


1877

## Box 4, Folder 9 Bowling Green, Kentucky - Death Records, U-V

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Mrs. Estill L. Uhls, 1910

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

# RETURN OF A DEATH.

928

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Estill L Uhls*  
2. Sex *Female* 3. Color *White* 4. Age *25*  
5. Married or single *Married*  
6. Date of death *Nov 9 - 1910*  
7. Cause of death *Heart Disease*  
8. Duration of last illness *14 days*  
*E. N. Hall* M. D.  
Residence *939 College St.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
10. Place of birth *Morganfield Ky*  
11. Residence *Babbling Green Ky* Ward No.....  
12. Time of residence in the city *One year*  
13. When a minor { Name of mother *Defint known*  
                          { Name of father *" "*  
14. Place of intended interment *Farrrow Cemetery*  
15. Date of intended interment *Nov 11 1910*  
..... Undertaker.  
Date of Certificate..... Residence *B.L. Ky*

Eugene Underwood, 1893

385

2

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 *Eugene Underwood*

2. Sex *Male* 3. Color *White* 4. Age *75 yrs*

5. Married or single *Married*

6. Date of Death *Dec 21<sup>st</sup> 1893*

7. Cause of Death *Pneumonia*

8. Duration of last Illness *8 days*

*H. P. Cartwright*, M. D.

Residence .....

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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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 .....

14. Place of intended Interment *Fairview Cent*

15. Date of intended Interment *Dec 22<sup>nd</sup> 1893*

*A. C. Grounds & Co.*, Undertaker.

Date of Certificate .....

Residence .....

Julia Underwood, 1891

367

3

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Julia Underwood*  
2. Sex *Female* . 3. Color *Blk* . 4. Age *75*  
5. Married or Single *Widow*  
6. Date of Death *Dec 24<sup>th</sup> 1891*  
7. Cause of Death *Pneumonia*  
8. Duration of last Illness *one week*  
*J. F. McCray* M. D.  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Kentucky*  
11. Residence *lot 2 & 3<sup>d</sup>* . 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 Moriah*  
15. Date of intended Interment *Dec 25<sup>th</sup> 1891*  
*J. F. McCray* Undertaker.  
Date of Certificate *Dec 24<sup>th</sup> 1891* Residence \_\_\_\_\_

Lucy Underwood, 1893

580

4

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Miss. Lucy C. Underwood*  
2. Sex *Female* 3. Color *White* 4. Age *78 yrs.*  
5. Married or single *Widow*  
6. Date of Death *Dec. 8, 1893*  
7. Cause of Death *Capillary Bronchitis*  
8. Duration of last Illness \_\_\_\_\_  
*H. P. Castoright*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Georgetown Ky.*  
11. Residence *Main 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 *Travis Cemetery*  
15. Date of intended Interment *Dec. 9, 1893*  
*F. B. Grand & Co.*, Undertaker.  
Date of Certificate *Dec. 9/93* Residence *City*

Robert Underwood, 1907

5

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

## RETURN OF A DEATH.

272

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

1. Name of deceased Robert Underwood  
2. Sex Male 3. Color White 4. Age 62 yrs.  
5. Married or single Married  
6. Date of death July 20<sup>th</sup> 1907  
7. Cause of death Bright's Disease  
8. Duration of last illness several months  
W. A. Bugge 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 State St. Ward No. 1  
12. Time of residence in the city.....  
13. When a minor { Name of mother.....  
                          { Name of father.....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment July 21<sup>st</sup> 1907  
GERARD & GERARD Undertaker.  
Date of Certificate July 21/07 Residence BOWLING GREEN, KY

ENG CO. 1718

Spetsell Underwood, 1882

6

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

**RETURN OF A DEATH.**

*Spetsell P*

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Spetsell Underwood*

2. Sex *Male* . 3. Color *Blk* . 4. Age *65*

5. Married or Single *Married*

6. Date of Death *Dec 17<sup>th</sup> 1882*

7. Cause of Death *Heart disease*

8. Duration of last Illness *2 or 3 weeks*

*D. F. McKelvey*, M. D.

Residence *J*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Minister of Louisville*

11. Residence *Mar 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 *Col Cem*

15. Date of intended Interment *Dec 18<sup>th</sup> 1882*

*H. G. Grand*, Undertaker.

Date of Certificate *Dec 17<sup>th</sup> 82* Residence \_\_\_\_\_

Democrat Job Print

Arther Upton, 1900

56

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 Arther Upton
  2. Sex male 3. Color black 4. Age 20 yrs
  5. Married or single single
  6. Date of death June 1st 1900
  7. Cause of death Inflammatory Rheumatism
  8. Duration of last illness Three weeks
- D. S. Porter, M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Steam Boating
  10. Place of birth Bowling Green
  11. Residence Delafield Ward No. 3rd
  12. Time of residence in the City 20 yrs
  13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
  14. Place of intended interment Mt. Moriah
  15. Date of intended interment June 1st 1900
- J. E. Shepherd, Undertaker.
- Date of Certificate July 17 1900 Residence Bowling Green  
815 State St.



Arther Upton, 1900

7-2

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 Arther Upton  
2. Sex Male 3. Color Black 4. Age 19 yrs  
5. Married or single Single  
6. Date of death June 1st 1900  
7. Cause of death Inflammatory Rheumatism  
8. Duration of last illness Two months  
J. W. B. B. B., M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Bowling Green  
11. Residence Delapfield Ward No. \_\_\_\_\_  
12. Time of residence in the City 19 yrs  
13. When a minor { Name of Mother \_\_\_\_\_  
                          { Name of Father \_\_\_\_\_  
14. Place of intended interment West Meriah  
15. Date of intended interment April 2nd 1900  
J. E. Heykendall, Undertaker.  
Date of Certificate June 1st 1900 Residence 815 State St  
Bowling Green

J. W. Upton, 1896

*Out of town*

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 *J. W. Upton*  
 2. Sex *Male* 3. Color *White* 4. Age *25 yrs*  
 5. Married or single *Single*  
 6. Date of Death *July 10<sup>th</sup> 1896*  
 7. Cause of Death *Broncho Pneumonia*  
 8. Duration of last illness *12 days*  
*J. P. Corwight* M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Warren County*  
 11. Residence *Elm street* Ward No. *1<sup>st</sup>*  
 12. Time of Residence in the City *10 days*  
 13. When a Minor } Name of Mother \_\_\_\_\_  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended Interment *Butler County*  
 15. Date of intended Interment *July 11<sup>th</sup> 1896*  
*J. C. Girard & Bro.*, Undertaker.  
 Date of Certificate *July 10/96* Residence *City*

John W. Valentine, 1894

6321 9

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John W. Valentine*  
2. Sex *male* 3. Color *white* 4. Age *77*  
5. Married or single *married*  
6. Date of Death *June 15th 1894*  
7. Cause of Death *Paralysis*  
8. Duration of last Illness *Since June 1st 1894*  
*Lucy M. Shepherd*, M. D.  
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Virginia*  
11. Residence *Park 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 *June 16th 1894*  
*H. G. Howard & Bro*, Undertakers  
Date of Certificate *16* Residence \_\_\_\_\_

Judy Valentine, 1881

18

This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT 10

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased <sup>Judy</sup> Judy Valentine

2. Sex Female. 3. Color Black. 4. Age 53

5. Married or Single Widowed

6. Date of Death Day 27<sup>th</sup> 1881

7. Cause of Death Dropsy

8. Duration of last Illness 2 months

Health Officer, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth Bowling Green

11. Residence Bowling Green. Ward No 2

12. Time of Residence in the City

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

14. Place of intended Interment Colerue Cemetery

15. Date of intended Interment Day 28<sup>th</sup> 1881

Undertaker.

Date of Certificate Residence

Democrat Job Print

Nannie Vanarsdale, 1911

11

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

## RETURN OF A DEATH.

958

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Ms. Nannie Vanarsdale  
2. Sex Female 3. Color white 4. Age 50  
5. Married or Single Widow  
6. Date of death Jun 20 1911  
7. Cause of death Exhaustion of soft check  
8. Duration of last illness groins & Paralysis  
about 2 weeks  
J. E. Meredith, M. D.  
Residence Bowling Green Ky

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

9. Occupation Dress maker  
10. Place of birth McClain county  
11. Residence Bowling Green Ky Ward No. 3  
12. Time of residence in the city 20 years  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview cem  
15. Date of intended interment Jun 22-1911  
Emmett Kelly, Undertaker.  
Date of Certificate Jan 25-1911 Residence B.G. Ky

Cora Vance, 1896

851

12

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 Cora Vance  
2. Sex Female 3. Color White 4. Age 27 yrs.  
5. Married or single Single  
6. Date of Death July 27 / 1896  
7. Cause of Death Peritonitis  
8. Duration of last illness One week  
C. G. Gristner, M. D.

Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_  
10. Place of Birth \_\_\_\_\_  
11. Residence Adams St. 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 Fairview Ceme.  
15. Date of intended Interment July 28 / 1896  
F. L. Guard & Bro., Undertaker.  
Date of Certificate July 27 / 96 Residence \_\_\_\_\_

J. H. Vance, 1906

#52 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 J. H. Vance
2. Sex Male 3. Color White 4. Age 68 yrs.
5. Married or single Married
6. Date of death JUN 23 1906
7. Cause of death Charlton's Myelitis
8. Duration of last illness 4 days

E. A. Cherry, M. D.  
Residence BOWLING GREEN, KY

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of birth Barron, Co.
11. Residence 11th St. Ward No. 1
12. Time of residence in the City. abt 5 yrs.
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment Fairview Cemetery
15. Date of intended interment JUN 24 1906

Gerard & Grand, Undertaker.

Date of Certificate JUN 23 1906 Residence BOWLING GREEN, KY

Aggie Vanmeter, 1882

14

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

### RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Aggie Vanmeter* *Aggie Vanmeter*

2. Sex *Female* . 3. Color *Blk* . 4. Age *70*

5. Married or Single *Married*

6. Date of Death *Jun 14<sup>th</sup> 1882*

7. Cause of Death *Typhoid Fever*

8. Duration of last Illness *Eight Weeks*

*S. J. Townsend*, M. D.

Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Madison Co Ky*

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 *Col Cem*

15. Date of intended Interment *Jun 15<sup>th</sup>*

*W. L. Brown*, Undertaker.

Date of Certificate *Jun 15<sup>th</sup> 1882* Residence \_\_\_\_\_

Democrat Job Print



Carey Vanmeter, 1881

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 *Carey Vanmeter, Vanmeter*

2. Sex *Female* . 3. Color *Bluish* . 4. Age *70*

5. Married or Single *Married*

6. Date of Death *June 27<sup>th</sup> 81*

7. Cause of Death *Acute Dysentery*

8. Duration of last Illness *Two weeks*

*A. W. Lemmon*, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence . . . . . Ward No *2*

12. Time of Residence in the City

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

14. Place of intended Interment

15. Date of intended Interment

. . . . ., Undertaker.

Date of Certificate . . . . . Residence

Democrat Job Print

Charles J. Vanmeter, 1913

16

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

## RETURN OF A DEATH.

1315

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Charles J. Van Meter  
2. Sex Male 3. Color White 4. Age 86 yrs.  
5. Married or Single Widow  
6. Date of death Jan. 7" 1913.  
7. Cause of death Apoplexy  
8. Duration of last illness One week

J. Gibson Ramsey, M. D.  
Residence 6149 State St.

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

9. Occupation Capitalist  
10. Place of birth Va.  
11. Residence Dalafield 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 Jan. 9" 1913.  
Lazard & Guard, Undertaker.  
Date of Certificate Jan 8/13. Residence B. Green St.

Flayme Vanmeter, 1909

17

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

# RETURN OF A DEATH.

589

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Flayme Vanmeter
2. Sex Male 3. Color Cal 4. Age 37 yrs
5. Married or single Single
6. Date of death March 3rd
7. Cause of death Pistol shot accident
8. Duration of last illness

John E. Grey <sup>Cor</sup> M. D.  
 Residence Bowling Green

## Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Bowling Green Ky
11. Residence Third & Third St Ward No.
12. Time of residence in the city
13. When a minor { Name of mother Rosal Vanmeter  
Name of father
14. Place of intended interment Mt Mariah Cem
15. Date of intended interment Mar 7th

ENOCHS & DAVIS Undertaker.

Date of Certificate MAR 6 - 1909 Residence BG Ky

Kate Vanmeter, 1912

18

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

# RETURN OF A DEATH.

1191

*Van Meter*

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs Kate Vanmeter*

2. Sex *Female* 3. Color *White* 4. Age *76 yrs.*

5. Married or single *Married*

6. Date of death *May, 16" 1912*

7. Cause of death *Carcinoma of Rectum*

8. Duration of last illness *8 mos.*

*J. Gibson Ramsey* M. D.

Residence *1149 State St.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth *Gwynsburgh, Ky*

11. Residence *Dalafield* Ward No.....

12. Time of residence in the city *27 yrs.*

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *May 17" 1912.*

*GERARD & GERARD.* Undertaker.

Date of Certificate *MAY 16 1912* Residence.....

Mary E. Vanmeter, 1893

518

19

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *This Mary E. Vanmeter*  
 2. Sex *Female* 3. Color *White* 4. Age *63 yrs.*  
 5. Married or single *Married*  
 6. Date of Death *June 14/93.*  
 7. Cause of Death *Suppur Cancer*  
 8. Duration of last Illness *Five years*  
*Sorap E. Mulloy, M. D.*  
 Residence *Doobling Green*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of Birth *Virginia*  
 11. Residence *Maude St.* 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 Cem*  
 15. Date of intended Interment *June 15/93*  
*J. C. Grand How* - Undertaker.  
 Date of Certificate *June 15/93* Residence *City*  
*Remains placed in the Vanmeter Vault.*

Ophelia Van Meter, 1901

20

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Ophelia Van Meter*  
2. Sex *female* 3. Color *Black* 4. Age *22 yr*  
5. Married or single *married*  
6. Date of death *Oct 8<sup>th</sup> 1901*  
7. Cause of death *Consumption*  
8. Duration of last illness *" "*

*H.P.L.* *H. Plantwright* M. D.  
Residence *city*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence *Green 10<sup>th</sup> 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. Ann's*  
15. Date of intended interment *Oct 10 1901*

*Harvey Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Infant of Pearl Vanmeter, 1909

21

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

## RETURN OF A DEATH.

*1921*

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

1. Name of deceased *Infant of Pearl Vanmeter*

2. Sex \_\_\_\_\_ 3. Color *White* 4. Age \_\_\_\_\_

5. Married or single *Single*

6. Date of death **NOV 11 1909**

7. Cause of death *Premature Birth*

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

*J. M. Willis* M. D.  
Residence **BOWLING GREEN, KY**

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

9. Occupation *Nurse*

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

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

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

13. When a minor { Name of mother *Pearl Vanmeter*  
Name of father \_\_\_\_\_

14. Place of intended interment *Courtesy Cemetery*

15. Date of intended interment *Nov 11 1909*

**GERARD & GERARD** Undertaker.

Date of Certificate **NOV 11 1909** Residence **BOWLING GREEN, KY**

Fred William Vann, 1908

22-1

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

## RETURN OF A DEATH.

406

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

Fred William Vann

1. Name of deceased Fred W Vann

2. Sex Male 3. Color white 4. Age 25

5. Married or single married

6. Date of death February 26/08

7. Cause of death Phthisis Pulmonalis

8. Duration of last illness.....

Y. H. Bauer M. D.

Residence Louisville Ky

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

9. Occupation.....

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 Fairview Cemetery

15. Date of intended interment Feb 27 - 1908

GERARD & GERARD Undertaker.

Date of Certificate Feb 27/08 Residence BOWLING GREEN KY



Fred William Vann, 1908

22-2

## TRANSPORTATION OF CORPSE.

### KENTUCKY STATE DEPARTMENT OF HEALTH.

Transit Permit No. 3-5-04

#### PERMIT OF LOCAL BOARD OF HEALTH.

Department of Health, State of Kentucky.

*This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent before a body can be shipped.*

In the City of Louisville County of Jefferson  
(City, Town or Village.)  
 State of Kentucky, on this 26<sup>th</sup> day of February 1908

Permission is hereby given L. D. Pearson & Son holder of Embalmer's License No. A 819  
 to remove for burial at Bowling Green County of Warren  
 State of Kentucky the body of Fred. Wm. Vann  
 who died at Louisville County of Jefferson  
 on the 26 day of Feb 1908, at 10 A.M. Aged 25 years \_\_\_\_\_ months and \_\_\_\_\_ days,  
 the cause of death being Phthisis Pulmonalis which is a com disease requiring  
(Communicable or Non-Communicable.)  
 shipment under Rule No. 3 of the Rules of the Kentucky State Department of Health for the Transportation of the dead,  
 as printed on the back of this Permit.

Name of person in charge of Transit. W. H. Wallingford M.D.

Signed J. H. Baker  
Registrar of Records of the Department of Health  
 of the State of Kentucky

J. W. Vick

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

Frederick William Vann, Jr., 1908

23-1

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

# RETURN OF A DEATH.

403

## Physician's Certificate Preparatory to Burial.

*Frederick William Vann*

1. Name of deceased *Fred. W. Vann Jr.*
  2. Sex *Male*
  3. Color *White*
  4. Age .....
  5. Married or single *Single*
  6. Date of death *Feb. 12/1908*
  7. Cause of death *Cerebral Meningitis*
  8. Duration of last illness.....
- Eugene A. Gerard*  
Funeral Director. **M. D.**  
Residence..... **BOWLING GREEN, KY.**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
  10. Place of birth *Louisville Ky.*
  11. Residence..... Ward No.....
  12. Time of residence in the city.....
  13. When a minor { Name of mother *Mrs. Fred Vann.*  
Name of father *Fred Vann.*
  14. Place of intended interment..... *Trinitarian Cemetery*
  15. Date of intended interment..... **FEB 14 1908**
- GERARD & GERARD** Undertaker.
- Date of Certificate..... **FEB 14 1908** Residence..... **BOWLING GREEN, KY**

Frederick William Vann, Jr., 1908

(Always write with ink.)

KENTUCKY STATE DEPARTMENT OF HEALTH.

This Certificate with the Paster below must be detached and pasted to the Box.

Transit Permit No. 6237

CERTIFICATE OF UNDERTAKER.

I hereby certify that the accompanying dead body of Frederick Wm. Vann Jr. (If a minor give parent's name also.) consigned to Bowling Green City of Kentucky and who died of Cerebral Meningitis has been prepared by me for transportation, in conformity with Rule No. 4 of the Rules printed with this Permit; and I hold Embalmer's License No. A issued by the Board of Embalming Examiners of the State of Kentucky. L.D. Pearson & Son Shipping Undertaker. 3rd & Chestnut Sts Place of Business. Louisville City or Town of Jefferson County of State of Kentucky.

PASTER.

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

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

Date 1908

From State of Kentucky, to State of

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

No. of Corpse Ticket Form No. of Corpse Ticket

Via To

Via To

Via To

Via To

Via To

Name of Passenger in Charge J.W. Sick Place of Residence Louisville Ky

Signed Shipping Agent.

John Henry Vann, 1896

969 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 John Henry Vann  
2. Sex male 3. Color white 4. Age 2 - weeks  
5. Married or single single  
6. Date of Death Dec - 15 - 1896  
7. Cause of Death Morbus Cerebri  
8. Duration of last Illness ✓  
H. P. Cartwright, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth Bonnie Green Ky  
11. Residence Woodford St Ward No. 4 1/2  
12. Time of Residence in the City Life Time  
13. When a Minor } Name of Mother Annie Vann  
                          } Name of Father Samuel Vann  
14. Place of intended Interment Fairview Cem.  
15. Date of intended Interment Dec - 12<sup>th</sup> 1896  
F. Edward Dr., Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Samuel Vann, 1892

434 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 *Samuel Vann*  
2. Sex *Male* . 3. Color *White* . 4. Age *6 mos*  
5. Married or Single *Single*  
6. Date of Death *Aug 8<sup>th</sup> 1892*  
7. Cause of Death *Brain*  
8. Duration of last Illness *Leaves weeks*  
*A. J. Stewart, M. D.*  
Residence \_\_\_\_\_

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Bowling Green*  
11. Residence *Woodford St* Ward No. *4<sup>th</sup>*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor. } Name of Mother *Arvin Vann*  
                          } Name of Father *Sam W*,  
14. Place of intended Interment *Furnace Cem*  
15. Date of intended Interment *Aug 9<sup>th</sup> 1892*  
*Frank Stewart, Undertaker.*  
Date of Certificate *Aug 8<sup>th</sup> -92* Residence \_\_\_\_\_

Calla Van Ruck, 1897

*Out of file* 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 *Van Ruck*

1. Name of deceased *Miss Calla Van Ruck*
2. Sex *female* . 3. Color *white* . 4. Age *20 yrs*
5. Married or single *single*
6. Date of death *Dec - 19 - 1897*
7. Cause of death *Shipping Certificate signed Typhoid Fever by*
8. Duration of last illness *Dr J. M. McCormack*  
M. D.

Residence \_\_\_\_\_

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

9. Occupation \_\_\_\_\_
10. Place of birth \_\_\_\_\_
11. Residence *Better College* . Ward No. \_\_\_\_\_
12. Time of residence in the City \_\_\_\_\_
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_
14. Place of intended interment *Toledo Ohio*
15. Date of intended interment \_\_\_\_\_

*Pratt & Sage* , Undertaker.

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

Mrs. George Vaughn, 1891

265 27

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Mrs Geo Vaughn*  
2. Sex *Female* . 3. Color *White* . 4. Age *30 yrs*  
5. Married or Single *Married*  
6. Date of Death *Feb 24 / 1891*  
7. Cause of Death *Phthisis*  
8. Duration of last Illness *about 7 days*  
*Hamilton Cartwright*, M. D.  
Residence

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ky*  
11. Residence *Center 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 Cem*  
15. Date of intended Interment *Feb 25*  
*Frank Grand*, Undertaker.  
Date of Certificate *Feb 25<sup>th</sup> 91*. Residence \_\_\_\_\_

Mary Bell Venable, 1893

541 28

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 *Mary Bell Venable*  
2. Sex *Female* . 3. Color *White* . 4. Age *48-*  
5. Married or Single *Married*  
6. Date of Death *April 17<sup>th</sup> 1893*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *2 years*  
*Dr. B. C. Payne* M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *San My*  
11. Residence \_\_\_\_\_ . Ward No. \_\_\_\_\_  
12. Time of Residence in the City *5 yrs*  
13. When a Minor. ) Name of Mother \_\_\_\_\_  
                          ) Name of Father \_\_\_\_\_  
14. Place of intended Interment \_\_\_\_\_  
15. Date of intended Interment \_\_\_\_\_  
*PRATHER & PAYNE*, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Jefferson Venson, 1913

29

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

# RETURN OF A DEATH.

1353

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Jefferson Venson*  
 2. Sex *Male* 3. Color *White* 4. Age *83 yrs*  
 5. Married or single *Widower*  
 6. Date of death *March 4 1913*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness *5 days*  
 J. J. Duncan, M. D.  
 Residence *Borham Green Ky*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Brick Mason*  
 10. Place of birth *Missouri*  
 11. Residence *Warren County* *Sawyer Green* Ward No.  
 12. Time of residence in the City. *Many Years*  
 13. When a minor { Name of Mother  
 Name of Father  
 14. Place of intended interment *Farm*  
 15. Date of intended interment *March 5 1913*  
**ENOCHS & McMINNIS**, Undertaker.  
 Date of Certificate By *B. Green* Residence

Alfred Vernon, 1909

# 697

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 *Alfred Vernon*  
 2. Sex *Male* 3. Color *white* 4. Age *80 years*  
 5. Married or single *Widower*  
 6. Date of death *Sep. 9th 09*  
 7. Cause of death *Uremic Poisoning*  
 8. Duration of last illness *two weeks*  
 \_\_\_\_\_  
 \_\_\_\_\_ M. D.  
 Residence *Bowling Green Ky*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation   
 10. Place of birth \_\_\_\_\_  
 11. Residence *Bowling Green Ky* Ward No. \_\_\_\_\_  
 12. Time of residence in the city *six months*  
 13. When a minor { Name of mother   
                           { Name of father \_\_\_\_\_  
 14. Place of intended interment *Mount Olive Graveyard*  
 15. Date of intended interment *Sep 10th - 1909*  
   *Morris Venables* Undertaker. S  
 Date of Certificate *Sep - 10th 09* Residence *B Green Ky*

Infant of J. J. and Bettie Vernon, 1905

31

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

# RETURN OF A DEATH.

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Infant of J. J. Vernon + Bettie*  
 2. Sex *Male* 3. Color *White* 4. Age *—*  
 5. Married or Single *Single*  
 6. Date of death *Nov. 27 '05*  
 7. Cause of death *Premature Birth*  
 8. Duration of last illness *Tom, W. Stans*, M. D.  
 Residence *—*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*  
 10. Place of birth *City, 13" Adams,*  
 11. Residence *" " "* Ward No. *3*  
 12. Time of residence in the city *—*  
 13. When a minor { Name of Mother *Mrs. Bettie Vernon.*  
 Name of Father *J. J. Vernon*  
 14. Place of intended interment *Frederick Cemetery*  
 15. Date of intended interment *Nov. 27 '05*  
*GERARD & GERARD,* Undertaker.  
 Date of Certificate *Nov. 27/05* Residence *—*

Synthia Vernon, 1909

38

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

# RETURN OF A DEATH.

615

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Synthia Vernon  
2. Sex Female 3. Color White 4. Age 80  
5. Married or single Married  
6. Date of death April 13 - 09  
7. Cause of death Old age  
8. Duration of last illness four Days  
W. T. Francis, M. D.  
Residence Bowling Green

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth \_\_\_\_\_  
11. Residence Bowling Green Ward No. \_\_\_\_\_  
12. Time of residence in the City two weeks  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Mt Olivet Ch. Burial  
15. Date of intended interment April 14 / 09  
Morris Couchs Undertaker.  
Date of Certificate April 13 / 09 Residence B. Ky

William M. Vick, 1892

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 *Wm M Vick*

2. Sex *Male* . 3. Color *White* . 4. Age *5 mo*

5. Married or Single *Single*

6. Date of Death *July 18<sup>th</sup> 1892*

7. Cause of Death *Cholera infantum*

8. Duration of last Illness *2 weeks*

*L. E. Porter*, M. D.

Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *BS*

11. Residence \_\_\_\_\_ Ward No *2*

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

13. When a Minor { Name of Mother *Sallie Vick*  
Name of Father *Wm* " "

14. Place of intended Interment *July 18<sup>th</sup> 1892*

15. Date of intended Interment *Fairview Cent*

*H. Leonard*, Undertaker.

Date of Certificate *July 18<sup>th</sup> 92* Residence \_\_\_\_\_

Democrat Job Print

Mary Frances Vincent, 1906

34

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Mary Frances Vincent  
 2. Sex female 3. Color white 4. Age 71 years  
 5. Married or single married  
 6. Date of death April 30<sup>th</sup> 1906  
 7. Cause of death Heart + Kidneys (degeneration)  
 8. Duration of last illness long time  
E. A. Cherry, M. D.  
 Residence city

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation None  
 10. Place of birth Kentucky  
 11. Residence Lower Church St Ward No. Delapfield  
 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 May 1 1906  
Hawley Payne, Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Walter Vincent, 1907

35

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

# RETURN OF A DEATH.

302

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Walter Vincent  
 2. Sex male 3. Color White 4. Age 28 mo  
 5. Married or single single  
 6. Date of death August - 29 - 1907  
 7. Cause of death Whooping Cough  
 8. Duration of last illness.....  
J. A. Blackburn M. D.  
 Residence.....

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth Delapfield  
 11. Residence Delapfield Ward No.....  
 12. Time of residence in the city not at all  
 13. When a minor { Name of mother Mattie Vincent  
 Name of father E. M. Vincent  
 14. Place of intended interment Fairview Cent  
 15. Date of intended interment August 30 1907  
J. Hanby Dymon Undertaker.  
 Date of Certificate..... Residence.....

Price Vintusky, 1911

36

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

# RETURN OF A DEATH.

1077

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Price Vintusky*  
 2. Sex *Male* 3. Color *White* 4. Age \_\_\_\_\_  
 5. Married or Single *Single*  
 6. Date of death *Sep. 14<sup>th</sup> 1911*  
 7. Cause of death *Diphtheria*  
 8. Duration of last illness *Eight days*  
 \_\_\_\_\_, M. D.  
 Residence *Boiling Green Ky.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *B. G. Ky.*  
 11. Residence *Church St.* Ward No. *3*  
 12. Time of residence in the city *Life time*  
 13. When a minor { Name of Mother *Mrs. Louie Vintusky*  
 Name of Father *Lon Vintusky*  
 14. Place of intended interment *Harvard Cemetery*  
 15. Date of intended interment *Sep. 15<sup>th</sup> 1911*  
 \_\_\_\_\_, Undertaker.  
 Date of Certificate *Sep. 15/1911* Residence \_\_\_\_\_



Mrs. Francis Vogel, 1910

37

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

# RETURN OF A DEATH.

881

## Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Francis Vogel  
 2. Sex Female 3. Color White 4. Age 81 yrs.  
 5. Married or Single Married  
 6. Date of death Aug. 18<sup>th</sup> 1910.  
 7. Cause of death Chronic Interstitial Nephritis  
 8. Duration of last illness \_\_\_\_\_  
 \_\_\_\_\_  
 Fred S. Cartwright, M. D.  
 Residence B. G. Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Bavaria  
 11. Residence Delahield Ward No. \_\_\_\_\_  
 12. Time of residence in the city \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
 { Name of Father \_\_\_\_\_  
 14. Place of intended interment St. Joseph Cemetery  
 15. Date of intended interment Aug. 20<sup>th</sup> 1910  
GERARD & GERARD, Undertaker.  
 Date of Certificate Aug. 19<sup>th</sup> 1910. Residence \_\_\_\_\_

John Vogel, 1911

38

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

# RETURN OF A DEATH.

1091

## Physician's Certificate Preparatory to Burial.

- 1. Name of deceased John Vogel
- 2. Sex male 3. Color White 4. Age 59
- 5. Married or Single Married
- 6. Date of death Oct 15 1911
- 7. Cause of death Chronic valvular disease of A
- 8. Duration of last illness 4 or 5 yrs

F O Reardon, M. D.

Residence Bowling Green

## Undertaker's Certificate in Relation to Deceased.

- 9. Occupation Jewelry
- 10. Place of birth Louisville
- 11. Residence Dubfield Ward No. \_\_\_\_\_
- 12. Time of residence in the city 30 yrs
- 13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_

- 14. Place of intended interment St Joseph
- 15. Date of intended interment Oct 16 1911

Ernest Kelly, Undertaker.

Date of Certificate Oct 14 Residence Bowling Green

Child of William Volker, 1898

*1095 out of copy* 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 *Child of William Volker*

2. Sex *Male* 3. Color *White* 4. Age *7 yrs*

5. Married or single *Single*

6. Date of Death *Jan 25<sup>th</sup> 1898*

7. Cause of Death *Locked Bowels*

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

*B. H. Milliken*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

10. Place of Birth *Warren County*

11. Residence *Clay Street* Ward No. *2<sup>nd</sup>*

12. Time of Residence in the City *Several Months*

13. When a Minor { Name of Mother *Mrs William Volker*  
Name of Father \_\_\_\_\_

14. Place of intended Interment *Still Grave yard in*

15. Date of intended Interment *Jan 26<sup>th</sup> 1898*

*Guard & Guard*, Undertaker.

Date of Certificate *Jan 25<sup>th</sup> 1898* Residence \_\_\_\_\_

*Warren County*

Child of L. H. and Dora Voyles, 1894

601 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 Rev. L. H. Voyles, <sup>+Dora</sup>*  
2. Sex *Male* 3. Color *White* 4. Age *16 mos.*  
5. Married or single *single*  
6. Date of Death *Jan 29/94*  
7. Cause of Death *Sarcina*  
8. Duration of last Illness *9 months*  
*W. C. Capps*, M. D.  
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Bowling Green Ky.*  
11. Residence *Adams St.* Ward No. *3rd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor { Name of Mother *Mrs. Dora Voyles*  
Name of Father *Rev. L. H. Voyles*  
14. Place of intended Interment *Harvieu Cemetery*  
15. Date of intended Interment *Jan 30/94*  
*F. C. Gorard & Co.*, Undertaker.  
Date of Certificate *Jan 30/94* Residence \_\_\_\_\_