Certificate Residence BOWLING GREEN, KY.

Denis Schullely, 1881

28 20

This Constitutes ONE CERTIFICATE to be used for a BURIAL PERMIT

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Denis Schullely*

2. Sex *Male* 3. Color *White* 4. Age *65 years*

5. Married or Single *Married*

6. Date of Death *Aug 24th 1881*

7. Cause of Death *Paralysis*

8. Duration of last Illness *2 years & 6 mo*
has had no physician M. D.
Residence *By Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Cabman*

10. Place of Birth *Ireland*

11. Residence _____ Ward No *3^d*

12. Time of Residence in the City *21 years*

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

14. Place of intended Interment *Catholic Cem*

15. Date of intended Interment *Aug 24th 1881*
H. C. Leonard, Undertaker.

Date of Certificate *Aug 24th 81* Residence _____

Democrat Job Print

Cassie Schusler, 1879

21

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

RETURN OF A DEATH.
Cassie Schusler

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Cassie Schusler Schuler*
2. Sex *Female* . 3. Color *White* . 4. Age *3 1/2 years*
5. Married or Single *single*
6. Date of Death *July 15th 1879*
7. Cause of Death *Tubercular Meningitis. -*
8. Duration of last Illness *3 weeks*

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

—♦—

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ . 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 _____
15. Date of intended Interment _____

_____, Undertaker.
Date of Certificate _____ . Residence _____

Democrat Print.

Mrs. Philip Schussler, 1882

22

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 *Mrs Philip Schussler*

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

5. Married or Single *Married*

6. Date of Death *Sept 28th 82*

7. Cause of Death *Heart Disease*

8. Duration of last Illness *Short Time*

C. P. Gentry, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *?*

10. Place of Birth *Prussia*

11. Residence *Mecanic Street* . Ward No *3*

12. Time of Residence in the City *64 years*

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

14. Place of intended Interment *Catholic Court*

15. Date of intended Interment *Sept 29th 1882*

Frank Johnson, Undertaker.

Date of Certificate *Sept 28th 82* Residence _____

Democrat Job Print

Child of C. and Elizabeth Schwarz, 1909

23

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

RETURN OF A DEATH.

569

Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of C. Schwarz.
2. Sex Female 3. Color White 4. Age 9 Mo.
5. Married or single Single
6. Date of death Jan 16 " 1909
7. Cause of death Meningitis
8. Duration of last illness.....
C. R. Dowell. M. D.
Residence..... **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Illinois
11. Residence Main St. Ward No. 2
12. Time of residence in the city several months
13. When a minor { Name of mother Mrs. Elizabeth Schwarz
 { Name of father C. Schwarz
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan. 17/1909
GERARD & GERARD. Undertaker.
Date of Certificate Jan 17/1909 Residence **BOWLING GREEN, KY**

Child of C. and E. Schwarz, 1909

724 24

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

RETURN OF A DEATH.

724

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of C. Schwarz*

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

5. Married or single *single*

6. Date of death *Nov 20 1909.*

7. Cause of death *Pneumonia*

8. Duration of last illness *Dr. D. Reardon,* M. D.

Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Bowling Green Ky.*

11. Residence *Main St.* " " " " Ward No. *3*

12. Time of residence in the city *3 months*

13. When a minor { Name of mother *Mrs. E. Schwarz*
Name of father *C. Schwarz*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Nov 21/1909.*

GERARD & GERARD, Undertaker.
BOWLING GREEN, KY

Date of Certificate *Nov 20/1909.* Residence.....

John C. Schwarz, 1911

25

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

RETURN OF A DEATH.

985

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased *John C. Schwarz*
- 2. Sex *Male* 3. Color *White* 4. Age *4 mo*
- 5. Married or Single *Single*
- 6. Date of death *Mar 25 1911*
- 7. Cause of death *Eczema*
- 8. Duration of last illness

By *L. A. South*, M. D.
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation
 - 10. Place of birth *BOWLING GREEN, KY.*
 - 11. Residence *Main St.* Ward No. *2*
 - 12. Time of residence in the city *4 mo*
 - 13. When a minor { Name of Mother *Mrs. C. Schwarz*
Name of Father *C. Schwarz*
 - 14. Place of intended interment *Fairview Cemetery*
 - 15. Date of intended interment *Mar 26 1911*
- GERARD & GERARD*, Undertaker.
 Date of Certificate *Mar 25 1911* Residence

Annie B. Scott, 1892

431 26

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Miss Annie B. Scott*
 2. Sex *Female* 3. Color *White* 4. Age *18 yrs.*
 5. Married or Single *Single*
 6. Date of Death *Aug 5th 1892*
 7. Cause of Death *Gastroitis with Heart Disease*
 8. Duration of last Illness *one week*

Darah J. Millors M. D.
 Residence *Browning Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth *Mississippi*
 11. Residence *4 Clay St* Ward No *4th*
 12. Time of Residence in the City *Two weeks*
 13. When a Minor. } Name of Mother *Scott*
 } Name of Father *Geo. Y. Scott*
 14. Place of intended Interment *Fairview Cem.*
 15. Date of intended Interment *Aug 8th/92*
 H. L. Gardner Undertaker.
 Date of Certificate *Aug 6th/92* Residence *City*
Body placed in Ogdens Vault.

Cato Scott, 1899

67.91

50.00
28.00
22.00
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 ^{Cato P} Cato Scott

2. Sex male . 3. Color Black . 4. Age 59 yrs

5. Married or single married

6. Date of death Oct 29 1899

7. Cause of death Pneumonia

8. Duration of last illness _____

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

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Deformed

10. Place of birth Summers Co Ky

11. Residence My St . Ward No. 4

12. Time of residence in the City 6 years

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

14. Place of intended interment Mt Zion

15. Date of intended interment Oct 30 1899

Hawley Payne , Undertaker.

Date of Certificate _____ Residence _____

George Scott, 1898

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 George Scott
 2. Sex Male 3. Color White 4. Age about 35 yrs.
 5. Married or single _____
 6. Date of death August 7th 98.
 7. Cause of death Bilious remitting fever
 8. Duration of last illness _____

B L Gullin coroner, W.C.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth New York
 11. Residence Station House Ward No. 2nd
 12. Time of residence in the City Several days
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment August 8th 98.

Guard & Guard, Undertaker.

Date of Certificate Aug 8th 98. Residence City

Geo. Scott died in Station House after 3 days
Sickness.

H. B. Scott, 1905

29

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *H. B. Scott*

2. Sex *Male* 3. Color *White* 4. Age *31 yrs.*

5. Married or Single *Married*

6. Date of death *Sept. 15 '05*

7. Cause of death *Typhoid fever*

8. Duration of last illness *H. P. Cartwright*, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *Warren County*

11. Residence *Indiana 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 *Sept. 17 '05*

Grant & Grant, Undertaker.

Date of Certificate *Sept. 16/05* Residence

Marien Scott, 1904

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 *Marien Scott*
 2. Sex *Female* 3. Color *White* 4. Age *5 Months*
 5. Married or Single
 6. Date of death *Feb 19th 1904*
 7. Cause of death *Scarlet Fever*
 8. Duration of last illness *5 days*
- John W. Stair*, M. D.
Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Bowling Green Ky*
 11. Residence *10 West City* Ward No. *1st*
 12. Time of residence in the city *18 months*
 13. When a minor { Name of Mother *Mamie Scott*
Name of Father *Virgil Scott*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Feb 19 1904*
- Gerard & Gerard*, Undertaker.
Date of Certificate *Feb 19th 1904* Residence

Pauline Scott, 1900

31

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Mrs. Pauline Scott,*
2. Sex *Female* 3. Color *White* 4. Age *87 yrs.*
5. Married or single *Widow*
6. Date of death *Aug. 6" 1900.*
7. Cause of death *Old Age*
8. Duration of last illness
D. H. Milliken, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Butler County,*
11. Residence *Adams St.,* Ward No. *3,*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Aug. 7" 1900.*
Edward G. Givard , Undertaker.
Date of Certificate *Aug 6" 1900.* Residence _____

Surelda Scott, 1911

32

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

RETURN OF A DEATH.

975

Physician's Certificate Preparatory to Burial.

1. Name of deceased Surelda
Mrs Surelda P Scott

2. Sex Female 3. Color white 4. Age 59

5. Married or Single Widow

6. Date of death July 5 1911

7. Cause of death Paralysis

8. Duration of last illness _____

G. G. Huddle M. D.
B. S. Kent

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation at home

10. Place of birth Warren County

11. Residence Bowling Green Ward No. _____

12. Time of residence in the city two years

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

14. Place of intended interment MT Zion Ch

15. Date of intended interment July 6 1911

E. S. Kent, Undertaker.

Date of Certificate _____ Residence B. S. Kent

Infant of Virgil Scott, 1899

Out of City 57 33

~~1899~~

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. Virgil}

1. Name of deceased Infant Scott

2. Sex _____ 3. Color white 4. Age 1 mo

5. Married or single single

6. Date of death July 24 1899

7. Cause of death jaundice

8. Duration of last illness 1 mo

M. R. F. _____ Tom W Stone, M. D.

Residence College St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " " "

10. Place of birth City

11. Residence 6 Chestnut Ward No. 1

12. Time of residence in the City _____

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

14. Place of intended interment Friendship

15. Date of intended interment July 25 1899

_____ Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Infant of Virgil Scott, 1899

~~Out of City #3 #4~~ 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 *Infant Scott* ^{of Mr. + Mrs. Virgil}

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

5. Married or single *single*

6. Date of death *June 27 1899*

7. Cause of death *jaundice*

8. Duration of last illness *3 days*

T.M.S. _____, M. D.
Residence *College St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *city*

11. Residence *E Chestnut* Ward No. *1*

12. Time of residence in the City _____

13. When a minor } Name of Mother _____
 } Name of Father *Virgil Scott*

14. Place of intended interment *Trinity*

15. Date of intended interment *June 28 1899*

Hawley Payne Undertaker.

Date of Certificate _____ Residence _____

Elizabeth Seagraves, 1913

35

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

RETURN OF A DEATH.

1347

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Elizabeth Seagraves.
 2. Sex Female 3. Color White 4. Age 58 yrs.
 5. Married or single Married
 6. Date of death FEB 26 1913
 7. Cause of death Tuberculosis
 8. Duration of last illness 4. J. J. & B. Meredith
J. B. Meredith M. D.
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation House Worker.
 10. Place of birth Ky
 11. Residence 141. Margaret St Ward No. 2
 12. Time of residence in the city _____
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment FEB 27 1913
GERARD & GERARD. Undertaker.
 Date of Certificate FEB 26 1913 Residence Bowling Green, Ky.

Delphia Sears, 1896

959 36

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 *Delphia Sears*
2. Sex *Female* 3. Color *Blk* 4. Age *87*
5. Married or single *Widow*
6. Date of Death *Nov. 17 / 1896.*
7. Cause of Death *Paralysis*
8. Duration of last Illness _____
J. R. Carter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Allen Co.*
11. Residence *Main St* Ward No. *4*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *W. F. Miziah Cem.*
15. Date of intended Interment *Nov 18/96.*
F. C. Guard & Bro, Undertaker.
Date of Certificate *Nov 18/96.* Residence _____

Ella Sears, 1911

37

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

RETURN OF A DEATH.

1081

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Ella T Sears*
 2. Sex *Female* 3. Color *white* 4. Age _____
 5. Married or Single *Widow*
 6. Date of death *April 5 1911*
 7. Cause of death *crippled to Board of*
 8. Duration of last illness *Vital Statistics*
Shipping certificate, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth _____
 11. Residence *Memphis Tenn* Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father *Jimmie Ann* _____
 14. Place of intended interment _____
 15. Date of intended interment _____
Ezekiel Kelly, Undertaker.
 Date of Certificate _____ Residence *B. H. H.*

Transit Permit filed in
State office Body shipped from
Memphis

Ida Sears, 1908

Form 1271. 10-01-13

His Certificate and Paster below must be detached at this perforation, and pasted to the Coffin Box.

TRANSIT PERMIT
CERTIFICATE OF UNDERTAKER.

I (or we) hereby certify that the accompanying dead body of Mrs Ida Sears
(If a Minor, give parents names also.)

Consigned to J. Keel Address Bowling Green State of Ky.
has been prepared by me (or us) strictly in accordance with the rules of the State Board of Health for transportation by Railway and in conformity with said rules as printed on the back of this permit.

Residence Paris Shipping Undertaker Wm. O. Keel

MISSOURI, KANSAS & TEXAS RAILWAY SYSTEM

PASTER Bowling Green

AGENT AT INITIAL POINT WILL FILL OUT AND PASTE THIS ON TOP OF CASE CONTAINING CORPSE.
Agents or Baggage men must enter hereon a description of the Ticket, the exact route, and VIA WHAT JUNCTION POINTS THE TICKET HEADS, which is held by the passenger in charge of corpse.

SPECIAL INSTRUCTIONS.—A burial case containing a corpse will not be received for transportation, nor this paster be used, unless the person in charge of the remains presents a certificate of the attending Physician or Coroner, or a permit from the Board of Health and an Undertaker's Certificate that the body has been prepared for burial according to the law of the state. Neither will it be received if it has any offensive odor. Agents will detach the Undertaker's certificate and this Paster at the perforation and paste them securely on the cover of the case before shipping.

From Paris To Paris State Ky. Date May 29 1908

No. of Ticket 386-7 Form No. of Ticket 1595

Via Memphis R. R. To White Hall Junction

Via Memphis R. R. To Memphis Junction

Via Memphis R. R. To Memphis Junction

Via Memphis R. R. To Memphis Junction

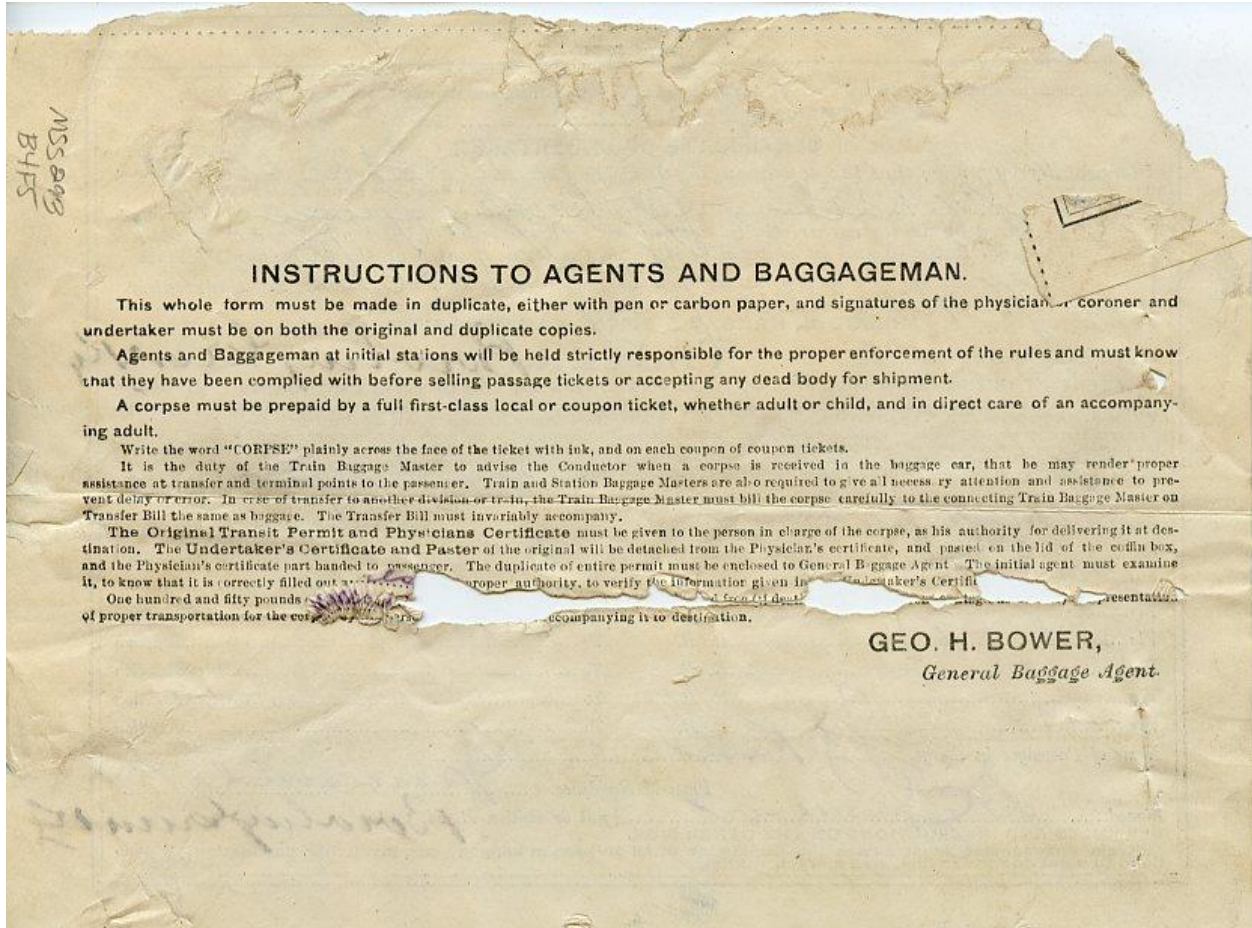
Via Memphis R. R. To Memphis Junction

Name of Passenger in charge J. Keel Place of Residence Paris

Signed W. O. Keel Agent or Station B. M. Bowling Green

SEE RULES AND INSTRUCTIONS ON THE OTHER SIDE.
Train Baggage men must advise the Conductor of all corpses in baggage car, giving him destination. If destined to point on foreign line, give him full routing. (OVER)

Ida Sears, 1908



Raleigh Gaines Sears, 1907

#334

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 *Raleigh Gaines Sears*
 2. Sex *male* 3. Color *white* 4. Age *62 years*
 5. Married or single *married*
 6. Date of death *October - 23 - 1907*
 7. Cause of death *Exhaustion from Inanition.*
 8. Duration of last illness *months*
 M. H. M. Crocker M. D.
 Residence *City of*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Farmer*
 10. Place of birth *Warren County Ky*
 11. Residence *in Warren County Ky* Ward No.
 12. Time of residence in the city

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

14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *October 25 1907*
H. A. ... Undertaker.
 Date of Certificate Residence

Robert F. Sears, 1910

40

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

RETURN OF A DEATH.

782

Physician's Certificate Preparatory to Burial.

1. Name of deceased Robert F. Sears
2. Sex Male 3. Color White 4. Age 76 years
5. Married or single Married
6. Date of death Mar. 7th. 1910
7. Cause of death Angina pectoris (immediate)
8. Duration of last illness One Year

J. B. Rutherford M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Retired Farmer
10. Place of birth Ky
11. Residence Bowling Green Ky Ward No. 1
12. Time of residence in the city Eighteen months
13. When a minor { Name of mother K
 Name of father K
14. Place of intended interment Furnace Cemetery
15. Date of intended interment Mar. 8th. 1910

Morris Enoch Undertaker
 Date of Certificate Mar. 8th 1910 Residence Bowling Green Ky

Thomas Wilbur Sears, 1907

#325 41

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Thos Wilbur Sears*

2. Sex *male* 3. Color *white* 4. Age *1 week*

5. Married or single

6. Date of death *October - 10 - 1907*

7. Cause of death *Liver trouble*

8. Duration of last illness *life*

J. D. Blackburn M. D.
Residence *City*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *" "*

10. Place of birth *City*

11. Residence *Payne Street 10th & Woodford* Ward No.

12. Time of residence in the city *life*

13. When a minor { Name of mother *Carrie Sears*
Name of father *J. B. Sears*

14. Place of intended interment *Old Union Church*

15. Date of intended interment *October - 11th - 1907*

F. Hawley Payne Undertaker.

Date of Certificate Residence

William Thomas Sears, 1908

42

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

RETURN OF A DEATH.

323

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Wm. Thomas Sears*

2. Sex *Male* 3. Color *White* 4. Age *64 yrs*

5. Married or single *married*

6. Date of death *Jan - 21 - 1908*

7. Cause of death *Arterio-sclerosis & Pericardial Anemia*

8. Duration of last illness *2 years*

W. W. McBracken M. D.

Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *" "*

10. Place of birth *County*

11. Residence *Park St bet 13 & 14 Sts* Ward No. *1*

12. Time of residence in the City. *2 years*

13. When a minor { Name of Mother _____
Name of Father *Brad Sears*

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Jan - 22 - 1908*

Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Elizabeth Seeley, 1912

43

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

RETURN OF A DEATH.

1217

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Elizabeth Seeley.
2. Sex Female 3. Color White 4. Age 78 years
5. Married or Single Widow
6. Date of death July 14th 1914.
7. Cause of death Coronary
8. Duration of last illness 10 days
W. C. Conway, M. D.
Residence B. Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
10. Place of birth Ky
11. Residence Band of Barran Moor 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 15th 1914

GERARD & GERARD.

Date of Certificate July 15th 1914 Residence BOWLING GREEN, KY
Undertaker

Julia Seeley, 1909

44

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

RETURN OF A DEATH.

416

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Julia Seeley
 2. Sex Female 3. Color White 4. Age 58 yrs.
 5. Married or single Widow
 6. Date of death Nov 4/1909
 7. Cause of death Pneumonia
 8. Duration of last illness 2 weeks
 _____ M. D.
J. H. Coombs
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth.....
 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 Nov 5" 1909
GERARD & GERARD Undertaker.
 Date of Certificate Nov. 4/09 Residence BOWLING GREEN, KY

Elizabeth Seemster, 1911

45

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

RETURN OF A DEATH.

1911

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Elizabeth Seemster* *Seemster P*

2. Sex *Female* 3. Color *white* 4. Age *71*

5. Married or Single *Married*

6. Date of death *May 6 1911*

7. Cause of death *Tubercular lesion of lung associated with*
atheroma of bloodvessel walls.

8. Duration of last illness *was dead when I arrived - five*
min. *I res. at Carthage*, M. D.

Residence *Bowling Green*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Allen County*

11. Residence *Bowling Green* Ward No. _____

12. Time of residence in the city *40 years*

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

14. Place of intended interment *Farmers Cemetery*

15. Date of intended interment *May 7 1911*

E. W. Kelly, Undertaker.

Date of Certificate _____ Residence *Bowling Green*

Lillian Sellers, 1896

933 This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 46

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Lillian Sellers*
2. Sex *Female* 3. Color *White* 4. Age *11 mo*
5. Married or single *Single*
6. Date of Death *Sept 4/1896.*
7. Cause of Death *Cholera Infantum*
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 *City*
11. Residence *Clay street* Ward No. *4*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother *Mrs. Mary Sellers.*
 } Name of Father *Chas. C. Sellers.*
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Sept 5"/96.*
F. C. Gerard & Bro. Undertaker.
Date of Certificate *Sept 4/96.* Residence *City*

Lucille Sellers, 1896

939 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 *Lucille Sellers*
2. Sex *Female* 3. Color *White* 4. Age *11 months*
5. Married or single *single*
6. Date of Death *Sept. 9th 1896*
7. Cause of Death *Cholera Infantum*
8. Duration of last illness *several days*
A. C. Tugth, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Clay street* Ward No. *4*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother *Mrs. Mary Sellers*
 } Name of Father *Chas. C. Sellers*
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Sept 10th 1896*
F. C. Guard & Bro., Undertaker.
Date of Certificate *Sept 9/96* Residence *City*

Mrs. Felix Settle, 1906

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 Mrs Felix Settle
 2. Sex 3. Color white 4. Age
 5. Married or Single married
 6. Date of death Feb - 15th - '06
 7. Cause of death Sarcoma of Antrum
 8. Duration of last illness 3 to 4 mo -
Dr J H Blachburn, M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth Allen County
 11. Residence State St bet 4th & 5th Ward No.
 12. Time of residence in the city Dec 14 1895
 13. When a minor { Name of Mother Hermosa Moore
 Name of Father Lipson Moore
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment February 16 - 06
E B Satchfield, Undertaker.
 Date of Certificate Feb 16 1906 Residence Allen Ky

James A. Settle, 1893

533 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 *James A. Settle*
2. Sex *Male* 3. Color *White* 4. Age *27 yrs*
5. Married or single *Married*
6. Date of Death *Aug 5 '93*
7. Cause of Death *Typhoid Fever*
8. Duration of last Illness
William J. Brantley, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Barren County*
11. Residence *Centerville* Ward No. *2nd*
12. Time of Residence in the City *12 months*
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Aug 6 '93*
F. C. Gerald & Bro., Undertaker.
Date of Certificate *Aug 5 '93* Residence *City*

Jinnie Settle, 1908

#544 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 *Miss Jinnie Settle*
2. Sex *Female* 3. Color *White* 4. Age *15 yrs.*
5. Married or single *single*
6. Date of death *NOV 13 1908*
7. Cause of death *Typhoid Fever.*
8. Duration of last illness *2 1/2 Weeks*

Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *BOWLING GREEN, KY*
11. Residence *Sunnyside Ky.* Ward No.
12. Time of residence in the city.....
13. When a minor { Name of mother *Mrs. W. L. Haynes (nee Mrs. Settle)*
Name of father *Dead*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Nov 14/1908*

GERARD & GERARD, Undertaker.
Residence *BOWLING GREEN, KY*

Date of Certificate *Nov 13/1908*

R, Barnett Settle, 1906

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 *R Barnett Settle*
2. Sex *male* 3. Color *white* 4. Age *47 yrs*
5. Married or single *single*
6. Date of death *Sept 8 1906*
7. Cause of death *Typhoid Fever*
8. Duration of last illness *4-5 weeks*
J A Blackburn M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *(blank)*
10. Place of birth *City*
11. Residence *8th St* Ward No. _____
12. Time of residence in the City *life*
13. When a minor { Name of Mother *Bessie S Isbell*
Name of Father *John F Settle*
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *Sept 9 1906*
H. Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

Sarah Settle, 1896

861 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 Sarah Settle
2. Sex female 3. Color white 4. Age 7 yrs
5. Married or single Single
6. Date of Death March - 11th 1896
7. Cause of Death Scarlet Fever
8. Duration of last Illness 13 days

V. A. L. Smyke, M. D.

Residence Conf

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Bronx New York
11. Residence State St Ward No. 7nd
12. Time of Residence in the City Life Term
13. When a Minor { Name of Mother Shelley R. Settle
Name of Father Warren E. Settle
14. Place of intended Interment Fairview Court
15. Date of intended Interment March 12th 96

L. C. Howard Bro., Undertaker.

Date of Certificate _____ Residence _____

Calvin P. Seward, 1897

53

1013
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 Calvin Seward
2. Sex male 3. Color white 4. Age _____
5. Married or single married
6. Date of Death May 10 1897
7. Cause of Death Paralysis
8. Duration of last Illness _____
Geo. T. & J. Seward, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Warren County
11. Residence Cor 11th & High St. Ward No. 1
12. Time of Residence in the City years
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Fairview Ave
15. Date of intended Interment May 12 1897
Prather & Payne, Undertaker.
Date of Certificate _____ Residence _____

Mrs. R. H. Seward, 1906

54

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

RETURN OF A DEATH.

#101

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mrs. R. H. Seward
2. Sex Female 3. Color White 4. Age 22
5. Married or single Married
6. Date of death SEP 16 1906
7. Cause of death Exhaustion
8. Duration of last illness _____
_____ , M. D.
Residence BOWLING GREEN, KY

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Hawm, Mo.
11. Residence 12 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 Trivium Cemetery
15. Date of intended interment SEP 17 1906

GERARD & GERAUD, Undertaker.
Date of Certificate SEP 17 1906 Residence BOWLING GREEN, KY

Ray H. Sward, Jr., 1906

55

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

RETURN OF A DEATH.

#99

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ray H Seward Jr
2. Sex male 3. Color white 4. Age 1 mo -
5. Married or single single
6. Date of death Sept. 13, 1906
7. Cause of death Inanition
8. Duration of last illness life
Stan. J. W. Stans, M. D.
Residence city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth city
11. Residence Broadway Ward No. _____
12. Time of residence in the City. life
13. When a minor { Name of Mother Margaret Seward
Name of Father Vivian E Seward
14. Place of intended interment Fairview Cem
15. Date of intended interment Sept 13 1906
Stowley Payne, Undertaker.
Date of Certificate _____ Residence _____

George M. Shaffer, 1880

56

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Geo M Shaffer Shaffer*
2. Sex *Male* . 3. Color *White* . 4. Age *45*
5. Married or Single *Married*
6. Date of Death *June 16th 1880*
7. Cause of Death *Softening of Brain*
8. Duration of last Illness *Two or three years*
Ablesight, 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 *Cincinnati Ohio*
15. Date of intended Interment _____
_____, Undertaker.
Date of Certificate _____ . Residence _____

Democrat Print.

Martin Shallen, 1878

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 *Martin Shallen*
 2. Sex *Male* . 3. Color *White*, . 4. Age *56*
 5. Married or Single *Married*
 6. Date of Death *Sept 3rd 1878*
 7. Cause of Death *Yellow fever*
 8. Duration of last Illness *Four days*
R. E. Thomas, M. D.
 Residence *Brooklyn Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Watchman*
 10. Place of Birth *Ireland*
 11. Residence *Green St.* Ward No. *2*
 12. Time of Residence in the City *One Week*
 13. When a Minor { Name of Mother *Mrs Shallen*
 Name of Father *Mr Shallen*
 14. Place of intended Interment *Catholic Cemetery*
 15. Date of intended Interment *3rd of Sept 78*
Stuckles, Undertaker.
 Date of Certificate *Sept 3rd* Residence *State St*

Democrat Print.

John Shandell, 1882

58

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Shandell Shandell?*
2. Sex *Mal* . 3. Color *White* . 4. Age *65 years*
5. Married or Single
6. Date of Death *Nov 14th*
7. Cause of Death *Disruption*
8. Duration of last Illness *few days*
W. McClayprol, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Piano Tuner*
10. Place of Birth *Supposed to be France*
11. Residence *Supposed to be Nashville* Ward No *3^d*
12. Time of Residence in the City *a few days*
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Nov 15th 1882*
A. G. Gorman, Undertaker.
Date of Certificate . Residence

Democrat Job Print

Charles Shanks, 1909

59

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

RETURN OF A DEATH.

601

Physician's Certificate Preparatory to Burial.

1. Name of deceased Chas Shanks
 2. Sex male 3. Color leal 4. Age 14 mo.
 5. Married or single single
 6. Date of death march 19 - 1909
 7. Cause of death Pneumonia
 8. Duration of last illness about 9 days
J. W. Willit M. D.
 Residence # 13 1/2 main st.

Undertaker's Certificate in Relation to Deceased.

9. Occupation —
 10. Place of birth Buntings Green
 11. Residence first & chestnut Ward No. 2
 12. Time of residence in the city During life
 13. When a minor { Name of mother Mattie Shanks
 { Name of father Spilliam Shanks
 14. Place of intended interment mt moriah Cemetery
 15. Date of intended interment march 20 - 1909
J. E. Mayhew Undertaker.
 Date of Certificate march 19 - 09 Residence 7 & college St

Ethel Shanks, 1909

#907 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 Ethel Shanks
2. Sex female 3. Color col 4. Age 26
5. Married or single single
6. Date of death Oct. 12 - 1909.
7. Cause of death Tuberculosis
8. Duration of last illness _____
_____ M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation House girl
10. Place of birth St. Louis
11. Residence High St. Ward No. 2
12. Time of residence in the City. About 15 yrs
13. When a minor { Name of Mother Russell Shanks
Name of Father William Shanks
14. Place of intended interment Mt. Mariah Cemetery
15. Date of intended interment Oct 14 - 1909
J. E. Kuykendall Undertaker.
Date of Certificate Oct. 14 - 09. Residence _____
7 College St.

Paul Irvine Shanks, 1906

61

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Paul Irvine Shanks
2. Sex male 3. Color Black 4. Age 7 months
5. Married or single single
6. Date of death August - 30 - 1906
7. Cause of death Non nutritious
8. Duration of last illness weeks
Dr. Gibson Dr (Gibson) Ramsey, M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth City
11. Residence East Street + 1st St Ward No. _____
12. Time of residence in the City. years
13. When a minor { Name of Mother Mattie Shanks
Name of Father Will Shanks
14. Place of intended interment Put Moriah
15. Date of intended interment August 31 1906
Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Henry Shannon, 1891

325 62

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Henry Shannon
2. Sex Male 3. Color Blk. 4. Age 70 yrs
5. Married or Single Married
6. Date of Death Aug 7/91.
7. Cause of Death Paralysis
8. Duration of last Illness _____
J. F. McElroy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence / Ward No. 1st
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Int Morial
15. Date of intended Interment Aug 8th/91.
F. C. Gerard, Undertaker.
Date of Certificate Aug 8/91. Residence _____

Loila Shannon, 1891

305

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. 63

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs Loila Shannon*
2. Sex *Female* 3. Color *Blk* 4. Age *65 yrs.*
5. Married or Single *Married*
6. Date of Death *July 8"/91*
7. Cause of Death *Consumption*
8. Duration of last Illness _____
J F McCreary, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *N. North Carolina*
11. Residence *Highb Street* Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Mt Moriah Ceme*
15. Date of intended Interment *July 9"/91*
F C Gray, Undertaker.
Date of Certificate *July 8"/91*. Residence _____

Infant of Mary Shanon, 1879

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. *Infant of Mary*

1. Name of Deceased *No Name Shanon*
2. Sex *girl* . 3. Color *W* . 4. Age *2 days*
5. Married or Single *...*
6. Date of Death *July 8th*
7. Cause of Death *Scarf Fever*
8. Duration of last Illness *...*

No Physician, M. D.
Residence *in attendance*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *...*
10. Place of Birth *Mearisburg*
11. Residence *...* Ward No. *3rd*
12. Time of Residence in the City *...*
13. When a Minor { Name of Mother *Mary Shanon*
Name of Father *...*
14. Place of intended Interment *Col Cem*
15. Date of intended Interment *July 9th 79*

Frank C. Green, Undertaker.

Date of Certificate *...* Residence *...*

Democrat Print.

Edward Shantz, 1881

2 65

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Edward Shantz*

2. Sex *Male* . 3. Color *White* . 4. Age *28 years*

5. Married or Single *Single*

6. Date of Death *June 18th 1881*

7. Cause of Death *Killed by Car*

8. Duration of last Illness

Signed by H. H. Blakely, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Fireman*

10. Place of Birth *Louisville*

11. Residence Ward No *3*

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

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

14. Place of intended Interment *Louisville*

15. Date of intended Interment *June 19th 1881*

H. H. Blakely, Undertaker.

Date of Certificate *June 18th 81* Residence

Democrat Job Print

Mrs. John R. Sharpe, 1911

65

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

RETURN OF A DEATH.

994

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. John R. Sharpe
2. Sex Female 3. Color White 4. Age 47 yrs.
5. Married or Single Married
6. Date of death April 7" 1911.
7. Cause of death Specific marasmus
8. Duration of last illness _____

McCormack Smith, M. D.
Residence 633-12 St. Corbin Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Logan County
11. Residence Kentucky St. Ward No. 2
12. Time of residence in the city 27 yrs.
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment April 8" 1911

GERARD & GERARD. _____, Undertaker.
Date of Certificate Apr. 7" 1911. Residence _____

Margrett S. Sharpe, 1911

68

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

RETURN OF A DEATH.

1027

Physician's Certificate Preparatory to Burial.

1. Name of deceased Miss Margratt S. Sharpe
2. Sex Female Color White 4. Age 15 yrs. 7 mos.
5. Married or Single Single
6. Date of death June 13" 1911.
7. Cause of death Tuberculosis
8. Duration of last illness six months

T. O. Helm, M. D.
Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Bowling Green Ky
11. Residence 1172, Ky. St. B. Green Ky Ward No. 3.
12. Time of residence in the city 15 yrs. 7 mos
13. When a minor { Name of Mother Mrs. Ida Sharpe, Deed
Name of Father John Sharpe.
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June 14" 1911

GERARD & GERARD, Undertaker.
Date of Certificate June 13/11 Residence _____

Clyde Shaw, 1905

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.

1. Name of deceased Clyde Shaw

2. Sex male 3. Color white 4. Age 14 yrs

5. Married or single single

6. Date of death Aug - 30 - 1905

7. Cause of death Typhoid Fever & Pneumonia

8. Duration of last illness 1 week

J. H. Blackburn, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth Missouri

11. Residence St. Louis 13 + 14" Ward No. _____

12. Time of residence in the City 1 week

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

14. Place of intended interment Fairview Cem

15. Date of intended interment August 31 1905

Murray Payne, Undertaker.

Date of Certificate _____ Residence _____

S. M. Shaw, 1908

70

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

RETURN OF A DEATH.

389

Physician's Certificate Preparatory to Burial.

1. Name of deceased Rev S M Shaw
2. Sex Male 3. Color White 4. Age 80 yrs.
5. Married or single Single
6. Date of death JAN 30 1908
7. Cause of death Old age
8. Duration of last illness Old Moss M. D.
Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Minister of the Gospel
10. Place of birth Warren County
11. Residence Rockfield Ky Ward No.
12. Time of residence in the city
13. When a minor { Name of mother
 { Name of father
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan 31, 1908
GERARD & GERARD Undertaker.
Date of Certificate Jan 31, 08. Residence BOWLING GREEN, KY.

Willie Shaw, 1905

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 Willie Shaw
2. Sex male 3. Color white 4. Age 57
5. Married or single single
6. Date of death September 16 - 05
7. Cause of death typhoid fever
8. Duration of last illness 14 days
B. S. Rutherford, M. D.
Residence p

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation [Redacted]
10. Place of birth [Redacted]
11. Residence Step Street 344 Ward No. _____
12. Time of residence in the City. 3 weeks
13. When a minor { Name of Mother Winnie Shaw
Name of Father J. Q. Shaw
14. Place of intended interment Hainover Cem
15. Date of intended interment Sept 17 1905
Flowers, Undertaker.
Date of Certificate _____ Residence _____

Daniel Shay, 1891

316 72

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Thos Daniel Shay*
2. Sex *Male* . 3. Color *White* . 4. Age *25*
5. Married or Single *Single*
6. Date of Death *July 22 - 81 -*
7. Cause of Death *Consumption -*
8. Duration of last Illness *one year*
J. M. [Signature] M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Of Hand*
10. Place of Birth *DeFoyton*
11. Residence *Church 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 Cem*
15. Date of intended Interment _____
H. B. [Signature] Undertaker.
Date of Certificate _____ . Residence _____

Margaret O. Shea, 1900

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 *Mrs. Margaret O. Shea*
2. Sex *Female* . 3. Color *White* . 4. Age *79 yrs.*
5. Married or single *Widow*
6. Date of death *Oct. 9 " 1900.*
7. Cause of death *Apoplexy*
8. Duration of last illness *3 days*
A. T. McConaek , M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *Church 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 *St. Josephs Cemetery*
15. Date of intended interment *Oct 11 " 1900.*
Gerard and Gerard . Undertaker.
Date of Certificate *Oct 10 " 1900* . Residence *City*

Margaret Shehan, 1893

525 74

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Margaret Shehan*
2. Sex *Female* 3. Color *White* 4. Age *67 years*
5. Married or single *Widow*
6. Date of Death *July 9th 1893*
7. Cause of Death *Rheumatism & old age*
8. Duration of last Illness *Several months*
G. N. Murphy, M. D.
Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Ireland*
11. Residence 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 Joseph Cemetery*
15. Date of intended Interment *July 10th 1893*
H. C. Torrance, Undertaker.
Date of Certificate Residence

Jane Shelby, 1891

257 75

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Jane Shelby*
2. Sex *Female* . 3. Color *Col* . 4. Age *60 years*
5. Married or Single *Widow*
6. Date of Death *Jan 31/91*
7. Cause of Death *Consumption*
8. Duration of last Illness *Six months*
J. F. McElroy, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *House Keeper*
10. Place of Birth *Virginia*
11. Residence *Ky* . Ward No. *3 ward*
12. Time of Residence in the City *Six or 7 months*
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Mt Meric*
15. Date of intended Interment *Feb 1, 91*
Prather & Matlock, Undertaker.
Date of Certificate *Jan 31/91* . Residence _____

Nannie P. Shelby, 1894

76

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 Nannie P. Shelby*

2. Sex *female* . 3. Color *white*. 4. Age *31*

5. Married or Single *Married*

6. Date of Death *Jan 8 1894*

7. Cause of Death *Pneumonia*

8. Duration of Last Illness *Several days*

By T.B.W.
Dr. J. B. W.
Dr. J. B. W.

Thomas B. Wright, M.D.
 Residence *Bondsgrove, Ky.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *Water Valley Miss*

11. Residence *State* . 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 *Edgsville Ky*

15. Date of intended Interment _____

Peatman & Payne, Undertaker.

Date of Certificate *Jan 10 1894*. Residence *city*

Augustus Sherer, 1878

79

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Augustus Sherer Sherer*
2. Sex *Male* 3. Color *White* 4. Age *17*
5. Married or Single *Single*
6. Date of Death *April 3*
7. Cause of Death *Injury of Leg by Train*
8. Duration of last Illness *four days*
" *W. P. Sherman, M. D.*
Residence *Brooklyn, Tenn.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Louville*
11. Residence *Brun* Ward No. *3*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Barlin Shum*
Name of Father *A Shum*
14. Place of intended Interment *Catholic Cemetery*
15. Date of intended Interment *April 5th*
Date of Certificate *April 7th 78* Residence *Brooklyn, Tenn.*, Undertaker.

Pantagraph Print.

Katie Sherer, 1894

600 78

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Katie Sherer
2. Sex Female 3. Color White 4. Age 102
5. Married or single Single
6. Date of Death July 18th 1894
7. Cause of Death La Grippe
8. Duration of last Illness one week

S. W. Coombs, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence College St. Ward No. 224
12. Time of Residence in the City _____

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

14. Place of intended Interment Fairview Cemetery
15. Date of intended Interment Jan 19th 1894

J. C. Gerard & Bro, Undertaker.
Date of Certificate Jan 18/94 Residence _____

Sarah A. Sherrell, 1913

79

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

RETURN OF A DEATH.

1417

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Sarah A Sherrell
 2. Sex Female 3. Color White 4. Age 60
 5. Married or single Widow
 6. Date of death June 17-13
 7. Cause of death Cancer of sigmoid
 8. Duration of last illness 4 mos
T. W. Storey M. D.
 Residence 2 Greenly

Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
 10. Place of birth Pa
 11. Residence Clay 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 Fairview Cemetery
 15. Date of intended interment June 18-13
Edward Grand Undertaker.
 Date of Certificate June 18-13 Residence City

Mrs. J. B. Sherry, 1909

80

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

RETURN OF A DEATH.

1080

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. J. B. Sherry
~~Carcinoma of the Stomach~~

2. Sex Female 3. Color white 4. Age 52

5. Married or single married

6. Date of death Aug 7, 1909

7. Cause of death Carcinoma of the Stomach

8. Duration of last illness 3 or 4 months

J. J. Martin M. D.
 Residence Bowling Green 12

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth Warren Co Ky

11. Residence Post 4 S 631 Ward No.....

12. Time of residence in the city 2 year

13. When a minor { Name of mother Bessy Ferguson
 Name of father William Deaggs

14. Place of intended interment Farmers Cemetery

15. Date of intended interment aug 8 1909

Ed C. Satterfield Undertaker.

Date of Certificate..... Residence.....

Carrie Shields, 1906

81

#58

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Carrie Shields
2. Sex Female 3. Color Blk 4. Age 16 yrs.
5. Married or single Single
6. Date of death July 2nd 06.
7. Cause of death Gun Shot wound
8. Duration of last illness R. S. Hunter, acting Coroner, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Burk's alley Ward No. 2
12. Time of residence in the City. _____
13. When a minor { Name of Mother Mrs. Shields
Name of Father Bucky Shields
14. Place of intended interment Robt. Memorial Cemetery
15. Date of intended interment July 3rd 06.

Guard & Guard, Undertaker.

Date of Certificate July 3/06. Residence _____

Owen W. Shirrell, 1910

82

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

RETURN OF A DEATH.

823

Physician's Certificate Preparatory to Burial.

1. Name of deceased Owen W. Shirrell
2. Sex Male 3. Color White 4. Age 6
5. Married or Single Single
6. Date of death May 31-1910
7. Cause of death Mitral Regurgitation & Stenosis
8. Duration of last illness 1 year
Residence Bowling Green, M. D.
John H. Blochbaum

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence Bowling Green Ward No. 1st
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father Howard Shirrell
14. Place of intended interment Hays cemetery
15. Date of intended interment June 1st 1910
Emmott & Kelley, Undertaker.
Date of Certificate June 1-1910 Residence Bowling Green

Child of George Shockley, 1911

84

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

RETURN OF A DEATH.

1035

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of George Shockley*
2. Sex *Female* 3. Color *White* 4. Age *5 wks*
5. Married or Single *Single*
6. Date of death *June 26" 1911*
7. Cause of death *inanition*
8. Duration of last illness *About 3 weeks*
J. J. Martin, M. D.
Residence *Cowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *B. Grant Ky*
11. Residence *Rayland Ave* Ward No. *3*
12. Time of residence in the city *5 weeks*
13. When a minor { Name of Mother *Mrs. Geo. Shockley*
Name of Father *Geo. Shockley*
14. Place of intended interment _____
15. Date of intended interment *June 26" 1911*
Harold T. Guarn, Undertaker.
Date of Certificate *June 26/11* Residence _____

French Showers, 1893

85

517

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 French Showers
 2. Sex Female 3. Color Blk 4. Age 30 yrs
 5. Married or single Married
 6. Date of Death June 12/1903
 7. Cause of Death Consumption
 8. Duration of last Illness _____

J. B. [Signature] M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth _____
 11. Residence Smith 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 McDonogh
 15. Date of intended Interment June 13/1903

J. B. [Signature], Undertaker.

Date of Certificate June 13/1903 Residence _____

Kee Shuck, 1896

891

86

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 *Kee Shuck*
2. Sex *Male* 3. Color *Yellow* 4. Age *21 yrs*
5. Married or single *Single*
6. Date of Death *May 31/96.*
7. Cause of Death *Murdered.*
8. Duration of last Illness _____

B. L. Bullen
Residence *Corwin of Mason Co.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *China*
11. Residence *College Street* Ward No. *2nd*
12. Time of Residence in the City *six weeks.*
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Fairview Cem.*
15. Date of intended Interment *June 2nd/96.*
F. C. Ward, T. Bro., Undertaker.

Date of Certificate *June 2nd/96.* Residence *City*
This Chinaman was murdered in his place of business on College Street

Infant of J. Z. and Fletie Sickless, 1891

87

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 *Infant of J. Z. Sickless*
 2. Sex *Male* . 3. Color *White* . 4. Age _____
 5. Married or Single *Single*
 6. Date of Death *June 1 - 91.*
 7. Cause of Death *Premature Birth*
 8. Duration of last Illness *about 6 hours*

 _____ M. D.
 Residence *Bowling Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth *City.*
 11. Residence *Church St.* . Ward No. *4th*
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother *Mrs Fletie Sickless*
 } Name of Father _____
 14. Place of intended Interment *Mitchellsville Cem.*
 15. Date of intended Interment *June 2 - 91.*
J. C. Guard , Undertaker.
 Date of Certificate *June 1 - 91.* . Residence _____

Annie Sigman, 1898

1114 88

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Annie Sigman*
2. Sex *female* . 3. Color *white* . 4. Age *40 yrs*
5. Married or single *married*
6. Date of death *March 28 1898*
7. Cause of death *Consumption*
8. Duration of last illness *Several months*
Dr. G. W. *Dr. W. J. M.* . M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *Church & August St.* Ward No. *C*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *St Joseph Cem*
15. Date of intended interment *Mar 30 1898*
W. W. Payne . Undertaker.
Date of Certificate _____ Residence _____

Grace Sigmire, 1900

70

89

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Grace Sigmire*
 2. Sex *Female* 3. Color *White* 4. Age *6 Wks.*
 5. Married or single *Single*
 6. Date of death *July 13 1900.*
 7. Cause of death *Congestion of Stomach and Bowels.*
 8. Duration of last illness *few hours.*
 Signature *D. B. Wright*, M. D.
 Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *City*
 11. Residence *Center St.* Ward No. *2*
 12. Time of residence in the City *6 Wks.*
 13. When a minor } Name of Mother *Mrs. Elizabeth Sigmire*
 } Name of Father *William Sigmire*
 14. Place of intended interment *St. Josephs, Kentucky*
 15. Date of intended interment *July 14 1900.*
 Signature *Gerard and Grand*, Undertaker.
 Date of Certificate *July 14 1900* Residence _____

Mary Magdalena Sigmire, 1892

382 90

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 Magdalena Sigmire*
2. Sex *Female* . 3. Color *White* . 4. Age *3 mos.*
5. Married or Single *Single*
6. Date of Death *Feb 5"/192*
7. Cause of Death *Pneumonia*
8. Duration of last Illness _____
A. C. Wright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *8" street* . Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Mrs E Sigmire*
 } Name of Father *Wm Sigmire*
14. Place of intended Interment *Catholic Church*
15. Date of intended Interment *Feb 6"/1892*
A. C. Seiford Undertaker.
Date of Certificate *Feb 5"/192* . Residence *City*

Child of William Sigmire, 1896

849 91

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Sigmire

1. Name of deceased Child of Mrs Sigmire
2. Sex Female 3. Color White 4. Age 4 mo.
5. Married or single Single
6. Date of Death Apr 20"/1896
7. Cause of Death D unt known
8. Duration of last Illness one or two days

A. Schuyler, M. D.

Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence Market street Ward No. 4th
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Mrs. E. Sigmire
Name of Father Mrs Sigmire
14. Place of intended Interment St Joseph No Cem.
15. Date of intended Interment April 21"/1896.

F. O. Gerard Wm, Undertaker.

Date of Certificate Apr 20/96. Residence City

America Simmons, 1897

92

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Sam America J Simmons*
2. Sex *female* 3. Color *white* 4. Age *74 yrs*
5. Married or single *widow*
6. Date of Death *March 11th 1897*
7. Cause of Death *Complications*
8. Duration of last Illness _____

*Buried in
Country* _____, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *12th 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 *Sand Hill, White family ground*
15. Date of intended Interment *March 12 1897*
Pratt & Payne, Undertaker.

Date of Certificate _____ Residence _____

Clara V. Simmons, 1898

1137 93

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Clara V. Simmons
2. Sex Female 3. Color Blk 4. Age 5 mo.
5. Married or single Single
6. Date of death June 7, 1898
7. Cause of death Meningitis
8. Duration of last illness _____

Residence _____

M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth 624, 3rd St. City
11. Residence 244, 3rd St. Ward No. 7
12. Time of residence in the City _____
13. When a minor } Name of Mother J. M. Simmons
 } Name of Father A. W. Simmons
14. Place of intended interment Mt. Moriah Cem.
15. Date of intended interment June 7, 1898

Harold & Gerard . . . Undertaker.
Date of Certificate June 7, 1898 Residence _____

John S. Simmons, 1913

94

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

RETURN OF A DEATH.

1371

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John S. Simmons
 2. Sex Male 3. Color white 4. Age 63
 5. Married or single widower
 6. Date of death Apr 8 1913
 7. Cause of death Bright's Disease
 8. Duration of last illness _____
 _____, M. D.
 Residence B. Men 12

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer
 10. Place of birth Monroe County Ky
 11. Residence Bowling Green Ky
 12. Time of residence in the City. about one year
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fauntin Run Ky
 15. Date of intended interment Apr 10 1913
ENDCHS & MCGINNIS, Undertaker.
 Date of Certificate APR 10 1913 Residence B. Men 12

Josephus Simmons, 1911

95

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

RETURN OF A DEATH.

1067

Physician's Certificate Preparatory to Burial.

1. Name of deceased Josephus Simmons
 2. Sex male 3. Color white 4. Age 64
 5. Married or Single married
 6. Date of death aug 16 - 1911
 7. Cause of death Chronic appendicitis complicated by
intestinal obstruction
 8. Duration of last illness over month
McCarmack V. Smith, M. D.
 Residence 633-12 St Bowling
Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
 10. Place of birth Tenn
 11. Residence St Joseph Hospital Ward No.
 12. Time of residence in the city Four weeks
 13. When a minor { Name of Mother
 { Name of Father
 14. Place of intended interment Pleasant Grove Tenn
 15. Date of intended interment aug 18 1911
Emory Kellum, Undertaker.
 Date of Certificate Residence B. J. Kellum

Mary Alicia Simmons, 1907

96

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

RETURN OF A DEATH.

215

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mary Alicia Simmons*
2. Sex *female*
3. Color *white*
4. Age *46 yr*
5. Married or single *married*
6. Date of death *May - 25 - 1907*
7. Cause of death *Consumption*
8. Duration of last illness *long duration*
- Residence *Geo W. Blackburn M. D.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Drum major*
10. Place of birth *Edmonson Co*
11. Residence *College St* Ward No.
12. Time of residence in the city *several years*
13. When a minor { Name of mother
Name of father *Phillip H. Harvey*
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *May - 26 - 1907*
- Harvey Payne* Undertaker.
- Date of Certificate Residence

Rusaw Simmons, 1899

97

~~72~~ ~~29~~ 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 Rusaw Simmons
2. Sex male 3. Color white 4. Age 30 yrs
5. Married or single Single
6. Date of death Jun - 17 - 99
7. Cause of death Syphilis
8. Duration of last illness about 6 weeks
H. O. Cartwright, M. D.
Residence Main St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer
10. Place of birth Edmonton
11. Residence Adams St Ward No. -3-
12. Time of residence in the City Two Years
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Travis Co
15. Date of intended interment Jun - 18 - 99
Thad & Thad, Undertaker.
Date of Certificate Jun - 18/99 Residence College St

Mrs. Charles Simons, 1892

459 / 98

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 Charles Simons.*
 2. Sex *Female* 3. Color *White* 4. Age *37 yrs.*
 5. Married or Single *Married*
 6. Date of Death *Oct 19"/192*
 7. Cause of Death *Internal Hemorrhage*
 8. Duration of last Illness *3 days*
S. J. Miller, M. D.
 Residence *Bowling Green*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
 10. Place of Birth *Canada*
 11. Residence *College Street* Ward No. *2nd*
 12. Time of Residence in the City _____
 13. When a Minor. } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment *Harvill Cemetery*
 15. Date of intended Interment *Oct 21"/1892*
H. A. Grand, Undertaker.
 Date of Certificate *Oct 20/92* Residence *City*

Eliza Simons, 1882

99

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Eliza Simons*
2. Sex *Female* . 3. Color *Black* . 4. Age *85*
5. Married or Single *Married*
6. Date of Death *July 30 - 1882*
7. Cause of Death *Apoplexy*
8. Duration of last Illness *Two Years*
D. J. Townsend , M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Sumner Co*
11. Residence *Bowling Green* Ward No *1*
12. Time of Residence in the City *about 20 years*
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment
15. Date of intended Interment
B. W. Carpenter , Undertaker.
Date of Certificate . Residence

Democrat Job Print

Charles Simpson, 1898

1150 100

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 *Charley Simpson.*
2. Sex *Male* 3. Color *White* 4. Age *about 35 yrs*
5. Married or single *Married*
6. Date of death *June 30 '98.*
7. Cause of death *Consumption.*
8. Duration of last illness _____
B. H. Milliken, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County.*
11. Residence *Graham Pike* Ward No. *9*
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 *July 1 '98.*
Guard & Guard, Undertaker.
Date of Certificate *July 1 '98,* Residence *City.*

Infant of D. W. Simpson, 1909

101

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

RETURN OF A DEATH.

652

Physician's Certificate Preparatory to Burial.

Simpson
Infant son of D.W. Simpson

- 1. Name of deceased *Infant son of D.W. Simpson*
- 2. Sex *male* 3. Color *white* 4. Age *4 1/2*
- 5. Married or single *single*
- 6. Date of death *June 22/09*
- 7. Cause of death *Innervation*
- 8. Duration of last illness

J. J. Martin M. D.
Residence *Bowling Green*

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation
 - 10. Place of birth *Bowling Green*
 - 11. Residence *" "* Ward No.
 - 12. Time of residence in the city
 - 13. When a minor { Name of mother
Name of father *D.W. Simpson*
 - 14. Place of intended interment *Palmer*
 - 15. Date of intended interment *June 23*
- Marriner Cook* Undertaker.
Date of Certificate *June 23/09* Residence *Bowling Green*

Flora T. Simpson, 1891

102

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 *Flora T. Simpson*
2. Sex *Female* 3. Color *White* 4. Age *11 yrs.*
5. Married or Single *Single*
6. Date of Death *May 2^d / 1891.*
7. Cause of Death *Spinal Disease*
8. Duration of last Illness *18 months*
J. F. McElroy M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Warren County*
11. Residence *Woolen Mills* . Ward No. *4th*
12. Time of Residence in the City *over year.*
13. When a Minor. } Name of Mother *Mahinda Simpson*
 } Name of Father *Warren Simpson*
14. Place of intended Interment *Barren River Church*
15. Date of intended Interment *May 3^d / 91* *Warren Co.*
J. C. Beach , Undertaker.
Date of Certificate *May 3 / 91* . Residence *City.*

William Simpson, 1890

103

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 *Wm Simpson*

2. Sex *Male* . 3. Color *white* . 4. Age *72*

5. Married or Single *Married*

6. Date of Death *Oct 18 1890*

7. Cause of Death *Bronchitis*

8. Duration of last Illness *8 days*

W. W. Browning, M. D.
Residence *Bowling Green Ky*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *New York.*

11. Residence *11th St* . Ward No *one*

12. Time of Residence in the City *2 yrs + 3 months*

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

14. Place of intended Interment *Shelby Iowa.*

15. Date of intended Interment _____

Prather & Payne , Undertaker.

Date of Certificate _____ . Residence _____

Jennie Sims, 1909

104

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

RETURN OF A DEATH.

699

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Jennie Sims
 2. Sex Female 3. Color White 4. Age 55-
 5. Married or single Married
 6. Date of death Sep-28-09
 7. Cause of death Asthma & Heart Failure
 8. Duration of last illness Sudden Illness

 _____ M. D.
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth Bowling Green Ky
 11. Residence Bowling Green Ky 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 Cemetery
 15. Date of intended interment Sep-29th, 09
 Morris & Enoch Undertaker.
 Date of Certificate 9/28-09 Residence Bowling Green Ky

Infant of L. G. Singleton, 1911

105

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

RETURN OF A DEATH.

98 ✓

Physician's Certificate Preparatory to Burial.

1. Name of deceased Child of L. G. Singleton

2. Sex Female 3. Color White 4. Age Hours

5. Married or Single Single

6. Date of death March 22 1911

7. Cause of death Premature birth

8. Duration of last illness one hour & 5 minutes

D. B. Petherford, M. D.
Residence Brookview Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Nurse

10. Place of birth St. Joseph's Hospital

11. Residence Park Row Ward No. 2

12. Time of residence in the city _____

13. When a minor { Name of Mother Mrs. L. G. Singleton
Name of Father L. G. Singleton

14. Place of intended interment Fairview Cemetery

15. Date of intended interment March 23 1911

Lucretia G. Gerard, Undertaker.

Date of Certificate March 23 1911 Residence City

Infant of L. G. Singleton, 1911

106

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

RETURN OF A DEATH.

481

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of L. G. Singleton*
 2. Sex *Female* 3. Color *White* 4. Age *24 hours*
 5. Married or Single *Single*
 6. Date of death *March 23 1911*
 7. Cause of death *Premature birth*
 8. Duration of last illness

 _____ *B. S. Petherford* _____, M. D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Nurse*
 10. Place of birth *St Joseph Hospital*
 11. Residence *Park Row* Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother *Mrs L. G. Singleton*
 { Name of Father *L. G. Singleton*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *March 23 1911*

 _____, Undertaker.
 Date of Certificate *3-23-1911* Residence *City*

Bawdy (Ragland) Skiles, 1878

107

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Bawdy (Ragland?) Skiles*
2. Sex *Boy* 3. Color *Black* 4. Age *2 years*
5. Married or Single _____
6. Date of Death *28 January, 1878*
7. Cause of Death *Tuberculosis*
8. Duration of last Illness *2 years*
- Residence *W. McKin's, M. D.
B Grunkey*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Child*
10. Place of Birth *Swell St.*
11. Residence *" " "* Ward No. *3*
12. Time of Residence in the City *Six years*
13. When a Minor { Name of Mother *Adeline Skiles*
Name of Father *" "*
14. Place of intended Interment *St. Louis Cemetery*
15. Date of intended Interment *Jan 29 -*
- Date of Certificate *Jan 29 1878* Residence *St. Louis*

Pantagraph Print.

Clifton Skiles, 1892

430 108

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 *Clifton Skiles*
2. Sex *Male* . 3. Color *White* . 4. Age *3 mo*
5. Married or Single *Single*
6. Date of Death *Aug 4th 1892*
7. Cause of Death *Enterocolitis*
8. Duration of last Illness *One week*
S. W. Cooney, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bloom*
11. Residence *Park* . Ward No. *1st*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Anna Skiles*
 } Name of Father *Walter " "*
14. Place of intended Interment *Mt Vernon*
15. Date of intended Interment *Aug 5th 1892*
F. G. Ward, Undertaker.
Date of Certificate _____ . Residence _____

Lem Siles, 1904

109

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 Lem Siles
 2. Sex male 3. Color Black 4. Age 55 yr
 5. Married or single married
 6. Date of death Aug 23 1904
 7. Cause of death Cirrhosis Liver
 8. Duration of last illness 10 months
E. E. Huddle M. D.
 Residence city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence Main St 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 North Mountain
 15. Date of intended interment Aug 23 1904
Harvey Payne, Undertaker.
 Date of Certificate _____ Residence _____

Lillian Skiles, 1911

110

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

RETURN OF A DEATH.

1078

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lillian Skiles
2. Sex Female 3. Color Caucas 4. Age 11
5. Married or Single Child
6. Date of death Sept 14/11
7. Cause of death Typhoid Fever
8. Duration of last illness 6 days
W. H. Field M. D.
Residence Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation School Girl
10. Place of birth Rich. Pond (Warren Co)
11. Residence 315 - 6th St. Ward No. 3^d
12. Time of residence in the city
13. When a minor { Name of Mother Maddie Skiles
Name of Father Jan Skiles
14. Place of intended interment Rich Pond
15. Date of intended interment
Enoch Kelly, Undertaker.
Date of Certificate Residence

Milton Skiles, 1891

329 111

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 Milton Skiles
2. Sex Male . 3. Color White . 4. Age 9 years
5. Married or Single Single
6. Date of Death Sept 4th 1891
7. Cause of Death Obstructed bowels
8. Duration of last Illness _____
_____ M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth West Main St
11. Residence W . Ward No. 4
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother Mattie Skiles
 } Name of Father Ben
14. Place of intended Interment Mt Zion
15. Date of intended Interment Sept 5th 1891
_____ Undertaker.
Date of Certificate _____ . Residence _____

Pearl Skiles, April 6

112

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 *Pearl Garrison Skiles*
 2. Sex *Girl* . 3. Color *Black* . 4. Age *6 Days*
 5. Married or Single _____
 6. Date of Death *Apr 6th*
 7. Cause of Death *Not known*
 8. Duration of last Illness *one day*
No Physician M. D.
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____, Ward No. *2*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____

_____, Undertaker.
Date of Certificate _____, Residence _____

Democrat Print.

Rilla Skiles, 1897

1087 113

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 *Rilla Skiles*
2. Sex *Female* 3. Color *Blk* 4. Age *40 yrs*
5. Married or single *Widow*
6. Date of Death *Dec 6" 1897*
7. Cause of Death *Consumption*
8. Duration of last Illness _____
E. P. Hughes, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence *L. H. R. R.* Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Mt Moriah Cem.*
15. Date of intended Interment *Dec 7" 1897*
Guard & Guard, Undertaker.
Date of Certificate *Dec 6" 1897* Residence _____

John W. Slate, 1897

114

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

RETURN OF A DEATH.

832

Physician's Certificate Preparatory to Burial.

1. Name of deceased John W. Slate
 2. Sex Male 3. Color White 4. Age 20 yrs.
 5. Married or Single Single
 6. Date of death June 10" 1897.
 7. Cause of death Tuberculosis
 8. Duration of last illness Several months
H. O. Honaker, M. D.
 Residence Rocky Hill, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Allen, Co.
 11. Residence Near Scottsville Ky. Ward No. _____
Name of Father W. C. Slate Sr.
 12. Time of residence in the city _____
 13. When a minor { Name of Mother Mrs. Mary J. Slate
 Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment JUN 2 - 1910

GERARD & GERARD, Undertaker.

Date of Certificate JUN 2 - 1910 Residence _____
This Body disinterred near Scottsville, Ky. and
interred in Fairview Cemetery E. A. Gerard

#52

L. R. Slate, 1902

115

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

RETURN OF A DEATH.

831

Physician's Certificate Preparatory to Burial.

1. Name of deceased L. R. Slate.
 2. Sex Male 3. Color White 4. Age 38 yrs.
 5. Married or Single Married
 6. Date of death June 11" 1902.
 7. Cause of death Tuberculosis
 8. Duration of last illness 8 or 10 months

H. P. Henshaw, M. D.
 Residence Rocky Hill Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Lumber Dealer
 10. Place of birth Georgia.
 11. Residence near Scottsville Ky Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment JUN 2 - 1910

GERARD & GERARD, Undertaker.

Date of Certificate JUN 2 - 1910 Residence _____
This Body dis interred near Scottsville Ky and
interred in Fairview Cemetery E. A. Gerard

#52

Luke H. Slate, 1910

116

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

RETURN OF A DEATH.

835

Physician's Certificate Preparatory to Burial.

1. Name of deceased Luke H. Slate
 2. Sex Male 3. Color White 4. Age 24 yrs.
 5. Married or Single Single
 6. Date of death July 25 " 1910.
 7. Cause of death Tuberculosis
 8. Duration of last illness 11 months
H. P. Honaker, M. D.
 Residence Rocky Hill Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmar.
 10. Place of birth Albany, Ga.
 11. Residence near Scottsville Ky. Ward No. —
 12. Time of residence in the city —
 13. When a minor { Name of Mother —
 Name of Father —
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment JUN 2 - 1910
GERARD & GERARD, Undertaker.

Date of Certificate JUN 2 - 1910 Residence —
 This Body disinterred near Scottsville Ky and
 interred in Fairview Cemetery E. A. Gerard
 #50.

Orphia May Slate, 1891

117

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

RETURN OF A DEATH.

833

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Orphia May Slate.*
 2. Sex *Female* 3. Color *White* 4. Age *16 yrs.*
 5. Married or Single *Single*
 6. Date of death *Dec. 11" 1891.*
 7. Cause of death *Tuberculosis*
 8. Duration of last illness *about 1 year*
 _____, M. D.
 Residence *Rocky Hill Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Allen Co.*
 11. Residence *Mar Scottsville Ky.* Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother *Mrs. Mary J. Slate*
 Name of Father *William C. Slate Sr.*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *JUN 2 - 1910*

GERARD & GERARD., Undertaker.

Date of Certificate *JUN 2 - 1910* Residence _____

This Body disinterred near Scottsville Ky and interred in Fairview Cemetery E. A. Gerard

#52

Ruth R. Slate, 1888

118

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

RETURN OF A DEATH.

834

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Ruth R. Slate.*
 2. Sex *Female* 3. Color *White* 4. Age *16 yrs.*
 5. Married or Single *Single*
 6. Date of death *June 23" 1888.*
 7. Cause of death *Pulmonary Tuberculosis*
 8. Duration of last illness *about 3 years.*
 Signature *H. P. Howaker*, M. D.
 Residence *Rocky Hill Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Allen, Warren, Co.*
 11. Residence *Near Scottsville, Ky* Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother *Mrs. Mary J. Slate.*
 Name of Father *William R. Slate Sr.*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *JUN 2 - 1910*

GERARD & GERARD, Undertaker.

Date of Certificate *JUN 2 - 1910* Residence _____
This body disinterred near Scottsville Ky, and
interred in Fairview Cemetery
A. Gerard.

#54

William C. Slate, Jr., 1893

180

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

RETURN OF A DEATH.

829

Physician's Certificate Preparatory to Burial.

1. Name of deceased *William C. Slate Jr.*
 2. Sex *Male* 3. Color *White* 4. Age *45 yrs.*
 5. Married or Single *Married*
 6. Date of death *Aug. 17" 1887*
 7. Cause of death *Tuberculosis*
 8. Duration of last illness *5 or 6 years*
 Signature *A.P. Honaker*, M. D.
 Residence *Rocky Hill, Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Minister of the Gospel*
 10. Place of birth *Georgia*
 11. Residence *Near Scottsville Ky.* Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *JUN 2 - 1910*
 _____, Undertaker.

Date of Certificate *JUN 2 - 1910* Residence _____
This Body disinterred near Scottsville Ky and
interred in Fairview Cemetery E. A. Gerard.
Lot 52

Mrs. Auther Slaughter, 1912

121

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

RETURN OF A DEATH.

1281

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Auther (per cemetery bk.)

1. Name of deceased *Mrs. Auther Slaughter*
2. Sex *Female* 3. Color *White* 4. Age *27*
5. Married or single *Married*
6. Date of death *Nov. 2 1912*
7. Cause of death *Typhoid*
8. Duration of last illness _____

J. B. Martin, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Housekeeper*
10. Place of birth *Kentucky*
11. Residence *Bowling Green* Ward No. _____
12. Time of residence in the City. *12 yrs.*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview*
15. Date of intended interment *Nov. 2 1912*

Conrad Staley, Undertaker.

Date of Certificate *Nov 2, 1912* Residence *Bowling Green*

Lena Slaughter, 1906

27 120

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 *Lena Slaughter*
2. Sex *female* 3. Color *white* 4. Age *28*
5. Married or single *single*
6. Date of death *May 23 1906*
7. Cause of death *Typhoid fever*
8. Duration of last illness *3 weeks*
J. H. Blackburn M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *Edmanson Co*
11. Residence *city* Ward No.
12. Time of residence in the City. *14 yrs*
13. When a minor { Name of Mother
 { Name of Father
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *May 23 1906*
H. H. Brown Undertaker.
Date of Certificate Residence

Monroe Slaughter, 1898

1115 103

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Monroe Monroe Slaughter
2. Sex Male 3. Color Blk. 4. Age 43 yrs.
5. Married or single Married
6. Date of death Mar 31st 1898.
7. Cause of death Cardiac Dropsy
8. Duration of last illness _____
O. D. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Butler County
11. Residence 7th Street Ward No. 2nd
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Mt. Moriah Cem.
15. Date of intended interment Apr. 1st 1898.
Guard & Guard, Undertaker.
Date of Certificate Apr 1st 98. Residence _____

William A. Slaughter, 1907

124

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 A. Slaughter*
2. Sex *Male* 3. Color *White* 4. Age *40 yrs.*
5. Married or single *Married*
6. Date of death *OCT 31 1907*
7. Cause of death *Leivosis of the Liver*
8. Duration of last illness *A. C. Wright* M. D.
Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Carpenter*
10. Place of birth *Barron, Co.*
11. Residence *10th St.* Ward No. *2*
12. Time of residence in the city _____
13. When a minor { Name of mother _____
Name of father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *OCT 31 1907*
GERARD & GERARD Undertaker.
Date of Certificate *OCT 31 1907* Residence *BOWLING GREEN, KY*

Margaret B. Sleavins, 1882

125

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 *Margaret B Sleavins*
2. Sex *Female* . 3. Color *White* . 4. Age *62 years*
5. Married or Single *Widow*
6. Date of Death *Dec 10th 1882*
7. Cause of Death *Consumption*
8. Duration of last Illness *Several months*
Residence *Sevinigh M. D.
Bourbytown Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co*
11. Residence _____ . Ward No *3^d*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Fairview Cent*
15. Date of intended Interment *Dec 11th 1882*
F. G. Youngs , Undertaker.
Date of Certificate *Dec 10th 1882* Residence _____

Democrat Job Print

B. L. Slinker, 1901

127

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 *B. L. Slinker. Slinker*
2. Sex *Male* 3. Color *White* 4. Age *25 yrs.*
5. Married or single *Married*
6. Date of death *Sep. 24 1901*
7. Cause of death *Typhoid fever*
8. Duration of last illness *two weeks*
J. O. Mandith M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Hart County*
1. Residence *High Street* Ward No. *2*
2. Time of residence in the City. _____
3. When a minor { Name of Mother _____
 { Name of Father _____
4. Place of intended interment *Home Cave Ky*
5. Date of intended interment *Sept 25 1901*
Garard and Garard, Undertaker.
Date of Certificate *Sept 24 1901.* Residence _____

M. M. Sloss, 1912

128

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

RETURN OF A DEATH.

1213

Physician's Certificate Preparatory to Burial.

1. Name of deceased M M Sloss
2. Sex Male 3. Color White 4. Age 91 yrs
5. Married or Single Widower
6. Date of death JUL 11 1912
7. Cause of death Cancer
8. Duration of last illness 14 months
Z. H. H. H., M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth ky
11. Residence W. Shertuch 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 Franklin ky
15. Date of intended interment JUL 12 1912
GERARD & GERARD., Undertaker.
Date of Certificate JUL 11 1912 Residence BOWLING GREEN, KY

Roddie Sloss, 1891

357 129

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 *Roddie Sloss*
2. Sex *Female* 3. Color *Blk.* 4. Age *115 yrs.*
5. Married or Single *Widow*
6. Date of Death *Dec 7"/91,*
7. Cause of Death *Burn*
8. Duration of last Illness *2 days*
J. M. Robinson, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth _____
11. Residence *Ky. 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 *Mt. Moriah Cem.*
15. Date of intended Intermment *Dec 7"/91.*
J. C. Guaid Undertaker.
Date of Certificate *Dec 7"/91.* Residence *City?*

Arther R. Slover, 1904

130

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 Arther R. Slover, Slover
 2. Sex Male 3. Color White 4. Age 70 yrs
 5. Married or Single Single
 6. Date of death July 26th 1904.
 7. Cause of death Gangrene of the Lungs
 8. Duration of last illness _____
 _____, M. D.
 Residence 13 Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth City
 11. Residence Kentucky St. 8th Ward Ward No. 7
 12. Time of residence in the city _____
 13. When a minor { Name of Mother Mrs. J. D. Slover.
 Name of Father J. D. Slover.
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Jan. 28th 1904.
Gerard and Gerard., Undertaker.
 Date of Certificate Jan. 28th 1904 Residence _____

Hattie Small, 1896

956 131

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 Hattie Small*

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

5. Married or single *single*

6. Date of Death *Nov-16-1896*

7. Cause of Death *Consumption*

8. Duration of last Illness *3 months*

J. P. Corlewright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Todd Co Ky.*

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

12. Time of Residence in the City *Five Years.*

13. When a Minor { Name of Mother *Beth V. Small*
Name of Father *H. B. Small*

14. Place of intended Interment *Harmon Cem.*

15. Date of intended Interment *Nov-17-1896.*

F. C. Howard & Son, Undertaker.

Date of Certificate *Nov-16/96* Residence _____

Charles G. Smallhouse, 1908

132-1

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.

Charles G.

1. Name of deceased C. G. Smallhouse
 2. Sex Male 3. Color White 4. Age 72 yrs.
 5. Married or single Widower
 6. Date of death Feb 11 1908
 7. Cause of death Aphritis
 8. Duration of last illness _____
 J. D. Love, Coronar or _____ M. D.
 Residence El Paso, Tex.
BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation Financier and Real Estate
 10. Place of birth Pruss
 11. Residence 11th St. BOWLING GREEN, KY Ward No. 1
 12. Time of residence in the city about 35 years
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Feb. 5 1908
GERARD & GERARD Undertaker.
 Date of Certificate Feb 5 1908 Residence BOWLING GREEN, KY

Charles G. Smallhouse, 1908

1881

El Paso-Rock Island Route.
TRANSPORTATION OF CORPSES.
PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of Deceased Chas G. Smallhouse Date of Death Feb. 1st, 1908
(If a minor give parents' name also.)

Hour of Death 1 P.M. Age 55 7/2 Years -- Months -- Days --

Place of Death Providence, Hospital Cause of Death Nephritis
which is a Providence, Hospital disease.
(Communicable or non-communicable.)

I hereby certify that the above is true to the best of my knowledge and belief.
J.D. Love M. D. or Coroner.

Residence El Paso County of El Paso State of Texas

PERMIT OF LOGAL BOARD OF HEALTH.

This Permit must be properly signed, and with Physician's Certificate presented to the Railroad or Express Agent before a body can be shipped.

In the City of El Paso County of El Paso
(City or Township.)

State of Texas on the 2nd day of Feb. 1908

Permission is hereby given Nagley & Kaster holder of Embalmers' Permit No. 102
to remove for burial at Bowling Green in the county of -----
State of Kentucky the body of Chas. G. Smallhouse
who died at El Paso County of El Paso State of Texas
on the 1 day of Feb. 1908, Aged 55 7/2 Years -- Months -- Days,
and Edward Smallhouse is hereby authorized to accompany said remains.

(Seal) Signed W.H. Anderson Health Officer.

RULE 1. The transportation of bodies dead of small-pox, Asiatic cholera, yellow fever, typhus fever or bubonic plague is absolutely forbidden.
This Permit and preceding Certificate must be detached and delivered to the Person in Charge of the Corpse.

#396

Warren County, Kentucky Death Records, Box 4, Folder 5 (Sa to Sme)

Charles G. Smallhouse, 1908

THE AMERICAN UNION ASSOCIATION, AND THE AMERICAN ASSOCIATION OF GENERAL BAGGAGE AGENTS, FOR THE TRANSPORTATION OF THE DEAD.

These Rules apply equally to all Common Carriers, and, having been duly adopted and properly published, have the full force of Law.

RULE 1. The transportation of bodies dead of Small Pox, Asiatic Cholera, Yellow Fever, Typhus Fever or Bubonic Plague, is absolutely forbidden.

RULE 2. The bodies of those who have died of diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfectant fluid, (b) disinfecting and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an embalmer, holding a certificate as such, approved by the State Board of Health or other State Health Authority. After being disinfected as above, such body shall be enveloped in a layer of cotton not less than one inch thick, completely wrapped in a sheet and bandaged and encased in an air-tight zinc, tin, copper or lead lined coffin, or iron casket, all joints and seams hermetically soldered, and all enclosed in a strong, tight wooden box. Or, the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, and said coffin or casket encased in an air-tight zinc, copper or tin case, all joints and seams hermetically soldered and all enclosed in a strong outside wooden box.

RULE 3. The bodies of those dead of typhoid fever, puerperal fever, erysipelas, tuberculosis and measles, or other dangerous communicable diseases other than those specified in Rules 1 and 2, may be received for transportation when prepared for shipment by filling cavities with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton, and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged and encased in an air-tight coffin or casket; provided, that this shall apply only to bodies which can reach their destination within forty-eight hours from time of death. In all other cases such bodies shall be prepared for transportation in conformity with Rule 2. But when the body has been prepared for shipment by being thoroughly disinfected by an embalmer holding a certificate as in Rule 2, the air-tight sealing may be dispensed with.

RULE 4. The bodies of those dead of diseases that are not contagious, infectious or communicable, may be received for transportation when encased in a sound coffin or casket and enclosed in a strong outside wooden box, provided they reach their destination within thirty hours from time of death. If the body cannot reach its destination within thirty hours from time of death, it must be prepared for shipment by filling cavities with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged, and encased in an air-tight coffin or casket. But when the body has been prepared for shipment by being thoroughly disinfected by an embalmer holding a certificate as in Rule 2, the air-tight sealing may be dispensed with.

RULE 5. In cases of contagious, infectious or communicable diseases, the body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the Health Officer as having been properly disinfected; and before selling passage tickets, agents shall carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of disease. The transit permit in such cases shall specifically state who is authorized by the Health Authorities to accompany the remains. In all cases where bodies are forwarded under Rule No. 2, notice must be sent by telegraph to Health Officer at destination, advising the date and train on which the body may be expected. This notice must be sent by or in the name of the Health Officer at the initial point, and is to enable the Health Officer at destination to take all necessary precautions at that point.

RULE 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "Corpse" for the transportation of the body, and a transit permit—showing physician's or coroner's certificate, Health Officer's permit for removal, undertaker's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and if of a contagious, infectious or communicable nature, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule No. 2, the names of those authorized by the Health Authorities to accompany the body. The transit permit must be made in duplicate, and the signatures of the physician or coroner, Health Officer and undertaker must be on both the original and duplicate copies. The undertaker's certificate and paster of the original shall be detached from the transit permit and pasted on the end of the coffin box. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the Secretary of State or Provincial Board of Health of the State or Province from which said shipment was made.

RULE 7. When dead bodies are shipped by express, the whole original transit permit shall be pasted upon the outside box, and the duplicate forwarded by the express agent to the Secretary of the State or Provincial Board of Health of the State or Province from which said shipment was made.

RULE 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the State or Provincial Health Authorities having jurisdiction where such body is disinterred, and the consent of the Health Authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains shall be enclosed in a hermetically sealed (soldered) zinc, tin or copper lined coffin or box. Bodies deposited in receiving vaults shall be treated and considered the same as buried bodies.

MSS 293
BHS
8/28/08

Laurice Smelcer, 1882

133

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 *Laurice Smelcer Smelcer*
2. Sex *Female* . 3. Color *White* . 4. Age *50 years*
5. Married or Single *Single*
6. Date of Death *Aug 13th 1882*
7. Cause of Death *Consumption*
8. Duration of last Illness *Several Months*
S. B. Johnson, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Ark*
11. Residence *Clay Street* . Ward No *32*
12. Time of Residence in the City *18 years*
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment *Fairview Cent*
15. Date of intended Interment *Aug 14th 1882*
F. Lehigh, Undertaker.
- Date of Certificate *Aug 14th 82* Residence

Democrat Job Print