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Sophie Saffron, 1892

| 438 |
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| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| Statut Sall- |
| 1. Name of deceased of the Supplier |
| 2. Sexternall. 3/Color Blog. L. Age 60 gre. |
| 5. Married or Single Manuel |
| 6. Date of Death City, 29 // 892 |
| 8. Duration of last Illness How mouths |
| S. Duration of last Illness How moulhs R. J. Hawillow, M. D. |
| Residence Bawling Gruy |
| residence www Jrung Jrung |
| |
| 9. Occupation |
| 10. Place of Birth Lucusse. |
| 11. Residence Kuche ky It. Ward No. 2 2d |
| 12. Time of Residence in the City |
| 13. When a Minor. Name of Mother |
| S Name of Father |
| 14. Place of intended Interment J. Mourt Court. |
| 15. Date of intended Intermed Leaf 26 /92 . |
| Joseph Lidertaker. |
| Date of Certificate Ling 26/9. Residence |
| |
| |
| |

B. V. Salisbury, 1913

| This 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. V. Salisbury 2. Sex Maly 3. Color thirty 4. Age 6542. 5. Married or single Willows 6. Date of death Ashirtis Difermace 8. Duration of last illness |
| Residence Bowling Green, Ky. |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation bundue tor in Lang A. R. R., 10. Place of birth New York, |
| 10. Place of birth Arw 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. |
| 15. Date of intended interment. July, 2"/9/3 GERARD & GERARD. Undertaker. |
| Date of Certificate JUL 1 - 1913 Bowling Green, Ky. Residence. |
| |

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 Mis, Bulesburry 2. Sex Lunder 3. Color Thilt 4. Age 5. Married or single Married | |
| 6. Date of death Chunic Planusy , | |
| 8. Duration of last illness A. O. Hught Residence Residence |), |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | 1010 |
| 9. Occupation 10. Place of birth functions of the Mark St., Ward No. 3, | |
| 12. Time of residence in the City. 3. When a minor Name of Father | |
| 4. Place of intended interment Grips Januarses | |
| 5. Date of intended interment Sept 19/1901 June June June June June June June June | er. |
| Date of Certificate 84/18/1901. Residence | |
| | |
| | |

Ethel Salisbury, 1891

| Out of town |
|--|
| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
| BETURN OF A DEATE. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Blee Salisbury. |
| 2. Sex Hernale 3. Color Ib hite. 4. Age 7 years. |
| 5. Married or Single Single. |
| 6. Date of Death Juay 19-1891. |
| 7. Cause of Death Cardide Disease following measle |
| 8. Duration of last Illness May 2 Miles |
| arah & Millow M. D. |
| Residence Towling pen Tey. |
| |
| 9. Occupation 9. |
| 10. Place of Birth Junessee, |
| 11. Residence Neutresly Ave. Ward No. 2 2d |
| 12. Time of Residence in the Aty Jew Brouths. |
| 12 When Wines) Name of Mother nartha Salisbury |
| 13. When a Minor. SName of Father B |
| 14. Place of intended Interment Orivi Jenuessee |
| 15. Date of intended Interment flay 20"/189/. |
| Undertaker. |
| Date of Certificate . Residence oraq 1719/ |
| |
| |
| |

John Salmonds, 1879

| | 5 |
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| _ | This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. |
| | RETURN OF A DEATH. |
| | PHYSICAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. | Name of Deceased Lohn Sulmends |
| 2. 5. | |
| 6. | , C |
| 7. | |
| | |
| 8. | |
| | 6, 77. O) see, M. D. |
| | Residence |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. | |
| 10. | D1 |
| 111. | no in the second |
| 12. | |
| 12. | Time of Residence in the City |
| 13. | When a Minor Name of Mother Sally Salmando Name of Father |
| | Name of Father |
| 14. | Place of intended Interment Col Cent |
| 15. | Date of intended Interment 100 6 -1879 |
| | Tlo Frand, Undertaker. |
| | Date of Certificate . Residence |
| | |
| | Democrat Print. |

Catherine Salmons, 1908

| | RETURN OF A DEATH. | |
|--------------------------|--|-----|
| | 386 | |
| | Physician's Certificate Preparatory to Burial. | |
| 1. | Name of deceased bathering Salmons. Sex Junaly 3. Colg. White 4. Age 10 yr Married or single Singly | |
| 2. | Sex Thursday 3. Coly. White 4. Age 10 yr | 6. |
| 5. | 1 11 211 . 2 20 | |
| 6. | Still hothers | |
| 7. 8. | Cause of death Duration of last illness | |
| 0. | It X, Simpson M. | D |
| | Residence Prusacala Flag | |
| | | |
| | | |
| | Undertaker's Certificate in Relation to Deceased. | |
| 9. | Maria Company and April an | |
| 9. 10. | Occupation That | |
| | Occupation Place of birth Pansacola Fila. | |
| 10. | Occupation. Place of birth Oungawla Fila. Residence // // Ward No. Time of residence in the city. | |
| 10. 11. | Occupation. Place of birth Pansacola Fila. Residence "" Ward No. Time of residence in the city. (Name of mother Mrs. Mannacy Jahran | |
| 10. 11. 12. | Occupation Place of birth Pansacola Fila. Residence Ward No. Time of residence in the city. When a minor Name of mother Name of father Place of birth Pansacola Ward No. Ward N | |
| 10. 11. 12. | Occupation Place of birth Pungacola Fila. Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Frank d. Salmons Place of intended interment Frank d. Salmons | |
| 10. 11. 12. 13. | Occupation Place of birth Pangacola Fila. Residence Ward No. Time of residence in the city. Name of mother Frank d. Salmin. Place of intended interment Frank d. Salmin. | 2 |
| 10. 11. 12. 13. | Occupation Place of birth Pansacola Fila. Residence Ward No. Time of residence in the city Name of mother Mannacola Salman Name of father Frank d. Salman Place of intended interment Fairview Cemetery Date of intended interment Jany 27 1908, | ter |

Catherine Salmons, 1908

| | (Duplicate) TRANSIT PERMIT No. |
|-----------------|--|
| di. | TRANSPORTATION OF CORPSE. STATE BOARD OF HEALTH OF FLORIDA. |
| First Train. | Name of deceased It a salsor, give pureus' same uno. Date of death 19 |
| the | Hour of death A. A. A. Se years months days Place of death A. Cause of death |
| ent by | I hereby certify that the above is true to the best of my knowledge and belief. |
| Department | Residence Purification of Country of State of State of Permit OF STATE BOARD OF HEALTH OF FLORIDA. |
| | By 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 County of County of |
| General Baggage | State of long on the day of 19 Permission is hereby Elven holder of Embalmer's License No. |
| | State of the body of the State of who died at County of the State of years months days |
| d to the | is hereby authorized to accompany said remains. { Health Officer or See'y State Board of Health Signed Rule 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 | The state of the s |

Catherine McNoon Salmons, 1903

| 7 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Mrs. Color Maile . 4. Age 25 yes. 2. Sex French . 3. Color Maile . 4. Age 25 yes. |
| 1. Name of deceased Mrs. Color Philips 1. Age 25 yrs. 2. Sex French 3. Color Philips 4. Age 25 yrs. 5. Married or single Manual. |
| 5. Married or single Maure. |
| 6. Date of death July 1903 |
| 7. Cause of death agreement weeks |
| 8. Duration of last illness M. D. |
| Residence |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation |
| 9. Occupation 10. Place of birth function. 11. Residence Adams 87. Ward No. 2 |
| 11. Residence Ward No, ——————————————————————————————————— |
| • (Name of Mother |
| 13. When a minor Name of Father |
| 24. Place of intended interment fairbur benefit |
| 15. Date of intended interment fund fundamental Transfer |
| Date of Certificate February 22/1993 Residence |
| Hipe of Cichord & Salvaris, |
| |
| |

Thomas Sanders, 1904

| RETUI | RN OF A | DEATH. |
|--|--|---|
| Physician | n's Certificate Preparat | ory to Burial. |
| 1. Name of deceased | Thomas, Samo Marind | less Sander |
| 2. Sex male | 3 Color White | 1 100 13 |
| 5. Married or Single | | |
| 6. Date of death | may, 8" 1904. | |
| 7. Cause of death | umnonia | |
| 8. Duration of last ill | ness | |
| | N Mught | , M . D |
| 37 | | , |
| Undantaka | r's Certificate in Relation | |
| Undertake | | on to Deceased. |
| 9. Occupation | Jan Co. | |
| 0. Place of birth | Jan Co, | |
| 1. Residence | 92111 | Ward No. 3. |
| 1. Residence | The same of the sa | |
| | in the city | |
| 2. Time of residence | In the city | |
| 2. Time of residence 3. When a minor $\begin{cases} N \\ N \end{cases}$ | Name of Mother | 1/2- X1 |
| 2. Time of residence 3. When a minor $\begin{cases} N \\ N \end{cases}$ | Name of Mother | windy |
| 2. Time of residence 3. When a minor $\begin{cases} N \\ N \end{cases}$ | Name of Mother | Wrings 104 |
| 2. Time of residence 3. When a minor $\begin{cases} N \\ N \end{cases}$ | Name of Mother | Voundey Vo 4 Suid Undertaker |

Charles T. Sans, 1912

| 11. Residence Linusulla My 12. Time of residence in the city 13. When a minor Name of Mother 14. Place of intended interment My Management Management Management 15. Date of intended interment GERARD & GERARD. CHARLES OF MANAGEMENT MANAGE | 9-1 |
|--|--|
| Physician's Certificate Preparatory to Burial. 1. Name of deceased Chas. Sund 2. Sex As 3. Color 4 Age 4 Age 4 Age 5. 5. Married or Single Manuar 5. 6. Date of death Chance May cauthis as purious for the stillness of the sex of | ₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹ |
| 1. Name of deceysed Chas. January 2. Sex Many 3. Color 4. Age 64.936. 5. Married or Single 6. Date of death Change May 7. Cause of death Change May 8. Duration of last illness Cartificate in Relation to Deceased. 8. Duration of last illness Cartificate in Relation to Deceased. 9. Occupation May May May 1. Duration of last illness Cartificate in Relation to Deceased. 10. Place of birth May 1. Duration of last illness Ward No. 11. Residence May 1. Ward No. 12. Time of residence in the city— 13. When a minor Name of Mother Name of Father 1. Date of intended interment Cartanton 1. Undertaker. | RETURN OF A DEATH. |
| 1. Name of deceysed Chas. January 2. Sex Many 3. Color 4. Age 64.936. 5. Married or Single 6. Date of death Change May 7. Cause of death Change May 8. Duration of last illness Cartificate in Relation to Deceased. 8. Duration of last illness Cartificate in Relation to Deceased. 9. Occupation May May May 1. Duration of last illness Cartificate in Relation to Deceased. 10. Place of birth May 1. Duration of last illness Ward No. 11. Residence May 1. Ward No. 12. Time of residence in the city— 13. When a minor Name of Mother Name of Father 1. Date of intended interment Cartanton 1. Undertaker. | 1233 |
| 2. Sex Mall 3. Color 4. Age Age 6. Married or Single Manual 6. Date of death Chimic Magazialus as par 7. Cause of death Chimic Magazialus as par 8. Duration of last illness Cartificate in Relation to Deceased. Married or Single Manual Magazialus as par 7. Cause of death Chimic Magazialus as par 8. Duration of last illness Cartificate in Relation to Deceased. Married or Single Manual Magazialus as par 9. Cause of death Chimic Magazialus as par 9. Cause of death Chimic Manual Magazialus as par 9. Cause of death Chimic Magazialus as par 9. Cause of death Chimic Manual Magazialus as par 9. Cause of death Chimic Magazialu | Physician's Certificate Preparatory to Burial. |
| 2. Sex Mall 3. Color 4. Age Age 6. Married or Single Manual 6. Date of death Chimic Magazialus as par 7. Cause of death Chimic Magazialus as par 8. Duration of last illness Cartificate in Relation to Deceased. Married or Single Manual Magazialus as par 7. Cause of death Chimic Magazialus as par 8. Duration of last illness Cartificate in Relation to Deceased. Married or Single Manual Magazialus as par 9. Cause of death Chimic Magazialus as par 9. Cause of death Chimic Manual Magazialus as par 9. Cause of death Chimic Magazialus as par 9. Cause of death Chimic Manual Magazialus as par 9. Cause of death Chimic Magazialu | Chas T Lans |
| 5. Married or Single 6. Date of death 7. Cause of death 8. Duration of last illness Residence Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of Mother Name of Father Name of Father Name of intended interment CERARD & GERARD. Undertaker. | Male While I was |
| 6. Date of death May N 9 N 7. Cause of death May May Cauchtus as par 8. Duration of last illness Residence Residence Undertaker's Certificate in Relation to Deceased. 9. Occupation May | Marind |
| 7. Cause of death Chimic May candidis as part 8. Duration of last illness Residence Residence Undertaker's Certificate in Relation to Deceased. 9. Occupation Mayne Mayne 10. Place of birth Sumany 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment CERARD & GERARD. Undertaker. | Quan Whath |
| 8. Duration of last illness Residence Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city Name of Mother Name of Father Name of Father 14. Place of intended interment 15. Date of intended interment CERARD & GERARD. Undertaker. | Chamic mocardating and |
| Residence Undertaker's Certificate in Relation to Deceased. 9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father Name of intended interment CERARD & GERARD. Undertaker. | Illal Status all |
| Undertaker's Certificate in Relation to Deceased. 9. Occupation Major Major 10. Place of birth Survey 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment CERARD & GERARD. Undertaker. | · Ot The west Juneal Juneal |
| 9. Occupation Major Major 10. Place of birth Author 11. Residence March Ward No. 12. Time of residence in the city 13. When a minor Name of Mother 14. Place of intended interment Major Ma | Residence |
| 9. Occupation Major Major 10. Place of birth Author 11. Residence March Ward No. 12. Time of residence in the city 13. When a minor Name of Mother 14. Place of intended interment Major Ma | |
| 10. Place of birth Summany 11. Residence March Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment GERARD & GERARD. Undertaker. | Undertaker's Certificate in Relation to Deceased. |
| 10. Place of birth Summany 11. Residence March Ward No. 12. Time of residence in the city 13. When a minor Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment GERARD & GERARD. Undertaker. | 9 Occupation Wagne Major |
| 11. Residence Linuxulla My 12. Time of residence in the city 13. When a minor Name of Mother 14. Place of intended interment My Management M | Mumany |
| 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 GERARD & GERARD. Undertaker. | Lorisvilla KM |
| 14. Place of intended interment 15. Date of intended interment 16. GERARD & GERARD. 17. Undertaker. | |
| 14. Place of intended interment 15. Date of intended interment GERARD & GERARD. Undertaker. | (Name of Mother |
| 15. Date of intended interment | 13. When a minor Name of Father |
| GERARD & GERARD. , Undertaker. | 14. Place of intended interment Dyosep hs. Quevally |
| and the power the appear of | 15. Date of intended interment MMY 14 /9/V |
| | BOWLING GREEN, KY |
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Warren County, Kentucky Death Records, Box 4, Folder 5 (Sa to Sme)

Charles T. Sans, 1912

| 1/2 | 100 V-100 | Form V | S. 65. ISM. 1-15-II 1PLACE OF DEATH | Commonwealth of Kentucky | Transit Permit N | . 2773 | |
|-----------|---|--|--|----------------------------|--|--|--|
| 5 | ×.4 | State of Kentucky. Bureau of Vital Statistics | | | | | |
| | SSIFIC | Count | (10// | GERTIFIGATE OF DEATH | (M. M.) | | |
| ECORD. | sted EXACTLY. openly classified. certificate. | City | At able 1 100 | 2502 1111 | St.; Ward) [If haspit give li | death occurred in a tal or institution, is NAME instead of t and number.] | |
| | e stated properly of certifi | | 2 FULL NAME Chas | 7 Sans | | | |
| T R | .0 2 | | Personal and Statistical Particular | | Medical Certificate of Death | | |
| PERMANENT | should t may on bac | 3 SEX | 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorce (WRITE- | 16 DATE OF DEATH | Aug 9 | 9 191 9 [Year] | |
| CRN | AGE that i | G DATE | OFBIRTH DO | | EBY CERTIFY That Lattended | | |
| AP | lied, AGE ns, so that i | * | (Month) | Day) (Year) | 1. 1918 to Ting | 99 1918 | |
| 9 | | 7 AGE | 6Hvrs | mosds. that I last leave h | - 11/20 | 2 2 1912 | |
| HIS. | supp terr See | 8 000 | IPATION O | chae I lasysaw II | | 280_ | |
| INK-THIS | 2 | 9 BIRT | HPLACE Vagonin | 4 | ccurred, on date states above, at. | | |
| | carefully TH in plain important. | (St | ate or country) | The CAUSE OF D | EATH° was as follows: | | |
| UNFADING | HE | A THE | 10 NAME OF FATHER 1 | Plan | in Must- | 1:17 | |
| FAL | d bs DEA | | 11 BIRTHPLACE MUNICA | ms mo | ac information | M. M | |
| | 311.00 | NTS | OF FATHER (State of country) | Qual | - | | |
| WITH | f Information she setate CAUSE C OCCUPATION | PARENTS | 12 MMODEN NAME OF MOTHER | -11/00 | (Duration)yrs | mosds. | |
| | CAU | P. | margarely | Contributory | | | |
| INT | forr | o bour | 13 BIRTHPLACE OF MOTHER (State or country) | 5 | (Deration)yrs | mosds. | |
| PLAINLY, | of in | 14 TH | E ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND | BELIEF DE (Signed) | 1 / august | DENOM. D. | |
| | item of should | (1 | nformant) (1) | Sto | , 191 (Address) | 1 Stan | |
| WRITE | NNS iteme | | (Address) | | DENCE (For Hospitals, Institutions, Transients | or Recent Residents) | |
| | / Every item /SICIANS sho ct statement | 15 PL | ACE WHERE REMAINS ARE TO BE SENT DATE OF S | At place of death yrs. | mosds. Stateyrs. | mosds. | |
| | N. B. PHYSI Exact | SHIP | THOUNDERTAKER PROPERTY. | Where was disea. | | | |
| | Zom | 1 | homas (Blanked | 28/5- Har Former or | th ya controllers in the experience | Consequent | |
| | | FIRM | ADDRESS | usual residence | | | |



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 (membrancus croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shail 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.

ing 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 scaled, 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 cesket, 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, puepperal 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

licensed embalmer holding a certificate as provided for in Rule

The bodies of those dead from any

Rule 4. The bodies of those deed from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or easket, 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, if 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 mamed 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 remeins. 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 period in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpee" 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 paster 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 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 paster shall be detached from the transit certificate and 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 constaned.

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 skate 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 disinterrel remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with 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.,

December 30, 1910.

Secretary.

Child of Fletch and Fannie Sanson, 1897

| 0/6 | 10 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased child of Fletch Sanson | |
| 2. Sex female 3. Color Hack 4. Age > mules | |
| 5. Married or single | |
| 6. Date of Death May - 5 - 1897 | |
| 7. Cause of Death Inaurilation | |
| 8. Duration of last Illness | |
| J. J. Christian, M. D. | |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth Borking hen by | |
| 11. Residence Church St. Ward No. 32d | |
| 12. Time of Residence in the City Life time | |
| 13. When a Minor Name of Mother Harmin Lawore | |
| Name of Father Augus | |
| 14. Place of intended Interment Mir Morral | |
| 15. Date of intended Interment May 5-1899 File Lin and Mrs., Undertaker. | |
| Date of Certificate . Residence may = 5-/8 | 197 |
| | |
| | 19 |
| | |

Julia Saterwhite, 1901

| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
|--|---|
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Mrs Julia Saturwhile 2. Sex Francisco 3 Color While 4. Age 48 yrs. | |
| 5. Married or single Magnered | |
| 6. Date of death Productions 7. Cause of death Productions | |
| 8. Duration of last illness 1 A Wight | |
| Residence Dowling French | 4 |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation 10. Place of birth South Carolina | - |
| 11. Residence Clay St. Ward No, 3 10 | |
| 12. Time of residence in the City. # // City | |
| 13. When a minor Name of Father Jennesses | , |
| 14. Place of intended interment Fully 14/1901. | |
| Date of Certificate Fally, 13/190 Residence | |
| | |

G. W. Satterwhite, 1901

| | 12 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | 1000 |
| RETURN OF A DEATH. | |
| | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased It Satter white. | |
| Male Mile/ Mile/ | v |
| 5. Married or single Hidoway | |
| 6. Date of death April, 19/1901, | |
| 7. Cause of death Quantificial | |
| 8. Duration of last illness | ALC: |
| 8. Duration of last illness A.J. M. Bouwalk., M. Residence D. Trans. Ky. | D. |
| Residence & Thurn Ry | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| OTDERVINENS VERTITORE IN MEETING. TO DECEMBE | |
| 9. Occupation | |
| 10. Place of birth Januarshie | · d |
| 9. Occupation 10. Place of birth Januarsus 11. Residence / the 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 One, Sturing, St | |
| 15. Date of intended interment April 14" 1901 | |
| Hejara / January, Underta | |
| Date of Certificate April 13/190/, Residence | |
| | |
| | |

Mrs. George H. Satterwhite, 1905

| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|--|
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased Mrs Geo A Sat Cuwhite |
| 2. Sex Female. 3. Color White. 4. Age 46 |
| 5. Married or Single Manied |
| 6. Date of death June 3 1905. 7. Cause of death Paralysis, Hemorhage of Brain. |
| |
| 8. Duration of last illness Sungel Manths |
| Go Suddly , M. D. Residence bity |
| Residence XIXY |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation |
| 10. Place of birth lealleway les 12y 11. Residence le lay St |
| 11. Residence le luy St Ward No. 3 |
| 12. Time of residence in the city |
| 13. When a minor { Name of Mother |
| 14. Place of intended interment Hairwew leenelung |
| 15. Date of intended interment func 4 1905 Grand Valence , Undertaker. |
| Date of Certificate Jan 4/905. 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. |
| Physician's Certificate Preparatory to Burial. |
| |
| 1. Name of deceased Mrs. Mary of Savage |
| 2. Sex Finnal 3, Color White 4. Age 85 yes. |
| 5. Married or Single |
| 6. Date of death May Vo 1909. |
| 7. Cause of death Denility |
| 8. Duration of last illness |
| N. P. Carinougn F., M. D. |
| Residence BOWLING GREEN, KY |
| |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation House Stropen |
| 10. Place of birth Orland Gia Ry. |
| 11. Residence Adams St. Ward No. 3. |
| 12. Time of residence in the city |
| (Name of Mother |
| 13. When a minor Name of Father |
| 14. 'Place of intended interment fourfalls, Ty |
| 15. Date of intended interment May 27 1909 |
| GERARD & GERARD, Undertaker. |
| Date of Certificate May VI/D9 Residence |
| |
| |
| |

William H. Savage, 1912

| | RETURN OF A DEATH. |
|-----|---|
| | |
| 1 | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased William A Javaga. |
| 2. | Sex Male 3, Color While 4. Age 1 da. |
| 5. | Married or Single Single |
| 6. | Date of death Nrc, 22/19/2. |
| 7. | Cause of death Mueruse |
| 8. | Duration of last illness 24 2 |
| | Tit Store, M. D. |
| | Residence SOWLING GREEN, KY |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 10. | Place of birth War 19. Gurn Ry. |
| 11. | Residence // // // Ward No. |
| 12. | Time of residence in the city |
| 19 | When a Name of Mother 6, J. Savage |
| 13. | When a minor Name of Father M. G. J. Savaga, |
| 14. | Place of intended interment |
| 11. | |
| 15. | Date of intended interment GERARD & GERARD |

Anton Scherer, 1909

| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|--|
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| autout |
| 1. Name of deceased Anthony of Church |
| 1. Name of deceased Androy Jennov 2. Sex Malw 3. Color Shits 4. Age JJys. |
| |
| 6. Date of death (WWW, 20 1799, |
| 7. Cause of death annism, |
| 8. Duration of last illness Stone |
| W. D. |
| Residence BOWLING SPEEN, KY |
| |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation Degrator & Paper Stanger 10. Place of birth Gumany 11. Residence Main St. Ward No. 3 |
| 9. Occupation My June 1990 |
| 10. Place of birth Main Att |
| 11. Desidence ward No. Co |
| 12. Time of residence in the city. #1 // 13. |
| 13. When a minor Name of mother Name of father |
| 14. Place of intended interment & Losuphs, Crimating |
| 15. Date of intended interment Mal, 24" 1909. |
| GERARD & GERARD. Undertaker. |
| Date of Certificate Mch, 23/09 Residence Residence Residence RY |
| |
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| |

Ruben C. Scherer, 1910

| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
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| |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 1 Name of docard Respect O Shendly |
| 1. Itame of deceased |
| 2 Sex M(ale) 3. Color While 4. Age 84 |
| 5. Married or Single Wulauuv |
| 6. Date of death Dec. 2-1910 |
| 7. Cause of death 100 graph to analysis and the contract of th |
| 8. Duration of last illness |
| , M. D. |
| Residence Jawan Twell |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation Farmer 10. Place of birth Warner Oo Seq 11. Residence Callege Ward No. 2 |
| 9. Occupation darmer |
| 10. Place of birth Warnen Co Seq |
| 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 yalls (halvsey |
| 15. Date of intended interment |
| Undertaker. |
| Date of Certificate / 2 - 2 - 470 Residence |
| |
| |
| A to a to |

Fred Schneider, 1907

| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of deceased Inch. Schwick Sex Married or single Jan - 3 1907 Cause of death JAN - 3 1907 Cause of death Schwick Duration of last illness Residence | |
|--|---------------------------------------|
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of deceased First, Schwirght Sex Maly 3, Color White 4. Age viyes Married or single Single Date of death JAN - 3 1907 Cause of death Generalism Duration of last illness J. Carlingfor , M. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of deceased First, Schwirght Sex Maly 3, Color White 4. Age viyes Married or single Single Date of death JAN - 3 1907 Cause of death Generalism Duration of last illness J. Carlingfor , M. | |
| Name of deceased First, Schwarzeles Sex Maly 3. Color While 4. Age regres Married or single Single Date of death JAN -3 1907 Cause of death Granston Duration of last illness J. Carlings A. M. | · . |
| Name of deceased First, Schwarzeles Sex Maly 3. Color While 4. Age regres Married or single Single Date of death JAN -3 1907 Cause of death Granston Duration of last illness J. Carlings A. M. | · · · · · · · · · · · · · · · · · · · |
| Sex Matried or single Single Date of death JAN - 3 1907 Cause of death Expansion Duration of last illness JA Carling of Matrices M. M. | • |
| Sex Matried or single Single Date of death JAN - 3 1907 Cause of death Expansion Duration of last illness JA Carling of Matrices M. M. | |
| Date of death JAN -3 1907 Cause of death Exhaustin Duration of last illness J. Larlwught, M. | |
| Date of death JAN -3 1907 Cause of death Exhaustin Duration of last illness J. Larlwught, M. | |
| Duration of last illness | elen. |
| Duration of last illness | .,,,,,,,, |
| | |
| Residence | D. |
| | annin: |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| Occupation | |
| Place of birth BOWLING GREEN, KY | Manayy |
| Residence Man Boat Landing Ward No. | |
| 2. Time of residence in the City. | |
| When a minor \{\begin{aligned} Name of Mother \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | arantas; |
| (Name of Father | |
| Place of intended interment St. Joshups Rumany | |
| GERARD & GERARD. Underta | malon A |
| IAN 5 1007 | |
| ate of Certificate JAN -5 1907 . Residence Residence | |
| | |
| · · · · · · · · · · · · · · · · · · · | ******** |

Joe Schneider, Sr., 1908

| Th | is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|-------------------|---|
| | RETURN OF A DEATH. |
| | Physician's Certificate Preparatory to Burial. |
| 2. | Name of deceased for Schmight Sv Sex Mala 3. Color White 4. Age 58 yrs. |
| 6. | Married or single 19"08. Date of death 19"08. Cause of death |
| 8. | Duration of last illness John Stone M. D. Residence BOWLING GREEN, IV. |
| 9. | Undertaker's Certificate in Relation to Deceased. Occupation Marchant Place of birth France |
| 10. 11. 12. | Place of birth France Residence Bout Landing Ward No. Time of residence in the city |
| 13. | When a minor Name of mother Name of father |
| 14. 15. | Place of intended interment 21"08 Date of intended interment GERARD & GERARD. Undertaker. |
| Dat | e of Certificate |
| | 3 1 2 2 1 X 2 1 X 2 2 1 X 2 2 1 X 2 2 1 X 2 2 1 X 2 2 1 X 2 2 1 X 2 2 1 X 2 2 |

Denis Schulley, 1881

| This Constitutes ONE CERTIFICATE to un | of for a BURIAL PERMIT |
|--|-----------------------------------|
| This Constitutes ONE CERTIFICATE to 5 | |
| RETURN OF A | DEATH. |
| PHYSICIAN'S CERTIFICATE PRE | PARATORY TO BURIAL. |
| 2. Sex Male . 3. Color Whi | |
| 5. Married or Single Maured 5. Date of Death Que 24 | 1 1801 |
| 7. Cause of Death Paralysi | <u> </u> |
| 8. Duration of last Illness 2 years | a 6 mo |
| Residence 13 | In Physician II. D. Hruit Officer |
| UNDERTAKER'S CERTIFICATE IN | RELATION TO DECEASED. |
| 9. Occupation Rabarran | |
| O Place of Birth Ire Council | . Ward No 3 |
| 1. Residence | Ma |
| 2. Time of Residence in the City | 1/200 |
| 3. When a Minor $\begin{cases} Name \ of \ Mother \\ Name \ of \ Father \end{cases}$ | |
| 4. Place of intended Interment Cont | holic Cent |
| 5. Date of intended Interment Holos | Undertaker. |
| Date of Certificate Duy 24- | S/Residence |
| | Democrat Job Print |

Cassie Schusler, 1879

| | 21 |
|---|---|
| This Constitutes ONE CERTIFICATE to be return | ed to the City Clerk for a BURIAL PERMIT. |
| RETURN OF CASSIE | Shuster |
| PHYSIC AN'S CERTIFICATE P | |
| . / | & cluster Achiles? |
| | hile . 4. Age 3/2 gears |
| 5. Married or Single Suife | |
| 6. Date of Death Long 15 de | 1849 |
| 7. Cause of Death Tuber culor | - Meningiti's - |
| 8. Duration of last Illness 3 Week | |
| West | Globely, M. D. |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE I | N 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 | D-21 |
| | |
| | Democrat Print. |

Mrs. Philip Schussler, 1882

| | | 2: |
|-----|--|-----|
| | This Constitutes O. CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT | |
| | RETURN OF A DEATH. | |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. | Name of Deceased Mis Philip Schussler | |
| 2. | Sex Junal . 3. Color White . 4. Age 42 | 197 |
| 5. | | |
| 6. | Date of Death Sept 287-82 | |
| 7. | Cause of Death Heart Diseas | |
| | Duration of last Illness Short Jim | |
| | E. F Sules , M. D. | - |
| | Residence 2 | 1 |
| | | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| | Occupation / | |
| 10. | Place of Birth Prussia | |
| 11. | | |
| 12. | Time of Residence in the City 6 Years | |
| 19 | When a Minor { Name of Mother | |
| 10. | Name of Father | |
| 14. | Place of intended Interment Catholic Cunt | |
| 15. | Date of intended Interment Sept 297-1882 | |
| | Hrunk Jehnen, Undertaker. | |
| L | Date of Certificate Set 28-81 Residence | |
| | | |
| | Democrat Job Print | |

Child of C. and Elizabeth Schwarz, 1909

| 23 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased Child of Schware, 2. Sex Male 3. Color White 4. Age 9 Mo. |
| 5. Married or single purg 16" 1409 |
| 6. Date of death Maningitis 7. Cause of death |
| 8. Duration of last illness. 6, R. Dowell, M. D. |
| Residence BOWLING GREEN, KY |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation 10. Place of birth Clinois 11. Residence Manu St. Ward No. 2 |
| 10. Place of birth Many 86 |
| |
| 12. Time of residence in the city Mus Elizabeth Schware |
| 13. When a minor Name of father Schwarz |
| 14. Place of intended interment. |
| 15. Date of intended interment Jaw, 17/1909 |
| Date of Certificate Jan 17 1909 Residence Residence |
| *************************************** |
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| |

Child of C. and E. Schwarz, 1909

| #724 = 24 |
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| 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 Chile of G. Schwarze 2. Sex Malv 3. Copper White 4. Age 3 md. |
| 2. Sex Malr 3. Color While 4. Age 3 hid. |
| 5 Married or single singly |
| 6. Date of death Surveyorus |
| 7. Cause of death Procumoria |
| 8. Duration of last illness. H. Rardon, M. D. |
| Thardon, M.D. |
| Residence BOWLING GREEN, KY |
| |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation 10. Place of birth Boyling Graw Ry, 11. Residence Main Sty // Ward No. 3 |
| 10. Place of birth Boyling Than Ry, |
| 11. Residence Man Sty // Ward No. 3 |
| 10. Place of birth Doylary Drawn 309. 11. Residence Main Sty |
| 13. When a minor Name of mother Last, 6, 5 chward |
| (Name of father Comedent |
| 14. Place of intended interment. More Williams |
| 15. Date of intended interment |
| MANY OF LONG BOWLING GREEN, KY |
| Date of Certificate 100 1909. Residence |
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| |

John C. Schwarz, 1911

| | RETURN OF A DEATH. |
|---------------------------------|--|
| | 985 |
| | Physician's Certificate Preparatory to Burial. |
| | Color to Schavara. |
| 1. | Name of deceased John, 6. Distravary, |
| 2. | Sex May . 3. Color Staller . 4. Age of med |
| 5. | Married or Single May 25" 1911 |
| 6. | Date of death |
| 7. | Cause of death Comments |
| 8. | Duration of last illness |
| | By 6. N. HALLMO Barrelin Ly |
| | Residence Bacoling June 19 |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| | |
| 9. | Occupation SOWLING GREEN, KY |
| 9. 10. | Occupation Place of birth SOWLING GREEN, KY |
| | Occupation SOWLING GREEN, KY |
| 10. | Occupation Place of birth Mann SOWLING GREEN, KY |
| 10. 11. 12. | Occupation Place of birth Residence Ward No. Time of residence in the city Name of Mother Name of Mother |
| 10. 11. 12. | Occupation Place of birth Residence Ward No. 2 Time of residence in the city. When a minor Name of Mother Name of Father Schwarz |
| 10. 11. 12. | Occupation Place of birth Residence Time of residence in the city Ward No. 2 Ward No. 3 Ward No. 2 Ward No. 3 Ward No. 2 Ward No. 3 Ward No. 3 Ward No. 4 Ward No. 5 Ward No. 4 Ward No. 5 Ward No. 4 Ward No. 5 Ward No. 4 Ward No. 4 Ward No. 4 Ward No. 5 Ward No. 4 Ward No. 4 Ward No. 5 Ward No. 4 Ward No. 4 Ward No. 5 Ward No. 4 Ward No. 5 Ward No. 4 Ward No. 5 Ward No. |
| 10. 11. 12. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Mar 16" 9 Date of intended interment Name of Father Name of Intended interment |
| 10. 11. 12. 13. 14. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Marvin Marvin CERARD & GERARD, Undertaker. |
| 10. 11. 12. 13. 14. | Occupation Place of birth Residence Residence Name of Mother Name of Father Place of intended interment Name of Mother Name of Father Name of Mother Name of Father |

Annie B. Scott, 1892

| 431, | 26 |
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| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Miss angue B. Lott | |
| 2. Sex Flun ales. golor White . 4. Age /8 yrs. | |
| 5. Married or Single Single | |
| 6. Date of Death dug 5 the 1892. | |
| 7. Cause of Death y ashilis with Heart Disease | |
| 8. Duration of last Illness The quele | |
| Residence Briling Cheen | |
| Residence V Johning plin | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth Myssissippi. | |
| 11. Residence & Clay II. Ward No. 4th | |
| 12. Time of Residence in the City Two wee 1/2 | |
| 13. When a Minor. Name of Mother | |
| Name of Father To, 9, Scott | |
| 14. Place of intended Interment 7/20 Co age 7 | |
| 15. Date of intended Interment July 5 192 Undertaker. | |
| Date of Certificate aug 6"/92. Residence City Buly placed in Olders Capell | |
| | |
| | |

| Cato Scott, 1899 | (7. 101) |
|--|--|
| 67.91 | 28.87 |
| | 12.00 |
| This Constitutes One Certificate to be Returned to the City Clerk | for a Burial Permit, |
| RETURN OF A DEF | ATH. |
| | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BUR | RIAL |
| | |
| 1. Name of deceased late Sevet | |
| 2. Sex male . 3. Color Bleck . 4. | Age 555 |
| 5. Married or single manied | |
| 6. Date of death Left = 7 18 | |
| 7. Cause of death Mumonia | |
| 8. Duration of last illness | |
| 0.5. P. (J. D. Vor | liz , M. D. |
| Residence | |
| Residence | |
| THE STATE OF THE S | PEOCEN |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DEC | JEHOED. |
| 9. Occupation Le Joseph | |
| | |
| 10. Place of birth bun but and to | |
| 11. Residence My de | Ward No. |
| 12. Time of residence in the City | - |
| | |
| 13. When a minor Name of Mother Name of Father | |
| The state of the s | inh |
| 111. | 1836 |
| 15. Date of intended interment | |
| Maw ling any | , Undertaker. |
| Date of Certificate Residence | |
| | |
| | |
| | and the second s |

George Scott, 1898

| 1164 ° | 28 |
|--|--|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burlal | Permit, |
| RETURN OF A DEATH. | |
| TATA OT IT DISTITUTE | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased Steorys, Seoth | , , |
| 2. Sex Male. 3. Color White 4. Age alor | ch 35 y bs |
| 5. Married or single | a and a large star |
| 6. Date of death Billions runting frame | |
| 7. Cause of death sellows remaining fearer 8. Duration of last illness | Water Control |
| BL Guein con | comon n.C |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| OUDTVILLEN OF ALL LOUIS TO ACCUSE. | |
| 9. Occupation | |
| 10. Place of birth Sego Jork 11. Residence Station House . Ward No. | and . |
| | |
|) Name of Mother | |
| 13. When a minor Name of Father | 4 |
| 14. Place of intended interment Hawviery Ceme | lery. |
| 15. Date of intended interment august 8 98. | ndertaker. |
| Date of Certificate aug 8"98. Residence Lity | 0 |
| Les. Scott-Slied in Station Souse after | 2 3 days |
| Sickness, | and the same of th |
| | |

H. B. Scott, 1905

| | RETURN OF A DEATH. |
|--------------------------|---|
| | |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased N. D. Severy |
| 2. | Name of deceased XIX, White Sex Mall B. Color White 4. Age 3/40. |
| 5. | Married or Single Maurel |
| 6. | Date of death Sup. 15"05 Cause of death Sup hord fever |
| 7. | Cause of death Jy shord from |
| 8. | Duration of last illness # Barting # , M. D. |
| | A.P. Carlingar, M. D. |
| | Residence |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | |
| 9. 10. | |
| | Occupation Warran County |
| 10. | |
| 10. 11. 12. | Occupation Place of birth Residence Indiaurla St. Ward No. |
| 10. 11. 12. | Occupation Place of birth Residence Indiaurla ST. Ward No. Time of residence in the city. When a minor \[\begin{align*} \text{Name of Mother} \end{align*} |
| 10. 11. 12. 13. | Occupation Place of birth Residence Indiaurla ST. Ward No. Time of residence in the city. When a minor Name of Mother Fairmians Occupation |

Marien Scott, 1904

| <u> </u> |
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| * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * |
| RETURN OF A DEATH. |
| |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased Mariela Scott |
| 2 Sex Ferrele 3 Color White . 4 Age/ & Menths |
| 5. Married or Single |
| 6. Date of death Feb 1911904 |
| 7. Cause of death Scurler Keven |
| 8. Duration of last illness 5 Agys |
| Jow, W Slow, M. D. Residence Bowling Fresen My |
| Residence 700 4 77 |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation 10. Place of birth Bowling Lucy /ry |
| 11. Residence 10 that lity Ward No. 121 |
| 12. Time of residence in the city 18 Munths |
| (Name of Mother Mannie Scott |
| 13. When a minor Name of Father Virgil Scott |
| 14. Place of intended interment Farmer Cerulary |
| 15. Date of intended interment Reh 19 1904 |
| Gerard Terusa, Undertaker. |
| Date of Certificate Hel 19479.04 Residence |
| |
| |
| |

Pauline Scott, 1900

| | 31 |
|---|----|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit, | |
| RETURN OF A DEATH. | |
| NAMES AND ADDRESS | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased fis Pauling Scott, | |
| 2. Sex Francis 3. Color White . 4. Age 87 yes. | |
| 5. Married or single History | |
| 6. Date of death ang, 6"1900. 7. Cause of death Old Age | |
| | |
| 8. Duration of last illness BH, Millifert, M. D. | |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth Buther County, | |
| 11. Residence Adams St, Ward No. 3. | |
| 12. Time of residence in the City Name of Mother | |
| 13. When a minor Name of Father | |
| 14. Place of intended interment Hairview, Camelary | |
| 15. Date of intended interment aug 7" 1900. | |
| Gund Gund Gund, Undertaker. | |
| Date of Certificate My 6"/900. Residence | |
| | |
| | |
| | |

Surelda Scott, 1911

| 32 |
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| * P. This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. P |
| RETURN OF A DEATH. |
| 975 |
| Physician's Certificate Preparatory to Burial. |
| M O Surelda DO |
| 1. Name of deceased his Surella PScatt |
| 2. Sexuale. 3. Color White . 4. Age 39 |
| 5. Married or Single Willaw |
| 6. Date of death Taky 5 9/ |
| 7. Cause of death Caraylland |
| 8. Duration of last illness // // // // // // // // // // // // / |
| To the added D. |
| Residence Day |
| Undertaker's Certificate in Relation to Deceased. |
| - The state of the |
| 9. Occupation at Home |
| 10. Place of birth Warrin County |
| 11. Residence Bullytheen & Ward No. |
| 12. Time of residence in the city. Two Messages |
| 13. When a minor { Name of Mother |
| Name of Father. |
| 14. Place of intended interment |
| 15. Date of intended interment Telling la 1911 |
| Control of the second of the s |
| Date of Certificate Residence 3550 |
| |
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Infant of Virgil Scott, 1899

| S Out of Guy 57 33 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit, |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL METERS |
| 1. Name of deceased In Jan Scott |
| 2. Sex 3. Color or hili. 4. Age / o |
| 5. Married or single 6. Date of death 2 2 4 1858 |
| 6. Date of death gruy 24 1859 7. Cause of death James dace |
| 8. Duration of last illness 1 ms on R.7. Turn W. Slone, M. D. |
| Residence Callys St |
| INNERTANCE CENTIFICATE IN DELOTION TO DECERCED |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation " |
| 10. Place of birth ling . Ward No. 1 |
| 11. Residence 6 Chertunt . Ward No. 1 |
| |
| 13. When a minor Name of Mother Name of Father Wirsit Scott |
| 14. Place of intended interment Friendships |
| 15. Date of intended interment 25 1888. Hawley Paym, Undertaker. |
| Date of Certificate . Residence |
| |
| |
| |

Infant of Virgil Scott, 1899

| X out of eng #2 #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 of Mr. + Mrs. |
| 1. Name of deceased Infant Scott 2. Sex . 3. Color White 4. Age 2 nke |
| 5. Married or single 2 / 839 |
| 7. Cause of death Januare |
| 8. Duration of last illness Jonn W. Stone, M. D. |
| Residence College Commence College Col |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 10. Place of birth City 11. Residence & Chistman . Ward No. 1 |
| |
| 12. Time of residence in the City Name of Mother |
| 13. When a minor Name of Father Nivel Coult |
| 14. Place of intended interment fruity |
| 15. Date of intended interment 28 0 Undertaker. |
| Date of Certificate |
| |

Elizabeth Seagraves, 1913

| , | RETURN OF A DEATH. |
|-------------------|--|
| | Physician's Certificate Preparatory to Burial. |
| 1. 2. 5. | Name of deceased Mrs. Elizabeth Snagravas. Sex Finerals 3. Color. White 4. Age 58 yes. Married or single Manual |
| 6. 7. | Date of death Cause of death Cause of death Cause of death |
| 8. | Duration of last illness 4 Jaggar Y & March M. D. |
| | Residence Bowling Green, Ky. |
| 9. | Occupation Nous Kubu. |
| | |
| 10. | Place of birth Mugant Sh Ward No. 2 |
| 11. | |
| 10. 11. 12. | When a minor Name of mother. |
| 11. 12. | Time of residence in the city When a minor Name of mother. Name of father. Place of intended interment. |
| 11. 12. 13. | When a minor Name of mother. Name of father. Was Completely |

Delphia Sears, 1896

Ella Sears, 1911

| 37 |
|--|
| * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| |
| 1. Name of deceased Mrs Ella I Diana |
| 2. Sex Ferrale 3. Color white. 4. Age |
| 5. Married or Single Widow |
| 6. Date of death April 5 19/1 |
| 7. Cause of death Court to Boose of |
| 8. Duration of last illness Vital Statistics |
| thepping copped, M. D. |
| Residence |
| |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation |
| 10. Place of birth |
| 11. Residence Many Lung Lung Ward No. |
| 12. Time of residence in the city |
| (Name of Mother |
| |
| 13. When a minor Name of Father January Cara |
| 20. When a million |
| Name of Father |
| Name of Father Annual Caracter |
| Name of Father 14. Place of intended interment Date of intended interment |
| Name of Father 14. Place of intended interment Date of intended interment Undertaker. |
| Name of Father 14. Place of intended interment Date of intended interment Date of Certificate Residence |

Ida Sears, 1908

| - | is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|--|--|
| | RETURN OF A DEATH. |
| | Physician's Certificate Preparatory to Burial. |
| 2. 5. 6. 7. | Name of deceased Mrs I da Sears Sex Femule 3. Color White 4. Age 59 yr, Married or single Married Date of death May 27-1908 Cause of death Paralysis Duration of last illness - De Laryune of Physiopon Residence Underson |
| 9. | Undertaker's Certificate in Relation to Deceased. Occupation |
| | |
| 10. | Place of birth Waven County |
| 11. | Residence Ward No. Ward No. |
| 11. 12. | Residence War County Ward No. Time of residence in the city. When a minor Name of mother. Name of father. |
| 11. 12. | Residence Ward No. Time of residence in the city. When a minor |
| 11. 12. 13. 14. 15. | Residence Ward No. Time of residence in the city. When a minor Name of mother. Place of intended interment Lawrence Centre. |

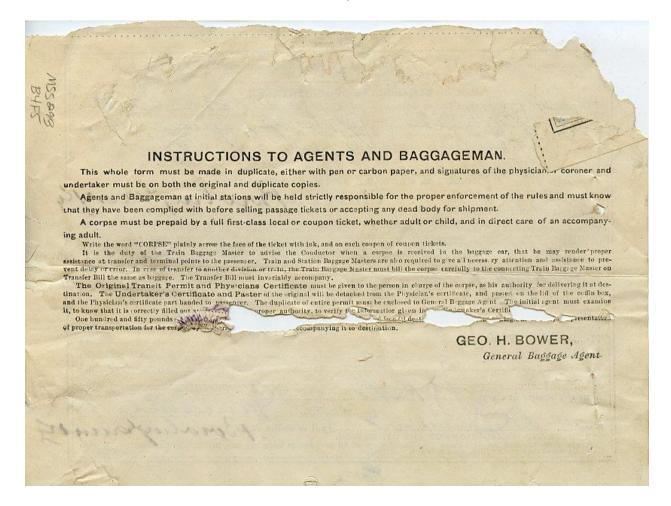
Warren County, Kentucky Death Records, Box 4, Folder 5 (Sa to Sme)

Ida Sears, 1908

| TRANSIT PERMIT CERTIFICATE OF UNDERTAKER. I (or we) hereby certify that the accompanying dead body of (ii a kinor, ye parents names also.) Consigned to the control of t | | Form 1271. 1001-1 | М |
|--|------|--|--|
| AGENT AT INITIAL POINT WILL FILL OUT AND PASTE THIS ON TOP OF CASE CONTAINING CORPSE. Agents or Bargagemen must enter hereon a description of the Ticket, the exact route, and via What Junc- TION POINTS THE TICKET READS, which is held by the passenger in charge of corpse. Special Isstaucross—A build esse estimit a corpse will not be received for transported in nor this paster be used, unless the person in charge of the paster be used, unless the person in charge of the paster be used, unless the person in charge of the paster be used, unless the person in charge of the paster be used, unless the person in charge of the paster be used, unless the person in charge of the paster by build into the person of the paster be used, unless the person in charge of the paster by the paster by the person in charge of the paster by t | 38.3 | TRANSIT PERMIT. CERTIFICATE OF UNDERTAKER. I (or we) hereby certify that the accompanying dead body of | |
| Via. Via. Via. R. R. To Junction Via. Via. R. R. To Junction Via. Place of Residence. Signed. Agent or Station B. M. Barralusterus SEE RULES AND INSTRUCTIONS ON THE OTHER SIDE. Train Baggagemen must advise the Concuctor of all corpses in baggage car, giving him destination. If despending the state of the concuctor of all corpses in baggage car, giving him destination. If despending the state of the concuctor of all corpses in baggage car, giving him destination. If despending the state of the concuctor of all corpses in baggage car, giving him destination. If despending the state of the concuctor of all corpses in baggage car, giving him destination. If despending the concuctor of all corpses in baggage car, giving him destination. If despending the concuctor of all corpses in baggage car, giving him destination. | + | AGENT AT INITIAL POINT WILL FILL OUT AND PASTE THIS ON TOP OF CASE CONTAINING CORPSE. Agents or Baggagemen must enter hereon a description of the Ticket, the exact route, and VIA WHAT JUNCTION POINTS THE TICKET READS, which is held by the passenger in charge of corpse. Special Instructions—A buttle case containing a corpse will not be received for transported in, nor this paster be used, unless the person in charge of the remains presents a certificate of the attending Physician or Corpster, or a period from the Board of Health and as Under take? Co fificate that the body has been prepared to but fall according to the auto Notifier will it be received if fluints are exempting from the case, nogoffic may degree offensive. Agents will detach the Undertaker's certificate and this Paster at the perforation and paste then segment on the case of before shipping. | 4 |
| Via | | " miles | |
| | | Via | THE STATE OF THE S |

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

Ida Sears, 1908



Raleigh Gaines Sears, 1907

| #334 39 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased Paleigh Jaim Sears 2. Sex male 3. Color While 4. Age 62 yrs |
| 2. Sex male 3. Color W nue 4. Age 62 322 |
| 5. Married or single married 6. Date of death October - 23-1507 |
| |
| |
| 8. Duration of last illness M. D. M. D. |
| |
| Residence Carry |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation Farmer 10. Place of birth warren Roundy //y |
| 10. Place of birth warren Rounty by |
| 11. Residence in Warren Gan- ty /y Ward No. |
| 12. Time of residence in the city |
| 13. When a minor Name of father Name of father |
| 14. Place of intended interment Fairniew Cumiling |
| 15. Date of intended interment of the 25 1907 |
| To tarving Buy Undertaker. |
| Date of Certificate Residence |
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| and the second s |
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| |

Robert F. Sears, 1910

| | 40 |
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| _T | his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| | RETURN OF A DEATH. |
| | RETORN OF TA BETATA. |
| | Physician's Certificate Preparatory to Burial. |
| | |
| 1. | Name of deceased Rolet. J. Sears |
| 2. | Sex Mule 3. Color White 4. Age 76 years |
| 5. | Married or single massif |
| 6. | Date of death Mch. 7th 1910 |
| 7. | Cause of death angue pettoris (immediate) |
| 8. | Duration of last illness One Gear |
| | 13, B. Butherford M. D. |
| 49 | Residence Bowling &recenses |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| | Occupation Relieve Farmer. |
| 9. | |
| 10. | Place of birth |
| 11. | Residence Bounfring Green Ky Ward No. 1 Time of residence in the city Eighteen months |
| 12. | |
| 13. | When a minor Name of mother Name of father |
| 14. | Place of intended interment Flussieul Cemeling |
| 15. | Date of intended interment Mch. 8th. 1910 |
| | Marsin Emochs Undertaker.S |
| Da | te of Certificate Mch. & Th. 1910 Residence Bonaling Enecue |
| | 14 |
| | , A |
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Thomas Wilbur Sears, 1907

| | # 3 2 J dis Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|-----|--|
| | RETURN OF A DEATH. |
| | Physician's Certificate Preparatory to Burial. |
| | Thysician's Certificate Treparatory to Burian. |
| 1. | Name of deceased This Wilbur Sears |
| | Sexmal 3. Color while 4. Age / merk |
| 5. | Married or single |
| 6. | Date of death Octaber -10-1907 |
| 7. | Cause of death Tiver frankle |
| 8. | Duration of last illness Life |
| | J. D. 12 lackburn M. D. |
| | Residence City: |
| | |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 10. | Place of birth Oily |
| 11. | Residence Payon Start 10th + Woodford - Ward No. |
| 12. | Time of residence in the city |
| | (Name of mother Carrie Clara |
| 13. | When a minor Name of father J. B. Stare. |
| 14. | Place of intended interment Old Minion Church. |
| 15. | Date of intended interment Octaber - 11- 1907 |
| | Hawley Yanne Undertaker. |
| Dat | e of Certificate Residence |
| | |
| | |
| | |
| | |

William Thomas Sears, 1908

| | 4 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | - |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased William Sears - | |
| 2. Sex Mall . 3. Color while . 4. Age 64 yr | |
| 5. Married or single married | |
| 6. Date of death Jan - 21 - 1908 | |
| 7. Cause of death arterio-Selevo is & Pernicion an | an |
| 8. Duration of last illness 2 4 4 4 4 | |
| Ch. M. M. Cracken M. | D. |
| Residence Cy- | ,,,,,,, |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth County | |
| 11. Residence Park It bet 13+14" Utota Ward No. / | |
| 12. Time of residence in the City. | |
| 13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Name of Father | |
| 14. Place of intended interment Tarrent Court | |
| 15. Date of intended interment | |
| Consultant, Underta | ker. |
| Date of Certificate Residence | |
| | |
| | |

Elizabeth Seeley, 1912

| | RETURN OF A DEATH. |
|---------------------|--|
| | 1217 |
| | Physician's Certificate Preparatory to Burial. |
| | my Elizabath Sarley |
| 1. | Name of deceased 'Was Shall and Shal |
| 2. | Name of deceased Mrs. Elizabath Surley. Sex Flurials 3. Color Whith 4. Age 18 Ges |
| 5. | Married or Single |
| 6. | Date of death July 14"/9/". |
| 7. | Cause of death lores and a second |
| 8. | Duration of last illness / b Luy |
| | VYTO Contury by M. I |
| | Residence P Mu 16 |
| | Trestance . |
| | Undertaker's Certificate in Relation to Deceased. |
| | Occupation Strussterfur |
| 9. | Occupation 2 |
| 10. | Place of birth Bund of Banan Moar |
| 199 | Residence Bund of Bassan Most Ward No. |
| 11. | Time of residence in the city |
| | |
| 12. | (Name of Mother |
| 12. | When a minor { Name of Mother |
| 12. 13. | Name of Father Wenneters |
| 12. 13. | Place of intended interment Fairview Cemetery |
| 12. 13. | Name of Father Place of intended interment Date of intended interment CERARD & GERARD |
| 11. 12. 13. 14. 15. | Place of intended interment Fairview Cemetery |

Julia Seeley, 1909

| | 44 |
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| This Constitutes One Certificate to be Returned to the Ci | ty Clerk for a Burial Permit. |
| RETURN OF A | DEATH. |
| Physician's Certificate Preparate | ory to Burial. |
| 6. Date of death Nov 4/1909" | 1. Age 58 yrs. M. D. |
| Residence | BOWLING GREEN, KY |
| 9. Occupation | |
| 10. Place of birth. 11. Residence State St. | |
| | |
| 12. Time of residence in the city | |
| (Name of mother | |
| 13. When a minor { | |
| (Name of father | Cemetery |
| 14. Place of intended interment | Cemercy |
| 14. Place of intended interment for 5"19 15. Date of intended interment GERARD & GE | v9. |
| 14. Place of intended interment for 5"/9 15. Date of intended interment GERARD & GE | 209. |
| 14. Place of intended interment. 15. Date of intended interment. 15. GERARD & GE | RARD, Undertaker. |
| 14. Place of intended interment for 5"19 GERARD & GE | RARD, Undertaker. |

Elizabeth Seemster, 1911

| | RETURN OF A DEATH. |
|------|---|
| | |
| | Physician's Certificate Preparatory to Burial. |
| | |
| 1. | Name of deceased Elizabeth Suemster? |
| 2. | Sexual & Color White 4. Age 7/ |
| 5. | Married or Single 222 Married |
| 6. | Date of death may 6 /9// |
| 7. | Cause of death organic listin of hard associated with |
| 8. | wen from when armed " |
| | um. Fred Carturyle , M. D. |
| | Residence Bolling Frey |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 10. | Place of birth allen Courty |
| 11. | Residence Bandway Green Ko Ward No. |
| 12. | Time of residence in the city # 0 year |
| *** | (Name of Mother |
| 13. | When a minor Name of Father |
| 14. | Place of intended interment Famure Our |
| 15. | Date of intended interment 22 July 7 1911 |
| | Ezzale Kelly , Undertaker. |
| Date | e of Certificate Residence By |
| | |

Lillian Sellers, 1896

| This Constitutes One Certificate to be W wined to the City Clerk for a Burlat Permit. |
|---|
| RETURN OF A DEATH. |
| |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| Gillian Selling |
| 1. Name of deceased Illian Belleve |
| 2. Sex Fishcale 3. Color Aprile 4. Age // mo |
| 5. Married or single Single 6. Date of Death Sept 4/1896. |
| |
| 7. Cause of Death Ouvelled Infament |
| 8. Duration of last Illness A & Aniahh MD |
| The Desire of the State of the |
| Residence OM |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation 10. Place of Birth Little |
| 11. Residence Class shell Ward No. 4 |
| 12. Time of Residence in the City |
| Name of Mother Mis Mand Sellers, |
| Name of Father 6 has 6. Sellers |
| 14. Place of intended Interment Fairvin, Country |
| 15. Date of intended Interment Supt 5"/96. |
| F. Gerand & Mio., Undertaker. |
| Date of Certificate Supt 4/91. Residence Gill |
| Date of Certificate Property 1996. Residence |
| |
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| |

Lucille Sellers, 1896

| 939 | 47 |
|---|-------|
| RETURN OF A DEATH. | |
| TEIOTH OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Lucille Sellers | |
| 2. Sex Funale 3. Color Aliste. 4. Age 1/11 | outh |
| 5. Married or single single | |
| 6. Date of Death Supply 9"/96. | |
| 7. Cause of Death Oholid Infantium | |
| 8. Duration of last Illness several days. | |
| Cl C Stright, M. I |). |
| Residence (ill) | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| ONDERTRICAL S DESTITIONTE (IN REMITTOR TO DECEMBED. | |
| 9. Occupation | *** |
| 10. Place of Birth Gily | **** |
| 11. Residence Clay stulk Ward No. 4 | *** |
| 12. Time of Residence in the City | 1 |
| 13. When a Minor Name of Mother No. Marie Alli | ue |
| Name of Father Whas O. Juli | us |
| 14. Place of intended Interment Farrule Com | uling |
| 15. Date of intended Interment Sept 10 196. | |
| File. Guara (Thio, Undertake | r. |
| Date of Certificate Dept 9/96, Residence OMY | |
| | |
| - | |
| | |

Mrs. Felix Settle, 1906

| 48 |
|---|
| DETIIDNI OF A DE ATU |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased Mrs Felix Settle |
| 2. Sex 3. Color while 4. Age |
| 5. Married or Single manual |
| 6. Date of death Feley - 15th - '0 6 |
| 7. Cause of death Sarcoma of antrum |
| 8. Duration of last illness 3 to 4 mo |
| most Blackburn, M.D. |
| Residence Bowling men the |
| |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation |
| 10. Place of birth allencounty |
| 11. Residence State St but 4" o 5" Ward No. |
| 12. Time of residence in the city. Dec 14 1505 |
| 13. When a minor \ Name of Mother \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Name of Father And Autore |
| 14. Place of intended interment of any very Cometary |
| 15. Date of intended interment Tloring 16-06 |
| Undertaker. |
| Date of Certificate J. A. Residence Residence |
| |
| <u> </u> |
| |

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 GERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased James A. Settle 2. Sex Male. 3. Color It hill. 4. Age 27 4426 | |
| 5. Married or single Married 4. Age 2/4/16 | |
| 6. Date of Death Aug 5"/93 | |
| 7. Cause of Death | |
| 8. Duration of last Illness M. D. M. D. | |
| Residence Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| | |
| 9. Occupation | |
| 10. Place of Birth Barrer Correcty | |
| 11. Residence Courter street Ward No. 2 and | |
| 12. Time of Residence in the City / 2 week | |
| Name of Mother | 9 |
| 13. When a Minor Name of Father | |
| 14. Place of intended Interment Farrice Courter | eg |
| 15. Date of intended Interment Aug 6 "/93. H.C. Gerard & Bry, Undertaker. | 9 |
| Date of Certificate Leg 5/93. Residence Leety | |
| | |
| | |
| | |

Jinnie Settle, 1908

| #544 × 5 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 1. 1. 1. 1. 1. |
| 1. Name of deceased Miss finnish Suttle 2. Sex Finnish 3. Color White 4. Age 15 yrs. |
| 2. Sex Junille 3. Color While 4. Age 15 yrs. |
| 5. Married or single August 1908 |
| |
| 6. Date of death Typhoid From. 7. Cause of death Typhoid From. |
| 8. Duration of last illness & Grand |
| |
| Residence BOWLING GREEN, KY |
| |
| |
| Undertaker's Certificate in Relation to Deceased. |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation BOWLING GREEN, KY |
| 9. Occupation BOWLING GREEN, XY |
| 9. Occupation 10. Place of birth 11. Residence Jumysida Ry. Ward No. |
| 9. Occupation 10. Place of birth 11. Residence Jumysida Ry. Ward No. |
| 9. Occupation 10. Place of birth 11. Residence Survey side My. Ward No. |
| 9. Occupation 10. Place of birth 11. Residence Juniy side My. 12. Time of residence in the city Name of mother Ward No. 13. When a minor |
| 9. Occupation 10. Place of birth 11. Residence Juny side My. 12. Time of residence in the city 13. When a minor Name of mother Name of father Place of intended interment Name of intended interment |
| 9. Occupation 10. Place of birth 11. Residence Survey side Ry. 12. Time of residence in the city Name of mother Mrs. W L Haynes (his his Sutternation of State of Intended Interment) 13. When a minor Name of father Fairwiew Cemetery 14. Place of intended interment 15. Date of intended interment Sov 14/1908 GERARD & GERARD: Undertaker. |
| 9. Occupation 10. Place of birth 11. Residence Jumysida Ky. 12. Time of residence in the city 13. When a minor Name of mother Name of father Hairwiew Place of intended interment 14. Place of intended interment 15. Date of intended interment |
| 9. Occupation 10. Place of birth 11. Residence Juniyards My. 12. Time of residence in the city 13. When a minor Name of mother Name of father Value 14. Place of intended interment 15. Date of intended interment Out 14/1908 GERARD & GERARD: Undertaker. |
| 9. Occupation 10. Place of birth 11. Residence Juniyards My. 12. Time of residence in the city 13. When a minor Name of mother Name of father Vaul Name of intended interment 14. Place of intended interment 15. Date of intended interment Out 14/1908 GERARD & GERARD: Undertaker. |
| 9. Occupation 10. Place of birth 11. Residence Junity side My. 12. Time of residence in the city 13. When a minor Name of mother Name of father Name of father Vall 14. Place of intended interment 15. Date of intended interment Out 14/1908 GERARD & GERARD: Undertaker. |

R, Barnett Settle, 1906

| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|--|
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Marmett Settle |
| 2. Sex male. 3. Color while 4. Age 2/4 9 mile |
| 5. Married or single |
| 6. Date of death Supply 8 1900 |
| 7. Cause of death My haif Trous |
| 8. Duration of last illness 4 25 weeks |
| 13 Jackburn M. D. |
| Residence Comp |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation |
| 10. Place of birth |
| 11. Residence & Ward No, |
| 12. Time of residence in the City. |
| 13. When a minor Name of Mother Than 7 Sittle |
| 14. Place of intended interment fagree Course |
| 15. Date of intended interment for fill fill |
| Thawley Jages Undertaker. |
| Date of Certificate . Residence |
| |
| |
| |

Sarah Settle, 1896

| 861 |
|---|
| This Constitutes One Certificate to be Returne to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| V 1. Annaly Settles |
| 1. Name of deceased Caran. Xulli |
| 2. Sex female 3. Color While. 4. Age 7 yrs |
| 5. Married or single Angle 6. Date of Death March - 11 1896. |
| 7. Cause of Death Scarlet How |
| 8. Duration of last Illness / 3 Olivy 5 |
| A. L. Brughe; M. D. |
| Residence Lit |
| Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 10. Place of Birth Bow hing hum Ky |
| 11. Residence That SA / Ward No. 7 nd |
| 12. Time of Residence in the City Life Time. |
| Name of Mother Shelley R. Sittle |
| 13. When a Minor Name of Father Warren & Lettle |
| 14. Place of intended Interment Fraining Const |
| 15. Date of intended Interment March 12th 9km |
| The Guard Bro., Undertaker. |
| Date of Certificate |
| |
| |
| |

Calvin P. Seward, 1897

| 1013 | 53 |
|--|----|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Calrin Olevard | |
| 2. Sex male. 3. Color while. 4. Age | |
| 5. Married or single manied | |
| 6. Date of Death May 10 1897 | |
| 7. Cause of Death | |
| 8. Duration of last Illness | |
| granded & flerett, M. D. | |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth France County. | |
| 11. Residence Con 17 High St. Ward No. | - |
| 12. Time of Residence in the City Jeans | |
| Name of Mother | |
| Name of Father | |
| i4. Place of intended Interment Fairview Cue | |
| 15. Date of intended Interment may 12 1897 Frathu Hayns, 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. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Mrs. R.N. Survard 2. Sex Franch . 3. Color . 4. Age |
| 1. Name of decease Miss. J. N. Sparard |
| 2. Sex Thurston . 3. Color . 4. Age . 4. Age |
| 5. Married or single Maurin |
| 6. Date of death |
| 7. Cause of death 6x Municipal Control of the Contr |
| 8. Duration of last illness Jour. H. Stour , M. D. |
| Residence BOWLING GREEN, KY |
| Residence BUW BING GREET |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of birth Hauru, los. 11. Residence / Vadaus, St. Ward No, |
| 10. Place of birth Mauri, Co. |
| 11. Residence / V Addauss, ST. Ward No. |
| 12. Time of residence in the City. |
| 13. When a minor Name of Mother Name of Father |
| Name of Father 14. Place of intended interment Janivian Canaly |
| 15. Date of intended interment SEP 17 1906 |
| Date of Certificate SEP 17 1906 Residence BOWLING GREEN, KY |
| |
| |

Ray H. Sward, Jr., 1906

| _ | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit |
|------|---|
| | RETURN OF A DEATH. |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| | |
| 1. 1 | Name of deceased May W Servard Ja |
| | Sex may . 2. Color while 4. Age/ mu - |
| | Married or single fuft |
| 6. 1 | Date of death 4, 13, 1906 |
| 7. (| Cause of death Inamician |
| 8. | Duration of last illness |
| 21 | lan. U.M. Start , M. D. |
| | Residence C |
| | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. | Occupation |
| | Place of birth City |
| 11. | Residence Broadway Ward No, |
| | Time of residence in the City. |
| | Name of Mother Marzarel Seward. |
| | When a minor Name of Father Vivian & Surgrand |
| 14. | Place of intended interment Fayview Count |
| | Date of intended interment |
| | John Jayac, Undertaker. |
| Date | of Certificate . Residence |
| | |

George M. Shaffer, 1880

| This Constitutes ONE CERTIFICATE | FF to be returned to the City Clock for a PUBLIAL DEDWIT |
|--|--|
| This Constitutes ONE CERTIFICAT | FE to be returned to the City Clerk for a BURIAL PERMIT. |
| RETURN | V OF A DEATH. |
| _ | |
| | ICATE PREPARATORY TO BURIAL. |
| 1. Name of D ceased Le | o the Shaffer Shaffer |
| 2. Sex Mull . 3. 0 | Color While . 4. Age 45 - |
| 5. Married or Single | murriet |
| 6. Date of Death | mi 16 #1880 |
| 7. Cause of Death | Loftming of Bring |
| 8. Duration of last Illness | The or their years |
| | Abbriche M.D. |
| Residenc | |
| The state of the s | |
| UNDERTAKER'S CERTIF | FICATE IN RELATION TO DECEASED. |
| 9. Occupation | |
| 10. Place of Birth | |
| 11. Residence | . Ward No. |
| 12. Time of Residence in the Cit | y I |
| | |
| 13. When a Minor $\begin{cases} Name \ of \ Mo \\ Name \ of \ Factorian \end{cases}$ | ther |
| | Concunati Ohii |
| | - VI VIVIVAV |
| | |
| 15. Date of intended Interment | |
| 15. Date of intended Interment_ | |
| 15. Date of intended Interment_ | , Undertaker. |

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 Diceased Martin Shallend | |
| | 2 Sex male . 3. Color White, . 4. Age 56 | |
| | 5. Married or Single Munuit | |
| | 6. Date of Death Sept 3 1878 | |
| | 7. Cause of Death Julian five | |
| | 8. Duration of last Illness Hair days | |
| | RleThorna M.D. | |
| | Residence Briling Green 14 | |
| | | |
| | 9. Occupation Palahorosa | |
| | 9. Occupation Salchuran | |
| | 11. Residence Delle Sty Warte No. 2 | |
| | 12. Time of Residence in the City Oca Hos | |
| | (Name of Mother Mrs Shallie | |
| | 13. When a Minor Name of Father | |
| | 14. Place of intended Interment Cathelit Comiler | |
| | 15. Date of intended Interment 19 of Sept 28 | |
| | Miches, Undertaker. | |
| | Date of Certificate 1 1 2 %. Residence State | |
| | The state of the s | |
| | Democrat Print. | 5. |
| | | |

John Shandell, 1882

| No. | This 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 Shoundel Shandel? |
| 2. | sex Mal. 3. color Whit 4. Age 65 years |
| 5. | Married or Single |
| 6. | Date of Death nov 14th. |
| 7. |) '/ '+ |
| 8. | Duration of last Illness for Days |
| 0. | 1 2/2 m. of 1 01 |
| | M.D. |
| | Residence |
| | UNDERTABLED OF DETERMENT IN DELATION TO DECEMBE |
| 9. | Occupation Cano June |
| 0 | Place of Birth Suffered to be France |
| 11. | Residence Supposed to be Machine Ward No 32 |
| 2. | Time of Residence in the City a few days |
| | (Name of Mother |
| 3. | When a Minor { Name of Father |
| | 4. 0 - |
| 4. | Place of intended Interment Hair new Cent |
| 5. | Date of intended Interment 1915-1882 |
| | Mogerna, Undertaker. |
| De | ate of Certificate Residence |
| | |
| | Democrat Job Print |

Charles Shanks, 1909

| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
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| |
| RETURN OF A DEATH. |
| |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased Choo Shouks |
| 1. Name of deceased NOV LOUNCE. 2. Sex male 3. Color leal 4. Age / 4 mo. |
| 5. Married or single Single |
| 6. Date of death march 19-1909 |
| 7. Cause of death Prummonia |
| 8. Duration of last illness a back 9 clays |
| J. IV. Williff M. D. |
| Residence # 131/2 Many att |
| |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation |
| 10. Place of birth Quilling Green 11. Residence first & Chestnut Ward No. 2 |
| 12. Time of residence in the city during life |
| (Name of mother mattie Shorks |
| 13. When a minor Name of father If illiam Shanks |
| 14. Place of intended interment Int more con Cumetary |
| 15. Date of intended interment march do - 1909 |
| J. E. Wary Kere Hell Undertaker. |
| Date of Certificate 22211 19 Residence |
| 74 callege Sf. |
| |
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| |

Ethel Shanks, 1909

| #707 40 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Ethel Phones |
| 2. Sex final. 3. Color Cal . 4. Age 26 |
| 5. Married or single fing 4 |
| 6. Date of death Qcf. 12-1,909. |
| 7. Cause of death Subcrulosis |
| 8. Duration of last illness |
| Pasidones M. D. |
| Residence |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation June gore |
| 9. Occupation Tunity General 10. Place of birth Lyon blury |
| 11. Residence High St. Ward No. 2 |
| 12. Time of residence in the City. about 15 yrs |
| 12. Time of residence in the City. About 15 yrs Name of Mother Range Shows 13. When a minor |
| 13. When a minor Name of Father Williams Should |
| 14. Place of intended interment 11 Marian Cerulty |
| 15. Date of intended interment Och 14 - 1909 |
| Date of Certificate Och 14-09. Residence |
| Date of Certificate QCALLAGO. Residence |
| 7 & college St. |
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Paul Irvine Shanks, 1906

| 61 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Paul Irrine Shanks |
| 2. Sex male. 3. Color Black. 4. Age 7 mouter |
| |
| 5. Married or single design 6. Date of death Quyut - 30-1900 |
| 7. Cause of death Non mutricion |
| 8. Duration of last illness |
| Arlabour Dr (Silven) Ranny , M. D. |
| Residence |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation 10. Place of birth City |
| 11. Residence Eckhestrut + 1 st St Ward No. |
| 12. Time of residence in the City. |
| (Name of Mother Watty Shanks |
| 13. When a minor Name of Father Will Shoulds - |
| 14. Place of intended interment and monate |
| 15. Date of intended interment |
| Maway Saya, Undertaker. |
| Date of Certificate Residence |
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| |
| |

Henry Shannon, 1891

| 3-2-5, | 62 |
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| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Henry Shannow 2. Sex Male . 3. Color BUK. 4. Age 70 yrs | / |
| 2. Sex Male . 3. Color ISM. 4. Age Toyes | |
| 5. Married or Single Married | |
| 6. Date of Death any 7/9/ 7. Cause of Death Faraly Sis | |
| 8. Duration of last Illness | |
| J. J. J. J. M. D. | |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth | |
| 11. Residence / Ward No / W | |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother Name of Father | |
| 14. Place of intended Interment But Morial | |
| 15. Date of intended Interment Green Sulfar Undertaker. | |
| Date of Certificate Quy \$ /9/., Residence | |
| | |
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Loila Shannon, 1891

| 3 6 5 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
|---|
| RETURN OF A DEATH. |
| |
| 1. Name of deceased Mix Loila Shannon. 2. Sex Acutale 3. Color Blib . 4. Age 65 yrb. 5. Married or Single Married. |
| 6. Date of Death July 9"/9"/6. Cause of Death Coresimplian |
| 8. Duration of last Illness J. F. M. Chry, M. D. |
| Residence |
| |
| 9. Occupation 10. Place of Birth Whorth Carolines; 11. Residence High Huch. Ward No. 121. 12. Time of Residence in the City |
| 13. When a Minor. Name of Mother 14. Place of intended Interment American Canal |
| 15. Date of intended Interment fully 9"/9/, Date of Certificate fully 9"/9/, Residence |
| |
| |

Infant of Mary Shanon, 1879

| | - |
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| This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. May | y |
| 1. Name of Deceased Www. Nam Shann | energy. |
| 2. Sex Line 3. Color Lote . 4. Age 2 Lays | |
| 5. Married or Single | |
| 6. Date of Death July 872 | |
| 7. Cause of Death Dort Knur | ***** |
| 8. Duration of last Illness | |
| to Physican M. D. | |
| Residence in alterdance | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth Mecanicanthet | |
| 11. Residence . Ward No. 3 | |
| 12. Time of Residence in the City | |
| 13. When a Minor \ Name of Mother Mary Sharrow | |
| 13. When a Minor Name of Father | |
| 14. Place of intended Interment Col Cun | The state of the s |
| 15. Date of intended Interment neg 9th 79 | 1111 |
| 7. 1.16 | man E |
| | |
| Date of Certificate . Residence | 20124 |
| Democrat Print. | |

Edward Shantz, 1881

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| 01/20 | This Constitutes ONE CERTIFICATE to be | ae City Clerk for a BURIAL PERMIT |
| | RETURN OF | A DEATH. |
| 1. | PHYSICIAN'S CERTIFICATE P Name of Deceased Edward | |
| 2. | | ht 4. Age 28 years |
| 5. 6. | Married or Single Sun / | sE1881 |
| 7. | | ly Caro |
| 8. | Duration of last Illness | AMBlateley, M.D. |
| | Residence | N RELATION TO DECEASED. |
| | Occupation Firmmen | |
| 10 | Place of Birth downsell | |
| 11. | Residence | . Ward No 🗸 |
| 12. | Time of Residence in the City 3 | yeur |
| 13. | $When \ a \ Minor \left\{ egin{array}{ll} Name \ of & Mother \\ Name \ of & Father \end{array} ight.$ | |
| 14. | Place of intended Interment | oussilf |
| 15. | Date of intended Interment | 4 195/881 4 Undertaker. |
| De | ate of Certificate Jun 1872 | 8 Residence |
| | <i>I</i> | Democrat Job Print |
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Harold Darter Sharpe, 1913

| | RETURN OF A DEATH. |
|--|---|
| | Physician's Certificate Preparatory to Burial. |
| 6. 7. | Name of deceased Starold Martin Sharps Sex 3. Color thits 4. Age // mo. Married or single JUN 1 9 1913 Cause of death Entero-Colitis — Soxaemie typ. Duration of last illness /4 Lays — Residence Bowling Green, Ky. |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 9. 10. | Occupation Place of birth, Bowling Green, Ky. |
| | Occupation Place of birth, Bowling Green, Ky. Residence W. Ward No. 3 |
| 10. | Occupation Place of birth, Bowling Green, Ky. Residence W. M. " Ward No. 3 |
| 10. 11. 12. | Occupation Place of birth, Bowling Green, Ky. Residence 14 1/ Ward No. 3 Time of residence in the city 1/ Mo. Name of mother Mas R Jurust Sharps |
| 10. 11. | Occupation Place of birth, Bowling Green, Ky. Residence My M " Ward No. 3 Time of residence in the city " Ward No. 3 When a minor Name of mother Must R Jurust Sharps Name of father M Janust Sharps |
| 10. 11. 12. | Occupation Place of birth, Bowling Green, Ky. Residence W. Ward No. 3 Time of residence in the city // Mr. When a minor Name of mother Mus R Jurust Sharps When a minor Name of father A Jarust Sharps Place of intended interment |
| 10. 11. 12. 13. | Occupation Place of birth, Bowling Green, Ky. Residence W. W. Ward No. 3 Time of residence in the city // Mr. When a minor Name of mother Was R. Jurust Sharps When a minor Name of father A Janust Sharps Place of intended interment Commetery Date of intended interment function 19/3. |
| 10. 11. 12. 13. 14. 15. | Occupation Place of birth, Bowling Green, Ky. Residence W. Ward No. 3 Time of residence in the city // Mo. Ward No. 3 Time of residence in the city // Mo. When a minor Name of mother // Januar Sharpa Place of intended interment Place of intended interment |

Mrs. John R. Sharpe, 1911

| 12 | RETURN OF A DEATH. |
|------|---|
| | - 47 |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased Mr. John N. Sharps . |
| 2. | Sex Famale Color White 4. Age 47. 191 |
| 5. | Married or Single Maural |
| 6. | Date of death April 7"/911. |
| 7. | Cause of death Spicific maraonus |
| 8. | Duration of last illness |
| | Inleamach South, M. I |
| | Residence 633-12 St. Broknylfren |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 0. | Place of birth Logan County |
| 1. | Residence Strutucky St. Ward No. 2 |
| 2. | Time of residence in the city 27 470. |
| 3. | When a minor \{ Name of Mother |
| 0. | Name of Father (Daniel and Alle) |
| 4. | Place of intended interment |
| 5. | Date of intended interment 1911 |
| | GERARD & GERARD. , Undertake |
| Date | e of Certificate Jan J. 1911. Residence |
| | |

Margrett S. Sharpe, 1911

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| ₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹ |
| RETURN OF A DEATH. |
| |
| Physician's Certificate Preparatory to Burial, |
| 1. Name of deceased Miss Marginth & Sharpa |
| Annala Mit Te |
| 2. Sex Color Color 4. Age 13 FV. 7 Min. 5. Married or Single Single |
| (mad 12" 12") |
| 6. Date of death Tuby culosis - |
| 8. Duration of last illness Lix MouPle |
| Torke |
| Residence Bowling Inne Kg |
| |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation |
| 10. Place of birth Bowning Erram Sty |
| 11. Residence 1172, My. St. B. Grunn Sty Ward No. 3. |
| 12. Time of residence in the city 15 yrs. 7 mid |
| (Name of Mother Mis John Sharps, Duck |
| 13. When a minor Name of Father Sharps. |
| 14. Place of intended interment Fairview Cemetery |
| 15. Date of intended interment fruit 14"/91/ |
| GERARD & GERARD, Undertaker. |
| Date of Certificate |
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| |

Clyde Shaw, 1905

| 69 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Elyde Shaw |
| 2. Sex male. 3. Color white. 4. Age 14 yrs |
| 5. Married or single |
| 5. Married or single for 30 - 1905- 6. Date of death and 30 - 1905- 7. Cause of death Typhoid Flour - Rummania |
| 7. Cause of death Typhoid flour & Primaria |
| 8. Duration of last illness |
| J. H. Blackburn, M. D. |
| Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| |
| 9. Occupation |
| 10. Place of birth |
| 10. Place of birth Military 11. Residence That Lt13+14" Ward No. |
| 10. Place of birth flitter. 11. Residence flitte 13 + 14" Ward No. 12. Time of residence in the City. |
| 10. Place of birth Military 11. Residence That Lt13+14" Ward No. |
| 10. Place of birth Ward No. 11. Residence That L713+14" Ward No. 12. Time of residence in the City. Ward No. |
| 10. Place of birth 11. Residence |

S. M. Shaw, 1908

Willie Shaw, 1905

| 7 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Willie Shaw |
| 2. Sex Anaca. 3. Color market. 4. Age 5 7 |
| 5. Married or single diff |
| 6. Date of death Shipter 16-03- |
| 7. Cause of death Landhaid few |
| 8. Duration of last illness /4 day |
| B. S. Kulterford , M. D. |
| Residence |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation |
| 10. Place of birth |
| 11. Residence Stat Stat 3 #4 Ward No, |
| 12. Time of residence in the City. 3 22 CC |
| 13. When a minor Name of Mother Guine Share |
| 13. When a minor Name of Father A A Man |
| 14. Place of intended interment flying Communication of the second secon |
| 15. Date of intended interment |
| Howeff cy, Undertaker. |
| Date of Certificate . Residence . |
| |
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| |

Daniel Shay, 1891

| 316 | 72 |
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| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased the Daniel Show 2. Sex Mah . 3. Color Whit . 4. Age 25 | |
| 5. Married or Single Suigh | |
| 6. Date of Death July 22 - 81- | |
| 7. Cause of Death Couseunflin - 8. Duration of last Illness One years | |
| Jn, m. D. D | |
| Residence | |
| | |
| 9. Occupation of Handle | |
| 10. Place of Birth Refuglin 11. Residence Church Strut. Ward No. 472 | |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother Name of Father | |
| 14. Place of intended Interment St Just L Cecut | |
| 15. Date of intended Interment Holes Line 1. Undertaker. | |
| Date of Certificate . Residence | |
| | |
| | |

Margaret O. Shea, 1900

| | 73 |
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| | |
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| ONLY AND DESCRIPTION OF DESCRIPTION | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased Mu, Margret, O, Shra, | |
| 2. Sex Famale . 3. Golor While . 4. Age 79 yrs . | |
| 5. Married or single Highord | |
| 6. Date of death Oct, 9 1990. 7. Cause of death Appointment | |
| 7. Cause of death Appoint 9. 8. Duration of last illness 3 days | |
| S. Duration of last littless V. Me bounach, M. D. | |
| Residence Selly | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| Management of the Control of the Con | |
| 9. Occupation | |
| 11. Residence Church Street . Ward No. 3 | |
| | |
|) Name of Mother | |
| 13. When a minor Name of Father | |
| 14. Place of intended interment Styrephs, Councilly | |
| 15. Date of intended interment Oct 11 "1980. | |
| Gargerd and Gerard . Indertaker. | |
| Date of Certificate Oct 10"/1908. Residence Out | |
| | |
| war and the second seco | |
| | |

Margaret Shehan, 1893

| 525) |
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| This Constitutes One Certificate to be Paturned to the City Clerk force Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Margartt Shehan |
| 2. Sex female 3. Color Whit. 4. Age 677 cars 5. Married or single Willis |
| 6. Date of Death July 9th 1893 |
| 7. Cause of Death Munication + Old age 8. Duration of last Illness Several munichs |
| G. M. Murphy M. D. |
| Residence Bruting Tues, Ky, |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 10. Place of Birth Scland 11. Residence Ward No. 474 |
| 12. Time of Residence in the City |
| 13. When a Minor Name of Mother Name of Father |
| 14. Place of intended Interment St Josef Decutes |
| 15. Date of intended Interment here 11-1893 (15. Date of intended Interment here) (15. Date of intended Interment here) (15. Date of intended Interment here) |
| Date of Certificate Residence |
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| |

Jane Shelby, 1891

| 257 |
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| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| |
| 1. Name of deceased Jane Shelly |
| 2. Sex Fernail. 3. Color Cal . 4. Age 60 years |
| 5. Married or Single Wudow |
| 6. Date of Death Jan 8/9/ |
| 7. Cause of Death Consoler fram |
| 8. Duration of last Illness |
| Je All CElephone, M. D. |
| Residence |
| |
| 9. Occupation house Keeper |
| 10. Place of Birth Gergera |
| 11. Residence Dy . Ward No 3 levand |
| 12. Time of Residence in the City Res or 7 months |
| 13. When a Minor, Name of Mother |
| S Name of Father 14. Place of intended Interment Ant Suries |
| 15. Date of intended Interment Lib (9) |
| Peath & malloch, Undertaker. |
| Date of Certificate Gas 31/91. Residence |
| |
| |

Nannie P. Shelby, 1894

| Out of town | 76 |
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| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Burs Namie P. Shelby | |
| 2. Sex female 3. Color white 4. Age 31 5. Married or Single Manniell | |
| | |
| 6. Date of Death 8 18945 | |
| 7. Cause of Death There are a dury of | |
| Dr. Tism. M. Dhoman B. Wrighing | p |
| Residence Briling Stent | 4 |
| 00.14/10 | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth Mater Vally Mins. 11. Residence State . Ward No. 125 | |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother | |
|) Name of Father | |
| 14. Place of intended Interment of agreement fry | |
| 15. Date of intended Interment | |
| Date of Certificate 21/1914. Residence | |
| | "" |
| | |
| | |

Augustus Sherer, 1878

| This 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 Augustics the the |
| 2. Sex fral . 3. Color white . 4. Age 17 |
| 5. Married or Single Lingle |
| 6. Date of Death Africa 3 |
| 7. Cause of Death Line Garage of Section of |
| 8. Duration of last Illness free days |
| Residence / Juliury Green |
| |
| UNDERŢAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of Birth Lounice |
| 36 |
| |
| 12. Time of Residence in the City (Name of Mother Balling Shum |
| 13. When a Minor Name of Father, H. Shen |
| By Control Cartle C. T |
| 15. Date of intended Interment & Hir 5-15 |
| 13. Dute of intended Interment , pool Green , Undertaker. |
| Date of Certificate Of 178 Residence |
| Pantagraph Print. |
| |

Katie Sherer, 1894

| 600 | 18 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Kalin Sherer | |
| 2. Sex Demale. 3. Color White. 4. Age 102 | |
| 5. Married or single Augle | |
| 6. Date of Death Juniy 18 th 1894 | |
| 7. Cause of Death La Lipe | |
| 8. Duration of last Illness Cour week | |
| J. W. Coonle, M. D. | |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth | |
| 11. Residence College St. Ward No. 2 24 | |
| 12. Time of Residence in the City | |
| 13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Name of Father | |
| 14. Place of intended Interment Sacrolle Certell | 7 |
| 15. Date of intended Interment face 19 194 Helevard & Bro ; Undertaker. | |
| Date of Certificate 18194. Residence | |
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| | |
| | |

Sarah A. Sherrell, 1913

| | RETURN OF A DEATH. |
|---------------------------------|--|
| | Physician's Certificate Preparatory to Burial. |
| | |
| 1. | Name of deceased Mrs Sarah a Sherrell |
| 2. | Sex Januale 3. Color Thite 4. Age 60 |
| 5. | Married or single Acolaco |
| 6. | Date of death Cause of death Cause of death |
| 7. | Cause of death Causeur of Sigmois |
| 8. | Duration of last illness. 7. 14. Slovee M. D. |
| | () A () |
| | Residence & Greenky |
| | |
| | |
| 9. | • Undertaker's Certificate in Relation to Deceased. Occupation Sauce lucker |
| 10. | Occupation Naux Ruler Place of birth Ra |
| 10. 11. | Occupation Sharekeeleer Place of birth Ra Residence Clay It Ward No. |
| 10. | Occupation Sauschelser Place of birth Residence Clay At Ward No. Time of residence in the city (Name of mother. |
| 10. 11. | Occupation Saure Residence Clay St Ward No. Time of residence in the city (Name of mother |
| 10. 11. 12. | Occupation Place of birth Residence Clay At Ward No. Time of residence in the city When a minor Name of mother Name of father |
| 10. 11. 12. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment a garain Cumulaty |
| 10. 11. 12. 13. | Occupation Place of birth Residence Clay At Ward No. Time of residence in the city When a minor Name of mother Name of father |
| 10. 11. 12. 13. 14. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment of garain Cumulaty Date of intended interment Date of intended interment Manual Canada Undertaker. |
| 10. 11. 12. 13. 14. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment farmin Cumulaty Date of intended interment |

Mrs. J. B. Sherry, 1909

| | 80 |
|---------------------------------|--|
| T | his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| | RETURN OF A DEATH. |
| | Physician's Certificate Preparatory to Burial. |
| | Mrs J. S. Sherry |
| 1 | Name of deceased described AMI Stormany |
| 2. | Sex Family 3. Color what 4. Age 52 |
| 5. | Married or single Masses |
| 6. | Date of death Ray 7, 1909 |
| 7. | Cause of death Pareinoma of the Stamaste |
| 8. | Duration of last illness. 3 & H munts |
| | JS J. Musino M. D. |
| | Residence Bawling Suce 13 |
| | |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 9. 10. | Occupation Place of birth |
| | Occupation |
| 10. | Occupation Place of birth |
| 10. 11. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother |
| 10. 11. 12. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father |
| 10. 11. 12. 13. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment |
| 10. 11. 12. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment |
| 10. 11. 12. 13. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment |
| 10. 11. 12. 13. 14. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment |
| 10. 11. 12. 13. 14. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Undertaker. |
| 10. 11. 12. 13. 14. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Residence Residence Residence |
| 10. 11. 12. 13. 14. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Residence Residence Residence |

Carrie Shields, 1906

| #58 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Carrie, Shirtds |
| 1. Name of deceased Danier, Burton |
| 2. Sex function 3. Color 19 10 . 4. Age /6 4/12. |
| 1. Name of deceased Caure, Shurlds 2. Sex Junual 3. Color BKO . 4. Age /64/12. 5. Married or single Suight. 6. Date of death July 106. |
| 6. Date of death July 106. 7. Cause of death Jun Shot wound |
| 1177.1101111111111111111111111111111111 |
| 8. Duration of last illness Hunter, acting Coronor, M. D. |
| Residence |
| |
| AND THE PERSON TO DESCRIPTION TO DESCRIPTION |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| |
| 10. Place of birth 11. Residence Burks allry Ward No. |
| 12. Time of residence in the City. |
| 13. When a minor Name of Mother Mr. Shrifde |
| Name of Father Gulky States. |
| 14. Place of intended interment Luly 3"06 |
| 15. Date of intended interment |
| Date of Certificate July 3/06. Residence Undertaker. |
| |

Owen W. Shirrell, 1910

| | RETURN OF A DEATH. |
|-----|---|
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased Ow for W Phirele |
| 2. | Sex male 3. Color white 4. Age 6. |
| 5. | Married or Single |
| 6. | Date of death 2 an 31 1910 |
| 7. | Cause of death Mitral Regurgitation & Stenosis |
| 8. | Duration of last illness |
| | Mro HBlockburn, M. D. |
| | Residence Bouly Mu |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation , |
| 10. | Place of birth |
| 11. | Residence Bauly Mr. Ward No. Ky |
| 12. | Time of residence in the city |
| 13. | When a minor Name of Mother Name of Father Laword Shire |
| 14. | Place of intended interment Hays Cultury |
| 15. | Date of intended interment June 12 1710 |
| Dat | e of Certificate Land 1911 Residence By |

Morgan Shobe, 1906

| 83 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| |
| 1. Name of deceased Morgan Show |
| 2. Sex male 3. Color black 4. Age |
| 5. Married or single Married |
| 6. Date of death June 22 - 1906 |
| 7. Cause of death Complication Heart & Kidney hould |
| S. Datas de la constantina della constantina del |
| With Francis M. D. |
| Residence 225 leallege St |
| |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation Mysister |
| 10. Place of birth Oakland Dly, |
| 11. Residence Main of Ward No. |
| 12. Time of residence in the city fame years |
| 13. When a minor Name of mother Rutha Shohe |
| Name of father |
| 14. Place of intended interment Cakland Sly |
| 15. Date of intended interment 1 23 - 1906 |
| J. E. D. Kung fiere da Vidertaker. |
| Date of Certificate Julie 23-1796 Residence Lear 1 |
| College St. |
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Child of George Shockley, 1911

| . 84 |
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| ♥ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ♥ ♥ |
| RETURN OF A DEATH. |
| |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased Child of Lange Shockley. |
| 1. Name of deceased 2. Sex Junala 3. Color J http://www.ac.ac.ac.ac.ac.ac.ac.ac.ac.ac.ac.ac.ac. |
| Sim las |
| 5. Married or Single 5. Date of death from 26" 1911 |
| |
| 7. Cause of death Inaution |
| 8. Duration of last illness About 3 weeks |
| Syllaumo , M. D. |
| Rosidence Bauling Suen 1/2 |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation |
| 10. Place of birth D. Thran My |
| 10. Place of birth of June My. 11. Residence Ragland and Ward No. 3 |
| 12. Time of residence in the city 5 miles |
| (Name of Mother Mis, The Defocit fay |
| 13. When a minor Name of Father Lung. School lay |
| 14. Place of intended interment |
| 15. Date of intended interment funn, 26"/9/1/ |
| March & January, Undertaker. |
| Date of Certificate Lunz 26/// Residence |
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French Showers, 1893

| 517) 85 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased for Truck Showers |
| 2. Sextenan 3. Color BM. 4. Age 30 grs |
| 5. Married or single warren |
| 6. Date of Death 1111 12 "/ 9 3, |
| 7. Cause of Death |
| 8. Duration of last Illness |
| JAN. D. |
| Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| to. Place of Birtly |
| 11. Residence Linth sturk Ward No. 3 2d |
| 12. Time of Residence in the City |
| 13. When a Minor Name of Mother Name of Father |
| 14. Place of intended Interment Hellgreah |
| 15. Date of intended Interment June 13"/93 John Byword HBu, Undertaker. |
| Date of Certificate 13/9. Residence |
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| |

Kee Shuck, 1896

| 891/ | 86 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Rec Shuck | |
| 2. Sex Male 3. Colorfellow 4. Age 21 yro | (4= |
| 5. Married or single Sungle. | |
| 6. Date of Death Maly 31/96. | |
| 7. Cause of Death Muldiel. | |
| 8. Duration of last Illness B. L. Gullin, M. Residence Convins of Manuel Co. | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| in Commercial | |
| 9. Occupation 10. Place of Birth Chuia | |
| 11. Residence Orllege this Ward No. 2 and | |
| , , , | |
| | |
| Name of Mother Name of Father | |
| 14. Place of intended Interment Farry Com | |
| 15. Date of intended Interment June 4"/96. | |
| J. Dung, M., Undertaker. | |
| Date of Certificate MU2/96. Residence OMY | * |
| This Chimaman was muddent in | |
| his place of Business of College. | |
| and, | |

Infant of J. Z. and Fletie Sickless, 1891

| Out of towns |
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| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
| TETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Infant of J. J. Siciles |
| 5. Married or Single Juigle 5. Married or Single Juigle |
| 6. Date of Death Printer Birth |
| 8. Duration of last Illness about 6 Press |
| Clo C. Richerds M. D. Residence Bereling Comments |
| |
| 9. Occupation 9. Occupation |
| 10. Place of Birth Oity. |
| 11. Residence Church St Ward No. 4 th |
| 12. Time of Residence in the City. |
| 13. When a Minor. Name of Mother Mrs Filetie Jeckles |
| 14. Place of intended Interment mitelylouse Tend. |
| 15. Date of intended Interment June 2 - 91. |
| Date of Certificate June 1-9/, Residence |
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| |

Annie Sigman, 1898

| 1114 | 88 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| TOTOTOTO OF IT DESTITATION | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased and Signan | 1. |
| 2. Sexfanale. 3. Color white. 4. Age 40 por | |
| 5. Married or single married 6. Date of death Granch 28 1888 | |
| 6. Date of death warch 28 | |
| 8. Duration of last illness Level Onnib | |
| Dia Ew. Duly M. D. | |
| Residence Colly | |
| DECEMBER OF THE PROPERTY OF TH | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth | |
| 11. Residence Churchy Alsagut St. Ward No. C | |
| 12. Time of residence in the City | |
| Name of Mother Name of Father | |
| 14. Place of intended interment of Jaseph Cean | |
| 15. Date of intended interment War 30 1598 | |
| Thoway Bay | |
| Date of Certificate Residence | |
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| | |
| | NK. |

Grace Sigmire, 1900

| 70 | 89 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| (| |
| 1. Name of deceased 2000 | |
| | |
| 5. Married or single Single, 6. Date of death July 13" 1800. | |
| Commenting of Stower and Bowy | els |
| 8. Duration of last illness from home. | , |
| J. B. Wright, M. D. | |
| Residence Bowling Grand, My | |
| To appropriate the parameter of the para | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| wardings and production and production and an analysis of the second production. | |
| 9. Occupation | |
| 10. Place of birth Gilly | |
| 11. Residence bruter St. Ward No. 2 | |
| 12. Time of residence in the City & What habeth Signer | E |
| Name of Mother My Signific , | |
| St bush barretrus | |
| July 14" 1900. | |
| 15. Date of intended interment faith Lynaul . Undertaker. | |
| Date of Certificate July 14/1900 Residence | |
| Date of Certificate A | |
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| | |

Mary Magdalena Sigmire, 1892

| 382) 90 |
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| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Mary Magdalena Signier 2. Sex Henrale . 3. Color White . 4. Age 3 mis, |
| 2. Sex Deceale . 3. Color While . 4. Age Osmid, |
| 5. Married or Single Ling & 6. Date of Death Roby 5"/92 |
| 7. Cause of Death Police oria |
| 8. Duration of last Illness Ale Unight, M. D. |
| Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of Birth Willy |
| 11. Residence 8"street . Ward No. 3 rd |
| 12. Time of Residence in the City |
| 13. When a Minor. Name of Mother His & Significant Sources Sugar Sources Sugar Sources Sugar Sug |
| 14. Place of intended Interment Catholic Cour, |
| 15. Date of intended Interment Fiely 6"/1892", Undertaker. |
| Date of Certificate Fieby 5 / 92. Residence Certy |
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Child of William Sigmire, 1896

| 849 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Sigmire |
| 1. Name of deceased Child of I me Signing 2. Sex Funale 3. Color Hutt. 4. Age 4 mo. |
| 5. Married or single bringle |
| 6. Date of Death Up IO"/1896 7. Cause of Death O and Anne |
| 8. Duration of last Illness Ane or his Lines |
| Residence Ciff |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 10. Place of Birth Oily |
| 11. Residence Cutter shell Ward No. 4 28 |
| 12. Time of Residence in the City |
| Name of Mother Mis. E. Signine Name of Father June Sugnific |
| 14. Place of intended Interment & Lough his Cours |
| 15. Date of intended Interment april 1, 41 "1896. H. Gurand H. Undertaker. |
| Date of Certificate 4 96, Residence 6,145, |
| |
| |
| |

America Simmons, 1897

| Out On |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Rem America & Simmon |
| 2. Sexfernal. 3. Color while . 4. Age 74 yrs 5. Married or single midan |
| 6. Date of Death Gyarch 11th 1497 |
| 7. Cause of Death Complication. |
| 8. Duration of last Illness |
| M. D. |
| Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation |
| 10. Place of Birth Warnen County |
| 11. Residence 12 th Lt . Ward No. |
| 12. Time of Residence in the City |
| 13. When a Minor |
| Name of Father |
| 14. Place of intended Interment Sacred Hill, Matte family grown |
| 15. Date of intended Interment March 12 1889 |
| In ather & January, Undertaker. |
| Date of Certificate Residence |
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Clara V. Simmons, 1898

| 1137 | 93 |
|---|--|
| This Constitutes One Certificate to be Returned to the City Cle | erk for a Burial Permit, |
| RETURN OF A DE | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO | BURIAL |
| 1. Name of deceased Clara V. Smin | uneb |
| 2. Sex Funale 3. Color Blf. | 1. Age 5 mo. |
| 5. Married or single Single. 6. Date of death June, 7, 198, | |
| 7. Cause of death Acungalis | |
| 8. Duration of last illness A. Porter | , M. D. |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO | deceased. |
| 9. Occupation | |
| 10. Place of birth 624, B rd Sh, le | rity |
| 11. Residence 244, 3 rd st. | Ward No. |
| 12. Time of residence in the City | · / |
| 13. When a minor Name of Mother Name of Father N. W. | Eminut |
| 14. Place of intended interment MANGO | riah Cem |
| | 98. 26., Undertaker. |
| Date of Certificate June 7"/9.8, Residence | e |
| | A Company of the Comp |
| | |

John S. Simmons, 1913

| 94 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| |
| 1. Name of deceased Jahr S Summons |
| 2. Se Shall 3. Color white 4. Age 63 |
| 5. Married or single Widowr |
| 6. Date of death Cypr \$10 (P1) |
| 7. Cause of death Sights Disease |
| 8. Duration of last illness (M. Grabbs, M. D. |
| |
| Residence B Suen 19 |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| |
| 9. Occupation Farmer |
| 10. Place of birth Monror County 155 |
| 11. Residence Bowling Aren your |
| 12. Time of residence in the City. Seaut on year |
| 13. When a minor Name of Mother |
| Name of Father |
| 14. Place of intended interment facultin Kun / A |
| 15. Date of intended interment // // // // // // // // // // // // // |
| ENOCHS & McGINNIS , Undertaker. |
| Date of Certificate APR 10 1913 . Presidence 13 Hun in |
| |
| |
| |

Josephus Simmons, 1911

| 95 |
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| * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. * |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased fallphus Dimmens 2. Sextyale 3. Color White 4. Age 64 |
| 2. Sexpale 3. Color White 4. Age 64 |
| 5. Married or Single Marriel |
| 6. Date of death aug 16-1911 |
| 7. Cause of death Chronic applicates complicates by sometimes Obstruction months. 8. Duration of last illness mi months. |
| Inlearmach v South, M.D. |
| Residence 6 33-12 St Bonling |
| Sreen Ky |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation Frances |
| 10. Place of birth Tenn |
| 11. Residence St Jaseph Haspital . Ward No. |
| 12. Time of residence in the city Fand Wurks |
| 13. When a minor Name of Mother Name of Father |
| 14. Place of intended interment Pleasant Grove June |
| 15. Date of intended interment any 18 19/1 |
| Enach VKelling, Undertaker. |
| Date of Certificate Residence S.J.K. |
| |
| |
| |

Mary Alicia Simmons, 1907

| | RETURN OF A DEATH. |
|--------------------------|--|
| | Physician's Certificate Preparatory to Burial. |
| | |
| 1. | Name of deceased Many Mie Simmone |
| 2. | Sexfunce 3. Color while 4. Age 46 yr |
| 5. | Married or single 222 |
| 6. | Date of death 1944 - 25-1907 |
| 7 | Cause of death Carrampher. |
| 8. | Duration of last illness long tourion. Joseph DV. Blackburn M. D |
| | gree IV. Blackburn M. D |
| | Residence |
| | residence |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation Hance Cuper |
| | Occupation Daniel Company |
| 9. 10. | Occupation Daniel Company Branch Balance Ballage St. Ward No. |
| 10. 11. | Occupation Daniel Company Branch Balance Ballage St. Ward No. |
| 10. 11. 12. | Occupation Description Branch |
| 10. 11. 12. | Occupation Daniel Company Branch Balance Ballage St. Ward No. |
| 10. 11. 12. | Occupation Ward No. Place of birth Ward No. Time of residence in the city Survey When a minor Name of mother. |
| 10. 11. 12. | Occupation Decrease Ward No. Place of birth Salara Salara Ward No. Time of residence in the city Salara S |
| 10. 11. 12. 13. | Occupation Place of birth Residence Occupation Ward No. Time of residence in the city Name of mother Name of father Place of intended interment Name of mother Name of father Place of intended interment |
| 10. 11. 12. 13. | Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Name of intended interment Name of intended interment Name of intended interment |

Rusaw Simmons, 1899

| . The state of the | 97 |
|--|-----------------------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial | Permit, |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased Rusaw Simons | |
| 2. Sex male. 3. Color while. 4. Age 3 5. Married or single Single | |
| 6. Date of death June -1> -99 | |
| 7. Cause of death Ayfohilis 8. Duration of last illness about 6 week | |
| 8. Duration of last illness 2000 6 Williams M.P. Carturyth | |
| Residence manual | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| CONTRACTOR OF CO | |
| 9. Occupation Laborer | |
| 10. Place of birth Colmon 2 Ward No. | -3- |
| 12. Time of residence in the City Jan | |
| Name of Mother Name of Father | |
| 14. Place of intended interment Francour le | and the second second |
| 15. Date of intended interment -/8-99. U | ndertaker. |
| Date of Certificate Jun - 18/99. Residence level | J 87. |
| | manda) mprom |
| | |
| and the second s | TO THE RESIDENCE |

Mrs. Charles Simons, 1892

| This Constitutes one Certificate to be coursed to the City Clerk for a Burial Permit. |
|---|
| RETURN OF A DEATH. |
| |
| 1. Name of deceased Mix Charles Simons. |
| 2. Sex Jewale 3 Color While . 4. Age 37 yrs, 5. Married or Single Married . |
| 6. Date of Death Cot 19"/92. |
| 7. Cause of Death Memor Almonhage 8. Duration of last Illness 3 days |
| Residence Bowling Green |
| |
| 9. Occupation 10. Place of Birth Caunada. |
| 11. Residence College Sheet Ward No. 2 2d |
| 12. Time of Residence in the City |
| 14. Place of intended Interment Janvice Country |
| 15. Date of intended Interment Grand, Undertaker. |
| Date of Certificate Colf 20/92. Residence Colf |
| |
| |

Eliza Simons, 1882

| This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERM | IT |
|---|---------------------|
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BUR 1. Name of Deceased Eliza Samuella | IAL. |
| 2. Sex femal . 3. Color fleel 4. Age | 18- |
| 5. Married or Single | |
| 6. Date of Death July 30 - 1872 | |
| 7. Cause of Death Winess 8. Duration of last Illness | |
| 8. Duration of last Illness Law (1) | |
| De James and | |
| Residence | , |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECE. 9. Occupation 0 Place of Birth 1. Residence Box Levy Levy Ward No. 2. Time of Residence in the City Place 20 years (Name of Mother | <u> </u> |
| $S. When a Minor \begin{cases} Name of Mother \\ Name of Father \end{cases}$ | |
| 4. Place of intended Interment | |
| 5. Date of intended Interment | |
| J. C. Vin | dertaker. |
| Date of Certificate . Residence | |
| | Company of the said |

Charles Simpson, 1898

| 1150 | 100 |
|--|-------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit, | |
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL | |
| 1. Name of deceased Charley Simpson. | |
| Co. V. Millet Co. | |
| | Sys |
| 5. Married or single Mann En 6. Date of death June 30"98, | |
| 7. Cause of death Consumption. | |
| 9 Destination of last illness | |
| BH, Milliplese, M. I | D. |
| Residence | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth Harrin County. | |
| 11. Residence Graham Pista. 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, | ume |
| Gerard & Gund. Undertake | er. |
| Date of Certificate July 1998, Residence Wily, | -1400 |
| | |
| | |
| | |
| | |

Infant of D. W. Simpson, 1909

| 101 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| Physician's Certificate Preparatory to Burial. Simpson |
| 1. Name of deceased Inf Dow of DW Segment 2. Sex Male 13. Color Colotte 4. Age 11. |
| 5. Married or single 2 |
| 6. Date of death fund to the |
| 7. Cause of death Innantion |
| 8. Duration of last illness |
| Martin M. D. |
| Residence Baculary Trans |
| |
| |
| Undertaker's Certificate in Relation to Deceased. |
| Undertaker's Certificate in Relation to Deceased. 9. Occupation |
| |
| 9. Occupation |
| 9. Occupation 10. Place of birth Same Ward No. 11. Residence Ward No. 12. Time of residence in the city |
| 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city Name of mother Name of father |
| 9. Occupation 10. Place of birth Same Summer Ward No. 11. Residence Ward No. 12. Time of residence in the city Name of mother Name of mother |
| 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city Name of mother Name of father |
| 9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Name of mother Name of father 18. Date of intended interment 19. Occupation Ward No. 10. Date of intended interment 11. Ward No. 12. Time of residence in the city Name of mother Name of mother Name of father 13. When a minor Name of intended interment 14. Place of intended interment 15. Date of intended interment |
| 9. Occupation 10. Place of birth Sauce Ward No. 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father Ward No. 14. Place of intended interment Activities 15. Date of intended interment Sauce Management Undertaker. |

Flora T. Simpson, 1891

| Outroftown 108 |
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| This Constitutes one Cortificate 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 & Simpson |
| 2. Sex Ferrale 3. Color Ishite . 4. Age // yes. |
| 5. Married or Single Lingle |
| 6. Date of Death May 2 / 1891. |
| 7. Cause of Death Spinal Sulease |
| 8. Duration of last Illness |
| Je Mr celloy M. D. |
| Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 10. Place of Birth Harren bounty |
| 11. Residence Woolen mills . Ward No. 4 Th |
| 12. Time of Residence in the City or gran. |
| 13. When a Minor. Name of Mother Warner Simpson |
| 14. Place of intended Interment Barren River Church |
| 15. Date of intended Interment Jugy 3"/91 Warren Ca |
| H. C. Deach, Undertaker. |
| Date of Certificate May 3/9/ . Residence City, |
| |
| |
| |

William Simpson, 1890

| Cultifly 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 Was Simpson |
| 2. Sex Mace . 3. Color white . 4. Age 72 |
| 5. Married or Single Charited |
| 6. Date of Death 0 4 18 18 5 3 |
| 7. Cause of Death Small Control Contro |
| 8. Duration of last Illness 8 2 2 3 |
| WWW. Journy M. D. |
| Residence Jawen Synan 15 |
| |
| |
| 9. Occupation 10. Place of Birth New York. |
| A TEVI |
| 11. Residence Ward No. out 12. Time of Residence in the City 2 year 7 8 months. |
| 1 10/11 |
| Name of Mother Name of Father |
| At. Place of intended Interment Shelly Jowa. |
| 15. Date of intended Interment |
| Prathet Payou, Undertaker. |
| Date of Certificate Residence |
| |
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| |

Jennie Sims, 1909

| 104 |
|---|
| This 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 M.S. Jamie Sims 2. Sex Figurals 3. Color Mutle 4. Age 5-5- 5. Married or single Marrie 9 6. Date of death Sep - 28 - 09 7. Cause of death Asthma Heart Jacker 8. Duration of last illness Sudden Illness M. D. Residence Bourfrag Freen He Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation ———————————————————————————————————— |
| 11. Residence Sourching Green Ky Ward No. |
| 12. Time of residence in the city |
| 13. When a minor Name of father. |
| 14. Place of intended interment Farment Centery |
| 15. Date of intended interment Sep - 29th og |
| Date of Certificate 928 - 09 Residence Bourling France |
| |
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| |

Infant of L. G. Singleton, 1911

| | | | | 105 |
|----------------------|-------------------------|---------------------|---|---|
| * This Constitutes | One Certificate to be R | eturned to the City | Clerk for a Burial Permi | |
| RET | URN C | FAI | DEATH | |
| Physi | cian's Certifica | te Preparator | y to Burial. | |
| 1. Name of dece | op, | 1 Delin | Singleton | |
| 2. Sex Janua | | Thite | 4. Age Than | 1232 |
| | ingle Luig | | i. Igo | |
| | marc | | 911 | |
| | h Premar | | | |
| | | | s'enmute | , |
| | | 9 8 Oliver | herford. | |
| | Resider | ce Broke | ng Kreen | Ja, |
| F | - | | | |
| Undert | aker's Certifica | te in Relation | to Deceased. | |
| 9. Occupation | navgi | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ************ |
| 10. Place of birth | Sylvani | ph O Xa | epital | |
| 11. Residence | antilla | V | Ward No | V |
| 12. Time of resid | ence in the city | mi I | 01 14 | |
| 13. When a minor | Name of Mothe | Thody | 1. Dungles | m |
| | Name of Father | d, NO | nglesare | |
| | nded interment | anne | cuillen | 4 |
| 15. Date of intend | led interment | 149 | 227111 | |
| Date of Certificate. | McW23-1 | M. Residence | e Cily | taker. |
| | | | | |
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Infant of L. G. Singleton, 1911

| * * 11 | his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 🕈 🗣 |
|--------|---|
| I | RETURN OF A DEATH. |
| | <u></u> |
| | Physician's Certificate Preparatory to Burial. |
| 1. 1 | Name of deceased Chiles of L. L. Longertan |
| | Sex Temale 3. Color White 4. Age 24han |
| | Married or Single Luglu |
| - | Date of death Meh 23-1911 |
| | Cause of death Premature birth |
| | Duration of last illness |
| | BS Butherford M. D. |
| | Residence |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. (| Occupation Navye |
| 10. 1 | Place of birth Al Jacoph Thaspital |
| 11. I | Residence Park Ruck Ward No. |
| 12. 7 | Fime of residence in the city |
| 10 1 | When a minor Name of Mother Mas & Sungletan |
| 13. V | Name of Father & Dunglulau |
| 14. | Place of intended interment Janvare Curetery |
| 15. I | Date of intended interment March 231911 |
| | , Undertaker. |
| Date | of Certificate 3 131111 Residence City |
| | |
| | |

Bawdy (Ragland) Skiles, 1878

| J. | E | T U | R | N | 0 1 | A | a | E | A | T | H. |
|-------------------------|---|--|---------------------------------------|-----------------------------|--------------------|------------|------------------|-------|-------|-------|--------|
| | PHY: | SICIAN | S CE | RTIFI | CATE I | REPAT | ATOR | RY T | O BU | ĮRIAI | L. |
| | Manager State State | The state of the s | | | dy | | 1 | | T | 12 | kefe |
| 2. | Sex | Jos | <i></i> | 3. 0 | Color | agle | 2 | 4. | Age 2 | 2 4 | ears |
| 5. | Married | or Sing | rle | | angfrancisco | | | | | 1 | |
| | | | | 17 | anu | | | 78 | | | |
| 7. | Cause o | f Death | J. | des | reul | osli | 1 | | | | |
| 8 | Duratio | n of last | Illness | S | 2-4 | 110 | 35 | | | | |
| | | | | | | -a-none | 30 | 1119 | un | | , M. I |
| | | | Re | sidence • | , | | kanan kanka - | | | 7 | |
| | MINED | TAREL | S CI | RTIE | ICATE: | INT TATE | Amro | | | 6 | |
| l | INDER | TAKER | (5 (1 | .1(1)1 | ICATE | IN REI | _A 110 | N TO |) DE | CEAS | SED. |
| | | | ~/ | | CATE | | | |) DE | CEAS | SED. |
| 9. | Оссираі | | a | file | $\ell_{-\eta}$ | | | |) DE | CEA | SED. |
| 9. | Occupat Place of | ion Birth | S | fil. ell | $\ell_{-\eta}$ | - | | | | | |
| 9. 10. | Occupat Place of Resident | ion Birth | Socie in . | file cell the Cit | L , V | Ly | Y za | e ss. | Ware | l No. | -3 |
| 9. 10. 11. | Occupat Place of Residenc Time of | ion | L L vce in . (Nan | file ell the City e of N | Lington y 1other | Ly. Add | Y 2. | | Ware | l No. | 3.3 |
| 9. 10. 11. | Occupat Place of Residenc Time of | ion Birth | L L vce in . (Nan | file ell the City e of N | L St. | Ly. Add | Y 2. | | Ware | l No. | 3.3 |
| 9· 10. 11. 12. | Occupat Place of Residence Time of When a | ion | Societie (Nam.) Nam. | the City te of I | Lington y 1other | Ly | Y 2. | | Ware | ł No. | 3.3 |
| 9. 10. 11. 12. 13. | Occupat Place of Residence Time of When a | ion | Societie (Name) Name (Name) Interview | the City te of Novement | Lington y 1other | Ly | Y 2. | | Ware | ł No. | 3.3 |
| 9. 11. 12. 13. | Occupat Place of Residence Time of When a | Birth | Societie (Name) Name (Name) Interview | the City te of Novement | Lington y 1other | Ly | Y 2. | | Ware | l No. | 3.3 |

Clifton Skiles, 1892

| 430 | 108 |
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| This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit. | |
| BETURN CF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased Clifton Stiles | The state of |
| 2. Sex male . 3. Color BUL . 4. Age & 2000 | |
| 7. Married on Single | |
| 6. Date of Death Occy 4 th 1892 | |
| 1. Cause of Death Carries Court | |
| 8. Duration of last Illness Gue weeks. | |
| 1.77, Ocococci 3, M. I |). |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth & Grant Ward No. 11. Residence Park Ward No. 14 | 10 |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother Assum Skeles Name of Father Welter 11 | 140 |
| 14. Place of intended Interment 21 Manual | |
| 15. Date of intended Interment Ruy 52/892 Holling S, Undertaker | • |
| Date of Certificate Residence | 44 |
| | Con. |
| | |
| | |

Lem Siles, 1904

| | 109 |
|--|---------------------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | _ |
| RETURN OF A DEATH. | |
| RETERN OF A BEATH. | |
| | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| 1. Name of deceased fem Skiller | |
| 1. Name of deceased sem Skiller 2. Sex man 3. Color Black 4. Age 557 | - |
| 5. Married or single maniel | *********** |
| 6. Date of death au 23 1904 | |
| 7. Cause of death Cintherin Civi | |
| 8. Duration of last illness 10 months 28, Hudden 1 | |
| | I. D. |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| | |
| 9. Occupation | |
| 10. Place of birth | enine in the second |
| 11. Residence August MT Ward No, | |
| 12. Time of residence in the City. | |
| | *********** |
| 13. When a minor \ Name of Mother | |
| (Name of Mother | |
| 13. When a minor Name of Mother Name of Father | |
| 13. When a minor Name of Mother Name of Father 14. Place of intended interment | ıker. |
| 13. When a minor Name of Mother Name of Father 14. Place of intended interment 2 3 1904 | nker. |
| Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Date of intended interment 18. Undertaken | nker. |
| Name of Mother Name of Father 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. Undertaken | ıker. |

Lillian Skiles, 1911

| The state of the s | 0 |
|--|---|
| RETURN OF A DEATH. | |
| Physician's Certificate Preparatory to Burial. | |
| Lilian Shilo | |
| 2. Sexternale 3. Color Council 4. Age // | |
| | |
| L. L. | |
| 6. Date of death | |
| 7. Cause of death State of Cause | |
| o. Duration of last liness | |
| Residence Forling Leer | |
| Residence | |
| Undertaker's Certificate in Relation to Deceased. | |
| 9. Occupation School Hist | |
| 10. Place of birth Rich Grand (Wassen Cd) | |
| 11. Residence 3156X 8X, Ward No. 3.4 | 4 |
| 12. Time of residence in the city | |
| 13. When a minor Name of Mother Haddie Shiles Name of Father Am Spiles | |
| 14. Place of intended interment Aich Hond | |
| 15. Date of intended interment | |
| Emoch Holly , Undertaker. | |
| Date of Certificate Residence | |
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| | |

Milton Skiles, 1891

| 29 | 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 Multan Stiles | |
| 2. Sex Male . 3. Color Bell . 4. Age 97 cm | |
| 5. Married or Single Day | |
| 6. Date of Death Sept 4 191 | |
| 7. Cause of Death Mastructed Pauvells | |
| 8. Duration of last Illness | |
| Co If Milleller, M. D. | |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of Birth West Main Dla | |
| 11. Residence // // Ward No. // | * |
| 12. Time of Residence in the City | |
| 13. When a Minor. Name of Mother Matter Plale | - |
| Name of Father | |
| 14. Place of intended Interment My flurial | |
| 15. Date of intended Interment The Undertaker. | |
| Date of Certificate Residence | |
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| and the second of the second o | |

Pearl Skiles, April 6

| | 'This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT. |
|-----|---|
| | RETURN OF A DEATH. |
| | |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. | Name of Deceased Gent Garage & Kily Sex Sint . 3. Color Black . 4. Age 6 Days |
| 5. | |
| 6. | Married or Single Date of Death Of 6th |
| 7. | () 1 13 |
| 8. | Duration of last Illness Orn Aury |
| | mothy secum. M. D. |
| | Residence |
| | |
| 9. | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation |
| 10. | Place of Birth |
| 11. | Residence . Ward No. 2 |
| 12. | Time of Residence in the City |
| | |
| 13. | When a Minor { Name of Mother |
| 14. | Place of intended Interment |
| 15. | Date of intended Interment |
| | , Undertaker. |
| D | ate of Certificate . Residence |
| | |

Rilla Skiles, 1897

| 108m | 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 Ailla Skiles 2. Sex EMMUL. 3. Color BIA . 4. Age #0 42 | |
| 5. Married or single Alow 4. Age 10 4. | |
| 6. Date of Death 010, 6"/897 | |
| 7. Cause of Death Couls unitalion | |
| 8. Duration of last Illness | |
| E Shighed M. D. | |
| Residence | |
| | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| to. Place of Birth | |
| 11. Residence LANG. Ward No. 2 - M | |
| 12. Time of Residence in the City | |
| Name of Mother | |
| Name of Father | |
| 14. Place of intended Interment Mh Moriah Our | 4 |
| 15. Date of intended Interment Aug 7" 1897 | |
| Juan Xeran (, Undertaker. | |
| Date of Certificate Aud 6"9" Residence | |
| | |
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John W. Slate, 1897

| 4.4 | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
|------|---|
| | RETURN OF A DEATH. |
| | |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of degeased John, W. State |
| 2. | Sex Male. 3. Color White 4. Age 20 yrs. |
| 5. | Married or Single Singly, |
| 6. | Date of death June 10"1897. |
| 7. | Cause of death Tuburculusis |
| 8. | Duration of last illness Serval months |
| | HO Honaker M.D. |
| | Residence Rocky Hill The |
| | |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation |
| 10. | Place of birth allow bd. |
| 11. | Residence New Scotts willy Ry. Ward No. |
| 12. | Time of residence in the city M. G. Slate Sv. |
| 10 | (Name of Mother Mus Mary & State |
| 13. | When a minor Name of Father |
| 14. | Place of intended interment Fairview Cemetery JUN 2 - 1910 |
| 15. | Date of intended interment. |
| | GERARD & GERARD, Undertaker. |
| Dote | of Certificate JUN 2 - 1910 Body dis natural nan Scotlsville, Ry, and and will Fairview Cemetery & A. France |
| 17 | tund in Stainmen Demetery & All |
| w | #.5 r |
| | #0" |

L. R. Slate, 1902

| 115 |
|--|
| ₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burlai Permit. ₹ ₹ |
| RETURN OF A DEATH. |
| 83/ |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased L. R. Staty. |
| 1. Name of deceased 2. 1. Staty. 2. Sex Maly 3. Color, Married or Single Manual 4. Age 38 yrs. |
| 5. Married or Single Manual |
| 6. Date of death June 11" 1902, |
| 7. Cause of death Tuberculasis |
| 8. Duration of last illness & Dry 10 months |
| Homascu, M. D. |
| Residence Rocky Hill 16 |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation Lumbur Dratus 10. Place of birth Guorgia. |
| Mars Dantone III Na |
| |
| 12. Time of residence in the city |
| 13. When a minor { Name of Mother |
| 14. Place of intended interment. |
| 15. Date of intended interment JUN 2 - 1910 |
| GERARD & GERARD, Undertaker. |
| This Body dis intered man South wills by, and intered in Commence Commence of Farmer |
| intund in Farmen Cemetery E. A. Farand |
| #5" |

Luke H. Slate, 1910

| | 116 |
|--|--|
| | cate to be Returned to the City Clerk for a Burial Permit. 🗣 🗣 |
| RETUR | N OF A DEATH. |
| | 899 |
| Physician's | Certificate Preparatory to Burial. |
| 1. Name of deceased In | Ku, N. State, |
| 2. Sex Malr | 3 Color Shittel 4. Age 24490. |
| 5. Married or Single | Single. |
| 6. Date of death Huby | 15"1910. |
| 7. Cause of death Luc | bescularis |
| 8. Duration of last illness | 11 months |
| | To Grade M. D. |
| | Residence Marky Hill . They |
| Undertaker's | Certificate in Relation to Deceased. |
| | |
| 9. Occupation Farm | and to see |
| 10. Place of birth all | cottoville ky, Ward No. |
| | |
| | ne city |
| 13. When a minor \ \begin{cases} \text{Name} \\ \text{Name} \\ \text{Name} \end{cases} | of Mother |
| 14. Place of intended inter | of Father Fairview Cemetery |
| 15. Date of intended intern | JUN 2 - 1910 |
| | GERARD & GERARD, Undertaker. |
| Date of Certificate JUN 2 | - 1910 Residence |
| This Body disinter | iew Cemetery & Junary |
| intund in Fairs | new Cemetery & Juran |
| #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 Shate. |
| 1. Name of deceased we work and the state of |
| 2. Sex Funals 3. Color White 4. Age 16 yrs. 5. Married or Single Single |
| 5. Married or Single Dughe |
| 6. Date of death Www. 11" 1891. |
| 7. Cause of death Juliaculasis |
| 8. Duration of last illness about / year |
| M. D. |
| Residence Cocky Kell Je |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation allan los |
| 10. Place of birth 11. Residence Man Scottsville Sty. Ward No. |
| 11. Residence Ward No Ward No |
| 12. Time of residence in the city. |
| 13. When a minor { Name of Mother Mus. Mary. State Sv., Name of Father Mulliand C. State Sv., |
| Name of Father October Of the Control of the Contro |
| 14. Place of intended interment Fairview Cemetery |
| 15. Date of intended interment JUN 2 - 1910 |
| GERARD & GERARD., Undertaker. |
| Date of Certificate John & 1910 Residence Residence |
| Date of Certificate JUN 2 - 1910 Residence. This Body dis intrus new Scotloville Ry and intered in Fairniew Cemetery & A Grand |
| 4.54 |

Ruth R. Slate, 1888

| 118 |
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| ₹ 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. |
| U. R. H. R. Slater |
| 1. Name of deceased Muss, min, 1, 2000. |
| 2. Sex Dunald . 3. Color 1 100 . 4. Age 16 415. |
| 5. Married or Single Dugla |
| 6. Date of death June 13" 1888. |
| 7. Cause of death Culturnary Tuhisculasis |
| 8. Duration of last illness What 3 years |
| M. D. |
| Residence Attle The |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation |
| 10. Place of birth Aster, Warrin, Co. |
| 11. Residence Ward No. Ward No. |
| 12. Time of residence in the city. |
| 13. When a minor Name of Mother Williams Duty |
| Name of Father |
| 111N 9 = 1010 |
| 16. Date of intended interment |
| GERARD & GERARD., Undertaker. |
| This Body dis intuad man Scottovilla by, and |
| intered in Carrier Comology & formand. |
| #054 |
| |

William C. Slate, Jr., 1893

| 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 Waitiam, & Status, |
| 2. Sex Male Motor. 4. Age 45 yrs. |
| 5. Married or Single Manual. |
| 6. Date of death aug. 17" 1887. |
| 7. Cause of death Tuberculasis |
| 8. Duration of last illness 5 av le years |
| H. P. Straker M. D. |
| Residence Cocky Will Ky |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation Ministry of the Gos pul. |
| 10. Place of birth Grongia. |
| 11. Residence Mar Doutleville Sty Ward No |
| 12. Time of residence in the city. |
| 13. When a minor { Name of Mother Name of Father Cometary |
| 14 Place of intended interment |
| 15. Date of intended interment JUN 2 - 1910 |
| (FRARD & CEDIADO |
| Date of Certificate JUN 2 - 1910 Residence This Body clis intrad near Scotts weller the and intered in Famour Cemetery & A Januard. |
| intered in Fairnew Cemetery & A Gurand. |
| Loh 52 |

Mrs. Auther Slaughter, 1912

| 121 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burlai Permit, |
| RETURN OF A DEATH. |
| RETURN OF A BEATTI. |
| |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Author (percemetery &.) |
| 1. Name of deceased Mrs. anthra . Llaughter . |
| 2. Sextemale . 3. Color White . 4. Age 27 |
| 5. Married or single Married |
| 6. Date of death (2 / 9/2) 7. Cause of death Typhaid |
| 7. Cause of death sprhaid |
| 8. Duration of last illness |
| St Martyn, M. D. |
| Residence Bauly Fru 12 |
| |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| ONDERFACE O CERTIFICATE III RECEIVED. |
| 9. Occupation House Ruper. |
| 10. Place of birth Hentropy |
| 10. Place of birth Kentucky 11. Residence Bowling Jun. Ward No. |
| 12. Time of residence in the City. / 2 ps. |
| Name of Mother |
| 13. When a minor Name of Father |
| 14 Place of intended interment & advances 2 |
| 15. Date of intended interment Nov. 2. 1913 |
| O / Windowskip |
| Date of Certificate Nov 2, 19/2. Residence Buly Gran. |
| |
| |
| |

Lena Slaughter, 1906

| \ \ | This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. | 121 |
|-------------|--|---------|
| | RETURN OF A DEATH. | |
| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. | |
| | · I - O | |
| 1. N | Name of deceased a ena Saughtu | |
| 2. 8 | sextemale. 3. Color While. 4. Age 28 | |
| 5. 1 | Married or single | |
| 6. 1 | Date of death May, 23, 136 | ane : |
| 7. (| Cause of death hyphand from | |
| 8. 1 | Duration of last illness 3 week | |
| | Alsexbur M. | D. |
| | Residence | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. | Oecupation | |
| 10. | Place of birth Lolmannon Co | |
| 11. | Residence Ward No, | ******* |
| 12. | Time of residence in the City. // 7 | |
| | (Name of Mother | |
| 13. | When a minor Name of Father | |
| 14. | Place of intended interment January | - |
| | Date of intended interment 2 3 / 3 = 1 | |
| | Howay 5 - Underta | ker. |
| Date | of Certificate Residence | |
| 31404110000 | | |

Monroe Slaughter, 1898

| 1115 | 123 |
|--|-----|
| This 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 |
| 1. Name of deceased Mornor Slangfule | 2 |
| 2. Sex Male. 3. Color 12/1. 4. Age 43 yr | 6. |
| 5. Married or single Manual . | |
| 6. Date of death for all of the Dropay | |
| 7. Cause of death **Danounce** 8. Duration of last illness | |
| P.D. Porter , M. D. | |
| Residence | |
| UNIVERSALE CENTIFICATE IN DELOTION TO DECENSED | |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. | |
| 9. Occupation | |
| 10. Place of birth Butter Gomely | 1 |
| 11. Residence J J BMW . Ward No. 7 | |
| 12. Time of residence in the City | |
| 13. When a minor Name of Mother Name of Father | |
| 14. Place of intended interment All Morrach Com | 1, |
| 15. Date of intended interment UN / ///89% | |
| Luam K. Guan, Undertaker. | |
| Date of Certificate 411/1901. Residence | |
| | |
| | |
| | |

William A. Slaughter, 1907

| | 121 |
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| TI | nis Constitutes One Certificate to be Retunned to the City Clerk for a Burial Permit. |
| | RETURN OF A DEATH. |
| | |
| | Physician's Certificate Preparatory to Burial. |
| | Name of deceased William A Slaughter Sex Maly Married or single OCT 21 1907 |
| 1. | Name of deceased White Walls |
| 2. | Sex (as 3. Color 4. Age 4 |
| 5. | Married or single OCT 31 1907 |
| 6. 7. | Date of death OCT 31 1907 Cause of death laives of the Love |
| | |
| | Duration of last illness. A. L. Wright. M. D. |
| | Residence BOWLING GREEN, KY. |
| | |
| | |
| | Undertaker's Certificate in Relation to Deceased |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | |
| 9. 10. | Occupation Carpenter. Place of birth Barren, Co. |
| | Occupation Carpenter. Place of birth Barren, Ess. Residence 10 th St. Ward No. 2 |
| 10. | Occupation Carpenter. Place of birth Barren, Ess. Residence 10 th St. Ward No. 2 Time of residence in the city |
| 10. 11. | Occupation barbents. Place of birth Barren, bs. Residence 10 th St. Ward No. 2 Time of residence in the city. When a minor Name of mother. |
| 10. 11, 12. 13, | Occupation barbents. Place of birth Barren, bs. Residence 10 th St. Ward No. 2 Time of residence in the city. When a minor Name of mother. |
| 10.11.12.13.14. | Occupation barbentu. Place of birth Barren, les. Residence / O the St. Ward No. 2 Time of residence in the city. When a minor Name of mother. Place of intended interment Fairview Cemetery |
| 10. 11, 12. 13, | Occupation barbents. Place of birth Barren, les. Residence 10 th St. Ward No. 2 Time of residence in the city. When a minor Name of mother. Name of father. Place of intended interment Bairwiew Cemelery Date of intended interment. OCT 31 1907 |
| 10. 11. 12. 13. 14. 15. | Occupation barbentus. Place of birth Bann, les. Residence Din St. Ward No. 2 Time of residence in the city When a minor Name of mother. Place of intended interment Bairwiew Cemetery Date of intended interment OCT 31 1907 GERARD & GERARD Undertaker. |
| 10. 11. 12. 13. 14. 15. | Occupation barbents. Place of birth Barren, les. Residence 10 th St. Ward No. 2 Time of residence in the city. When a minor Name of mother. Name of father. Place of intended interment Bairwiew Cemelery Date of intended interment. OCT 31 1907 |
| 10. 11. 12. 13. 14. 15. | Occupation barbentus. Place of birth Bann, les. Residence Din St. Ward No. 2 Time of residence in the city When a minor Name of mother. Place of intended interment Bairwiew Cemetery Date of intended interment OCT 31 1907 GERARD & GERARD Undertaker. |
| 10. 11. 12. 13. 14. 15. | Occupation barbentus. Place of birth Bann, les. Residence Din St. Ward No. 2 Time of residence in the city When a minor Name of mother. Place of intended interment Bairwiew Cemetery Date of intended interment OCT 31 1907 GERARD & GERARD Undertaker. |

Margaret B. Sleavins, 1882

| This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT | |
|--|-------------|
| RETURN OF A DEATH. | |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL 1. Name of Deceased Maryant B Sheaving | |
| 2. Sex funde . 3. Color Thit . 4. Age 62 y | Land, |
| 5. Married or Single Michow 6. Date of Death Dec 10-1982 | |
| 7. Cause of Death Consumption 8. Duration of last Illness Server mint | 16 |
| 1. sewight | M. D. |
| The state of the s | 1 |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASI | ED. |
| 9. Occupation 10. Place of Birth Warne Co | |
| 10. Place of Birth // ann Co | 0 |
| 11. Residence | ma nasan (m |
| 12. Time of Residence in the City | |
| 13. When a Minor $\left\{egin{array}{ll} Name \ of & Mother \\ Name \ of & Father \\ \end{array} ight.$ | |
| 14. Place of intended Interment Farmers Cent | |
| 15. Date of intended Interment, Dec 117-1882 | |
| Date of Certificate Dec 10 7 2 Residence | taker. |
| | |
| Democrat | Job Print |

Felix Sledge, 1908

| | 126 |
|---|----------|
| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Per | mit. |
| RETURN OF A DEATH | • |
| Physician's Certificate Preparatory to Burial. | |
| 1. Name of degeased First, Straffe 2. Sex Malv 3. Color White. 4. Age Iffe 5. Married or single Single 6. Date of death 7. Cause of death 8. Duration of last illness Residence ROWLING GREEN, I | M. D. |
| 9. Occupation | |
| 9. Occupation fanan 60. | |
| 11. Residence High St. Ward No. | ! |
| 12. Time of residence in the city Mus Laurence Alexander | love/ |
| 13. When a minor Name of mother Hus, Shorged, Str. | 7' |
| 14. Place of intended interment Thiswds hip Cohurch, | ******* |
| 15. Date of intended interment May 19" 1908 | |
| Date of Certificate May 19" 1908. Residence Transferre | akey. |
| | |
| | |

B. L. Slinker, 1901

| 27 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of decressed of, L. Shungar. Lenke. 2. Sex Mala 3. Color Mile 4. Age 25 yrs. |
| 5. Married or single flavourch 6. Date of death Dup, of 1991 |
| 7. Cause of death of the state |
| Residence Bowling Thern Ry |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation 10. Place of birth Hart Country |
| 1. Residence High Street Ward No. 2 |
| 2. Time of residence in the City. Name of Mother Name of Father |
| 4. Place of intended interment Story Court 119 5. Date of intended interment Supt 25/1901 |
| Date of Certificate Supt 24/90/. Residence |
| |
| |

M. M. Sloss, 1912

| * This Constitutes One Certificate to be Returned to the City Clerk for a Buriel Permit. |
|--|
| RETURN OF A DEATH. |
| |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased mm Alass |
| 2. Sex Mall . 3. polor White . 4. Age 91 yrs |
| 5. Married or Single History |
| 6. Date of death JUL 1 1912. |
| 7. Cause of death Caucus |
| 8. Duration of last illness 14 mouth |
| Totalin M.D. |
| Residence ROWLING GREEN. KY |
| |
| Undertaker's Certificate in Relation to Deceased. |
| 9. Occupation Farmer |
| 10. Place of birth |
| 10. Place of birth 11. Residence A Shirtmith Ward No. |
| 12. Time of residence in the city |
| 13 When a minor Name of Mother |
| 13. When a minor Name of Father |
| 14. Place of intended interment Mankluw Ry |
| 15. Date of intended interment |
| GERARD & GERARD. , Undertaker. |
| Date of Certificate JUL 1 1 1912 Residence BOWLING GREEN. KY |
| |
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| |

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 Stras | |
| 2. Sextlemale 3, Color Bl. (. 4. Age /15 4. | 26. |
| 5. Married or Single Willow | |
| 6. Date of Death Dec 2 791, | |
| 7. Cause of Death (Luni | |
| 8. Duration of last Illness 2 days | |
| J Mlolenson, M. I |). |
| Residerce | |
| UNDEDTATED'S CONTINUATE IN DELETION TO DECEMBE | |
| 9. Occupation — UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.——— | |
| 10 DL & D. O | |
| 11. Residence Ly, J., 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 At Morigh 6 | end. |
| 15. Date of intended Interment Sic 7" 9, | |
| Date of Certificate Del 7"/9/. Residence Oity | , |
| <u> </u> | 114 |
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| | TEN PER |

Arther R. Slover, 1904

| 131 |
|---|
| RETURN OF A DEATH. |
| Physician's Costificate Processes Book 1 |
| Physician's Certificate Preparatory to Burial. |
| 1. Name of deceased Mihre, R. Stover, Slaver 2. Sex Male 3. Color White 4. Age 20 yes 5. Married or Single Single. |
| 2 Sex Male 3. Color While 4. Age 20 yes |
| 5. Married or Single Single. |
| 6. Date of death fruy 26"/9012. |
| 6. Date of death Language of the Lungs. |
| 8. Duration of last illness- |
| S. J. M. Counack, M.D. |
| Residence of Jure Ry |
| |
| Undertaker's Certificate in Relation to Deceased. |
| |
| 9. Occupation |
| 10. Place of birth lowy It 8 th 7 Main Ward No. |
| |
| 12. Time of residence in the city. Name of Mother Mrs. J. When a minor Name of Mother Mrs. J. Whomas J. |
| 13. When a minor Name of Mother Sloves |
| Name of Father |
| 14. Place of intended interment |
| 15. Date of intended interment fact, 18 19014. |
| Jaram Gran, Undertaker. |
| Date of Certificate 18"1904 Residence |
| V |
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| |

Hattie Small, 1896

| 956 |
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| This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. |
| RETURN OF A DEATH. |
| PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. Name of deceased Miss Hattie Small. |
| 2. Sexfinale 3. Color while 4. Age |
| 5. Married or single Single |
| 6. Date of Death 1500-16-1896 |
| 7. Cause of Death Congression |
| 8. Duration of last Illness 3 months |
| vop Co Conight, M.D. |
| Residence |
| UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| 9. Occupation |
| 10. Place of Birth Todd to 1/4, |
| 11. Residence Park Id . Ward No. |
| 12. Time of Residence in the City Law. |
| Name of Mother Bell V. Small |
| 13. When a Minor Name of Father H.B. Small. |
| 14. Place of intended Interment Hamis Com |
| 15. Date of intended Interment 100-7-1896- |
| Flo Gerall By Undertaker. |
| Date of Certificate 1146 Residence |
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| |
| |

Charles G. Smallhouse, 1908

| | 132-1 |
|---------|---|
| | This Constitutes One Certificate to be K arned to the City Clerk for a Burial Permit. |
| | |
| | RETURN OF A DEATH. |
| | Physician's Coulf |
| | Physician's Certificate Preparatory to Burial. |
| 1. | Name of deceased & Smallhouse |
| 2. | Sex Maly 32 Color White 78 um. |
| 5. | Married or single Wighour 4. Age 4. |
| 6. | Date of death Faby 1"1948 |
| 7. | Cause of death Asphritis, |
| 8. | Duration of last illness. |
| | J. D. Love Coronar or M. D. |
| | Residence BOWLING GREEN, KY |
| | |
| | Hadaa ka la cara |
| | Undertaker's Certificate in Relation to Deceased. |
| 9. | Occupation Financier and Real Estate |
| 10. | Place of birth Suyu, |
| 11. | Residence // Ward No. / Ward No. / |
| 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 Fairniew Cemetery |
| 15. | Date of intended interment July 3 1908 11 |
| | He has E GERARD Undertaker. |
| Date | e of Certificate July 5/1908, Residence WLING GREEN, KY |
| | |
| ******* | |
| | |
| | |

Charles G. Smallhouse, 1908

| रिस्ट | El Paso-Rock Island Route. | |
|--------|--|---------------------|
| 2 | TRANSPORTATION OF CORPSES. | |
| | PHYSIGIAN'S OR GORONER'S GERTIFIGATE. | |
| | Name of Deceased Chas G. Smallhouse Date of Death Feb. 1st, 19088 | |
| | nour of Deuth = same in age 25 / Fears months Days | |
| | Place of Death Providence, Hospital Cause of Death Nephritis | |
| | which is adisease. I hereby certify that the above is true to the best of my knowledge and belief. | |
| | J.D.Love M. D. or Coroner. | |
| 4 | Residence El Paso County of El Paso State of Texasas | |
| | 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 State of Texa s on the 2nd, day of Feb. 1908190 | |
| | State of Texa s on the 2nd, day of Feb. 1908/90 | |
| | Permission is hereby given Nagley & Kaster holder of Embalmers' Permit No. 102 to remove for burial at Bowling Green in the county of | |
| 2 | State of Kentucky the body of Chas. G. Small house | |
| 0 | who died at El Paso County of El Paso State of Texas | |
| W | on the 1 day of Feb. 1908, Aged 55 Wrears Months Days, | |
| # | and dward Smallhouse is hereby authorized to accompany said remains. | |
| il | (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. | |
| 016800 | | - Commercial States |

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

Charles G. Smallhouse, 1908

THE THIS DOI: 1 MIND TOODS IN THE PRINCE THE PRINCE THE PRINCE OF THE PR portation 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 ortifices 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 (offin 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, eryslpelas, 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 disinfect ant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton, and enveloping the entire body with a layer o. 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 scaling 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 c #fin or casket and enclosed in a strong outside wooden box, provided they reach their destination within thirty bours 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 or fices 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 cosin 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 scaling 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.

Rund 8. 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 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 pasted on the end of the common 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.

RULB 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 comin or both Bodies deposited in receiving vaults shall be treated and considered the same as buried bodies.

Shessw

Laurice Smelcer, 1882

| | This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT |
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| | |
| | RETURN OF A DEATH. |
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| | PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. |
| 1. | Name of Deceased Course Stateler Smeles |
| 2. | Sex French . 3. Color Afrita . 4. Age 20 years |
| | Married or Single Single |
| | Date of Death Oug 18 1882 |
| | Cause of Death Consciption |
| | |
| 8. | Duration of last Illness Segund menth |
| | Strong, M.D. |
| | Residence |
| | |
| | |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. |
| | UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation |
| | |
| 9. 0 | Occupation Place of Birth A2/5 |
| 9. 0 1. | Occupation Place of Birth As/c Residence Clay Start . Ward No 32 |
| 9. 0 1. | Occupation Place of Birth A L Residence Clay Start . Ward No 32 Time of Residence in the City 18 Years |
| 9. | Occupation Place of Birth A / E Residence Clay Start . Ward No 32 Time of Residence in the City / 8 Years When a Minor Start . Name of Mother |
| 9. 0 1. 2. | Occupation Place of Birth A L Residence Clay Start . Ward No 32 Time of Residence in the City 18 Years |
| 9. 0 1. 2. | Occupation Place of Birth A / E Residence Clay Start . Ward No 32 Time of Residence in the City / 8 Years When a Minor Start . Name of Mother |
| 9. 0 1. 2. | Occupation Place of Birth A / L Residence Clay Mart No 32 Time of Residence in the City / 8 Years When a Minor { Name of Mother Name of Father |
| 9. 0 1. 2. 3. | Occupation Place of Birth A / C Residence Clay Start . Ward No 32 Time of Residence in the City / 8 Years When a Minor { Name of Mother Name of Father Place of intended Interment Hairium Cent |
| 9. 0 1. 2. 3. 4. | Occupation Place of Birth Residence Clay Start Time of Residence in the City 18 years When a Minor { Name of Mother Name of Father Place of intended Interment fairting Cent Date of intended Interment, Quo 14th 1882 Loginal , Undertaker. |
| 9. 0 1. 2. 3. 4. | Occupation Place of Birth A / L Residence Clay Start . Ward No 32 Time of Residence in the City / 8 Years When a Minor { Name of Mother Name of Father Place of intended Interment Fairing Cent Date of intended Interment, Quy /4 th /882 |