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Mrs. Estill L. Uhls, 1910

This Constitutes One Certificate to be Return	rned to the City Clerk for a Burial Permit.
RETURN OI	A DEATH.
Physician's Certificate	Preparatory to Burial.
1. Name of deceasedly Estill	
. 1.	white 4. Age 25
5. Married or single	erud
6. Date of death	-1910
7. Cause of death	de de
8. Duration of last illness.	E.M. Hall. M.D.
Residence	939 Course pi
Undertaker's Certificate	in Relation to Deceased.
9. Occupation 10. Place of birth Mary and	ild Ky
11. Residence Balling	Grun By Ward No.
12. Time of residence in the city	
	Dufit Know
13. When a minor Name of father	
14. Place of intended interment	myrum O granting
15. Date of intended interment 21	11-1910
El	Undertaker.
Date of Certificate	Residence BLA
	······································
	37.584

Eugene Underwood, 1893

385)
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 Engin Underwood 2. Sex Male. 3. Color White. 4. Age & 75 years 5. Married or single Manual
1. Name of deceased Engine Underwood
2. Sex Male. 3. Color White. 4. Age & 75 years
6. Date of Death Dec 21= 1893
7. Cause of Death Muumonia
8. Duration of last Illness & days Cartwright, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth /Con luck
10. Place of Birth / Centucky 11. Residence Many Strut. Ward No. 121
12. Time of Residence in the City
Name of Mother
Name of Father
14. Place of intended Interment Harrien But
15. Date of intended Interment Dec 222/893
F. C. Grown L. Windertaker.
Date of Certificate Residence

Julia Underwood, 1891

62	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 Junal 3. Color BUI . 4. Age 45	
5. Married or Single Wielow	
6. Date of Death DEC 24 1891	
7. Cause of Death Pren me ma	
8. Duration of last Illness 6 ne week	
J Fi Mi PEGiag, M. D.	
Residence	
	6
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Kentucky	
11. Residence bet 2 & 3 d. Ward No 1et	
12. Time of Residence in the City	
13. When a Minor. Name of Mother	
S Name of Father	
14. Place of intended Interment MIT Morganah	
15. Date of intended Interment DEC 25-1891	
Trogorof, Undertaker.	
Date of Certificate & 2CAH 9/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 Mris. Lucy C, Guderwood. 2. Sex Remale 3. Color & hill 4. Age 78 yris.
5. Married or single Willow,
6. Date of Death Dur. 8, 1893
7. Cause of Death Capilary Bune chitis
8. Duration of last Illness — — — — — — — — — — — — — — — — — —
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Levigetown Ry 11. Residence Marin Study. Ward No. / 12. Time of Residence in the City 13. When a Minor Name of Mother 14. Place of intended Interment Lourieur Coureby. 15. Date of intended Interment Del. 9/893. A Courable Residence Could. Date of Certificate Del. 9/93 Residence

Robert Underwood, 1907

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 Poblit. Mudeuwood 2. Sex Mala 3. Color White 4. Age 62 yes. 5. Married or single Manual 6. Date of death July 20"1907 7. Cause of death Buyhts Deasure 8. Duration of last illness saving Manual 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 Statu St. Ward No.
12. Time of residence in the city
13. When a minor Name of mother Name of father
(Name of father Cometers)
14. Place of intended interment July 21"1907.
Date of Certificate July 1/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
BY 89 89 89 89 89 89 89 89 89 89 89 89 89

Spetsell Underwood, 1882

Surrey.	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	DEMI'DY OF A OFAMI
	RETURN OF A DEATH.
	Sptrell -
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Splace Mushing
2.	Sex Male . 3. Color Blk . 4. Age 65
5.	Married or Single Married
6.	Date of Death Sec 175/882
7.	Cause of Death Town & Leade
8.	Duration of last Illness Lor Auches
	IFOM CEGO, M.D.
	Residence
	/
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9.	Occupation
9.	Occupation Place of Birth Minister of Graful
9.	Occupation
9. 0.	Occupation Place of Birth Minister of Graful
9. 0. 1. 2.	Occupation Place of Birth Minus Co of Graful Residence Man State . Ward No L Time of Residence in the City
9. 0. 1. 2.	Occupation Place of Birth Minus Co of Graful Residence Man State . Ward No L Time of Residence in the City
9. 0. 1. 2.	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father
9. 0. 1. 2. 3.	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Place of intended Interment
9. 0. 1. 2. 3.	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Name of Father
9. 0. 1. 2. 3.	Occupation Place of Birth Residence Time of Residence in the City When a Minor Name of Mother Place of intended Interment
9. 0. 1. 2. 3. 4. 5.	Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment Undertaker.
9. 0. 1. 2. 3. 4. 5.	Occupation Place of Birth Residence Ward No Time of Residence in the City When a Minor Name of Mother Name of Father Place of intended Interment Date of intended Interment Undertaker.

Arther Upton, 1900

	56 71
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased futher uplan
2.	Sex male. 3. Color black. 1. Age 2d yos
5.	Married or single Lingle
6.	Date of death Jesul Inflommatory Rhumation
7.	Cause of death Office and Chumaking Chumaking
8.	Duration of last illness Tree weels
	J. N. Porlet , M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation Stewar Bucking.
10.	Place of birth Quality great
11.	Residence Delafield Ward No. 3
12.	Time of residence in the City. 25 4
13.	When a minor Name of Mother Name of Father
14.	Place of intended interment Mt Mariah
15.	Date of intended interment & My 1900.
	2 Et langen Jaco, Undertaker.
Date	e of Certificate July 17-1900 Residence Burnling -

Arther Upton, 1900

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	7-3
RETURN OF A DEATH.	Totalis I
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Author Office	
2. Sex Inale. 3. Color black. 4. Age 9	
5. Married or single	
6. Date of death frammatory Thumatism	900
8. Duration of last illness OM TOTAL A	
	I. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth But ling fraction	
11. Residence Delafield Ward No.	
12. Time of residence in the City.	
13. When a minor	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment	
14. Place of intended interment The Inariah 15. Date of intended interment ffaril 2nd 190	J
14. Place of intended interment The Inariah 15. Date of intended interment ffaril 2nd 190	J
14. Place of intended interment	J
14. Place of intended interment That Inaniah 15. Date of intended interment ffamil 2nd 190 J. E. Hung Mand all , Under	J
14. Place of intended interment	J
14. Place of intended interment	J

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 A. Alphou.	
5. Married or single Single 4. Age 205 yrs	
6. Date of Death Liby 10 1/1896	
7. Cause of Death Boncho Pranton 8. Duration of last Illness 12 Days	en
SP Co Curis a CM. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Hanel County.	
11. Residence Elm stuck. Ward No. 1 st	
12. Time of Residence in the City 10 days	
13. When a Minor Name of Mother	
Name of Father	
14. Place of intended Interment Buller County	
15. Date of intended Interment Leby 11/1896 Liver A Thio, Undertaker.	
Date of Certificate Sely 10/96, Residence City.	

John W. Valentine, 1894

6321)
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. Nalentine 2. Sex Meale 3. Color white 4. Age 77.
5. Married or single Married
6. Date of Death June 15-th 1894
7. Cause of Death Paralysis
8. Duration of last Illness Since June 1201894
Lucyh. Slephuel, M. D.
Residence Bowling brear, Ky.
IMPERIALEDS CERTIFICATE IN DELETION TO PERIALE
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
io. Place of Birth Verquia
11. Residence Park. Street. Ward No. /.
. 12. Time of Residence in the City
Name of Mother.
Name of Father
14. Place of intended Interment Facrocsis bewetery
15. Date of intended Interment June 16 th 1894 F. b. Gerard VB10, Undertakers
F. C. Gerard & Bro, Undertakers
Date of Certificate 16. Residence

Judy Valentine, 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Sudy Dalutan
2.	Sex Frmale. 3. Color Black 4. Age 53
5.	Married or Single MICHALL
6.	Date of Death Lang 2 yette 1881
	Cause of Death System
8.	Duration of last Illness 2 Mouths
	Mullith Officer, M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10	Place of Birth Bending Sun
	Residence Barling June Ward No 2
11.	9
11. 12.	Time of Residence in the City
12.	Name of Mother
	When a Minor Name of Mother
12.	When a Minor { Name of Mother — Name of Father — Place of intended Interment (asternet locates
12. 13.	When a Minor { Name of Mother — Name of Father — Place of intended Interment (asternet locates
12. 13. 14.	When a Minor { Name of Mother
12. 13. 14. 15.	When a Minor { Name of Mother — Name of Father — Place of intended Interment Golevil Councily Date of intended Interment Lang 2 8 1881

Nannie Vanarsdale, 1911

* 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.
m m - 1
1. Name of deceased has famul anarolale
2. Sex firmale 3. Color White 4. Age 30
5. Married or Single Wilson
7. Cause of death & Jakes les west of Soft check
Groves & Roseally
8. Duration of last illness certaint 2 years
Residence Baroling Recently
Residence (All All All All All All All All All Al
Undertaker's Certificate in Relation to Deceased.
9. Occupation Dalas Markey 10. Place of birth Ma Claim County
0 1 11
12. Time of residence in the city
13. When a minor Name of Mother Name of Father
14. Place of intended interment farmy one
15. Date of intended interment 222-/9/
Essaba Willia, Undertaker.
Date of Certificate Jan 2/14/1 Residence By Kan
Meadence

Cora Vance, 1896

851
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 bora Cance
2. Sexternale 3. Color White. 4. Age I I yes.
5. Married or single Surgle
6. Date of Death Fully 37/1896
7. Cause of Death Perilands
8. Duration of last Illness Om with
O'Henristener, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence adams of . Ward No. 3 28
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Farmerin Come.
15. Date of intended Interment Fuby, 48/1896
Filo Guard HBro, Undertaker.
Date of Certificate Fuby 27/96 Residence

J. H. Vance, 1906

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 of Vaner White 2. Sex Walk 3. Color White 4. Age 68 yrs.
5. Married or single Married, 6. Date of death JUN 23 1906
7. Cause of death Christian Myrbias 8. Duration of last illness + days 1. Cause of death Christian Myrbias 1. Cause of
Residence BOWLING GREEN, KY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Barray, bo. 11. Residence // 14 St. Ward No.
11. Residence // Ward No. Ward No. 12. Time of residence in the City.
13. When a minor Name of Mother Name of Father Oring Toring
14. Place of intended interment JUN 24 1906 15. Date of intended interment JUN 24 1906 Livary June 1. Hydertelon
Date of Certificate JUN 23 1906 . Residence BOWLING GREEN, KY

Aggie Vanmeter, 1882

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Aggin Varne to Aggie Van meter
2.	Sex Fernal . 3. Color MC . 4. Age 70
5.	Married or Single Married
6.	Date of Death Jun 14-1882
	Cause of Death Japanes Henry
8.	Duration of last Illness Light Presto
	M. D.
	Residence Bruley Tress It
Te.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth Madisa la Ky
11.	Residence
12.	Time of Residence in the City
13.	$When \ a \ Minor \left\{ egin{array}{ll} Name \ of & Mother \\ Name \ of & Father \end{array} ight.$
	Name of Father
14.	Place of intended Interment
15.	Date of intended Interment July 1
	Undertaker.
	ate of Certificate 1 / S = 188.2 Residence

Carey Vanmeter, 1881

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
DI	IYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Nam	e of Deceased Gray Damela Vanmeler
2. Sex	Ye o RI
	ried or Single \tag{WWW}_
	of Death \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
7. Caus	tion of last Illness The mus
8. Dura	tion of last Illness M. D.
	Residence
UND	ERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	PERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occu	
9. Occu 10. Plac	pation
 Occur Place Resident 	pation e of Birth dence : Ward No 2
 Occur Place Residence Time 	pation e of Birth dence :
 Occur Place Residence Time 	pation e of Birth dence : Ward No 2
 Occur Place Residence Time Whee 	pation e of Birth dence
 9. Occur 10. Place 11. Residence 12. Time 13. Wheeler 14. Place 	pation e of Birth dence
 9. Occur 10. Place 11. Residence 12. Time 13. Wheeler 14. Place 	pation e of Birth dence
 Occur Place Residence Time Whee Place Date 	pation e of Birth dence

Charles J. Vanmeter, 1913

	RETURN OF A DEATH.
	1315
	Physician's Certificate Preparatory to Burial.
	Ofartas Olan Mater
1.	Name of deceased Charles & Jan Man
2.	Sex Maly. 13 Color White 4. Age 86 415.
5.	Married or Single Willoway.
6.	Date of death [] / 1913.
7.	Cause of death Proplex 4
8.	Duration of last illness - Oue week
	Jr. Gebson Runney , M. D.
	Residence 1149 Photo St.
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Capitalist
10.	Place of birth
11.	Nalafield
No. 6	
12.	Time of residence in the city.
13.	
	Name of Father Gamalang
14.	Place of intended interment Jan 9"1912
15.	Date of intended interment August & Jurand
	te of Certificate Jan 8/13. Residence B. Januar Sy
Dat	Nesidence
Dat	

Flayme Vanmeter, 1909

_T	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	To Flayme //
1.	Name of deceased Laying annuter
2.	Sex Male 3. Color Cal 4. Age 3 Mrs
5.	Married or single
6.	Date of death Marsh 3rd
7.	Cause of death Postal Shot accident
8.	Duration of last illness
	John & Grenz M.D.
	Residence Zamling Green
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bawling floor Kg
	Undertaker's Certificate in Relation to Deceased. Occupation.
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bawling floor Ka
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Sambing from Kg Residence Summitting of Ward No. Time of residence in the city Name of mother Summittee
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bawling floor Ky Residence Listensky & thurs & Ward No. Time of residence in the city
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bauling floor Ky Residence Fisher Ky Y third St Ward No. Time of residence in the city When a minor Name of mother Bash Bassander
10, 11, 12, 13,	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Sawling floor Ky Residence Suslanding Y thing St Ward No. Time of residence in the city When a minor Name of mother Cash Lamanutan Name of father.
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bawling floor Ky Residence Lead of Ward No. Time of residence in the city When a minor Name of mother Lead Lasarantes Name of father Place of intended interment
10, 11, 12, 13, 14, 15,	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Bawling floor Kg Residence Finding Y third Ward No. Time of residence in the city When a minor Name of mother Find Canada Ca
10, 11, 12, 13, 14, 15,	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Samling from Ko Residence Sudming from Ko Time of residence in the city When a minor Name of mother Samling from Name of father Place of intended interment Sum Com ENOCHS & DAVIS Undertaker.
10, 11, 12, 13, 14, 15,	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Samling from Ko Residence Sudming from Ko Time of residence in the city When a minor Name of mother Samling from Name of father Place of intended interment Sum Com ENOCHS & DAVIS Undertaker.
10, 11, 12, 13, 14, 15,	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Samling floor Ko Residence Ladrence Ky When a minor Name of mother Ladrence Manual Can Place of intended interment The Carl ENOCHS & DAVIS Undertaker.

Kate Vanmeter, 1912

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 2. Sex Married or single May, /6" 1911 6. Date of death May, /6" 1911
7. Cause of death Varenoina Philling
6. Date of death 7. Cause of death Carcuiona PRelian 8. Duration of last illness & mos. F. Gibson Ramey M. D.
Undertaker's Certificate in Relation to Deceased. 9. Occupation
10. Place of birth Gransburgh, Jul
11. Residence Walafral's Ward No.
12. Time of residence in the city 77 yrs.
13. When a minor Name of mother Name of father Wemelett
14. Place of intended interment Way 17" 1912
GERARD & GERARD. Undertaker.
Date of Certificate MAY 1 6 1912 Residence

Mary E. Vanmeter, 1893

518/1
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 his mary & Vanmeter
2. Sextervale 3. Color White 4. Age 65 yrs.
5. Married or single
6. Date of Death June 14/93.
7. Cause of Death Dupy Canter
8. Duration of last Illness from Sulland
Dirack F. March. M. D.
Residence Mang Jeller
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence mand st. Ward No. 1 st
12. Time of Residence in the City
Name of Mother
Name of Father
14. Place of intended Interment Harview Lucy
15. Date of intended Interment free 15"/93
He Gerard HBW = Undertaker.
Date of Certificate June 15/9 Residence Ceity
(Sungeres placed in the
Danuetter Vault

Ophelia Van Meter, 1901

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 Ophilia Bau Mehr
2. Sexfamale . 3. Color Black . 4. Age 227
5. Married or single Married
6. Date of death Oct 8 11 190/
7. Cause of death Consumption
8. Duration of last illness
Residence 6.4
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
is. Date of intended interment
Maway Dayse, Undertaker.
Date of Certificate . Residence

Infant of Pearl Vanmeter, 1909

	A A
TI	nis Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Vanmeter
1.	Name of deceased Infant of Pearl, Vanguatar
2.	Sex 3. Color Color Age
5.	Married or single Single
6.	Date of death NOV 41 1909
7.	Cause of death Princitur Birth
8.	Duration of last illness.
	J. 11 Mus M. D.
	Residence BOWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased.
	7/
1000	
9.	Occupation A CONTROL OF THE PROPERTY OF THE PR
10.	Place of birth BOWLING GREEN, KY
10. 11.	Place of birth BOWLING GREEN, KY. Residence Stantin Cky Ward No. 3
10.	Place of birth BOWLING GREEN, KY. Residence Ward No. 3 Time of residence in the city
10. 11.	Place of birth BOWLING GREEN, KY. Residence Ward No. 3 Time of residence in the city When a minor Name of mother Pearl Vanuarity
10, 11, 12, 13,	Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of mother Pearl Vanuarity Name of father
10, 11, 12.	Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of mother Name of father Place of intended interment Name of mother Name of father Place of intended interment
10, 11, 12, 13,	Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of mother Name of father Place of intended interment Name of intended interment Nov 11" 1909.
10. 11. 12. 13. 14. 15.	Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of mother Pearl Vanuarity When a minor Name of father Place of intended interment Date of intended interment CERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of mother Pearl Vanuarity Name of father Place of intended interment Date of intended interment CERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of mother Pearl Vanuarity When a minor Name of father Place of intended interment Date of intended interment CERARD & GERARD. Undertaker.
10. 11. 12. 13. 14. 15.	Place of birth Residence Ward No. 3 Time of residence in the city When a minor Name of mother Pearl Vanuarity When a minor Name of father Place of intended interment Date of intended interment GERARD & GERARD. Undertaker.

Fred William Vann, 1908

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Fred William Vann Name of deceased Fred W Vann
2.	Sex Male 3. Color white 4. Age 25
5.	Married or single married
6.	Date of death Figure 26/08
7.	Cause of death Phthiais Pulmonalis
8.	Duration of last illness
	THBager M.D
	Residence Laure Freek
	Technology and the second seco
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Occupation
10. 11.	Occupation Place of birth Residence Laurice (4 y Ward No.
10. 11. 12.	Occupation Place of birth Residence Time of residence in the city Ward No.
10. 11. 12.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor
10. 11. 12.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father
10. 11. 12.	Occupation Place of birth Residence Authorited A Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Fairnier Cemetery
10. 11. 12. 13.	Occupation Place of birth Residence Authorited (%) Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Partition Cemetery Date of intended interment Place of intended interment
10. 11. 12. 13. 14.	Occupation Place of birth Residence Authorited A Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Fairnier Cemetery

Fred William Vann, 1908

TRANSPORTATION OF CORPSE.
KENTUCKY STATE DEPARTMENT OF HEALTH.
Transit Permit No. 5-5-014
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 Country of Jefferson State of Kentucky, on this 26 day of February 1908
State of Kentucky, on this
Permission is hereby given L. A. Dearson & Some holder of Embalmer's License No. A & 19
to remove for burial at Bowling Green Country of Two Com
State of Lentucky the body of Fired, Tom, Conn. who died at Louisville County of Jefferson
who died at & out to tell County of G
on the 2 day of Ge El 1908, at Ja. M. Aged 25 years months and days, the cause of death being Athiais July or alise which is a Communicable or Non-Communicable of disease requiring
the cause of death being filliant which is a
shipment under Rule No of the Rules of the Kentucky State Department of Health for the Transportation of the dead.
as printed on the back of this Permit.
Name of person in charge of Transit. Signed Resistant of Records of the Department of Health
Name of person in charge of Iransii. Signed
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 Retained to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial. Frederick William Vann
1. Name of deceased First, H. Varre for, 2. Sex Male 3. Color White 4. Age
1:0/4/
6. Date of death Currental Muning itis
8. Duration of last illness Engree of Gurand Since M. K.
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Louis wills Ky.
11. Residence Ward No
12. Time of residence in the city.
13. When a minor Name of mother The Vacce. Name of father The Vacce.
14. Place of intended interment Fairniss Cemetery
15. Date of intended interment PEB 14 1908
Date of Certificate FEB 14 1908 Residence BOWLING GREEN, KY

Warren County, Kentucky Death Records, Box 4, Folder 9 (U to V)

Frederick William Vann, Jr., 1908

ways 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. 6.2.3.7
CERTIFICATE OF UNDERTAKER. I hereby certify that the accompanying dead body of Galdwick Com Vann Jr. (If a minor give parent's name also.) consigned to City of Bounding Galdwick Galdwick.
State of Kentucky and who died of Cerebrial meningitis
has been prepared by me for transportation, in conformity with Rule No. Tof the Rules printed with this Permit; and I hold Embalmer's License No. Aissued by the Board of Embalming Examiners of the State of Kentucky.
2. L. Slardon & Son Shipping Undertaker. 344 Chistnut Als Place of Business.
City or Town of Louisvelle County of Jefferson 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 a nor will it be received even then if any fluid or offensive odors are escaping from the case.
Prom State of Kentucky, to State of State of
No. of Escort's Ticket
Via
Via
Name of Passenger in Charge J. W. Sick Place of Residence Louis will The
Signed

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 Hurry Varm 2. Sex Malk 3. Color while 4. Age 2 miles 5. Married or single 5 miles 6. Date of Death 2006 Concerns 7. Cause of Death 2006 Concerns 8. Duration of last Illness 4 Carturing M.D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Borhing Licens Ry 11. Residence Nordford St. Ward No. 4 12. Time of Residence in the City Lynny, Name of Mother Connuct Vann Name of Father Cannuck Vann 14. Place of intended Interment Facion Con 15. Date of intended Interment Sec - 12 1/8 86 Hallmard Bor, 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 Sauriel, Caure
2. Sex Mal . 3. Color Whit . 4. Age 4 200
5. Married or Single Jungle
6. Date of Death ang 81/1892
7. Cause of Death
8. Duration of last Illness Very world
Residence Residence
9. Occupation
10. Place of Birth Bowling Green
11. Residence Woodfor R Stud Ward No 43
12. Time of Residence in the City
13. When a Minor. Name of Mother Amm Vanne Sam W.
14. Place of intended Interment Harring Cen
15. Date of intended Interment Aug 97 1892 Houng Observed, Undertaker.
Date of Certificate Oly 8-92. Residence

Calla Van Ruck, 1897

		Out of eng	26
	Th	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
		RETURN OF A DEATH.	
		PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL Revork	
	1.	Name of deceased Wiss Coulla Von Guck	
		Sex famale. 3. Color white. 4. Age 2071	
	5-	Married or single Lingle	
•	6.	Date of death 200 - 19 - 1897	
	7.	Cause of Reptifug Certifical signed Town by	
	8.	Duration of last illness Dr. M. Du Cormock M. D.	
		, M. D.	
		Residence	
		UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	9.	Occupation	
	10.	Place of birth	
	11.	Residence Patter College . Ward No.	
	12.	Time of residence in the City	
	13.	When a minor Name of Mother Name of Father	
		Place of intended interment Toledo Ohio	
	14.	Date of intended interment	
	15.	Suth Hay , Undertaker.	
300	Date	e of Certificate	
	-		

William.			-45-0

Mrs. George Vaughn, 1891

265	27
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	70
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
7 1. 00	
1. Name of deceased Mis Ly Vougn	•
1. Name of deceased Mis Ly Vaugn 2. Sex Junale. 3. Color Whit. 4. Age 3 0 yrs 5. Married or Single Married 6. Date of Death About 2 4 1 8 91	LP.
5. Married or Single Married	
6. Date of Death Hong 2 4 1 8 9	
7. Cause of Death Phthysis	
8. Duration of last Illness about 7 days	7
Homilton & Carbinght, M. I),
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	
) Name of Mother	
13. When a Minor. Name of Father.	
14. Place of intended Interment Hourness Court	
15. Date of intended Interment Feb-25	
Hount CoGerand, Undertake	r.
Date of Certificate Helds 9/. Residence	

Mary Bell Venable, 1893

541)	2
This Constitutes one (Certificate to be Returned to the City Clerk for a Burial Permit.
RET	ORN OF A DEATH.
———РН	YSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of decease	Many Bul, Vinable
2. Sex Final	. 3. Color 2 Lit 4. Age 48-
5. Married or Singl	e married,
6. Date of Death_	April 17 1893
	Conscenstrae -
8. Duration of last	Illness 9 72
	622. 31 G M. D.
	Residence
	TAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Anna May
11. Residence	. Ward No.
12. Time of Reside	nce in the City 5-Jme
13. When a Minor.	Name of Mother
) Name of Father
	d Interment
15. Date of intended	
*	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 for south the 4. Age 83 Mm
2. Sex My / 3. Color white 4. Age 83 Jon
5. Married of single Widow T
6. Date of death 1918
7. Cause of death Chemina
8. Duration of last illness
JADamaa M. D.
Residence From Jun h
AND SATURDAY CONTINUES IN DELITION TO DECELOED
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Breek Mason
10. Place of birth County
11. Residence Zaufy FrunWard No.
12. Time of residence in the City. Wany June
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of Father
14. Place of intended interment and the second seco
15. Date of intended interment 3 19/13
EMOCHS & McCANUS , Undertaker.
Date of Certificate By Residence & Hum

Alfred Vernon, 1909

#697
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 Dermon 2. Sex Dule 3. Color while 4. Age 80 90000 5. Married or single Widows 6. Date of death Sept Ith 09 7. Cause of death Mennic Porsoning 8. Duration of last illness Law Mell M. D. Residence Bourfring Meur M.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Burnefing Freeze They Ward No. 12. Time of residence in the city Lix Moults
12. Time of residence in the city Lix Moults
13. When a minor Name of mother Name of father.
14. Place of intended interment Mount Cliver Grang gar &
15. Date of intended interment Sep 10th-1909 Maria Encodes Undertaker. S Date of Certificate Sep-10th, 09 Residence Breeze,

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.
	Phanisian's Continue Barrier
	Physician's Certificate Preparatory to Burial.
1.	
2.	Sex Male 3. Color 4. Age
5.	Married or Single Single
6.	Date of death Prematur Birth
7.	Cause of death Pramateur Bith
8.	Duration of last illness
	Duration of last illness Jour, W. Stown M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Occupation Place of birth locity, 13" & Addams,
11.	
	Residence Ward No. 3
12.	Time of residence in the city
	Time of residence in the city Mus. Better Vernon.
12.	Time of residence in the city
	Time of residence in the city————————————————————————————————————
13.	When a minor { Name of Mother Wermone Name of Father Wermone Name of Father Name
13. 14.	Time of residence in the city When a minor Name of Mother Name of Father
13. 14. 15.	Time of residence in the city— When a minor Name of Mother Name of Father
13. 14. 15.	Time of residence in the city— When a minor Name of Mother Name of Father Name of Father When a minor Name of Father Name of Mother Name of Father Na
13. 14. 15.	Time of residence in the city When a minor Name of Mother Name of Father Name of Father Place of intended interment Mov. 97" 05 GERARD & GERARD, Undertaker.

Synthia Vernon, 1909

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 Synthia Vernon 2. Sognue 3. Colorwhite 4. Age 80
5. Married or single Married
6. Date of death Cypril 13 - 09 7. Cause of death Old agr
8. Duration of last illness faif Days W. T. Francis, M. D. Residence Bassling Green
Residence Country True
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Banlay Green Ward No,
12. Time of residence in the City. Lwo weeks
13. When a minor Name of Mother Name of Father
14. Place of intended interment / Clisat Ch Sugard
15. Date of intended interment And 14/09
Marris & Marches Undertaker.
Date of Certificate and 3/og Residence 3 Hy

William M. Vick, 1892

	This Constitutes ONE CERTIFICATE to be retu ed to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased W= M Wiell
2.	Sex Male . 3. Color Whit . 4. Age 5 mc
5.	Married or Single Lingle
6.	Date of Death July 18-1882
7.	cause of Death Cholera infantion
	Duration of last Illness & weeks
0.	Le Porter, M.D.
	Residence Bouling France
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10	Place of Birth 39
11.	Residence
12.	Time of Residence in the City
1	(Name of Mother Salla Veck
13.	When a Minor Name of Father Wh
	ni cital Interment Only 185/882
14	Place of intended interment
15	. Date of intended Interment for the . Undertaker
	O. I. 18 E. D. Hange
	Date of Certificate 18 8 Residence
1	Democrat Job Prio

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 - I - N.
1. Na	me of deceased Many Transcut Varient
2. Sex	Junace. 3. Color White. 4. Age // ya-
5. Ma	rried or single Quarried To 1804
6. Da	te of death (Sepped 30 To 1700
	use of death MAN + Ardney of Branching
8. Du	tration of last illness (Quantum), M. D.
	Residence ONAT
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Oc	eupation CV
	ace of birth becauty
	sidence fower Church of Ward No, Papield
	me of residence in the City.
10 W	Name of Mother
13. W	hen a minor Name of Father
	ace of intended interment farty wew Com
15. Da	nte of intended interment Muday J
	Hawley Tuy Undertaker.
Date of	Certificate Residence

Walter Vincent, 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Walter Vincent
2.	Sex male 3. Color While 4. Age 25 ma
5.	Married or single dil
6.	Date of death - 29-1807
7.	Cause of death Whoping Length
8.	Duration of last illness M. D
	Residence
	Undertaken's Contificate in Relation to Deceased
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
10.	Occupation
10. 11.	Occupation Place of birth Place of birth
10. 11. 12.	Occupation Place of birth Residence Ward No.
10. 11. 12.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Ward No.
10. 11. 12. 13.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Name of father
10. 11. 12. 13.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Date of intended interment Date of intended interment
10. 11. 12. 13.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment Undertaker

Price Vintusky, 1911

- 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 Pull Vinglisky
2.	Sex Mala 3 Color 4 Age
5.	Married or Single Anyll
6.	Date of death Sap. 14" 1911,
7.	Cause of death Diphtheria
8.	Duration of last illness Eight day
	E. M. Hall., M.D.
	Residence Bosoling Free 12
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
9. 10.	
27.9	Occupation A 4 KM
10.	Occupation Place of birth Residence Chunch St. Ward No. 23
10. 11. 12.	Occupation Place of birth Residence Church Time of residence in the city (Name of Mother Ward No. 23 (Name of Mother)
10. 11.	Occupation Place of birth Residence Church St. J. Ward No. 23 Time of residence in the city The lines May Louis Ward No. 23
10. 11. 12.	Occupation Place of birth Residence Chunch Ward No. 23 Time of residence in the city Name of Mother Ward No. 23 When a minor
10. 11. 12. 13.	Occupation Place of birth Residence Time of residence in the city Name of Mother Name of Father
10.11.12.13.14.	Occupation Place of birth Residence Name of Mother Name of Father Place of intended interment Occupation Ward No. 23 Ward No. 25 Ward No. 2
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Ward No. 23 Time of residence in the city When a minor Name of Mother Name of Father Place of intended interment Date of intended interment GERARD & GERARD
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Name of Mother Name of Father Place of intended interment GERARD & GERARD Undertaker.
10. 11. 12. 13. 14. 15.	Occupation Place of birth Residence Ward No. 23 Time of residence in the city Name of Mother Name of Father Place of intended interment GERARD & GERARD Undertaker.

Mrs. Francis Vogel, 1910

**	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. Francis, Orgal
2.	Sex Famale 23, Color White 4. Age 81 yrs.
5.	Married or Single Manuel,
6.	Date of death aug. 18"1910,
7.	Cause of death Chronic Interstitial Achhritis
8.	Duration of last illness
	Tred Doartwight, M. D.
	Residence 94
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Davarid
11.	Residence Ward No.
12.	Time of residence in the city
13.	When a minor { Name of Mother
	11 (mappe) la militario
14.	Place of intended interment
14. 15.	Place of intended interment aug. 20"1910 Date of intended interment aug. 20"1910
15.	11/1 2011/11/11
15.	Date of intended interment aug 20"1910 GERARD & GERARD, Undertaker.

John Vogel, 1911

3
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased John Jogel
2. Sex male, J. 3. Color I hite. 4. Age 5 9
5. Married or Single Dassel 6. Date of death Oct 16, 1911
7. Cause of death Churic Volundar Leus F/It
8. Duration of last illness 4 a 5 Granding, M. D.
Residence Bawling (
Undertaker's Certificate in Relation to Deceased.
9. Occupation Horcing 10. Place of birth Pauriell
10. Place of birth aunual 11. Residence Verfield Ward No.
12. Time of residence in the city 30 %
13. When a minor Name of Mother Name of Father
14. Place of intended interment Sept. 15. Date of intended interment Och 16 1951
Ensaha Holly, Undertaker.
Date of Certificate Cal 14 Residence Bowling Hee

Child of William Volker, 1898

togs cut of engo 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
Miles Milk
5. Married or single Surger 4. Age
6. Date of Death January 2.5" 1898.
7. Cause of Death Country Bounds
8. Duration of last Illness
BAMILLAND, M. D.
Residence
MADED TRANSPORTED IN DELETION TO DESCRIPTION OF THE PROPERTY O
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Hanny County
11. Residence Play Still Ward No. 222
12. Time of Residence in the City Surrel Months
13. When a Minor Name of Mother His Hillians Volker
Name of Father
14. Place of intended Interment Sull Grant your with
15. Date of intended Interment July 26 1898.
Quality Jugard, Undertaker.
Date of Certificate July 25/99 Residence
<u> </u>
M

Child of L. H. and Dora Voyles, 1894

601
This onstitutes 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 Whild of Rev. L. Voyles.
2. Sex Mall . 3. Color This. 4. Age 16 1100.
5. Married or single fulful
6. Date of Death 124 29 94
7. Cause of Death Jarcoma
8. Duration of last Illness South for M. D.
Residence Bushing hum
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birthe Lowling Gillacy 11. Residence Manual St. Ward No. 3 2 d
12. Time of Residence in the City
Name of Mother Sound Styles Name of Father W. L. J. Styles
14. Place of intended Interment Haviour Grinelity
Date of Certificate Au 30/94/Residence