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Manuscripts

1877

Box 4, Folder 6 Bowling Green, Kentucky - Death Records, Smith

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

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Warren County, Kentucky Death Records, Box 4, Folder 6 (Smith)

Allis Smith, 1880

	This 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 early Smith
2.	Sex female. 3. Color Copper. 4. Age 18 year
5.	Married or Single Dingle
6.	Date of Death Ang 31 1880
7.	Cause of Death Neuralgia of The Bowels
8.	Duration of last Illness Three months
	E, & Oneal, M. D.
	Residence 3 Word
0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
10.	Place of Birth
11.	
12.	Time of Residence in the City
1	Name of Mother
13.	When a Minor Name of Father
14.	
	Place of intended Interment
10.	Date of intended Interment
	, Undertaker.
	ate of Certificate, Residence

America Smith, 1896

947
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased MIN Amurica Smith 2. Sex Amurica 3. Color Blk 4. Age 53.46. 5. Married or single Married 6. Date of Death Off of 1896 7. Cause of Death Minal Amufury 8. Duration of last Illness Residence Off M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth 11. Residence Manual Manual Ward No. 3 24 12. Time of Residence in the City Name of Mother Name of Father
14. Place of intended Interment Mt, Morrow Com. 15. Date of intended Interment Oct 11"/1896 H. H
Date of Certificate Off Residence

Annie Smith, 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.
1.	Name of deceased Churie Smith
2.	Sex female 3. Color Cal . 4. Age & 3
5.	
6.	Date of death please 28 - 09,
7.	Cause of death Hart failure
8.	Duration of last illness One week
	B. S. Butherford , M. D.
	Residence Bowling Green Ky
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Hunckeyer
10.	Place of birth
11.	Residence Reference Ward No. 3
12.	Time of residence in the City. Referent of years
13.	When a minor Name of Mother
	(Name of Father
14.	Place of intended interment Inf muricipality
15.	Date of intended interment
	So. Kayken al Ondertaker.
Date	e of Certificate Dec 28-09 Residence
Date	

Infant of Benjamin and Ella Smith, 1898

1199
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL - Ella Benjamin + Ella
1. Name of deceased Child of Ben Smith.
2. Sex . 3. Color BUA . 4. Age —
5. Married or single Single
6. Date of death Augs, 9198
7. Cause of death Stelle or
8. Duration of last illness
J. Carlinght, M. D.
Residence U
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth leity
11. Residence Bursh Alley . Ward No. &
12. Time of residence in the City
Name of Mother Ella Lame of Mother
Name of Father Mymmu Samm,
14. Place of intended interment County Country
15. Date of intended interment of 10 11 198
Juan Juan , Undertaker.
Date of Certificate MU 10/98, Residence

Bettie Smith, 1901

Attions	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Bettie Smith
1.	Name of deceased Bettie Smith, Sexternally 3. Color Blb . 4. Age /7 yes
5.	Married or single
6.	M ! " 1921
7.	Cause of death Typhoid fever,
8.	Duration of last illness f
	O. D. Poller, M. D.
	Residence Lowling Grann K
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation A 201111 2 211111
10.	Place of birth / group Country.
11.	Residence 7 in Succession Ward No. 2
12.	Time of residence in the City. 6 weeks
13.	When a minor Name of Father Sico. Smith
14.	Place of intended interment Loving Union, Harran Co.
15.	Date of intended interment //df, 7"/99/
	Arrack and Lewist , Undertaker.
Dat	e of Certificate May, 7/190/, Residence
1000	

Charles C. Smith, 1905

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Chas & Smith
1.	Sex Male . 3. Color White . 4. Age Thys.
100	1
5.	Married or Single Manuel
6.	Date of death Sept 4# 1905
7.	Cause of death Quantum
8.	Duration of last illness France days
	A Campbell , M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Fanner
10.	Place of birth warren learnly
11.	Residence // Ward No./
12.	Time of residence in the city
	(Name of Mother
	When a minor { Name of Mother
13.	
13.	Place of intended interment # annie 11) looses 1
14.	Place of intended interment Selet 5 1915
14.	Date of intended interment Seht 5-1905-
14. 15.	

Charley Tandy Smith, 1911

r	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1 N	ame of deceased Charley. Tandy. Smith.
	ex Male, . 3. Color white, . 4. Age 3.; on the
	Single Single
	Pate of death May. 30 1911:
	ause of death freflerisetion of Bowle
	mostion of last illness C Secretary
£2.	* JE Mercetto
	Residence Bowling Green
h	
	Undertaker's Certificate in Relation to Deceased.
	ondertance a Certificate in Relation to Deceased.
9. O	
	ccupation Imfant,
o. P	ccupation Imfant, lace of birth Bowling Green, Ky,
0. P	ccupation Imfant, lace of birth Bowling Green, Ky, "" "" esidence Ward No.
0. P 1. R 2. Ti	ccupation Imfant, lace of birth Bowling Green, Ky, "" "" esidence Ward No. ime of residence in the city Life time,
0. P 1. R 2. Ti	ccupation Imfant, lace of birth Bowling Green, Ky, "" "" Ward No. ime of residence in the city Life time, (Name of Mother Mrs.Clyde, Smith,
0. P. 1. R. 2. Ti	ccupation Imfant, lace of birth Bowling Green, Ky, "" "" "" esidence Ward No. ime of residence in the city Life time, Name of Mother Mrs.Clyde, Smith, Name of Father Harry. Smith,
0. P. 1. R 2. Ti 3. W 4. P	ccupation Imfant, lace of birth Bowling Green, Ky, "" "" Ward No. ime of residence in the city Life time, (Name of Mother Mrs.Clyde, Smith,
0. P 1. R 2. Ti 3. W 4. P 5. D	ccupation Imfant, lace of birth Bowling Green, Ky, "" "" "" esidence Ward No. ime of residence in the city Life time, When a minor Name of Mother Mrs.Clyde, Smith, Name of Father Harry.Smith, lace of intended interment Fairview, Cemetary, ate of intended interment May.30.1911. Enochs & Kelley, Undertak
). P 1. R 2. Ti 3. W 4. P 5. D	ccupation Imfant, lace of birth Bowling Green, Ky, "" "" "" esidence Ward No. ime of residence in the city_Life time, When a minor Name of Mother Mrs.Clyde, Smith, Name of Father Harry.Smith, lace of intended interment Fairview, Cemetary, eate of intended interment May.30.1911.

Corneal Smith, 1907

8-1
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
e l'it
1. Name of deceased Omed Smit 2 2. Sex female 3. Color Black 4. Age 2/2
1
5. Married or single
6. Date of death
7. Cause of death
8. Duration of last illness M. D.
liver in danivel 13
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation. 10. Place of birth formula in the second of the second o
9. Occupation 10. Place of birth 11. Residence Ward No.
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city
9. Occupation 10. Place of birth 11. Residence Ward No.
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city Name of mother Administration
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city Name of mother Sharing Name of father
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city Name of mother Name of father 14. Place of intended interment
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city Name of mother Name of mother Name of father 14. Place of intended interment 15. Date of intended interment
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment 16. Undertaker.
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment 16. Undertaker.
9. Occupation 10. Place of birth 11. Residence Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment 15. Date of intended interment 16. Undertaker.

Corneal Smith, 1907

(Always write with ink.) TRANSIT PERMIT.	7
TRANSPORTATION OF CORPSE.	1
KENTUCKY STATE DEPARTMENT OF HEALTH. Transit Permit No. 215	
PERMIT OF LOCAL BOARD OF HEALTH.	
Department of Health, State of Kentucky. This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Trans-	
portation Agent before a body can be shipped.	
In the (City, Town or VIIISE) of Satt Little County of Type County of State of Kentucky, on this page of County of County of 1902.	
Permission is hereby given Lil & letall holder of Empalmer's License No. 49	6
to remove for burial at During Friend country of Law lay State	1
who died at Laurelle county of Jefferson	
on the day of 190 190 M. Aged L. years 4 months and days, the cause of death being Mar as mel which is a disease requiring	
(Communicable or Non-Communicable.) shipment under Rule Noof the Rules of the Kentucky State Department of Health for the Transportation of the deads	100
as printed on the back of this Permit.	1
Name of person in charge of Transit. Signed	
John J. Tierney	
This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.	1

(Always write with ink.) KENTUCKY STATE DEPARTMENT OF HEALTH.	1
This Certificate with the Paster below must be detached and pasted to the Box. Transit Permit No. 215	
CERTIFICATE OF UNDERTAKER.	
I hereby certify that the accompanying dead body of Come at Thursday, (It sphine ever parent) pame also.	
State of 1714 and who died of Marasmus	1
has been prepared by me for transportation, in conformity with Rule Noof the Rules printed with this Permit;	-
and I hold Embalmer's License No. issued by the Board of Embalming Examiners of the State of Kentucky. Lee E Alle Shipping Undertaker.	
600 W CherInst Place of Business.	
City or Town of Louisville County of Jefferson State of Kentucky.	
PASTER.	
The Pollrand or other Transportation Adent must enter hereon a description of the ticket held by the passenger in charge of	

Warren County, Kentucky Death Records, Box 4, Folder 6 (Smith)

Corneal Smith, 1907

TRANSPORTATION RULES

APPROVED AND ADDITED BY THE AMERICAN ASSOCIATION OF GENERAL BACGACK AGENTS,
THE CONFERENCE OF STATE AND PROVINCIAL BOARDS OF IDALTH, AND
THE NATIONAL FUNERAL DIRECTORS' ASSOCIATION.

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

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

which must be done by an embalmer holding a certificate as such, issued by the State or Provincial Board of Health, or other state or provincial authority provided for ylaw control to the provincial board of Health, or other state or provincial authority provided for dry cotton not less than one inch thick, completely wrapped in a layer of dry cotton not less than one inch thick, completely wrapped in a sheet securely fastened and encased in an airright rine, copper or lend-lined coffin, or iron casket, all joints and seams bermetically seamed, 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 easket, encased in an air-tight zine, copper or tin-lined box, all joints and seams hermetically soldered.

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

Run 3. The bodies of those dead of typhoid fever, proseperal fever, tuberculosis or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick and all wrapped in a total stranger of the body with the same, and enveloping the entire body with a layer of cotton may be dispensed with.

Run 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when cassed in a sound coffin or casket, and enveloping the entire body with all superior of the body with all superior distributions within 30 hours from time of death. If the body cannot reach its destination within 30 hours from time of death, it must be prepared for shipment by arterial and cavity injection with an approve

spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping embalmen 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.

Rus 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked 'coopsee' for the transportation of the body, and a transit permit showing physiciant's cause of death, and all other items of the standard scertificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, whether a communicable or non-communicable disease, the point to which the hody 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 shipmen. The transit permit must be made in duplicate, and the signature of the physician or coroner, health officer and undertaker must be on both the original and duplicate copies. The undertaker's certificate and paster of the original shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician for the initial line, and by him to the secretary of the State or Provincial Board of Health of the state or province from which said shipment is made.

Rule 8 must be made out in duplicate. The undertaker's certificate and paster of the original shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and triansit permit

Infant of Cosby and Allie Smith, 1906

₹ ₹ This Constitutes One Certificate to be Returned to the City (Fix for a Burial Permit.
RETURN OF A I	EATH.
Physician's Certificate Preparator;	y to Burial.
1. Name of deceased Infant of Cosky	Amittel
1011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 0700
2 Sex Male 3. Colgr Male	4. Age
5. Married or Single Suigle,	
6. Date of death From 3" 06.	
7. Cause of death Still Bown	
8. Duration of last illness	
J. W. Strud.	M. D.
Residence Residence	en Ry
Undertaker's Certificate in Relation	to Deceased.
9. Occupation	
10. Place of birth biff	
11. Residence / this St	Ward No. 2 and
12. Time of residence in the city	1. 9 11
(Name of Mother Mrs. XII	er Smith.
13. When a minor Name of Father, Losby	Smith.
14. Place of intended interment blankswiller	Juni.
15. Date of intended interment Firby 4"06,	1./
Grand Frien	Undertaker.
Date of Certificate Firey 4/116. Residence	
/ / According	1-

David Smith, 1907

This Constitutes One Certificate to be Ret sed to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1 T. V . M.
1. Name of degeased Lavid Smith. 2. Sex Maly 3. Color 4. Age 18 yrs.
2. Sex Male 3. Color 4. Age 18 905
5. Married or single Soft not and
5. Married ex single Sept. W/1907. 6. Date of death Hukum R Cases.
8. Duration of last illness.
Residence BOWLING GREEN, KY.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Thio.
10. Place of birth
11 Posidones West No
11 Posidones West No
11 Posidones West No
11. Residence Ward No
11. Residence Ward No. 12. Time of residence in the city or day. 13. When a minor Name of mother Mus. Janu. Smith Name of father. 14. Place of intended interment Supt. 27" 190 J.
11. Residence Ward No. 12. Time of residence in the city out day. 13. When a minor Name of mother Name of father. 14. Place of intended interment Factories Cemelery
11. Residence Ward No. 12. Time of residence in the city out day. 13. When a minor Name of mother Mus. Janux. Smith Name of father. 14. Place of intended interment Supt. 20" 1907.
11. Residence Ward No. 12. Time of residence in the city out day. 13. When a minor Name of mother Mus. fann. Smith 14. Place of intended interment Fairwiew Cemelery 15. Date of intended interment Supr. 22" 1907. GERARD & GERARD. Undertaker.
11. Residence Ward No. 12. Time of residence in the city out day. 13. When a minor Name of mother Mus. fann. Smith 14. Place of intended interment Fairwiew Cemelery 15. Date of intended interment Supr. 22" 1907. GERARD & GERARD. Undertaker.
11. Residence Ward No. 12. Time of residence in the city out day. 13. When a minor Name of mother Mus. fann. Smith 14. Place of intended interment Fairwiew Cemelery 15. Date of intended interment Supr. 22" 1907. GERARD & GERARD. Undertaker.

Dina Bern Smith, 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 in Deceased for Manual Annual An
2. Sex Mula . 3. Color Black . 4. Age
5. Married or Single Sugar
6. Date of Death Mil 22
7. Cause of Death Azelline
8. Duration of last Illness human life to the D
Residence Addition of Levings
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Baby
10. Place of Birth Bowling Green
11. Residence Mechanic St. Ward No. 1st
12. Time of Residence in the City One Week
(Name of Mother Maggie, Smith -
13. When a Minor Name of Father Nat
14. Place of intended Interment Col Consetery
15. Date of intended Interment March 2320 78
M.Striakle Hord . Undertaker.
Date of Certificate Mich 23 78. Residence State St
Bowling Green 1849 Pantagraph Print.

Warren County, Kentucky Death Records, Box 4, Folder 6 (Smith)

Eddy Thomas Smith, 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY BURIAL.
1.	Name of Deceased Eddy Thomas Smill - Sex Mill . 3. Color Black. 4. Age 10 minth
2.	
5. 6.	Date of Death Sept 2011 1880
7.	Cause of Death Syphilist inanition
8.	Duration of last Alness
	Months, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence
12.	Time of Residence in the City
13.	W hen a Minor $\left\{ egin{array}{ll} Name of Mother \\ Name of Father \\ \end{array} ight.$
	Name of Father
14	Place of intended Interment
A. A.	Date of intended Interment
	, Undertaker.
15.	, Undertaker.

Eliza Smith, 1901

13
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Eliza Smith
2. Sex female. 3. Color Vlack. 4. Age 65 yrs 5. Married or single Mador
6. Date of death June 28 - 1901 7. Cause of death Confilication of the illness of moults
8. Duration of last illness Two Mulls J. W. Blockburn, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth 11. Residence Chestrut St Ward No,
11. Residence Chestrut St Ward No, V. 12. Time of residence in the City. Ly Time
13. When a minor Name of Mother Name of Father
14. Place of intended interment monal land
15. Date of intended interment frue 29-79. Lucal Mand, Undertaker.
Date of Certificate Residence

Emma Smith, 1880

	is Constitutes ONE CERTIFICATE to be returned to the City Clerk for & BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Emma Smith
2.	Sextenal 3. Color Block . 4. Age 22 Mon
5.	Married or Single
	Cause of Death Dysenting
8.	Duration of last Illness Franchischer
	Residence West Chistmut It
	Residence To the same of the s
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence Ward No. 2
12.	Time of Residence in the City
	William (Name of Mother
13.	When a Minor Name of Father
14.	Place of intended Interment
15.	Date of intended Interment
Date	of Certificate, Undertaker.

Ester G. Smith, 1892

468	4	15
This Consti	litutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
<u>I</u>	ETURN OF A DEATH.	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of	f deceased Estell & Smith	
2. Sex fu	nal. 3. Color Black. 4. Age 30 ma or Single Lingle	rithe
5. Married	or Single Lingle	*****
6. Date of	Death Coly on New 25- 18	992
7. Cause of	f Death Burn	
8. Duration	n of last Illness 4 lays	
	Jeo. P. Carlinight, M.	D.
	Residence	
9. Occupat 10. Place of 11. Residen	of Birth 26	
12. Time of	f Residence in the City	
13. When a	a Minor. Name of Mother Juni Sunt	(
14. Place of	f intended Interment Zut Zumik	
15. Date of	f intended Interment 2017 Months intended Interment 200 272 1892 File Grand , Undertake	er.
Date of Cer	rtificate . Residence	

Warren County, Kentucky Death Records, Box 4, Folder 6 (Smith)

Florence Dickerson Smith, 1893

16
This constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased The Dickerson January
2. Sex Timale. 3. Color White 4. Age 32 yrs Inno
5. Married or Single married.
6. Date of Death July 8 4 18 93
7. Cause of Death Loomphication of diseases.
8. Duration of last Illness 6 mos. 8. Duration of last Illness 6 mos. 8. Duration of last Illness 6 mos. 8. Duration of last Illness 6 mos.
Residence
9. Occupation 1/1/2
10. Place of Birth Harren Co, Kentucky
11. Residence Broadway. Ward No. /, 12. Time of Residence in the City 5 of
N e M. d.
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Flanniew Connetery.
15. Date of intended Interment July 9 4 18 93.
PRATHER& PAYNE, Undertaker.
Date of Certificate

George Smith, 1893

523)
This 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 Gen Smith
2. Sex may 3. Color Bl. 4. Age 17 yris.
5. Married or single Sing &.
6. Date of Death Juny 28"/93
7. Cause of Death aistal Shot wound
8. Duration of last Illness 15 minutes
C. a. Munkle bor W. C., M.D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Quy
11. Residence / " Sheet Ward No. 22d
12. Time of Residence in the City
13. When a Minor Name of Mother Thathy Swith
Name of Father Sam
14. Place of intended Interment Gounty Count
15. Date of intended Interment for 29"/93 H. Guard M. Findertaker.
Date of Certificate June 29/9 Besidence

George Smith, 1896

838
This 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 Leo Smith
2. Sex Male. 3. Color Lld. 4. Age 50 yrs 5. Married or single Manuel
6. Date of Death Fuby, 19/1896
7. Cause of Death Och Control of the
8. Duration of last Illness , M. D. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Resultation
11. Residence 6th shell . Ward No. 2 ad
12. Time of Residence in the City Name of Mother Name of Father
14. Place of intended Interment County Cuntley 15. Date of intended Interment February 1896
Date of Certificate Fully 2/96, Residence

Child of George and Emma Smith, 1896

839
This 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 P. es I C sEmma
1. Name of deceased 6 hull of Sis Smith.
2. Sex Male. 3. Color Blb. 4. Age 2 1110.
5. Married or single Aug le.
6. Date of Death Freumbrice
7. Cause of Death Incommence 8. Duration of last Hiness Proy months
1000
D. 11
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth & ily/
11. Residence 6 th street . Ward No. 2 2d
12. Time of Residence in the City
Name of Mother Emma Smith.
13. When a Minor Name of Father Les Snight
14. Place of intended Interment County Cumber
15. Date of intended Interment Fibrusary 2 nd 101896
J. G. Gward Mo. , Undertaker.
Date of Certificate Fully 1/96. Residence

Child of Gertie Smith, 1906

1				
1	-20			
Account	This 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.	Nampof deceased Child of Fight Smill			
2.	Sex Junale 13, Color March. 4. Age			
5.	Married or single Buylle			
6.	Date of death JUN 12 1906			
7.	Cause of death Juernoture Birth			
8.	Duration of last illness			
	Sur Emy Corons UNE DE			
	Residence BOWLING GREEN, KY			
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.			
9.	Occupation			
10.	Place of birth loily			
11.	Residence Macul DV. Ward No. 3			
12.	Time of residence in the City.			
13.	When a minor Name of Father			
14.	When a minor Name of Mother Fully Smith Name of Father Place of intended interment JUN 12 1906			
15.	Date of intended interment JUN 12 1906			
zo.	GERARD & GERARD. , Undertaker.			
Da	te of Certificate JUN 12 1906 . Residence BOWLING GREEN, KY.			

Gertrude Smith, 1912

	21
**	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 4 4
	RETURN OF A DEATH.
	1257
	Physician's Certificate Preparatory to Burial.
	me Gutruda Smith
1.	Name of deceased White
2.	Name of deceased Mrs. Lintruda Smith Sex Humala 3. Color While 4. Age 21 yrs. Married or Single Manual
5.	The state of the s
6.	Date of death SEP 2 1 1912
7.	Cause of death Varhencetex &
8.	Duration of last illness
	Residence SOWLING GREEN, KY
	Residence SOWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Place of birth Warran ba Ay Place of birth
10.	Pila la training la la
11.	Residence Ward No. 3
12.	Time of residence in the city 2 marsis. Mus R M. Still
13.	When a minor { Name of Mother RML Still
14.	Place of intended interment Still Grown youl Whom lad
15.	Date of intended interment Sapt. 2 1/1912.
	GERARD & GERARD, Undertaker.
Dat	e of Certificate SEP 2 1 1912 Residence SOWLING GREEN, KY
	•

Mrs. H. F. Smith, 1878

RET	URNO	OF A	DE	TH.
	N'S CERTIFICA			URIAL.
	eased Mrs			
2. Sex	. 3. Colo	" while	L. 4. Age.	49
	ingle Ma			<u> </u>
6. Date of Death				
7. Cause of Dec	uh Deser	ase of	heart	
8. Duration of le	ist Illness 6	02 8 M	routh	***************************************
	4	1 gBr	iss	, M. D.
	Residence	Bowt	my her	- Thy
UNDERTAK	ER'S CERTIFIC.	ATE IN REL	ATION TO DI	ECEASED.
UNDERTAK 9. Occupation —		ATE IN REL	ATION TO DI	ECEASED.
		ATE IN REL		ECEASED.
9. Occupation —				
9. Occupation— 10. Place of Birth	35 m			
9. Occupation— 10. Place of Birth 11. Residence 12. Time of Resi	dence in the City			
9. Occupation— 10. Place of Birth 11. Residence 12. Time of Resi	dence in the City			
9. Occupation— 10. Place of Birth 11. Residence 12. Time of Residence 13. When a Mine	dence in the City Name of Motor Name of Fato	her		
9. Occupation— 10. Place of Birth 11. Residence 12. Time of Residence 13. When a Mine	dence in the City Name of Motor Name of Fator ded Interment	her		
9. Occupation— 10. Place of Birth 11. Residence 12. Time of Residence 13. When a Mine	dence in the City Name of Motor Name of Fato	her		

Hugh F. Smith, 1897

1040	23
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased African Fi Smith	
2. Sex Male. 3. Color White. 4. Age 77 yel	
5. Married or single Hidower	
6. Date of Death angust 16" 1897	
7. Cause of Death Parisis	
8. Duration of last Illness	
D. B. Johnson, M. D.	
Residence Dily	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Start Lynny Ly	
11. Residence Man & Ward No. 3.	
12. Time of Residence in the City .	
13. When a Minor	
Name of Father	1
14. Place of intended Interment Farmer Puntles	7
15. Date of intended Interment Aug 17" 99	
Guand Hinney, Undertaker.	
Date of Certificate ANG 17/9 9. Residence	
	S.E.

Ida Smith, 1898

ant if any o	24
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Ms Ada Smith, 2. Sex Fundle 3. Color White. 4. Age 19 yrs., 5. Married or single Manuel; 6. Date of death Son 9"98, 7. Cause of death Consumption 8. Duration of last illness A, Francis , M. I. Residence Brune My	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Hance County 11. Residence Park Street Ward No. / 2 12. Time of residence in the City 13. When a minor Name of Mother 14. Place of intended interment Pally Grave yel Hance 15. Date of intended interment Att / 0 // 98. Least May Least Undertake Date of Certificate Nov 10 // 98. Residence Leasty	60

James K. Smith, 1908

at 44 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
This 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 Janus, N. Amille
2. Sex Mala 3. Color White 4. Age 5 Hyrs.
5. Married or single Snight
6. Date of death 17"1908,
7. Cause of death Parisis.
8. Duration of last illness
John V. Hilliam M. D.
5. Married or single July 17" 1908. 6. Date of death Parisis. 7. Cause of death July 18. 8. Duration of last illness July 18 July 1908. Residence Burn fly Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in Relation to Deceased.
9. Occupation Change Tours
9. Occupation 10. Place of birth Lubarrow James. 11. Residence 10 th Thy St. Ward No. 2
12. Time of residence in the city 50 415.
13. When a minor \ Name of mother
(Name of father
15. Date of intended interment GERARD & GERARD. Undertaker.
abe 17/10 d
Date of Certificate Residence BOWLING GREEN, A

Jim Perry Smith, 1906

RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Namelof defeased fine Party Symith 2. Sex Auth 3. Color While 4. Age 8 Vyis. 5. Married or single Widows. 6. Date of death family 1906. 7. Cause of death Paralysis 8. Duration of last illness , M. D. Residence
9. Occupation Maxim Annuly
9. Occupation 10. Place of birth Washing Bountly 11. Residence Fas hville, Truck, Ward No.
12. Time of residence in the City. 13. When a minor Name of Mother Name of Father 14. Place of intended interment Faururaur Cauraling.
Date of Certificate June 17"06. GERARD & GERARD, Undertaker. Residence ROWLING GREEN, KY

Warren County, Kentucky Death Records, Box 4, Folder 6 (Smith)

Jim Perry Smith, 1906

Zell .
TRANSPORTATION OF CORPSE.
TRANSPORTATION OF CORPSE. Transit Permit No. (GIVE STATION NO.)
(GIVE STATION NO.)
PHYSIGIAN'S OR CORONER'S CERTIFICATE.
Name of deceased & Duits Date of Death Fryum 16,06
Hour of Death (9 M. Age 82 Years Months Days
Place of death Doudson & Confuncaise of death Oralizars
Ewhich is a non-communicable. (Communicable or non-communicable.)
I hereby certify that the above is true to the best of my knowledge and belief. M. D. on Corona.
Residence Co. asylum County of Dovidson State of Line
Enesidence State of S
PERMIT OF LOCAL 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 Nashville County of Davidson
State of Tennessee on the 16 day of June 190 6
Permission is hereby given Goo? A. Karsch Undertaker or Embalmer,
State of Kentucky the body of J. ? Smith who died at Nashville County of Davidson State of Tennessee
a A second secon
on the day of June 1900 Aged 82 Years Months Days,
and is hereby authorized to accompany said remains.
(SEAL) Signed — Health Officer.
Per M.M. mangum " A

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	
2.	
5.	
Side	Date of Death Drug 28TT 1880
	Cause of Death Inanition
	Duration of last Illness Sweet wells
	Thursde, M.D.
	Residence Dunley Dun 1/2
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	
10.	Place of Birth
11.	
12.	
	(Name of Mother
13.	When a Minor Name of Father
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
Dat	e of Certificate Residence
	Pantagraph Print.

489.
This 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 Jun Smith
2. Sex Male (3, Color Blb . 4. Age 49 yrd
5. Married or single channed
6. Date of Death
7. Cause of Death Coursefetter
8. Duration of last Illness 11/2 www.6
Jt M Ormking, M.D.
Residence 773 CM 21
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation C. C.
10. Place of Birth farrence Country
11. Residence 2 Ward No
12. Time of Residence in the City
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended Interment of Moreta Cureker
15. Date of intended Interment (12, 12, 12, 13)
Judertaker.
Date of Certificate 1911/93. Residence Oly

1133
This 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 Lohn Smith
2. Sex mall. 3. Color Bluck. 4. Age
5. Married or single married
6. Date of death May 28 1898
7. Cause of death Subjust on the Bing by
8. Duration of last illness B. L. Loucen Covernor Delle
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTHACK S CENTIFICATE IN RECEIVED.
9. Occupation La Continue Cont
10. Place of birth with
11. Residence Main A. Ward No. J
12. Time of residence in the City
) Name of Mother
13. When a minor Name of Father
14. Place of intended interment
15. Date of intended interment
Thavley Organ, Undertaker.
Date of Certificate Residence

	30
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
NUMBER OF STREET, DESCRIPTION TO DISIN	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Shu Smith 2. Sex Mala . 3. Color BK . 4. Age 30 yrs	
5. Married or single Married	
6. Date of death 04/1,24/1900.	
7. Cause of death fills and 1,1,	
8. Duration of last illness J. L. Cullyn, Corourt, M. D.	
Residence of Warran Co.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Bonnaville, Ky,	
11. Residence	+
12. Time of residence in the City	
Name of Mother Name of Father	
14. Place of intended interment Squyeville Sty.	
15. Date of intended interment Dight 18 1/900.	40
Date of Certificate Sup 15/1900. Residence	
Date of Certificate /	

John T. Smith, 1905

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	John I Smith
1.	Name of deceased with the way
 2. 5. 	Sex Sex Single Single 4. Age 41.
6.	20 alt Oct 29"05
7.	Date of death Mugurum.
8.	
0.	John, E. Fray , M. D.
	Residence , M. D
	trestrence
	Undertaker's Certificate in Relation to Deceased.
0	
	Occupation
9. 0.	Occupation Place of birth 3
0. 1.	Occupation Place of birth Residence Ward No. 3
	Occupation Place of birth Residence Ward No. 3 Time of residence in the city
0. 1. 2.	Occupation Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of Mother
0. 1. 2.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of Mother Name of Father
0. 1. 2. 3.	Occupation Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of Mother
0. 1. 2. 3.	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 Place of intended interment Name of Father Name of Father Place of intended interment
0. 1. 2. 3. 4.	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 fairwire love to the city

Child of Charles P. and Johnie Smith, 1913

8	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Johnie Johnson
1.	Name of deceased Child of Chas. S. Smith
2.	Sex famale 3. Color While 4. Age
5.	Married or single Single Date of death May 10"1913
6.	
7.	Cause of death Succession
8.	Duration of last illness
	Merch K. D.
	Residence Bowling Green
	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
9. 10.	Occupation Place of birth Bowling Green, Ky
10.	Occupation Place of birth Bowling Green, Ky. Residence Lauling St. Ward No. 7
10. 11. 12.	Occupation Place of birth Bowling Green, Ky. Residence Ward No. 7 Time of residence in the city When a minor Name of mother Shar, P. Smyth
10. 11.	Occupation Place of birth Bowling Green, Ky. Residence Ward No. 7 Time of residence in the city Name of mother bhas I double which was father for him with the sound of the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him was a father was a fat
10. 11. 12.	Occupation Place of birth Bowling Green, Ky. Residence Ward No. 7 Time of residence in the city When a minor Name of mother to have to have the large of intended interment Smith Glaveyst Richards Place of intended interment Smith Glaveyst Richards
10. 11. 12. 13.	Occupation Place of birth Bowling Green, Ky. Residence Ward No. 7 Time of residence in the city Name of mother bhas I double which was father for him with the sound of the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him with the city when a minor was a father for him was a father was a fat
10. 11. 12. 13.	Occupation Place of birth Bowling Green, Ky. Residence Ward No. 7 Time of residence in the city When a minor Name of mother to have following
10. 11. 12. 13. 14.	Occupation Place of birth Bowling Green, Ky. Residence Ward No. 7 Time of residence in the city When a minor Name of mother to have to have the large of intended interment Smith Glaveyst Richards Place of intended interment Smith Glaveyst Richards

Josie Smith, May 24

	s Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY'TO BURIAL.
Ι.	Name of Deceased osic Smith
2.	Sex Boy . 3. Color Black . 4. Age 8400
	Married or Single
6.	Date of Death My 24/2
7.	Cause of Death Paralysis
8.	Duration of last Illness Charles Days
	$\mathcal{S}_{\mathcal{S}}$
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
II.	Residence
12.	7
13.	When a Minor { Name of Mother
14.	Place of intended Interment
15.	Date of intended Interment
	of Certificate, Undertake
Date	. Residence
Date	

Josie Smith, 1899

72 10	34
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Po	ermit,
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Josep Smith	
2. Sexfermaled. 3. Color BLK. 4. Age 3 mg	
5. Married or single	
6. Date of death fear 2 1859 7. Cause of death Burnel	
8. Duration of last illness 2 days	
Troblom Torn It. Stone.	M. D.
Residence College St	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
11. Residence Lower Main M. Ward No.	3
12. Time of residence in the City	
13. When a minor Name of Mother In Smith	-
14. Place of intended interment	4
15. Date of intended interment 109 3 18	195
Mawley Janne, Und	ertaker.
Date of Certificate Residence	(1-)2-0)-0101 (000
	1

Lena Smith, 1897

1020 . 35
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Lina Amille
2. Sex Fernale 3. Color Blk . 4. Age 17 years
5. Married or single Dangle
6. Date of Death June 15" 1897.
7. Cause of Death Gous unfolion
8. Duration of last Illness
SH. Governing M.D.
Residence July Skeally Officer
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth billy
11. Residence 7th Shull . Ward No. 2nd
12. Time of Residence in the City
Name of Mother Emma Smith
13. When a Minor Name of Father
14. Place of intended Interment Governing Gundery)
15. Date of intended Interment June 16" 1897
F. G. Grand Y Bio, Undertaker.
Date of Certificate June 14/2. 4 Residence
0 19/

Lenora Smith, 1908

3	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.	
9 18 111	
1. Name of deceased Liveral Smith	
1. Name of deceased Lewora Smith 2. Sex Famula 3. Color Blk 4. Age 11 years 5. Married or single Sing a 4. Age 11 years	7,
5. Married or single Omg Cl	
6. Date of death May 28"/1908 7. Cause of death Chromip Libri	
7. Cause of death	
8. Duration of last illness.	
8. Duration of last illness LE Musalla Residence Bowling Gurn Ky	
Residence Journal Juan 194	,
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
9. Occupation 10. Place of birth Harry County 11. Poil 10 th fr	
11. Residence Ward No.	
11. Residence Ward No.	
11. Residence Ward No.	
12. Time of residence in the city. Name of mother fas & Smith 13. When a minor	
12. Time of residence in the city. 13. When a minor Name of mother Name of father Name of father Name of father Name of father	
12. Time of residence in the city 13. When a minor Name of mother Name of father Name of father Name of intended interment Name of mother Name of father Name of father Name of mother Name of father Name of father Name of mother Name of father Name of father Name of mother Name of father Name of father Name of mother Name of mother Name of father Name of mother Name of mothe	
12. Time of residence in the city 13. When a minor Name of mother Name of father Name of father Name of intended interment Date of intended interment May 39"/908 Undertaker	
12. Time of residence in the city Name of mother has & Smith Name of father his " 14. Place of intended interment hay ag" 1908 Date of intended interment hay ag" 1908 Undertaker	A

Lizzie Smith, 1894

616)	37
This Constitutes One Certificate to be a urned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
Name of deceased of Amil Sunith	
2. Sextimale 3. Color Allo. 4. Age 17 415.	
5. Married or single Single.	
6. Date of Death Apr 24/04.	
7. Cause of Death Cousmuption	
8. Duration of last Illness	
· MM Olay fool, M. D.	
Residence	
INDEDITATION OF PROPERTY IN DELETION TO PROPERTY	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Colly	
11. Residence / A Still . Ward No. 2 2	
12. Time of Residence in the City	
13. When a Minor	
Name of Father	
14. Place of intended Interment County Countered	-
15. Date of intended Interment 25 25"/94	
J. C. Serard VI Judundertaker.	
Date of Certificate April 19 Residence Clay	

Child of Louis Smith, 1903

	38
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Cheld of Logica Dunia. 2. Sex Mark 3. Color White 4. Age —	
5. Married or single Surger 6. Date of death Surger Bowl Bown	
7. Cause of death Section of last illness F. Multherford, M.	. D.
Residence City	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth bitty 11. Residence // Sterrit Ward No, /	
12. Time of residence in the City. Name of Mother Musi Lycuis Suite Name	th
14. Place of intended interment Aug. 11"/9". 15. Date of intended interment Aug. 11"/9".	iy
Date of Certificate aug/1/1913. Residence	ıker.
The of Collinson	

Luke Smith, March 9

_	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	The state of the s
	PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.
1.	Name of Deceased Like Smit Pauper
2.	
	Married or Single
6.	Date of Death Murch 9th
7.	Cause of Death Tryphrid Rever the phale
8.	Duration of last Illness Several months
	M. lelaypool, M. I
	Residence Bowling Lun
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence Ward No.
12.	Time of Residence in the City
200	(Name of Mother
	When a Minor Name of Father
13.	· ·
	Place of intended Interment
14.	Place of intended Interment Date of intended Interment
14.	Date of intended Interment
14. 15.	Date of intended Interment
14. 15.	Date of intended Interment

M. Sloss Smith, 1913

	40
This	Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
- 1	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. N	Name of deceased W. Sloss Smith Sex Male 3. Color White 4. Age 2640. Married or single Single 4. Age 2640. Date of death San, 31"1913.
2. S	ex /// 4. Age 26 970
5. M	Inried or single Only 121" 1213
	(h
	Sause of death Ouration of last illness 2/2/4
o, D	VH Contung W M. D.
	Residence SOWLING GREEN, KY.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation R. R. Clark.
10.	Occupation V. Charles Ca. My. Place of birth Sunspan, Ca. My. Residence W. Charles The Ward No.
11.	
12.	Time of residence in the city Was a.C. Smith
13.	When a minor Name of mother a C Smith . Name of father Comments and Comments of the comments
	(Name of father Favirence Cemetery
	Place of intended interment July 291913.
15.	GERARD & GERARD. Undertaker.
Date	of Certificate FEB 1 - 1913 Residence WLING AREEN, KY

Mark Smith, 1907

	41
TI	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	——————————————————————————————————————
1.	Name of deceased Mark Smith
2.	Sex male 3. Color black 4. Age 30
	Married or single married
6.	Date of death July 17 1907
7.	Cause of death Ang About June
8.	Duration of last illness
	A 12 Trans. D.
	Residence 325 lealing and
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation day labor
10.	Occupation Lay Labor Place of birth Salim Starren Co.
10. 11.	Occupation Lay Labor Place of birth Labor Starren Co. Residence S St Ward No. 3
10.	Occupation Lay Labor Place of birth Saline Starren Co. Residence S St Ward No. 3 Time of residence in the city Sylvant Sylv
10. 11.	Occupation Lay Labor Place of birth Salem Starre Co. Residence S St Ward No. 2 Time of residence in the city Starre When a minor Name of mother Starre
10. 11. 12.	Occupation Lay Labor Place of birth Labor Starrer Co. Residence S St Ward No. 2 Time of residence in the city Years When a minor Name of mother Name of father Name of
10. 11. 12.	Occupation Lay Labor Place of birth Salimu Starring Co. Residence S St Ward No. 2 Time of residence in the city Salimu Starring Co. When a minor Name of mother Salimu Starring Co. Place of intended interment Salimu Starring Co.
10. 11. 12. 13.	Occupation Place of birth Residence S 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 Name of start Name of start Name of start Name of intended interment
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Name of mother Name of father Place of intended interment Date of intended interment Name of intended interment
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Name of mother Name of father Place of intended interment Date of intended interment Name of intended interment
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence S 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 Name of start Name of start Name of start Name of intended interment
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Name of mother Name of father Place of intended interment Date of intended interment Name of intended interment

Mary A. Smith, 1906

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 more and a second of the sec
ame of deceased Many Q (Pap) Swith
exfruale. 3. Color while. 4. Age 87 yr
Inried or single widow
Date of death 25 1906
ause of death Mylemuitic old aga
Duration of last illness devend were
B & Rutherford M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTARENS CENTIFICATE IN RECOVER TO DECEMBER.
Occupation
Place of birth
Residence Ward No,
Time of residence in the City.
(Name of Mother
When a minor Name of Father
Place of intended interment
Date of intended interment 2 3/150 C
Grandertaker.

Mary Florence Smith, 1905

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Mary Filowier Smith.
1.	Name of deceased
2.	Sex Hunall B. Color Whit 4. Age 4 yrs
5.	Married or Single Dung W.
6.	Date of death Du 18,03,
7.	Cause of death Ny murran
8.	Duration of last illness-
	La Student M.
	Residence
	Undertaker's Contiferts in Palation to December
	Undertaker's Certificate in Relation to Deceased.
9.	· · · · · · · · · · · · · · · · · · ·
	Occupation Place of birthy
0.	Occupation Place of birth Gitty
9. 0. 1.	Occupation Place of birth Gitty Residence Shurker St. Ward No. 3
0. 1. 2.	Occupation Place of birth Gally Residence Shunk St. Time of residence in the city Sife time (Name of Mother 1725, Thank I, Smuth)
0. 1. 2.	Occupation Place of birth Styl Residence Should St. Time of residence in the city Life time May Thank O Smith
0. 1. 2.	Occupation Place of birth Off Residence Thurse St. Ward No. 3 Time of residence in the city of the time Name of Mother Thurse Shank of Smith When a minor
0. 1.	Occupation Place of birth Offy Residence Should St. Ward No. 3 Time of residence in the city Info time When a minor Name of Mother Thank P. Smith Name of Father Thank P. Smith.
0. 1. 2. 3.	Occupation Place of birth Old A Residence Should St. Ward No. 3 Time of residence in the city Structure When a minor Structure Should Shou
0. 1. 2. 3. 4.	Occupation Place of birth Charles St. Residence Should St. Time of residence in the city Stations Ward No. 3 Time of residence in the city Shauk

Mary T. Smith, 1893 44 onstitutes one Certificate to be Returned to the City Clerk for a Burial Permit, PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased Many J Smith 2. Sex fanale 3. Color or Lite 4. Age 20 mo 5. Married or Single 6. Date of Death May 25 The 1893
7. Cause of Death Gueumorna 8. Duration of last Illness Two week Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of Birth City 11. Residence Center D. Ward No. 3 12. Time of Residence in the City 13. When a Minor. Name of Mother All Sources 14. Place of intended Interment Ham 15. Date of intended Interment Chien 27 1893 PRATHER& PAYNE. , Undertaker. Date of Certificate . Residence

Mary V. Smith, 1893

379) 45
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Ass. Mary I. Smith
2. Solumble. 3. Color Hille. 4. Age & Dyrd.
5. Married or single 11. 6. Date of Death Dee 6 "/93.
7. Cause of Death Ineumonia
8. Duration of last Illness
BAthelletten, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Mou Stues . Ward No. / 27
12. Time of Residence in the City
13. When a Minor \ Name of Mother
Name of Father
14. Place of intended Interment Filerould Coully
15. Date of intended Interment Que 7/93
He General Also. Undertaker.
Date of Certificate The Residence

Melburn S. Smith, 1911

46
This 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 Melhurn S Smith 2. Sex 222 3. Color Whit 4. Age 3.8 5. Married or single Sight 6. Date of death May of the Cause of death May of the Cause of death May of the Cause of last illness. 8. Duration of last illness. Residences Grangfull 2000
Undertaker's Certificate in Relation to Deceased.
9. Occupation Bookper RR Revoce
9. Occupation Bookfer RR Renover 10. Place of birth Warning as Kn
9. Occupation Bookper RA Denver 10. Place of birth Warking as Kn
9. Occupation Bookfer Ra Denove 10. Place of birth Warnen as Kn 11. Residence Springfull See Ward No. 12. Time of residence in the city Name of mother Name of father
9. Occupation Bookfer Ra Denove 10. Place of birth Warnen as Kn 11. Residence Springfull Lee Ward No. 12. Time of residence in the city 13. When a minor Name of mother Name of father 14. Place of intended interment Farryer Centre
9. Occupation Bookfer Ra Denove 10. Place of birth Warnen as Kn 11. Residence Springfull See Ward No. 12. Time of residence in the city Name of mother Name of father
9. Occupation Boakfer Ra Dimore 10. Place of birth Washing as Kn 11. Residence Springfull De Ward No. 12. Time of residence in the city 13. When a minor Name of mother 14. Place of intended interment Farry Cury 15. Date of intended interment Quay 21/9//

Nat Smith, 1881

	This Constitutes ONE CERTIFICALL	the City Clerk for a BURIAL PERMIT
	RETURN O	F A DEATH.
		TE PREPARATORY TO BURIAL.
1. N	ame of Deceased Not.	Swith
2. Se	ex heale . 3. Color	black 4. Age 30
5. M	Tarried or Single 22	anis
6. D	ate of Death OC	1-6 th 1881
	1 /	rant Draian
		The year
0. D	aranon of tase meess	2. I Toursend . M.D.
		1 .2 0
	Residence	1 B. Trum 15
TIN	Thedraved's Ceptificat	TE IN RELATION TO DECEASED.
9. 0	conpation	TEIN RELATION TO DECEMBES.
		in Euro
	ace of Birth	Alle, Ward No 3
11. R	esidence Anneum	Mard No 3
12. T	ime of Residence in the City	
	(Name of Mother	r
13. И	Vhen a Minor { Name of Father_	
14. P	lace of intended Interment	ol Cent
		Oct 71281
15. D	ate of intended Interment	Colmon . Undertaker.
		The state of the s
Date	of Certificate	. Residence

Perry Smith, 1911

Physician's Certical Pury, and and an angus, and angus, ang	Smil olor Bl, t. 6"/ blixy rand, Is	th	4. Age	talishes
e of deceased Purry Walr Mary ied or Single of death of death tion of last illness A. S. C. Res	Smil olor Bl, t. 6"/ blixy rand, Is	th.	4. Age	,
ied or Single of death of death tion of last illness Res	olor Bl. 1. 6" blivy naml, Indence Br	(911 Lashur Curror	Vital &	Jayo.
ied or Single of death of death tion of last illness Res	olor Bl. 1. 6" blivy naml, Indence Br	(911 Lashur Curror	Vital &	Jayo.
of death Apply tion of last illness Res	blixy rand, Is	(911 Lashur Curror	Vital &	tatishes
of death Apply tion of last illness Res	blixy rand, Is	(911 Lashur Curror	Vital &	tor my
e of death	pling rand, Gr sidence Br	Laspu		tor my
tion of last illness	idence Br	1		tor
G.A. Sir. Res	idence Br	1		tor XX
Res Jndertaker's Certi	idence Br	1		en sy
Res Jndertaker's Certi		mlny	e Tr	un My
Jndertaker's Certi	ficate in l			
Jndertaker's Certi	ficate in l			
		Relation	to Dece	ased.
pation Warrew	les.			
	./			· ······
			Wai	d No
a minor {			1	
	Mr. Mo	winh	larm	stry
	and o	11101		
of intended interment	PARI	8 000	ARD	
and on	AND (X UEF	(121/197	, Undertake
ertificate or ,	7.1/2	Residenc	e	
	eren anna man jose ene			
d dee	e of residence in the city $\begin{cases} Name & of M \end{cases}$	e of residence in the city	dence // // e of residence in the city // en a minor Name of Mother // Name of Father // Morrah e of intended interment // S'' / 9 / / GERARD & GER	dence "" War e of residence in the city " n a minor Name of Mother " e of intended interment and 8" 9 GERARD & GERARD. And 8" 9

Warren County, Kentucky Death Records, Box 4, Folder 6 (Smith)

Perry Smith, 1911

This Certificate with the	Paster below after being properly filled out and signed must be detached and securely tacked on the outside box.
Zins deremente with the	UNDERTAKER'S GERTIFICATE
I (or we) hereby certify	that the accompanyific dead body of Derry Suit
to be transported to the Cit	y of Balley Jule State of your July
has been prepared for trans	portation by an Embalmer holding Livense Not 1990 and in conformity with Rule No
of the Transportation Rule	Shipping Undertaken I LAND MALL
	La Of (Firm Name)
	Address / Tag Manager
	PASTER.
Special Instructions.	ansportation Agent must enter hereon a description of the ticket held by the passenger in charge of the and VIA WHAT JUNCTIONAIL POINTS it reads. A burial case containing a corpse must not be received for transportation unless the person in charge precocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship-
Special Instructions.	and VIA WHAT JUNCTIONAIL POINTS it reads. A burial case containing a corpse must not be received for transpontation unless the person in charge pre- ocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship- the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the
Special Instructions. sents a permit from the lement in accordance with tease.	and VIA WHAT JUNCTIONAL POINTS it reads. A burial case containing a corpse must not be received for transpontation unless the person in charge pre- ocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship- the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the Date
Special Instructions. sents a permit from the lement in accordance with tocase.	and VIA WHAT JUNCTIONAIL POINTS it reads. A burial case containing a corpse must not be received for transpontation unless the person in charge pre- ocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship- the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the Date
Special Instructions. sents a permit from the 1 ment in accordance with t case. From	and VIA WHAT JUNCTIONAL POINTS it reads. A burial case containing a corpse must not be received for transpontation unless the person in charge pre- ocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship- the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the Date
Special Instructions. sense a permit from the 1 ment in accordance with t case. From	and VIA WHAT JUNCTIONAIL POINTS it reads. A burial case containing a corpse must not be received for transpontation unless the person in charge pre- ocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship- the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the Date
Special Instructions. Serial Instructions to the I ment in accordance with to case. From	and VIA WHAT JUNCTIONAIL POINTS it reads. A burial case containing a corpse must not be received for transportation unless the person in charge pre- ocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship- the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the Date
Special Instructions. Special Instructions of the I ment in accordance with a case. From	and VIA WHAT JUNCTIONAIL POINTS it reads. A burial case containing a corpse must not be received for transportation unless the person in charge precoal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship-the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the Date
Special Instructions. Special Instructions a permit from the I ment in accordance with a case. From	and VIA WHAT JUINCTIONAIL POINTS it reads. A burial case containing a corpse must not be received for transportation unless the person in charge pre- ocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship- the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the Date
Special Instructions. sents a permit from the I ment in accordance with t case. From	and VIA WHAT JUINCTIONAIL POINTS it reads. A burial case containing a corpse must not be received for transportation unless the person in charge pre- ocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship- the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the Date
Special Instructions. sents a permit from the I ment in accordance with t case. From	and VIA WHAT JUINCTIONAIL POINTS it reads. A burial case containing a corpse must not be received for transportation unless the person in charge pre- ocal Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for ship- the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the Date

R. E. M. Smith, 1891

281
This 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 REOn smith
2. Sex mail. 3. Color Colards. Age 25 years
5. Married or Single married
6. Date of Death all 3 1891
6. Date of Death 3 (89) 7. Cause of Death Sumplion
8. Duration of last Illness Just Planting M. D.
// Residence
9. Occupation Lohool Zurches 10. Place of Birth Limpson CO Ky 11. Residence Limbson CO Ky 12. Time of Residence in the City 3 years Name of Mother Francis Limith Name of Father H Limith 14. Place of intended Interment Internets
15. Date of intended Interment April 5/8/ Date of Certificate april 9. Residence

Sidney Smith, 1894

679	50
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased hedry Smith	
2. Sex male 3. Color 4. Age 47 ns	_
5. Married or single	
6. Date of Death Numigitis 7. Cause of Death Municipality	
8. Duration of last Illness Three weeks -	
or OxP ON Phi M.D.	
Residence	
IMPEDIAVED'S CERTIFICATE IN DELITION TO PERFORM	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence Or Maci. Ward No. 3	
12. Time of Residence in the City Name of Mother Solain Smill	4
Name of Father Of Smith	U
14. Place of intended Interment One Maria	
15. Date of intended Interment Wow 9 1894	
Contlint By , Undertaker	
Date of Certificate Residence	
albert Hammenol	

Sue Smith, 1907

51
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Sul Smith 2. Sex funds 3. Color While 4. Age 57 m 5. Married or single Married 6. Date of death August - 23 - 1507 7. Cause of death After Affects formation for Concer 8. Duration of last illness Shall 3. Rutherford M. D.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Adapt IV Ward No. Ward No.
12. Time of residence in the city about 5 from
13. When a minor Name of mother Name of father
14. Place of intended interment Tanana Carana
15. Date of intended interment August 31 - 19. Undertaker.
Date of Certificate
<u> </u>

Thomas H. Smith, 1905

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of decepted Thomas, St. Smith of While 3. Golor Male 4 Age 67 yrs
2.	0/1/
5.	Married or Single Widoway,
6.	Date of death Strait Draws
7.	
8.	Duration of last illness but be hay Coronor
	John, C. Jay Coronor , M. D.
	Residence Jauan, Ron.
	Undertaker's Certificate in Relation to Deceased.
9. 10.	Dissertion Walley Country
10.	Occupation Place of birth Residence Pulage P. P. Ward No. 3.
12.	Time of residence in the city.
12.	
13.	When a minor { Name of Mother
14.	Place of intended interment Fairvern Country
15.	Date of intended interment Suff. 05.
	Grand Frank, Undertaker.
	e of Certificate Sept 8"05, Residence City
Dat	

Thomas J. Smith, 1904

* * This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Thomas & Smith 2. Sex Male 3 Color White 1 Aco 6/41
5. Married or Single Manual
7. Cause of death Brights Disruss
8. Duration of last illness , M. D. Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Warren County
11. Residence State St. Ward No. / 12. Time of residence in the city.
13. When a minor { Name of Mother
14. Place of intended interment Hairvieum Camatary 15. Date of intended interment Marvy 1904,
Date of Certificate May, 1/1904. Residence

Mrs. Thomas M. Smith, 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Mrs Thomas M. Smith Sex Fractale 3. Color Matter 4. Age 38 yrs Married or Single Manual
1.	Name of deceased While 28 mm
2.	Sex Color 4. Age
5.	Married or Single
6.	Married or Single Date of death Cause of death Brights strange Duration of last illness
7.	Cause of death Brights draws
8.	Duration of last illness
	Duration of last illness——————————————————————————————————
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
9. 10.	Occupation
	Occupation
10.	Occupation Place of birth Branky ave
10. 11. 12.	Occupation Place of birth Residence Beauty avv, Ward No.
10. 11. 12.	Occupation Place of birth Residence Stantly avv. Time of residence in the city When a minor { Name of Mother
10. 11. 12.	Occupation Place of birth Residence Featily avv. Time of residence in the city. When a minor Name of Mother Name of Father

W. H. Smith, July 23

TI	nis Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	-k 11 0
1.	Name of deceased W. H. Smith
2.	Sex Male 3. Color White 4. Age 56
5.	Married or single Married
6.	Date of death July 23 Cause of death Absist of Livia
7.	Cause of death Ulbrid of Live
8.	Duration of last illness 4 Weeks
	H. P. Cartweight M. D. Residence Bowling Grun
	Residence Bowling Low
	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.
9. 10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Ma Con, Co. Junn.
	Undertaker's Certificate in Relation to Deceased.
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Ma Con, G. Residence Bowling Ward No.
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Ma Con, G. Residence Bowling Ward No.
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Ma Con, Residence Bowling Ward No. Time of residence in the city Name of mother Name of father
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Macon, Co. Residence Bowling Ward No. Time of residence in the city When a minor Name of mother.
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Bowling 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 August 24
10.11.12.13.14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Bowling Ward No. Time of residence in the city Name of mother When a minor Name of father Place of intended interment Date of intended interment The lag me(stiff) Undertaker.
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Bowling Ward No. Time of residence in the city Name of mother When a minor Name of father Place of intended interment Date of intended interment The lag me(stiff) Undertaker.
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Bowling Ward No. Time of residence in the city Name of mother When a minor Name of father Place of intended interment Date of intended interment Augustifa Undertaker.
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Bowling Ward No. Time of residence in the city Name of mother When a minor Name of father Place of intended interment Date of intended interment The lag me(stiff) Undertaker.

Mrs. W. W. Smith, 1908

56
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
my WW Smith
1. Name of deceased (18, 18, 18) finish 2. See family 3. Color this 4. Age 52 fts. 5. Married or single Mauril 6. Date of death funk, 26" 1908.
2. Sex Mayer 4. Age of J
5. Married or single Mauril 6. Date of death Sphoffing. 7. Cause of death Sphoffing.
6. Date of death Oppoloxy.
7. Cause of death 7 8. Duration of last illness 7 1/1
8. Duration of last illness J. H. Storik. M. D.
Residence ROWLING GREEN, KY
ivesidence
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Clay Co, Trum,
10. Place of birth Clay Co. Janu.
11. Residence / VIA Struct 12. Time of residence in the city savaral wasse (Name of mother
12. Time of residence in the city Award was
13. When a minor Name of mother Name of father Told Management
14. Place of intended interment My Jah On you, Warren Or.
15. Date of intended interment Kully 1919
Date of Certificate Sund 19/9/8. Residenc BOWLING GREEN, KY

Wallie G. Smith, 1907

	nis 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 Wallis & Smith
2.	Sex Maca 3. Color Orhili 4. Age 43 y
5.	Married or single married.
6.	Date of death April 15 1907
7.	Cause of death Incoming
8.	Duration of last illness / daya-
	T.M. Pasey XD.
	Residence City
	Undertaker's Certificate in Relation to Deceased.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation ("
9. 10.	Occupation "" Place of birth Warrin Canny
	Occupation "" Place of birth Warrin Canny Residence Cast Chestrust Ward No. —
10.	Occupation. Place of birth Warrin Canny Residence Carl Chestury Time of residence in the city Years
10. 11. 12.	Occupation Place of birth Warrin Cause Residence Cast Chestust Ward No. — Time of residence in the city Years (Name of mother Jungs, P. Junish
10. 11.	Occupation "" Place of birth Warrin Causes Residence Last Chestust Ward No. — Time of residence in the city Years —
10. 11. 12.	Occupation Place of birth Warrin Caunty Residence Carl Chesture Ward No. — Time of residence in the city Years When a minor Name of mother My County When a minor
10. 11. 12.	Occupation. Place of birth Warring Canny Residence Self-Chesture Time of residence in the city Years Ward No. When a minor Name of mother Angle Smith Name of father Level Smith
10.11.12.13.14.	Occupation Place of birth Warrin Gaunty Residence Scheeling Ward No. Time of residence in the city When a minor Name of mother And Smith Place of intended interment Fairning Gunnty
10. 11. 12. 13. 14.	Occupation Place of birth Warrin Gauns Residence Shuttud Ward No. Time of residence in the city When a minor Name of mother Marin Gunta Place of intended interment Jainin Guntay Date of intended interment April 1904
10. 11. 12. 13. 14.	Occupation. Place of birth Warrin Gaussy Residence School Ward No. Time of residence in the city Ward No. Ward No. Time of residence in the city Smith Name of mother Smith Place of intended interment Fairnin Gaussy Date of intended interment April 167 1904 Ward No. Undertaker.

Warren County, Kentucky Death Records, Box 4, Folder 6 (Smith)

Child of William and M. B. Smith, 1891

286	58
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permi	1.
BETORN OF A DEATH.	
1. Name of deceased Child of bu Sm	with
2. Sex male . 3. Color White 1. Ago 2 da	- 1000
5. Married or Single Sugge	
6. Date of Death May 12 1891	
7. Cause of Death Joseph Lean	· · · · · · · · · · · · · · · · · · ·
8. Duration of last Iliness v	
J& Grenders	_I .
Residence /	***
- UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Dely	£
11. Residence Lugent St Ward No 4.	
12. Time of Residence in the City 2. Q B	4
13. When a Minor. Name of Mother his In. W. Succe	th
) Name of Father / C	/
14. Place of intended Interment Harrow Ce	w.
15. Date of intended Interment hay 2"// FT/ C.G. d. , Underta	ker.
Date of Certificate May 2/9/ . Residence City	

William S. Smith, 1913

	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.
	Name of deceased William Smith Sex Wals. 3. Color White 4. Age 30. Married or single Single. Date of death January 26" 1913.
1.	Name of deceased with a first with
2.	Sex Mall. 3. Color While 4. Age 30
5.	Married or single Ding W.
6.	Married or single Dingle. Date of death Carriag 76" 1913. Cause of death Adaminal Abour
7.	
8.	Duration of last illness 2 2 mouths
	Residence Broking Gran Sty.
	Residence Bowling Firm Sty.
	Undertaker's Certificate in Relation to Deceased
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	
10.	
10. 11. 12.	Occupation N. Engineer. Place of birth Naum, Cot St. Residence Adams, St. Bowling Gram Sty Ward No. 3. Time of residence in the city
10. 11.	Occupation N. Engineer. Place of birth Wanner, Cot St. Residence addams, St. Bowling Snam Sty Ward No. 3. Time of residence in the city When a minor Name of mother Name of father
10. 11. 12.	Occupation. Place of birth Warring, Cot Sty. Place of birth Warring, Cot Sty. Residence arrange, St. Bowling Gram Sty Ward No. 3. Time of residence in the city. When a minor Name of mother. Place of intended interment. Fairnier Cemetery
10. 11. 12.	Occupation. Place of birth Warring, Cot Sty. Residence allaurs, St. Bowling Gram Sty Ward No. 3. Time of residence in the city. When a minor Name of mother. Place of intended interment. Fairniew Cemetery
10. 11. 12. 13.	Occupation. Place of birth Warring, Cot Sty. Residence arrange, St. Bowling Gram Sty Ward No. 3. Time of residence in the city. When a minor Name of mother. Place of intended interment. Place of intended interment Sairview Cemetery Date of intended interment Larry 27" /9/3. GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Occupation. Place of birth Warring, Cot Sty. Residence anaws, St. Bowling Gram Sty Ward No. 3. Time of residence in the city. When a minor Name of mother. Place of intended interment Fairniew Cemetery Date of intended interment Larry 27" 1913. GERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Occupation. Place of birth Warring, Cot Sty. Residence allaurs, St. Bowling Gram Sty Ward No. 3. Time of residence in the city. When a minor Name of mother. Place of intended interment. Fairniew Cemetery

Willis Paul Smith, 1896

02/
This 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 Willio Paul Smith
2. Sex male. 3. Color white. 4. Age 27 months
5. Married or single
6. Date of Death June 28 1896
7. Cause of Death leholua Infantin
8. Duration of last Illness no dark
The leathingth, M. D.
Residence Maril PA,
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Sorthung hem Ky
11. Residence Ward No. 2 70
12. Time of Residence in the City Topo / mm
13. When a Minor Name of Mother The Gomest
Name of Father Mu Comment
14. Place of intended Interment fund 19 1896
15. Date of intended Interment Aun run Ceurs
Olleward My Undertaker.
Date of Certificate 29/96 Residence