

1877

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

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Harry Sneed, 1892

461

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 *Harry Sneed Sneed*  
2. Sex *Male* 3. Color *White* 4. Age *6 months*  
5. Married or Single *Single*  
6. Date of Death *Oct 29<sup>th</sup>*  
7. Cause of Death *Convulsion of 24 H*  
8. Duration of last Illness \_\_\_\_\_

*J. E. Sneed, M. D.*  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Blount Co 12<sup>th</sup> Center*  
11. Residence *Fourth St* Ward No. *2*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Mary Sneed*  
                          } Name of Father *"*  
14. Place of intended Interment *Harrison Court*  
15. Date of intended Interment *Oct 31<sup>th</sup> 92*  
*F. H. Howard*, Undertaker.  
Date of Certificate *Oct 29/92* Residence \_\_\_\_\_

Infant of Getty and Rosa Snell, [1893]

558

2

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Getty Snell* <sup>+ Rosa</sup>
2. Sex *Female* 3. Color *White* 4. Age *1 mo*
5. Married or single
6. Date of Death *Oct 10<sup>th</sup>*
7. Cause of Death *Scourge*
8. Duration of last Illness *1 month*

*J.P. Coyle*, M.D.

Residence

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *City*
11. Residence *12<sup>th</sup> Street* Ward No. *2*
12. Time of Residence in the City
13. When a Minor } Name of Mother *Rosa B Snell*  
                          } Name of Father *Getty "*
14. Place of intended Interment *Funerary Cent*
15. Date of intended Interment

*F. C. Young*, Undertaker.

Date of Certificate

Residence

Isabella Snell, 1894

663 3

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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1. Name of deceased *Mrs. Isabella Snell.*  
 2. Sex *Female* 3. Color *White* 4. Age *48 yrs.*  
 5. Married or single *Widow of C. P. Snell "Dead"*  
 6. Date of Death *Sept 21"/1894.*  
 7. Cause of Death *Cancer*  
 8. Duration of last Illness *Four years*  
 \_\_\_\_\_, M. D.  
*J. F. McElroy*  
 Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation \_\_\_\_\_  
 10. Place of Birth *Virginia.*  
 11. Residence *12<sup>th</sup> street* Ward No. *3<sup>rd</sup>*  
 12. Time of Residence in the City *30 yrs.*  
 13. When a Minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Farriss Cemetery*  
 15. Date of intended Interment *Sept 23"/1894.*  
*F. C. Beard & Co.*, Undertaker.  
 Date of Certificate *Sept 22/94* Residence *city*

Child of J. B. and Martha Snell, 1912

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

# RETURN OF A DEATH.

1254

## Physician's Certificate Preparatory to Burial.

- Name of deceased *Child of J. B. Snell* <sup>+ Martha</sup>
- Sex *boy*
- Color *white*
- Age *—*
- Married or Single *—*
- Date of death *Sept 15 - 1912*
- Cause of death *Still born*
- Duration of last illness *—*

*Wm A. Juggs*, M. D.  
 Residence *B - G - Ky*

## Undertaker's Certificate in Relation to Deceased.

- Occupation *—*
- Place of birth *Ky*
- Residence *Parton addition* Ward No. *—*
- Time of residence in the city *—*
- When a minor { Name of Mother *Martha Snell*  
Name of Father *J. B. Snell*
- Place of intended interment *St. Louis Church Cemetery*
- Date of intended interment *Sept 19 - 1912*
- Genard Genard*, Undertaker.
- Date of Certificate *Sept 19 - 12* Residence *City*

Laura Snell, 1879

5

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

### RETURN OF A DEATH.

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

1. Name of Deceased *Laura Snell*

2. Sex *Female* . 3. Color *White* . 4. Age *5-yr*

5. Married or Single \_\_\_\_\_

6. Date of Death *Nov 29<sup>th</sup> 1879*

7. Cause of Death *Subacute meningitis*

8. Duration of last Illness *One month*

*J. N. W. L. M. D.*  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_

10. Place of Birth *Bowling Green*

11. Residence \_\_\_\_\_ . Ward No. *1<sup>st</sup>*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother *Mrs C P Snell*  
Name of Father *C P Snell*

14. Place of intended Interment *Hairview Cem*

15. Date of intended Interment *Nov 30<sup>th</sup> 79*

*Frank G. G. , Undertaker.*  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Democrat Print.

Perry Snell, 1912

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

# RETURN OF A DEATH.

116 3

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Comadore* Comadore P. Snell  
 2. Sex male 3. Color white 4. Age 75  
 5. Married or Single married  
 6. Date of death March 1, 1912  
 7. Cause of death Heart Failure  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence Bowling Green, Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation farmer  
 10. Place of birth Warren County  
 11. Residence Bowling Green Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           Name of Father \_\_\_\_\_  
 14. Place of intended interment Waller Chapel cemetery  
 15. Date of intended interment March 3, 1912  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence Bowling Green

Child and Allen H. Snellen, 1900

17 7

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Allen H. Snellen*  
 2. Sex *Female* 3. Color *White* 4. Age *4 yrs*  
 5. Married or single *Single*  
 6. Date of death *Feb. 28" 1900.*  
 7. Cause of death *Membranous Croup*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *Burling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence *Main Street* Ward No. *3rd*  
 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 *March 1" 1900,*  
*Garard and Garard* Undertaker.  
 Date of Certificate *Mar 1" 1900,* Residence \_\_\_\_\_

Dona C. Snellen, 1900

8

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

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Dona C. Snellen*  
2. Sex *Female* 3. Color *White* 4. Age *3 yrs.*  
5. Married or single *Single*  
6. Date of death *Nov. 11<sup>th</sup> 1900.*  
7. Cause of death *Peritonitis*  
8. Duration of last illness *4 days.*  
*B. H. Millikan*, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *Polite St* Ward No. *3*  
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. 17/1900.*  
*Guard and Gerard*, Undertaker.  
Date of Certificate *Nov 11/1900* Residence \_\_\_\_\_

Clara Snoddy, 107

9

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

## RETURN OF A DEATH.

*184*

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Clara Snoddy*

2. Sex *Female* 3. Color *White* 4. Age *56 yrs.*

5. Married or single *Single*

6. Date of death *MAR 20 1907*

7. Cause of death *Exhaustion*

8. Duration of last illness *8. Months* M. D.

Residence.....

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Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Barron Co.*

11. Residence *College St. BOWLING GREEN, KY* Ward No. *2*

12. Time of residence in the city *4 yrs.*

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

14. Place of intended interment *Glasgow Ky.*

15. Date of intended interment *MAR 22 1907*

*GERARD & GERARD* Undertaker.

Date of Certificate *MAR 22 1907* Residence *BOWLING GREEN, KY*

Hellen Snodgrass, 1908

10-1

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

# RETURN OF A DEATH.

5-28

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss Hellen Snodgrass.*  
 2. Sex *Female* 3. Color *White* 4. Age.....  
 5. Married or single *Single*  
 6. Date of death *Dec. 15" 1908.*  
 7. Cause of death *Heart Failure*  
 8. Duration of last illness *E. N. Guard*

Residence..... **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth.....  
 11. Residence *Hopkinsville Ky.* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           Name of father.....  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Dec. 16" 1908.*

**GERARD & GERARD.**..... Undertaker.

Date of Certificate *Dec. 16" 1908.* Residence **BOWLING GREEN, KY**

876 230  
1714

Hellen Snodgrass, 1908

10-2  
112

## CERTIFICATE OF UNDERTAKER.

Hopkissville Ky Date Dec 15<sup>th</sup> 1908

Name of deceased... Hellen Snodgrass

Place of death... Hopkissville Ky

Cause of death... Heart Failure

For interment at... Bowling Green Ky

Name of person in charge.....

Number of Transit permit... 407

Signed... Walter T. Rogers Undertaker...  
Hopkissville Ky P. O. Address

The above is to be filled out by Undertaker and attached to box containing corpse.

From..... To..... State.....

Number of Ticket..... Form No. of Ticket.....

From..... to.....

Via..... R. R. Via..... Junction

Signed..... Station Agent

Belle Snowden, 1872

399

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 *Belle Snowden Snowden*<sup>P</sup>  
2. Sex *female* . 3. Color *col* . 4. Age *22*  
5. Married or Single *single*  
6. Date of Death *Mar 12<sup>th</sup> 1872*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *same time*  
*none* . M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Housekeeper*  
10. Place of Birth *city*  
11. Residence *Delapile* . 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 *March 14 1872*  
*Coaker & Payne* . Undertaker.  
Date of Certificate . Residence

Harrold Snyder, 1894

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Harrold Snyder Snyder*

2. Sex *man* 3. Color *Blk* 4. Age *2 yrs*

5. Married or single \_\_\_\_\_

6. Date of Death *Oct 2 1894*

7. Cause of Death *Cholera Infantum*

8. Duration of last Illness \_\_\_\_\_

*Dr. O.P.P.* \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *City*

11. Residence *Super St* Ward No. *1*

12. Time of Residence in the City *life*

13. When a Minor { Name of Mother *Queen Snyder*  
Name of Father \_\_\_\_\_

14. Place of intended Interment *mt Moriah*

15. Date of intended Interment *Oct 3 1894*

*Prather & Payne*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Kate Soan, 1901

13

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Kate Soan*  
2. Sex *Female* 3. Color *White* 4. Age *76 yrs*  
5. Married or single *Widow*  
6. Date of death *Sept. 4/1901.*  
7. Cause of death *Old age*  
8. Duration of last illness *6 weeks*  
*Tom H. Stone, M. D.*  
Residence *College St*

## 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 *St Josephs Cemetery*  
15. Date of intended interment *Sept. 5/1901*  
*Gerard and Gerard*, Undertaker.  
Date of Certificate *Sept. 4/1901.* Residence \_\_\_\_\_

Joseph Sohan, 1872

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Joseph Sohan Sohan*  
2. Sex *Male* 3. Color *White* 4. Age *Five yrs*  
5. Married or Single  
6. Date of Death *Sept 23<sup>d</sup> 1879*  
7. Cause of Death *Meningitis*  
8. Duration of last Illness *Five days*  
*J. W. McCormack*, M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of Birth *Bowling Green Ky*  
11. Residence *Madison St* Ward No. *2*  
12. Time of Residence in the City  
13. When a Minor { Name of Mother *M A Sohan*  
Name of Father *P Sohan*  
14. Place of intended Interment *Catholic Cem*  
15. Date of intended Interment *Sept 24<sup>th</sup> 1879*  
*Frank O. Gerard*, Undertaker.  
Date of Certificate *Sept 24<sup>th</sup> 1879* Residence

Democrat Print.

Wood Solomon, 1900

32

15

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Wood, Solomon.  
 2. Sex Male 3. Color Blk. 4. Age 40.  
 5. Married or single Single  
 6. Date of death Apr. 15, 1900.  
 7. Cause of death Pneumonia.  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer  
 10. Place of birth \_\_\_\_\_  
 11. Residence 4th St. Ward No. 2nd  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment County Cemetery  
 15. Date of intended interment Apr. 16, 1900.  
Garard & Garard, Undertaker.  
 Date of Certificate Apr 16, 1900. Residence \_\_\_\_\_

Mrs. T. H. Sorrells, 1911

16.

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

# RETURN OF A DEATH.

1039

## 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<sup>st</sup> 1911.*  
 7. Cause of death *Tuberculosis*  
 8. Duration of last illness *one year*  
 Signature *W. A. Biggs*, M. D.  
 Residence *10 E Adams*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Bowling Green Ky*  
 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<sup>rd</sup> 1911.*  
 Signature *GERARD & GERARD*, Undertaker.  
 Date of Certificate *July 3/1911* Residence *B. Green*

Virginia Sorrels, 1911

17

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

# RETURN OF A DEATH.

1047

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Virginia Sorrels*  
 2. Sex *Female* 3. Color *White* 4. Age *30 years*  
 5. Married or Single *Single*  
 6. Date of death *July 4" 1911*  
 7. Cause of death *Tuberculosis*  
 8. Duration of last illness *Two months*  
 \_\_\_\_\_, M. D.  
*W. A. Buggs*  
 Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *BOWLING GREEN, KY*  
 11. Residence *413 State St.* Ward No. *2*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father *J. A. Sorrels*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *July 4" 1911*  
 \_\_\_\_\_, Undertaker.  
*GERARD & GERARD*  
 Date of Certificate *July 4/1911* Residence *BOWLING GREEN, KY*

Charles Sously, 1897

1076 18

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Charles Sously*  
2. Sex *Male* 3. Color *White* 4. Age *8 mo.*  
5. Married or single *Single*  
6. Date of Death *Nov 19" 97*  
7. Cause of Death *Inanition*  
8. Duration of last Illness \_\_\_\_\_  
*J. B. Wright*, M. D.  
Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Edmonson Co.*  
11. Residence *State Street* Ward No. *1st*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Nov 20" 97*  
*Guard & Guard*, Undertaker.  
Date of Certificate *Nov 19" 97* Residence \_\_\_\_\_

Jerry South, 1906

19

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

# RETURN OF A DEATH.

#8

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Jerry South*  
 2. Sex *Male* 3. Color *Colored* 4. Age *63 yob.*  
 5. Married or single *Married.*  
 6. Date of death *Apr. 6 " 06.*  
 7. Cause of death *Chronic Bright's disease*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *BOWLING GREEN, KY.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Warren County*  
 11. Residence *Many years Betsy* 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 *Mt. Moriah Cemetery*  
 15. Date of intended interment *Apr. 7 " 1906.*  
 \_\_\_\_\_, Undertaker.  
 By *Enquirer A. Gerard*  
 Date of Certificate *Apr. 6/06.* Residence \_\_\_\_\_

Mrs. John F. South, 1907

20-1

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Dr John F. South*
2. Sex *Female* 3. Color \_\_\_\_\_ 4. Age *52*
5. Married or single *Married*
6. Date of death *Oct 30 07*
7. Cause of death *Pneumonia Follicularis*
8. Duration of last illness \_\_\_\_\_

*G. A. Hebert* M. D.  
 Residence *Hot Springs, Ark* BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_
10. Place of birth *Benton Co.*
11. Residence *2<sup>nd</sup> St* Ward No. *1*
12. Time of residence in the city \_\_\_\_\_
13. When a minor { Name of mother \_\_\_\_\_  
 Name of father \_\_\_\_\_
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Nov 1/07*

GERARD & GERARD, Undertaker.

Date of Certificate *OCT 31 1907* Residence *BOWLING GREEN, KY*

*Died at Hot Springs, Arkansas,*

Mrs. John F. South, 1907

THE CHICAGO, ROCK ISLAND & PACIFIC RAILWAY CO.  
ST. LOUIS, KANSAS CITY & COLORADO RAILROAD.  
CHICAGO, ROCK ISLAND & EL PASO RAILWAY.

20-2

TRANSPORTATION OF CORPSES.

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of Deceased *Mrs. J. F. South* Date of Death *Pomphigus Folliculus*  
(If a minor give parents' name also)  
Hour of Death *12:30 P.M.* Age *52* Years Months \_\_\_\_\_ Days *5*  
Place of Death *West Springs* Cause of Death \_\_\_\_\_  
which is a *non-communicable* disease.  
(Communicable or non-communicable)

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

*W. H. Hebert* M. D. or Coroner.  
Residence *West Springs* County of *Yalland* State of *Ark*

PERMIT OF LOCAL BOARD OF HEALTH.

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

In the *city* of *West Springs* County of *Yalland*  
(City or Township)  
State of *Ark* on the *30* day of *Oct* 1907  
Permission is hereby given *Bert & Buchanan* holder of Embalmers' Permit No. \_\_\_\_\_  
to remove for burial at *Bowling Green* in the County of *Warren*  
State of *Ark* the body of *Mrs. J. F. South*  
who died at *West Springs* County of *Yalland* State of *Ark*  
on the *30* day of *Oct* 1907 Aged *52* Years Months \_\_\_\_\_ Days,  
and *J. Smith* is hereby authorized to accompany said remains.

(Seal) Signed *W. H. Shaw* Health Officer.

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

Child of George and Elizabeth Southwick, 1904

21

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Geo. G. Southwick & Elizabeth*  
 2. Sex *Female* 3. Color *White* 4. Age *7 months*  
 5. Married or Single *Single*  
 6. Date of death *Mar. 15" 1904.*  
 7. Cause of death *Acute meningitis following measles.*  
 8. Duration of last illness \_\_\_\_\_  
 A. J. Mc Leonard, M. D.  
 Residence *B. Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *City*  
 11. Residence *State St* Ward No. *1*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother *Mrs Elizabeth Southwick*  
 Name of Father *Geo. G. Southwick,*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Mar. 16" 1904*  
*David & David*, Undertaker.  
 Date of Certificate *Mar. 16/04.* Residence \_\_\_\_\_

William Sown, 1912

22

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

# RETURN OF A DEATH.

1133

## Physician's Certificate Preparatory to Burial.

1. Name of deceased William Sown <sup>Sown</sup>
2. Sex male 3. Color red 4. Age 3 mos.
5. Married or single single
6. Date of death Jan 4 - 1912
7. Cause of death Menigitis
8. Duration of last illness 14 days

Residence W. J. St. Bangs, M. D.  
B - 9 - Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Portland, Me., High St.
11. Residence High St. Ward No. 2
12. Time of residence in the city during life
13. When a minor { Name of mother Centur Plummer  
Name of father Leahy Sown
14. Place of intended interment Portland, Me.
15. Date of intended interment Jan. 5 - 1912

J. E. Humphreys Undertaker.  
 Date of Certificate Jan. 4 - 1912 Residence Jan 7 + College St.

George Spaulding, 1907

23

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

# RETURN OF A DEATH.

218

## Physician's Certificate Preparatory to Burial.

1. Name of deceased George Spaulding  
 2. Sex Male Color Blk 4. Age 50 yrs.  
 3. Married or single Married  
 6. Date of death May 28/17  
 7. Cause of death Unknown  
 8. Duration of last illness.....  
Dr. E. Gray Coraner W.C. M. D.  
 Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Kentucky  
 11. Residence 17th St. Bowling Green Ky 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 County Cemetery  
 15. Date of intended interment May 29/17.  
GERARD & GERARD. Undertaker.  
 Date of Certificate..... Residence BOWLING GREEN, KY

Jesse G. Spaulding, 1900

24

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased 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 Diphtheria  
 8. Duration of last illness 3 weeks  
 Residence Thomas Bluff

*T.B.M.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Merchant  
 10. Place of birth Warren County  
 11. Residence Sta St Ward No. 2  
 12. Time of residence in the City life  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cem  
 15. Date of intended interment Sept 21 1900  
Hawley Payne, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Laura Linn Spalding, 1892

444 25

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Laura Linn Spalding*  
2. Sex *female* . 3. Color *col* . 4. Age *15 mo*  
5. Married or Single \_\_\_\_\_  
6. Date of Death *July 26 1892*  
7. Cause of Death *Summer Complaint*  
8. Duration of last Illness *Several weeks*  
*Dr H. P. C* *Dr H. P. C*, M. D.  
Residence *Boiling Springs*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *City* . Ward No. *1*  
12. Time of Residence in the City *life*  
13. When a Minor. } Name of Mother *Mary Spalding*  
                          } Name of Father *Geo Spalding*  
14. Place of intended Interment *County Ground*  
15. Date of intended Interment *July 27 1892*  
*Coastal & Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Mary C. Spaulding, 1907

26

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mary C. Spaulding  
 2. Sex female 3. Color black 4. Age 55  
 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  
S. W. Covens, M. D.  
 Residence State St  
Burgin Ky

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Housekeeper  
 10. Place of birth Warren Co.  
 11. Residence 6 St Ward No. 2  
 12. Time of residence in the City. 40 yrs  
 13. When a minor { Name of Mother \_\_\_\_\_  
 { Name of Father \_\_\_\_\_  
 14. Place of intended interment Mt. Maria's Cem.  
 15. Date of intended interment June 5 - 1907.  
J. E. Ruykendaal, Undertaker.  
 Date of Certificate June 4 1907 Residence corner  
7th college St.

Child of Louis and Carrie Speck, 1909

27

#608

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

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Louis, <sup>Carrie</sup> Speck.*
2. Sex *Female* 3. Color *White* 4. Age *6 weeks*
5. Married or single *single*
6. Date of death *Apr 3" 1909.*
7. Cause of death *Measles Comp*
8. Duration of last illness.....

*D. B. Deering, Coroner* M. D.

Residence..... **BOWLING GREEN, KY**

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Undertaker's Certificate in Relation to Deceased.

9. Occupation *Nurse*
10. Place of birth *B. Green, Ky.*
11. Residence *Brantly ave* Ward No. *2*
12. Time of residence in the city *6 wks.*
13. When a minor { Name of mother *Mrs. Laura Speck*  
Name of father *Louis Speck*
14. Place of intended interment *St. Josephs. Cemetery*
15. Date of intended interment *Apr. 4" 1909*

**GERARD & GERARD.** Undertaker.

**BOWLING GREEN, KY**

Date of Certificate *Apr. 3" 1909.* Residence.....

8982214  
1748

Mary F. Spencer, 1908

28

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

# RETURN OF A DEATH.

541

## 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 Seven Hours  
 Signature J W Stone M. D.  
 Residence Bowling Green Ky

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth B  
 11. Residence Bowling Green Ky Adams St Ward No. \_\_\_\_\_  
 12. Time of residence in the City. Seven years  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Farrow Cem  
 15. Date of intended interment Nov 11-08  
 Signature Esracho Davis, Undertaker.  
 Date of Certificate Nov 10/08 Residence B.S. Ky

H. E. Spink, 1913

29

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

# RETURN OF A DEATH.

1369

## Physician's Certificate Preparatory to Burial.

1. Name of deceased H. E. Spink.
  2. Sex Male 3. Color White 4. Age 29 yrs.
  5. Married or single Married
  6. Date of death APR 4 - 1913
  7. Cause of death Killed on L & N R.R.
  8. Duration of last illness.....
- H. E. Spink Coronor, Warren Co.  
Bowling Green, Ky.  
Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Fireman L and N. R. R.
  10. Place of birth.....
  11. Residence LOUISVILLE, KY. Ward No.....
  12. Time of residence in the city.....
  13. When a minor { Name of mother.....  
Name of father.....
  14. Place of intended interment Colesburg, Ky.
  15. Date of intended interment Apr. 5" 1913.
- GERARD & GERARD Undertaker.  
Date of Certificate APR 4 - 1913 Residence Bowling Green, Ky

Mamie Spurrier, 1891

312

30

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Mamie Spurrier*  
 2. Sex *Female* 3. Color *White* 4. Age *22 years*  
 5. Married or Single *Single*  
 6. Date of Death *July 16<sup>th</sup> 1891*  
 7. Cause of Death *Typhoid Fever*  
 8. Duration of last Illness *Four weeks.*  
*J. M. Donnell*, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Kentucky*  
 11. Residence *Main Street* Ward No. *1st*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor. } Name of Mother \_\_\_\_\_  
                           } Name of Father *Rev Dennis Spurrier Dep.*  
 14. Place of intended Interment *Fairview Cem*  
 15. Date of intended Interment *July 17<sup>th</sup> 1891*  
*H. B. Gerard*, Undertaker.  
 Date of Certificate *July 16<sup>th</sup> 1891* Residence \_\_\_\_\_

Infant of Josie Stage, 1891

31

347

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

Infant of

1. Name of deceased Josie Stage
2. Sex Female 3. Color White 4. Age
5. Married or Single
6. Date of Death Nov 16<sup>th</sup> 1891
7. Cause of Death Premature Birth
8. Duration of last Illness

William J. Purditt M. D.  
Residence       

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation
10. Place of Birth City
11. Residence Adams Street . Ward No. 3<sup>rd</sup>
12. Time of Residence in the City
13. When a Minor. } Name of Mother Josie Stage  
                          } Name of Father
14. Place of intended Interment County Court
15. Date of intended Interment Nov 17<sup>th</sup> 1891

H. B. Ward Undertaker.  
Date of Certificate Nov 17<sup>th</sup> 1891 . Residence City

Infant of Mack and Ula Stage, 1896

32

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant Stage of Mack + Ula*

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

5. Married or single \_\_\_\_\_

6. Date of Death *Oct 18 1896*

7. Cause of Death *Inanition*

8. Duration of last Illness *10 days*

*J. M. McC* \_\_\_\_\_ *J. M. McC*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence *Fairview Ave* Ward No. *1*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother *Mr W Stage*  
Name of Father *Mack Stage*

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Oct 17/96*

*Pratt & Payne*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Mary C. Stage, 1896

33

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mary C Stage*

2. Sex *female*      3. Color *white*      4. Age *22 yrs*

5. Married or single *married*

6. Date of Death *Oct 20 1896*

7. Cause of Death *Puerperal Pyemia -*

8. Duration of last Illness *3 weeks*

*J. M. C.* *J. M. C.* \_\_\_\_\_, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *City*

11. Residence *Fairview Ave*      Ward No. *2*

12. Time of Residence in the City *life*

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Oct 21 1896*

*Roath Payne*, Undertaker.

Date of Certificate \_\_\_\_\_      Residence \_\_\_\_\_

Marshall Ewing Stahl, 1907

34

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

# RETURN OF A DEATH.

27

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Marshall Ewing Stahl  
 2. Sex male 3. Color white 4. Age 2 weeks  
 5. Married or single  
 6. Date of death July - 22 - 1907  
 7. Cause of death Cholera infantum  
 8. Duration of last illness life  
 Dr. W. Dowell M. D. Dr. J. M. Dowell  
 Residence city

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth Wis.  
 11. Residence Portage P. O. #231 Ward No.  
 12. Time of residence in the city life  
 13. When a minor { Name of mother Julia Stahl  
 { Name of father Gas. W. Stahl  
 14. Place of intended interment Greenwood Cem.  
 15. Date of intended interment July - 23 - 1907  
Harley Payne Undertaker.  
 Date of Certificate Residence

Ann Stall, 1891

35

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Ann Stall*

2. Sex *Female* 3. Color *Blk.* 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 *4 days*

*D. B. Starnes*, M. D.  
Residence *Ch. Co.*

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_

10. Place of Birth *Simpson County*

11. Residence \_\_\_\_\_ . Ward No. *4th*

12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment *County View*

15. Date of intended Interment *Dec. 12"/1891*

*F. L. Gerard*, Undertaker.

Date of Certificate *Dec 12/91* . Residence \_\_\_\_\_

Tobe Stallcup, 1907

36-2

1907

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 Tobe Stallcup

2. Sex Male 3. Color Black 4. Age 57 yrs

5. Married or single Married

6. Date of death Apr 12/07

7. Cause of death apoplexy

8. Duration of last illness 24 hours

M. D. Apr 12 1907

Residence GA Garard

---

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

9. Occupation Farmer

10. Place of birth Tennessee

11. Residence Burns 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 Mt Moriah Cemetery

15. Date of intended interment Apr 14-1907

GERARD & GERARD Undertaker.

Date of Certificate Apr 13-07 Residence BOWLING GREEN, KY

Died in the Lunatic Asylum in Hopkinsville Ky.

Tobe Stallcup, 1907

36-1

## CERTIFICATE OF UNDERTAKER.

Hopkinsville Ky. Date April 1907

Name of deceased..... Pope Stallcup - Tobe Stallcup

Place of death..... Hopkinsville Ky

Cause of death..... Apoplexy

For interment at..... Bowling Green Ky

Name of person in charge..... Exp. Secy

Number of Transit permit..... 340

Signed..... Walter Rogers Undertaker.....  
Hopkinsville Ky P. O. Address

The above is to be filled out by Undertaker and attached to box containing corpse.

Thomas M. Stallings, 1907

# 288 37

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

## RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Thomas M. Stallings*

2. Sex *Male* 3. Color *White* 4. Age *11 yrs.*

5. Married or single *Single*

6. Date of death *Aug 6" 1907.*

7. Cause of death *Scarlet fever*

8. Duration of last illness.....

*J. E. Meredith* M. D.

Residence *BOWLING GREEN, KY*

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Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Bowling Green Ky.*

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

12. Time of residence in the city *11 yrs.*

13. When a minor { Name of mother *Mrs. Annie Stallings*  
Name of father *Frank M. Stallings*

14. Place of intended interment *St. Joseph's Cemetery*

15. Date of intended interment *Aug 7" 1907*

*GERARD & GERARD* Undertaker.

Date of Certificate *Aug 7" 1907* Residence *BOWLING GREEN, KY*

296221A  
1718

A. J. Stanford, 1906

38

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *A. J. Stanford*  
2. Sex *male* 3. Color *black* 4. Age *48 yrs*  
5. Married or single *married*  
6. Date of death *June 17 - 1906*  
7. Cause of death *Typhoid fever*  
8. Duration of last illness *Two weeks*  
*W. R. Francis* M. D.  
Residence *325 College St*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *Laborer*  
10. Place of birth *Warren Co.*  
11. Residence *London 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. B. Kuykenda* Undertaker.  
Date of Certificate *June 18 - 1906* Residence *Cor. 7 &*  
*College Street*

Annie Stark, 1894

690

39

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- 1. Name of deceased *Annie Stark*
- 2. Sex *Female* 3. Color *Red* 4. Age *16 yrs*
- 5. Married or single *Single*
- 6. Date of Death *Dec 16<sup>th</sup> / 94*
- 7. Cause of Death *Consumption*
- 8. Duration of last Illness *Three months*

*O. J. Porter*, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- 9. Occupation \_\_\_\_\_
- 10. Place of Birth *Warren Co.*
- 11. Residence *4<sup>th</sup> Street* . Ward No. *3<sup>rd</sup>*
- 12. Time of Residence in the City *1 yr*
- 13. When a Minor { Name of Mother *Lucy Stark*  
Name of Father *Jeff Stark*
- 14. Place of intended Interment *West Memorial*
- 15. Date of intended Interment *Dec 17<sup>th</sup> / 94*

*F. O. Gardner & Co.*, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Child of Derik and Bell Stark, 1896

856

40

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of Derik Stark* <sup>Derik + Bell</sup>  
 2. Sex *Male* 3. Color *W* 4. Age *4 yrs*  
 5. Married or single *single*  
 6. Date of Death *Mar 7 1896*  
 7. Cause of Death *Pneumonia*  
 8. Duration of last Illness *About 7 weeks*  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *city*  
 11. Residence *Center street* Ward No. *7*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor { Name of Mother *Bell Stark*  
                           { Name of Father *Derik Stark*  
 14. Place of intended Interment *Mount Moriah*  
 15. Date of intended Interment *Mar 3 1896*  
 \_\_\_\_\_ Undertaker.  
 Date of Certificate *Mar 4 1896* Residence \_\_\_\_\_

Infant of George and Ida Stark, 1899

41

*X out of city 59*

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Infant - Stark *George + Ida*

2. Sex                      3. Color black 4. Age                     

5. Married or single                     

6. Date of death July 27 1899

7. Cause of death Spine Brain

8. Duration of last illness                     

Dr.                      J. E. Bennett, M. D.

Residence                     

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation                     

10. Place of birth City

11. Residence 708 Chestnut Ward No. 2

12. Time of residence in the City                     

13. When a minor } Name of Mother Ida Stark  
                           } Name of Father Geo Stark

14. Place of intended interment                     

15. Date of intended interment                     

T. Harvey Payne, Undertaker.

Date of Certificate                      Residence

Laura Starke, 1904

42

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Laura Starke  
2. Sex female 3. Color Black 4. Age 29 yr  
5. Married or single married  
6. Date of death October 23 - 1904  
7. Cause of death Consumption  
8. Duration of last illness \_\_\_\_\_  
\_\_\_\_\_  
Residence prof

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Leig  
11. Residence My St 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 St Moriah  
15. Date of intended interment Oct 24 1904  
Harvey Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Eugene Starks, 1909

43

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

# RETURN OF A DEATH.

737

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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 gun shot  
 8. Duration of last illness a few minutes  
Dr. J. B. Gray, M. D.  
 Residence

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer  
 10. Place of birth  
 11. Residence Cor 6 + Kentucky Ward No. 3  
 12. Time of residence in the City about 16 yrs  
 13. When a minor { Name of Mother Oitta Starks  
 Name of Father  
 14. Place of intended interment mt. Zion ch. burial  
 15. Date of intended interment Dec. 27 - 19  
J. S. Kuykendall, Undertaker.  
 Date of Certificate Dec 27 1909 Residence  
Cor. 7 + College St

Mrs. Isham Starks, 1910

44

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

# RETURN OF A DEATH.

750

## 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'y 6th.*
  7. Cause of death *Mitral Insufficiency*
  8. Duration of last illness \_\_\_\_\_
- O. D. Porter*, M. D.  
Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
  10. Place of birth
  11. Residence       Ward No.
  12. Time of residence in the City.
  13. When a minor { Name of Mother   
Name of Father
  14. Place of intended interment *Mount Moriah*
  15. Date of intended interment *Jan'y 8th.*
- Marrus E. Enoch*, Undertaker. S  
Date of Certificate *Jan'y 11th 1910*      Residence *B. I. Hwy*

Charles Starr, 1900

45

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Charles Starr  
 2. Sex Male . 3. Color White . 4. Age 38 yrs  
 5. Married or single Married  
 6. Date of death September 8<sup>th</sup> 1900  
 7. Cause of death Enteric Coleritis  
 8. Duration of last illness \_\_\_\_\_  
S. H. Coombs , M. D.  
 Residence City

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth City  
 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 9<sup>th</sup> 1900  
Gerrard and Guard , Undertaker.  
 Date of Certificate Sep 8<sup>th</sup> 1900 . Residence City

Mrs. Earnie Starr, 1909

46

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

# RETURN OF A DEATH.

*649*

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Earnie Starr*  
 2. Sex *Female* 3. Color *White* 4. Age *45 yrs.*  
 5. Married or Single *Widow*  
 6. Date of death *June 14" 1909.*  
 7. Cause of death *Cancer*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth **BOWLING GREEN, KY**  
 11. Residence *614 1/2 St.* **BOWLING GREEN, KY** Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *June 15" 1909.*  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate *June 15/09* Residence **BOWLING GREEN, KY**

Maggie Steadley, 1891

*Autoflowing* 47

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Maggie Steadley*  
2. Sex *female* 3. Color *white* 4. Age *8-7 yrs*  
5. Married or Single *Single*  
6. Date of Death *Aug 13<sup>th</sup> 1891*  
7. Cause of Death *Pneumonia Pulmonalis*  
8. Duration of last Illness \_\_\_\_\_

*B. J. Milliken* M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *Leman Row* Ward No. *4*  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. } Name of Mother *Nancy J. Sevelly*  
                          } Name of Father *Charles " "*  
14. Place of intended Interment *Brunsted Burial Yard*  
15. Date of intended Interment *Aug 14<sup>th</sup> 1891*  
*J. H. Steadley*, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Margarett Stege, 1900

48

69

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Margarett Stege

2. Sex female . 3. Color white . 4. Age 38

5. Married or single widow

6. Date of death June 26 1900

7. Cause of death Paralysis

8. Duration of last illness

Dr. J. S. W. J. B. Meredith, M. D.  
Residence City

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation "

10. Place of birth "

11. Residence Center bet 6<sup>th</sup> + 7<sup>th</sup> Ward No. 3

12. Time of residence in the City "

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

14. Place of intended interment Fairview

15. Date of intended interment June 27 1900

Hawley Payne Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Infants of A. C. and Minnie Stem, 1910

49

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

# RETURN OF A DEATH.

774

## Physician's Certificate Preparatory to Burial.

of A.C. + Minnie

1. Name of deceased Infants Stem
  2. Sex Female 3. Color White 4. Age 6 hours
  5. Married or Single Single
  6. Date of death Feb 24th 1910
  7. Cause of death Perinatal birth
  8. Duration of last illness Six hours
- E. W. Hall, M. D.  
Residence 939 College St

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_
  10. Place of birth City KY
  11. Residence East Broadway Ward No. \_\_\_\_\_
  12. Time of residence in the city \_\_\_\_\_
  13. When a minor { Name of Mother Minnie A Stem  
Name of Father A. C. Stem
  14. Place of intended interment Fairview Cemetery
  15. Date of intended interment Feb 24 1910
- Guard & Guard, Undertaker.  
Date of Certificate Feb 24 1910 Residence \_\_\_\_\_

Elizabeth Stem, 1904

50

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Elizabeth Stem Stem*  
 2. Sex *Female* 3. Color *White* 4. Age *73 yrs*  
 5. Married or Single *Widow*  
 6. Date of death *Mar. 1" 1904*  
 7. Cause of death *Paralysis.*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *city*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Tennessee*  
 11. Residence *Fair Ground Pike.* Ward No. *1*  
 12. Time of residence in the city *several weeks*  
 13. When a minor { Name of Mother \_\_\_\_\_  
 { Name of Father \_\_\_\_\_  
 14. Place of intended interment *Springville, Tennessee*  
 15. Date of intended interment *Mar. 2" 1904*  
*Gerard T Gerard*, Undertaker.  
 Date of Certificate *Mar. 2/1904* Residence \_\_\_\_\_

Mrs. John W. Stem, 1903

51

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. John W. Stem.*  
 2. Sex *Female* B. Color *White* 4. Age *38 yrs.*  
 5. Married or single *Married*  
 6. Date of death *Oct. 23" 1903.*  
 7. Cause of death *Malignant Car. Quins*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *B. G. Ky.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Kanran, Co.*  
 11. Residence *Brodway* Ward No. *1*  
 12. Time of residence in the City. *25 yrs.*  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Harlem Cemetery*  
 15. Date of intended interment *Oct 25" 1903.*  
*Guard and Guard.*, Undertaker.  
 Date of Certificate *Oct. 24 1903*: Residence \_\_\_\_\_

A. B. Stephens, 1882

52

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

### RETURN OF A DEATH.

(a. b.) per cemetery book

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- Name of Deceased *J. B. Stephens*
- Sex *Male* . 3. Color *White* . 4. Age *23 years*
- Married or Single *Single*
- Date of Death *May 1*
- Cause of Death *Consumption*
- Duration of last Illness *2 months*

*A. C. Wright* . M. D.  
Residence *Warren Co Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- Occupation
- Place of Birth *Warren Co*
- Residence *At Mrs Magent Stearns* . Ward No *2<sup>nd</sup>*
- Time of Residence in the City
- When a Minor { Name of Mother  
Name of Father
- Place of intended Interment *Fairview Cent*
- Date of intended Interment *May 2<sup>nd</sup> 1882*  
*F. C. Gerard* . Undertaker.

Date of Certificate *May 2* . Residence

Democrat Job Print

Charles B. Stephens, 1881

32 53

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Charles B Stephens*

2. Sex *Male* . 3. Color *White* . 4. Age *54*

5. Married or Single *Married*

6. Date of Death *March 6th 1881*

7. Cause of Death *Consumption*

8. Duration of last Illness *1 year*

*Abelnyke*, M. D.

Residence *Burdick Mass Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence . Ward No *3*

12. Time of Residence in the City

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

14. Place of intended Interment

15. Date of intended Interment

\_\_\_\_\_, Undertaker.

Date of Certificate . Residence

Democrat Job Print



J. Wesley Stephens, 1910

55

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

# RETURN OF A DEATH.

918

## 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 Chronic Bright's Disease  
 8. Duration of last illness Three months  
H. P. Costersight, M. D.  
 Residence .....

## 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 Hairview Cemetery

15. Date of intended interment Oct. 29" 1910.  
Garard & Garard, Undertaker.

Date of Certificate Oct. 28/1910 Residence .....



Nannie Stephens, 1911

57-1

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

# RETURN OF A DEATH.

1008

## 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 Widow  
 6. Date of death May 1" 1911.  
 7. Cause of death Typhoid fever, as per Shipping Certificate  
 8. Duration of last illness Certificate  
E. A. Gerard, Funeral Director,  
 M. D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence Douglas, Arizona. Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment 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

Form No. 1 5m 7-1-10

PLACE OF DEATH  
REGISTRATION DISTRICT

County of *Coelias*

District of *Douglas*

Town of  
or  
City of *Douglas*

ARIZONA TERRITORIAL BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

No. *1211*

LOCAL REGISTRAR'S  
PERMIT FOR BURIAL OR REMOVAL

Date of Death *May 1* 191*1*

Full Name *Nannie Stephens* Sex *Female* Age *44* yrs.

Cause of Death *Diphtheria & S.B*

Medical Attendant  
or Coroner *C. H. Reed* Proposed Date of  
Burial or Removal *May 2* 191*1*

Place of Burial *Cowling Bros Kentucky*

Place of Removal *Douglas Ariz* via

Undertaker *A. A. Ferguson* Address *Douglas Ariz*

A SATISFACTORY CERTIFICATE OF DEATH having been filed in my office as required by law, I hereby authorize the *Removal* of the body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burial or removal must be conducted according to the rules of the Territorial and local boards of health.

DATED *May 2* 191*1*

*Walgreen* Local Registrar.

"Burial" or "Removal" as the case may be. BURIAL PERMITS must be delivered by the Undertaker to the Sexton. REMOVAL PERMITS must be given to the Agent of Transportation Company, and attached by him to box containing body.

ARIZONA TERRITORIAL BOARD OF HEALTH

NOTICE TO UNDERTAKERS.

This blank constitutes a Registrar's "Burial Permit" or "Removal Permit," according to the manner in which it is filled out by the Registrar

As a Registrar's BURIAL PERMIT, it must be obtained by the undertaker before any disposition is made of the body. It is the duty of the undertaker to have a certificate of death properly filled out with the personal and statistical facts required by law, to present it to the attending physician for his certificate of cause of death, and then to file the completed certificate of death with the Registrar of the district where the death occurred. The undertaker alone is responsible for failure to obtain a Permit before the disposition of the body, and should personally attend to the filing of the certificate of death. If no undertaker has charge, then the person acting as such is responsible.

The Undertaker must deliver the Burial Permit to the Sexton. SEXTONS should not permit the interment of a body unaccompanied by a regular Burial or Removal Permit.

As a Registrar's REMOVAL PERMIT, this blank must be obtained from the Registrar as above, presented by the undertaker to the Agent of the Transportation Company, and be attached by the latter to the box containing the body. The Removal Permit is not a Transit Permit. The blank for the latter is usually provided by the Transportation Company, provides for a statement of the proper preparation of the body for transportation, signed by the Registrar or Health Officer, and is required in addition to the Removal Permit. NO TRANSIT PERMIT CAN BE ISSUED BY ANY REGISTRAR OR HEALTH OFFICER OR ACCEPTED BY THE AGENT OF ANY TRANSPORTATION COMPANY IN ARIZONA UNTIL A REGISTRAR'S REMOVAL PERMIT HAS PREVIOUSLY BEEN ISSUED BY THE REGISTRAR OF DEATHS. The Registrar's Removal Permit must accompany the body to destination and should be detached and retained by the Sexton at the place of interment.

MSS 293  
BHF7

Sandy Stephens, 1896

58

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Sandy Stephens*

2. Sex *Male* 3. Color *Black* 4. Age *14 yrs*

5. Married or single *Single*

6. Date of Death *July 5<sup>th</sup> 1896*

7. Cause of Death *Acute Spinal Meningitis*

8. Duration of last Illness \_\_\_\_\_

*O. A. Porter*, M. D.

Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *City*

11. Residence *5<sup>th</sup> Street* Ward No. *1*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother *Dead*  
 } Name of Father \_\_\_\_\_

14. Place of intended Interment *Mt. Moriah*

15. Date of intended Interment *July 6<sup>th</sup> 1897*

*F. M. Lillard & Bro*, Undertaker.

Date of Certificate *July 5/97* Residence \_\_\_\_\_

Stella Stephens, 1905

59

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

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

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....

10. Place of birth *city*

11. Residence ..... Ward No. *3*

12. Time of residence in the city *Lifetime*

13. When a minor { Name of Mother *Mrs. H. Clay Stephens*  
 Name of Father *H. Clay Stephens*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Apr. 28" 1905.*  
*Gerard J. Grand*, Undertaker.

Date of Certificate *Apr. 27/1905.* Residence .....

Virginia Stephens, 1903

60

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Virginia Stephens*  
 2. Sex *Female* 3. Color *White* 4. Age *14 Mos.*  
 5. Married or single *Single*  
 6. Date of death *Sept. 14" 1903.*  
 7. Cause of death *Convulsions*  
 8. Duration of last illness *8 hours*  
 \_\_\_\_\_  
*T. W. Stone*, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *City*  
 11. Residence *Woodford St.* Ward No. *3*  
 12. Time of residence in the City. *Life time*  
 13. When a minor { Name of Mother *Mrs. A. Stephens*  
 Name of Father *N. A. Stephens*  
 14. Place of intended interment *St. Josephs Cemetery*  
 15. Date of intended interment *Sept. 15" 1903.*  
 \_\_\_\_\_  
*Erard and Erard*, Undertaker.  
 Date of Certificate *Sept. 15/1903.* Residence \_\_\_\_\_

James Sterret, 1910

61

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

# RETURN OF A DEATH.

812

## 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<sup>th</sup> 1910  
 7. Cause of death Street accident  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_ R. S. Huntz Cozino Peatem  
 \_\_\_\_\_, M. D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Warren County  
 11. Residence Fairview Ave. Ward No. 1  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment May 1910  
GERARD & GERARD, Undertaker.  
 Date of Certificate May 19/1910 Residence City

Agatha Sterrett, 1891

*Out of town* 62

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs. Agatha Sterrett.*  
2. Sex *Female* 3. Color *White* 4. Age *71 yrs.*  
5. Married or Single *Married*  
6. Date of Death *Apr 17"/1891*  
7. Cause of Death *Apoplexy*  
8. Duration of last Illness \_\_\_\_\_  
*J. P. Conwright*, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *College Street* Ward No. *2<sup>ed</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Mt. Olivet Warren Co.*  
15. Date of intended Interment *Apr 19"/1891.*  
*J. P. Beach*, Undertaker.  
Date of Certificate *Apr 19"/91* . Residence *City*

William B. Stevall, 1906

63

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

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *William B Stevall*  
2. Sex *Male* 3. Color *White* 4. Age *33*  
5. Married or single *single*  
6. Date of death *Sept-27- 1906*  
7. Cause of death *Insufficiency of Heart*  
8. Duration of last illness *few hours*  
*G E Huddelle* M. D.  
Residence .....

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

9. Occupation .....  
10. Place of birth .....  
11. Residence *Burling Green* Ward No. ....  
12. Time of residence in the City. *Life time*  
13. When a minor { Name of Mother .....  
                          { Name of Father .....  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Sept 28- 1906*  
*Gerard Gerard* Undertaker.  
Date of Certificate ..... Residence .....

Mrs. Ben A. Stevens, 1906

44

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

## RETURN OF A DEATH.

#121

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Ben A Stevens*
2. Sex *Female* 3. Color *White* 4. Age *25 yrs.*
5. Married or single *Married*
6. Date of death *OCT 25 1906*
7. Cause of death *Tubercula Meningitis*
8. Duration of last illness *Tom 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* Ward No. \_\_\_\_\_
12. Time of residence in the City. \_\_\_\_\_
13. When a minor { Name of Mother *Mrs. Amanda Douglass*  
Name of Father *Dead*
14. Place of intended interment *Fairview 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

278 65

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 *Eva Stevens Stevens*  
2. Sex *Female* . 3. Color *Blk* . 4. Age *36*  
5. Married or Single *Married*  
6. Date of Death *April 20<sup>th</sup> 1891*  
7. Cause of Death *Heart Disease*  
8. Duration of last Illness \_\_\_\_\_

*B. H. Mulliken*, M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *H. B. Street* . Ward No. *1st*  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_

14. Place of intended Interment *Mt Meriah*  
15. Date of intended Interment *April 21<sup>st</sup>*

\_\_\_\_\_, Undertaker.  
Date of Certificate *April 21<sup>st</sup> 91* Residence \_\_\_\_\_

Gilbert Stevens, 1893

54.3

66

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 *Gilbert Stevens*

2. Sex *Male* . 3. Color *Black* . 4. Age \_\_\_\_\_

5. Married or Single *Married*

6. Date of Death *April 27 1893.*

7. Cause of Death *Consumption*

8. Duration of last Illness \_\_\_\_\_

*J. M. Conracher*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Labourer*

10. Place of Birth \_\_\_\_\_

11. Residence *4<sup>th</sup> 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 *St. Moriah*

15. Date of intended Interment *April 28 1893*

*Patrick Payne*, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Inez Stevens, 1904

67

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 Inez Stevens  
2. Sex Female 3. Color White 4. Age 21 mo.  
5. Married or single Single  
6. Date of death Jan 3<sup>rd</sup> 1904.  
7. Cause of death Croup.  
8. Duration of last illness \_\_\_\_\_  
J. C. Murdick, M. D.  
Residence 19 Green Bay

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth City  
11. Residence Scott St. Ward No. 3.  
12. Time of residence in the City. \_\_\_\_\_  
13. When a minor { Name of Mother Mrs. Susie Stevens  
Name of Father William S. Stevens  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Jan 4<sup>th</sup> 1904  
Guard and Gerard, Undertaker.  
Date of Certificate Jan, 3<sup>rd</sup> 1904 Residence \_\_\_\_\_

Louis Offutt Stevens, 1905

68

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 *14 Mo.*  
 5. Married or Single *Single*  
 6. Date of death *Feb'y 16" 05*  
 7. Cause of death *Whooping Cough.*  
 8. Duration of last illness \_\_\_\_\_  
*A. J. Mc Cormack*, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Bowling Green Ky.*  
 11. Residence *Hope St.* Ward No. *3*  
 12. Time of residence in the city *Lifetime*  
 13. When a minor { Name of Mother *Mrs M. A. Stevens.*  
 Name of Father *W. A. Stevens*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Feb'y 17" 05.*  
*Gerard and Gerard.*, Undertaker.  
 Date of Certificate *Feb'y 16" 05* Residence *City.*

Mary E. Stevens, 1908

69-1

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

<sup>532</sup>  
**RETURN OF A DEATH.**

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

1. Name of deceased *Mrs. Mary E. Stevens.*  
 2. Sex *Female* 3. Color *White* 4. Age *69 yrs.*  
 5. Married or single *Widow of W. R. Stevens.*  
 6. Date of death *Oct. 10 1908*  
 7. Cause of death *Enteric not Colloidal.*  
 8. Duration of last illness *E. A. Gerard*

(M. H.)

Residence **BOWLING GREEN, KY**

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

9. Occupation.....  
 10. Place of birth.....  
 11. Residence *Bowling Green Ky.* Ward No. *2*  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Oct. 15 1908*

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

Date of Certificate *Oct. 1908*  
*Died in Kansas City Mo. Oct. 10 1908*  
*Buried in Fairview Cemetery in Single Grave*  
*#11. Range, #25*

Mary E. Stevens, 1908

692

A. ANDERSON Proprietor

R. S. COCHRILL Licensed Embalmer

# A. Anderson Undertaker and Embalmer

(Formerly Anderson and Lindey)

OFFICE AND CHAPEL  
508 WEST 16TH STREET

TEL. HOME 7146 MAIN  
BELL 2118 GRAND

Kansas City, Mo.

## Undertaker's Certificate

Kansas City, Mo. *Oct* Date *13 - 08*

Names of deceased *Mary E. Stevens*

Place of death *Swedish Hospital 1334 East 2 St.*

Cause of death *Uremic Met. Colic*

For interment at *Bowling Green Kentucky*

Name of person in charge *Mr & Mrs Oscar Stevens*

Number of Transit Permit *3426*

Signed *A. Anderson* Undertaker

*508 West 16 Street* P. O. Address

From *Kansas City Mo.* to *Bowling Green* State *Kentucky*

Number of Ticket *15882* Form No. of Ticket *pass*

From *Kansky* to *Bowling Green Ky*

Via *Wobash* R. R. Via *S. Louis* Junction

Via *Wash* R. R. Via *E. St. Louis* Junction

Via *Lo. M.* R. R. Via *Guthrie* Junction

Via *Lo. M.* R. R. Via *Bowling Green Ky* Junction

Signed Station Agent *J. A. H. H. H. H. H.*

MSS 293  
B4F7

Mildred Louise Stevens, 1907

70

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 *Mildred Louise Stevens.*  
2. Sex *Female* 3. Color *White* 4. Age *7 yrs.*  
5. Married or single *Single.*  
6. Date of death *Dec 31" 1907.*  
7. Cause of death *Scarlet fever, and complications*  
8. Duration of last illness *2 1/2 weeks.* M. D.  
Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth *Bowling Green Ky*  
11. Residence *Carter St.* Ward No. *2*  
12. Time of residence in the city.....  
13. When a minor { Name of mother *Dead.*  
                          { Name of father *Ben A. Stevens.*  
14. Place of intended interment *Boisvine Cemetery*  
15. Date of intended interment *Jan 1" 1908.*  
*GERARD & GERARD* Undertaker.  
Date of Certificate *Jan 1" 1908.* Residence *BOWLING GREEN, KY*

William R. Stevens, 1905

71

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *William R. Stevens*  
 2. Sex *Male* 3. Color *White* 4. Age *73 yrs.*  
 5. Married or Single *Married*  
 6. Date of death *July 22" 1905*  
 7. Cause of death *Uremic Poison.*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *Bowling Green Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Ohio*  
 11. Residence *Fair St.* Ward No. *2*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *July 23" 1905*  
   *Gerard and Gerard*, Undertaker.  
 Date of Certificate *July 23" 1905* Residence \_\_\_\_\_

Will Steverson, 1913

78

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

# RETURN OF A DEATH.

1913

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Will Steverson  
 2. Sex male 3. Color Cal 4. Age 35 yrs  
 5. Married or single married  
 6. Date of death Feb. 28 - 1913.  
 7. Cause of death Cirrhosis of Liver  
 8. Duration of last illness About 5 weeks  
O. P. Porter M. D.  
 Residence Cor. 5th State St

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Common Labor  
 10. Place of birth Tennessee  
 11. Residence Birks Alley Ward No. 3  
 12. Time of residence in the city About 7 yrs  
 13. When a minor { Name of mother Don't know  
                           { Name of father Sandy Steverson  
 14. Place of intended interment Mt. Moriah  
 15. Date of intended interment March 1 - 1913.  
J. P. Kuykendall Undertaker.  
 Date of Certificate March 1 - 1913. Residence Cor. 7th College St.

Cassie Steward, 1913

73

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

# RETURN OF A DEATH.

1334

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Cassie Steward  
 2. Sex Female 3. Color Wal 4. Age 4yr  
 5. Married or single Single  
 6. Date of death Feb 13 1913  
 7. Cause of death Buried to Death  
 8. Duration of last illness by falling in open Moate  
J. E. Matton Cor. M. D.  
 Residence Bowling Green

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth Woodbury Wv  
 11. Residence Bowling Green Ward No. \_\_\_\_\_  
 12. Time of residence in the City. 1 yr  
 13. When a minor { Name of Mother Blanch Steward  
 Name of Father Jesse  
 14. Place of intended interment Woodbury Wv  
 15. Date of intended interment Feb 14 1913  
Ernest McManis, Undertaker.  
 Date of Certificate Feb 14 1913 Residence B Green



Charles Stewart, 1905

75

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Chas Stewart  
 2. Sex Male 3. Color Black 4. Age 5 mo  
 5. Married or single single  
 6. Date of death Aug - 28 - 1905  
 7. Cause of death Brain Fever  
 8. Duration of last illness \_\_\_\_\_  
 A.D.P. E. Q. Cherry, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation 11  
 10. Place of birth City  
 11. Residence Newton bet 11<sup>th</sup> & 12<sup>th</sup> W. Ward No. 1  
 12. Time of residence in the City. 1 yr  
 13. When a minor { Name of Mother Bessie Stewart  
 Name of Father Ed. Stewart  
 14. Place of intended interment West Warrick  
 15. Date of intended interment Aug 29 1905  
W. W. Stewart, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Jane G. Stewart, 1898

76

**RETURN OF A DEATH.**

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Mrs. Jane G. Stewart*

2. Sex *Female* 3. Color *White* 4. Age *67 yrs.*

5. Married or single *Widow*

6. Date of death *June 2<sup>nd</sup> 1898*

7. Cause of death *Consumption of Bowels.*

8. Duration of last illness

*A. J. McCormack*, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of birth *Warren County*

11. Residence \_\_\_\_\_ Ward No. *2<sup>nd</sup>*

12. Time of residence in the City \_\_\_\_\_

13. When a minor } Name of Mother \_\_\_\_\_  
 } Name of Father \_\_\_\_\_

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *June 3<sup>rd</sup> 1898*

*Guard & Guard*, Undertaker.

Date of Certificate *June 3<sup>rd</sup> 1898* Residence \_\_\_\_\_

Mary Ann Stewart, 1910

77

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

# RETURN OF A DEATH.

*814*

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary Ann Stewart.*  
 2. Sex *Female* 3. Color *White* 4. Age *82 yrs.*  
 5. Married or single *Widow.*  
 6. Date of death *May 21 1910.*  
 7. Cause of death *Paralysis*  
 8. Duration of last illness.....  
 J. E. Meredith M. D.  
 Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Ohio*  
 11. Residence *Gaspar River Pike New Co* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *May 22 1910.*  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *May 22 1910.* Residence.....

Robert Lee Stewart, 1910

78

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

# RETURN OF A DEATH.

893

## Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Robert Lee Stewart
- 2. Sex Male 3. Color Cauc 4. Age 7 months
- 5. Married or Single Single
- 6. Date of death Sept 10 - 1910
- 7. Cause of death Spasms
- 8. Duration of last illness About 3 weeks.

J. M. Willis, M. D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation \_\_\_\_\_
  - 10. Place of birth Bowling Green Ky
  - 11. Residence " " " " Ward No. \_\_\_\_\_
  - 12. Time of residence in the city \_\_\_\_\_
  - 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_
  - 14. Place of intended interment Mt Mariah Ceu
  - 15. Date of intended interment Sept 11 - 1910
- Enoch Kelly, Undertaker.  
 Date of Certificate Sept 15 1910 Residence Bowling Green Ky

Susan Stewart, 1908

# 408 79

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Susan Stewart  
 2. Sex female 3. Color Black 4. Age 48 yrs  
 5. Married or single married  
 6. Date of death July - 29 - 1908  
 7. Cause of death Valvular Disease Heart  
 8. Duration of last illness long time  
 O.D.P. O.D. Porter M. D.  
 Residence city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation —  
 10. Place of birth Warren County  
 11. Residence Kenton St bet 11<sup>th</sup> & Broadway Ward No. —  
 12. Time of residence in the City. 12 years  
 13. When a minor { Name of Mother —  
                           { Name of Father —  
 14. Place of intended interment Butt Moriah  
 15. Date of intended interment March 2 1908  
J. Hawley Payne, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Theodore Stewart, 1894

611 80

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *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 *Spasm of the Rectum*

8. Duration of last Illness *Four days*

*Montgomery*, M. D.

Residence \_\_\_\_\_

---

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *Bowling Green Ky.*

11. Residence \_\_\_\_\_ Ward No. *4th*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment *Marvin Cemetery*

15. Date of intended Interment *Mar 20 1894*

*G. C. Guard & Bro.*, Undertaker.

Date of Certificate *Mar 19 1894* Residence \_\_\_\_\_

Washington Stewart, 1894

619

81

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 *Washington Stewart*  
 2. Sex *Male* 3. Color *White* 4. Age *72 yrs.*  
 5. Married or single *Married*  
 6. Date of Death *May 8<sup>th</sup> 1904*  
 7. Cause of Death *Bright's disease*  
 8. Duration of last Illness *Several months*  
*W. M. Claypool*, M. D.

Residence .....

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation .....

10. Place of Birth .....

11. Residence ..... Ward No. *4<sup>th</sup>*

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 *May 9<sup>th</sup> 1904*

*H. B. Howard & Co.*, Undertaker.

Date of Certificate *May 9<sup>th</sup> 1904* Residence *City*

William H. Stewart, 1908

82

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

# RETURN OF A DEATH.

521

## Physician's Certificate Preparatory to Burial.

1. Name of deceased William H. Stewart  
 2. Color White 3. Sex Male 4. Age 36 yrs.  
 5. Married or single Married  
 6. Date of death Sept. 27" 1908  
 7. Cause of death Result of an injury  
 8. Duration of last illness 8 days  
 \_\_\_\_\_ M. D. D. H. Stone  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Engineer, L & N R. R.  
 10. Place of birth BOWLING GREEN, KY  
 11. Residence Clay St BOWLING GREEN, KY. Ward No. \_\_\_\_\_  
 12. Time of residence in the city Lifes time  
 13. When a minor { Name of mother \_\_\_\_\_  
                           { Name of father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Sept 29" 1908  
GERARD & GERARD Undertaker.  
 Date of Certificate Sept 28/1908 Residence BOWLING GREEN, KY

Mrs. B. T. Stice, 1908

83

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

# RETURN OF A DEATH.

388

## 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 Dysentary  
 8. Duration of last illness W. R. Francis M. D.  
 Residence BOWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Warren County  
 11. Residence College St. Ward No. 2  
 12. Time of residence in the city 10 yrs.  
 13. When a minor { Name of mother Mrs. Ella Kimbro.  
                           { Name of father Sam. Kimbro "Dad"  
 14. Place of intended interment Bethel Chyd. Warren Co  
 15. Date of intended interment Jan'y 30" 1908  
GERARD & GERARD. Undertaker.  
 Date of Certificate JAN 30 1908 Residence BOWLING GREEN, KY

Child of Ed and Ader Stiff, 1901

84

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 <sup>Ader</sup> Child Ed. Stiff  
2. Sex male 3. Color white 4. Age 2 mos  
5. Married or single \_\_\_\_\_  
6. Date of death July - 16 - 1901 -  
7. Cause of death Diphtheria  
8. Duration of last illness Six weeks.  
T. W. Stone, M. D.  
Residence South St.

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Bowling Green Ky  
11. Residence Main St Ward No. 3<sup>rd</sup>  
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 Cem  
15. Date of intended interment July - 16 - 1901 -  
Harold & Harold, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Grace Stiff, 1908

85

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Grace Stiff*  
 2. Sex *Female* 3. Color *White* 4. Age *17 yrs.*  
 5. Married or single *Single*  
 6. Date of death *January 20 "1908.*  
 7. Cause of death *Consumption.*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *2 Green St*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Moolanville Ky*  
 11. Residence *Church St* Ward No. *3*  
 12. Time of residence in the City. *8 yrs*  
 13. When a minor { Name of Mother *Miss P. Stiff*  
 Name of Father *G. P. Stiff*  
 14. Place of intended interment *St. Josephs. Cemetery*  
 15. Date of intended interment *January 21 "1908.*  
*Grand & Grand*, Undertaker.  
 Date of Certificate *Jan 20 "1908.* Residence \_\_\_\_\_

Infant of J. P. and Maude Stiff, 1904

86

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

## RETURN OF A DEATH.

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

1. Name of deceased *Infant of J. P. Stiff*  
2. Sex *Female* 3. Color *White* 4. Age *4 mo.*  
5. Married or Single *Single*  
6. Date of death *Apr 18" 1904*  
7. Cause of death *Whooping cough.*  
8. Duration of last illness *Low, H. Stone*, M. D.  
Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of birth *City*  
11. Residence *Church St.* Ward No. *3*  
12. Time of residence in the city \_\_\_\_\_  
13. When a minor { Name of Mother *Mrs Maude Stiff*  
Name of Father *J. P. Stiff*  
14. Place of intended interment *St. Josephs Cemetery*  
15. Date of intended interment *Apr. 19" 1905*  
*Gerard & Gerard*, Undertaker.  
Date of Certificate *Apr. 18" 05* Residence \_\_\_\_\_

Infant of J. T. and Callie Still, 1913

87

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

# RETURN OF A DEATH.

1421

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *J.T. + Infant of Callie Still*  
 2. Sex *Male* 3. Color *White* 4. Age *—*  
 5. Married or single *single*  
 6. Date of death *JUN 21 1913*  
 7. Cause of death *Failure of Foramen Ovale to close*  
 8. Duration of last illness *5 1/2 hours*  
*E. N. Hall.* M. D.  
 Residence *Bowling Green, Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Bowling Green, Ky.*  
 11. Residence *Bowling Green, Ky.* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *Callie Still*  
                           { Name of father *J. T. Summit*  
 14. Place of intended interment *Still Grove Rd*  
   *June, 22/13.*  
 15. Date of intended interment.....  
*GERARD & GERARD.* Undertaker.  
 Date of Certificate *JUN 21 1913* Residence *Bowling Green, Ky.*

C. H. W. Stocking, 1913

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 88

# RETURN OF A DEATH.

1325

## Physician's Certificate Preparatory to Burial.

1. Name of deceased C.H.W. Stocking, D.D.
2. Sex Male
3. Color White
4. Age 79 yrs.
5. Married or single Married
6. Date of death JAN 26 1913
7. Cause of death Train accident
8. Duration of last illness.....

J.W. Coover M. D.  
 Residence Bowling Green Ky

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Minister of Gospel
10. Place of birth Convent
11. Residence BOWLING GREEN, KY Ward No. 1
12. Time of residence in the city six months
13. When a minor { Name of mother.....  
Name of father.....
14. Place of intended interment Budgeton Com.
15. Date of intended interment Jan 31 1913

GERARD & GERARD. Undertaker.

Date of Certificate JAN 27 1913 Residence BOWLING GREEN, KY

Cooper W. Stone, 1911

89

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

# RETURN OF A DEATH.

1041

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Cooper W. Stone 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  
Dr. H. Blochbaum, M. D.  
 Residence 1119 State St

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Warren Co Ky  
 11. Residence College St. Ward No. 2  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment July 4" 1911  
GERARD & GERARD, Undertaker.  
 Date of Certificate July 3/1911 Residence \_\_\_\_\_

Ereasa Stone, 1896

847 90

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased <sup>(P. Ereasa) per cemetery book</sup> Ereasa Stone

2. Sex Female 3. Color Col 4. Age 65 yrs

5. Married or single Widow

6. Date of Death Oct-14<sup>th</sup> 1896

7. Cause of Death Pneumonia

8. Duration of last Illness \_\_\_\_\_

J. D. Carter, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence Russville Pike, 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-25<sup>th</sup> 1896

File Guard Bros., Undertaker.

Date of Certificate Feb-15 Residence College St

J. Wood Stone, 1904

[Stone] 91

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased J. Wood Stone  
 2. Sex male 3. Color white 4. Age 53 yr  
 5. Married or single married  
 6. Date of death July - 4 - 1904  
 7. Cause of death bronch carcinoma  
 8. Duration of last illness \_\_\_\_\_  
Geo H. Blackburn M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Minister  
 10. Place of birth \_\_\_\_\_  
 11. Residence State St Ward No. \_\_\_\_\_  
 12. Time of residence in the City Year  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cem  
 15. Date of intended interment July 5 - 1904  
W. H. Hawley Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Infant of George R. Story, 1894

596 -92

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Geo R Story*  
2. Sex *mal* 3. Color *White* 4. Age \_\_\_\_\_  
5. Married or single \_\_\_\_\_  
6. Date of Death *Jan 4<sup>th</sup> 1894*  
7. Cause of Death *premature Birth*  
8. Duration of last Illness \_\_\_\_\_

*B. A. Milliken*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *city*  
11. Residence *River Park* . Ward No. \_\_\_\_\_  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father *Geo R Story*  
14. Place of intended Interment *Farmers Court*  
15. Date of intended Interment *Jan 5<sup>th</sup> 1894*

*Geo R Story*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Infant of E. T. and Milzie Stout, 1906

93

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL,

1. Name of deceased *Infant of E. T. Stout*  
 2. Sex *Male* 3. Color *White* 4. Age *—*  
 5. Married or single *Single*  
 6. Date of death *Mar. 4 '06.*  
 7. Cause of death *Still Born.*  
 8. Duration of last illness *—*  
 Signature: *Eastwright and Stout*, M. D.  
 Residence: *BOWLING GREEN, KY.*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*  
 10. Place of birth *City*  
 11. Residence *Marion St.* Ward No. *2*  
 12. Time of residence in the City. *—*  
 13. When a minor { Name of Mother *Mrs. Milzie Stout*  
 Name of Father *E. T. Stout*  
 14. Place of intended interment *Glasgow, Ky.*  
 15. Date of intended interment *Mar 5 '06.*  
 Signature: *Erard & Erard*, Undertaker.  
 Date of Certificate *Mar, 5 '06.* Residence *—*

Inez Stout, 1899

94

~~X~~ *County Grounds*

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 *Inez Stout* *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. Porter*, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of birth *County*

11. Residence \_\_\_\_\_ Ward No. \_\_\_\_\_

12. Time of residence in the City \_\_\_\_\_

13. When a minor { Name of Mother *Fannie Stout*  
Name of Father \_\_\_\_\_

14. Place of intended interment *County Ground*

15. Date of intended interment *Jan 2 1899*

*Harvey Payne*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Infant of John and Louisa Stout, 1907

95

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of John + Louisa Stout*

2. Sex *male* 3. Color *white* 4. Age *—*

5. Married or single *—*

6. Date of death *June 8 - 1907*

7. Cause of death *Still Born*

8. Duration of last illness *—*

*H. P. Cortwright* M. D.

Residence *—*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*

10. Place of birth *—*

11. Residence *10 the St* Ward No. *—*

12. Time of residence in the city *—*

13. When a minor { Name of mother *Louise Wood Stout*  
Name of father *John Stout*

14. Place of intended interment *Fairview Court*

15. Date of intended interment *June 8 - 07*

*Harvey Day* Undertaker.

Date of Certificate *June 8 1907* Residence *—*

227

John L. Stout, 1898

1116

96

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased John L. Stout  
 2. Sex Male 3. Color White 4. Age 55 yrs.  
 5. Married or single Married  
 6. Date of death April 6<sup>th</sup> 1898.  
 7. Cause of death Bright's Disease  
 8. Duration of last illness four months  
Tom W. Stone, M. D.  
 Residence College St

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth Dover, Virginia  
 11. Residence Kentucky Street Ward No. 3<sup>rd</sup>  
 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<sup>th</sup> 1898.  
Guard & Guard Undertaker.  
 Date of Certificate Apr 6<sup>th</sup> 98 Residence City.

Margaret L. Stout, 1911

97

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

# RETURN OF A DEATH.

1057

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Margaret L. Stout*

2. Sex *Female* Color *White* 4. Age *69 yrs*

3. ~~Married~~ *Widow*

5. Married or Single *Widow*

6. Date of death *Aug. 4" 1911.*

7. Cause of death *Asthma*

8. Duration of last illness *40 years*

*Arthur Tomman*, M. D.

Residence *BOWLING GREEN, KY.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_

10. Place of birth *BOWLING GREEN, KY.*

11. Residence *8th St.* Ward No. *1*

12. Time of residence in the city *Lifetime*

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Aug 5" 1911.*

*GERARD & GERARD*, Undertaker.

Date of Certificate *Aug 4" 1911* Residence *BOWLING GREEN, KY.*

Samuel Stout, 1879

98

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Samuel Stout*

2. Sex *Male* . 3. Color *White* . 4. Age *89 years*

5. Married or Single *Widower*

6. Date of Death *June 11th*

7. Cause of Death *Old age*

8. Duration of last Illness

*W. M. Claypool*, M. D.

Residence *Berlin Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Virginia*

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

12. Time of Residence in the City *10 years*

13. When a Minor { Name of Mother

Name of Father

14. Place of intended Interment *Covington Ky*

15. Date of intended Interment

*Frank Leonard*, Undertaker.

Date of Certificate *June 11th 79* . Residence

Democrat Print.

Mrs. M. J. Stovalle, 1908

99

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

# RETURN OF A DEATH.

534

## 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 *Widow*  
 6. Date of death *Oct. 20<sup>th</sup> 1908*  
 7. Cause of death *Peritonitis*  
 8. Duration of last illness *2 days.*  
*Tom W. Stover* M. D.  
 Residence **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Hart County*  
 11. Residence *College St.* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother.....  
                           Name of father.....  
 14. Place of intended interment *Greenview Cemetery*  
 15. Date of intended interment *Oct. 22/1908*  
**GERARD & GERARD.** Undertaker.  
 Date of Certificate *Oct. 21<sup>st</sup> 1908* Residence **BOWLING GREEN, KY**

Mary [Nolan] Stovalle, 1913

100

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

# RETURN OF A DEATH.

1323

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Mary Nolan Stovalle*  
 2. Sex *Female* 3. Color *White* 4. Age *45 yrs.*  
 5. Married or single *Married*  
 6. Date of death *July 25 1913*  
 7. Cause of death *Carcinoma Uteri*  
 8. Duration of last illness *1 yr*  
 F. D. Reardon M. D.  
 Residence *Rowling Green Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *ROWLING GREEN, KY.*  
 11. Residence *College St.* Ward No. *2*  
 12. Time of residence in the city *45 yrs.*  
 13. When a minor { Name of mother *Mrs. Patrick Nolan*  
 Name of father *Patrick Nolan*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment.....  
 GERARD & GERARD. Undertaker.  
 Date of Certificate *Jan, 25/1913.* Residence *ROWLING GREEN, KY*

James W. Straight, 1906

# 1111 101

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 W. Straight  
 2. Sex male 3. Color white 4. Age 44 yrs  
 5. Married or single single  
 6. Date of death October 13/1906  
 7. Cause of death dysentery  
 8. Duration of last illness several weeks  
A. G. Wright M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth Adley County  
 11. Residence 11<sup>th</sup> St & State Ward No. \_\_\_\_\_  
 12. Time of residence in the City. several years  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment Fairview Cem  
 15. Date of intended interment Oct. 13. 1906  
Hawley Payne Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Charlotte Strange, 1896

917 108

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Charlotte Strange*  
2. Sex *Female* 3. Color *Blk.* 4. Age *35 yrs.*  
5. Married or single *Single.*  
6. Date of Death *July 16" 1896.*  
7. Cause of Death *Dysentery*  
8. Duration of last Illness *Two weeks*  
*J. F. McCray*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren Co.*  
11. Residence *Fruit Street* Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended Interment *Mt. Moriah Cem.*  
15. Date of intended Interment *July 18" 1896.*  
*F. C. Gurdard & Bro.*, Undertaker.  
Date of Certificate *July 17/96.* Residence \_\_\_\_\_

F. L. Strange, Jr., 1911

103

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

# RETURN OF A DEATH.

1020

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *F. L. Strange Jr.*  
 2. Sex *Male* 3. Color *White* 4. Age *2 yrs.*  
 5. Married or Single *Single*  
 6. Date of death *June 3" 1911.*  
 7. Cause of death *Enterocolitis*  
 8. Duration of last illness *8 days*  
 \_\_\_\_\_, M. D.  
 Residence **BOWLING GREEN, KY**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth **BOWLING GREEN, KY**  
 11. Residence **BOWLING GREEN, KY** Ward No. *1*  
 12. Time of residence in the city *2 yrs.*  
 13. When a minor { Name of Mother *F. L. Strange Sr.*  
                           Name of Father *Mrs " " "*  
 14. Place of intended interment *Hairiana Cemetery*  
 15. Date of intended interment *June 4" 1911*  
*Edward T. Grand*, Undertaker.  
 Date of Certificate *June 5/1911* Residence **BOWLING GREEN, KY**

James Strange, 1892

377- 104

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *James Strange*  
 2. Sex *Male* 3. Color *Blk* 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*  
*J. L. McElroy*, M. D.  
 Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Warren County*  
 11. Residence *Chestnut St.* Ward No. *17th*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor. } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Mt. Moriah Cem.*  
 15. Date of intended Interment *Jan 21 / 92*  
*J. L. McElroy*, Undertaker.  
 Date of Certificate *Jan 20 / 92* Residence *City*

Mrs. James Strange, 1896

832

105

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. James Strange*  
 2. Sex *female* 3. Color *Col* 4. Age *40 yrs*  
 5. Married or single *married*  
 6. Date of Death *Jan - 6 - 1896*  
 7. Cause of Death *Cancer of Stomach*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Kentucky*  
 11. Residence *Boiling Springs, Ky.* Ward No. *2nd*  
 12. Time of Residence in the City \_\_\_\_\_  
 13. When a Minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *MT Memorial*  
 15. Date of intended Interment *Jan - 7 - 1896*  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate *Jan 6/96* Residence *College St*

Child of Mintie Strange, 1896

916 106

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 Mintie Strange*  
2. Sex *Male* 3. Color *W* 4. Age *7 mo*  
5. Married or single *Single*  
6. Date of Death *July 23/96*  
7. Cause of Death  
8. Duration of last illness *Two days*  
*J. W. Coombs*, M. D.  
Residence *Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of Birth *City*  
11. Residence *7th Street* Ward No. *2nd*  
12. Time of Residence in the City  
13. When a Minor } Name of Mother *Mintie Strange*  
                          } Name of Father  
14. Place of intended Interment *County Cemetery*  
15. Date of intended Interment *July 24/96*  
*F. C. Grand 1<sup>st</sup> Bld.*, Undertaker.  
Date of Certificate *July 23/96* Residence

Ona Strange, 1892

413 107

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Ona Strange*  
2. Sex *Female* 3. Color *Blk.* 4. Age *91yrs.*  
5. Married or Single *Widow*  
6. Date of Death *May 13"/92*  
7. Cause of Death *Old Age*  
8. Duration of last Illness \_\_\_\_\_  
*J. E. Mendenhall, M. D.*  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Bunbelaud Co. Ky.*  
11. Residence *E. Chestnut* Ward No. *1st*  
12. Time of Residence in the City *Fifty years*  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *St. Joseph's Cem.*  
15. Date of intended Interment *May 14"/92*  
*Frank S. Guard, Undertaker.*  
Date of Certificate *May 14/92* Residence *City*

Robert F. Strange, 1891

108

307

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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1. Name of deceased Robt F. Strange *Strange*

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

5. Married or Single Married

6. Date of Death July 13<sup>th</sup> 1891

7. Cause of Death Intussusception

8. Duration of last Illness \_\_\_\_\_

H. P. Cartwright, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation Farmer

10. Place of Birth Virginia

11. Residence city Ward No. 4<sup>th</sup>

12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment Fairview Cent

15. Date of intended Interment July 14<sup>th</sup> 1891

H. B. Grand, Undertaker.

Date of Certificate July 13<sup>th</sup> 91 Residence \_\_\_\_\_

Arther C. Stroud, 1908

109

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

# RETURN OF A DEATH.

295

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Arther C. Stroud*  
 2. Sex *Male* 3. Color *White* 4. Age *21 yrs.*  
 5. Married or single *Single*  
 6. Date of death *July 1<sup>st</sup> 1908*  
 7. Cause of death *Struck in the neck*  
 8. Duration of last illness *John E. Gray coroner of Warren Co.*  
 Residence **BOWLING GREEN, KY.**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *McLean County Ky*  
 10. Place of birth *Park St. Bowling Green Ky*  
 11. Residence *Park St. Bowling Green Ky* Ward No. *1*  
 12. Time of residence in the city *Several Months*  
 13. When a minor { Name of mother *Mrs. Harvey Stroud*  
 Name of father *Harvey Stroud*  
 14. Place of intended interment *Island, McLean Co. Ky*  
 15. Date of intended interment *July 7/1908*  
**GERARD & GERARD.** Undertaker.  
 Date of Certificate *July 1908* Residence **BOWLING GREEN, KY**

Joe Stubbins, 1893

513 110

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 *Joe Stubbins*  
2. Sex *Male* 3. Color *Blk* 4. Age *30 yrs.*  
5. Married or single \_\_\_\_\_  
6. Date of Death *June 8/93*  
7. Cause of Death *Gun shot wound*  
8. Duration of last Illness \_\_\_\_\_  
*C. A. Munkle Cor. W. D.*  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence *Main street* Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *St. Moriah Cem.*  
15. Date of intended Interment *June 9/93*  
*A. W. Beard & Bro.*, Undertaker.  
Date of Certificate *June 8/93* Residence *City*

Mary Stubbins, 1892

472

111

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Mary Stubbins.*

2. Sex *Female.* 3. Color *White.* 4. Age *85 yrs.*

5. Married or Single *Widow.*

6. Date of Death *Dec. 31st. 1892.*

7. Cause of Death *Old Age*

8. Duration of last Illness *Three days*

*J. S. Biggs*, M. D.  
Residence *W. G. City.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Allen. County. Kentucky.*

11. Residence *College. Street.* Ward No *2nd.*

12. Time of Residence in the City *Eighty Four years.*

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

14. Place of intended Interment *Fairview. Cemetery.*

15. Date of intended Interment *Jan. 1st. 1893.*

*Frank G. Gerard.*, Undertaker.

Date of Certificate *Dec. 31st. 1892.* Residence *City.*

Bettie Stubblefield, 1900

35 112

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Bettie Stubblefield*

2. Sex *Female* 3. Color *Blk* 4. Age *68*

5. Married or single *Widow*

6. Date of death *Apr. 26/1900.*

7. Cause of death *Paralysis*

8. Duration of last illness \_\_\_\_\_

*O. D. Forlin* M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Housekeeper*

10. Place of birth \_\_\_\_\_

11. Residence *College 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 *Mt. Moriah*

15. Date of intended interment *Apr 27/1900.*

*Guard & Guard* Undertaker.

Date of Certificate *Apr 27/1900.* Residence \_\_\_\_\_

1

Hester Stubblefield, 1897

113

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Hester Stubblefield

2. Sex female 3. Color Black 4. Age 40 yrs

5. Married or single married

6. Date of Death Novem 18 1897

7. Cause of Death Neuronalacia

8. Duration of last Illness \_\_\_\_\_

D. D. P. \_\_\_\_\_ O. D. Riley, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth Warren County,

11. Residence 19<sup>th</sup> St & Chestnut St. Ward No. 2

12. Time of Residence in the City 1 year

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

14. Place of intended Interment West Memorial

15. Date of intended Interment Novem 19 1897

\_\_\_\_\_  
 \_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Child of Charles A. Studdle, 1891

*Out of town* 114

~~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 C. A. Studdle*  
2. Sex \_\_\_\_\_ 3. Color *White* 4. Age *17 yik*  
5. Married or Single *Single*  
6. Date of Death *Oct 16/91*  
7. Cause of Death *Cholera Infantum*  
8. Duration of last Illness \_\_\_\_\_

*B. H. Miller*, M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *River Park* Ward No. *4th*  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father *Char. A. Studdle*  
14. Place of intended Interment *Grindstone Grave yard*  
15. Date of intended Interment *October 18/91*  
*Frank O. Seward*, Undertaker.  
Date of Certificate *Oct 17/91* Residence *City*

Mose Studivan, 1894

634 115

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 Mose Studivan  
2. Sex Male 3. Color Blk 4. Age 11 yrs  
5. Married or single Single  
6. Date of Death June 20/94  
7. Cause of Death Drowned  
8. Duration of last Illness \_\_\_\_\_

C. A. Munklebor, M. D.  
Residence Warren Co - Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth City  
11. Residence 7th street Ward No. 3rd  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father Mose Studivan  
14. Place of intended Interment Mt Moriah  
15. Date of intended Interment June 21/94  
H. C. Gerard & Co, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Infant of J. B. and Nelle Sublet, 1908

117

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

# RETURN OF A DEATH.

430

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Infant of J. B. Sublet  
 2. Sex Female 3. Color White 4. Age —  
 5. ~~Married~~ or single —  
 6. Date of death Apr. 1<sup>st</sup> '08  
 7. Cause of death Still Born.  
 8. Duration of last illness W. H. McQuinn M. D.  
 Residence BOWLING GREEN, KY.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation —  
 10. Place of birth Berry Ky.  
 11. Residence High St. Ward No. 1  
 12. Time of residence in the city —  
 13. When a minor { Name of mother Mrs. Nellie Sublet  
 Name of father J. B. Sublet.  
 14. Place of intended interment Fairview Cemetery  
 15. Date of intended interment Apr. 2<sup>nd</sup> '08  
GERARD & GERARD, Undertaker.  
 Date of Certificate Apr. 2<sup>nd</sup> '08. Residence BOWLING GREEN, KY.

Henry Sugg, 1903

118

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

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

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
 10. Place of birth *Logan Co.*  
 11. Residence *Logan Co., Ky.* Ward No.  
 12. Time of residence in the City.  
 13. When a minor { Name of Mother  
 Name of Father  
 14. Place of intended interment *Russellville Ky.*  
 15. Date of intended interment *Sept 21" 1903*  
*Guard & Guard*, Undertaker.  
 Date of Certificate *Sept. 19" 1903* Residence  
*Swifed Dead near Potter College and Jas. A. Mitchells Residence.*

John Sullivan, 1909

119

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

# RETURN OF A DEATH.

563

## Physician's Certificate Preparatory to Burial.

1. Name of deceased John Sullivan  
 2. Sex Male 3. Color White 4. Age 62 yrs  
 5. Married or single Married  
 6. Date of death Jan 7" 1909.  
 7. Cause of death Chronic, ulcerative Ileo Colitis.  
 8. Duration of last illness 4 D  
G. D. Brandon, M. D.  
 Residence BOWLING GREEN, KY

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth County of Cork Ireland  
 11. Residence Church St. Ward No. 3  
 12. Time of residence in the city 45 yrs.  
 13. When a minor { Name of mother.....  
                           { Name of father.....  
 14. Place of intended interment St. Josephs Cemetery  
 15. Date of intended interment Jan 8" 1909.  
GERARD & GERARD, Undertaker.  
 Date of Certificate Jan 7/09 Residence BOWLING GREEN, KY

Margarett Sullivan, 1896

836 120

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Margarett Sullivan*  
2. Sex *Female* 3. Color *White* 4. Age *70 yrs.*  
5. Married or single *Widow*  
6. Date of Death *Jan'y 29/1896*  
7. Cause of Death *Chronic Brights disease*  
8. Duration of last Illness \_\_\_\_\_  
*Dr Cartwright*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ireland*  
11. Residence *Church street* Ward No. *4th*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *St Josephs Cemetery*  
15. Date of intended Interment *Jan'y 30/1896*  
*J. G. Ward* Undertaker.  
Date of Certificate *Jan'y 29/96* Residence \_\_\_\_\_

Mark Sullivan, 1893

534 121

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *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 *Ulcerated Sores*

8. Duration of last Illness *Several months*

*F. B. Wright*, M. D.

Residence *City St. Office*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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9. Occupation \_\_\_\_\_

10. Place of Birth *Ireland*

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

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

14. Place of intended Interment *Catholic Cemetery*

15. Date of intended Interment *Aug 12/193*

*F. L. Gaudin & Co.*, Undertaker.

Date of Certificate *Aug 12/193* Residence \_\_\_\_\_

Mary Sullivan, 1879

122

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

### RETURN OF A DEATH.

Sullivan  
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

- Name of Deceased *Mary Sullivan*
- Sex *Female* 3. Color *White* 4. Age *2 years*
- Married or Single *Single*
- Date of Death *July 21st - 1879*
- Cause of Death *Dysentery*
- Duration of last Illness *10 days*

*W. B. Johnson*, M. D.  
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- Occupation *—*
- Place of Birth *Bowling Green*
- Residence *Bowling Green* Ward No. *2*
- Time of Residence in the City *Two years*
- When a Minor { Name of Mother *Margaret Sullivan*  
Name of Father *John Sullivan*
- Place of intended Interment *Catholic Cemetery*
- Date of intended Interment *22nd July 1879*

*John C. Gerard*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Democrat Print.

Michael Sullivan, 1892

123

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. 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 27<sup>th</sup> 1892*

7. Cause of Death

8. Duration of last Illness

, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Laborer*

10. Place of Birth *Ireland*

11. Residence *Near Macumie* . Ward No

12. Time of Residence in the City

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

14. Place of intended Interment *Catholic Cem*

15. Date of intended Interment *Dec 28<sup>th</sup> 1892*

*Filemond*, Undertaker.

Date of Certificate *Dec 27/92* . Residence

Democrat Job Print

Richard Sullivan, 1905

124

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Richard Sullivan*  
2. Sex *Male* 3. Color *White* 4. Age .....  
5. Married or Single *Widower*  
6. Date of death *Mar. 8 '05*  
7. Cause of death *Paralysis*  
8. Duration of last illness .....  
*J. W. Stans*, M. D.

Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....  
10. Place of birth *Ireland*  
11. Residence *6th & Kentucky* Ward No. *2*  
12. Time of residence in the city *54 yrs*  
13. When a minor { Name of Mother .....  
                          { Name of Father .....  
14. Place of intended interment *St. Josephs Cemetery*  
15. Date of intended interment *Mar. 10 '05*  
*Gerard & Gerard*, Undertaker.  
Date of Certificate *Mar. 9 '05* Residence .....

Child of W. F. Sullivan, 1898

1103 125

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

## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Mrs. W. F. Sullivan*  
 2. Sex *Male* 3. Color *White* 4. Age \_\_\_\_\_  
 5. Married or single *Single*  
 6. Date of death *July 23" 1898.*  
 7. Cause of death *Sticil Remi*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Main St. City*  
 11. Residence *Main Street* Ward No. *3*  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother *Mrs. W. F. Sullivan.*  
                           } Name of Father *W. F. Sullivan.*  
 14. Place of intended interment *St. Josephs Cemetery*  
 15. Date of intended interment *July 24" 1898.*  
*Guard & Guard*, Undertaker.  
 Date of Certificate *July 24" 1898.* Residence \_\_\_\_\_

Child of L. P. Summers, 1905

126

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.

*Lottie Louiss,*  
 1. Name of deceased *Child of L. P. Summers.*  
 2. Sex *Female* 3. Color *White* 4. Age *16 Mos.*  
 5. Married or Single *Single*  
 6. Date of death *Sept. 15 '05.*  
 7. Cause of death *Intero-collitis.*  
 8. Duration of last illness  
*T. W. Stover,* \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Greenville Miss.*  
 11. Residence *Church St* Ward No. \_\_\_\_\_  
 12. Time of residence in the city *2 wks.*  
 13. When a minor { Name of Mother *Mrs L. P. Summers.*  
                           { Name of Father *L. P. Summers.*  
 14. Place of intended interment *Ogden Vault, Fairview Cemetery.*  
 15. Date of intended interment *Sept. 16 '05*  
*Grand & Grand* \_\_\_\_\_, Undertaker.  
 Date of Certificate *Sept. 16/05.* Residence \_\_\_\_\_



Charles A. Sumpter, 1911

107-2

**TRANSIT PERMIT No. \_\_\_\_\_ CERTIFICATE OF UNDERTAKER.**

I (or we) hereby certify that the accompanying dead body of Charles A. Sumpter  
 (If a minor, give parents' name also.)

Consigned to Bowling Green....., in the County of Warren....., State of Ky......  
 and who died of General Parotia.....

has been prepared for transportation by an Embalmer holding License No. 336.... in conformity with Rule No. 3.....  
 of the Transportation Rules.

Shipping Embalmer Edward Burt License No. 336.... Shipping Undertaker **WILES & MARTIN**  
 (Firm Name)

Address City..... Address City.....

Station Baggage men must enter hereon a description of the ticket, the exact route, and VIA WHAT JUNCTIONAL POINTS THE TICKET READS, which is held by the passenger in charge of the remains.

**SPECIAL INSTRUCTIONS**—A burial case containing a corpse must not be received for transportation unless the person in charge of the remains presents a certificate of the attending physician or coroner, a Permit from the Board of Health and an Undertaker's Certificate that the body has been prepared for burial according to the law of the State. Neither will it be received if any fluids or offensive odors are escaping from the case. AGENTS will DETACH the CERTIFICATE and THIS PASTER at the perforation and tack them securely on the end of the box before shipping.

Date July 17 1911.....

From Haswell..... to Bowling Green..... State of Ky......

No. of Ticket of Escort 18163..... Form No. of Ticket of Escort Cards.....

No. of Corpse Ticket 18364..... Form No. of Corpse Ticket Cards.....

Via ..... R. R. To .....

Name of passenger in charge W. C. Sumpter..... Place of Residence .....

Signed W. C. Sumpter..... Station B. M.

ISSUED BY TENNESSEE STATE BOARD OF EMBALMERS.

Mrs. E. B. Sumpter, 1904

128

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. E. B. Sumpter*  
 2. Sex *Female* 3. Color *White* 4. Age *50 yrs.*  
 5. Married or Single *Married*  
 6. Date of death *May 7" 1904*  
 7. Cause of death *Heart's Disease*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence \_\_\_\_\_

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *City*  
 11. Residence *11<sup>th</sup> Street* Ward No. *1*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *May 9" 1904.*  
*Edward T. Francis*, Undertaker.  
 Date of Certificate *May 9" 1904.* Residence \_\_\_\_\_

Child of J. B. and Blanche Sumpter, 1891

249 129

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of J. B. Sumpter + Blanche*

2. Sex *Male* . 3. Color *White* . 4. Age *17 years*

5. Married or Single *Single*

6. Date of Death *Jan 1st 1891*

7. Cause of Death *Broncho-pneumonia*

8. Duration of last Illness *2 weeks*

*R. W. [Signature]*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *Bowling Green Ky*

11. Residence \_\_\_\_\_ . Ward No. *1st*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. } Name of Mother *Blanche Sumpter*  
                          } Name of Father *J. B. Sumpter*

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Jan 2nd 1891*

*H. B. [Signature]*, Undertaker.

Date of Certificate *Jan 1st 91* . Residence \_\_\_\_\_

Infant of J. B. and Blanche Sumpter, 1881

6 130

This Constitutes ONE CERTIFICATE to be filled out by the \_\_\_\_\_ City Clerk for a BURIAL PERMIT

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Infant of J. B. & Blanche Sumpter*

2. Sex *male* . 3. Color *white* . 4. Age \_\_\_\_\_

5. ~~Married~~ or Single \_\_\_\_\_

6. Date of Death *July 6<sup>th</sup> 1881*

7. Cause of Death *Premature*

8. Duration of last Illness \_\_\_\_\_

*A. C. Wright*, M. D.  
Residence *Summer St. Fair Hill*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *Warren County Blount*

11. Residence *Poplar Street* . Ward No. *1*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother *Blanche L Sumpter*  
Name of Father *J B Sumpter*

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *July 6<sup>th</sup> 1881*

*F. B. [Signature]*, Undertaker.

Date of Certificate *July 6<sup>th</sup>* . Residence \_\_\_\_\_

Democrat Job Print

Laura Sumpter, 1911

131

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

# RETURN OF A DEATH.

1911

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Ms Laura Sumpter  
 2. Sex Female 3. Color white 4. Age 38  
 5. Married or Single Married  
 6. Date of death May 9 1911  
 7. Cause of death Apoplexy  
 8. Duration of last illness  
Merch + Puthersford, M. D.  
 Residence

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Warren County  
 11. Residence Bowling Green Ward No. \_\_\_\_\_  
 12. Time of residence in the city 2 yrs  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment \_\_\_\_\_  
 15. Date of intended interment Sumpter Cemetery  
Enochs Kelley, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence B Green

Laura D. Sumpter, 1911

138

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

# RETURN OF A DEATH.

1090

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Laura D. Sumpter  
2. Sex Female 3. Color White 4. Age 6 mo  
5. Married or Single Single  
6. Date of death Sept 8  
7. Cause of death Infection  
8. Duration of last illness Three months  
E. N. Hall, M. D.  
Residence Bowling Green

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Single  
10. Place of birth Bowling Green  
11. Residence " Ward No. "  
12. Time of residence in the city Life Time  
13. When a minor { Name of Mother Deceased  
Name of Father T. J. Sumpter  
14. Place of intended interment Family Home  
15. Date of intended interment Oct 9 1911  
Emmickelly, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence B. J. Sum

Samuel W. Sumpter, 1904

133

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *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 *Scrub Pneumonia*  
 8. Duration of last illness  
*A. J. No. 11* *Cornack*, M. D.  
 Residence *2 Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Warren, Kentucky*  
 11. Residence *Chestnut, St.* Ward No. *1*  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Feb 10" 1904*  
*Gerard and Grand*, Undertaker.  
 Date of Certificate *Feb 9" 1904.* Residence \_\_\_\_\_

Mary Bell Sun, 1882

134

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

## RETURN OF A DEATH.

### PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mary Bell Sun*  
2. Sex *Female*. 3. Color *white*. 4. Age *18*  
5. Married or Single *Single*  
6. Date of Death *7th June 1882*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *12 months*  
*L. C. Porter, M. D.*  
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 *Fairview Cemt*  
15. Date of intended Interment *June 8th 82*  
*H. C. Howard* , Undertaker.  
Date of Certificate *Jun 7th 82*. Residence

Democrat Job Print

Virgie Sweatman, 1906

135

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss Virgie Sweatman*  
 2. Sex *Female* 3. Color *White* 4. Age *19*  
 5. Married or single *Single*  
 6. Date of death *Aug 11 1906*  
 7. Cause of death *Stomach and Bowel trouble*  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_, M. D.  
 Residence *Plans, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Warren Co.*  
 11. Residence *Plans, Warren Co.* Ward No. \_\_\_\_\_  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother *Sweatman*  
 Name of Father *W. A. Sweatman*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Aug 12 1906*  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate *Aug 12 1906* Residence \_\_\_\_\_

Hattie Sweatmon, 1910

136

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

# RETURN OF A DEATH.

1910

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss. Hattie Sweatmon.*  
 2. Sex *Female* 3. Color *White* 4. Age *24 yrs.*  
 5. Married or Single *Single*  
 6. Date of death *Apr. 6" 1910.*  
 7. Cause of death *Bronchial & Lung  
 Inflammation (Tubercular)*  
 8. Duration of last illness *Several weeks*  
*C. S. Dowse*, M. D.  
 Residence .....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation .....  
 10. Place of birth *Warren County*  
 11. Residence *Woodford St* Ward No. *2*  
 12. Time of residence in the city .....  
 13. When a minor { Name of Mother *W A Sweatmon*  
 Name of Father *Miss. " "*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Apr. 7" 1910.*  
*GERARD & GERARD.*, Undertaker.  
 Date of Certificate *Apr 7/1910.* Residence .....

Caroline Sweeney, 1882

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Caroline Sweeney*

2. Sex *Female* 3. Color *Black* 4. Age *60*

5. Married or Single \_\_\_\_\_

6. Date of Death *May 4*

7. Cause of Death *Consumption*

8. Duration of last Illness *Five months*

*J. H. McCoy* M.D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *Warren County*

11. Residence *State 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 *Col Court*

15. Date of intended Interment *May 5<sup>th</sup> 1882*

*J. H. Gerard*, Undertaker.

Date of Certificate *May 5<sup>th</sup> 82* Residence \_\_\_\_\_

Democrat Job Print

George Sweeney, 1898

138

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Geo Sweeney *Sweeney*

2. Sex Male      3. Color Black      4. Age 50

5. Married or single \_\_\_\_\_

6. Date of Death Dec 12 1898

7. Cause of Death Typhoid Pneumonia

8. Duration of last Illness One week

A. N. Murphy, M. D.

Residence Winnam St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Man of all work

10. Place of Birth Warren County

11. Residence Chapin St      Ward No. 2

12. Time of Residence in the City Dec 13<sup>th</sup>

13. When a Minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_

14. Place of intended Interment Int. Memorial Cem

15. Date of intended Interment Dec 13<sup>th</sup> 98

J. C. Young, Undertaker.

Date of Certificate Dec 13      Residence \_\_\_\_\_

Child of Ike Sweeney, 1906

139

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of I. K. Sweeney*  
 2. Sex *Male* 3. Color *Blk* 4. Age *14 Mo.*  
 5. Married or Single *Single*  
 6. Date of death *Jan'y 22" 06*  
 7. Cause of death *Measles*  
 8. Duration of last illness *A. C. Wright*, M. D.  
 Residence

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth *City*  
 11. Residence *11<sup>th</sup> St.* Ward No. *1*  
 12. Time of residence in the city  
 13. When a minor { Name of Mother *Mrs. I. K. Sweeney*  
 Name of Father *I. K. Sweeney*  
 14. Place of intended interment *Mt Moriah, Cemetery*  
 15. Date of intended interment *Jan, 23" 06.*  
*Edward J. Grand*, Undertaker.  
 Date of Certificate *Jan 23" 05* Residence

Lou Ann Sweeney, 1892

374 140

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 *Lou Ann Sweeney*  
2. Sex *Female* 3. Color *Blk* 4. Age *47 yrs*  
5. Married or Single *Married*  
6. Date of Death *Jan'y 15"/1921*  
7. Cause of Death *Abdominal Aseps*  
8. Duration of last Illness *2 or 3 Days*  
*Dr. [Signature]*, M. D.  
Residence *B. O.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Warren County*  
11. Residence *11th street* Ward No. *1st*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *St. Francis Cem*  
15. Date of intended Interment *Jan'y 16"/1921*  
*Frank C. [Signature]*, Undertaker.  
Date of Certificate *Jan'y 15"/1921* . Residence \_\_\_\_\_

William Sweeney, 1897

1019 141

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased <sup>Sweeney</sup> *Wm Sweeney*

2. Sex *male* 3. Color *black* 4. Age *87 yrs*

5. Married or single *married*

6. Date of Death *June - 12 - 1897*

7. Cause of Death *Old Age*

8. Duration of last Illness \_\_\_\_\_

*W D Porter*, M. D.

Residence *State St.*

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Laborer*

10. Place of Birth *Warren Co Ky*

11. Residence *East Chestnut* Ward No. *1st*

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

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*

*F. L. Sweeney*, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

William H. Sweeney, 1910

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

## RETURN OF A DEATH.

754

**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 Widower  
6. Date of death Jan. 17 " 1910.  
7. Cause of death Pneumonia  
8. Duration of last illness.....  
Signature B. S. Rutherford M. D.  
Residence Bowling Green Ky

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

9. Occupation Farmer  
10. Place of birth Warren County Ky  
11. Residence Center & 12<sup>th</sup> St. Ward No. 2  
12. Time of residence in the city 12 months  
13. When a minor { Name of mother.....  
                          { Name of father.....  
14. Place of intended interment Garrett Cemetery  
15. Date of intended interment Jan. 19 " 1910  
**GERARD & GERARD.** Undertaker.  
**BOWLING GREEN, KY**  
Date of Certificate Jan. 18 " 1910 Residence.....

Mrs. William H. Sweeney, 1907

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Wm H Sweeney*  
 2. Sex *Female* 3. Color *White* 4. Age *61 yrs.*  
 5. Married or single  
 6. Date of death *December 21, 1907.*  
 7. Cause of death *Heart disease*  
 8. Duration of last illness  
*B. S. Rutherford* M. D.  
 Residence *BOWLING GREEN, KY.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation  
 10. Place of birth *Warren County*  
 11. Residence *White Stone Quarry* Ward No. \_\_\_\_\_  
 12. Time of residence in the city  
 13. When a minor { Name of mother \_\_\_\_\_  
 Name of father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Dec 22/1907*  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *Dec. 21/07.* Residence *BOWLING GREEN, KY.*

Jaine Swiney, 1911

144

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

# RETURN OF A DEATH.

483

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Jaine Swiney*  
 2. Sex *female* 3. Color *red.* 4. Age *68 yrs*  
 5. Married or Single *Single*  
 6. Date of death *march 24 - 1911*  
 7. Cause of death *Chronic Nephritis*  
 8. Duration of last illness *About 1 year*  
 \_\_\_\_\_, M. D.  
 Residence *Bowling Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *General House work*  
 10. Place of birth *Rockfield Ky.*  
 11. Residence *Seventh St.* Ward No. *3*  
 12. Time of residence in the city *About 40 yrs*  
 13. When a minor { Name of Mother *Saga Jones*  
 Name of Father *John Swiney*  
 14. Place of intended interment *Cmt. mariah*  
 15. Date of intended interment *march 26 - 1911*  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate *Mar 25 - 1911* Residence \_\_\_\_\_  
*74 college St.*

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

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Child of Luther E. Synan.*  
 2. Sex *Female* 3. Color *White* 4. Age *5 mos.*  
 5. Married or single *Single*  
 6. Date of death *Dec. 5" 1909.*  
 7. Cause of death *Complication*  
 8. Duration of last illness.....  
 Francis G. Ramsey M. D.  
 Residence *BOWLING GREEN, KY*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *BOWLING GREEN, KY.*  
 11. Residence *Dishman Mill Pike.* Ward No.....  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *Mrs. L. I. Synan.*  
 Name of father *Luther E. Synan.*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *Dec. 5" 1909.*  
*GERARD & GERARD.* Undertaker.  
 Date of Certificate *Dec 5" 1909.* Residence *BOWLING GREEN, KY*