1877

Box 4, Folder 7 Bowling Green, Kentucky - Death Records, Sn-Sy

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

Follow this and additional works at: https://digitalcommons.wku.edu/bg_ky_death_records

Part of the Demography, Population, and Ecology Commons, Family, Life Course, and Society Commons, and the United States History Commons

Recommended Citation

This Other is brought to you for free and open access by TopSCHOLAR®. It has been accepted for inclusion in Bowling Green, Kentucky – Death Records, 1877-1913 by an authorized administrator of TopSCHOLAR®. For more information, please contact topscholar@wku.edu.
**Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)**

**Harry Sneed, 1892**

---

**RETURN OF A DEATH.**

**PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.**

1. Name of deceased: **Harry Sneed**
2. Sex: **M**
3. Color: **White**
4. Age: **6 months**
5. Married or Single: **Single**
6. Date of Death: **Oct 29th**
7. Cause of Death: **Influenza**
8. Duration of last illness: **4 days**

**Residence**

---

**UNDERTAKER'S CERTIFICATE IN RELATION TO DECEDED.**

9. Occupation

10. Place of Birth: **1892, Oct 29th, Center Ward No. 2**

11. Residence: **161 1/2 St.**

12. Time of Residence in the City

13. When a Minor, **Name of Mother:** **Harry Sneed**
   **Name of Father:**

14. Place of intended Interment: **Harmony Cem.**

15. Date of intended Interment: **Oct 29th, 1892**, Undertaker.

**Date of Certificate:** **Oct 29th, 1892**
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Infant of Getty and Rosa Snell, [1893]

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Infant of Getty Snell
2. Sex: Female
3. Color: White
4. Age: 1 Mos
5. Married or single: Single
6. Date of Death: Oct 10-th
7. Cause of Death: Infant
8. Duration of last illness: 1 month

Residence: [Signature]

DR. C. C. Wright, M.D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: [Blank]
10. Place of Birth: [Blank]
11. Residence: 12th Street, Ward No. 2
12. Time of Residence in the City: [Blank]
13. When a Minor: Name of Mother: Rosa Snell

Name of Father: Getty

14. Place of intended Interment: Grasswood Court
15. Date of intended Interment: [Signature]

Undertaker. 

Date of Certificate: [Blank] Residence: [Blank]
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased
   Isabella Snell

2. Sex
   Female

3. Color
   White

4. Age 48 yrs.

5. Married or single
   Married


7. Date of Death
   Sept 21st, 1894

8. Cause of Death
   Cancer

9. Duration of last Illness
   Four years

10. Occupation
    Virginia

11. Residence
    12 3/4 St. alt. Ward No. 3 and

12. Time of Residence in the City
    20 yrs.

13. When a Minor
    Name of Mother
    Name of Father

14. Place of intended Interment
    Farewell Landing

15. Date of intended Interment
    Sept 23rd, 1894

16. Undertaker
    F. H. McClary

Date of Certificate
Sept 21st, 1894

Residence

This constitutes one certificate to be returned to the City Clerk for a Burial Permit.
**RETURN OF A DEATH.**

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: J. B. Snell
2. Sex: Boy
3. Color: White
4. Age: __________
5. Married or Single: Single
6. Date of death: Sept 19, 1912
7. Cause of death: Child Born
8. Duration of last illness: __________

W. A. Jagg, 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. When a minor: Name of Mother: Martha Snell, Name of Father: J. B. Snell
14. Place of intended interment: __________
15. Date of intended interment: __________

Date of Certificate: __________
Residence: __________
Laura Snell, 1879

<table>
<thead>
<tr>
<th>Name of Deceased</th>
<th>Laura Snell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Color</td>
<td>White</td>
</tr>
<tr>
<td>Age</td>
<td>5 yr</td>
</tr>
<tr>
<td>Date of Death</td>
<td>Nov 29, 1879</td>
</tr>
<tr>
<td>Cause of Death</td>
<td>Subacute meningitis</td>
</tr>
<tr>
<td>Duration of last Illness</td>
<td>one month</td>
</tr>
<tr>
<td>Residence</td>
<td>J. K. Fleeman, M. D.</td>
</tr>
</tbody>
</table>

| Occupation       |                        |
| Place of Birth   | Bowling Green          |
| Ward No.         | 1st                    |
| Time of Residence in the City |           |

| Name of Mother | Mrs C. P. Snell |
| Name of Father | C. P. Snell     |

| Place of intended Internment | Faisonva Coal |
| Date of intended Internment  | Nov 30, 1879  |
| Undertaker                   | John H. Jones  |

<table>
<thead>
<tr>
<th>Date of Certificate</th>
<th>Residence</th>
</tr>
</thead>
</table>
Perry Snell, 1912

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased
   
   Perry Snell

2. Sex
   
   Male

3. Color
   
   White

4. Age
   
   75

5. Married or Single
   
   Married

6. Date of death
   
   Mar 1, 1912

7. Cause of death
   
   Heart Failure

8. Duration of last illness
   
   [Signature]

   J.R. Givens, M.D.

   Residence: Bowling Green, Ky.

Undertaker’s Certificate in Relation to Deceased.

9. Occupation
   
   [Signature]

10. Place of birth
    
    Warren County

11. Residence
    
    Bowling Green, Ward No.

12. Time of residence in the city
    
    [Signature]

13. When a minor
    
    Name of Mother
    
    [Signature]

    Name of Father
    
    [Signature]

14. Place of intended interment
    
    [Signature]

15. Date of intended interment
    
    Mar 3, 1912

Undertaker: [Signature]

Date of Certificate

Residence: [Signature]
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased: Child and Allen H. Snellen
2. Sex: Female
3. Color: White
4. Age: 4 yr.
5. Married or single: Single
6. Date of death: Feb 15, 1900
7. Cause of death: Membraneous Croup
8. Duration of last illness: E. H. Hughes

M. D.
Residence: /n/n

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED:

9. Occupation
10. Place of birth
11. Residence: Main Street, Ward No. 2nd
12. Time of residence in the City
13. When a minor: Name of Mother: /n/n
14. Place of intended interment: /n/n
15. Date of intended interment: March 1, 1900

Date of Certificate: /n/n

Residence: /n/n
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased: Dona C. Snellen
2. Sex: Female
3. Color: White
4. Age: 3 yrs.
5. Married or single: Single
6. Date of death: Nov. 11, 1900
7. Cause of death: Injuries
8. Duration of last illness: 4 days

B. H. Williams, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED

9. Occupation
10. Place of birth
11. Residence: 8th St.
12. Time of residence in the City
13. When a minor: Name of Mother: Mrs. A. H. Snellen, Name of Father: A. H. Snellen
14. Place of intended interment: Fairview Cemetery
15. Date of intended interment: Nov. 11, 1900

Signed and Sealed, Undertaker.

Date of Certificate: Nov. 11, 1900
Residence
Clara Snoddy, 107

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Miss Clara Snoddy
2. Sex: Female
3. Color: White
4. Age: 36 yrs
5. Married or single: Single
6. Date of death: MAR 20, 1907
7. Cause of death: Exhaustion
8. Duration of last illness: E. Meredith, M. D.

Residence

Undertaker’s Certificate in Relation to Deceased.

10. Place of birth: BOWLING GREEN, KY
11. Residence: BOWLING GREEN, KY
12. Time of residence in the city: 3 yrs
13. When a minor: Name of mother
14. Place of intended interment: GERARD & GERARD
15. Date of intended interment: MAR 22, 1907

Date of Certificate: MAR 22, 1907

Residence: BOWLING GREEN, KY
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Hellen Snodgrass
2. Sex: Female
3. Color: White
4. Age: 77
5. Married or single: Single
6. Date of death: Dec 15 1908
7. Cause of death: Heart Failure
8. Duration of last illness: 6 months

Residence: Bowling Green, Ky

Undertaker’s Certificate in Relation to Deceased.

9. Occupation
10. Place of birth
11. Residence: Bowling Green, Ky
12. Time of residence in the city
13. When a minor Name of mother
14. Place of intended interment: Forest Cemetery
15. Date of intended interment: Dec 16 1908

Gerard & Gerard Undertaker

Date of Certificate: Dec 16 1908

Residence: Bowling Green, Ky
Hellen Snodgrass, 1908
Belle Snowden, 1872

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Belle Snowden
2. Sex: Female
3. Color: White
4. Age: 22
5. Married or Single: Single
6. Date of Death: Mar 12, 1872
7. Cause of Death: Consumption
8. Duration of last Illness: Some time
   Residence: M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: Housekeeper
10. Place of Birth: Calhoun
11. Residence: Calhoun, Ward No. 4
12. Time of Residence in the City: 
13. When a Minor: Name of Mother
   Name of Father
14. Place of intended Interment: County Cemetery
15. Date of intended Interment: Mar 14, 1872

Date of Certificate: Residence: 
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased
   Harrold Snyder

2. Sex
   Male

3. Color
   BLK

4. Age
   2 yrs

5. Married or single
   Single

6. Date of Death
   Oct 7, 1894

7. Cause of Death
   Cholera Infection

8. Duration of last Illness
   0 days

O. D. P.

Residence

Name of Undertaker

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence
   1st St.

12. Time of Residence in the City
   1 year

13. When a minor
   Name of Mother: Harriet Snyder
   Name of Father: Harri Snyder

14. Place of intended Interment
   Mt. Moriah

15. Date of intended Interment
   Oct 3, 1894

Pratt & Payne, Undertaker:

Date of Certificate:

Residence:
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Kate Soan, Female
2. Sex: Female
3. Color: White
4. Age: 76 yrs.
5. Married or single: Single
6. Date of death: Sept. 4, 1901
7. Cause of death: Old age
8. Duration of last illness:
   From Dr. Strong, M.D.
   College St.
   Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth
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:
15. Date of intended interment: Sept. 5, 1901
   Undertaker: S. A. Ford
   Date of Certificate: Sept. 5, 1901
   Residence
**RETURN OF A DEATH.**

**PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.**

1. **Name of Deceased**: Joseph Sohan
2. **Sex**: Male
3. **Color**: White
4. **Age**: 70
5. **Married or Single**: Married
6. **Date of Death**: Nov 28, 1872
7. **Cause of Death**: Meningitis
8. **Duration of Last Illness**: 4 Days

**Residence**: Madison St. Ward No. 2

**M.D.**

**UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.**

9. **Occupation**: M. A. Sohan
10. **Place of Birth**: Bowling Green, Ky
11. **Residence**: Madison St.
12. **Time of Residence in the City**: Oct 1st, 1872
13. **Name of Mother**: M. A. Sohan
14. **Name of Father**: P. Sohan
15. **Place of Intended Interment**: Catholic Church
16. **Date of Intended Interment**: Sept 24th, 1872

**Undertaker**: M. A. Sohan

**Date of Certificate**: Sept 24th, 1872

**Residents**
Wood Solomon, 1900
RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased.
   Mrs. T. H. Sorrells

2. Sex. Female

3. Color. White

4. Age. 25 yrs.

5. Married or Single. Married

6. Date of death. July 1, 1911

7. Cause of death. Intermittent

8. Duration of last illness. One year

   M. A. Baggs, M. D.
   Residence 18 E. Adams

 Undertaker's Certificate in Relation to Deceased.

9. Occupation


11. Residence. 413 State, 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. July 3, 1911

GERARD & GERARD, Undertaker.

Date of Certificate. July 3, 1911

Residence. 18 E. Adams.
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Virginia Sorrels, 1911

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased

   Virginia Sorrels

2. Sex

   Female

3. Color

   White

4. Age

   91 years

5. Married or Single

   Single

6. Date of death

   July 4, 1911

7. Cause of death

   Typhoid

8. Duration of last illness

   Four months

   W. P. Bamburg, M. D.

   BOWLING GREEN, KY

   Residence

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.

   Reserice

   BOWLING GREEN, KY

   Undertaker’s Certificate in Relation to Deceased.

   M. D.
Charles Sously, 1897
Jerry South, 1906

RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased
   Jerry South

2. Sex
   Male

3. Color
   Colored

4. Age 63 yrs.

5. Married or single
   Married

6. Date of death
   Apr. 6th, 1906

7. Cause of death
   Tuberculosis

8. Duration of last illness
   3 Weeks

Residence
   Bowling Green, Ky.

M.D.
   O. P. W. Provision

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of birth
    Warren County

11. Residence
    Many Years

12. Time of residence in the City

13. When a minor
    Name of Mother
    Name of Father

14. Place of intended interment
    Jeff. Morris’s Cemetery

15. Date of intended interment
    Apr. 7, 1906

Undertaker
   Gerard & Gerard

Date of Certificate
   Apr. 6, 1906

Residence
Mrs. John F. South, 1907
Mrs. John F. South, 1907
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Child of George and Elizabeth Southwick, 1904

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: Child of George S. Southwick
2. Sex: Female
3. Color: White
4. Age: 1 month
5. Married or Single: Single
6. Date of death: Mar 15 1904
7. Cause of death: Heart disease
8. Duration of last illness: 12 months

Undertaker's Certificate in Relation to Deceased.

9. Occupation: 
10. Place of birth: 
11. Residence: State St
12. Time of residence in the city: 
13. When a minor: 
   Name of Mother: Elizabeth Southwick
   Name of Father: George Southwick
14. Place of intended interment: 
15. Date of intended interment: Mar 16 1904

Date of Certificate: Mar 16 1904
Residence: 

This constitutes one certificate to be returned to the City Clerk for a Burial Permit.
William Sown, 1912

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: William Sown
2. Sex: Male
3. Color: Pale
4. Age: 21 yrs
5. Married or Single: Single
6. Date of death: June 18, 1912
7. Cause of death: Meningitis
8. Duration of last illness: 14 days

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: School teacher
11. Residence: 502 W. Main St., Ward No. 2
12. Time of residence in the city: During life
13. When a minor: No
   | Name of mother: Harriet Sown
   | Name of father: Joseph Sown
14. Place of intended interment: Church of Christ
15. Date of intended interment: June 18, 1912

Undertaker: C. M. Stroud

Date of Certificate: June 19, 1912
Residence: 502 W. Main St.
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased

   George Spaulding

2. Sex

   M

3. Color

   Bk

4. Age

   50 yrs.

5. Married or single

   Married

6. Date of death

   May 28th

7. Cause of death

   Weakness

8. Duration of last illness

   Dr. E. E. Ogden, M. D.

Residence

Undertaker’s Certificate in Relation to Deceased.

9. Occupation

   Kentucky

10. Place of birth

11. Residence

   12th St. B.Louis

12. Time of residence in the city

13. When a minor

   Name of mother

14. Place of intended interment

   County Cemetery

15. Date of intended interment

   May 28th

   Gerard & Gerard Undertaker:

   Date of Certificate

   Residence

Bowling Green, KY
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased: Jesse G. Spaulding
2. Sex: male
3. Color: white
4. Age: 28
5. Married or single: married
6. Date of death: Sept 18, 1900
7. Cause of death: typhoid fever
8. Duration of last illness: 10 days

Residence:

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: merchant
10. Place of birth: Warren County
11. Residence: South St. Ward No. 2
12. Time of residence in the City: 1895
13. When a minor: Name of Mother
14. Place of intended interment: Thomas Cline
15. Date of intended internment: Sept 24, 1900

Date of Certificate: Residence:
 RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Laura Linn Spalding
2. Sex: Female
3. Color: 
4. Age: 13 yrs
5. Married or Single: 
6. Date of Death: July 26, 1892
7. Cause of Death: Consumption
8. Duration of last illness: Dec. 6th, 1892
9. Residence: Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: 
10. Place of Birth: 
11. Residence: Bowling Green
12. Time of Residence in the City: 
13. When a Minor: 
   Name of Mother: Mary Spalding
   Name of Father: 
14. Place of intended Interment: 
15. Date of intended Interment: July 27, 1892

Date of Certificate: 
Residence: 

Undertaker: 

Laura Linn Spalding, 1892
Mary C. Spaulding, 1907

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Mary C. Spaulding
2. Sex: Female
3. Color: Black
4. Age: 57
5. Married or single: Single
6. Date of death: June 1, 1907
7. Cause of death: Consumption
8. Duration of last illness: 3 or 4 months

Residence: Louisville, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: Housekeeper
11. Residence: 6th St., Ward No. 1
12. Time of residence in the City: 40 yrs
13. When a minor: Yes
   Name of Mother: [Blank]
   Name of Father: [Blank]

15. Date of intended interment: June 5, 1907

Undertaker: [Signature]

Date of Certificate: June 4, 1907
Residence: Louisville, St.
Return of a Death

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Child of Louis Speck
2. Sex: Female
3. Color: White
4. Age: 6 weeks
5. Married or single: Single
6. Date of death: Dec. 5, 1909
7. Cause of death: Meningitis
8. Duration of last illness: M. D.

Residence: Bowling Green, Ky

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: Name
10. Place of birth: Bowling Green, Ky
13. When a minor: Name of mother: Mrs. Louis Speck
14. Name of father: Louis Speck
15. Place of intended interment: St. Joseph’s Cemetery
16. Date of intended interment: Oct. 4, 1909

Gerard & Gerard, Undertaker.

Date of Certificate: Dec. 5, 1909

Residence: Bowling Green, Ky
Mary F. Spencer, 1908

RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Mary F. Spencer
2. Sex: Female
3. Color: White
4. Age: 65
5. Married or single: Widow
6. Date of death: Nov 9, 08
7. Cause of death: Apoplexy
8. Duration of last illness:

Residence: Bowling Green, KY

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation:
10. Place of birth:
12. Time of residence in the City: 3 yrs
13. When a minor:
   - Name of Mother
   - Name of Father
15. Date of intended interment: Nov 11, 08

Date of Certificate: Nov 10, 08

Date of Certificate: Nov 10, 08
Residence: Bowling Green, KY
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of deceased</td>
<td>Mamie Spurrier</td>
</tr>
<tr>
<td>2. Sex</td>
<td>Female</td>
</tr>
<tr>
<td>3. Color</td>
<td>White</td>
</tr>
<tr>
<td>4. Age</td>
<td>22 years</td>
</tr>
<tr>
<td>5. Married or Single</td>
<td>Single</td>
</tr>
<tr>
<td>6. Date of Death</td>
<td>July 16, 1891</td>
</tr>
<tr>
<td>7. Cause of Death</td>
<td>Septicemia</td>
</tr>
<tr>
<td>8. Duration of last illness</td>
<td>Four weeks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Occupation</td>
<td></td>
</tr>
<tr>
<td>10. Place of Birth</td>
<td>Kentucky</td>
</tr>
<tr>
<td>11. Residence</td>
<td>Main Street</td>
</tr>
<tr>
<td>12. Time of Residence in the City</td>
<td></td>
</tr>
<tr>
<td>13. When a Minor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of Mother</td>
</tr>
<tr>
<td></td>
<td>Name of Father</td>
</tr>
<tr>
<td>14. Place of intended Interment</td>
<td>Warren Cemetery</td>
</tr>
<tr>
<td>15. Date of intended Interment</td>
<td>July 17, 1891</td>
</tr>
<tr>
<td></td>
<td>Undertaker</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Certificate</td>
<td>July 16, 1891</td>
</tr>
<tr>
<td></td>
<td>Residence</td>
</tr>
</tbody>
</table>
Infant of Josie Stage, 1891
Infant of Mack and Ula Stage, 1896
MARY C. STAGE, 1896

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Mary C. Stage

1. Name of deceased
2. Sex
3. Color
4. Age
5. Married or single
6. Date of Death
7. Cause of Death
8. Duration of last illness

J. M. Goff
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. When a Minor
   Name of Mother
   Name of Father
14. Place of intended Interment
15. Date of intended Interment

Date of Certificate
Residence
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased

2. Sex

3. Color

4. Age

5. Married or single

6. Date of death

7. Cause of death

8. Duration of last illness

9. Occupation

10. Place of birth

11. Residence

12. Time of residence in the city

13. When a minor
   Name of mother
   Name of father

14. Place of intended interment

15. Date of intended interment

Undertaker’s Certificate in Relation to Deceased.

Residence

Date of Certificate

Undertaker
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased 
   Ann Stall

2. Sex 
   Female

3. Color 
   White

4. Age 63 yrs.

5. Married or Single 
   Widow

6. Date of Death 
   Dec 11, 1891

7. Cause of Death 
   Pneumonia

8. Duration of last illness 
   14 days

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth 
   Simpson County

11. Residence 
   Ward No. 12

12. Time of Residence in the City

13. When a Minor 
   Name of Mother

14. Place of intended Interment

15. Date of intended Interment 
   Dec 12, 1891

Undertaker, J. D. Gross

Date of Certificate Dec 12, 1891 
Residence
Tobe Stallcup, 1907

**RETURN OF DEATH**

**Physician's Certificate Preparatory to Burial.**

1. **Name of deceased:** John Stallcup
2. **Sex:** Male
3. **Color:** Black
4. **Age:** 67 yrs.
5. **Marital status:** Married
6. **Date of death:** Apr. 14, 1907
7. **Cause of death:** M. D.
8. **Duration of last illness:**

**Residence:**

---

**Undertaker's Certificate in Relation to Deceased.**

9. **Occupation:**
10. **Place of birth:**
11. **Residence:**
12. **Time of residence in the city:**
13. **When a minor:**
   - **Name of mother:**
   - **Name of father:**
14. **Place of intended interment:**
15. **Date of intended interment:**

**Date of Certificate:** Apr. 15, 1907

**Residence:** Howling Green, KY

**Died in this diagnostic day:**

**Undertaker:** Gerard & Gerard
Tobe Stallcup, 1907
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Thomas M. Stallings
2. Sex: Male
3. Color: White
4. Age: 11 yrs.
5. Married or single: Single
6. Date of death: Aug 8, 1907
7. Cause of death: Scarlet Fever

M. D. 

Residence: BOWLING GREEN, KY

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: 
11. Residence: 
13. When a minor: Mrs. Anna Stallings
   Name of mother: Frank W. Stallings
   Name of father: 
14. Place of intended interment: St. Joseph’s Cemetery
15. Date of intended interment: Aug 7, 1907

G. & G. Undertaker.

Date of Certificate: Aug 7, 1907
Residence: BOWLING GREEN, KY
This constitutes one certificate to be returned to the City Clerk for a burial permit.

RETURN OF A DEATH

Physician's certificate preparatory to burial.

1. Name of deceased: A. J. Stanford
2. Sex: male
3. Color: black
4. Age: 48 years
5. Married or single: married
6. Date of death: June 17, 1906
7. Cause of death: Tuberculosis
8. Duration of last illness: 18 months

M.D.
Residence: 325 College St.

Undertaker's certificate in relation to deceased.

9. Occupation: laborer
11. Residence: Lebanon, Kentucky, Ward No. 3
12. Time of residence in the city: four years
13. When a minor: Name of mother
    Name of father
14. Place of intended interment: Mt. Moriah Cemetery
15. Date of intended interment: June 18, 1906

J. E. Rayford
Undertaker.

Date of certificate: June 18, 1906
Residence: K. M. 74
College St.
Annie Stark, 1894
This constitutes one certificate to be returned to the City Clerk for a burial permit.

RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Child of Derik and Bell Stark
2. Sex: Male
3. Color: White
4. Age: 9 yrs
5. Married or Single: Single
6. Date of Death: March 7, 1896
7. Cause of Death: Pneumonia
8. Duration of last illness: About 2 weeks

Residence: _______________, M. D.

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: ______
10. Place of Birth: City
11. Residence: ______ Ward No. 7
12. Time of Residence in the City: ______
13. When a Minor: Name of Father: Derik Stark
14. Place of intended Interment: Mount Pleasant
15. Date of intended Interment: May 3, 1896

[Signature]
Undertaker.

Date of Certificate: May 4, 1896
Residence: _______
Infant of George and Ida Stark, 1899

| 1. Name of deceased | Infant Stark |
| 2. Sex |  |
| 3. Color | Black |
| 4. Age |  |
| 5. Married or single |  |
| 6. Date of death | July 5, 1899 |
| 7. Cause of death |  |
| 8. Duration of last illness |  |

Dr. [Name] M. D.

Residence 770 E. Chatham

 Undertaker's certificate in relation to deceased

9. Occupation  
10. Place of birth  
11. Residence 770 E. Chatham, Ward No. 2  
12. Time of residence in the City  
13. When a minor  
   - Name of Mother: Ida Stark  
   - Name of Father: George Stark  
14. Place of intended interment  
15. Date of intended interment: [Signature] Undertaker.
Laura Starke, 1904
RETURN OF A DEATH.

1. Name of deceased: Eugene Starks
2. Sex: Male
3. Color: Col.
4. Age: About 29
5. Married or single: Married
6. Date of death: Dec. 25, 1909
7. Cause of death: Pneumonia
8. Duration of last illness: About 2 months

Residence:

M.D.

Undertaker's certificate in relation to deceased:

9. Occupation: Laborer
10. Place of birth: Corb. T. Kentucky Ward No. 9
11. Residence: Corb. T. Kentucky Ward No. 9
12. Time of residence in the City: About 1 year
13. When a minor: Name of Mother: Ella Starks
14. Place of intended interment: Mt. Zion A. M. E. C.
15. Date of intended interment: Dec. 25, 1909

Residence:

M. Starks, Undertaker.

Date of Certificate: Dec. 25, 1909
MSS 293 | Manuscripts & Folklife Archives – Library Special Collections – Western Kentucky University

Mrs. Isham Starks, 1910

RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased. Mrs. Isham Starks
2. Sex Female
3. Color Black
4. Age 66
5. Married or single Widow
6. Date of death Jan 9th
7. Cause of death Mural Inflammation
8. Duration of last illness

O. P. Porter, M. D.
Residence

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth
12. Time of residence in the City
13. When a minor Name of Mother
    Name of Father
14. Place of intended interment Mount Moriah
15. Date of intended interment Jan 10th

Marius T. Enos, Undertaker

Date of Certificate Jan 11th, 1910 Residence B. P.
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased: Charles Starr
2. Sex: Male
3. Color: White
4. Age: 38 yrs
5. Married or single: Married
6. Date of death: September 8, 1900
7. Cause of death: Enter, Colitis
8. Duration of last illness: S. H. Goode, M. D.

Residence: City

---

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation:
10. Place of birth:
11. Residence: Clay Street, 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: September 8, 1900

Undertaker:

Date of Certificate: September 8, 1900
Residence: City
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Mrs. Earnie Starr
2. Sex: Female
3. Color: White
4. Age: 67 yrs.
5. Married or Single: Married
6. Date of death: June 14, 1909
7. Cause of death: Cancer
8. Duration of last illness: B. Brown, M. D.
   BOWLING GREEN, KY
   Residence
   Undertaker’s Certificate in Relation to Deceased.

9. Occupation: BOWLING GREEN, KY
10. Place of birth: BOWLING GREEN, KY
11. Residence: BOWLING GREEN, KY
12. Time of residence in the city: 
13. When a minor: 
   Name of Mother: 
   Name of Father: 
14. Place of intended interment: Rebecca Cemetery
15. Date of intended interment: June 15, 1909
   GERARD & GERARD, Undertaker.
   Date of Certificate: June 15, 1909
   Residence: BOWLING GREEN, KY
<table>
<thead>
<tr>
<th>1. Name of deceased</th>
<th>Maggie Steadley</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Sex</td>
<td>Female</td>
</tr>
<tr>
<td>3. Color</td>
<td>White</td>
</tr>
<tr>
<td>4. Age</td>
<td>87 yrs</td>
</tr>
<tr>
<td>5. Married or Single</td>
<td>Single</td>
</tr>
<tr>
<td>6. Date of Death</td>
<td>Aug 13th 1891</td>
</tr>
<tr>
<td>7. Cause of Death</td>
<td>Pulmonary Tuberculosis</td>
</tr>
<tr>
<td>8. Duration of last Illness</td>
<td></td>
</tr>
<tr>
<td>9. Occupation</td>
<td></td>
</tr>
<tr>
<td>10. Place of Birth</td>
<td>Warren County</td>
</tr>
<tr>
<td>11. Residence</td>
<td>Greenview Row</td>
</tr>
<tr>
<td>12. Time of Residence in the City</td>
<td></td>
</tr>
<tr>
<td>13. When a Minor</td>
<td></td>
</tr>
<tr>
<td>14. Place of intended Interment</td>
<td></td>
</tr>
<tr>
<td>15. Date of intended Interment</td>
<td>Aug 13th 1891</td>
</tr>
</tbody>
</table>

Residence
Margarett Stege, 1900
Infants of A. C. and Minnie Stem, 1910

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Infants of A.C. and Minnie Stem
2. Sex: Female
3. Color: White
4. Age: 6 weeks
5. Married or Single: Single
6. Date of death: Dec 24th, 1910
7. Cause of death: Chilling "Birth"
8. Duration of last illness: Peter Husky, M. D.
   Residence: 360 College St.

Undertaker’s Certificate in Relation to Deceased.

9. Occupation
10. Place of birth: Liberty B.Y.
11. Residence: East Broadway
    Ward No.
12. Time of residence in the city
13. When a minor: Name of Mother: Minnie A. Husky
    Name of Father: A.C. Stem
14. Place of intended interment: Hammond Cemetery
15. Date of intended interment: Feb 24, 1910
    Gerard Gerard, Undertaker.

Date of Certificate: Feb 24, 1910
    Residence
Elizabeth Stem, 1904

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased
   Mrs. Elizabeth Stem

2. Sex
   Female

3. Color
   White

4. Age
   73 yrs

5. Married or Single
   Married

6. Date of death
   Mar. 1, 1904

7. Cause of death
   Paralysis

8. Duration of last illness
   2 yrs

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth
    Tennessee

11. Residence
    Their Grand Father

12. Time of residence in the city
    several years

13. When a minor
    
    Name of Mother
    
    Name of Father

14. Place of intended interment
    Spring Hill, Tennessee

15. Date of intended interment
    Mar. 2, 1904

Undertaker

Date of Certificate
    Mar. 2, 1904

Residence

Mrs. John W. Stem, 1903

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Mrs. John W. Stem
2. Sex: Female
3. Color: White
4. Age: 93 yrs.
5. Married or single: Married
6. Date of death: Oct. 25, 1903
7. Cause of death: Tuberculosis
8. Duration of last illness:

M. D., M.D.
Residence: 17 N. Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation:
11. Residence: Broadway
12. Time of residence in the City: 15 yrs.
13. When a minor: Name of Mother
   Name of Father
14. Place of intended interment: Techwood Cemetery
15. Date of intended interment: Oct. 25, 1903

Date of Certificate: Oct. 25, 1903
Residence:
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

A. B. Stephens, 1882

RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased  A. B. STEPHENS
2. Sex  M
3. Color  W
4. Age  83 yrs
5. Married or Single  Single
6. Date of Death  Aug 7, 1882
7. Cause of Death  Consumption
8. Duration of last illness  2 months

Residence  WARREN Co Ky

MD

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth  WARREN Co
11. Residence  At Mrs. Margaret Bryan, Ward No 20
12. Time of Residence in the City
13. When a Minor  Name of Mother
   Name of Father
14. Place of intended Interment  WARREN Co
15. Date of intended Interment  May 2nd 1882

Undertaker.

Date of Certificate  May 2

MSS 293 | Manuscripts & Folklife Archives – Library Special Collections – Western Kentucky University
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased: Charles B. Stephens.
2. Sex: Male.
4. Age: 64.
5. Married or Single: Married.
6. Date of Death: July 4th, 1881.
7. Cause of Death: Consumption.
8. Duration of last illness: 1 year.

Residence: 16th Street.

Residence: Bowling Green.

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

10. Place of Birth.
12. Time of Residence in the City.
13. When a Minor: Name of Mother.
14. Place of intended interment.
15. Date of intended interment.

Date of Certificate: Residence.
Infant of Ed and Lillie Stephens, 1897
RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased ............................................. J. Wesley Stephens
2. Sex ................................................................. Male
3. Color .............................................................. White
4. Age ................................................................. 77 yrs.
5. Married or Single ............................................... Married
6. Date of death .................................................... Oct 28, 1910
7. Cause of death .................................................. Heart Disease
8. Duration of last illness ........................................ 20 years

Residence ........................................................., M. D.

Undertaker's Certificate in Relation to Deceased.

9. Occupation ......................................................
10. Place of birth .................................................. Warren Co.
11. Residence ....................................................... 10th St. Ward No. 3
12. Time of residence in the city ................................ 6 yrs.
13. When a minor ..................................................
   Name of Mother ........................................
   Name of Father ........................................
14. Place of intended interment ................................
15. Date of intended interment ................................ Oct 29, 1910

Date of Certificate ........................................... Oct 28, 1910
Residence .........................................................
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Maggie Stephens
2. Sex: Female
3. Color: White
4. Age: 96 yrs
5. Married or Single: Married
6. Date of death: Mar. 6th, 1905
7. Cause of death: Pulmonary Tuberculosis
8. Duration of last illness: 10 weeks

Maggie Stephens, 1905

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: Not applicable
10. Place of birth: City
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: Mar. 7, 1905

Date of Certificate: Mar. 6th, 1905
Residence: ________________

Undertaker: "Hardwick & Searcy"

This constitutes one certificate to be returned to the City Clerk for a burial permit.
## RETURN OF A DEATH

Physician's Certificate Preparatory to Burial.

1. Name of deceased
   - Mrs. Nannie Stephens

2. Sex
   - Female

3. Color
   - White

4. Age
   - 49 yrs

5. Married or Single
   - Single

6. Date of death
   - May 1, 1911

7. Cause of death
   - Typhoid Fever, as per Dr. M.D.

8. Duration of last illness
   -

9. Occupation
   -

10. Place of birth
    - Douglas, Arizona

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
    - May 6, 1911

Gerard & Gerard, Undertaker.

Date of Certificate
- May 6, 1911

Residence
-
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Nannie Stephens, 1911
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of deceased</td>
<td>Sandy Stephens</td>
</tr>
<tr>
<td>2. Sex</td>
<td>Male</td>
</tr>
<tr>
<td>3. Color</td>
<td>Light</td>
</tr>
<tr>
<td>4. Age</td>
<td>45 yrs</td>
</tr>
<tr>
<td>5. Married or single</td>
<td>Single</td>
</tr>
<tr>
<td>6. Date of Death</td>
<td>July 5th, 1896</td>
</tr>
<tr>
<td>7. Cause of Death</td>
<td>Malaria &amp; Rheumatic Fever</td>
</tr>
<tr>
<td>8. Duration of last illness</td>
<td>3 yrs</td>
</tr>
<tr>
<td>9. Occupation</td>
<td></td>
</tr>
<tr>
<td>10. Place of Birth</td>
<td>City</td>
</tr>
<tr>
<td>11. Residence</td>
<td>5th Street, Ward No. 7</td>
</tr>
<tr>
<td>12. Time of Residence in the City</td>
<td></td>
</tr>
<tr>
<td>13. When a Minor</td>
<td>Name of Mother</td>
</tr>
<tr>
<td></td>
<td>Name of Father</td>
</tr>
<tr>
<td>14. Place of intended Interment</td>
<td></td>
</tr>
<tr>
<td>15. Date of intended Interment</td>
<td>July 6th, 1896</td>
</tr>
<tr>
<td></td>
<td>Undertaker</td>
</tr>
<tr>
<td>Date of Certificate</td>
<td>July 5th, 1896</td>
</tr>
<tr>
<td></td>
<td>Residence</td>
</tr>
</tbody>
</table>
Stella Stephens, 1905

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: Stella Stephens
2. Sex: Female
3. Age: 21 yrs.
4. Color: White
5. Married or Single: Single
6. Date of death: Apr. 26, 1905
7. Cause of death: Pulmonary Tuberculosis
8. Duration of last illness: M. D.

Residence:

Undertaker's Certificate in Relation to Deceased.

9. Occupation:
10. Place of birth:
11. Residence: City
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: Apr. 26, 1905
   Undertaker: 

Date of Certificate: Apr. 27, 1905
Residence:
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Virginia Stephens, 1903

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: 
   Virginia Stephens

2. Sex: Female

3. Color: White

4. Age: 42 years

5. Married or single: Single

6. Date of death: Sept. 14, 1909

7. Cause of death: Pneumonia

8. Duration of last illness: 8 days

   Residence: 

   Dr. W. H. Sims, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of birth: 

11. Residence: 
   Woodford 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: 
   St. Joseph Cemetery
   Sept. 15, 1909.

15. Date of intended interment: 
   Emanuel and Emanuel, Undertaker.

Date of Certificate: Sept. 15, 1909.

Residence: 

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 Sterret
2. Sex: Male
3. Color: White
4. Age: 68 yrs.
5. Married or Single: Married
6. Date of death: May 18, 1910
7. Cause of death: Street Accident
8. Duration of last illness: P.S. Wright, Coroner, M.D.
   Residence: Bardstown, Green Co.

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: Street Accident
10. Place of birth: Warren County
11. Residence: Bardstown
12. Time of residence in the city: 
13. When a minor: 
   (Name of Mother: 
   (Name of Father: 
14. Place of intended interment: Bardwell Cemetery
15. Date of intended interment: May 18, 1910

GERARD & GERARD, Undertaker.

Date of Certificate: May 19, 1910
Residence: 

[Handwritten notes and signatures]
Agatha Sterrett, 1891
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: William B. Stevall
2. Sex: Male
3. Color: White
4. Age: 33
5. Married or single: Single
6. Date of death: Sept 25, 1906
7. Cause of death: Inflammation of Heart
8. Duration of last illness: F. & H. Huddleston, M.D.

Residence:

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation:
10. Place of birth:
12. Time of residence in the City:
13. When a minor: Name of Mother
   Name of Father
14. Place of intended interment: Hardwood Cemetery
15. Date of intended interment: Sept 25, 1906

Date of Certificate
Residence

William B. Stevall, 1906
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased. Mrs. Ben A. Stevens
2. Sex. Female
3. Color. White
4. Age. 35 yrs.
5. Married or single. Married
6. Date of death. OCT 25 1906
7. Cause of death. Tubercular meningitis
8. Duration of last illness. 8 days

Dr. W. Stone, M.D.
Residence: Bowling Green, KY

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth. Bowling Green, KY
11. Residence. Bowling Green, KY
12. Time of residence in the City.
13. When a minor. Name of Mother: Mrs. Annauta, Trigg
   Name of Father: Dr. Andrew Trigg
14. Place of intended interment. St. Vincent's Cemetery
15. Date of intended interment. OCT 27, 1906

Gerard & Gerard, Undertaker.

Date of Certificate: OCT 26 1906
Residence: Bowling Green, KY.
Eva Stevens, 1891

RETURN OF A DEATH.

1. Name of deceased  
   Eva Stevens

2. Sex  
   Female

3. Color  
   Dark

4. Age  
   36

5. Married or Single  
   Married

6. Date of Death  
   April 20, 1891

7. Cause of Death  
   Heart Disease

8. Duration of last illness
   B.F. Miller, M.D.
   Residence

UNTERTAKE'S CERTIFICATE IN RELATION TO DECEDED.

9. Occupation

10. Place of Birth  
    Warren County

11. Residence  
    42nd Street, Ward No. 15

12. Time of Residence in the City

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

14. Place of intended Interment  
    Mt. Moriah

15. Date of intended Interment  
    April 21

Undertaker,

Date of Certificate  
   April 20, 1891
   Residence
Gilbert Stevens, 1893

RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased. Gilbert Stevens
2. Sex Male
3. Color Black
4. Age
5. Married or Single Married
6. Date of Death April 27, 1888
7. Cause of Death Connaught
8. Duration of last illness

Residence

J.M. Conners, M.D.

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of Birth
11. Residence 2nd 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
15. Date of intended Interment April 28, 1888

Date of Certificate Residence
Inez Stevens, 1904

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Deceased</td>
<td>Inez Stevens</td>
</tr>
<tr>
<td>Sex</td>
<td>Female</td>
</tr>
<tr>
<td>Color</td>
<td>White</td>
</tr>
<tr>
<td>Age</td>
<td>24</td>
</tr>
<tr>
<td>Married or Single</td>
<td>Single</td>
</tr>
<tr>
<td>Date of Death</td>
<td>Jan 3, 1904</td>
</tr>
<tr>
<td>Cause of Death</td>
<td>Asthma</td>
</tr>
<tr>
<td>Duration of Last Illness</td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>M. D.</td>
</tr>
<tr>
<td>Residence</td>
<td>S. J. Stevens</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Place of Birth</td>
<td></td>
</tr>
<tr>
<td>Place of Residence</td>
<td></td>
</tr>
<tr>
<td>Ward No</td>
<td>3</td>
</tr>
<tr>
<td>Time of Residence in the City</td>
<td></td>
</tr>
<tr>
<td>Mother Name</td>
<td>Mrs. Susie Stevens</td>
</tr>
<tr>
<td>Father Name</td>
<td>William G Stevens</td>
</tr>
<tr>
<td>Place of Intended Internment</td>
<td></td>
</tr>
<tr>
<td>Date of Intended Internment</td>
<td>Jan 3, 1904</td>
</tr>
<tr>
<td>Undertaker</td>
<td></td>
</tr>
<tr>
<td>Date of Certificate</td>
<td>Jan 3, 1904</td>
</tr>
</tbody>
</table>

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: Louis Offutt Stevens
2. Sex: Male
3. Color: White
4. Age: 11 mo.
5. Married or Single: Single
6. Date of death: Feb 16 '05
7. Cause of death: Tuberculosis
8. Duration of last illness:
   A.T. W. Cumnace, M.D.
   Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
11. Residence: Ward No. 9
12. Time of residence in the city: Life times
13. When a minor: (Name of Mother) H. J. Stevens
   (Name of Father) H. J. Stevens
14. Place of intended interment: Fairview Cemetery
15. Date of intended interment: Feb 17, '05
   Undertaker: W. F. Hammond
   Date of Certificate: Feb 16, '05
   Residence: City
Mary E. Stevens, 1908

<table>
<thead>
<tr>
<th>Number</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of deceased: Mrs. Mary E. Stevens</td>
</tr>
<tr>
<td>2.</td>
<td>Sex: Female</td>
</tr>
<tr>
<td>3.</td>
<td>Color: White</td>
</tr>
<tr>
<td>4.</td>
<td>Age: 69 yrs</td>
</tr>
<tr>
<td>5.</td>
<td>Married or single: Married</td>
</tr>
<tr>
<td>6.</td>
<td>Date of death: Oct 10, 1908</td>
</tr>
<tr>
<td>7.</td>
<td>Cause of death: Pneumonia, Peritonitis</td>
</tr>
<tr>
<td>8.</td>
<td>Duration of last illness:</td>
</tr>
<tr>
<td>9.</td>
<td>Occupation:</td>
</tr>
<tr>
<td>10.</td>
<td>Place of birth:</td>
</tr>
<tr>
<td>11.</td>
<td>Residence: Bowling Green, KY</td>
</tr>
<tr>
<td>12.</td>
<td>Time of residence in the city:</td>
</tr>
<tr>
<td>13.</td>
<td>When a minor:</td>
</tr>
<tr>
<td>14.</td>
<td>Place of intended interment:</td>
</tr>
<tr>
<td>15.</td>
<td>Date of intended interment:</td>
</tr>
</tbody>
</table>

Date of Certificate: Oct 10, 1908

Residence: Bowling Green, KY
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Mary E. Stevens, 1908

A. Anderson
Undertaker and Embalmer
(Formerly Anderson and Liadey)
Kansas City, Mo.

Undertaker's Certificate

Kansas City, Mo. Date: 13 - 08

Names of deceased: Mary E. Stevens

Place of death: St. Luke's Hospital, 1334 East 8th St.

Cause of death: Hospitalized

For interment at: Bowling Green, Kentucky

Name of person in charge: Mrs. Oscar Stevens

Number of Transit Permit: 7177

Signed: A. Anderson

108 West 16 Street

P. O. Address

From: Kansas City, Mo. to Bowling Green, Ky.

Number of Ticket: Form No. of Ticket

From: Kansas City to Bowling Green, Ky.


Via: L. M. Via: L. M. Via: L. M. Via: L. M.

Signed by Station Agent:

A. W. Anderson
Mildred Louise Stevens, 1907
RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: William R. Stevens
2. Sex: Male
3. Color: White
4. Age: 73 yrs.
5. Married or Single: Married
6. Date of death: July 27, 1905
7. Cause of death: Neuritis, Bronch
8. Duration of last illness:

J. A. Ludtke, M.D.
Residence: Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation: Ohio
10. Place of birth: Fair St.
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: Mount Zion Cemetery
15. Date of intended interment: July 28, 1905

Undertaker: E. T. F. Ward
Date of Certificate: July 28, 1905
Residence:
Will Stevison, 1913

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name of deceased.</td>
<td>Will Stevison</td>
</tr>
<tr>
<td>2. Sex</td>
<td>Male</td>
</tr>
<tr>
<td>3. Color</td>
<td>Cal.</td>
</tr>
<tr>
<td>4. Age</td>
<td>55 yrs.</td>
</tr>
<tr>
<td>5. Married or single</td>
<td>Married</td>
</tr>
<tr>
<td>6. Date of death</td>
<td>Feb. 28, 1913</td>
</tr>
<tr>
<td>7. Cause of death</td>
<td>Carcinoma of liver</td>
</tr>
<tr>
<td>8. Duration of last illness</td>
<td>About 5 weeks</td>
</tr>
<tr>
<td></td>
<td>O.P. Roper, M.D.</td>
</tr>
<tr>
<td></td>
<td>Residence</td>
</tr>
<tr>
<td>9. Occupation</td>
<td>Common labor</td>
</tr>
<tr>
<td>10. Place of birth</td>
<td>Tennessee</td>
</tr>
<tr>
<td>11. Residence</td>
<td>Barks Alley, Ward No. 3</td>
</tr>
<tr>
<td>12. Time of residence in the city</td>
<td>About 7 yrs.</td>
</tr>
<tr>
<td>13. When a minor</td>
<td>Yes</td>
</tr>
<tr>
<td>Name of mother</td>
<td>Pearl Khan</td>
</tr>
<tr>
<td>Name of father</td>
<td>Sandy Thompson</td>
</tr>
<tr>
<td>14. Place of intended interment</td>
<td>Monticello</td>
</tr>
<tr>
<td>15. Date of intended interment</td>
<td>March 1, 1913</td>
</tr>
<tr>
<td>Date of Certificate</td>
<td>March 1, 1913</td>
</tr>
<tr>
<td>Residence</td>
<td>Cor. 7th &amp; College St.</td>
</tr>
<tr>
<td>Undertaker's Certificate in Relation to Deceased.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Cassie Steward
2. Sex: Female
3. Color: White
4. Age: 41
5. Married or single: Single
6. Date of death: July 13, 1913
7. Cause of death: Felled by Death
8. Duration of last illness: Felled in New Market, KY
   Residence: Furnace Town

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth: Woodbury, KY
11. Residence: Bowling Green, KY
12. Time of residence in the City:
13. When a minor
   Name of Mother: Blanche Steward
   Name of Father: Jesse
14. Place of intended interment: Woodbury, KY
15. Date of intended interment: July 13, 1913
   Undertaker: R. W. Lewis
   Date of Certificate: July 14, 1913
   Residence: Bowling Green
Willie Steward, 1910

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: Willie Steward
2. Sex: Male
3. Color: [Blank]
4. Age: [Blank]
5. Married or Single: Single
6. Date of death: Jan 7, 1910
7. Cause of death: Phrenemia
8. Duration of last illness: [Blank]

Residence: Bowling Green

Undertaker's Certificate in Relation to Deceased.

9. Occupation: [Blank]
10. Place of birth: Bowling Green
11. Residence: [Blank]
12. Time of residence in the city: [Blank]
13. When a minor: Name of Father: Willie Steward
14. Place of intended interment: [Blank]
15. Date of intended interment: Jan 7

Date of Certificate: Jan 1910
Residence: [Blank]
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Charles Stewart
2. Sex: Male
3. Color: White
4. Age: 5 years
5. Married or single: Married
6. Date of death: Aug. 28, 1905
7. Cause of death: Pneumonia
8. Duration of last illness: 
9. Occupation: 
10. Place of birth: City
12. Time of residence in the City: 
13. When a minor: 
   a. Name of Mother: 
   b. Name of Father: 
14. Place of intended interment: 
15. Date of intended interment: Aug. 29, 1905

Undertaker’s Certificate in relation to deceased.

Date of Certificate: 
Residence: 

Undertaker: 

Residence: 

Jane G. Stewart, 1898

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased: Jane G. Stewart
2. Sex: Female
3. Color: White
4. Age: 67 yrs
5. Married or single: Widow
6. Date of death: June 2, 1898
7. Cause of death: Consumption of Bowels
8. Duration of last illness

Dr. W. C. Conner, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation:
10. Place of birth: Warren County
11. Residence: Warren County, Ward No. 4th
12. Time of residence in the City:
13. When a minor: 
   a. Name of Mother:
   b. Name of Father:
14. Place of intended interment: Fairview Cemetery
15. Date of intended interment: June 2, 1898

Undertaker: J. E. Garwood
Residence:
Mary Ann Stewart, 1910
Robert Lee Stewart, 1910
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Susan Stewart
2. Sex: Female
3. Color: Black
4. Age: 49 yrs
5. Married or single: Married
6. Date of death: July 21, 1908
7. Cause of death: Natural Disease of Brain
8. Duration of last illness: 1 Cass preceding

Undertaker’s Certificate in Relation to Deceased.

9. Occupation
10. Place of birth: Warren County
11. Residence: Newton St. 11tth Ward No.
12. Time of residence in the City: 18 yrs
13. When a minor
   Name of Mother
   Name of Father
14. Place of intended interment: Newton
15. Date of intended interment: March 2, 1908

Date of Certificate
Residence
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Theodore Stewart
2. Sex: Male
3. Color: White
4. Age: 26 yrs
5. Married or single: Single
6. Date of Death: Mar 19, 1894
7. Cause of Death: Tuberculosis
8. Duration of last illness: From Mar 15
   3907 hands, M. D.
   Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
11. Residence: Ward No. 4
12. Time of Residence in the City
13. When a Minor:
   Name of Mother
   Name of Father
14. Place of intended Interment: Warren County
15. Date of intended Interment: Mar 20, 1894
   E. E. Lewis, Undertaker.

Date of Certificate: Mar 19, 1894
   Residence
Washington Stewart, 1894

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Washington Stewart
2. Sex: Male
3. Color: White
4. Age: 72 yrs.
5. Married or single: Married
6. Date of Death: May 7, 1914
7. Cause of Death: Bright disease
8. Duration of last illness:

 Residence: W. Clay House, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth
11. Residence: Ward No. 47
12. Time of Residence in the City
13. When a Minor { Name of Mother
   Name of Father
14. Place of intended Interment: St. Vincent Cemetery
15. Date of intended Interment: May 9, 1914
   Undertaker: J. Edward Anderson
   Date of Certificate: May 9, 1914
   Residence: City
William H. Stewart, 1908

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: William H. Stewart
2. Color: White
3. Sex: Male
4. Age: 56 yrs.
5. Married or single: Married
6. Date of death: Sept. 27, 1908
7. Cause of death: Result of age in fancy
8. Duration of last illness: M. D.

Residence: BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation: Engineer, Lt. R. R.
10. Place of birth: BOWLING GREEN, KY
12. Time of residence in the city: Life time
13. When a minor: Name of mother
14. Place of intended interment: Evergreen Cemetery
15. Date of intended interment: Sept. 29, 1908

GERARD & GERARD, Undertaker.

Date of Certificate: Sept. 28, 1908

Residence: BOWLING GREEN, KY
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Mrs. B. T. Stice
2. Sex: Female
3. Color: White
4. Age: 24 yrs.
5. Married or single: Married
6. Date of death: January 29, 1908
7. Cause of death: Dysentery
8. Duration of last illness: 11 days
9. Occupation: Housewife
10. Place of birth: Warren County
11. Residence: Bowling Green, KY
12. Time of residence in the city: 1 year
13. When a minor: Yes
   Name of mother: Mrs. Ella Stice
   Name of father: Mr. T. Stice
14. Place of intended interment: Bethel Baptist Church
15. Date of intended interment: Jan. 30, 1908

 Undertaker’s Certificate in Relation to Deceased.

Gerard & Gerard, Undertakers.

Date of Certificate: Jan 30, 1908
Residence: Bowling Green, KY
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Child Ed. Stiff
2. Sex: Male
3. Color: White
4. Age: 2 yrs.
5. Married or single: Single
6. Date of death: July 16, 1901
7. Cause of death: Diphtheria
8. Duration of last illness: 8 days

Residence: Speed, Ky

M.D.: Fred Stone

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: No occupation listed
10. Place of birth: Bowling Green, Ky
11. Residence: Manket
12. Time of residence in the City: Life Time
13. When a minor: Name of Mother: Ader Stiff
   Name of Father: Ed Stiff
14. Place of intended interment: St. Joseph's, Greenfield
15. Date of intended interment: July 16, 1901

Date of Certificate: Residence:
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased  Grace Stiff
   2. Sex  Female
   3. Color  White
   4. Age  17 yrs.
   5. Married or single  Single
   6. Date of death  January 20th, 1908
   7. Cause of death  Coronaries
   8. Duration of last illness

H. W. Cartwright  M. D.
Residence  200 W. 9th

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth  West Union, Ky.
11. Residence  Church St. Ward No. 3
12. Time of residence in the City  8 yrs.
13. When a minor  
   Name of Mother  H. P. Stiff
   Name of Father  H. E. Stiff
14. Place of intended interment
15. Date of intended interment  January 27th, 1908

Grace Stiff, Undertaker.

Date of Certificate  January 20th, 1908
Residence
Infant of J. P. and Maude Stiff, 1904

<table>
<thead>
<tr>
<th>1. Name of deceased</th>
<th>Infant of J. P. Stiff</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Sex</td>
<td>Male</td>
</tr>
<tr>
<td>3. Color</td>
<td>White</td>
</tr>
<tr>
<td>4. Age</td>
<td>1 mo.</td>
</tr>
<tr>
<td>5. Married or Single</td>
<td>Single</td>
</tr>
<tr>
<td>6. Date of death</td>
<td>Apr 18, 1904</td>
</tr>
<tr>
<td>7. Cause of death</td>
<td>Tearing</td>
</tr>
<tr>
<td>8. Duration of last illness</td>
<td>Jacob H. Stone, M.D.</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
</tr>
</tbody>
</table>

** Undertaker’s Certificate in Relation to Deceased. **

| 9. Occupation      |                         |
| 10. Place of birth | Church St               |
| 11. Residence      |                         |
| 12. Time of residence in the city |                 |
| 13. When a minor  |                          |
| 14. Place of intended interment |                |
| 15. Date of intended interment | April 17, 1905 |
| Undertaker         | Gerald D. Green        |
| Date of Certificate | April 18, 1905         |
| Residence          |                         |
Infant of J. T. and Callie Still, 1913

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Infant of J. T. and Callie Still
2. Sex: Male
3. Color: White
4. Age: Single
5. Married or single: Single
6. Date of death: June 1, 1913
7. Cause of death: Failure of Perinatal Disease
8. Duration of last illness: 5½ hours

Residence: Bowling Green, Ky.

Residence: Bowling Green, Ky.

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: Broken Stove
12. Time of residence in the city: 1913
13. When a minor: Infant

Residence: Bowling Green, Ky.

Date of Certificate: June 1, 1913

Undertaker: GERARD & GERARD

Residence: Bowling Green, Ky.
## RETURN OF A DEATH

**Physician’s Certificate Preparatory to Burial.**

1. Name of deceased: C. H. W. Stocking, D. D.  
   - **Sex:** Male  
   - **Color:** White  
   - **Age:** 79 yrs  
   - **Married or single:** Married

2. Date of death: JAN 26 1913

3. Cause of death: Railroad accident

4. Duration of last illness:

---

**Residence:** Bowling Green, Ky  

---

**Undertaker’s Certificate in Relation to Deceased.**

5. Occupation: Minister of Church

6. Place of birth: Bowling Green, Ky

7. Residence: Bowling Green, Ky

8. Time of residence in the city: six months

9. Ward No. 1

10. Name of mother

11. Name of father

12. Place of intended interment: Gerard & Gerard

13. Date of intended interment: JAN 31 1913

14. Undertaker: Gerard & Gerard

15. Date of Certificate: JAN 27 1913

---

**Residence:** Bowling Green, Ky
Cooper W. Stone, 1911

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: Cooper W. Stone
2. Sex: Male
3. Color: White
4. Age: 39 yrs
5. Married or Single: Married
6. Date of death: July 3, 1911
7. Cause of death: Typhoid Fever
8. Duration of last illness: 26 days

M. H. Blackburn, M. D.
Residence: 1119 State St.

Undertaker's Certificate in Relation to Deceased.

9. Occupation:
11. Residence: College St.
12. Time of residence in the city:
13. When a minor: (Name of Mother) (Name of Father)
14. Place of intended interment: Freeman Cemetery
15. Date of intended interment: July 4, 1911

GERARD & GERARD, Undertakers.

Date of Certificate: July 3, 1911
Residence:
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Ereasa Stone
2. Sex: Female
3. Color: Col.
4. Age: 56 yrs
5. Married or single: Widow
6. Date of Death: Feb. 17, 1896
7. Cause of Death: Anseumatic
8. Duration of last illness

J.O. Butler, M.D.
Residence

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth
11. Residence: Berea, Berea, 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: Mt. Moriah
15. Date of intended Interment: Feb. 17, 1896

Date of Certificate: Feb. 18, 1896
Residence: College St.
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased. J. Wood Stone
4. Age. 63 yrs.
5. Married or single. Married.
8. Duration of last illness. 2 months.

J. H. Plowman, M.D.
Residence.

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

11. Residence. 530 W. Main, Ward No.
12. Time of residence in the City. 2 years.
13. When a minor. Name of Mother.
   Name of Father.
15. Date of intended interment. July 5, 1904.

J. H. Plowman, Undertaker.

Date of Certificate. July 5, 1904.
Residence.
Infant of George R. Story, 1894

RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased
   Infants of Geo R. Story

2. Sex
   Male

3. Color
   White

4. Age

5. Married or single

6. Date of Death
   Jan 4th, 1894

7. Cause of Death
   Premature Birth

8. Duration of last Illness

B.F. McLain, M. D.

Residence

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth
    City

11. Residence
    New York Ward No.

12. Time of Residence in the City

13. When a Minor

   Name of Mother
   Geo R. Story

   Name of Father
   Mamie C. Story

14. Place of intended Interment
    Heaven's Gate

15. Date of intended Interment
    Jan 5th, 1894

   12 o'clock B.M., Undertaker.

Date of Certificate

Residence
Infant of E. T. and Milzie Stout, 1906

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

2. Sex: Male.
4. Age: —
5. Married or single: Single.
6. Date of death: May 4, 1906.
7. Cause of death: Stillborn.
8. Duration of last illness: —

Residence: Bowling Green, KY.

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: —
Name of Mother: Mrs. Milzie Stout.
14. Place of intended interment: Glasgow, Ky.
15. Date of intended interment: May 5, 1906.

Undertaker: —

Date of Certificate: May 6, 1906.
Inez Stout, 1899

RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased: Inez Stout
2. Sex: Female
3. Color: BLK
4. Age: 14 yrs
5. Married or single: Single
6. Date of death: Jan 21, 1899
7. Cause of death: Consumption
8. Duration of last illness:

O. D. Parker, M. D.
Residence:

UNDEUTAKER’S CERTIFICATE IN RELATION TO DECEASED

9. Occupation: 
10. Place of birth: Conway
12. Time of residence in the City: 
13. When a minor: Name of Mother: 
   Name of Father: 
14. Place of intended interment: Conway Ground
15. Date of intended interment: Jan 2, 1899

Date of Certificate: Residence:
Infant of John and Louisa Stout, 1907

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased
   Infant of John and Louisa Stout

2. Sex
   M

3. Color
   W

4. Age
   1

5. Married or single
   Single

6. Date of death
   8-18-1907

7. Cause of death
   Septicemia

8. Duration of last illness
   10 days

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. When a minor
   Name of mother
   Name of father

14. Place of intended interment

15. Date of intended interment

Date of Certificate

Residence

2-7
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased: John L. Stout
2. Sex: Male
3. Color: White
4. Age: 55 yrs.
5. Married or single: Married
6. Date of death: April 6, 1898
7. Cause of death: Bright's Disease
8. Duration of last illness: 4 months
9. Residence: College St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

10. Place of birth: Dover, Virginia
11. Residence: Kentucky St., Ward No. 3 and
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: April 7, 1898

Undertaker: \ Signature \\

Date of Certificate: April 6, 1898
Residence: City
Margaret L. Stout, 1911

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased
   Ms. Margaret L. Stout

2. Sex. Female

3. Color. White

4. Age. 69 yrs.

5. Married or Single. Married

6. Date of death. Aug. 4th, 1911


8. Duration of last illness. 70 years

M. D.

Residence. BOWLING GREEN, KY.

Undertaker’s Certificate in Relation to Deceased.

9. Occupation

10. Place of birth. BOWLING GREEN, KY.

11. Residence.

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. 5th, 1911

Gerard & Gerard, Undertaker.

Date of Certificate. Aug. 9th, 1911

Residence. BOWLING GREEN, KY.
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Samuel Stout, 1879
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Mrs. M. J. Stovalle
2. Sex: Female
3. Color: White
4. Age: 70 yrs.
5. Married or single: Married
6. Date of death: Dec. 30, 1908
7. Cause of death: Peritonitis
8. Duration of last illness: 1 day

Tom W. Stark
M.D.
Residence: Bowling Green, KY

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: Housewife
10. Place of birth: Hart County
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: Dec. 30, 1908

Gerard & Gerard, Undertaker.

Date of Certificate: Dec. 30, 1908
Residence: Bowling Green, KY
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Mary [Nolan] Stovalle, 1913

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased. Mary Nolan Stovalle.
2. Sex. Female.
4. Age. 44 yrs.
5. Married or single. Married.
8. Duration of last illness. 1 yr.
10. Place of birth. 
12. Time of residence in the city. 14 yrs.
13. When a minor. 
   (Name of mother.) 
   (Name of father.) 
14. Place of intended interment. 
15. Date of intended interment. 

Undertaker’s Certificate in Relation to Deceased.

GERARD & GERARD. Undertaker.


Residence. Bowling Green, Ky.
James W. Straight, 1906

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased
   James W. Straight

2. Sex: Male

3. Color: White

4. Age: 44

5. Married or single: Single

6. Date of death: October 13, 1906

7. Cause of death: Syphilis

8. Duration of last illness: Several Years

A. Straight, M.D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of birth: Warren County

11. Residence: State: Kentucky

12. Ward No: 1

13. When a minor: No

14. Place of intended interment: Trinidade Cem

15. Date of intended interment: Oct 13, 1906

A. Straight, Undertaker

Date of Certificate: Residence:

S. Straight
Charlotte Strange, 1896
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: ________________________________
   F. L. Strange, Jr.

2. Sex: Male

3. Color: White

4. Age: 19

5. Married or Single: Single

6. Date of death: June 7, 1911

7. Cause of death: Enteritis

8. Duration of last illness: 3 days

Residence: Bowling Green, KY

______________________________, M.D.

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: ________________________________

10. Place of birth: Bowling Green, KY

11. Residence: Bowling Green, KY

12. Time of residence in the city: June 7, 1911

13. When a minor
   Name of Mother: ________________________________
   Name of Father: ________________________________

14. Place of intended interment: Fairview Cemetery

15. Date of intended interment: June 7, 1911

______________________________, Undertaker.

Date of Certificate: June 7, 1911

Residence: Bowling Green, KY
James Strange, 1892

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased: James Strange
2. Sex: Male
3. Color: White
4. Age: 44 yrs
5. Married or Single: Married
6. Date of Death: Jan 20, 1892
7. Cause of Death: Pneumonia
8. Duration of last illness: One week

Residence

J. H. Combs, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth: Warren County
11. Residence: Church Hill
12. Time of Residence in the City
13. When a Minor: Name of Mother
14. Place of Intended Interment: Mt. Zion Cemetery
15. Date of Intended Interment: Jan 21, 1892

Undertaker: "J. H. Combs"

Date of Certificate: Jan 20, 1892
Residence: City
Mrs. James Strange, 1896
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Child of Mintie Strange, 1896
Ona Strange, 1892

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ona Strange
2. Sex Female
3. Color Black
4. Age 81
5. Married or Single Widow
6. Date of Death May 13, 1921
7. Cause of Death Old Age
8. Duration of last Illness

J. E. Womack, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
11. Residence East District, Ward No. 10
12. Time of Residence in the City Fifty years
13. When a Minor Name of Mother
Name of Father
14. Place of intended Interment Mt. Moriah Cemetery
May 14, 1921
15. Date of intended Interment
Frank W. Guard, Undertaker.

Date of Certificate May 14, 1921. Residence City
Robert F. Strange, 1891

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased. Robert F. Strange.
5. Married or Single: Married.
6. Date of Death: July 13, 1891.
7. Cause of Death: Disease.
8. Duration of last illness:

H. F. Cartwright, M.D.
Residence.

Undertakers Certificate in Relation to Deceased.

12. Time of Residence in the City:
13. When a Minor: Name of Mother

15. Date of intended Interment: July 14, 1891.

Date of Certificate: July 23, 1891. Residence.
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Arther C. Stroud, 1908

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Arther C. Stroud
2. Sex: Male
3. Color: White
4. Age: 91 yrs
5. Married or single: Single
6. Date of death: July 31, 1908
7. Cause of death: Stabbed in the Neck
8. Duration of last illness: 21 days

Residence: Bowling Green, KY

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: Not specified
10. Place of birth: Meade County, KY
11. Residence: Bowling Green, KY
12. Time of residence in the city: 37 yrs
13. When a minor: Name of mother: Frances Strong
    Name of father: Arther Strong
14. Place of intended interment: Not specified
15. Date of intended interment: July 31, 1908

Date of Certificate: July 31, 1908
Residence: Bowling Green, KY
Joe Stubbins, 1893
Mary Stubbins, 1892

RETURN OF A DEATH.

1. Name of deceased: Mrs. Mary Stubbins.
2. Sex: Female.
5. Married or Single: Widow.
6. Date of Death: Dec. 31st, 1892.
7. Cause of Death: Cholera.
8. Duration of last illness: 30 days.

Residence: 1892, M.D.

---

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation:
10. Place of Birth: Allen County, Kentucky.
11. Residence: College Street, Ward No. 2.
12. Time of Residence in the City: Eighty Four years.
13. When a Minor: 
   a. Name of Mother: 
   b. Name of Father: 
15. Date of intended Interment: Jan. 1st, 1893.

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased:  
   Bettie Stubblefield

2. Sex: Female

3. Color: White

4. Age: 65

5. Married or single: Widow

6. Date of death: Apr. 26, 1900

7. Cause of death: Paralysis

8. Duration of last illness: 

   Residence:

   O. D. Thomas, M.D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: Housekeeper

10. Place of birth: 

11. Residence: College St. Ward No. 4

12. Time of residence in the City: 

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

14. Place of intended interment: Mt. Moriah

15. Date of intended interment: Apr. 27, 1900

   Undertaker: 

   Date of Certificate: Apr. 27, 1900
   Residence: 

 Warrent County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Hester Stubblefield
2. Sex: Female
3. Color: Black
4. Age: 40 yrs.
5. Married or single: Married
6. Date of Death: November 18, 1897
7. Cause of Death: Neurimalaria
8. Duration of last illness: 20 days
9. Occupation: 
10. Place of Birth: Warren County
11. Residence: 
12. Time of Residence in the City: 
13. When a Minor: 
   a. Name of Mother: 
   b. Name of Father: 
14. Place of intended Interment: 
15. Date of intended Interment: November 18, 1897

Undertaker: Mathias Karp

Date of Certificate: Residence: 

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, C. A. Studdle, 1891
2. Sex: M
3. Color: Blk
4. Age: 17 yrs
5. Married or Single: Single
6. Date of Death: Oct 5th, 1891
7. Cause of Death: Cholera
8. Duration of last illness:

Residence: 303 South Warren, M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: 
10. Place of Birth: Livermore
11. Residence: Livermore, Ward No. 4
12. Time of Residence in the City: 
13. When a Minor. Name of Mother: 
   Name of Father: 
14. Place of intended Interment: 
15. Date of intended Interment: Oct 5th, 1891

Undertaker: 
Date of Certificate: Oct 5th, 1891
Residence: 303 South Warren
Mose Studivan, 1894
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased  Berthy Studle
2. Sex  Female
3. Color  White
4. Age  9 years
5. Married or Single  Single
6. Date of Death  Nov 8th, 1892
7. Cause of Death
8. Duration of last Illness  Gastroenteritis

Residence

M. D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEDENT.

9. Occupation
10. Place of Birth
11. Residence  Warren Co., Ward No. 3
12. Time of Residence in the City
13. When a Minor.  Name of Mother  Charles Studle
    Name of Father  Hulcy
14. Place of intended Interment  Greenview Cemetery
15. Date of intended Interment  Nov 9th, 1892

Date of Certificate  Residence

Berthy Studle, 1892
Infant of J. B. and Nelle Sublet, 1908
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased: Henry Sugg
2. Sex: Male
3. Color: White
4. Age: 56 yrs
5. Married or single: Married
6. Date of death: Sept 19th, 1903
7. Cause of death: Cerebral Apoplexy
8. Duration of last illness: Residence

Residence: M.D.

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
12. Time of residence in the City:
13. When a minor: Name of Mother
14. Place of intended internment: Russelville Ky
15. Date of intended internment: Sept 21st, 1903

 Undertaker:

Date of Certificate: Sept 19th, 1903
Residence:
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

John Sullivan, 1909

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: John Sullivan
2. Sex: Male
3. Color: White
4. Age: 67 yrs
5. Married or single: Married
6. Date of death: Jan 7, 1909
7. Cause of death: Chronic, obstructive nephritis
8. Duration of last illness:...

Residence: BOWLING GREEN, KY

Undertaker’s Certificate in Relation to Deceased.

9. Occupation:...
10. Place of birth: County of Co., Ireland
11. Residence: Church St., Ward No. 3
12. Time of residence in the city: 15 yrs
13. When a minor: Name of mother...
14. Place of intended interment: St. Joseph’s Cemetery
15. Date of intended interment: Jan 8, 1909

Date of Certificate: Jan 7, 1909
Residence: BOWLING GREEN, KY
Margarett Sullivan, 1896
Mark Sullivan, 1893

| 1. Name of deceased | Mark Sullivan |
| 2. Sex | Male |
| 3. Color | White |
| 4. Age | 68 |
| 5. Married or single | Married |
| 6. Date of Death | Aug 11, 193?
| 7. Cause of Death | Pulmonary Emphysema |
| 8. Duration of last Illness | Several months |
| 9. Occupation |  |
| 10. Place of Birth |  |
| 11. Residence |  |
| 12. Time of Residence in the City |  |
| 13. When a Minor |  |
| 14. Place of intended Interment | Catholic Cemetery |
| 15. Date of intended Interment | Aug 12, 1932 |
| Undertaker | J. L. Lee & Son |
| Undertaker's Certificate |  |
| Residence |  |
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Mary Sullivan, 1879

---

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased: Mary Sullivan
2. Sex: Female
3. Color: White
4. Age: 2 years
5. Married or Single: Single
6. Date of Death: July 21st, 1879
7. Cause of Death: Dysentery
8. Duration of last illness: 10 days

S. J. Johnson, M.D.
Residence: Bowling Green

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: 
10. Place of Birth: Bowling Green
11. Residence: Bowling Green, Ward No. 2
12. Time of Residence in the City: Two years
13. When a Minor: Name of Mother: Mary Sullivan
14. Place of intended Interment: Mother's Family
15. Date of intended Interment: July 22nd, 1879

John C. Gerard, Undertaker.
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased: Michael Sullivan
2. Sex: Male
3. Color: White
4. Age: 65 years
5. Married or Single: Married
6. Date of Death: Dec 7, 1892
7. Cause of Death:
8. Duration of Last Illness: 

Residence: M. D.

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: 
10. Place of Birth: Ireland
11. Residence: N/A
12. Time of Residence in the City:
13. When a Minor: Name of Mother
14. Place of intended Interment: Catholic Church
15. Date of intended Interment: Dec 7, 1892

Undertaker:

Date of Certificate: Dec 7, 1892
Residence: 
RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: Richard Sullivan
2. Sex: Male
3. Color: White
4. Age: 60 years
5. Married or Single: Married
6. Date of death: May 8, 1905
7. Cause of death: Pancreatitis
8. Duration of last illness: June 4, 1905

Residence: M. D.

Undertaker's Certificate in Relation to Deceased.

9. Occupation: Farmers
10. Place of birth: Kentucky
11. Residence: 6th Ward, 2
12. Time of residence in the city: 30 years
13. When a minor: Name of Mother: St. Joseph's Cemetery
14. Place of intended interment: 14th Ward
15. Date of intended interment: March 10, 1905

Date of Certificate: March 9, 1905
Residence:
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Child of W. F. Sullivan, 1898

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPATORY TO BURIAL

1. Name of deceased: Child of W. F. Sullivan
2. Sex: Male
3. Color: White
4. Age: 
5. Married or single: Single
6. Date of death: Feb 13 1898
7. Cause of death: Stillborn
8. Duration of last illness: 

Residence: 

UNDEUTKERS CERTIFICATE IN RELATION TO DECEASED.

9. Occupation: 
10. Place of birth: Maine St, City
11. Residence: Main Street
12. Time of residence: in the City
13. When a minor: 
   Name of Mother: W. F. Sullivan
   Name of Father: W. F. Sullivan
14. Place of intended interment: St. Joseph Cemetery
15. Date of intended interment: July 4 1898

Date of Certificate: July 4 1898

Residence: 

[Signature] Undertaker.
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Child of L. P. Summers, 1905

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Child of L. P. Summers
2. Sex: Female
3. Color: White
4. Age: 16 Mo.
5. Married or Single: Single
6. Date of death: Sept 15th, 1905
7. Cause of death: Influenza
8. Duration of last illness:

F. W. Harrow, M. D.
Residence: 

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: 
10. Place of birth: Summerville, Miss.
11. Residence: Church St. Ward No.: 
12. Time of residence in the city: Mrs. L. P. Summers
13. When a minor: 
   Name of Mother: L. P. Summers
   Name of Father: 
14. Place of intended interment: 
15. Date of intended interment: Sept. 16th, 1905

F. W. Harrow, Undertaker.

Date of Certificate: Sept 16th, 1905
Residence: 
Charles A. Sumpter, 1911
Charles A. Sumpter, 1911
RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased
   Mrs. E. B. Sumpter

2. Sex
   Female

3. Color
   White

4. Age
   50 yrs.

5. Married or Single
   Married

6. Date of death
   May 9, 1904

7. Cause of death
   Influenza

8. Duration of last illness
   J. O. Wright

   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. When a minor
   Name of Mother
   Name of Father

14. Place of intended interment

15. Date of intended interment
   May 9, 1904

   Undertaker
   W. W. Fredrick

   Date of Certificate
   May 9, 1904

   Residence
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Child of J. B. and Blanche Sumpter, 1891
Infant of J. B. and Blanche Sumpter, 1881
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased. Lura Sumpter
2. Sex. Female
3. Color. White
4. Age. 38
5. Married or Single. Married
6. Date of death. May 31, 1911
7. Cause of death. (Blank)
8. Duration of last illness. (Blank)

Residence

Underwriter’s Certificate in Relation to Deceased.

9. Occupation. (Blank)
10. Place of birth. Warren County
11. Residence. Bowling Green
12. Time of residence in the city. 12 yrs
13. When a minor. (Blank)
14. Place of intended interment. (Blank)
15. Date of intended interment. (Blank)

Date of Certificate. Residence. (Blank)
Laura D. Sumpter, 1911
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Samuel W. Sumpter
2. Sex: Male
3. Color: White
4. Age: 7
5. Married or Single: Married
6. Date of death: Feb 8, 1904
7. Cause of death: Scrofulous Consumption
8. Duration of last illness: A.J. H. Cunnally, M. D.
9. Residence: D. Jones

Undertaker’s Certificate in Relation to Deceased.

10. Occupation: Warren County
12. Residence: Ward No. 1
13. Time of residence in the city: 
14. Date of intended interment: Feb. 10, 1904
15. Date of certificate: Feb. 9, 1904

Signature: Undertaker.
RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased: Mary Bell Sun
5. Married or Single: Single
6. Date of Death: 9th June, 1882
7. Cause of Death: Consumption
8. Duration of last illness: 12 months
   
   Residence: Bowling Green

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation:
10. Place of Birth:
11. Residence: Elm 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: Heirloom Church
15. Date of Interment: June 8th, 82
    
   Undertaker:
   
   Date of Certificate: June 7th, 82, Residence:
Virgie Sweatman, 1906
RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: Hattie Sweatmon
2. Sex: Female
3. Color: White
4. Age: 24 yrs.
5. Married or Single: Single
6. Date of death: April 7, 1910
7. Cause of death: Inflammation of Throat
8. Duration of last illness: 24 hrs.

Residence: Hattie Sweatmon, M. D.

Undertaker's Certificate in Relation to Deceased.

9. Occupation: 
10. Place of birth: Warren County
11. Residence: Bradford St., Ward No. 2
12. Time of residence in the city: 
13. When a minor: Name of Mother: 
Name of Father: 
14. Place of intended interment: Guinn Cemetery
15. Date of intended interment: April 7, 1910

GEBARD & GEBARD, Undertakers.

Date of Certificate: April 7, 1910
Residence: 

Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Hattie Sweatmon, 1910
George Sweeney, 1898
RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Child of Ike Sweeney
2. Sex: M
3. Color: White
4. Age: 0 yrs.
5. Married or Single: Single
6. Date of death: Jan 27, '06
7. Cause of death: Thrombosis
8. Duration of last illness: 2 yrs., M. D.

Residence

Undertaker’s Certificate in Relation to Deceased.

9. Occupation
10. Place of birth: Liberty
12. Time of residence in the city
13. When a minor
   a. Name of Mother: Mrs. Ike Sweeney
   b. Name of Father: Ike Sweeney
14. Place of intended interment
15. Date of intended interment: Jan 27, '06
   Undertaker: R. Frank
   Date of Certificate: Jan 23, '05
   Residence

# Child of Ike Sweeney, 1906
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Lou Ann Sweeney, 1892

RETURN OF A DEATH.

PHYSICIAN’S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased
   Lou Ann Sweeney
2. Sex
   Female
3. Color
   M.
4. Age
   49 yrs.
5. Married or Single
   Married
6. Date of Death
   Jan 15, 1921
7. Cause of Death
   Tuberculosis
8. Duration of last Illness
   2 yrs.
9. Residence
   133 S.

M.D.

UNDERTAKER’S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
   
10. Place of Birth
    Warren County
11. Residence
    133 S.
12. Time of Residence in the City
   
13. When a Minor
    
14. Place of intended Interment
    
15. Date of intended Interment
    Jan 15, 1921

Undertaker.

Date of Certificate
Jan 15, 1921
Residence
William Sweeney, 1897

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
   
   Sweeney

2. Sex
   
   Male

3. Color
   
   White

4. Age
   
   82 yrs

5. Married or single
   
   Married

6. Date of Death
   
   June 13-1897

7. Cause of Death
   
   Old Age

8. Duration of last illness
   
   Old Age

   Residence

   State

   M.D.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth
    
    Warren Co., Ky

11. Residence
    
    East Church, Ward No.

12. Time of Residence in the City
    
    Life

13. When a Minor
    
    Name of Mother
    
    Name of Father

14. Place of intended Interment
    
    Mt. Moriah

15. Date of intended Interment
    
    June 13-1897

   Undertaker.

Date of Certificate

   Residence
RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: William H. Sweeney
2. Sex: Male
3. Color: White
4. Age: 69 yrs.
5. Married or single: Married
6. Date of death: Jan 17, 1910
7. Cause of death: Pneumonia
8. Duration of last illness:

B. A. Rutherford, M. D.
Residence:

Undertaker's Certificate in Relation to Deceased.

9. Occupation: Farmer
10. Place of birth: Warren County
11. Residence: 2nd St., Bowling Green, Ky
12. Time of residence in the city: 12 months
13. When a minor: Name of mother:
14. Place of intended interment: Warren Cemetery
15. Date of intended interment: Jan 17, 1910

GERARD & GERARD, Undertakers.
Residence: BOWLING GREEN, KY

Date of Certificate: Jan 18, 1910
Mrs. William H. Sweeney, 1907
Jaine Swiney, 1911

RETURN OF A DEATH.

Physician’s Certificate Preparatory to Burial.

1. Name of deceased: Jaine Swiney
2. Sex: Female
3. Color: Last
4. Age: 68 yrs
5. Married or Single: Single
6. Date of death: March 31, 1911
7. Cause of death: Chronic Nephritis
8. Duration of last illness: About 1 Year

J. W. Holt, M. D.
Residence: Bowling Green, Ky.

Undertaker’s Certificate in Relation to Deceased.

9. Occupation: General Housework
10. Place of birth: Cockfield, Ky.
11. Residence: 200 W. St., Ward No. 3
12. Time of residence in the city: About 5 yrs
13. When a minor: Name of Mother: Sofia Jones
   Name of Father: John Swiney
14. Place of intended interment: March 26, 1911
15. Date of intended interment: J. E. Young, Undertaker.

Date of Certificate: Mar. 25, 1911
Residence: T. P. Swiney, 5th College St.
Warren County, Kentucky Death Records, Box 4, Folder 7 (Sn to Sy)

Child of Luther E. and L. I. Synan, 1909

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased: Child of Luther E. Synan

2. Sex: Female

3. Color: White

4. Age: 5 yrs.

5. Married or single: Single

6. Date of death: Dec. 5, 1909

7. Cause of death: Complication

8. Duration of last illness: 

9. Occupation: 


11. Residence: 

12. Time of residence in the city: 

13. When a minor: 

14. Place of intended interment: 

15. Date of intended interment: Dec. 5, 1909

GERARD & GERARD, Undertaker.

Date of Certificate: Dec. 5, 1909

Residence: Bowling Green, Ky.