


1877

Box 5, Folder 1 Bowling Green, Kentucky - Death Records, Wa-Wilk

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Leon F. Waddle, 1911

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

RETURN OF A DEATH.

976

Physician's Certificate Preparatory to Burial.

1. Name of deceased Leon F Waddle

2. Sex male 3. Color white 4. Age 58

5. Married or Single married

6. Date of death Nov 2 1911

7. Cause of death Arteriosclerosis

8. Duration of last illness Six months

J. S. Puthersford, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Ex. Deputy Sheriff

10. Place of birth Warren County

11. Residence Bowling Green Ward No.

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 Mar 3 1911

Emack Miller, Undertaker.

Date of Certificate Residence Bowling Green

Emily Wade, 1892

Out of town

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

Return of a Death.

Emily
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Emily Wade*
2. Sex *Female* 3. Color *Black* 4. Age *40*
5. Married or Single *Widow*
6. Date of Death *Aug 19 1892*
7. Cause of Death *Consumption*
8. Duration of last Illness *Six Months*
J. F. McEbray, M. D.
Residence, _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *College Street*
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 *Woodbury*
15. Date of intended Interment *Aug 20 1892*
H. C. Grand, Undertaker.
Date of Certificate *Aug 20th 92* Residence _____

Lee F. Wade, 1913

3

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

RETURN OF A DEATH.

1430

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Lee F Wade
 2. Sex Male 3. Color white 4. Age 54 yrs
 5. Married or single Married
 6. Date of death July 5 1913
 7. Cause of death Tuberculosis
 8. Duration of last illness 18 months
 Residence Bowling Green Ky M. D. W. E. Sargent

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Carpenter
 10. Place of birth Allen County Ky
 11. Residence Bowling Green Ward No. _____
 12. Time of residence in the City. 15 yrs
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment FAIRVIEW CEMETERY,
 15. Date of intended interment July 11 1913
ENOCHS & McGINNIS Undertaker.
 Date of Certificate _____ Residence B Green

Ezekie Wagner, 1911

4

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

RETURN OF A DEATH.

1112

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Ezekie Wagner*
 2. Sex *Male* 3. Color *white* 4. Age *76*
 5. Married or Single *Married*
 6. Date of death *Dec 2 1911*
 7. Cause of death *Infection due to ulcer of leg*
 8. Duration of last illness *8 wks*
 Signature *F. D. Reader* M. D.
 Residence *Bowling Green*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Farmer*
 10. Place of birth *Wurtemberg Germany*
 11. Residence *Bowling Green Ky* Ward No.
 12. Time of residence in the city *46 years*
 13. When a minor { Name of Mother
 { Name of Father
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Dec 4 1911*
 Signature *Enochs Kelly*, Undertaker.
 Date of Certificate Residence *Bowling Green Ky*

Mrs. A. O. Wainwright, 1893

5

Out of town

~~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. A. O. Wainwright* *Wainwright*

2. Sex *female* 3. Color *white* 4. Age *62 years*

5. Married or single *married*

6. Date of Death *April 17th 1893*

7. Cause of Death *acute pneumonia*

8. Duration of last Illness *9 days*

Edw. Sturman, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Mississippi*

11. Residence _____ Ward No. _____

12. Time of Residence in the City *twelve days*

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

14. Place of intended Interment *Clarksdale, Miss*

15. Date of intended Interment *April 20th 1893*

F. B. Guard & Bro - , Undertaker.

Date of Certificate *Apr 18/93* Residence *city*

This Lady died at Potter College,

Mary M. Waite, 1912

6-1

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

RETURN OF A DEATH.

1306

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary M. Waite
2. Sex Female 3. Color White 4. Age 74 yrs.
5. Married or Single Widow.
6. Date of death Dec. 23" 1912
7. Cause of death Arterial Sclerossis. (as per
8. Duration of last illness Vital Statistics)
Engene A. Grand. Funeral Director. X X
Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Kentucky.
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 St. Josephs, Cemetery
15. Date of intended interment Dec. 25" 1912.
GERARD & GERARD., Undertaker.
Date of Certificate Dec. 25/12 Residence BOWLING GREEN, KY

Mary M. Waite, 1912

(Always write with ink.)

TRANSPORTATION OF CORPSE

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Transit Permit No. 4090

CERTIFICATE OF DEATH

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
State of Kentucky,
County of Jefferson
City of Coblesville (No. 1610 W. Madison St. 11 Ward)

2 FULL NAME Mary M. Waite

Personal and Statistical Particulars			Medical Certificate of Death	
3 SEX <u>F</u>	4 COLOR OR RACE <u>W.</u>	5 Single, Married, Widowed or Divorced. <u>Widow</u> <small>(WRITE the word)</small>	16 DATE OF DEATH <u>Dec</u> , <u>23</u> , 191 <u>2</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>Aug</u> <u>20</u> , 19 <u>34</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY , That I attended deceased from <u>Dec</u> , 191 <u>2</u> to <u>Dec 29</u> 191 <u>2</u> that I last saw h. <u>alive</u> on <u>Dec 23</u> , 191 <u>2</u> and that death occurred, on date stated above, at <u>3:30 p.m.</u>	
7 AGE <u>74</u> yrs <u>4</u> mos. <u>3</u> ds.			The CAUSE OF DEATH* was as follows: <u>Arterial Sclerosis</u> (Duration) <u>1</u> yrs <u></u> mos <u></u> ds.	
8 OCCUPATION <u>None</u>			Contributory (Secondary) <u></u> (Duration) <u></u> yrs <u></u> mos <u></u> ds.	
9 BIRTHPLACE (State or country) <u>Kentucky</u>			(Signed) <u>R. G. Gatz</u> , M. D. <u>Dec 24</u> , 191 <u>2</u> (Address) <u>1631 W. Liberty</u>	
PARENTS	10 NAME OF FATHER <u>Dont Know</u>			
	11 BIRTHPLACE OF FATHER (State or country) <u>"</u> <u>"</u>			
	12 MAIDEN NAME OF MOTHER <u>"</u> <u>"</u>			
13 BIRTHPLACE OF MOTHER (State or country) <u>"</u> <u>"</u> <u>"</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death <u></u> yrs <u></u> mos <u></u> ds. In the State <u></u> yrs <u></u> mos <u></u> ds.	
14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) <u>Harry Waite</u> (Address) <u>1610 W. Madison</u>				
15 PLACE WHERE REMAINS ARE TO BE SENT <u>Bellingreen Ky</u>			DATE OF SHIPMENT <u>Dec 25</u> 191 <u>2</u>	
SHIPPING UNDERTAKER <u>Thos Keenan</u>				
FIRM NAME <u>Thos Keenan Low Ky</u>			ADDRESS <u></u>	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A COPY OF THE ORIGINAL DEATH CERTIFICATE.

COPY

If the body is to be buried within the State of Kentucky the Receiving Undertaker will detach the Transit Permit at this perforation and deliver it to the sexton or other persons in charge of the cemetery or burial ground where burial takes place.

Mary M. Waite, 1912

TRANSPORTATION RULES.

Approved and Adopted by the American Association of General Baggage Agents, the Conference of State and Provincial Boards of Health and the National Funeral Directors' Association.

Rule 1. The transportation of bodies dead of smallpox or bubonic plague, is absolutely prohibited.

Rule 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by licensed embalmer holding a certificate as such, issued by the State Board of Embalming of Kentucky.

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

Rule 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same, which must be done by a licensed embalmer holding a certificate as provided for in Rule 2.

Rule 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from the time of death. If the body cannot reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same by a licensed embalmer, as defined and directed in Rule 2.

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

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping undertaker to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

Rule 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The undertaker's certificate and paster shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be placed in an envelope, which envelope is to be securely tacked on the coffin box.

Rule 7. When bodies are shipped by express a transit permit must be made out as described in Rule 6. The undertaker's certificate and paster shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express waybill covering the remains, or placed in an envelope, which envelope is to be securely tacked on the coffin box, and be delivered with the body at the point of destination to the person to whom it is consigned.

Rule 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate and enclosed in a hermetically soldered zinc, tin or copper-lined box. But the bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 30 days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After 30 days the casket or coffin containing said body must be enclosed in a hermetically soldered box.

These rules and regulations are hereby adopted, and all others heretofore promulgated, in conflict with the foregoing, are revoked.

By order of the board,

J. N. McCORMACK, M. D.

December 30, 1910.

Secretary.

MSS 993
B5F1

Mary T. Wakefield, 1910

7

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

RETURN OF A DEATH.

770

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mary T. Wakefield*
2. Sex *female* 3. Color *Cal.* 4. Age *44 yrs*
5. Married or single *married*
6. Date of death *Feb. 15 - 1910.*
7. Cause of death *Tubercle of Pulmonary*
8. Duration of last illness *6 or 8 mo*

G. E. Huddle M. D.
 Residence *Burdette Kentucky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Housekeeper*
 10. Place of birth *Monroe County, Ky.*
 11. Residence *Kentucky St* Ward No. *13*
 12. Time of residence in the city *about 15 years*
 13. When a minor { Name of mother
 { Name of father
 14. Place of intended interment *Mt. Moriah*
 15. Date of intended interment *Feb. 17 - 1910*
- J. E. Huddle* Undertaker.

Date of Certificate *Feb. 17 - 1910* Residence *Cor 7 & College St.*

Bob Walker, 1909

8

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

RETURN OF A DEATH.

657

Physician's Certificate Preparatory to Burial.

1. Name of deceased Bob Walker

2. Sex male 3. Color Col 4. Age 98 yrs

5. Married or single Single

6. Date of death May 18 - 1909

7. Cause of death Stroke in incident today

8. Duration of last illness About 3 months
no doctor M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer

10. Place of birth Allen County Ky

11. Residence Tenth St Ward No. 1

12. Time of residence in the city About 2 months

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

14. Place of intended interment mt mariah

15. Date of intended interment May 20 - 1909
J. E. Hynes Dace Undertaker.

Date of Certificate May 20 - 1909 Residence.....
7 S College St

Emily Walker, 1898

1101 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 Emily Walker

2. Sex female . 3. Color Black . 4. Age 75 yrs

5. Married or single widow

6. Date of death July 16 1898

7. Cause of death Arteriosclerosis

8. Duration of last illness _____

O.D.P. O. D. Porter , M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth Warren County Ky

11. Residence East Chestnut St . Ward No. 2

12. Time of residence in the City years

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

14. Place of intended interment Mt Moriah

15. Date of intended interment _____

J. Hawley Payne , Undertaker.

Date of Certificate July 16/98 . Residence _____

Henry Walker, 1898

Out of city 10

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Henry Walker*
2. Sex *male* 3. Color *Black* 4. Age *50 yr*
5. Married or single *widow*
6. Date of death *April 5 1898*
7. Cause of death *Consumption*
8. Duration of last illness _____
Dr. Murphy _____, M. D.
Residence *A. N. Murphy*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Lagun CO Mo*
11. Residence *Key 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 *Luzgers on Sta Key*
15. Date of intended interment _____
_____, Undertaker.
Date of Certificate _____ Residence _____

Louisa Walker, 1899

X out of copy *X 2* 11

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

RETURN OF A DEATH.

Louisa P
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Mrs. Louisa Walker*
2. Sex *Female* 3. Color *White* 4. Age *51 yrs.*
5. Married or single *Widow*
6. Date of death *Jan 4" 99.*
7. Cause of death *Rheumatism of heart.*
8. Duration of last illness _____
A. C. Wright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Lexington Ky.*
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 *Smiths Grove Ky.*
15. Date of intended interment *Jan 4, 5" 1899.*
Gerard D. Gerard, Undertaker.
Date of Certificate *Jan 5/99.* Residence _____

Lucinda Walker, 1899

56 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 Lucinda Walker,
2. Sex Female 3. Color Col. 4. Age 36 years
5. Married or single _____
6. Date of death July 23/99
7. Cause of death Consumption,
8. Duration of last illness _____
S. H. Coombs, M. D.
Residence City Physician

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence Purksacoy. 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 Cemetery
15. Date of intended interment July 24/99
Garard T. Garard, Undertaker.
Date of Certificate July 23/99 Residence _____

Mary Walker, 1907

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..... *Mary Walker*

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

5. Married or single..... *Married*

6. Date of death..... **JAN 27 1907**

7. Cause of death..... *Apoplexy*

8. Duration of last illness..... *10 Days* M. D.

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

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth..... *Moscow*

11. Residence..... **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..... *Centerville Ky.*

15. Date of intended interment..... *Jan 28/1907.*

GERARD & GERARD..... Undertaker.

Date of Certificate..... **JAN 27 1907** Residence..... **BOWLING GREEN, KY**

Mrs. Robert Walker, 1907

#161 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 *Mrs Robert Walker.*

2. Sex *Female* 3. Color *White* 4. Age *65 yrs*

5. Married or single *Widow.*

6. Date of death *FEB 15 1907*

7. Cause of death *Chronic Bright Paralysis*

8. Duration of last illness *Just N. Blackburn* M. D.
Residence *B. Gram Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth.....

11. Residence *Boundary Pike* 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 16 1907.*

GERARD & GERARD Undertaker.

Date of Certificate *FEB 15 1907* Residence **BOWLING GREEN, KY**

112898
177

George A. Wallace, 1904

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 Geo A Wallace
2. Sex male 3. Color white 4. Age 56 yr
5. Married or single married
6. Date of death Sept 21 - 04
7. Cause of death typhoid Bowell
8. Duration of last illness several days
G. E. Huddle, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation merchant
10. Place of birth Indiana
11. Residence Main 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 Greenwood Deaf
15. Date of intended interment _____
V. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Infant of Harvey and Lucy Wallace, 1897

980 16

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

of Harvey + Lucy

1. Name of deceased *Infant Wallace*

2. Sex *female* 3. Color *white* 4. Age *6 mo*

5. Married or single _____

6. Date of Death *Jan 6 1897*

7. Cause of Death *suppurated scump*

8. Duration of last Illness _____

B. L. Cullen Cor. M. C., M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

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

12. Time of Residence in the City *Life*

13. When a Minor } Name of Mother *Lucy Wallace*
 } Name of Father *Harvey Wallace*

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Jan 6 1897*

Prothman & Pappas, Undertaker.

Date of Certificate _____ Residence _____

James A Wallace, Jr., 1911

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

RETURN OF A DEATH.

1056

Physician's Certificate Preparatory to Burial.

1. Name of deceased James A Wallace Jr
2. Sex Male 3. Color White 4. Age 3 weeks
5. Married or Single _____
6. Date of death Aug 3 1911
7. Cause of death Enterocolitis
8. Duration of last illness One and one half months

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 State st Ward No. _____
12. Time of residence in the city 3 weeks
13. When a minor { Name of Mother Mlle Gray Wallace
Name of Father James A Wallace
Garrett Cemetery
14. Place of intended interment _____
15. Date of intended interment Aug 4 1911
GERARD & GERARD, Undertaker.
Date of Certificate Aug 4 1911 Residence _____

John Wallace, 1913

18

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

RETURN OF A DEATH.

1386

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Wallace
2. Sex Male 3. Color Cal 4. Age about 35 yrs
5. Married or single Dont know
6. Date of death May 1 - 1913
7. Cause of death Heart trouble
8. Duration of last illness _____

J. E. Mullaek ~~Carroll~~
Residence Bowling Green

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 County Grand
15. Date of intended interment May 2 - 1913

Emma M. Simis, Undertaker.
Date of Certificate May 7 1913 Residence B Green

Nothing is known of this man except his name

Minnie Wallace, 1899

19

~~14~~ ~~24~~ 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 Minnie Wallace

2. Sex female 3. Color white 4. Age 18 mos

5. Married or single _____

6. Date of death April 3 1899

7. Cause of death Pneumonia

8. Duration of last illness _____

Dr Mission B. H. Mellisham M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth city

11. Residence East High St Ward No. 2

12. Time of residence in the City life

13. When a minor } Name of Mother Laura Wallace
 } Name of Father Sam H. Wallace

14. Place of intended interment Fairview Cem

15. Date of intended interment April 4 1899

J. Hawley Payne Undertaker.

Date of Certificate _____ Residence _____

Mrs. C. E. Wallen, 1900

66 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 *Mrs. C. E. Wallen*
2. Sex *Female* 3. Color *White* 4. Age *46*
5. Married or single *Married*
6. Date of death *July 11 " 1900.*
7. Cause of death *Nephritis*
8. Duration of last illness *10 hours*
Tom W. Stone, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Pennsylvania*
11. Residence *College St.* Ward No. *8*
12. Time of residence in the City *5 years.*
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Fort Wayne, Indiana*
15. Date of intended interment *July 12, 1900.*
Guard and Guard, Undertaker.
Date of Certificate *July 11, 1900* Residence _____

H. J. Wallis, 1909

21

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

RETURN OF A DEATH.

1912

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased H J Wallis
2. Sex Male 3. Color White 4. Age 66
5. Married or single _____
6. Date of death Oct 30 / 09
7. Cause of death Cancer of Tongue
8. Duration of last illness _____
Residence McCormack, South M. D. B I Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer
10. Place of birth _____
11. Residence Sturgis Ky Ward No. _____
12. Time of residence in the City One Year
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Sturgis Ky
15. Date of intended interment Oct 30 / 09
Morris & Enoch Undertaker.
Date of Certificate _____ Residence B I Ky

John W. Walters, 1891

276 28

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *John W Walters*
2. Sex *Male* 3. Color *White* 4. Age *17 yrs*
5. Married or Single *Single*
6. Date of Death *Apr 10 " 1891*
7. Cause of Death *Typhoid Fever*
8. Duration of last Illness _____

B H Milliken, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation *Rail Road.*
10. Place of Birth *Logan County*
11. Residence *Ky, Abbe.* Ward No. *2nd*
12. Time of Residence in the City *Two years.*

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

14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Apr 11 " 1891*
A. C. Guach, Undertaker.
Date of Certificate *Apr 11 " 1891*. Residence *City.*

Marshall Walters, 1892

450 23

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Marshall Walters*
2. Sex *Male* . 3. Color *white* . 4. Age *13*
5. Married or Single *single*
6. Date of Death *Oct 29 1892*
7. Cause of Death *Accidentally shot*
8. Duration of last Illness *Instant*
Geo Demuth, J.P. W Co., M.D.
Residence *J.P.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Logan County Ky*
11. Residence _____ . Ward No. *40*
12. Time of Residence in the City *3 years*
13. When a Minor. } Name of Mother *Elvina Walters*
 } Name of Father *Jerry Walters*
14. Place of intended Interment *Friendship Cem*
15. Date of intended Interment *Oct 30 1892*
Bathurst Jones, Undertaker.
Date of Certificate _____ . Residence _____

John F. Walthall, 1909

#576 24-1

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.

Walthall

1. Name of deceased *John F. Walthall*

2. Sex *Male* 3. Color *White* 4. Age *61*

5. Married or single *Married*

6. Date of death *Feb. 9, 1909*

7. Cause of death *Pulmonary Tuberculosis*

8. Duration of last illness.....

Spencer Davidson M. D.
Residence *Evanville* ~~BOWLING GREEN, KY~~

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth.....

11. Residence *Evanville Ind* 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's*
Funerary Cemetery

15. Date of intended interment *Feb. 10th 1909*

GERARD & GERARD. Undertaker.
Date of Certificate *Feb. 10-1909* Residence **BOWLING GREEN, KY**

810 2011
1909

John F. Walthall, 1909

L & N. Railroad. **FORM A**

TRANSPORTATION OF DISINFECTED CORPSE.

INDIANA STATE BOARD OF HEALTH.

PHYSICIAN'S OR CORONER'S CERTIFICATE OF DEATH.

Name of Deceased John F. Walthall Date of Death Feb 9, 1909
(If a minor give parents' name also.)

Hour of Death 5 a M. Age 61 Years 54 Months 5 Days

Place of Death Evansville, Ind. 1811 E. Oregon St. Cause of Death Pulmonary Tuberculosis
 which is a communicable disease and must be shipped under Rule 2.

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

Wm R. Davidson M. D. or Coroner.

Residence Evansville County of Vanderburgh State of Indiana

PERMIT OF LOCAL BOARD OF HEALTH.

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

In the City of Evansville County of Vanderburgh
(City or Township.)

State of Indiana on the 10 day of February 1909

Permission is hereby given Ed. M. Schaefer holder of Embalmers' Permit No. 171
 to remove for burial at Bowling Green in the County of Warren
 State of Ky the body of John F. Walthall
 who died at Evansville County of Vanderburgh State of Ind
 on the 9 day of February 1909 Aged 61 Years 54 Months 5 Days,
 and Wm Walthall is hereby authorized to accompany said remains.

[SEAL.] Signed James M. Melton 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 (Form A) must be detached and delivered to the person in charge of the corpse.

BURIAL PERMIT MUST ACCOMPANY THIS FORM.

8-72

John F. Walthall, 1909

**RULES OF THE INDIANA STATE BOARD OF HEALTH GOVERNING THE
TRANSPORTATION OF THE DEAD.**

These Rules apply equally to all Common Carriers, and, having been duly adopted and properly published, have the full force of Law.

RULE 1. The transportation of bodies dead of Small-pox, Asiatic cholera, Yellow fever, Typhus fever or Bubonic plague is absolutely forbidden.

RULE 2. The bodies of those who have died of diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), glanders, anthrax, or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfectant fluid, (b) disinfecting and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by an embalmer, holding a certificate as such, approved by the State Board of Health or other State Health Authority. After being disinfected as above, such body shall be enveloped in a layer of cotton not less than one inch thick, completely wrapped in a sheet and bandaged and encased in an air-tight zinc, tin, copper or lead-lined coffin or iron casket, all joints and seams hermetically soldered, and all enclosed in a strong, tight, wooden box. Or, the body being prepared for shipment by the disinfecting and wrapping as above, may be placed in a strong coffin or casket, and said coffin or casket enclosed in an air-tight zinc, copper or tin case, all joints and seams hermetically soldered, and all enclosed in a strong outside wooden box.

RULE 3. The bodies of those dead of typhoid fever, purpural fever, erysipelas, tuberculosis and measles, or other dangerous communicable diseases other than those specified in Rules 1 and 2, may be received for transportation when prepared for shipment by filling cavities with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton, and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged and encased in an air-tight coffin or casket. Provided, that this shall apply only to bodies which can reach their destination within forty-eight hours from time of death. In all other cases such bodies shall be prepared for transportation in conformity with Rule 2. But when the body has been prepared for shipment by being thoroughly disinfected by an embalmer holding a certificate as in Rule 2, the air-tight sealing may be dispensed with.

RULE 4. The bodies of those dead of diseases that are not contagious, infectious or communicable, may be received for transportation when embalmed by arterial and cavity injection with an approved disinfectant and encased in a sound coffin or casket and enclosed in a strong outside wooden box, provided they reach their destination within forty-eight hours from time of death. If the body can not reach its destination within forty-eight hours from time of death, it must be prepared for shipment by filling arteries and cavities with an approved disinfectant, washing the exterior of the body with the same, stopping all orifices with absorbent cotton and enveloping the entire body with a layer of cotton not less than one inch thick, and all wrapped in a sheet and bandaged, and encased in an air-tight coffin or casket. But when the body has been prepared for shipment by being thoroughly disinfected by an embalmer holding a certificate as in Rule 2, the cotton wrapping and air-tight sealing may be dispensed with.

RULE 5. In cases of contagious, infectious or communicable diseases, the body must not be accompanied by persons or articles which have been exposed to the infection of the disease, unless certified by the Health Officer as having been properly disinfected; and before selling passage tickets agents shall carefully examine the transit permit and note the name of the passenger in charge, and any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of disease. The transit permit in such cases shall specifically state who is authorized by the Health Authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph to Health Officer at destination, advising the date and train on which the body may be expected. This notice must be sent by or in the name of the Health Officer at the initial point, and is to enable the Health Officer at destination to take all necessary precautions at that point.

RULE 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket, and also present a full first-class ticket marked "Corpse" for the transportation of the body, and a transit permit—showing physician's or coroner's certificate, health officer's permit for removal, undertaker's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and if of a contagious, infectious or communicable nature, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the Health Authorities to accompany the body. The transit permit must be made in duplicate, and the signatures of the physician or coroner, health officer and undertaker must be on both the original and duplicate copies. The undertaker's certificate and paster of the original shall be detached from the transit permit and pasted on the coffin box. The physician's certificate and transit permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the Secretary of State or Provincial Board of Health of the State or Province from which said shipment was made.

RULE 7. When dead bodies are shipped by express, the whole original transit permit shall be pasted upon the outside box and the duplicate forwarded by the express agent to the Secretary of the State or Provincial Board of Health of the State or Province from which said shipment was made.

RULE 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the State or Provincial Health Authorities having jurisdiction where such body is disinterred, and the consent of the Health Authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains shall be enclosed in a hermetically sealed soldered zinc, tin or copper-lined coffin or box. Bodies deposited in receiving vaults shall be treated and considered the same as buried bodies.

MSS 293
B5 F1

Elizabeth D. Walton, 1903

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 *Ann Elizabeth D Walton*

2. Sex *female* 3. Color *white* Age *71 yrs*

5. Married or single *widow*

6. Date of death *Jan 30th 1903*

7. Cause of death *Pneumonia*

8. Duration of last illness

J. N. McCormack M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of birth *Simpson Co*

11. Residence *College St* Ward No.

12. Time of residence in the City. *few years*

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

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Feb - 1st - 1903*

Hawley Payne Undertaker.

Date of Certificate Residence

Ida Belle Walton, 1906

26

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

103

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Ida Belle Walton
 2. Sex female 3. Color Black 4. Age 20 yrs
 5. Married or single single
 6. Date of death Sept-17-1906
 7. Cause of death Consumption
 8. Duration of last illness 2 years
T.W. Stace, M. D.
 Residence city

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth city
 11. Residence city & 11th Ward No. _____
 12. Time of residence in the City. life
 13. When a minor { Name of Mother Mrs. Watter
 { Name of Father not given
 14. Place of intended interment Cath. Marian
 15. Date of intended interment Sept 18-1906
Barney Payne, Undertaker.
 Date of Certificate _____ Residence _____

James M. Walton, 1910

27

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

RETURN OF A DEATH.

997

Physician's Certificate Preparatory to Burial.

1. Name of deceased James M. Walton
2. Sex Male 3. Color White 4. Age 78 yrs.
5. Married or Single Married
6. Date of death Apr. 9" 1910.
7. Cause of death Pneumonia
8. Duration of last illness _____

W. P. Drake, M. D.
Residence Rockfield, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
10. Place of birth _____
11. Residence Near Rockfield, 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 Apr. 10" 1911.

GERARD & GERARD. Undertaker.

Date of Certificate Apr. 10" 1910 Residence City

Nellie Walton, 1903

29

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Nellie Walton
2. Sex female 3. Color Black 4. Age 1 1/2 yr
5. Married or single _____
6. Date of death April 15 1903
7. Cause of death Tuberculosis Pulmonary
8. Duration of last illness _____
None G. E. Huddle M. D.
Residence 0028 S Park St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth city
11. Residence _____ Ward No. _____
12. Time of residence in the City, city
13. When a minor { Name of Mother Lula Wacton
 { Name of Father _____
14. Place of intended interment Not Moriah
15. Date of intended interment April 16 1903
Hawley Payne Undertaker.
Date of Certificate _____ Residence _____

Thomas J. Walton, 1905

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 ^{Thomas} *Thos J. Walton*

2. Sex *male* 3. Color *white* 4. Age *43 yrs*

5. Married or single *married*

6. Date of death *September - 8 - 1903*

7. Cause of death *Tuberculosis*

8. Duration of last illness *several weeks*

G. B. Fuddell, M. D.

Residence *P.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Lumpkin Co Ga*

11. Residence _____ Ward No. _____

12. Time of residence in the City. *3 weeks*

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

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Sept - 9 - 1903*

Harvey Payne, Undertaker.

Date of Certificate _____ Residence _____

Carrie Waltz, 1878

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 *Carrie Waltz. Waltz*
2. Sex *Female* 3. Color *White* 4. Age *Four yrs.*
5. Married or Single _____
6. Date of Death *Aug 17th 1878*
7. Cause of Death *Eclampsia from intestinal disease*
8. Duration of last Illness *Two months.*
- Residence *J. A. Undermaack, M. D.*

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 _____

Pantagraph Print.

J. M. Ward, 1896

862

3D

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. M. Ward*
 2. Sex *Male* 3. Color *White* 4. Age *27 yrs.*
 5. Married or single *Single*
 6. Date of Death *Mar 16th 1896*
 7. Cause of Death *Meningitis*
 8. Duration of last Illness *Forty days*
- D. J. McCombs*, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Marion County*
 11. Residence *10th 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 *Mar 18/96*
- F. G. Guard & Bro.*, Undertaker.
- Date of Certificate *Mar 17/96* Residence *City*

Charlie Wardlaw, 1913

33

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

RETURN OF A DEATH.

1367

Physician's Certificate Preparatory to Burial.

1. Name of deceased... *Charlie Wardlaw*
 2. Sex... *male* 3. Color... *col.* 4. Age... *about 60 yrs.*
 5. Married or single... *married*
 6. Date of death... *April 2 - 1913.*
 7. Cause of death... *Memic Poison*
 8. Duration of last illness... *one week*
 Signature... *W. F. Attridge* M. D.
 Residence... *B-9 - Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation... *Laborer*
 10. Place of birth... *Cornubertland Co. Ky*
 11. Residence... *2nd St* Ward No.
 12. Time of residence in the city.....
 13. When a minor { Name of mother... *Dont know*
 { Name of father... ..
 14. Place of intended interment... *Pauper Grave yard*
 15. Date of intended interment... *April 3 - 1913.*
 Signature... *J. C. Kincaid* Undertaker.
 Date of Certificate... *April 3 - 1913* Residence...
Cor 74 College St

Georgia Wardlaw, 1896

940 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 Georgia Wardlaw
2. Sex Female 3. Color Blk 4. Age 4 yrs
5. Married or single Single
6. Date of Death Sept 10th 1896
7. Cause of Death Burn
8. Duration of last illness _____

O. D. Porter, M. D.
Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence 9th Street Ward No. 1st
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Minnie Hard
Name of Father Dead
14. Place of intended Interment Louisville Pike. Hannu Co.
15. Date of intended Interment Sept 11th 1896
A. C. Guard H. B. W., Undertaker.
Date of Certificate Sept 10th 96 Residence _____

Julia Ware, 1891

294) 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 *Julia Ware*
2. Sex *Female* 3. Color *White* 4. Age *38 yrs.*
5. Married or Single *Single*
6. Date of Death *Jun 1st 1891*
7. Cause of Death *Phthisis Pulmonalis*
8. Duration of last Illness _____
B. H. Miller, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *B. Green 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 *St Jns Cemetery*
15. Date of intended Interment *Jun 2nd 1891*
John K. Grant, Undertaker.
Date of Certificate *Jun 1st 91* Residence *City*

Mary K. Warren, 1878

36

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 K Warren*

2. Sex *Female* . 3. Color *White* . 4. Age *36*

5. Married or Single *Married*

6. Date of Death *May 13th 1878*

7. Cause of Death *Phtisis, Quilonaria*

8. Duration of last Illness *Six Months*

Re Thomas , M. D.

Residence *Bentley Green 79*

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

15. Date of intended Interment

....., Undertaker.

Date of Certificate Residence

Democrat Print.

Child of P. H. Warren, 1904

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 *Child of P. H. Warren*
 2. Sex 3. Color *White* 4. Age *5 Mo.*
 5. Married or Single *Single*
 6. Date of death *Apr 6" 1904*
 7. Cause of death *Measles*
 8. Duration of last illness
 *J. W. Stone,* M. D.
 Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
 10. Place of birth *City*
 11. Residence *Clay St.* Ward No. *2*
 12. Time of residence in the city
 13. When a minor { Name of Mother *Mrs P. A. Warren*
 Name of Father *P. A. Warren*
 14. Place of intended interment *Maxey Grave yd. Warren Co.*
 15. Date of intended interment *Apr. 7" 1904.*
Garrett and Garrett Undertaker.
 Date of Certificate *Apr. 6" 04.* Residence

Eliza Washburn, 1905

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 *Miss Eliza Washburn*

2. Sex *Female* 3. Color *White* 4. Age *87 yrs*

5. Married or Single *Widow*

6. Date of death *Jan. 23 '05.*

7. Cause of death *Cancer.*

8. Duration of last illness *several months*
W. R. Francis, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth *Davis, Co.*

11. Residence *College, St.* Ward No. *3.*

12. Time of residence in the city *several months*

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

14. Place of intended interment *Owensboro, Ky.*

15. Date of intended interment *Jan. 25 '05.*
Harold and Guard, Undertaker.

Date of Certificate *Jan. 24 '05.* Residence _____

Patrick Waters, 1913

39-1

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

RETURN OF A DEATH.

1363

Physician's Certificate Preparatory to Burial.

1. Name of deceased Patrick Waters
 2. Sex Male 3. Color White 4. Age 84
 5. Married or single Widower
 6. Date of death March 25-1913
 7. Cause of death Acute Indigestion
 8. Duration of last illness See vital statistics
 Signature Leopold G. Gerard M.D.
 Residence Bowling Green, Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Laborer
 10. Place of birth Ireland
 11. Residence Lansville Ky Ward No. 3
 12. Time of residence in the city.....
 13. When a minor { Name of mother.....
 Name of father.....
 14. Place of intended interment St Joseph Cemetery
 15. Date of intended interment March 27-1913
GERARD & GERARD. Undertaker.
 Date of Certificate Mar 27-1913 Residence Bowling Green, Ky

Patrick Waters, 1913

39-2 (Always write with ink.)

TRANSPORTATION OF CORPSE

Form V. S. 65. 25M. 8-18-11. Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

Transit Permit No. 1037

CERTIFICATE OF DEATH

1 PLACE OF DEATH
State of Kentucky,
County of Jeff
City of Louisville (No. 126 S. Keats Ave. 3 Ward)

2 FULL NAME Patrick Waters

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Personal and Statistical Particulars			Medical Certificate of Death	
3 SEX <u>M.</u>	4 COLOR OR RACE <u>W.</u>	5 Single, Married, Widowed, or Divorced. <u>Widowed</u> (WRITE the word)	16 DATE OF DEATH <u>3</u> <u>25</u> , 191 <u>3</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>3</u> <u>1</u> , 191 <u>3</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 23</u> , 191 <u>3</u> to <u>Mar 27</u> , 191 <u>3</u> that I last saw h. alive on _____, 191____, and that death occurred, on date stated above, at _____ m.	
7 AGE <u>84</u> yrs. mos. ds.			The CAUSE OF DEATH* was as follows: <u>Acute Indigestion</u> (Duration) _____ yrs. mos. ds.	
8 OCCUPATION <u>Laborer</u>			Contributory (Secondary) <u>Old age</u> (Duration) _____ yrs. mos. ds.	
9 BIRTHPLACE (State or country) <u>Ireland</u>			(Signed) <u>R.C. Wilhoite</u> , M. D. <u>3-25</u> , 191 <u>3</u> (Address) <u>226 Keats Ave</u>	
PARENTS	10 NAME OF FATHER <u>Don't know</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Don't know</u>		
	12 MAIDEN NAME OF MOTHER <u>Don't know</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Don't know</u>		
	14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) <u>Annie Waters</u> (Address) <u>126 S. Keats Ave</u>			
15 PLACE WHERE REMAINS ARE TO BE SENT <u>Bowling Green Ky</u>		DATE OF SHIPMENT <u>3-27</u> , 191 <u>3</u>		
SHIPPING UNDERTAKER <u>J. J. Barrett's Sons</u> FIRM NAME ADDRESS <u>822 E Main</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death _____ yrs. mos. ds. In the State _____ yrs. mos. ds.	
Where was disease contracted, if not at place of death? Former or usual residence				

COPY

THIS IS A COPY OF THE ORIGINAL DEATH CERTIFICATE. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If the body is to be buried within the State of Kentucky the Receiving Undertaker will detach the Transit Permit at this perforation and deliver it to the sexton or other persons in charge of the cemetery or burial ground where burial takes place.

Patrick Waters, 1913

TRANSPORTATION RULES.

Approved and Adopted by the American Association of General Baggage Agents, the Conference of State and Provincial Boards of Health and the National Funeral Directors' Association.

Rule 1. The transportation of bodies dead of smallpox or bubonic plague, is absolutely prohibited.

Rule 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by licensed embalmer holding a certificate as such, issued by the State Board of Embalming of Kentucky.

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

Rule 3. The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same, which must be done by a licensed embalmer holding a certificate as provided for in Rule 2.

Rule 4. The bodies of those dead from any cause not stated in Rules 2 and 3 may be received for transportation when encased in a sound coffin or casket, and enclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from the time of death. If the body cannot reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, and washing the exterior of the body with the same by a licensed embalmer, as defined and directed in Rule 2.

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

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping undertaker to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

Rule 6. Every dead body must be accompanied by a person in charge, who must be provided with a passage ticket and also present a full first-class ticket marked "corpse" for the transportation of the body, and a transit permit showing physician's or coroner's certificate, name of deceased, date and hour of death, age, place of death, cause of death, and all other items of the standard certificate of death recommended by the American Public Health Association and adopted by the United States Census Bureau, as far as obtainable, whether a communicable or non-communicable disease, the point to which the body is to be shipped, and when death is caused by any of the diseases specified in Rule 2, the names of those authorized by the health authorities to accompany the body. Also the undertaker's certificate as to how the body has been prepared for shipment. The undertaker's certificate and paster shall be detached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four handles. The physician's certificate and transit permit shall be placed in an envelope, which envelope is to be securely tacked to the coffin box.

Rule 7. When bodies are shipped by express a transit permit must be made out as described in Rule 6. The undertaker's certificate and paster shall be detached from the transit permit and securely fastened on the coffin box. The physician's certificate and transit permit shall be attached to and accompany the express waybill covering the remains, or placed in an envelope, which envelope is to be securely tacked on the coffin box, and be delivered with the body at the point of destination to the person to whom it is consigned.

Rule 8. Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the state or provincial health authorities having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has first been obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1000 solution of corrosive sublimate and enclosed in a hermetically soldered zinc, tin or copper-lined box. But the bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies when originally prepared by a licensed embalmer as defined in Rule 2, and as directed in Rule 2 or 3 (according to the nature of the disease causing death), provided shipment takes place within 30 days from time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 30 days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned. After 30 days the casket or coffin containing said body must be enclosed in a hermetically soldered box.

These rules and regulations are hereby adopted, and all others heretofore promulgated, in conflict with the foregoing, are revoked.

By order of the board,

J. N. McCORMACK, M. D.

December 30, 1910.

Secretary.

Edward Watkins, 1911

40

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

RETURN OF A DEATH.

990

Physician's Certificate Preparatory to Burial.

1. Name of deceased Edward Watkins
 2. Sex Male 3. Color White 4. Age 75
 5. Married or Single Married
 6. Date of death Apr. 2" 1911
 7. Cause of death 222 de corditis
 8. Duration of last illness 4 months
J. H. Gerard, M. D.
 Residence 941 College St.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Retired Hotel Keeper
 10. Place of birth La Rue Co. Ky
 11. Residence Kentucky St. Ward No. 2
 12. Time of residence in the city 23 yrs.
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Apr. 4" 1911.
GERARD & GERARD., Undertaker.
 Date of Certificate Apr. 3/1911 Residence _____

George Emmet Watkins, 1908

326 41

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *George Emmet Watkins*
2. Sex *Male* 3. Color *White* 4. Age *18 yrs.*
5. Married or single *Single*
6. Date of death *Oct 6 " 1908*
7. Cause of death *Tuberculosis*
8. Duration of last illness *J. W. Stout* M. D.
Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth *Bowling Green Ky*
11. Residence *College St.* Ward No. *2*
12. Time of residence in the city.....
13. When a minor { Name of mother *Mrs. Eliza Watkins*
 { Name of father *W. B. Watkins*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Oct. 7 " 1908.*
GERARD & GERARD. Undertaker.
Date of Certificate *Oct. 6 " 1908* Residence *BOWLING GREEN, KY*

Julius Demuth Watkins, 1901

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 *Julius Demuth Watkins*
2. Sex *Male* 3. Color *White* 4. Age *15 mo.*
5. Married or single *Single*
6. Date of death *Feb 9 / 1901*
7. Cause of death *Abuse*
8. Duration of last illness *4 days*
H. P. Cortwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Bowling Green Ky.*
11. Residence *10th Street* Ward No. *1*
12. Time of residence in the City. _____
13. When a minor { Name of Mother *Mrs. Mollie Watkins*
Name of Father *Thomas J. Watkins*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Feb. 10 / 1901*
Gerard & Gerard, Undertaker.
Date of Certificate *Feb 10 / 1901* Residence _____

J. W. Watson, 1879

43

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *J. W. Watson*
 2. Sex *Male* . 3. Color *White* . 4. Age *21 years*
 5. Married or Single *Single*
 6. Date of Death *Oct 3rd, 1879*
 7. Cause of Death *Tuberc. Pulmonalis*
 8. Duration of last Illness *8 weeks*
- R. C. Thomas*, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
 10. Place of Birth
 11. Residence . 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
 15. Date of intended Interment
- _____, Undertaker.
Date of Certificate . Residence

Democrat Print.

Infant of Mattie Watt, 1882

44

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 *Matt Infant of Mattie Watt*
2. Sex *Girl* . 3. Color *Blk* . 4. Age *Infant*
5. ~~Married or Single~~
6. Date of Death *May 12th 87*
7. Cause of Death *Premature Birth*
8. Duration of last Illness _____
- No Physician*, M. D.
- Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence _____ Ward No *3rd*
12. Time of Residence in the City _____
13. ~~When a Minor~~ { Name of Mother *Mattie Watt*
Name of Father _____
14. Place of intended Interment _____
15. Date of intended Interment _____
- _____, Undertaker.
- Date of Certificate _____ Residence _____

Democrat Job Print

Fillverna Watts, 1882

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 ^{Fillverna} *Fillverna Watts*
2. Sex *Female* . 3. Color *White* . 4. Age *8 mo*
5. Married or Single *Single*
6. Date of Death *Jun 25th 1882*
7. Cause of Death *Spina meningitis*
8. Duration of last Illness *one week*
- J. F. McCoig*, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Warren County*
11. Residence *Dishman Row* . Ward No *3rd*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Lucretia Watts*
Name of Father *W. R. "*
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *Jun 26th 82*
F. L. Howard, Undertaker.
- Date of Certificate *Jun 25th 82*. Residence

Democrat Job Print

Mary Weathen, 1900

yy 26

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 Mary Weathen
 2. Sex Female 3. Color Black 4. Age 3 months
 5. Married or single Single
 6. Date of death April 4-1900
 7. Cause of death Dysentery
 8. Duration of last illness four days
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth Bowling Green
 11. Residence College St Ward No, 2
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother Jessie Weathen
 Name of Father _____
 14. Place of intended interment Mt Mariah
 15. Date of intended interment April 8-1900
J. E. Thompson Undertaker.
 Date of Certificate July 19 1900 Residence Bowling Green Kentucky

Lillie Weaver, 1907

48

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

RETURN OF A DEATH.

290

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lillie Weaver
 2. Sex female 3. Color white 4. Age about 35 yr
 5. Married or single single
 6. Date of death May 30th 1907 - 12³⁰ a.m.
 7. Cause of death Inflammation Stomach & Bowels
 8. Duration of last illness about 10 days
- J. E. Meredith M. D.
Residence city

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth city
 11. Residence city Ward No.....
 12. Time of residence in the city.....
 13. When a minor { Name of mother Elizabeth Weaver
Name of father.....
 14. Place of intended interment Allen Cemetery Mt Vernon
 15. Date of intended interment May 30 - 1907
- A. H. Pearson Undertaker.
Date of Certificate May 30 1907 Residence Scottsville
The deceased lived part of time in Scottsville but recently (5 mo) here.

A. D. Webb, 1906

49-1

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 A. D. Webb
2. Sex Male 3. Color White 4. Age 88 yrs.
5. Married or single _____
6. Date of death Oct 24 1906.
7. Cause of death Old age
8. Duration of last illness _____

_____, M. D.
Residence Nashville Tenn.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Summers Ky
11. Residence Warren 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 Oct 15 1906.
Guard & Guard, Undertaker.
Date of Certificate Oct 15 1906. Residence _____
Mr. Webb died in Nashville Tenn.

A. D. Webb, 1906

492

TRANSPORTATION OF CORPSE.

Transit Permit No. _____
(GIVE STATION NO.)

PHYSICIAN'S OR CORONER'S CERTIFICATE.

Name of deceased Amasa Dow Webb Date of Death Oct 14/06
(If a minor, give parents' name also)

Hour of Death 11 A.M. Age 88 Years 88 Months 9 Days 1

Place of death 1411 Engler Cause of death Senile
which is a froster non-communicable disease.
(Communicable or non-communicable.)

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

M. D. Webb M. D. or Coroner.

Residence 1118 Howard County of Landon State of Tenn

PERMIT OF LOCAL BOARD OF HEALTH.

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

In the Loily of Kashville County of Landon
(City or Township.)

State of Tenn on the 14th day of Oct 1906

Permission is hereby given Geo. A. Brown Undertaker or Embalmer,
to remove for burial at Bibley Green in the County of Landon
State of Tenn the body of Amasa Dow Webb
who died at Kashville County of Landon State of Tenn
on the 14th day of Oct 1906 Aged 88 Years 9 Months 1 Days,
and _____ is hereby authorized to accompany said remains.

(SEAL.) Signed Lauren Smith Health Officer.

Joe B. Webb, 1908

#397 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 *Joe B. Webb*
2. Sex *Male* 3. Color *White* 4. Age *49*
5. Married or single *Single*
6. Date of death *July 5" 1908*
7. Cause of death *Paralysis of Heart.*
8. Duration of last illness
Jas. Harmon, Commr. Acting
M. D.

Residence *BOWLING GREEN, KY*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Fanner*
10. Place of birth *Warren County*
11. Residence *B.E. Webb's Res. Warren 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 *July 7" 1908*
GERARD & GERARD Undertaker.
Date of Certificate *July 6" 1908.* Residence *BOWLING GREEN, KY*

MSS 293
103

Margaret A. Webb, 1911

51

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

RETURN OF A DEATH.

1085

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Margaret A. Webb.*
 2. Sex *Female* 3. Color *White* 4. Age *74 yrs.*
 5. Married or Single *Widow*
 6. Date of death *Sept. 27 1911.*
 7. Cause of death *Pneumonia (as per Vital Statistics)*
 8. Duration of last illness *E. A. Gerard, Funeral Director*
 Residence *B. Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Missiary*
 10. Place of birth *Cincinnati Ohio*
 11. Residence *San Francisco Cal.* 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 *Oct. 3 " 1911*
GERARD & GERARD, Undertaker.
 Date of Certificate *Oct. 3 " 1911.* Residence

Katie Weller, 1881

53

This Constitutes ONE CERTIFICATE to be used for a BURIAL PERMIT

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Katie Weller Weller*

2. Sex *Female* . 3. Color *White* . 4. Age *1 1/2*

5. Married or Single _____

6. Date of Death *Oct 7th*

7. Cause of Death *Cholera infantum*

8. Duration of last Illness *5 weeks*

J. McCormick, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Green*

11. Residence *Court Street* . Ward No *3^d*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Mittie Weller*
Name of Father *H. J. "*

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Oct 8th 1881*

H. C. Gerard, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

Edward Wenkenhauffer, 1911

54

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

RETURN OF A DEATH.

103d

Physician's Certificate Preparatory to Burial.

1. Name of deceased Edward Wenkenhauffer, Wenkenhauffer
2. Sex Male, 3. Color White, 4. Age 3 =ours,
5. Married or Single Infant,
6. Date of death June 19, 1911,
7. Cause of death Premature Birth,
8. Duration of last illness =====
G. E. Huddle, M. D.
Residence Bowling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Infant,
10. Place of birth Bowling Green Ky
11. Residence " " ", Ward No. _____
12. Time of residence in the city Life,
13. When a minor { Name of Mother Matilda Wenkenhauffer,
 { Name of Father Guss Wenkenhauffer,
14. Place of intended interment Fairview Cemetary,
15. Date of intended interment June .20 1911,
Enochs & Kelley, Undertaker.
Date of Certificate June 20 1911, Residence Bowling Green .Ky,

Infant of Gus Wenkenhoffer, 1910

55

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

RETURN OF A DEATH.

838

Physician's Certificate Preparatory to Burial.

Wenkenhoffer

1. Name of deceased Inf. of Gus Wenkenhoffer
 2. Sex male 3. Color white 4. Age 2 weeks
 5. Married or Single Inf.
 6. Date of death June 1, 1910
 7. Cause of death Failure of Closing Foramen Ovale
 8. Duration of last illness "Blue Child"
G. G. Guffee, M. D.
 Residence 1028 Park St

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Banbury Tenn Ky
 11. Residence " " _____ Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 Name of Father Gus Wenkenhoffer
 14. Place of intended interment Farrow Cem
 15. Date of intended interment June 1, 1910
Ernsch & Kelly, Undertaker.
 Date of Certificate June 4, 1910 Residence B.S. Ky

Thomas C. Wesson, 1905

56

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 C. Wesson*
2. Sex *Male* 3. Color *White* 4. Age *27 yrs*
5. Married or single *Single*
6. Date of death *MAR - 6 1905*
7. Cause of death *Tuberculosis*
8. Duration of last illness *several months*
Tom. W. Stover M. D.
Residence *Burling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Alabama*
11. Residence *Boat Landing* Ward No. *3*
12. Time of residence in the City. *Thirty days*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Florence, Ala.*
15. Date of intended interment *Mar 8 1906.*
Gerard & Guard Undertaker.
Date of Certificate *MAR - 6 1905* Residence *B. I. Ky.*

John West, 1907

59

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

RETURN OF A DEATH.

313

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John West
2. Sex male 3. Color black 4. Age 48 yrs
5. Married or single married
6. Date of death Nephritis Sep 13 / 07
7. Cause of death Nephritis
8. Duration of last illness since Mar 3 / 07
C. D. Wolfe, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Labourer
10. Place of birth Tennessee
11. Residence Eleventh St Ward No. 1
12. Time of residence in the City. 30 yrs
13. When a minor { Name of Mother Mary West
Name of Father _____
14. Place of intended interment mt. mariah cemetery
15. Date of intended interment Sept. 14 - 07
J. E. Skuykendall Undertaker.
Date of Certificate Sept. 14 - 07 Residence 6 or 7 College St.

Willie West, 1879

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 *Willie West (ed)*
2. Sex *Female* . 3. Color *Black* . 4. Age *80 years*
5. Married or Single *Widow*
6. Date of Death *Jan 11th 1879*
7. Cause of Death *old age*
8. Duration of last Illness *3 months,*

No Physician, M. D.

Residence

pr H. O

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.

Date of Certificate

Residence

Democrat Print.

Lou Phelia Western, 1880

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 *Lou Phelia Western*

2. Sex *Female* . 3. Colored *W* . 4. Age *21 Years*

5. Married ~~Single~~

6. Date of Death *June 21st 1880*

7. Cause of Death *inflammation of the womb*

8. Duration of last Illness *About two (2) weeks*

H. P. Cartwright, M. D.
Residence *Chestnut St. B.S. Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *B.S.*

11. Residence _____ Ward No. *1st*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *3rd quarter begins in the*
Name of Father *Cartwright Sumner*

14. Place of intended Interment *Col Cent*

15. Date of intended Interment *Jun 22nd 1880*

Frank Leonard, Undertaker.

Date of Certificate *Jun 22nd 1880* Residence _____

Democrat Print.

Porter M. Wetherspoon, 1904

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 Porter M. Wetherspoon
2. Sex Male, Color White 4. Age 27
5. Married or Single Single
6. Date of death July 10, 1904
7. Cause of death Pistol shot wound
8. Duration of last illness _____
Jos C Gray, Coroner M. D.
Residence Warren Co.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth City
11. Residence Fairview Cemetery 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 Fairview Cemetery
Guard and Guard Undertaker.
Date of Certificate July 10, 1904 Residence City

Charles W. Wheat, Jr., 1903

61

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 W. Wheat Jr*
2. Sex *Male* 3. Color *White* 4. Age *4 mo.*
5. Married or single *Single*
6. Date of death *Mar. 11/1903*
7. Cause of death *Congestion of Stomach*
8. Duration of last illness
William Meredith, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *City*
11. Residence *Hope St* Ward No. *3*
12. Time of residence in the City. *4 months*
13. When a minor { Name of Mother *Mrs. Charles W. Wheat*
Name of Father *Charles W. Wheat.*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Mar 12/1903*
Lesard & Lesard, Undertaker.
Date of Certificate *Mar. 12/1903* Residence

Charlie Wheat, 1904

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 *Charlie Wheat*

2. Sex *Male* 3. Color *White* 4. Age *39*

5. Married or Single *Married*

6. Date of death *May 16th 1904*

7. Cause of death *Consumption*

8. Duration of last illness *Several Months*

Stanley T. Tavel, M. D.

Residence *904 State St.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth

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

12. Time of residence in the city

13. When a minor { Name of Mother

{ Name of Father

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *May 18th 1904*

....., Undertaker.

Date of Certificate *May 18 1904* Residence

John Wheetly, 1881

63

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

RETURN OF A DEATH.

Wheetly
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *John Wheetly*

2. Sex *Male* 3. Color *Black* 4. Age *25 years*

5. Married or Single _____

6. Date of Death *Sept 22nd 1881*

7. Cause of Death *He was one of Adam Forepaugh*

8. Duration of last Illness *From Pontiac was taken by Court by*
W. P. Cortwright, M. D.
Residence *Bowling Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Resided in Philadelphia*

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 Cent*

15. Date of intended Interment *Sept 23rd 1881*

H. C. Gezard, Undertaker.

Date of Certificate *Sept 23rd* Residence _____

Democrat Job Print

J. F. Whelan, 1903

64

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. F. Whelan
2. Sex male 3. Color white 4. Age not given
5. Married or single not known
6. Date of death November - 22 - 1903
7. Cause of death unknown
8. Duration of last illness _____

Geo. E. Gray Coroner, M. D.
 Residence Warren County Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Carpenter
10. Place of birth not given
11. Residence Kennedy Hotel Ward No. _____
12. Time of residence in the City. short time
13. When a minor { Name of Mother _____
 Name of Father _____
14. Place of intended interment Fairview Cem
15. Date of intended interment Nov - 23 - 1903

_____, Undertaker.

Date of Certificate _____
T. HAWLEY PAYNE,
 Funeral Home, Residence & Embalmer,
 Bowling Green, Ky.

Elizabeth Whitaker, 1905

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 *Elizabeth Whitaker*
2. Sex *male* 3. Color *white* 4. Age *8 yrs*
5. Married or single *single*
6. Date of death *September 4 1905*
7. Cause of death *diphtheria*
8. Duration of last illness *4 days*
W. R. F. Lawrence, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *County*
11. Residence *Old Maule Mill* Ward No. _____
12. Time of residence in the City. *2 yrs*
13. When a minor { Name of Mother *Martha Whitaker*
Name of Father *Joe Whitaker*
14. Place of intended interment *County*
15. Date of intended interment *Sept-8-1905*
J. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Aline White, 1882

66

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

RETURN OF A DEATH.

Aline
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Aline White*

2. Sex *Female* 3. Color *B* 4. Age *9 mos*

5. Married or Single

6. Date of Death *Sept 23^d - 82*

7. Cause of Death

8. Duration of last Illness
No return, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth *Blsu*

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

12. Time of Residence in the City

13. When a Minor { Name of Mother *Alice White*
Name of Father

14. Place of intended Interment *Sept 24 Col Court*

15. Date of intended Interment *Sept 23*
F. G. Grana, Undertaker.

Date of Certificate Residence

Democrat Job Print

Harmon B. White, 1910

67

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

RETURN OF A DEATH.

805

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased Harmon B White
- 2. Sex male 3. Color white 4. Age 78
- 5. Married or Single Widower
- 6. Date of death April 25th
- 7. Cause of death Nephritis complicated with Insanity
- 8. Duration of last illness 10 months

F. London, M. D.

Residence Shoeburn Ky

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation
- 10. Place of birth Don't know
- 11. Residence Simpson County Ward No.
- 12. Time of residence in the city
- 13. When a minor { Name of Mother Don't know
Name of Father " "
- 14. Place of intended interment Fairview Cemetery
- 15. Date of intended interment April 26" 1910

Morris Emmons, Undertaker.

Date of Certificate April 28 1910 Residence Bowling Green Ky

Harrold T. White, 1911

68

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

RETURN OF A DEATH.

1080

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Harrold T. White*
 2. Sex *Male* 3. Color *White* 4. Age *4 Mos*
 5. Married or Single *Single*
 6. Date of death **SEP 18 1911**
 7. Cause of death *Aspiration*
 8. Duration of last illness *2 months*
 Signature *W. P. Conroy*, M. D.
 Residence *B. Hill*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *Warren Co*
 11. Residence *Smallhouse Pike* Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother *Mrs. W. H. White*
 { Name of Father *W. H. White*
 14. Place of intended interment *Mt Olivet, Ch. yard*
 15. Date of intended interment *Sept. 19 1911*
GERARD & GERARD. _____, Undertaker.
 Date of Certificate **SEP 18 1911** Residence _____

Infant of Katie White

27 69

This Constitutes ONE CERTIFICATE to be used as a BURIAL PERMIT

RETURN OF A DEATH.

Infant of Katie

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased Maude White
2. Sex Male . 3. Color White . 4. Age Six Weeks
5. Married or Single Single
6. Date of Death August 28
7. Cause of Death Transition
8. Duration of last Illness Unknown

Dr. P. Williams, M. D.

Residence Bowling Green Kentucky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth BG
11. Residence Fair Ground Pike . Ward No 1
12. Time of Residence in the City _____
13. When a Minor { Name of Mother Katie White
Name of Father _____
14. Place of intended Interment Fairview Cem
15. Date of intended Interment Aug 23^d 1881

H. Leberand, Undertaker.

Date of Certificate Aug 23^d 81. Residence _____

Democrat Job Print

Child of Mattie White, 1898

1098 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 Child of Mattie White
2. Sex _____ 3. Color Blk 4. Age _____
5. Married or single Single
6. Date of Death Feb 2nd 1898
7. Cause of Death Miscarriage
8. Duration of last Illness _____
L. H. Murphy, M. D.
Residence _____

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 Mattie White
 } Name of Father _____
14. Place of intended Interment County Cemetery
15. Date of intended Interment February 2nd 98
Guard & Guard, Undertaker.
Date of Certificate Feb 2nd 98 Residence _____

Richard B. White, 1899

79

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 *Richard B. White*
 2. Sex *Male* 3. Color *White* 4. Age *23*
 5. Married or single *Single*
 6. Date of death *Sept. 21" 1899*
 7. Cause of death *Periculous Fever*
 8. Duration of last illness _____
 _____, M. D.
 Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Painter*
 10. Place of birth *Warren County*
 11. Residence *Hutton, St* Ward No. *1*
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father *C. M. White*
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *Sept. 21" 1899*
Garard and Garard, Undertaker.
 Date of Certificate *Sept. 21/1899* Residence _____

Sally White, 1912

72

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

RETURN OF A DEATH.

1153

Physician's Certificate Preparatory to Burial.

- 1. Name of deceased *Mrs Sally White*
- 2. Sex *Female* 3. Color *White* 4. Age *43*
- 5. Married or Single *Married*
- 6. Date of death *July 24 1912*
- 7. Cause of death *Abdominal Abscess*
- 8. Duration of last illness *3 years*

J W Smith, M. D.
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

- 9. Occupation *At Home*
- 10. Place of birth *Warren County Ky*
- 11. Residence *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 *Farmers Cem*
- 15. Date of intended interment *July 26 1912*

Enochs Kelly, Undertaker.
 Date of Certificate _____ Residence *BM Ky*

Thomas White, 1912

73

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

RETURN OF A DEATH.

1216

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Thomas White
 2. Sex male 3. Color white 4. Age still B
 5. Married or single single
 6. Date of death July 13 1912
 7. Cause of death Strep Borne
 8. Duration of last illness instant
 _____, 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 Bettie White
 { Name of Father Lislie "
 14. Place of intended interment Farmers Cem
 15. Date of intended interment July 13 1912
 _____, Undertaker.
 Date of Certificate _____ Residence Bowling Green Ky

Child of William and Kate White, 1907

163 74

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 Wm H. White + Kate*

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

5. Married or single *Single*

6. Date of death *July 16 '07*

7. Cause of death *Still Born.*

8. Duration of last illness *F. D. Cartwright* M. D.

Residence *BOWLING GREEN, KY.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *—*

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

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

12. Time of residence in the city *—*

13. When a minor { Name of mother *Mrs. Kate White*
Name of father *Wm H. White*

14. Place of intended interment *Mt. Olivett ch. yd. Lawrence Co.*

15. Date of intended interment *July 17 '07*

GERARD & GERARD Undertaker.

Date of Certificate *July 17 '07* Residence *BOWLING GREEN, KY*

1907

Wilson O. White, 1904

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 *Wilson O. White*
2. Sex *Male* 3. Color *White* 4. Age *46 yrs.*
5. Married or Single *Married.*
6. Date of death *Oct. 16 "04.*
7. Cause of death *Typhoid fever*
8. Duration of last illness
Will Biggs, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Warren County*
11. Residence *6th 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 *Oct. 17 "04.*
Grand & Grand, Undertaker.
Date of Certificate *Oct. 17 "04.* Residence

Richard R. Whitehead, 1879

76

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATOR TO BURIAL.

1. Name of Deceased *Richard R. Whitehead*
2. Sex *Male* . 3. Color *White* . 4. Age *34 years*
5. Married or Single *Married*
6. Date of Death *March 12th 1879*
7. Cause of Death *Whisky*
8. Duration of last Illness *Several months*
Albright, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Virginia*
11. Residence *Grand House* . Ward No. *1*
12. Time of Residence in the City
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Mar 13th 1879*
Jno Howard, Undertaker.
Date of Certificate . Residence

Democrat Print.

Ruth Whitehead, 1904

77

♥♥ 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 *Ruth Whitehead*

2. Sex *Female* 3. Color *White* 4. Age *8 yrs.*

5. Married or Single *Single*

6. Date of death *July 12 "04*

7. Cause of death *Meningitis*

8. Duration of last illness *J. H. Blackburn*, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth *City*

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

12. Time of residence in the city

13. When a minor { Name of Mother *Mrs R. H. Whitehead*
Name of Father *R. H. Whitehead*

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

15. Date of intended interment *July 13 "04*

Richard D. Gerard, Undertaker.

Date of Certificate *July 12 "04* Residence

William A. Whitehurst, 1894

78

out of town

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 *W. A. Whitehurst*

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

5. Married or Single _____

6. Date of Death *March 18 1894*

7. Cause of Death *meningitis*

8. Duration of last Illness *5 days*

H. P. Costner, M. D.

Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *city*

11. Residence *near town* . Ward No. *1*

12. Time of Residence in the City *life*

13. When a Minor. } Name of Mother *Mary Ann Whitehurst*
 } Name of Father *Wm Whitehurst*

14. Place of intended Interment *Spawlett Sta Hunt Co*

15. Date of intended Interment _____

Prather & Payne, Undertaker.

Date of Certificate _____ . Residence _____

Shipped

Dudley Whitesides, 1910

80

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 *Dudley Whitesides*
2. Sex *male* 3. Color *Pal* 4. Age *44*
5. Married or single *married*
6. Date of death *Sept 3 - 1910*
7. Cause of death *Malarial Fever*
8. Duration of last illness *About 2 months*
J. W. Willis M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Carpenter Labor*
10. Place of birth *Simpson County*
11. Residence *328 - Kentucky St.* Ward No. *3*
12. Time of residence in the city *About 19 yrs*
13. When a minor { Name of mother *Matilda White*
Name of father.....
14. Place of intended interment *Woodburn*
15. Date of intended interment *Sept 5 - 1910*
J. E. Perry Undertaker.
Date of Certificate *Sept 5 - 1910* Residence.....
7 + College St.

Infant of Jack Whitesides, 1907

326 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 *Infant of Jack Whitesides*
2. Sex *female* 3. Color *black* 4. Age *2 mos.*
5. Married or single _____
6. Date of death *Oct. 6-07*
7. Cause of death *Faint, fell in bed. Must have
died from strangling*
8. Duration of last illness _____

J. E. Gray Coroner, M. D.
Residence *Bowling Green, Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Bowling Green*
11. Residence *Kentucky St.* Ward No. *3*
12. Time of residence in the city *life*
13. When a minor { Name of mother _____
 { Name of father *Jack Whitesides*
14. Place of intended interment *Mt. Maria's Cem.*
15. Date of intended interment *Oct. 7-07*
L. E. Kuykendall Undertaker.

Date of Certificate *Oct. 7-07* Residence _____
Cor. 7th College St.

Child of Jane Whitesides, August 14

82

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 *Whitesides* *Child of Jane Whitesides*
2. Sex _____ 3. Color *Blk* 4. Age *2 years*
5. Married or Single _____
6. Date of Death *August 14*
7. Cause of Death *Typhus Mucosenterica*
8. Duration of last Illness *Long time*
W. McChesney Pool, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Bowling Green*
11. Residence *Mechanic Street* Ward No. *2*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother *Jane Whitesides*
Name of Father _____
14. Place of intended Interment *Aug 14th*
15. Date of intended Interment _____
J. J. [Signature], Undertaker.
Date of Certificate *Aug 14th* Residence _____

Democrat Print.

Child of Kirk and Sarah Whitesides, 1896

888

83

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 Kirk Whitesides*^{+ Sarah}
2. Sex *male* 3. Color *BLK* 4. Age *—*
5. Married or single *—*
6. Date of Death *May, 28th/96.*
7. Cause of Death *Injury from a fall.*
8. Duration of last Illness *—*
O. D. Porter, M. D.
Residence *—*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*
10. Place of Birth *City*
11. Residence *8th street* Ward No. *2nd*
12. Time of Residence in the City *—*
13. When a Minor { Name of Mother *Sarah Whitesides*
Name of Father *Kirk Whitesides*
14. Place of intended Interment *County Cemetery*
15. Date of intended Interment *May 28/1896.*
F. C. Gerard & Bro, Undertaker.
Date of Certificate *May 28/96.* Residence *—*

Jesse Whitker, 1910

84

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

RETURN OF A DEATH.

897

Physician's Certificate Preparatory to Burial.

1. Name of deceased Jesse Whitker
2. Sex Male 3. Color White 4. Age 87 months
5. Married or Single Single
6. Date of death Sept 26 - 1910
7. Cause of death Cerebral meningitis
8. Duration of last illness two weeks
B. B. Rutherford, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation none
10. Place of birth Bowling Green Miss
11. Residence " " " Ward No. _____
12. Time of residence in the city Life time
13. When a minor { Name of Mother _____
Name of Father Colvin Whitker
14. Place of intended interment Fairview Cem
15. Date of intended interment Sept 27 - 1910
E. Locks & Kelly, Undertaker.
Date of Certificate Sept 26 1910 Residence B. B. Rutherford

Minnie Whitlow, 1891

254 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 *Minnie Whitlow*
2. Sex *Female* . 3. Color *Blk* . 4. Age *27*
5. Married or Single *Single*
6. Date of Death *Jan 23 / 1891*
7. Cause of Death *Consumption*
8. Duration of last Illness *15 months*
D. Tompkins, M. D.
Residence *City Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Ky Ave* . Ward No. *3d*
12. Time of Residence in the City _____
13. When a Minor. } Name of Mother *Eugenia Whitlow*
 } Name of Father *Charles* "
14. Place of intended Interment *County Court*
15. Date of intended Interment *Jan 24th 1891*
J. B. Moore, Undertaker.
Date of Certificate *Jan 24th 91*. Residence _____

Hershell Whitney, 1910

86

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

RETURN OF A DEATH.

763

Physician's Certificate Preparatory to Burial.

1. Name of deceased... *Hershell Whitney*
2. Sex... *Male* 3. Color... *Black* 4. Age... *28*
5. Married or single... *Single*
6. Date of death... *July 8th 1910*
7. Cause of death... *Consumption*
8. Duration of last illness... *Six months*

Signature... *Ed Puddle* M. D.
 Residence... *Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation... *Farmer*
10. Place of birth... *Warren Co.*
11. Residence... *Warren 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... *Mt Moriah*
15. Date of intended interment... *July 9th 1910*

Signature... *Marras & Swooke* Undertaker. S
 Date of Certificate... *2/10* 1910 Residence... *Green Ky*

Alvin Eugene Whittemore, 1905

88

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.

Whittemore

1. Name of deceased *Alvin Eugene Whittemore*

2. Sex *male* 3. Color *white* 4. Age *38*

5. Married or single *married*

6. Date of death *Oct - 8 - 1905*

7. Cause of death *Consumption*

8. Duration of last illness *2 years*

W. F. Stam, M. D.

Residence *P*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Merchant*

10. Place of birth *Tennessee*

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

12. Time of residence in the City. *6 years*

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *October 9 1905*

W. H. Payne, Undertaker.

Date of Certificate _____ Residence _____

Mary Whittinghill, 1912

84

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

RETURN OF A DEATH.

1302

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Mary Whittinghill
 2. Sex Female 3. Color White 4. Age 73
 5. Married or Single Widow
 6. Date of death Dec 18-1912
 7. Cause of death Pneumonia
 8. Duration of last illness 5 days
Thos H Stone, M. D.
 Residence Banbury Tenn Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
 10. Place of birth Ky
 11. Residence Eighth St Ward No. 2
 12. Time of residence in the city 3 yrs
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment Beaver Dam Ky
 15. Date of intended interment Dec 20-1912
Howard Howard, Undertaker.
 Date of Certificate Dec 19-12 Residence City

Addie Wilford, 1912

91

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

RETURN OF A DEATH.

1206

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Addie Wilford
 2. Sex Female 3. Color White 4. Age 64 yrs
 5. Married or Single Married
 6. Date of death JUN 25 1912
 7. Cause of death Cardiac failure 5 days after
 8. Duration of last illness operation for carcinoma sten
Dr J H Blackburn, M. D.
 Residence 1119 State St

Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
 10. Place of birth Cadiz, Ky
 11. Residence State St Ward No. 1
 12. Time of residence in the city 27 yrs
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment Cadiz, Ky
 15. Date of intended interment June 26 1912
GERARD & GERARD. Undertaker.
 Date of Certificate JUN 25 1912 Residence BOWLING GREEN, KY

Mary [Wilkins] Wilford, 1912

921

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

RETURN OF A DEATH.

1299

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Mary Wilkins Wilford
2. Sex Female 3. Color White 4. Age 44 yrs.
5. Married or Single Married
6. Date of death Dec. 1 1912.
7. Cause of death Carcinoma Cancer, as per Vital Statistics
8. Duration of last illness 6 wks.
E. H. Howard, Funeral Director, M.D.
Residence B. Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Bowling Green Ky.
11. Residence Memphis Tenn. Ward No. _____
12. Time of residence in the city _____
13. When a minor { Name of Mother John M. Wilkins, Deceased
Name of Father Mrs. Wollie Baker, Wilkins
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Dec. 18" 1912.

GERARD & GERARD, Undertaker.
Date of Certificate Dec. 18" 1912. Residence BOWLING GREEN, KY

Mary [Wilkins] Wilford, 1912

TRANSIT PERMIT No. _____ CERTIFICATE OF UNDERTAKER.

I (or we) hereby certify that the accompanying dead body of Mary O Wilford
(If a minor, give parents' name also.)

Consigned to Bowling Green in the County of _____, State of Ky
Canter
 and who died of _____

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

Shipping Embalmer _____ License No. _____ Shipping Undertaker Thompson Bros
(Firm Name)

Address 176 N Main Address 176 N Main

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.

From Memphis to Bowling Green Date Dec 17/1912
 State of _____

No. of Ticket of Escort 19671 Form No. of Ticket of Escort ST
 No. of Corpse Ticket 19670 Form No. of Corpse Ticket "

Via Ln R. R. To Bowling Green, Ky.
 Via _____ R. R. To _____
 Via _____ R. R. To _____
 Via _____ R. R. To _____

Name of Passenger in Charge Wm [unclear] Place of Residence 989 Clark St
 Signed [Signature] Station B. M.

ISSUED BY TENNESSEE STATE BOARD OF EMBALMERS.

Infant of A. W. and Ina Wilhoyte, 1909

93

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

RETURN OF A DEATH.

693

Physician's Certificate Preparatory to Burial.

- of A.W. + Ina Wilhoyte
- Name of deceased... *Infant A.W. Wilhoyte*
 - Sex... *male* 3. Color... *white* 4. Age.....
 - Married or single... *single*
 - Date of death... *Sep 11th 1909*
 - Cause of death... *inanition*
 - Duration of last illness.....

H. D. Cartwright M. D.
Residence *Bellevue Ky*

Undertaker's Certificate in Relation to Deceased.

- Occupation.....
- Place of birth... *1207 State St*
- Residence... *Bellevue Green Ky* Ward No.....
- Time of residence in the city.....
- When a minor { Name of mother... *Mrs. Ina Wilhoyte*
Name of father... *A.W. Wilhoyte*
- Place of intended interment... *Farmers*
- Date of intended interment... *Sep. 11th 09*

Morris Enoch Undertaker. S
Date of Certificate... *Sep 11 - 09* Residence... *Bellevue Ky*

Charley Wilkerson, 1879

94

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 *Charley Wilkerson*
2. Sex *Male* . 3. Color *White* . 4. Age *2 1/2 years*
5. ~~Married~~ or Single
6. Date of Death *Feb 25th 79*
7. Cause of Death *Measles*
8. Duration of last Illness

Wm H Blakely, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Bowling Green*
11. Residence . Ward No. *3*
12. Time of Residence in the City
13. When a Minor { Name of Mother *Nannie Wilkerson*
Name of Father *John Wilkerson Jr*
14. Place of intended Interment *Feb 26th 1879*
15. Date of intended Interment *1 "*

J. W. G. Ward, Undertaker.
Date of Certificate *Feb 26th 79* Residence

Democrat Print.

Ellina Wilkerson, 1878

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 *Ellina Wilkerson*
2. Sex *female* 3. Color *white* 4. Age *79*
5. Married or Single *Widow*
6. Date of Death *Feb 5th 1878*
7. Cause of Death *" " "*
8. Duration of last Illness _____
Dr. Shyler, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Kentucky*
11. Residence *Bowling Green* Ward No. *1st*
12. Time of Residence in the City *30 years*
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *Harmon Cemetery*
15. Date of intended Interment *Feb 6th 1878*
Jos. O'Grady, Undertaker.
Date of Certificate *Feb 5th 1878* Residence _____

Pantagraph Print.

Child of Fannie Wilkerson, 1896

936 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 *Child of Mrs. Fannie Wilkerson* Fannie
2. Sex 3. Color *White* 4. Age *7 yrs.*
5. Married or single *single*
6. Date of Death *Sept 5"/1906.*
7. Cause of Death *Fever*
8. Duration of last illness *Five days*
Dr. Milliner, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *City*
11. Residence *Adams St.* Ward No. *3*
12. Time of Residence in the City
13. When a Minor } Name of Mother *Mrs. Fannie Wilkerson*
 } Name of Father *Dead.*
14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *Sept 6" 96.*
F. C. Guard & Bro., Undertaker.
Date of Certificate *Sept 5/96.* Residence

John T. Wilkerson, 1896

931 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 *John T. Wilkerson*
2. Sex *Male* 3. Color *White* 4. Age *49 yrs.*
5. Married or single *Married*
6. Date of Death *Aug 23/1896*
7. Cause of Death *Pneumonia*
8. Duration of last Illness _____
S. W. Cornubis, M. D.
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *City*
11. Residence *Adams St.* 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 *Fairview Cem.*
15. Date of intended Interment *Aug 24/1896*
F. C. Guard Thro. Undertaker.
Date of Certificate *Aug 24/96* Residence *City*

Tillie Wilkerson, 1891

297

99

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.

- Tillie* *Wilkerson*
- Name of deceased *Tillie Wilkerson*
 - Sex *Female* 3. Color *White* 4. Age *11 m*
 - Married or Single *Single*
 - Date of Death *June 7th 1891*
 - Cause of Death *Gastritis*
 - Duration of last Illness

B. H. Miller, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

- Occupation
- Place of Birth *City*
- Residence *Adams* Ward No. *3*
- Time of Residence in the City
- When a Minor. } Name of Mother *Minnie Wilkerson*
 } Name of Father *John H. Wilkerson*
- Place of intended Interment *Fairview Cem*
- Date of intended Interment *June 8th 1891*
- Undertaker. *H. B. [Signature]*
- Date of Certificate *June 7th 1891* Residence

Elizabeth Wilkins, 1905

100

* * 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 Elizabeth Wilkins*

2. Sex *Female* 3. Color *White* 4. Age *75*

5. Married or Single *Single*

6. Date of death *June 2 1905*

7. Cause of death *Chronic Diarrhea*

8. Duration of last illness *Several Months*
A. C. Wright, M. D.

Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth

11. Residence *Center 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 *Fair View Cemetery*

15. Date of intended interment *June 3 1905*
Gerard & Gerard, Undertaker.

Date of Certificate *June 2 1905* Residence

Jane A. Wilkins, 1894

669 101

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 *Mrs. Jane A. Wilkins.*
 2. Sex *Female* 3. Color *White* 4. Age *84 yrs.*
 5. Married or single *Married*
 6. Date of Death *Oct 22nd 1894*
 7. Cause of Death *Heart Failure, supervening by old age.*
 8. Duration of last Illness _____

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

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of Birth *Simpson County*
 11. Residence *10th & Center. Sts.* 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 *Fairview Cemetery*
 15. Date of intended Interment *Oct 24/94*

F. B. Gerard & Bro., Undertaker.
 Date of Certificate _____ Residence _____

John Wilkins, 1908

102

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

RETURN OF A DEATH.

576

Physician's Certificate Preparatory to Burial.

1. Name of deceased John M. Wilkins
 2. Sex Male 3. Color White 4. Age 64 yrs.
 5. Married or single Widower.
 6. Date of death Sept. 12th 1908.
 7. Cause of death apoplexy
 8. Duration of last illness 18 hours
A. C. Wright M. D.
 Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation atty at Law
 10. Place of birth BOWLING GREEN, KY.
 11. Residence Center St. 710th 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 Sept. 13th 1908.
GERARD & GERARD. Undertaker.
 Date of Certificate Sept 12/1908. Residence BOWLING GREEN, KY

Mrs. John M. Wilkins, 1903

103

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 M. Wilkins*

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

5. Married or single *Married*

6. Date of death *July 27th 1903.*

7. Cause of death *Paralysis.*

8. Duration of last illness _____

B. H. Killipus, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *Warren Co.,*

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 30th 1903.*

Edward Gerard, Undertaker.

Date of Certificate *July 30/1903* Residence _____

Annie E. Wilks, 1909

104

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

RETURN OF A DEATH.

83

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs Annie E. Wilks

2. Sex Female 3. Color White 4. Age 52 years

5. Married or single Widow

6. Date of death Feb. 26 - 1909

7. Cause of death Chronic Nephritis

8. Duration of last illness.....

S. J. Martin M. D.
Residence **BOWLING GREEN, KY**

Undertaker's Certificate in Relation to Deceased.

9. Occupation Bookkeeper

10. Place of birth Warren Co Ky

11. Residence Fairview Ave Ward No. 1

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 Cemetery

15. Date of intended interment Feb 27 - 1909

GERARD & GERARD Undertaker.
BOWLING GREEN, KY

Date of Certificate Feb 27 - 09 Residence.....

John Wilks, 1891

274 105

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 *John Wilks*
2. Sex *Male* 3. Color *White* 4. Age *74 years*
5. Married or Single *Married*
6. Date of Death *March 28th 1891*
7. Cause of Death *Senile Endaemia*
8. Duration of last Illness _____
A. C. Wright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Machinist*
10. Place of Birth *Sunderland England*
11. Residence *Eleventh Street* Ward No. *3*
12. Time of Residence in the City *Fifteen years*
13. When a Minor. } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Fairview Cem*
15. Date of intended Interment *March 29th 1891*
H. C. Green, Undertaker.
Date of Certificate *Mar 28/91* . Residence *City*

Mary A. Wilks, 1893

511 106

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 *Mrs Mary A. Wilks*

2. Sex *Female* 3. Color *White* 4. Age *73 yrs.*

5. Married or single *Widow of Jno Wilks, Deed.*

6. Date of Death *Apr. 22nd 1893.*

7. Cause of Death *Apoplexy.*

8. Duration of last Illness *Several days*

A C Wright, M. D.

Residence *Paducah Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *England*

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

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

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

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *Apr 23rd 1893.*

H. Howard + Bros., Undertaker.

Date of Certificate *Apr 22nd 1893* Residence *City*