


1877

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

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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 *Allis Allis Smith*

2. Sex *female*. 3. Color *Copper*. 4. Age *18 years*

5. Married or Single *Single*

6. Date of Death *Aug 31 1880*

7. Cause of Death *Neuralgia of the Bowels*

8. Duration of last Illness *Three months*

C. K. Omeal, M. D.
Residence *3d ward*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ Ward No. *3*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Democrat Print.

America Smith, 1896

947 2

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs America Smith*
2. Sex *Female* 3. Color *Blk* 4. Age *53 yrs.*
5. Married or single *Married*
6. Date of Death *Oct 10th 1896*
7. Cause of Death *Medical Emergency*
8. Duration of last Illness _____
J. D. Porter, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Main street* Ward No. *3rd*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Mt. Moriah Cem.*
15. Date of intended Interment *Oct 11th 1896*
H. O. Gerard & Son, Undertaker.
Date of Certificate *Oct 11/96* Residence _____

Annie Smith, 1909

3

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

RETURN OF A DEATH.

740

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Annie Smith
 2. Sex female 3. Color Cal 4. Age 53
 5. Married or single Single
 6. Date of death Dec. 28 - 09.
 7. Cause of death Heart failure
 8. Duration of last illness one week
B. S. Rutherford M. D.
 Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeeper
 10. Place of birth _____
 11. Residence Bethesda ^{T. 10th + main} Ward No. 3
 12. Time of residence in the City. about 5 years
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment mt memorial cem.
 15. Date of intended interment Dec. 29 - 09
J. E. Raykendall Undertaker.
 Date of Certificate Dec. 28 - 09. Residence 74 College St

Infant of Benjamin and Ella Smith, 1898

1197 4

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Ben^{Benjamin} + Ella^{Ella} Smith.*

2. Sex _____ 3. Color *Blk* 4. Age _____

5. Married or single *Single*

6. Date of death *Nov. 9th 98*

7. Cause of death *Stillborn*

8. Duration of last illness _____

J. P. Cartwright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *city*

11. Residence *Burns Alley* Ward No. *2*

12. Time of residence in the City _____

13. When a minor } Name of Mother *Ella Garrison Smith*
 } Name of Father *Benjamin Smith*

14. Place of intended interment *County Cemetery*

15. Date of intended interment *Nov 10th 98*

Guard & Guard, Undertaker.

Date of Certificate *Nov 10/98* Residence _____

Charles C. Smith, 1905

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 Chas C. Smith

2. Sex Male 3. Color White 4. Age 70 yrs.

5. Married or Single Married

6. Date of death Sept 4th 1905

7. Cause of death Cancer

8. Duration of last illness Four days
D. A. Campbell, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation Fanner

10. Place of birth Warren County

11. Residence 11th Street Ward No. 1

12. Time of residence in the city

13. When a minor { Name of Mother

{ Name of Father

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Sept 5 1905

Guard & Gerard, Undertaker.

Date of Certificate Sept 4 1905 Residence

Charley Tandy Smith, 1911

7

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

RETURN OF A DEATH.

1018

Physician's Certificate Preparatory to Burial.

1. Name of deceased Charley Tandy Smith,
2. Sex Male, 3. Color white, 4. Age 3. months,
5. Married or Single Single
6. Date of death May. 30 1911,
7. Cause of death Inflamation of Bowels
8. Duration of last illness 5 Days
Residence J. B. Meredith, M. D.
Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Infant,
10. Place of birth Bowling Green, Ky,
" " " "
11. Residence Ward No.
12. Time of residence in the city Life time,
13. When a minor { Name of Mother Mrs. Clyde, Smith,
Name of Father Harry. Smith,
14. Place of intended interment Fairview, Cemetary,
15. Date of intended interment May. 30. 1911.
Enochs & Kelley, , Undertaker.
Date of Certificate May 31. 1911, Residence Bowling Green,
Ky,

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.

1. Name of deceased *Corneal Smith*
 2. Sex *female* 3. Color *Black* 4. Age *2 1/2*
 5. Married or single *Single*
 6. Date of death *April -15-1907*
 7. Cause of death *Malaria*
 8. Duration of last illness.....
- Doctor not given* M. D.
lives in Louisville Ky
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Louisville*
 11. Residence *Louisville Ky* Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother *Hattie Smith*
 { Name of father *Geo Smith*
 14. Place of intended interment *St. Maria's*
 15. Date of intended interment *April 15 1907*
- Henry Payne* Undertaker.
- Date of Certificate..... Residence *Louisville Ky*

Corneal Smith, 1907

87

(Always write with ink.)

TRANSIT PERMIT.

TRANSPORTATION OF CORPSE.

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 Transportation Agent before a body can be shipped.

In the City, Town or Village of Louisville County of Jefferson State of Kentucky, on this 15 day of April 1907

Permission is hereby given Lee E. Cralle holder of Embalmer's License No. 49

to remove for burial at Bowling Green County of Campbell Smith

State of Ky the body of Corneal Smith

who died at Louisville County of Jefferson

on the 15 day of April 1907 at M. Aged 2 years 4 months and days

the cause of death being marasmus which is a disease requiring shipment under Rule No. of the Rules of the Kentucky State Department of Health for the Transportation of the dead, as printed on the back of this Permit.

Name of person in charge of Transit.

Signed M. H. Allen Registrar of Records of the Department of Health of the State of Kentucky

John J. Treney S.H.

This Permit and Coupon must be detached and delivered to the Person in charge of the Corpse.

(Always write with ink.)

KENTUCKY STATE DEPARTMENT OF HEALTH.

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 Corneal Smith (If a minor give parent's name also.)

consigned to Bowling Green Ky and who died of Marasmus

has been prepared by me for transportation, in conformity with Rule No. of 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. Cralle Shipping Undertaker.

City or Town of Louisville County of Jefferson Place of Business 600 W. Chestnut State of Kentucky.

PASTER.

The Railroad or other Transportation Agent must enter hereon a description of the ticket held by the passenger in charge of

Corneal Smith, 1907

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 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, dysentery, (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 law.

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

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.

RULE 3. The bodies of those dead of typhoid fever, post-sepal 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 sheet securely fastened and encased in an air-tight metallic coffin or casket, or air-tight metal-lined box, provided that this shall apply only to bodies which can reach their destination within 30 hours from time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2, when air-tight sealing and bandaging with cotton may be dispensed with.

RULE 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from time of death. If the body cannot reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

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

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the

spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 3 notice must be sent by telegraph by the shipping embalmer to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

RULE 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, including health officer's or registrar's permit for removal, 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 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'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 the State or Provincial Board of Health of the state or province from which said shipment is made.

RULE 7. When bodies are shipped by express a transit permit as described in Rule 6 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 transit permit shall be attached to and accompany the express waybill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sent by the forwarding 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, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate, and enclosed in a hermetically soldered zinc, tin or copper-lined box. But 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 3 or 4 (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 box containing said body must be enclosed in a hermetically soldered box.

RULE 9. All rules and parts of rules conflicting with these rules are hereby repealed.

Infant of Cosby and Allie Smith, 1906

9

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of Cosby ^{Allie} Smith*

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

5. Married or Single *Single*

6. Date of death *Feb. 3 " 06.*

7. Cause of death *Still Born*

8. Duration of last illness *J. W. Stovall*, M. D.
Residence *B Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *City*

10. Place of birth *City*

11. Residence *11th St* Ward No. *2nd*

12. Time of residence in the city *—*

13. When a minor { Name of Mother *Mrs. Allie Smith.*
Name of Father *Cosby Smith.*

14. Place of intended interment *Clarksville, Tenn.*

15. Date of intended interment *Feb. 4 " 06.*

Grand J. Garard, Undertaker.

Date of Certificate *Feb. 4/06.* Residence *—*

David Smith, 1907

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10

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *David Smith*
 2. Sex *Male* 3. Color *White* 4. Age *18 yrs.*
 5. Married or single
 6. Date of death *Sept. 22/1907.*
 7. Cause of death *Unknown. Cancer*
 8. Duration of last illness
 J. E. Gray, M.D.
 Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *Ohio.*
 11. Residence Ward No.
 12. Time of residence in the city *over day.*
 13. When a minor { Name of mother *Mrs. Jane Smith*
 Name of father
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Sept 22" 1907.*
GERARD & GERARD Undertaker.
 Date of Certificate *Sept 22/1907.* Residence *BOWLING GREEN, KY.*

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 *Dina Bern Smith*

2. Sex *Female* 3. Color *Black* 4. Age *—*

5. Married or Single *Single*

6. Date of Death *March 22*

7. Cause of Death *Malaria*

8. Duration of last Illness *—*

J. M. Strickle, M. D.
Residence *Bowling Green, Ky*

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*

13. When a Minor { Name of Mother *Maggie Smith*
Name of Father *Nat* "

14. Place of intended Interment *Col Cemetery*

15. Date of intended Interment *March 23rd 78*

J. M. Strickle, Undertaker.
Date of Certificate *March 23rd 78* Residence *State St*
Bowling Green Ky

Pantagraph Print.

Eddy Thomas Smith, 1880

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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 *Eddy Thomas Smith*

2. Sex *Male* . 3. Color *Black* . 4. Age *10 months*

5. Married or Single _____

6. Date of Death *Sept 30th 1880*

7. Cause of Death *Syphilitic manition*

8. Duration of last Illness _____

S. W. Cronk , M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ Ward No. *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Democrat Print.

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 black 4. Age 65 yrs
5. Married or single widow
6. Date of death June 28-1901
7. Cause of death Complication of disease
8. Duration of last illness two months
J. H. Blackburn, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Ky
11. Residence Chestnut St Ward No. 25
12. Time of residence in the City. Life Time
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Intentional bur
15. Date of intended interment June 29-1901
Guadalupe, Undertaker.
Date of Certificate _____ Residence _____

Emma Smith, 1880

14

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Emma Smith*

2. Sex *Female* 3. Color *Black* 4. Age *22 Months*

5. ~~Married~~ Single

6. Date of Death *Sept 21st 1880*

7. Cause of Death *Dysentery*

8. Duration of last Illness *Four weeks*

A. P. Cartwright, M. D.
Residence *West Chestnut St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ Ward No. *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ Residence _____

Pantagraph Print.

Ester G. Smith, 1892

468 15

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Ester G Smith*
2. Sex *female* 3. Color *Black* 4. Age *30 months*
5. Married or Single *Single*
6. Date of Death *city on Nov 25th 1892*
7. Cause of Death *Burn*
8. Duration of last Illness *4 days*
Geo. Plattwright, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Mo*
11. Residence *14th Street* Ward No. *32*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Jessie Smith*
 } Name of Father *B E* *11*
14. Place of intended Interment *Mt Vernon*
15. Date of intended Interment *Nov 27th 1892*
H. B. Gandy, Undertaker.
Date of Certificate _____ . Residence _____

Florence Dickerson Smith, 1893

16

550

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 *Florence Dickerson Smith*

2. Sex *Female* 3. Color *White* 4. Age *32 yrs. 7 mos.*

5. Married or Single *Married*

6. Date of Death *July 8th 1893*

7. Cause of Death *complication of disease*

8. Duration of last Illness *6 mos.*

W. B. *J. W. McCreary*, M. D.

Residence

— UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. —

9. Occupation *Wife*

10. Place of Birth *Warren Co. Kentucky*

11. Residence *Broadway* Ward No. *1*

12. Time of Residence in the City *5 yrs.*

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

14. Place of intended Interment *Laurier Cemetery*

15. Date of intended Interment *July 9th 1893.*

PRATHER & PAYNE, Undertaker.

Date of Certificate _____ Residence _____

George Smith, 1893

523 17

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Geo. Smith
2. Sex Male 3. Color Blk 4. Age 17 yrs.
5. Married or single Single
6. Date of Death June 28th 93
7. Cause of Death Pistol shot wound
8. Duration of last Illness 15 minutes
C. A. Munkle Cor W. C., M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence 1st Street Ward No. 2nd
12. Time of Residence in the City _____
13. When a Minor } Name of Mother Marta Smith
 } Name of Father Sam
14. Place of intended Interment County Cem
15. Date of intended Interment Jan 29th 93
F. L. Guard Undertaker.
Date of Certificate June 29th 93 Residence _____

George Smith, 1896

838 18

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Geo Smith
2. Sex Male 3. Color Blk 4. Age 50 yrs
5. Married or single Married
6. Date of Death Feby. 27/1896
7. Cause of Death Consumption
8. Duration of last Illness Several months
G. N. Murrey, M. D.
Residence Bainbridge Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Kentucky
11. Residence 6th street Ward No. 2nd
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment County Cemetery
15. Date of intended Interment Feby 27/1896
J. C. Guard & Bros., Undertaker.
Date of Certificate Feby 27/96 Residence _____

Child of George and Emma Smith, 1896

839 19

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 Geo Smith*^{+Emma}
2. Sex *Male* 3. Color *Blk* 4. Age *2 mo.*
5. Married or single *single*
6. Date of Death *February 17/1896*
7. Cause of Death *Pneumonia*
8. Duration of last illness *Two months*
O. W. Norton, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *to city*
11. Residence *6th street* Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother *Emma Smith*
 } Name of Father *Geo Smith*
14. Place of intended Interment *County, Kentucky*
15. Date of intended Interment *February 22nd 1896*
F. C. Luard & Co., Undertaker.
Date of Certificate *Feb 17/96* Residence _____

Child of Gertie Smith, 1906

20

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Gertie Smith*

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

5. Married or single *Single*

6. Date of death *JUN 12 1906*

7. Cause of death *Pneumonia Birth*

8. Duration of last illness

J. W. Gray M. D.
Residence *BOWLING GREEN, KY.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of birth *city*

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

12. Time of residence in the City.

13. When a minor { Name of Mother *Gertie Smith*
Name of Father

14. Place of intended interment *County Cemetery.*

15. Date of intended interment *JUN 12 1906*

GERARD & GERARD. Undertaker.

Date 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.

RETURN OF A DEATH.

1257

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Gertrude Smith
2. Sex Female 3. Color White 4. Age 21 yrs.
5. Married or Single Married
6. Date of death SEP 21 1912
7. Cause of death Tuberculosis
8. Duration of last illness 1 year

Dr. R. Frances, M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Warren Co Ky
11. Residence City, Church St. Ward No. 3
12. Time of residence in the city 2 weeks
13. When a minor { Name of Mother Mrs R M Still
 Name of Father R M Still
14. Place of intended interment Still Grave yard, Warren Co
15. Date of intended interment Sept. 22, 1912.

GERARD & GERARD, Undertaker.

Date of Certificate SEP 21 1912 Residence BOWLING GREEN, KY

Mrs. H. F. Smith, 1878

22

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 H F Smith*

2. Sex 3. Color *white* 4. Age *49*

5. Married or Single *Married*

6. Date of Death

7. Cause of Death *Disease of heart*

8. Duration of last Illness *6 or 8 months*

J Briggs, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation ~~.....~~

10. Place of Birth

11. Residence *13 Green* Ward No. *1st*

12. Time of Residence in the City

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

14. Place of intended Interment *In Country*

15. Date of intended Interment *April 30th 1878*

Date of Certificate *April 30/78* Residence

John C. Gerard, Undertaker.

Pantagraph Print.

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 Hugh F. Smith
 2. Sex Male 3. Color White 4. Age 77 yrs
 5. Married or single Widower
 6. Date of Death August 16" 1897
 7. Cause of Death Paralysis
 8. Duration of last Illness _____

S. B. Johnson, M. D.
 Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth Hart County Ky
 11. Residence Main St. Ward No. 3
 12. Time of Residence in the City _____

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

14. Place of intended Interment Fairview Cemetery
 15. Date of intended Interment Aug. 17" 97

Guard Girard, Undertaker.

Date of Certificate Aug 17/97 Residence _____

Ida Smith, 1898

24

cut of copy

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 Ida Smith,*
2. Sex *Female* 3. Color *White* 4. Age *19 yrs.*
5. Married or single *Married*
6. Date of death *Nov 9th 98.*
7. Cause of death *Consumption*
8. Duration of last illness _____

H. R. Francis, M. D.
Residence *B. Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Warren County*
11. Residence *Park Street* Ward No. *1st*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Petty Grave yd. Warren Co*
15. Date of intended interment *Nov 10th 98.*

Guard and Guard, Undertaker.
Date of Certificate *Nov 20th 98.* Residence *Leitch*

James K. Smith, 1908

#44 v 25

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *James K. Smith*
2. Sex *Male* 3. Color *White* 4. Age *54 yrs.*
5. Married or single *Single*
6. Date of death *Apr. 17, 1908.*
7. Cause of death *Pneumonia*
8. Duration of last illness.....
Tom W. Stone M. D.
Residence *B Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Laboron Tenn.*
11. Residence *10th & Ky. St.* Ward No. *2*
12. Time of residence in the city *50 yrs.*
13. When a minor { Name of mother.....
 { Name of father.....
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Apr 18, 1908.*
GERARD & GERARD. Undertaker.
Date of Certificate *Apr. 17, 08.* Residence *BOWLING GREEN, KY*

Jim Perry Smith, 1906

1195

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Jim Perry Smith*
2. Sex *Male* 3. Color *White* 4. Age *82 yrs.*
5. Married or single *Widower.*
6. Date of death *June 16, 1906.*
7. Cause of death *Paralysis*
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 *Nashville, Tenn.* Ward No. _____
12. Time of residence in the City. _____

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

14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *June 17, '06.*

GERARD & GERARD, Undertaker.

Date of Certificate *June 17, '06* Residence *BOWLING GREEN, KY.*

Jim Perry Smith, 1906

26-2
26-1

TRANSPORTATION OF CORPSE.

Transit Permit No. _____ (GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased J. P. Smith Date of Death June 16, 06
(If a minor, give parents' name also)

Hour of Death 7:09 M. Age 82 Years Months _____ Days _____

Place of death Doudeau C. Asylum Cause of death Paralysis
 which is a non-communicable disease.
(Communicable or non-communicable.)

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

V. H. Raggsdale M. D. or Coroner

Residence C. Asylum County of Doudeau State of Tenn.

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
(City or township.)

State of Tennessee on the 16 day of June 1906

Permission is hereby given Geo. A. Karsch Undertaker or Embalmer,
 to remove for burial at Bowling Green in the County of _____
 State of Kentucky the body of J. P. Smith
 who died at Nashville County of Davidson State of Tennessee
 on the 16 day of June 1906 Aged 82 Years Months _____ Days _____
 and Cleveland is hereby authorized to accompany said remains.

(SEAL) Signed F. E. Cox M.D. Health Officer.

Per W. W. Mangum

15. Date of intended interment June 17, 06

Undertaker GERARD & GERARD
 Residence BOWLING GREEN, KY.

Date of Certificate June 17, 06

Jim Perry Smith

John Smith, 1880

27

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Smith*
2. Sex *Male* 3. Color *White* 4. Age *5 months*
5. Married or Single *Single*
6. Date of Death *July 28th 1880*
7. Cause of Death *Dysentery*
8. Duration of last Illness *Some weeks*
Residence *St. Wright*, M. D.
Country near Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.
Date of Certificate _____ Residence _____

Pantagraph Print.

John Smith, 1893

489.

28

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Smith
 2. Sex Male 3. Color Blk 4. Age 49 yrs
 5. Married or single Married
 6. Date of Death March, 10/93
 7. Cause of Death Consumption
 8. Duration of last Illness Six weeks
Dr Wm Bankins, M. D.
 Residence 173 6th St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation P.R.
 10. Place of Birth Warren County
 11. Residence 2nd Street Ward No 1st
 12. Time of Residence in the City in
 13. When a Minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended Interment St. Francis Cemetery
 15. Date of intended Interment Nov. 12 '93.
J. C. Guard & Bro. Undertaker.
 Date of Certificate Nov 11/93 Residence City

John Smith, 1898

1133 29

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased John Smith
2. Sex male 3. Color Black 4. Age _____
5. Married or single married
6. Date of death May 28 1898
7. Cause of death Scorched with kerosene by
Boz Wallen
8. Duration of last illness _____

Residence B. L. Cullen Cozen Mrs DW J

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of birth city
11. Residence Main St Ward No. 3
12. Time of residence in the City life
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment St Moriah
15. Date of intended interment May 29 1898
Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

John Smith, 1900

30

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased John Smith
2. Sex Male 3. Color Blk. 4. Age 30 yrs
5. Married or single Married
6. Date of death Sept. 24/1900.
7. Cause of death Killed on R.R.
8. Duration of last illness _____
B. L. Cullum Crowder, M. D.
Residence Warren Co.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Bonnaville, Ky.
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 Bonnaville Ky.
15. Date of intended interment Sept. 25/1900.
Guard & Garard, Undertaker.
Date of Certificate Sept 25/1900. Residence _____

John T. Smith, 1905

31

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *John T. Smith*

2. Sex *Male*, Color *White*

3. Age *41*

4. Married or Single *Single*

5. Date of death *Oct. 29 '05*

6. Cause of death *Unknown*

7. Duration of last illness

8. *John E. Gray*, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth

11. Residence, Ward No. *3*

12. Time of residence in the city

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Nov. 2 '05*

Harold & Erard, Undertaker.

Date of Certificate *Nov. 1 '05*, Residence

Child of Charles P. and Johnie Smith, 1913

32

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

RETURN OF A DEATH.

1394

Physician's Certificate Preparatory to Burial.

Johnie Johnson

1. Name of deceased *Child of Chas. P. Smith*
2. Sex *Female* 3. Color *White* 4. Age *—*
5. Married or single *single*
6. Date of death *May 10" 1913*
7. Cause of death *Still Born*
8. Duration of last illness *—*

J. H. Meredith M. D.
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*
10. Place of birth *Bowling Green, Ky.*
11. Residence *College St.* Ward No. *7*
12. Time of residence in the city *—*
13. When a minor { Name of mother *Chas. P. Smith*
 Name of father *Johnie Johnson Smith*
14. Place of intended interment *Smith Graveyard, Richmond Ky.*
15. Date of intended interment *May 11" 1913.*

GERARD & GERARD Undertaker.

Date of Certificate *May 11" 1913* Residence *Bowling Green, Ky*

Josie Smith, May 24

33

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Josie Smith*
2. Sex *Boy* . 3. Color *Black* . 4. Age *8 years*
5. Married or Single
6. Date of Death *May 24th*
7. Cause of Death *Paralysis*
8. Duration of last Illness *Several days*
- Residence *J. S. Miller* , M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

Pantagraph Print.

Josie Smith, 1899

34

~~7~~ ~~10~~ 10

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Josie Smith
 2. Sex female 3. Color Blk 4. Age 3 yrs
 5. Married or single " # "
 6. Date of death Feb 2 1899
 7. Cause of death Burned
 8. Duration of last illness 2 days
 Physician W. Stone Tom W. Stone, M. D.
 Residence colleges St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " # "
 10. Place of birth city
 11. Residence Lower Main St Ward No. 3
 12. Time of residence in the City life
 13. When a minor } Name of Mother Jane Smith
 } Name of Father Jas Smith
 14. Place of intended interment W. Moriah
 15. Date of intended interment Feb 3 1899
T. Hawley Payne, Undertaker.
 Date of Certificate _____ Residence _____

Lena Smith, 1897

1070 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 Lena Smith
2. Sex Female 3. Color Blk 4. Age 17 years
5. Married or single Single
6. Date of Death June 15th 1897.
7. Cause of Death Consumption
8. Duration of last Illness _____

S. W. Coombs M. D.
Residence City Health Officer

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence 7th Street Ward No. 2nd
12. Time of Residence in the City _____

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

14. Place of intended Interment County Cemetery
15. Date of intended Interment June 16th 1897
F. G. Gerard & Son, Undertaker.
Date of Certificate June 16th 1897 Residence _____

Lenora Smith, 1908

36

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

RETURN OF A DEATH.

4/6/3

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lenora Smith
 2. Sex Female 3. Color Blk 4. Age 21 yoo.
 5. Married or single Single
 6. Date of death May 28" 1908
 7. Cause of death Chamption
 8. Duration of last illness.....
 J. E. Marshall M. D.
 Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Warren County
 11. Residence 10th St. Ward No. 2
 12. Time of residence in the city.....
 13. When a minor { Name of mother Jos E Smith
 Name of father Mrs " " "
 14. Place of intended interment Mt Moriah Cemetery
 15. Date of intended interment May 29" 1908
Guard & Guard Undertaker.
 Date of Certificate May 28/08. Residence.....

800231
2718

Lizzie Smith, 1894

616 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 *Lizzie Smith*
2. Sex *Female* 3. Color *Blk.* 4. Age *17 yrs.*
5. Married or single *Single*
6. Date of Death *Apr. 24/94.*
7. Cause of Death *Consumption*
8. Duration of last Illness _____
W. M. Claypool, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *1st Street* Ward No. *2nd*
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *Apr. 25"/94*
J. C. Gerard & Son Undertaker.
Date of Certificate *Apr 25/94* Residence *City*

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 *Child of Louis^{MFM} Smith*
2. Sex *Male* 3. Color *White* 4. Age *—*
5. Married or single *Single*
6. Date of death *Aug 10" 1903.*
7. Cause of death *Still Born*
8. Duration of last illness
 O. F. Rutherford, M. D.
 Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *11th Street* Ward No. *1*
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Mrs. Louis Smith*
 Name of Father *Louis Smith*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Aug. 11" 1903.*
 Edward T. Leland, Undertaker.
Date of Certificate *Aug 11/1903.* Residence _____

Luke Smith, March 9

39

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.

1. Name of Deceased *Luke Smith "Pauper"*
 2. Sex *Male* . 3. Color *Negro* . 4. Age *25 Years*
 5. Married ~~or Single~~
 6. Date of Death *March 9th*
 7. Cause of Death *Typhoid Fever & Aphasia*
 8. Duration of last Illness *Several months*
- W. M. Claypool*, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.
Date of Certificate Residence

Democrat Print.

M. Sloss Smith, 1913

40

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

RETURN OF A DEATH.

1378

Physician's Certificate Preparatory to Burial.

1. Name of deceased M. Sloss Smith
 2. Sex Male 3. Color White 4. Age 26 yrs.
 5. Married or single Single
 6. Date of death Jan. 31 1913.
 7. Cause of death meningitis
 8. Duration of last illness 21 days
W. P. Courtwright M. D.
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation R. R. Clerk.
 10. Place of birth Simpson, Co. Ky.
 11. Residence W. Chestnut St. Ward No. 1
 12. Time of residence in the city
 13. When a minor { Name of mother Mrs. A. C. Smith
 Name of father A. C. Smith
 14. Place of intended interment Farrum Cemetery
 15. Date of intended interment Feb 2^o 1913.
GERARD & GERARD. Undertaker.
 Date of Certificate FEB 1 - 1913 Residence BOWLING GREEN, KY

Mark Smith, 1907

41

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

RETURN OF A DEATH.

275

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mark Smith
 2. Sex male 3. Color black 4. Age 30
 5. Married or single married
 6. Date of death June 17 1907
 7. Cause of death typhoid fever
 8. Duration of last illness 2 or 3 days
 _____ M. D.
 Residence 325 E. College St.

Undertaker's Certificate in Relation to Deceased.

9. Occupation day labor
 10. Place of birth Saline Warren Co.
 11. Residence 8 St. Ward No. 3
 12. Time of residence in the city 8 years
 13. When a minor { Name of mother Charlotte Smith
 { Name of father Orion Smith
 14. Place of intended interment Saline Warren Co.
 15. Date of intended interment June 18-07
 _____ Undertaker.
 Date of Certificate June 18-07 Residence _____
Co 178 College St.

Mary A. Smith, 1906

#54

42

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mary A (Pop) Smith*
 2. Sex *female* 3. Color *white* 4. Age *87 yrs*
 5. Married or single *widow*
 6. Date of death *June 25 1906*
 7. Cause of death *Infermitive old age*
 8. Duration of last illness *several weeks*
B S Rutherford, M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Courtesy*
 11. Residence *Adams St* Ward No. _____
 12. Time of residence in the City *years*
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Trinity Church*
 15. Date of intended interment *June 25 1906*
Alfred Payne, Undertaker.
 Date of Certificate _____ Residence _____

Mary Florence Smith, 1905

43

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mary Florence Smith.*
 2. Sex *Female* 3. Color *White* 4. Age *4 yrs*
 5. Married or Single *Single.*
 6. Date of death *Dec. 18th 05.*
 7. Cause of death *Diphtheria*
 8. Duration of last illness *G. E. Huddell.*, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *City*

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

12. Time of residence in the city *Lifetime*

13. When a minor { Name of Mother *Mrs. Frank P. Smith*
 Name of Father *Frank P. Smith.*

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

15. Date of intended interment *Dec. 19th 05.*

Gerard & Gerard, Undertaker.

Date of Certificate *Dec. 18/05* 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 *Mrs. Mary V. Smith*
2. Sex *Female* 3. Color *White* 4. Age *80 yrs.*
5. Married or single *Widow*
6. Date of Death *Dec 6 / 93.*
7. Cause of Death *Pneumonia*
8. Duration of last Illness _____

B. H. Milliken, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence *New Street* Ward No. *1st*
12. Time of Residence in the City _____

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

14. Place of intended Interment *Frisvick Cemetery*
15. Date of intended Interment *Dec 7 / 93.*

H. Gerard & Bro., Undertaker.
Date of Certificate *Dec 7 / 93.* 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.

1066

Physician's Certificate Preparatory to Burial.

1. Name of deceased Melburn S. Smith
2. Sex Male 3. Color white 4. Age 38
5. Married or single Single
6. Date of death Aug 18 1911
7. Cause of death Myocardium Paining Suicide
8. Duration of last illness

W. M. Rhodes Cor M.D.

Residence Springfield Ill

Undertaker's Certificate in Relation to Deceased.

9. Occupation Bookkeeper R.R. Denver
10. Place of birth Warren Co. Ky
11. Residence Springfield Ill Ward No.
12. Time of residence in the city
13. When a minor { Name of mother
- { Name of father
14. Place of intended interment Fairview Cem
15. Date of intended interment Aug 21 1911

Enoch Killen Undertaker.

Date of Certificate Aug 22 1911 Residence B.G.

this is a duplicate of Transit permit
no 39555 filed in state office of Vital Statistics

Nat Smith, 1881

18 47

This Constitutes ONE CERTIFICATE for the City Clerk for a BURIAL PERMIT

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Nat. Smith*

2. Sex *Male* . 3. Color *black* 4. Age *30*

5. Married or Single *married*

6. Date of Death *Oct. 6th 1881*

7. Cause of Death *Heart Disease*

8. Duration of last Illness *One year*

J. J. Townsend, M. D.
Residence *B. Green 15*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren County*

11. Residence *Burnhams Alley*. Ward No *3^d*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Col. Cemetery*

15. Date of intended Interment *Oct 7th 81*

H. L. ..., Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Perry Smith, 1911

48-1

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

RETURN OF A DEATH.

1061

Physician's Certificate Preparatory to Burial.

1. Name of deceased Perry Smith
 2. Sex Male 3. Color Blk. 4. Age 72 yrs.
 5. Married or Single Married
 6. Date of death August 6" 1911
 7. Cause of death Apoplexy (as per Vital Statistics)
 8. Duration of last illness _____
 E. A. Gerard, General Director
 Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Warren, Ky.
 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 Mt. Moriah Cemetery
 15. Date of intended interment Aug 8" 1911.
GERARD & GERARD., Undertaker.
 Date of Certificate Aug 8" 1911. Residence _____

Perry Smith, 1911

48-71 (Always write with ink)

KENTUCKY STATE DEPARTMENT OF HEALTH.

This Certificate with the Paster below after being properly filled out and signed must be detached and securely tacked on the outside box.

UNDERTAKER'S CERTIFICATE

I (or we) hereby certify that the accompanying dead body of Perry Smith
to be transported to the City of Bowling Green State of Ky
has been prepared for transportation by an Embalmer holding License No. 1007 in conformity with Rule No. 1
of the Transportation Rules.

Shipping Undertaker Ramshaw Harton
(Firm Name)
Address Hopkewille Ky

PASTER.

The Railroad or other Transportation Agent must enter hereon a description of the ticket held by the passenger in charge of the corpse, the exact route, and VIA WHAT JUNCTIONAL POINTS it reads.

Special Instructions. A burial case containing a corpse must not be received for transportation unless the person in charge presents a permit from the local Board of Health, or Registrar, and an undertaker's certificate that the body has been prepared for shipment in accordance with the Laws of the State, nor will it be received even then if any fluid or offensive odors are escaping from the case.

Date..... 19.....

From..... Kentucky, to..... State of.....

No. of Escort's Ticket..... Form No. of Escort's Ticket.....

No. of Corpse Ticket..... Form No. of Corpse Ticket.....

Via..... To.....

Via..... To.....

Via..... To.....

Via..... To.....

Name of Passenger in Charge..... Place of Residence.....

Signed..... Shipping Agent.....

R. E. M. Smith, 1891

281 49

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *R E M Smith*

2. Sex *male* 3. Color *colored* 4. Age *25 years*

5. Married or Single *married*

6. Date of Death *Apr 3 1891*

7. Cause of Death *Consumption*

8. Duration of last Illness

Jno. P. Cartwright M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *school teacher*

10. Place of Birth *Simpson Co Ky*

11. Residence *Market St 25* Ward No *3* ward

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

13. When a Minor. } Name of Mother *Francis Smith*
 } Name of Father *H E Smith*

14. Place of intended Interment *St. Mercedes*

15. Date of intended Interment *April 5/91*

Beatha Smallode Undertaker.

Date of Certificate *April 3* . 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 Sidney Smith

2. Sex male 3. Color _____ 4. Age 4 yrs

5. Married or single _____

6. Date of Death Nov 14 1894

7. Cause of Death Menigitis

8. Duration of last Illness Three weeks

Dr O.P. O.W. Porter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth city

11. Residence or Madison Ward No. 3

12. Time of Residence in the City life

13. When a Minor { Name of Mother Susan Smith
Name of Father J.B. Smith

14. Place of intended Interment Hot Springs

15. Date of intended Interment Nov 9 1894

Brattin Payne, Undertaker.

Date of Certificate _____ Residence _____

Albert Hammond

Thomas H. Smith, 1905

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 Thomas H. Smith
Col. White

2. Sex Male 3. Color White 4. Age 67 yrs.

5. Married or Single Widow

6. Date of death Sept 7" 05.

7. Cause of death Heart Disease

8. Duration of last illness _____

John. E. Gray Coroner, M. D.
Residence Warren, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Warren County

11. Residence Postage R.R. Ward No. 3.

12. Time of residence in the city _____

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Sept. 9 05.

Guard & Guard, Undertaker.

Date of Certificate Sept 8" 05. Residence City.

Thomas J. Smith, 1904

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 *Thomas J. Smith*
2. Sex *Male* 3. Color *White* 4. Age *61 yrs*
5. Married or Single *Married*
6. Date of death *Mar. 21, 1904*
7. Cause of death *Bright's Disease*
8. Duration of last illness *A. L. Wright*, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Warren County*
11. Residence *State St.* Ward No. *1*
12. Time of residence in the city
13. When a minor { Name of Mother
 { Name of Father
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Mar 22, 1904*
Guard & Guard, Undertaker.
Date of Certificate *Mar. 21, 1904* Residence

Mrs. Thomas M. Smith, 1904

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 Thomas M. Smith*

2. Sex *Female* 3. Color *White* 4. Age *38 yrs*

5. Married or Single *Married*

6. Date of death *Mar, 24th, 1904*

7. Cause of death *Bright's Disease*

8. Duration of last illness _____

J. E. Meredith, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth _____

11. Residence *Beauty av.* Ward No. *2*

12. Time of residence in the city _____

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Mar, 25th, 1904*

Guard & Guard, Undertaker.

Date of Certificate *Mar, 25th, 1904* Residence _____

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.

481

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. W. W. Smith*
 2. Sex *Female* 3. Color *White* 4. Age *57 yrs.*
 5. Married or single *Married*
 6. Date of death *June 26" 1908.*
 7. Cause of death *Apoplexy.*
 8. Duration of last illness.....
T. W. Stone, M. D.
 Residence..... **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth *Clay Co. Tenn.*
 11. Residence *1 1/2th street* Ward No. *1*
 12. Time of residence in the city *several weeks*
 13. When a minor { Name of mother.....
 { Name of father.....
 14. Place of intended interment *Mizpah Ch. Yel. Warren Co.*
 15. Date of intended interment *June 27" 1908*
Guard & Guard Undertaker.
 Date of Certificate *June 27/ 1908.* Residence **BOWLING GREEN, KY**

Wallie G. Smith, 1907

57

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

RETURN OF A DEATH.

1907

Physician's Certificate Preparatory to Burial.

1. Name of deceased Wallie G. Smith
 2. Sex Male 3. Color White 4. Age 43 yr
 5. Married or single married
 6. Date of death April 15 1907
 7. Cause of death Pneumonia
 8. Duration of last illness 10 days -
T. W. Posey M. D. O.
 Residence City

Undertaker's Certificate in Relation to Deceased.

9. Occupation " "
 10. Place of birth Warren County
 11. Residence East Chestnut Ward No. -
 12. Time of residence in the city years -
 13. When a minor { Name of mother Ann J. P. Smith
 Name of father J. P. Smith
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment April - 16th 1907
Harvey Payne Undertaker.
 Date of Certificate _____ Residence _____

Child of William and M. B. Smith, 1891

286 58

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
of William + M. B.

1. Name of deceased *Child of Wm Smith*
2. Sex *Male* . 3. Color *White* . 4. Age *2 da.*
5. Married or Single *Single*
6. Date of Death *May 1st 1891*
7. Cause of Death *Influenza*
8. Duration of last Illness _____

Residence *J. E. Purdy M. I.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *August St.* . Ward No. *4th*
12. Time of Residence in the City _____
13. When a Minor, } Name of Mother *Mrs M. B. Smith*
 } Name of Father *Wm*
14. Place of intended Interment *Fairview Cem.*
15. Date of intended Interment *May 2nd 1891*
H. C. Giddens , Undertaker.
Date of Certificate *May 2/91* . Residence *City*

William S. Smith, 1913

59

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

RETURN OF A DEATH.

1324

Physician's Certificate Preparatory to Burial.

1. Name of deceased William S. Smith
2. Sex Male 3. Color White 4. Age 30
5. Married or single Single
6. Date of death January 26" 1913.
7. Cause of death Abdominal Abscess
8. Duration of last illness 2 1/2 months
W. A. Buzge M. D.
Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation R. R. Engineer
10. Place of birth Warren, Co Ky.
11. Residence Adams St. Bowling Green Ky Ward No. 3
12. Time of residence in the city _____
13. When a minor { Name of mother _____
Name of father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan. 27" 1913.
GERARD & GERARD. Undertaker.
Date of Certificate Jan. 27" 1913 Residence _____

Willis Paul Smith, 1896

9021 60

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Willis Paul Smith

2. Sex male. 3. Color white. 4. Age 27 months

5. Married or single _____

6. Date of Death June 28th 1896

7. Cause of Death cholera infantum

8. Duration of last Illness two days

H. P. Leathright, M. D.

Residence Mail St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Bowling Green Ky

11. Residence Eastman St. Ward No. 2nd

12. Time of Residence in the City Life Time

13. When a Minor { Name of Mother Mrs. J. C. Smith
Name of Father Mr. J. C. Smith

14. Place of intended Interment June 29th 1896

15. Date of intended Interment Fairview Cem.

Edward B. B. Undertaker.

Date of Certificate June 29/96 Residence _____