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Manuscripts

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.
ALTURA OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Lean F Waddle
2. Séxable 3. Color White 4. Age 58
5. Married or Single Marriel
6. Date of death May 2 1911
7. Cause of death Aslerias elerosis
8. Duration of last illness Six guoulks
Residence Barburg Freen &
Residence Colland William William Colland
Undertaker's Certificate in Relation to Deceased.
9. Occupation Ex. Defetty Shiriff
10. Place of birth Warren Caunty
11. Residence Bartling Miller. Ward No.
12. Time of residence in the city 20 4
13. When a minor { Name of Mother
14. Place of intended interment Farveur serve
15. Date of intended interment Man 3 19/1
Enselo Mills , Undertaker.
Date of Certificate Residence

## Emily Wade, 1892

et	- oftown
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
	Name of deceased Exhily Wade
	Sex Funal. 3. Color Black. 4 Age. 40
5	Married or Single Widow
6.	Date of Death dug 19 1897
	Cause of Death Can Sun lian
	Duration of last Illness Six Mer. 18
8.	Duration of last Illness Sis Pinest
	I Fille Eliag, M.D.
	Residence,
11	NDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Blace of Birth Colege Street
11.	Residence . Ward No. 2
12.	Time of Residence in the City
	Sar Vicar of
13.	When a Minor. Name of Father,
	Name of Father,
14.	Place of intended Interment Wood buy
15.	Date of intended Interment Quy 20-1892
THE RESERVE TO THE PARTY OF THE	FloGerard Undertaker.
<b>r</b> ,	a with
Date	e of Certificate ang 201-92 Residence
Date	a with

Lee F. Wade, 1913

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.
P 71.
1. Name of deceased Lee F wake
2. Sex Male. 3. Color white. 4. Age & 4 you
5. Married or single Married
6. Date of death July 3 1913
7. Cause of death Tuber culably
8. Duration of last illness 19 months
( GS ggod, M. D.
Residence Bowling Free 1/2
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
UNDERTHER'S CERTIFICATE III RECEIVED.
9. Occupation Carpenter
10. Place of birth aller Cauty 18  11. Residence Bawling Your Ward No.
12. Time of residence in the City. 15 Um
( Name of Mother
13. When a minor Name of Father
14. Place of intended interment FAIRVIEW CEMETERS
15. Date of intended interment July 4/19/3
ENOCHS & McGINNIS . Undertaker.
Date of Certificate
<u> </u>

## Ezekie Wagner, 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Ezekie Enkie Wagner Name of deceased Enkie Wagner
1.	Sex nale 3. Color white 4 Age 76
2.	
5.	
6.	Date of death Decline in the to be any lea
7.	Cause of death Me clouder - goog
8.	Duration of last illness & W 125  7 D Run oly M. D
	Residence Bowling Grand
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Farmer
10.	Place of birth Wurtenburg Germany
11.	Residence Bowling Live Ky Ward No.
12.	
2.	
	When a minor { Name of Mother }  Name of Father
13.	
13.	Place of intended interment T AVIIII (1)
13. 14.	Place of intended interment Lie 14 1911
13. 14. 15.	Date of intended interment Let 1911
15.	Date of intended interment Die 4 9/1  Date of intended interment Die 4 9/1  Enochs VKelly, Undertaker e of Certificate Residence Bowley French

## Mrs. A. O. Wainwright, 1893

Out of lown 5
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mos. a. O. Wainwright
2. Sex funale. 3. Color white 4. Age 62 years
5. Married or single market
6. Date of Death Opril 17 1893
7. Cause of Death acute opnenmonia
8. Duration of last Illness 7 Page 2
Exposignment, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DEGEASED.
9. Occupation
10. Place of Birth Musesuppi
11. Residence
12. Time of Residence in the City twelve days
13. When a Minor \ Name of Mother
) Name of Father
14. Place of intended Interment Clarks dalo, Wiss
15. Date of intended Interment Cepril 2012/893
# 6 Guard & Bro - g, Undertaker.
Date of Certificate apr 15/93. Residence Leity
This Tady died of Potter College,

## Mary M. Waite, 1912

k-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 sexternale 3 Color While 4 Age 74 4VS.
5. Married or Single Widow.
6. Date of death Dec. 23" 1912
7. Cause of death arterial Scelorossis. (as per.
8. Duration of last illness Vilal. Statistics)
Eugene O. Grand. Funeral. Divector. XX
Residence Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation  10. Place of birth Key Lucky.
10. Place of birth VCVV WY  11. Residence LOUISVILLE, KY. Ward No
12. Time of residence in the city
( Name of Mother
/ Name of Father
14. Place of intended interment St. Josephs, Cemetery
15. Date of intended interment Dec, 23"/9/2.
GERARD & GERARD. Undertaker.  Dec. 25/12 Posidence CONLING GREEN, KY
Date of Certificate Dec. 25/12 Residence ROWLING GREEN, KY

## Mary M. Waite, 1912

Fors		pealth of Kentucky Transit Permit No. 409
		BOARD OF HEALTH OF VITAL STATISTICS
Sta	ite of hentucky,	CATE OF DEATH
Co	unty of a common of the common	
Cit	y of othesialle (No. 1610W.	Madda St. [   Ward) [If death occurred hospital or institute gevelts MAME instead and number.]
	2FULL NAME Mary Mr.	Mait street and number.]
	Personal and Statistical Particulars	Medical Certificate of Death
3 SE	7. 4 COLOR OR RACE   5 Single, Married, Widowed, Widowed,	16 DATE OF DEATH
	J. Widowed, Wildow or Divorced. (Warre the word)	Dec. 23 10
6 DA	TE OF BIRTH	(Month) (Day) (Yo
	(Month) 2 C (Year)	17 I HEREBBY CERTIFY, That I attended deceased for
7 AG	70 // 2	Dec., 191 2 to Dec 23 19
8 00	CUPATION Vrs 7 mos O ds.	that I last saw h Qualive on // 25 191
	allance	and that death occurred, on date stated above, at 3
	RTHPLACE tate or country)	The CAUSE OF DEATH* was as follows:
-	10 NAME OF	
	FATHER Don't Know	Unterial Declinary
co	11 BIRTHPLACE OF FATHER	
INT	(State or country)	(Duration) / yrs mos
PARENTS	12 MAIDEN NAME OF MOTHER	Contributory (Secondary)
-	13 BIRTHPLACE	
	OF MOTHER (State or country)	(Signed) N. 6 mos
14 TH	E ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF	De a 2 × 1912 Taldress / 32/ W. 6 kg
(1	nformant) Harry Wait	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Reside
- Di	(Address) 6/0 W. (Maduson) ACE WHERE REMAINS ARE TO BE SENT DATE OF SHIPMENT	at place  In the
E	Olling 7001 Ky D CE 25,1912	of death yrs mos ds. State yrs mos
SHIP	PING UNDERTAKER	Where was disease contracted, if not at place of death?
0	NAME ( ) ADDRESS	Former or
1	Noo Keluan Louis The	usual residence
the body	is to be buried within the State of Kentucky the Recei	iving Undertaken will detech the Tanait Boarts at the

#### 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 cholers, yellow fever, typhus fever, diphtheria (membranous-croup), scarlet fever, (acarlatina, 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 or all orlines 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 fron casket, all joints and seams harmetically 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, puer-

Rule 3. The bodies of those dead of typhoid fever, puer-peral fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cav-tly 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.

Puls 5. In the shipment of hodies dead from any disease.

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 fall 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

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.

Puls 8. Every disinterred body, dead from any disease or

box, and be delivered with the pody 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 (alees 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 heat anthorities 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. soldered box.

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

By order of the board,

December 30, 1910.

J. N. MCCORMACK, M. D.

Secretary,

Mary T. Wakefield, 1910

The state of the s
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 Chakefield 2. Sex finale 3. Color Cal 4. Age 34 410
2. Sex finall 3. Color Cal 4. Age 44 yrs 5. Married or single 22 arriel
6. Date of death 7 2/4 /5 - /9/0.
7. Cause of death Jurbela Cin Julmonors
8. Duration of last illness 6 28 mo
J. C. Bueldle M. D.
Residence Duriting Buenty
Undertaker's Certificate in Relation to Deceased.
9. Occupation Hunselecker
9. Occupation June Respect
9. Occupation June Respect  10. Place of birth manzand Caupty Hy  11. Residence Kintucky of Ward No. 3
9. Occupation June Respect  10. Place of birth June 2 Caughty Fly  11. Residence Kintucky St Ward No. 3  12. Time of residence in the city Alumnt 5 June
9. Occupation June Respect  10. Place of birth June Land Camply Fig.  11. Residence Kintucky of Ward No. 12.  12. Time of residence in the city Chant of June  Name of mother.
9. Occupation Aunse Respective 10. Place of birth Manuscrip Causify May 11. Residence Auntitative of Ward No. 12. Time of residence in the city Allumin 5 years  Name of mother Name of father.
9. Occupation June Respect  10. Place of birth June Land Camply Fig.  11. Residence Kintucky of Ward No. 12.  12. Time of residence in the city Chant of June  Name of mother.
9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the city  13. When a minor  Name of mother  Name of father  14. Place of intended interment  Name of Manual  Name of Manual  Name of mother
9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the city  13. When a minor  Name of mother  14. Place of intended interment  15. Date of intended interment  16. Occupation  17. Cause of Manual  Ward No. 17.  Ward No. 17.  Ward No. 17.  Ward No. 17.  Name of mother  Name of mother  Name of intended interment  14. Place of intended interment  15. Date of intended interment
9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the city  13. When a minor  Name of mother  Name of father  14. Place of intended interment  15. Date of intended interment  16. Manual  17. Morral  18. When a minor  Name of father  19. Morral  10. Date of intended interment  10. Morral  11. Date of intended interment  12. Morral  13. When a minor  Name of father  14. Place of intended interment  15. Date of intended interment  16. Morral  17. Morral  18. Undertaker.
9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the city  13. When a minor  Name of mother  Name of father  14. Place of intended interment  15. Date of intended interment  16. Manual  17. Morral  18. When a minor  Name of father  19. Morral  10. Date of intended interment  10. Morral  11. Date of intended interment  12. Morral  13. When a minor  Name of father  14. Place of intended interment  15. Date of intended interment  16. Morral  17. Morral  18. Undertaker.
9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the city  13. When a minor  Name of mother  Name of father  14. Place of intended interment  15. Date of intended interment  16. Manual  17. Morral  18. When a minor  Name of father  19. Morral  10. Date of intended interment  10. Morral  11. Date of intended interment  12. Morral  13. When a minor  Name of father  14. Place of intended interment  15. Date of intended interment  16. Morral  17. Morral  18. Undertaker.

## Bob Walker, 1909

d and the second
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 Bob Stalker
0 - 0 - 7
5. Married or single 1909.  6. Date of death 2114/18 1909.
7. Cause of death distance in endergtato of days
8. Duration of last illness about 3 months
no preter M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation // azmer
10. Place of birth allen Curity by
and the state of t
11. Residence Twith St Ward No.
12. Time of residence in the city About 2 months
12. Time of residence in the city Alexand 2 months
12. Time of residence in the city About 2 months  13. When a minor Name of mother Name of father
12. Time of residence in the city About 2 months  13. When a minor Name of mother  14. Place of intended interment many many many many many many many many
12. Time of residence in the city About 2 months  13. When a minor Name of mother  14. Place of intended interment many many many many many many many many
12. Time of residence in the city Charact 2 manifest 13. When a minor Name of mother Name of father 14. Place of intended interment may 20 — 1907  15. Date of intended interment May 20 — 1907  16. Huykun Jace Undertaker.
12. Time of residence in the city Charact 2 manifest 13. When a minor Name of mother  14. Place of intended interment many 20—1907  15. Date of intended interment many 20—1907  16. Manual Company 20—1907  17. Manual Company 20—1907  18. Manual Company 20—1907  19. Residence  19. Residence
12. Time of residence in the city Charact 2 manifest 13. When a minor Name of mother Name of father 14. Place of intended interment may 20 — 1907  15. Date of intended interment May 20 — 1907  16. Huykun Jace Undertaker.
12. Time of residence in the city Charact 2 manifest 13. When a minor Name of mother  14. Place of intended interment many 20—1907  15. Date of intended interment many 20—1907  16. Manual Company 20—1907  17. Manual Company 20—1907  18. Manual Company 20—1907  19. Residence  19. Residence

## Emily Walker, 1898

101	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 yr	
5. Married or single mislow	
6. Date of death This 1818 7. Cause of death Critical Lives	
8. Duration of last illness  O.D.P. A.D. M. I.	),
Residence	
Control Contro	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Warnen County My 11. Residence Gost Chestruf - St. Ward No. 2	
	****
12. Time of residence in the City	
13. When a minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
14. Place of intended interment MAMMorrish	
15. Date of intended interment	are a
THawly Say Undertake	r.
Date of Certificate 7 19/58. Residence	
	-

## Henry Walker, 1898

Out of ady 10
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
TOTAL OF THE DESTREE
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Juny Walke
2. Sex male. 3. Color Black. 4. Age 31 yr
5. Married or single Miclaw
6. Date of death affine 5 1898
7. Cause of death Commentation
8. Duration of last illness , M. D.
Residence M. Manshay
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Lague CO 1/41
11. Residence Sty all . Ward No.
12. Time of residence in the City
) Name of Mother
14. Place of intended interment Jurgers and Ha fry
15. Date of intended interment
Date of Certificate , Residence
Date of October

## Louisa Walker, 1899

× out ofacy > X 2. "
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Miss, Lourges Hulker.  2. Sex Function 3. Color Hulk.  4. Age 57 yrs.  5. Married or single Misser  6. Date of death Rhumanism of hurse.  8. Duration of last illness  S. Married or single Misser  Residence  INDIRECTORIES CERTIFICATE IN DELOTION TO DECEASED.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation  10. Place of birth Examplion My.  11. Residence Manual Street Ward No. 3 <sup>22</sup> 12. Time of residence in the City  13. When a minor Name of Mother  Name of Father  14. Place of intended interment Smiths Live My.  15. Date of intended interment Juny, 5" 1899.
Date of Certificate Jan 5 99. Residence

## Lucinda Walker, 1899

27 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 Sucinda Walker, 2. Sex Juniale 3. Color Cal. 4. Age 36 years
5. Married or single 6. Date of death JULY 23 199
8. Duration of last illness (Cornelly) Residence City Physician M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth  11. Residence Ourkally. Ward No. 2
12. Time of residence in the City
Name of Mother  Name of Father
14. Place of intended interment MM Morrah Comelug
15. Date of intended interment July 14/99  Samuel Farmer, Undertaker.
Date of Certificate July 73 199 Residence

## Mary Walker, 1907

	13
This Constitutes One Certificate to be R	eturned to the City Clerk for a Burial Permit.
RETURN C	OF A DEATH.
Physician's Certifica	te Preparatory to Burial.
Many 1	talker
1. Name of deceased Mary 1.  2. Sex Fremuly  3. Color	BM 4. Age 17 476.
5. Married or single Manual	877
6. Date of death JAN 27 1907	<u> </u>
7. Cause of death Appropria	4
8. Duration of last illness.	Portin M. D.
Reside	nce BOWLING GREEN, KY
	te in Relation to Deceased.
10. Place of birth Mozorwa	
11. Residence BOWLING GREEN	Ward No
13. When a minor Name of mother	
14. Place of intended interment	though ky.
15. Date of intended interment	n 18/1907.
GER	ARD & GERARD. Undertaker.
Date of Certificate JAN 27 1907	Residence BOWLING GREEN, K

Mrs. Robert Walker, 1907

#/6/
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
M. Roft Weller
1. Name of deceased Mrs Robt Halker. 2. Sex Funds 3. Color White 4. Age 65 yrs
5 Married or single / Watter
6. Date of death FEB 15 1907
7. Cause of death January Changes Canalysis
8. Duration of last illness Just Blackburn M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Town Pake
11. Residence buurtery Pikk Ward No.
12. Time of residence in the city.
13. When a minor Name of mother.
14. Place of intended interment Fairview Cemetery
15. Date of intended interment JAV 16 1901.
Date of Certificate FEB 15 1907 Residence OWLING OREEN, KY

## George A. Wallace, 1904

			IS
TI	is Constitutes One Certificate to be Return	ed to the City Clerk	for a Burial Permit.
R	ETURN OF	A D	EATH.
	PHYSICIAN'S CERTIFICATE P	REPARATORY TO	BURIAL.
1. Name o	of deceased Lio	Mar	luce
	uale. 3. Color w	hiti.	4. Age 56 7
5. Marrie	d or single	ied	
6. Date of	f death Sept	21 -	04
	of death Jacked		
8. Durati	on of last illness	1	
	2.6.1	hudd	, M. D.
	Residence		
	UNDERTAKER'S CERTIFICATE I	Y RELATION TO	DECEASED.
	ation Quero	2 has	
	of birth Succes	na	
	nce man 2	<i>v</i> –	Ward No,
12. Time o	of residence in the City.		
13. When	a minor Name of Mother Name of Father		
14. Place	of intended interment	en n	and Jud
	of intended interment		
	1. Howe	0	. Undertaker.
Date of Cer	tificate	-	)

## Infant of Harvey and Lucy Wallace, 1897

980 0 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. Lucy
1. Name of deceased Infant Wallace
2. Sexformale . 3. Color white . 4. Age 6 mo
5. Married or single
6. Date of Death Jan 6 1887
7. Cause of Death Supposed Control
8. Duration of last Illness
BL. Collen CorM. C - , M. D.
Residence
INDEDITATEDES CERTIFICATE IN DELETION TO DECERCE
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation,
10. Place of Birth City
11. Residence Jair at Ward No. 3
12. Time of Residence in the City
Name of Mother They Malher
Name of Father Harry Wallace
14. Place of intended Interment Fairne Com
15. Date of intended Interment for 6 197
Colling Canna, Undertaker.
Date of Certificate Residence

James A Wallace, Jr., 1911

♥ ♥ This Constitutes One Certij	Acate to be Returned to the City Clerk for a Burial Permit.
RETUR	N OF A DEATH.
Physician's	Certificate Preparatory to Burial.
Sex Male      Married or Single	3. Color white . 4. Age 13 weeks
8. Duration of last illnes	Entero Catalina Sur hay months
	Residence Raculius France /2
	whing here 1kg
11. Residence Stat	te st- Ward No.
12. Time of residence in	the city 13 weeks
13. When a minor $\begin{cases} Nan \\ Nan \end{cases}$	ne of Mother Melle Gray walluce ne of Father James a wallage
14. Place of intended into	erment
	GERARD & GERARD., Undertaker.
Date of Certificate	F 1911. Residence.
•	<b>*</b>
namen and a second a second and	

## John Wallace, 1913

18
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 Jahn Wallace
2 Semale 1: 3. Color Cal about 35 gra
5. Married or single Dant Knaw
6. Date of death May 1 - 1913
7. Cause of death Auto Insule
8. Duration of last illness
Résidince Trowling Trum
Residence Bowling True
UNDERTAKER'S VERTIFICATE IN RELATION- TO DECEASED.
9. Occupation
10. Place of birth W M
11. Residence Ward No,
12. Time of residence in the Conv.
13. When a moor of Mother
Name of Father
14. Place of intended interment Many Z. 1213
Enoch Misimis, Undertaker.
Date of Certificate May 7 /9/3 Residence 13 73 rece

## Minnie Wallace, 1899

14 W	19
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Minnie Wallace	
2. Sex france. 3. Color while. 4. Age 18 mor	
5. Married or single	
6. Date of death depril 3 1888	
7. Cause of death Internated	
8. Duration of last illness	
Residence	
Non-service and an information of the property	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
o. Place of birth	
11. Residence East High St Ward No. 2	
12. Time of residence in the City	
13. When a minor \\ Name of Mother gains Mallace	-
) Name of Father Dam H, Hactar	
14. Place of intended interment farvew Occ	
15. Date of intended interment Jaway Rayn, Undertaker.	
Date of Certificate . Residence	
	- A - A

## 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 18 66 Hallan  2. Sex Francole. 3. Color White 4. Age 46  5. Married or single Married  6. Date of death my 11" 1900.	
7. Cause of death Uefhritis 8. Duration of last illness 10 home Tom W. Slone, M. I	).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Perusylvania 11. Residence College, St	) (r.

## H. J. Wallis, 1909

21
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
111711 0
1. Name of deceased I I allie
2. SoMale. 3 Color White. 4. Age & 6
5. Married or single
6. Date of death ON 30/19
7. Cause of death Canter of Longue
8. Duration of last illness (Comack & South, M. D.
Residence Blun
V
AND POTABLE OF DETERMINE AND DELITION TO DESCRICE
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation January
10. Place of birth
11. Residence Sturge Ky Ward No.
12. Time of residence in the City. One Kuk
13. When a minor { Name of Mother
(Name of Father
14. Place of intended interment Derry Ry
15. Date of intended interment 20 70 9
Marris Tonoch Undertaker.
Date of Certificate . Residence

## John W. Walters, 1891

276	22
This Constitutes one Certificate to be Retu. sed 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 Suyle 6. Date of Death April 1891	
7. Cause of Death Typhoia Flewer	
8. Duration of last Illness	
BHMelle Ken, M. D.	
Residence	
TANDERS ITERED APPROPRIATE IN ARTICLAY SO APPRIATE	
9. Occupation Rail Roader.	
10. Place of Birth Logan Cornelly.	
11. Residence Ky, Ward No 2 2d.	
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 level	
15. Date of intended Interment for // "//89/ Guard 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 grafit . 4. Age /3
5. Married or Single
6. Date of Death
7. Cause of Death Recidentally Shat
8. Duration of last Illness And Color
fro Dimitte, J. P. W. M. D.
Residence
9. Occupation
10. Place of Birth Court Court
11. Residence
12. Time of Residence in the City 3 years
13. When a Minor. Name of Mother of China Macter 2
Name of Father
14. Place of intended Interment farm was Cen
15. Date of intended Interment 7 5 7 7 7 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.  1. Name of deceased Sohn Falthall  2. Sex Male 3. Color Phile 4. Age 6  5. Married or single Married  6. Date of death Sulmanory Subriculosis  8. Duration of last illness Sull Davidsaw M. D.		
Undertaker's Certificate in Relation to Deceased.		
9. Occupation		
10. Place of birth  11. Residence Colausville lend Ward No.		
12. Time of residence in the city		
13. When a minor Name of mother Name of father		
14. Place of intended interment Faurew Compley & Ryl		
15. Date of intended interment I to 19th 1909		
GERARD & GERARD. Undertaker.  Date of Certificate Jel. 10-1909 Residence.  Residence		
Market Company of the		

## John F. Walthall, 1909

	Z y U. Railroad. Form A						
#	TRANSPORTATION OF DISINFECTED CORPSE.						
	INDIANA STATE BOARD OF HEALTH.						
	PHYSICIAN'S OR CORONER'S CERTIFICATE OF DEATH,	2					
	Name of Deceased thurt falthall Date of Death Feb. 9, 1909	E					
	Hour of Death Ta M. Age 61 Years 5 4 Months 5 Days  Place of Death Evacuville, Ind, 1811 & Original of Death Pulmonary Introduction	Z					
	which is a communicable disease and must be shipped under $\mathrm{Rul}\mathscr{A}_2$ .	OMPA					
	I hereby certify that the above is true to the best of my knowledge and belief.  M. D. or Coroner.	SON					
Residence Evaluarille County of Vanduluryh 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 County of C						
40							
	State of Inducer or rownship.)  Permission is hereby given 6 d. M. Lettarfor holder of Embalmers' Permit No. 17  to remove for burial at Bowling Shell in the County of March 190						
	State of Shift of the body of John 7. Multhall	0.					
	who died at Caracal County of Warden State of Jan Montas & Days,	BURIA					
	and Mrs Maletiall is hereby authorized to accompany sold yearing	90					
	[SEAL.] Signed Health Officer.  Rule 1. The transportation of bodies dead of small-pex. Asiatic cholera, yelloy fever, typhus fever or bubonic plague, is absolutely forbidden.	24					
	This Permit (Form A) must be detached and delivered to the person in charge of the corpse.	1195					

#### Warren County, Kentucky Death Records, Box 5, Folder 1 (Wa to Wilk)

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), searlet fever (searlatina, searlet rash), glanders, anthrax, or leprosy, shall not be accepted for transportation unless propared for shipment by being throughly disinfected by (a) external and cavity injection with an approved disinfectant fluid, (b) disinfecting and stopping of all critices with absorbent cotton, and (c) washing the body with the disinfectant, all of which was be done by an embedmen, holding a certificate as such, approved by the Rute Board of Houth 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 bandeged and encased in an artificial zine, copper or tin case, all joints and seams hermetically soldered, and all enclosed in a strong thick wooden box.

Rule 3. The bodies of those dead of typhoid fever, preprend fever, crysipelas, tuberculosis and measies, or other danagerous communicable disenses other than those specified in Rules I 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 an approved cotton not less than one inch thick, and all wrapped in a sheet and bandaged and encosed in a considered, that this shall apply only to bodies ekick can reach their destination eathin forty-cipht 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 theroughly disinfected by an embalment-holding or evidence as in Rule 3, the air-tight sealing may be dispensed with.

Rule 4. The bodies of those dead of diseases that san patenticals. RULE 1. The transportation of bodies dead of Small-pox, Asiatic cholers, Yellow fever, Typhus fever or Bubonic plague is absolutely forbidden.

conformity with Rule 2. But when the body has been prepared for shipment by being theoroughly disinfected by an embalmer holding a certificate as in Rule 2, the cirt-light 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 embland by arterial and eavily 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. If the body can not reach its 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, sushing 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 censed in an air-light coffin or casket. But when the body has been prepared for shipment by being throroughly dissinfected by an embedmer holding a certificate as in Rule 2, the cotton vrapping and air-light scaling may be dispensed with.

Rule 5. In cases of contagrious, infectious or communicable diseases, the body must not be accompanied by persons or articles which have been exposed to the infection of the disease, miles certified by the Health Officer as having been properly disinfected; and before selling passage tickets agents 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 Anthorities to accompany the romains. In all cases where bodies are forwarded under Re 2, the count of the body is a distance of the season of the season of the season of the seas

## 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 Tun Elizabeth D Walton			
2. Sex funal. 3. Color while Age 7/ yra			
5. Married or single midow -			
6. Date of death Prumania			
7. Cause of death Munique 8. Duration of last illness			
1 1. A C J. N. M. Flormack ; M. D.			
Residence			
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.			
9. Occupation			
10. Place of birth Simpson 80.			
11. Residence Callege St Ward No,			
12. Time of residence in the City. Jew years			
13. When a minor Name of Mother Name of Father			
14. Place of intended interment for Central Control of the Control			
55. Date of intended interment Try Time Told Supra 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.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
-ALBOON -
1. Name of deceased All Italy / Vellon
2. Sexfundle. 3. Color Black. 4. Age 20 yr
5. Married or single
6. Date of death July - 1506
7. Cause of death Dausumphon
8. Duration of last illness
1811. Slave , M. D.
Residence Company
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Clay / / Ward No,
12. Time of residence in the City.
(Name of Mother May Watther
13. When a minor Name of Father next give
14. Place of intended interment
15. Date of intended interment de 18-1306
Wawley Sayne, Undertaker.
Date of Certificate . Residence
Date of Ostilicate

James M. Walton, 1910

	27
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	**
RETURN OF A DEATH.	
<del>997</del>	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased James M. Walton Waln White 794	
2. Sex Mala 3. Color Whith 4 Age 78 4	7,
1. Name of deceased farmers My Martin 2. Sex Mala 3. Color White 4. Age 78 4 5. Married or Single Married 6. Age 78 4	
6. Date of death 2/21, 9" 1910.	******
7. Cause of death Ones monia	********
8. Duration of last illness	
	D
Residence Backfield Ry	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation Farmat.	
10. Place of birth  11. Residence Was Rockfield Ward No	
12. Time of residence in the city.	
(Name of Mother	
13. When a minor Name of Father	
14. Place of intended interment Fairview Cemetery	
15. Date of intended interment Upv. 10" 1911.	
GERARD & GERARD. Underta	ker.
Date of Certificate 10"1910 . Residence City	

## Lula Walton, 1903

	28
.6000	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 mais
1.	Name of deceased will Walton  Sex funds 3. Color Black. 4. Age 18 ma
	Sex funds. 3. Color 12888. 4. Age 1872
	Married or single
7.	Date of death Cause of death Cause of death
	Duration of last illness
	de, Eury 2,2, Andola M.D.
	Residence
	UNDESTRUCTOR OF STATE
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Right
11.	Residence Tower Maine Ward No, J
12.	Time of residence in the City.
19	Name of Mother May Man
13.	When a minor Name of Father
14.	Place of intended interment
15.	Date of intended interment 2/1/3/3
	T. HAWLEY PAYNE, Undertaker. Funeral Director & Finite Inner Type
Date	of Certificate Bowling Residence
2	

## 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 Sellie Walter			
2. Sex funate. 3. Color Bluck. 4. Age / /2 7			
6. Date of death April 15 190.3			
7. Cause of death Tuber culosis Pulmonary.  8. Duration of last illness			
Huddle J. & Huddle M. D. Residence 0028 & Park St.			
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.			
9. Occupation 10. Place of birth			
11. Residence Ward No,			
12. Time of residence in the City,			
12. Time of residence in the City,  Name of Mother And Mother Name of Father			
13. When a minor Name of Mother Jula Walton			
13. When a minor Name of Mother Sala Machanian Name of Father			
13. When a minor Name of Mother Name of Father  14. Place of intended interment 15. Date of intended interment 15. So S			
13. When a minor Name of Mother And Name of Father  14. Place of intended interment 15. Date of intended interment 15. Undertaker.			

## Thomas J. Walton, 1905

30
This Constitutes One Certificate to be Returned to the City Clerk for a Burlai Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Thomas
1. Name of deceased that J. Walton
2. Sexmale 6 Color while 4. Age 43 yrs
5. Married or single 6. Date of death  6. Date of death
7. Cause of death have closes
8. Duration of last illness feed were M. D.
Residence /
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Sunpoun to Dais
11. Residence — Ward No.
12. Time of residence in the City. 3 Well.
13. When a minor Name of Mother Name of Father
14. Place of intended interment
15. Date of intended interment
Hawley bay 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 PREI	
2. Sex Final . 3. Color While	L. Walle N.
5. Married or Single	C
6. Date of Death Clery / ytte 1878	
7. Cause of Death Eclampsics for 8. Duration of last Illness Terr en	on suleshual disease
8. Duration of last Illness 101 m	A. Milermall, M. D.
Residence	M. D.
UNDERTAKER'S CERTIFICATE IN I	RELATION TO DECEASED.
9. Occupation	The state of the s
10. Place of Birth	
12. Time of Residence in the City	
13. When a Minor { Name of Mother	······································
14. Place of intended Interment	
15. Date of intended Interment	
	, Undertaker.
Date of Certificate	. Residence
	Pantagraph Print.

# J. M. Ward, 1896

862
This Constitutes One Certificate to be Return to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1111
1. Name of deceased & A A A A A A A A A A A A A A A A A A
2. Sex Malel. 3. Color It title 4. Age 47 yes.
5. Married or single Single.
6. Date of Death May 16"/1896
7. Cause of Death Meningthis
8. Duration of last Illness Muslime Layo
Imoleomack, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Marion County
11. Residence 10th stull . Ward No. 1st
12. Time of Residence in the City
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Fairview Country
15. Date of intended Interment May 18/96
46 Guard MBro., Undertaker.
Date of Certificate Man 17/96, Residence Dity

# Charlie Wardlaw, 1913

33
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Charlie If andlow 2. Sex male 3. Color Cal. 4. Age about 60 yr
5. Married or single Maried
6. Date of death April 2 - 1916.
7. Cause of death Mremie Parson
8. Duration of last illness one week
W = Attingge M. D.
Residence B-9-55
Undertaker's Certificate in Relation to Deceased.
60
9. Occupation Laborer
10. Place of birth Comberland Co. Hay  11. Residence 2 nd St. Ward No.
12. Time of residence in the city
(Name of mother Dant Rnam)
13. When a minor Name of father.
14. Place of intended interment Pauper Grone your
15. Date of intended interment angul 3-1913.
Date of Certificate Chail 3-1913 Residence
Or 74 Callege 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 Levigia Kardling	
2. Sex hun all 3. Color Blk. 4. Age 4 yrs.	
5. Married or single Sungle	
6. Date of Death Supt 10 "/1896	
7. Cause of Death Burn	
8. Duration of last Illness	
O. D. Gerter, M. D.	
Residence Oulf	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth OM	
11. Residence Gul Stuck. Ward No. 1	
12. Time of Residence in the City	00
13. When a Minor Name of Mother Musinie Mana	You
Name of Father Dead.  14. Place of intended Interment Justice Pike Hama	11.00
15. Date of intended Interment Sulet 11"/1896	u co
AGGuard How, Undertaker.	
Date of Certificate Suph Ola Residence	
196.	

# Julia Ware, 1891

294)	5
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Julia Wate  2. Sex Junal. 3. Color Whit. 4. Age 38 yrs.	
2. Sex fundle. 3. Color While . 4. Age 38 yrs.	
5. Married or Single Single 6. Date of Death June 1st 1891	
7. Cause of Death Phthisis Tulmanalis	
8. Duration of last Illness  • BAMullilian , M. D.	
Residence	
9. Occupation	
10. Place of Birth B, Kree - Ky.  11. Residence CentuShut - Ward No. 2	in .
11. Residence CentuShul 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 It Jes Come Cary	
15. Date of intended Interment Sum 2 - 1891	
Date of Certificate Jun 1259/ Residence City.	

# Mary K. Warren, 1878

-	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
1. 2.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  Name of Deceased Mary K waren  Sex Hemale. 3. Color Cohile. 4. Age 36-
5. 6.	Date of Death May 1341878
7. 8.	Duration of last Illness Light Thomas M. D.
	Residence Buding Preni 29
	'UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation
10.	Place of Birth
11.	
12.	Time of Residence in the City
	When a Minor { Name of Mother
13.	
13. 14.	Place of intended Interment
	Place of intended Interment
14. 15.	

Child of P. H. Warren, 1904

	RETURN OF A DEATH.
	Plant de Carifo e Para de Para de La Para de
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Chillest & Maurin
2.	Sex 3. Colog Thill 4. Age 5 Mo.
5.	Married or Single Single
6.	Date of death Spro 1944.
7.	Cause of death Measure
8.	Duration of last illness
	J.W. D. D. M. D.
	Residence
9.	Undertaker's Certificate in Relation to Deceased.  Occupation
	Occupation
10.	
10. 11.	Occupation  Place of birth Sity
10. 11. 12.	Occupation  Place of birth Sty  Residence Stay St. Ward No.
10. 11. 12.	Occupation  Place of birth billy  Residence blady St. Ward No.  Time of residence in the city.  When a minor  Name of Mother blady farran
10. 11. 12. 13.	Occupation  Place of birth billy  Residence blady St. Ward No.  Time of residence in the city.  When a minor  Name of Mother blady starran  Name of Father starran  Many Starran
10. 11. 12. 13.	Occupation  Place of birth of the Residence of birth of the Residence of the city.  Time of residence in the city.  When a minor Some of Mother of Manuary of Manuary Sharry o

# 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.
May Elian Hombury
1. Name of deceased Tons Onight, flash Victor 81 412
2. Sex
5. Married or Single
6. Date of death fau. 23"05.
7. Cause of death water, =
8. Duration of last illness. A P Frances
, M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Navis, les.  11. Residence bollings, St.
11. Residence Ward No.
12. Time of residence in the city.
13. When a minor { Name of Mother
(Name of Father August With the
14. Place of intended interment law 15 " n 5
15. Date of intended interprent for Sun Linear
lang 14"05
Date of Certificate Residence

# Patrick Waters, 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	" Catrick Hatery
1.	Name of deceased James falers Sex Male 3. Color White 4. Age 84
2.	
5.	Date of death March 25-1913
6. 7.	Cause of death . A gut phy gestian
8.	Dyration of last illness
0.	luquet Gran to
	Residence Darveling Greenky
	Residence
	Under Red Codificate in Policies to D
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation & adanes
9. 10.	Place of birth Inelauce
10.	Place of birth Inelauch Residence Survelle EU Ward No. 3
10. 11. 12.	Place of birth Inelauch Residence Aurulle Ly Ward No. 3 Time of residence in the city
10. 11.	Place of birth Prelauch Residence Ward No. 3 Time of residence in the city.  (Name of mother
10. 11. 12.	Place of birth Prelauce  Residence Ward No. 3  Time of residence in the city  When a minor Name of mother  Name of father
10. 11. 12.	Place of birth Prelauce  Residence Ward No. 3  Time of residence in the city  When a minor Name of mother  Name of father
10. 11. 12. 13.	Place of birth Residence Residence Ward No. 3 Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment  Residence  Ward No. 3  Ward No. 3
10. 11. 12. 13. 14. 15.	Place of birth Residence Residence Ward No. 3  Time of residence in the city When a minor Name of mother Name of father Place of intended interment Date of intended interment RERARD & GERARD.

# Patrick Waters, 1913

· ·	1PLACE te of Kentucky	OF DEATH	ST/ BURE	nwealth of Kentucky TE BOARD OF HEALTH AU OF VITAL STATISTICS TICATE OF DEAT		Permit No. 105
of certificate,	City of Rousville (No. 126 S. Deats ave y Ward)  2FULL NAME Patrich Watero  [If death occurred in hospital or institute give its NAME interest and number.]					
	Perso	nal and Statistic			edical Certificate of	Death
-	X M. TE OF BIRTH	4 COLOR OR RACE	5 Single, Married, Widow Widowed, Window or Divorced. (WRITE the word)	16 DATE OF DEATH	J (Month)	23, 1919 (Day) (Yea
7 AG		(Month)	(Day), 1 (Ye	- 1 mar 23	BY CERTIFY, That I	
	CUPATION (	Labo	wrs mos	ds that I last saw h and that death occu	alive on	, 191 bove, at
	tate or country)	Tul	and O	The CAUSE OF DE:	ATH* was as follows:	
23	11 BIRTHPLACE OF FATHER (State or cou	Sont	proov	aute	. Indig	estión.
PARENTS	12 MAIDEN NAN OF MOTHER	UUN	- hum	Contributory(Secondary)	Old a	yrsmos
14 TI	13 BIRTHPLACE OF MOTHER (State or cou	ntry) Down	Throw MAN BELLES OF	(Signed) R.O	. Wilh	vyte M.
	uformant) G	nnie 9	Waters are	18 LENGTH OF RESIDENCE	CE(For Hospitals, Institutions,	Transients or Recent Resider
Con	where REMAI	HERE TO BE SENT	DATE OF SHIPMENT	at place of death yrs Where was disease c		yrs mos e
SHIE	MANUEL TAKE	Januette	Sons LES mais	Former or usual residence		



### 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 smallbox or bubonic plague, is absolutely prohibited.

bubonic plague, is absolutely prohibited.

Ruie 2. The transportation of bodies dead of Asiatic choiera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, glanders, anthrax or igprosy, 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 orlices 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 en-

ing 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 harmetically 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 nuerons.

Rule 3. The bodies of those dead of typhoid fever, puer-peral fever, tuberculosis, or measles, may be received for transportation when prepared for shipment by arterial and cav-ity 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.

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, 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 transpresent 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 datached from the transit permit and securely fastened on the end of the coffin box. All coffin boxes must be provided with at least four bandles. The physician's certificate and transit permit shall be placed in an envelope, which envelope is to be securely tacked of the coffin box. 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 distinctive body deed from every dispresse over

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 1-1900 solution of corrosive sublimate and enclosed is 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 heal"), 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. 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

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Celward Walkins
1.	Name of deceased war Wantins  Sex Malr 3 Color White 4 Age 75
2.	Marian
5.	Married or Single
6.	Date of death apr 2" 1911
7.	Cause of death 224 cordilis
8.	Duration of last illness of Oltrellis
	J. Frank, M. D.
	Rosidence III Calley It
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Millian Now Steiphi
10.	Place of birth 22 hus lov, Jy
11.	Residence Stantucky St. Ward No.
12.	Time of residence in the city2 frs.
13.	When a minor { Name of Mother
	Place of intended interment Saurieu Cemetery
14.	Date of intended interment Apr, 4"1911
14. 15.	GERARD & GERARD
	Indertaker
15.	e of Certificate apr. 3/19// Residence 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 DEATI	1.
Physician's Certificate Preparatory to Burial.	
1. Name of degeased though Enwith Waltins 2. Sex Maly 3. Copy White 4. Age 18.	/
1. Name of degeased through Commet Waltins 2. Sex Wals 3. Color White 4. Age 18.	410.
	Z
5. Married or single Set 6"19"8  6. Date of death	
6. Date of death Subrembers 7. Cause of death Subrembers	
8. Duration of last illness J. H. Store	M. D.
Residence BOWLING GREET	N, KY
Nesidence	***************************************
Undertaker's Certificate in Relation to Deceased.	
9. Occupation 10. Place of birth Broking Gran Sty 11. Residence College St. Ward N	
10. Place of birth Snowing Strain Sty	0
11. Residence Over y SV. Ward N	0.2
12. Time of residence in the city Men & Lian Walker	11/
12. Time of residence in the city  Name of mother Mrs. Eliza Walking  Name of mother Mrs. Eliza Walking	
( Name of father Fairview Cemetery	
111-411,000	
15. Date of intended interment GERARD & GERARD. Und	lertaker.
Date of Certificate Oct. 6"1908 Residence BOWLING	

# Julius Demuth Watkins, 1901

49
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 Dennyth Walfins,
2. Sex Mala (
6. Date of death Field 9/1901, 7. Cause of death Olerus
8. Duration of last illness 4 Days St. Duration of last illness 4 Days Confunght, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Boy Luig Gran Sty.
10. Place of birth Bout and swar Suy.  11. Residence 10 Th Street Ward No, /
12. Time of residence in the City. May Molling Halking
13. When a minor Name of Mother Thomas J. Halkyib
14. Place of intended interment Fairy Call Courtary,
15. Date of intended interment Fary, 10/1901,  Sward & Garand , Undertaker.
Date of Certificate July 10/1901, Residence

# J. W. Watson, 1879

	+3
_	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  Name of Declined
2.	Sex Male . 3. color White . 4. Age 21 years
5. 6.	Date of Death Och 3rd 1879,
	Cause of Death Thisi Culmonules
8.	Duration of last Illness & Willer , M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth
11.	Residence Ward No. 2
12.	Time of Residence in the City
13.	When a Minor { Name of Mother Name of Father
14.	Place of intended Interment
15.	Date of intended Interment
	, Undertaker.
D	ate of Certificate
	Democrat Print.
/10	

# Infant of Mattie Watt, 1882

	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.  Name of Deceased Total Infant of Mathe Watt
1.	
2.	Sex Lit . 3. Color BCR . 4. Age Infant
5.	Married or Single
6.	Date of Death Muy 12 -82
7.	Cause of Death Orinative Buch
8.	Duration of last Illness
	no Physician, M. D.
	Residence
	TIMES TO BE A LETTER OF CHEST THE LATE OF THE A THEORY THE ACTUAL TO THE ACTUAL
0	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	Occupation
10.	Occupation  Place of Birth * * * * * * * * * * * * * * * * * * *
10 11.	Occupation  Place of Birth  Residence  Ward No 3
10.	Occupation  Place of Birth  Residence  Ward No 3  Time of Residence in the City
10 11.	Occupation  Place of Birth  Residence  Ward No 3  Time of Residence in the City  Martin Marti
10 11. 12.	Occupation  Place of Birth  Residence  Ward No 3  Time of Residence in the City
10 11. 12.	Occupation  Place of Birth  Residence  Ward No 3  Time of Residence in the City  When a Minor  Name of Mother Matter Watter  Place of intended Interment
10 11. 12.	Occupation  Place of Birth  Residence  Ward No 3  Time of Residence in the City  When a Minor  Name of Mother Malle Wall  Name of Father  Place of intended Interment  Date of intended Interment
10 11. 12. 13.	Occupation  Place of Birth  Residence Ward No 3  Time of Residence in the City  When a Minor {     Name of Mother Matter Watter      Name of Father  Place of intended Interment  Date of intended Interment  , Undertaker.
10 11. 12. 13. 14. 15.	Occupation  Place of Birth  Residence  Ward No 3  Time of Residence in the City  When a Minor  Name of Mother Malle Wall  Name of Father  Place of intended Interment  Date of intended Interment

# Fillverna Watts, 1882

PHYSICIAN'S CERTIFICATE PREPARATOR  1. Name of Deceased Fillown Watto  2. Sex Jemal . 3. Color Whit . 4	TH.
PHYSICIAN'S CERTIFICATE PREPARATOR  1. Name of Deceased Fellown Walls	TH.
1. Name of Deceased Fillverna Watts	
1. Name of Deceased Fillverna Watts	
	Y TO BURIAL.
1 0 1/10:-	*
2. Sex female . 3. Color While . 4	. Age 8 2220
6 . 1	
5. Married or Single July	, managan ma managan managan sa ta sa
6. Date of Death Jun 25 1882	
7. Cause of Death Brun monit	* -
8. Duration of last Illness on week	
0 7.6/	rellog , M.D.
Residence	
THE IN DELICATION	TO DECEACED
UNDERTAKER'S CERTIFICATE IN RELATION	TO DECEASED.
9. Occupation	
1. Residence Dishman Row	3
1. Residence Dishman Row	Ward No 3-
2. Time of Residence in the City	
2. Time of headened in the Sympastic	In The
[3. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0,000
13. When a Minor { Name of Mother Aucrilia Name of Father W. R.	
14. Place of intended Interment Hoursen Con	t
15. Date of intended Interment June 2678	> 2
4 legara.	, Undertaker.
Or other	
Date of Certificate June 25-82. Residence	
	Democrat Job Print

# James E. Watts, 1910

	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
>	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	Name of deceased James & Watts
	Sex Male 3. Color White 4. Age 48
2.	
5.	Date of death deres fan 2, 1910
6. 7.	Cause of death Cancer of the banks
8.	Duration of last illness 4 Months
	Is Martino M. D.
	Residence Bawlinghum 14
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation January
10.	Place of birth Allere Co
11.	Residence Ward No,
12.	Time of residence in the City. 12 ff 1 constitution for
13.	When a minor Name of Mother When a minor Name of Father
14.	Place of intended interment
15.	Date of intended interment
	Ed The Satterfill, Undertaker.
Da	
	te of Certificate Jon 3 191. Residence
	te of Certificate Jan 3 191. Residence
	te of Certificate Jan 3 191. Residence

# Mary Weathen, 1900

	m 26 47
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. N	Name of deceased Mary Iveather
2. S	sex Liggials 3. Color plevels. 4. Age 3 mansh
	Married or single Lingle
	Date of death Aparil 4-1900.
7. C	Cause of death Office Contract
8. I	Duration of last illness face 2 tegs
	, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	UNDERTARERS CERTIFICATE IN RELATION TO DECEASED.
9. (	Decupation
	Place of birth Buwling Green
11. R	Residence leallege of Ward No. 2
	Time of residence in the City.
	(Name of Mother Surie Menthys
13. V	Vhen a minor Name of Father
14. P	Place of intended interment 211 f monce fr
	Date of intended interment Amil 8- 1900
	JE Vac Le Ja Windertaker.
Date	of Certificate July 9 19.00 Residence Bushing
soave 0	of the the State of the State o

Lillie Weaver, 1907

48
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 Little Weaver
2. Sexfamale 3. Color white 4. Age about 35 pr
5. Married or single
6. Date of death May 30 1907- 1220 90m.
7. Cause of death in flamation Stamacher Powels.  8. Duration of last illness want 10 days
8. Duration of last illness wat 10 days
J. E. Muridella M. D.
Residence Communication of the
Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in Relation to Deceased.  9. Occupation
9. Occupation
9. Occupation  10. Place of birth Ward No.  11. Residence Catty Ward No.
9. Occupation 10. Place of birth City 11. Residence City: Ward No.
9. Occupation 10. Place of birth Ward No. 11. Residence Ward No. 12. Time of residence in the city  Name of mother Name of father
9. Occupation  10. Place of birth Ward No.  11. Residence Ward No.  12. Time of residence in the city  13. When a minor Name of mother Susabeth Meanure  14. Place of intended interment Affine County of My Union
9. Occupation  10. Place of birth
9. Occupation  10. Place of birth Ward No.  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 Rolling County Met Unions  15. Date of intended interment Many County Met Unions  16. Undertaker.
9. Occupation  10. Place of birth Annual Ward No.  11. Residence Ward No.  12. Time of residence in the city  13. When a minor Name of mother Susabuth Meanual Name of father  14. Place of intended interment Replace County Meanual Meanual Meanual Meanual Meanual Meanual Meanual Name of father
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 Rolling County Met Unions  15. Date of intended interment Met County Met Unions  16. Undertaker.
9. Occupation  10. Place of birth Ward No.  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 Rolling County Met Unions  15. Date of intended interment Many County Met Unions  16. Undertaker.

# 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 1. N. Writer 2. Sex Malv. 3. Color 4. Age 88 yrs.
5. Married or single Oct 14" 1906.  6. Date of death Oct 24" 1906.
8. Duration of last illness W.H.With., M. D. Residence Nashwills Jenn,
Residence (Matter of the Control of
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation  10. Place of birth function by  11. Residence Warrin, 60. Ward No.
11. Residence Ward. Ward No. Ward No. 12. Time of residence in the City.
13. When a minor Name of Mother  Name of Father
14. Place of intended interment fairwired Country  15. Date of intended interment Och 15/1106.
Date of Certificate Del 15/19"6: Residence
Mr. Hubbdird in Mushwille Trun.

# A. D. Webb, 1906

24/	TRANSPORTATION OF CORPSE.	
4	Transit Permit No(GIVE STATION NO.)	
	Name of deceased Justo Dovin West Date of Death Of White	
	Hour of Death / M. Age Streams Nonths 9 Days	
	which stall frooting / how - aistase muneable	
	(Communicable or non-confinunciable.)  I hereby certify that the above is true to the best of my knowledge and belief.	
	Residence (/ (8th deve M County of Down State of	
0	PERMIT OF LOCAL BOARD OF HEALTH.	
	This permit must be properly signed, and with Physician's Certificate presented to the Railroad or Expres	
	In the (City or Hwaspe) of Rachuelle Country of Soundson	
	State of Sing on the 18 day of 1906	
well in	Permission is hereby given To affarm Undertaker or Embalmer, to remove for purial at Boluling Sum in the County of which there	
	State of Ry the body of ans Done will	
	who died at Rashalle County of Danden State of True	
7	on the 1 cot day of Ott 1906 Aged & Years 9 Months 1 Days,	
-	is hereby authorized to accompany said remains.  (SEAL.) Signed Lower Health Officer.	
	Signed Color Health Officer.	

Joe B. Webb, 1908

# 397 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 for Willy
1. Name of deceased for the state of decease
6. Date of death Palalipis of Strait.
8. Duration of last illness fas, Harmon, Common aceting.
Residence BOWLING CREEN, KY
Undertaker's Certificate in Relation to Deceased.
9. Occupation Farmer  10. Place of birth Warren County
11. Residence & E. Wables Rus, Wairm los Ward No.
12. Time of residence in the city
14. Place of intended interment Affairment Cemelery
15. Date of intended interment July 7" 1908  GERARD & GERARD Undertaker.  Date of Certificate July 6" 1908. Residence BOWLING GREEN, 1
Date of Certificate #1496 / 1908 . Residence BOWLING GREEN, 1

# Margaret A. Webb, 1911

-	This Constitutes One Certificate to be Returned to the City Clerk for a Burlai Permit.
	RETURN OF A DEATH.
	1088
	Physician's Certificate Preparatory to Burial
1.	Name of deceased Mrs. Margref A Wabb.
2.	Name of deceased Mrs. Margart A Wabb.  Sex of January 3. Color While 4. Age 7 Highs  Married or Single Millow
5.	Married or Single Highore
6.	
7.	Date of death Summonia (as per Vital Statistics
	for the second s
	Duration of last illness & June June Director
	Residence B. Trean Ry
	Undertaker's Certificate in Relation to Deceased.
9.	Missimary
10.	Place of birth Comemnatte Ohid
11.	- Saw Francis at leal.
	ward No
12.	Time of residence in the city
13.	When a minor { Name of Mother
14.	Place of intended interment Squiriew Cemetery
15.	Date of intended interment Oct 3 "1911
10,	. GERARD & GERARD
	e of Certificate OUS" 1911. Residence
Date	
Date	

# Martha Jane Webb, 1901

52
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 Martha Jane. Well.  2. Sex female. 3. Color coloud- 4. Age 69 yr.  5. Married or single Marries  6. Date of death Fell 28-1901-  7. Cause of death Paralan  8. Duration of last illness be well.  W. R. France M. D.  Residence College VI.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Slowskufur -  10. Place of birth City -  11. Residence Levels of Ward No, 2 -  12. Time of residence in the City Life time -
13. When a minor { Name of Mother }  Name of Father  14. Place of intended interment   March   Morrials    15. Date of intended interment   March   3-1901    Luard   March   Morrials   March   March
Date of Certificate Feb 28/901. Residence

# Katie Weller, 1881

This Constitutes ONE CERTIFICATE to be	. BURIAL PERMIT
RETURN OF A	DEATH.
PHYSICIAN'S CERTIFICATE PREP	
1. Name of Deceased Rate Mil. 2. Sex Annal. 3. Color While	. 4. Age
5. Married or Single	
6. Date of Death Challes and	Azulun,
8. Duration of last Illness 5 mg/s	
Residence	M.D.
Kesmence	
UNDERTAKER'S CERTIFICATE IN RE	LATION TO DECEASED.
9. Occupation	
10 Place of Birth / Speen	
11. Residence Court Street	. Ward No 3
12. Time of Residence in the City	
( Name of Mother Wil	tin Weller
3. When a Minor Name of Father # 1	- //
-//	in Court
4. Place of intended Interment factor	6Th 1801
5. Date of intended Interment	Vindertaker.
The Course	
Date of Certificate	Residence

# Edward Wenkenhauffer, 1911

54
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Edward Wenkenhauffer, Wenkenhauffer 2. SexMale, 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 =======  M. D. Residence Bowling Gereen Kyl
Undertaker's Certificate in Relation to Deceased.
9. Occupation Infant,
10. Place of birth Bowling Green Kyl  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

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Int July Mutten hof
2.	Sex male 3 Color sulle 4. Age 2 huire
5.	Married or Single
6.	Date of death Lune 1, 1910
7.	Cause of death Fallure of Classing Forumen OVa
8.	Duration of last illness Slyl Chall
	J. B. O. M. D.
	Residence 1028 Calif SA
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Bauly In
11.	Residence Ward No.
12.	Time of residence in the city
13.	When a minor Name of Mother Name of Father Low Winstinhaffer
14.	Place of intended interment I arrow our
15.	Date of intended interment from 1910  English & Kelly, Undertaker.
	e of Certificate And 4/9/0 Residence Bling

# Thomas C. Wesson, 1905

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, b Hissory 2. Sex Male 3. Color While 4. Age 27 yes
5 Married or single Snight,
6. Date of death MAR-6 1905  7. Cause of death Inbruulosis  8. Duration of last illness swaral Months  7. Cause of death Inbruulosis
8. Duration of last illness W. Stour Jour M. D.  Residence Bowling Jurn S.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation  10. Place of birth Alabama,  11. Residence Boat Landing Ward No, 3
11. Residence Boat Landing 12. Time of residence in the City. Thirty days  Ward No. 3
13. When a minor Name of Mother Name of Father
14. Place of intended interment Man 8" 1906.
Date of Certificate MAR - 6 1905 . Residence B. S. S
Date of Certificate

# John West, 1907

57
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 West
2. Sex malle 3. Color black. 4. Age 48 yro
5. Married or single married
6. Date of death Nephrilis Sep. 13/07
7. Cause of death // Eppeuts
8. Duration of last illness with Man 3/ CY
Panidanan
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation Labour
10. Place of birth Tennessee
11. Residence Celementh St Ward No. /
12. Time of residence in the City. 90 920
13. When a minor Name of Eather Many west
14. Place of intended interment mf. mariah Cemetry
is Data of intended interment No. 10 1 1 - 17
J. E. Kungkenbuckdertaker.
Date of Certificate Sept. 14-0.7. Residence
6 or '7/ Callege St.

### Willie West, 1879

SI III	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 Mill' Wash (Col)
2.	Sex Frinale . 3. Color Bluek . 4. Age 80 years
5.	Married or Single Willer,
6.	Date of Death Lang 11th 1849
7.	Cause of Death Old age
8.	Duration of last Illness 3 Mounts,
	no Physician, M. D.
	Residence Pr H, O
	The state of the s
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth
10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation
10, 11, 12,	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No. 2  Time of Residence in the City.
10, 11, 12,	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence
10, 11, 12,	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No. 2  Time of Residence in the City.
10, 11, 12, 13,	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No. 2  Time of Residence in the City  When a Minor {  Name of Mother  Name of Father
10, 11, 12, 13,	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No.  Time of Residence in the City  When a Minor {  Name of Mother  Name of Father  Place of intended Interment  Date of intended Interment
10. 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of Birth  Residence Ward No. 2  Time of Residence in the City  When a Minor {  Name of Mother  Place of intended Interment  Place of intended Interment

# Lou Phelia Western, 1880

-	Summing on a series
	RETURN OF A DEATH.
	PHYSIC:AN'S CERTIFICATE PREPARATORY O BURIAL.
1.	Name of Deceased Low Phelia Western .
2.	Sex Female . 3. Colored . 4. Age 2/ Years
5.	Married or Single
6.	Date of Death June 21st 1880.
7.	Cause of Death inflamation of The womb
8.	Duration of last Illness Mout two D) werks
	X. O. Cartwright . M. D.
	Residence Chestrut oh, Bls. 1842
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth 185
11.	Residence Ward No.
12.	Time of Residence in the City
	Name at Mother 3 and quarter lessing un an Tu
13.	When a Minor Name of Mother 3rd quarter leggins with The
	10010
14.	Place of intended Interment
15.	Date of intended Interment
	Trank Coles Undertaker.
De	ate of Certificate Jun 22 1880. Residence

# Porter M. Wetherspoon, 1904

♥ ₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	60.
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Portar M. Matherspoors	
2. Sex Male d., Color John 4. Age 22	- Marianon
5. Married or Single Surger	
6. Date of death Diffill A The State of death	********
7. Cause of death Man	
8. Duration of last illness 6 Lang County	
Residence Haven 60.	1. D.
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	********
10. Place of birth lower law law law Ward No.	
	-
12. Time of residence in the city.	
13. When a minor Name of Mother Name of Father	******
14. Place of intended interment Fairvisus Country	-
15. Date of intended intermed Janvoland Change	
Date of Certificate Falf 19/1904 Residence C	aker.
	-
	N.

Charles W. Wheat, Jr., 1903

	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.
	al the Wheat In
1.	Name of deceased Chas H. While I Age & no.
2.	Sex
5.	Married or single Micely 11/1903
6.	Date of death Porgestien of Stomach
7.	Cause of death
8.	Duration of last illness Milligene Mercelille M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth
11.	Residence Hope St Ward No. 3
12.	Time of residence in the City. The Char Willerot
13.	When a minor Name of Mother Char Willbeat.
7.4	Name of Father Guinterine Camelery
14.	Place of intended interment Movin/1903  Date of intended interment Movin/1903
15.	Jesail Jesail . Undertaker.
4.5	May 12/1008
Dat	te of Certificate Residence

# Charlie Wheat, 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permi	le. * *
RETURN OF A DEATH	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Charlie When	
2 Sex Male 3. Color White 4 Age 39	
5. Married or Single Marriel	*** *********
6. Date of death May 14th 1904	
7. Cause of death learning him	
8. Duration of last illness Secure Months	
Stanley Nabel	
Residence 904 Pale It	м. р.
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
0. Place of birth	
1. Residence Scott Statel Ward No. 3	-
2. Time of residence in the city	
3. When a minor Name of Mother Name of Father	
4. Place of intended interment Fairvew Cometo	ry
4. Place of intended interment Hairvew Connels 5. Date of intended interment May 184 1904	1
nate of Certificate May 181904. Residence	taker.
	***********
	***************************************

# John Wheetly, 1881

	This Constitutes ONE CERTIFICATE to be .	City Clerk for a BURIAL PERMIT	100
		Only Girk to a BORIAL PERMIT	
	RETURN OF	A DEATH.	
		- Wheele	
PH	IYSICIAN'S CERȚIFICATE	PREPARATORY TO BURIAL	
1. Name	of Deceased John	Gutter .	
2. Sex	male 1 3 Color 1	Black 4. Age 2.5- yu	
	ied or Single	Jeaces V. 4. Age 25 gu	Sp
		and coll	
	of Death Sigh 24	Control of the contro	
7. Cause	of Death Leccus	one of Allow Fore	ba.
		porters Two Tien by	
		Portionight , M.	
		Bowling free	
	Residence	voiceing mee.	1
UNDE	ERTAKER'S CERTIFICATE	IN RELATION TO DECEASED.	1
9. Occupe		IN RELATION TO DECEASED.	t
0 Place	of Birth Readed	in Philadelphia	
1. Reside	nce	. Ward No 3	
2. Time e	of Residence in the City		
	( Name of Mother		
3. When	$a \ Minor \left\{ egin{array}{ll} Name \ of & Mother \\ Name \ of & Father \\ \end{array} \right.$		
4 Dlans	of intended Interment Col	( Was t	
		1 230 1001	
5. Date of	of intended Interment	123-1851	
	77090	Z CV C , Undertaker	
Date of C	Pertificate Juf 23.	. Residence	
	· ·	Democrat Job Prin	t .

# J. F. Whelan, 1903

Alternative	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.
	Name of deceased It Whila
2.	Sex Mack. 3. Color white 4. Age not given
5.	Married or single nat Knowe
6.	Date of death Navumber - 22 - 1903
7.	Cause of death Authority
8.	Duration of last illness
	Jaw. E. Grang Coroner, M. D. Residence France County 14
	Residence Ovarren Caunty Sty
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	DIDENTALES CERTIFICATE IN RECEIPOR TO DECEASED.
9.	Occupation Carpenta
10.	Place of birth 11 give
11.	
12.	Residence Hunchy 9 sale Ward No, Time of residence in the City.
12.	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Fairnin 6 mm
15.	Date of intended interment $\sqrt{2}\sqrt{-23-1903}$
10.	Date of internet internet
	T. HAWLEY PAYNE, Undertaker.
Date	of Certificate . Fune Residence & Embalmer,  Bowling Green, Ky.
	and the state of t

# Elizabeth Whitaker, 1905

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  Name of deceased light with the latter state of the latter	la de la companya de
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  Name of deceased Shabeth Midallum Sex Married or single Date of death Cause of death Duration of last illness  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Residence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Name of residence in the City.  When a minor Name of Mother Name of Father Name of Father Name of Father Name of intended interment	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
Name of deceased 3. Color Mula Mula Mula Mula Mula Married or single 4. Age 8 yr Married or single Date of death 4. Cause of death 4. Cause of death 4. Duration of last illness 4. M. D. Residence Mula Mula Mula Mula Mula Mula Mula Mula	RETURN OF A DEATH.
Name of deceased 3. Color Mula Mula Mula Mula Mula Married or single 4. Age 8 yr Married or single Date of death 4. Cause of death 4. Cause of death 4. Duration of last illness 4. M. D. Residence Mula Mula Mula Mula Mula Mula Mula Mula	
Married or single  Date of death  Cause of death  Duration of last illness  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Residence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Name of birth  Name of Mother  Name of Mother  Name of Father  Name of intended interment	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
Married or single  Date of death  Cause of death  Duration of last illness  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Residence  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Name of birth  Name of Mother  Name of Mother  Name of Father  Name of intended interment	Efine 1. 11 (Mhilathur
Married or single  Date of death  Cause of death  Duration of last illness  When a minor  Name of Mother  Name of Father  Name of Father  Place of intended interment	1 17 - 0 -
Date of death  Cause of death  Duration of last illness  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Residence  Ward No,  Time of residence in the City.  Name of Mother  Name of Father  Name of Father  Name of intended interment	
Duration of last illness  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of birth Residence  Ward No,  Time of residence in the City.  Name of Mother Name of Father Name of Father	1 1 7 1 1 1 1 1 1 1 1 1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation Place of birth Residence Ward No, Time of residence in the City.  Name of Mother Name of Father Place of intended interment	N 1
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of birth  Residence  Ward No,  Time of residence in the City.  Name of Mother  Name of Father  Name of Father  Place of intended interment	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of birth  Residence  Ward No,  Time of residence in the City.  Name of Mother  Name of Father  Place of intended interment	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation  Place of birth  Residence  Ward No,  Time of residence in the City.  Name of Mother  Name of Father  Place of intended interment	
Decempation  Place of birth  Residence  Name of Mother  Name of Father  Place of intended interment	Residence
Place of birth Ward Ward No,  Residence Manual Manual Ward No,  Time of residence in the City.  Name of Mother Manual Manual Care Name of Father Manual Manu	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
Residence Manual Ward No,  Time of residence in the City.  Name of Mother Manual Manua	9. Occupation
Name of Father When a minor Name of Father Portugation  Name of Father Portugation  Name of Intended interment	
Name of Mother Whitaku  Name of Father Whitaku  Place of intended interment	11. Residence (Copy) - 1 to 1
Name of Father of Articallar.  Place of intended interment	12. Time of residence in the City.
Name of Father 1000 Augustus  1. Place of intended interment 1000 Augustus	13 When a minor
1 1 4 6 / 1846	Name of Father To Changara
	1 1 6 / 1016
Date of intended interment	15. Date of intended interment
thaway agus, Undertaker	Hawly layer. Undertaker.
eate of Certificate . Residence	Date of Certificate Residence
	The state of the s

# Alline White, 1882

	This Constitutes ONE CURTIFICATE to be returned to the City Close for a BURNAY BERMAN	-
	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT	100
	RETURN OF A DEATH.	
	alline	
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1.	Name of Deceased Allen Whit	
2.	Sex June 3. Color B 4. Age 9 Zuco	
5.	Married or Single	
6,	Married or Single  Date of Death Seft 23 82	
7.	Cause of Death	
8.	Duration of last Illness	
	no freter , M.D.	
	Residence	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	Occupation 11	
10.	Place of Birth St	
11.		
12.	Time of Residence in the City  When a Minor Name of Mother Allie White  When a Minor	
10	When a Minor Name of Mother Helica While	
15.	Name of Father	
14.	Place of intended Interment Sept 2+ Col Cent.	
15.	Date of intended Interment Seft 23	
	Holling, Undertaker.	
L	Date of Certificate Residence	
		strations
	Democrat Job Print	

# Harmon B. White, 1910

	67
RETURN OF A DEATH	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Harmon B While	,
2. Sex Mule 3. Color White 4. Age 78	
5. Married or Single Asselvant	
6. Date of death Ohif 25 lt	
7. Cause of death Nephritis Compelicated with Insa	ity -
8. Duration of last illness / O was the	
of London	, M. D.
Residence Leuru	157
Undertaker's Certificate in Relation to Deceased.	V
9. Occupation	
10. Place of birth Dant Know	
11. Residence Wingson Country Ward No.	
12. Time of residence in the city	
13. When a minor Name of Mother Dant How Name of Father "	
14. Place of intended interment Juny Camelo	7
15. Date of intended interment April 26 191	ertaker.
Date of Certificate April 28 1910 Residence Dougling Tra	em/kg

# Harrold T. White, 1911

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Harrold, J. White
2.	Sex Mala 3. Color White 4. Age 4 Mil
5.	Married or Single Sing W
6.	Date of death SEP 1 8 1911
7.	Cause of death Association
8.	Duration of last illness 2 months
	VY FContingly, M. D
	Residence B Hu
DAY .	
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Marshey Od
11.	Residence matthouse Pill Ward No.
12.	Time of residence in the city
	(Name of Mother Ms. Withhilly
13.	When a minor Name of Father
14.	Place of intended interment
	Date of intended interment
15.	GERARD & GERARD. , Undertaker
15.	
l5. Date	e of Certificate SEP 1 8 1911 Residence Residence

## Infant of Katie White

	This Constitutes ONE CERTIFICATE to be re
	RETURN OF A DEATH.  Tofant of Katie
1.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
2.	Sex Mule . 3. Color White . 4. Age Line 1000
5. 6.	Married or Single Lingle  Date of Death Confact. & 8
-	Cause of Death Prairie
8.	Duration of last Illness live some full littles , M. D.
	Residence Borrling Green Mentunly
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. 10	Occupation Place of Birth 39
11.	7 . 1 2 2 1
12.	Time of Residence in the City  When a Minor   Name of Mother Katir Uhite 1
13.	When a Minor Name of Mother Julius I was a Mother Julius I was a second of Father
14.	Place of intended Interment Pairwer Cent  Date of intended Interment Que 23-1881
15.	Date of intended Interment Clay 23-1881  Helberton Undertaker.
D	Pate of Certificate Cuy 23 - 81. Residence
	Democrat Job Print

# Child of Mattie White, 1898

1098 9 70
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S GERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Child of Mattie While
2. Sex 3, Color 1011. 4. Age
5. Married or single Lingle
6. Date of Death Fill 11898
7. Cause of Death Muscannage
8. Duration of last Illness
Lyhelleuphy, M. D.
Residence
INDEDTAVEDS CERTIFICATE IN DELETION TO DECEMBE
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Gilly
11. Residence 7 th Struck . Ward No. 2 rd
12. Time of Residence in the City
Name of Mother Mattie White
13. When a Minor Name of Father
14. Place of intended Interment County Country
15. Date of intended Interment Falvinary 2"98
General V Grants
Date of Certificate Hul 4 1/98) Residence
Date of Certificate VIII Residence

# Richard B. White, 1899

· 19	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURNET.  1. Name of deceased Richard, Milita,  2. Sex Jana. 3. Color Hair.  3. Color Hair.  4. Age 23  5. Married or single Single  6. Date of death Particions Favar.  7. Cause of death Particions Favar.  8. Duration of last illness  Residence	D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation Cignles	
9. Occupation Market City  10. Place of birth Wayner Country  11. Residence Sautou, St Ward No. /	
13. When a minor Name of Mother Name of Father O, M. Mills	
Larged Mud Garand . Undertal	er.
Date of Certificate Suffer, Many 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 0 10 11 1 1
1. Name of deceased Mrs. Sally White
2. Sexuale 3. Color White 4. Age 43
5. Married or Single Married
6. Date of death Fishy 24 19/2
7. Cause of death Obdominal abell
8. Duration of last illness 3 January
J. Hruff, M. D.
Residence Becoling her 15.
Undertaker's Certificate in Relation to Deceased.
9. Occupation at Harry
10. Place of birth Warren Cunty by  11. Residence Bauley Guen by Ward No.
11. Residence / Sauly Sun / Sy Ward No.
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment 7 annual Curry
15. Date of intended interment fully 26 1912
b U v
Date of Certificate Residence & Bry

# Thomas White, 1912

73
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 there as white
2. Somme 3. Color White 4. Age Still &
5. Married or single
6. Date of death July 3 1919
7. Cause of death Street 3
8. Duration of last illness
Dande, M.D.
Residence Bouley Luce By
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Bawling Hum By 11. Residence // Ward No,
12. Time of residence in the City.  (Name of Mother Bettie white
13. When a minor Name of Mother Listic //
14. Place of intended interment January Curr
15. Date of intended interment July 13 1915
Carsocher Kelly, Undertaker.
Date of Certificate . Residented luy Bring

# Child of William and Kate White, 1907

# 163	1		7	4
This Constitutes One Certificat	e to be Returne	d to the City (	Clerk for a Burial Permit.	
RETURN	JOF	AT	FATH	
RETOR	101		LZLIII.	
Physician's C	ertificate P	reparatory	to Burial.	
	, / / "	Im 1/1	42	
1. Name of deceased lakin	WILI	Jit N. 1	nvv	
2. Sex/Mall	3. golor	w	4. Age	
2. Sex Maly  5. Married or single Single	1"07			
6. Date of death	il Born	/		
		inimmenta mana		
8. Duration of last illness.	4 D. Car	twight	, M. D.	
	Posidonao	BOWLING (	REEN, KY.	
	residence			
Hadamakan'a C		P - l - si	. D	
Undertaker's C	eruncate in		to Deceased.	
9. Occupation			GREEN, KY.	
10. Place of birth levely	an st		_	
11. Residence				
12. Time of residence in the $13$ . When a minor $\begin{cases} Name & 0 \\ Name & 0 \end{cases}$	city Mu	e Rate	White	
13. When a minor Name o	of mother	in H	thile	
14. Place of intended intern	INT IU	withbe	, yel Haumber	2.
15. Date of intended interm	-helm	17"07	/	
T- /	GERARI	o & GEH	KAKL Undertaker.	
Date of Certificate	317"07	Resid	lence OWLING GREEN, 1	KY
V				

Wilson O. White, 1904

	RETUR			-	
	Physician's	s Certificate	Preparat	ory to Bu	rial.
1.	Name of deceased	Vilson O.	White		
2.	Sex Male	Marira	hite	4. A	00 46 yre
5.	Married or Single	navird			
6.	Date of death	et. 16"04.		-	70-1
7.	Cause of death	phond for	iver		
8.	Duration of last illne	ss	a .		
		nou 1	grifg	2	, м. г
		Residence			
	Undertaker'			on to Dec	eased.
9.	Occupation	S Certificate i	n Relati		
9. 10.	Occupation		n Relati		eased.
	Occupation	S Certificate i	n Relati		n/
10.	Occupation	s Certificate i	n Relati	W	ard No. 2
10. 11. 12.	Occupation  Place of birth  Residence  Time of residence in  When a minor	s Certificate i	n Relati	W	ard No. 2
10. 11.	Occupation  Place of birth  Residence  Time of residence in  When a minor  Nan	the city	n Relati	W	ard No. 2
10. 11. 12.	Occupation  Place of birth  Residence  Time of residence in  When a minor	the city	n Relati	W	ard No. 2
10. 11. 12.	Occupation  Place of birth Residence  Time of residence in  When a minor  Nat  Place of intended int	the city	n Relati	W	ard No.

# 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 RiWhitehead	
2.	Sex Male 3. Color White 4. Age 34 year	es
1	Married or Single Married	
	Date of Death Munh 13 47879	
7.	Cause of Death Phisky	
8.	Duration of last Illness Level months	
	Alebright . M. D	
	Residence	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9.	Occupation	
10.	Place of Birth Verginia  Residence Garard House: Ward No. 7	
11.	Residence Gerard House . Ward No. 1	
12.	Time of Residence in the City	
13	When a Minor { Name of Mother	
10.	When a Minor Name of Father	
14.	Place of intended Interment Farrows County	
15.	Date of intended Interment Mar 13 - 1879	
1	Jurblemand, Undertaker	
D	Date of Certificate . Residence	
/mornio	Democrat Print	
	Democrat Print	

# Ruth Whitehead, 1904

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	7
RETURN OF A DEATH.	
Physician's Certificate Preparatory to Burial.	
1. Name of deceased Inth Whitehaul	
2. Sex Junola 23. Color White 4. Age 8 yrs.	
5. Married or Single Single	
6. Date of death July 12"04	
7. Cause of death Manuagelis	
8. Duration of last illness A Blackburn	
ууу госасция, м.	. D.
Residence	
Undertaker's Certificate in Relation to Deceased.	
9. Occupation	
10. Place of birth Colly freshout St	******
11. Residence Chasmur 5 f. Ward No.	
12. Time of residence in the city Phrs R H Whitehrad	
13. When a minor Name of Mother Noth White head	
14. Place of intended interment St Josepha Country	
15. Date of intended intexpent July 13"04	
Date of Certificate July 12"04. Residence	ker.
*	

# William A. Whitehurst, 1894

78 The state of th
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
TOTAL PROPERTY OF THE ALERTAN
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
4) Litelunst
1. Name of deceased M-G-Whitehurst  2. Sex man. 3. Color while . 4. Age 3 mike
2. Sex male . 3. Color while . 4. Age 9 mike
5. Married or Single
6. Date of Death March 18 1884
7. Cause of Death Francisco
8. Duration of last Illness 5 Decy
St. P. Columpan. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth 6 My
N. Residence New York Ward No.
12. Time of Residence in the City
Name of Mother Mystic whilihund
14. Place of intended Interment Rawlett Sta Hart Co
15. Date of intended Interment
Brather Page, Undertaker.
Date of Certificate . Residence

# Ada Whitesides, 1894

641
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 ada Whitiide
2. Sexfinale. 3. Color Bek. 4. Age 24 yrs
5. Married or single Married
6. Date of Death May 25-1894  7. Cause of Death Causeuplin
8. Duration of last Illness
Dr Mumphy. If Munphey, M. D.
Dr Murphy. If Murphy, M. D.  Residence Bowling Green, Ky.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Warring County
11. Residence Near Tair Frond. Ward No.
12. Time of Residence in the City Several Years.
13. When a Minor Name of Mother
Name of Father
14. Place of intended Interment Chut Moriah
15. Date of intended Interment Quay -30-1894
Fra Hen + Plyne, Undertaker.
Date of Certificate Residence

# 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  2. Sex Married or single  3. Color  4. Age  5. Married or single  6. Date of death  7. Cause of death  8. Duration of last illness  Change  M. D.  Residence
Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in Relation to Deceased.  9. Occupation 10. Place of birth 11. Residence 12. Time of residence in the city 13. When a minor  Name of mother Name of father 14. Place of intended interment 15. Date of intended interment 16. Date of Certificate  Residence  Undertaker.
9. Occupation  10. Place of birth  11. Residence  12. Time of residence in the city  13. When a minor  Name of mother  Name of father  14. Place of intended interment  15. Date of intended interment  Undertaker.  Date of Certificate  Residence

Infant of Jack Whitesides, 1907

# 3 76
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 Is fant of Jock Sthitenker
2. Sex finale 8. Color blood 4. Age 2. 7ms  5. Married or single  6. Date of death CC 6 0 7.
7. Cause of death, Frank der in ber Must hove
8. Duration of last illness.  Suffrag Cozoner M. D.  Residence Bawling Result
Residence Bowling There 19
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Qualing Green
11. Residence Scinting & Ward No. 19
0-6
12. Time of residence in the city Life
13. When a minor Name of mother I fack If fitted is
Name of mother
13. When a minor Name of mother fresh It hiteseles
13. When a minor Name of mother Name of father first Interest 14. Place of intended interment Interest Interest Come  15. Date of intended interment Interest Interes
13. When a minor Name of mother well of fitted is  14. Place of intended interment of murial Come  15. Date of intended interment of the market of the marke
13. When a minor Name of mother  Name of father  14. Place of intended interment  15. Date of intended interment  16. Compared to the property of the property

# Child of Jane Whitesides, August 14

	DEGUEDA OF A OF ART
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
4	Name of Deceased Whitsides Child Fane White de
1.	
2.	
5.	Married or Single  Date of Death August 14
6.	6/10 10 -
7.	Cause of Death Sales Mesenlinea
8.	Duration of last Illness and line
	M. D.
	Residence
	UNDERTAKEDS OF DESIGNED AND IN DELIVERY OF DECEASED
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  Occupation
67.	Occupacion
10	Plan at Pinth Bearles &
	Place of Birth. Burling In
11.	Place of Birth. Broling In Residence Miccanice Hant . Ward No. 2
11.	Time at Residence in the City
11. 12.	Time at Residence in the City
11. 12.	Time of Residence in the City  ( Name of Mother Jan Twhy is a
11. 12. 13.	Time at Residence in the City
11. 12. 13.	When a Minor { Name of Mother Jan Whilisides  Name of Father
11. 12. 13.	Time of Residence in the City  When a Minor { Name of Mother Janu Whiliside  Name of Father  Place of intended Interment Aug 14th
13. 14.	Time of Residence in the City  When a Minor Name of Mother Jan Tohiliside  Name of Father  Place of intended Interment Aug 14  Date of intended Interment
11. 12. 13. 14. 15.	Time of Residence in the City  When a Minor { Name of Mother Jan Whiliside  Name of Father  Place of intended Interment and 14th  Date of intended Interment

# Child of Kirk and Sarah Whitesides, 1896

888
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 Hirk Whiteside 5
2. Sex mach. 3. Color Bl 4. Age
5. Married or single
6. Date of Death May, 28"/96.
7. Cause of Death Injury from a full.
8. Duration of last Illness
0.2. Vorbit, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
- The state of the
9. Occupation
10. Place of Birth Oxity
11. Residence 8 M shut . Ward No. 2 2d
12. Time of Residence in the City
Name of Mother Sarah It hiterides Name of Father Hist Whiterides
14. Place of intended Interment Country Cumility
15. Date of intended Interment May 28/1896,
7. 6 Guard Miso, Undertaker.
Date of Certificate May 28/96. Residence

# Jesse Whitker, 1910

	RETURN OF A DEATH.
	- 847
	Physician's Certificate Preparatory to Burial.
	None design white al
1.	Name of deceased
2.	Sex mald. 3. Color White 4. Age & More
5.	Married or Single Chingle
6.	Date of death 2194 26-1910
7.	Cause of death Cerebral meningitis
8.	Duration of last illness fund weeks
	19, 9, Stutherford, M. D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Vone
10.	Place of birth Baulry Hun 187
11.	Residence // Vard No.
12.	1.0 4.
12.	Time of residence in the city time
13.	When a minor Name of Mother Colvin Whiteer
14.	Place of intended interment Farmus Curry
	Date of intended interment Out 27-1916
15.	4 / 1
	, Chacharet.
Date	e of Certificate 2 dt 26/9/1 Residence Blund
*****	
	<u> </u>

# Minnie Whitlow, 1891

254
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 frucel. 3. Color Bll . 4. Age 2 process. 5. Married or Single Single
6. Date of Death Jany 23 1891
7. Cause of Death Clury unfoling
8. Duration of last Illness 15 WWW
OTHERWAY, M. D.
Residence Thy Huatterf for
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Colombia Ward No. 3 de . Ward No. 3 de . Ward No. 3 de .
12. Time of Residence in the City
12. Time of Residence in the City
Nome of Western Source on the third
13. When a Minor. Name of Mother Engine a Whites
13. When a Minor. Name of Mother Lyun or Whiflus  Name of Father Charles  14. Place of intended Interment Cauch Cent
Name of Father Charles
14. Place of intended Interment County Court
14. Place of intended Interment Court Cent  15. Date of intended Interment Court 245/89/
14. Place of intended Interment Court Cent  15. Date of intended Interment Court Cent  16. Undertaker.
14. Place of intended Interment Court Cent  15. Date of intended Interment Court Cent  16. Undertaker.

# Hershell Whitney, 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	Name of deceased Hushell whitney
1.	Name of deceased Mainshill Williams
2.	Sex Mule 3. Color Black 4. Age 28
5.	Married or single Single  Date of death Figly 8th 1910
6.	Date of death fighty 8MM 1910
7.	Cause of death Consumption
8.	Duration of last illness . Any Months
	Go Muddle M.D.
	Residence Street Ky
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Frances
10.	Place of birth warren Co-
11.	Residence Ward No. Ward No.
12.	Time of residence in the city.
19	When a minor Name of mother.
10,	
4888	Place of intended interment 2nx morrain
14.	Date of intended interment Fixly Gla. 1910
15.	
14. 15. Da	Marris Envolve Undertaker.

# Johnie Whittaker, 1909

817
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 Johnie Whillaker 2. Sex Muls 3. Color While 4. Age 18 Months
2. Sex Muls 3. Color While 4. Age 18 Months
5. Married or single Quagle
6. Date of death Sep - 9th. 1409
7. Cause of death Second Summer
8. Duration of last illness From Months
М. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Blreen Thy
11. Residence Delaficlel Ward No.
12. Time of residence in the city / & Months
13. When a minor Name of mother Lalvin Whellokes
14. Place of intended interment framework
15. Date of intended interment Sep 10th 1909
Marria Essocias Undertaker. 8
Date of Certificate Sep 9M. 09 Residence Bysum My

# 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 halle	England
Ol & Orbit	- mark
1. Name of deceased Annual Color Color . 4. Age 38	
5. Married or single Annual	***************************************
6. Date of death OPT - 8 - 1903	
7. Cause of death Canthungstim	
8. Duration of last illness 2	
(N. 1. Stan	, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Rune haut	
10. Place of birth Junious -	
11. Residence Woodford St Ward No	, 3
12. Time of residence in the City. by care	
13. When a minor Name of Mother Name of Father	*
14. Place of intended interment farmer Cambring	
15. Date of intended interment Action 7 / 16	
Manny Dayme,	Undertaker.
Date of Certificate Residence	

# Mary Whittinghill, 1912

. 89
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 Finale 3 color White 1 73
5. Married or Single Widaw
6. Date of death Dec 18-1912
7. Cause of death Onemonia
8. Duration of last illness S dead
Thos It Stong , M. D.
Residence Bambuig Green 1/24
Undertaker's Certificate in Relation to Deceased.
9. Occupation Hamberlan
10. Place of birth Ty
11. Residence aight I Ward No. 2
12. Time of residence in the city G
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment Maner Warn /14
15. Date of intended interment & CO - 1918
Date of Certificate Dul 19-12 Residence City

# Martha Wilcox, 1893

479) 90
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Ard Martha Wilcox 2. Septemble 3, Color White 4. Age 95 yrs
5. Married or Single Willow
6. Date of Death Aut 9 9 9 5.  7. Cause of Death Death Devalusco
8. Duration of last Illness John days , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth All Stutt Ward No. 1 st
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Faculty
15. Date of intended Interment Holy 199. Undertaker.
Date of Certificate Hely 1973 Residence

# Addie Wilford, 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	mis adding Wilford
1.	Name of deceased  Sex 13 Color 14 Age 64 yrs
2.	Marsard
5.	Married or Single
6.	Date of death JUN 2 5 1912
7.	Cause of death
8.	Cause of death Carline failure 5 lays of Duration of last illness flotten for carcinoma  M. D.
	Residence 1119 State 52
	Residence /// 9 State 52
	Undertaker's Certificate in Relation to Deceased.
	11 the trans
9.	Occupation January January
0.	Occupation Shush Kar for Place of birth Carly My
1.	Residence Mard No. Ward No.
2.	Time of residence in the city_ 27 yrs
8	When a minor { Name of Mother
	Name of Father
4.	Place of intended interment Camp, My
5.	Date of intended interment_ fund, 26" 1912,
	GÉRARD & GERARD. , Undertaker
Date	e of Certificate JUN 2 5 1912 Residence Residence

# Mary [Wilkins] Wilford, 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased us Mary Wingins, Wilgon
2.	Name of deceased Mrs. Mary, Wilkins, Wilford Sex Farmula 13, Color White 4. Age 44418.
5.	W I Mauri
6.	Date of death Well 1912.
7.	Date of death Dec 1 1912.  Cause of death Richard Cansur, as purifital Statistic
8.	Duration of last illness & Shann, January Luncher
	Vil Chran Junion Lyrch M. D.
	Residence J. Graun Ry
	Undertaker's Certificate in Relation to Deceased.
9.	
0.	
0.	Occupation  Place of birth Bowling June Sty.  Residence Many bas June. Ward No.  Time of residence in the city
0. 1. 2.	Occupation  Place of birth Bowling Gran Sty.  Residence Many base Janua. Ward No.  Time of residence in the city.  Name of Mother of Many Waller Baster Wilstens.
9. 0. 11. 2. 3.	Occupation  Place of birth Bowling Gran Sty.  Residence Many has June.  Ward No.  Time of residence in the city.  When a minor Name of Mother Mrs. Wellin Baster, Wilkins, Place of intended interment Fairniew Cemetery
0. 1. 2. 3.	Occupation  Place of birth Bowling Firm Sty.  Residence Ward No.  Time of residence in the city.  When a minor  Name of Mother form M. Wellin Bastor, Wilkins, Name of Father  Name of Father  Occupation  Ward No.
0. 1. 2.	Occupation  Place of birth Bowling Firm Sty.  Residence Ward No.  Time of residence in the city.  When a minor Name of Mother Mrs. Wellin Bastor, Wilkins, Place of intended interment.  Place of intended interment.

# Warren County, Kentucky Death Records, Box 5, Folder 1 (Wa to Wilk)

# Mary [Wilkins] Wilford, 1912

4	TRANSIT NO. CERTIFICATE OF UNDERTAKER.	
	I (or we) hereby certify that the accompanying dead body of	
	and who died of	
	has been prepared for transportation by an Embalmer holding License No in conformity zero, kule No of the Transportation Rules.  Shipping Embalmer License No Shipping Undertaker	3
	Address 176 M Main Address 176 Main	
	Station Baggagemen 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 Mempsher to Bowling Bolewstate of Jens	
	No. of Ticket of Escort	
	Via R. R. To Bowling Green, Ky.	
1	Via R. R. To Of All All Reserving To To All All All Reserving To All All All Reserving To All All All All Reserving To All All All All All All All All All Al	
	Name of Carting in chiefer	2
	ISSUED BY TENNESSEE STATE BOARD OF EMBALMERS.	No. of Lot, Lot

# 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.
Physician's Certificate Preparatory to Burial.  of A.W. + Ina Wilhoyte  1. Name of deceased 211 faut Willhoyle
2. Sex male 3. Color white 4. Age
5. Married or single
6. Date of death Sep 11th 1909
7. Cause of death Quantition
8. Duration of last illness
II D Carlunght M. D.
Residence Bycen Ly
Undertaker's Certificate in Relation to Deceased.
- Transfer of Continuence in Treatment to Deceased.
9. Occupation
10. Place of birth 1207 State St
11. Residence Bunify Inew Tey Ward No.
12. Time of residence in the city
13. When a minor Name of mother Dus Qua Welhogte Name of father Duselhogts
14. Place of intended interment. January
15. Date of intended interment Sept. 11th 09
Marris V Enoch Undertaker. S
Date of Certificate Sep 11 - 0% Residence Blance Ry

# Charley Wilkerson, 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.	**
	RETURN OF A DEATH.	10
	PHY CIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1.	Name of Deceased Charley William,	
2.	Sex Male . 3. Color White . 4. Age 2/2 ges	-
5.	-Married or Single	
6.	Date of Death Feb 25 79	
7.	Cause of Death Measles	
8.	Duration of last Illness .	1131
	. It The Blukeley, M. D	
	Residence	
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9.	Occupation	174
10.	Place of Birth Bowling, Suce	
11.	Residence Ward No. 3	
12.	Time of Residence in the City	
	When a Minor Name of Mother Nausin Wilkerson	
13.	When a Minor Name of Father John Wilkerson Ir	
14.	Place of intended Interment 4 25-1879	
15.	Date of intended Interment / //	272
	Javel Grand , Undertaker.	
	of of the transfer of the tran	
L	ate of Certificate File 25 79 Residence	orie

# Ellina Wilkerson, 1878

	s Constitutes							
	RET	UR	W.	O B.	A D	E E	r T.	H.
	PHYSIC	CIAN'S CE	RTIFICA	TE PRE	PARATO	RY TO	BURIAL	<i>.</i> .
1:	Name of 1	Deceased	Ellin	a The	i Kuson	ٔ ا		
2.	Sex fu	male	. 3. Col	or wi	into-	. 4. A	ge 79	
	Married or			2.4				
6.	Date of De	ath	Feh	· 5-12	1878			
	Cause of							
	Duration o			Mi	1 Ah	ya		, M. D.
		K	esidence					
	UNDERTA	AKER'S C	ERTIFIC	ATE IN	RELATIO	ON TO	DECEAS	SED.
	Occupation				version and a			
0.	Place of Bi	reh /Ce	utuc	100				
1.	Place of Bi	Bun	Ling &	un		. и	ard No.	126-
2.	Time of K	Residence in	the City_	307	Lan			
	w nen a w	$linor$ $\begin{cases} Nat \\ Nat \end{cases}$	me of Fat	her				
3.			rment	Han-	un Ce	me	ty	
13.	Place of in	itended Inte	· · · · · · · · · · · · · · · · · · ·				1	
4.	And the same of the same of			Feb.	1 187 187	18		***************************************
4.	Place of in	ntended Int		Feb ,	1 187 6 ls	vard	, Un	dertaker.
4.	Place of in	ntended Int		Feb , Jn 878	6 187 6 187 Resid	resol (lence_	, Un	edertaker.

# 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 & hill of this. Hanne Hikum
2. Sex 3. Color White 4. Age Tyre,
5. Married or single smyle
6. Date of Death Sufit 5"/96.
7. Cause of Death Him
8. Duration of last Hiness Fine days
BSt Milliam, M. D.
Residence Otty
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Gity
11. Residence adams A. Ward No. 3
12. Time of Residence in the City
Name of Mother Pris. France Hellinin
. Name of Father Lund.
14. Place of intended Interment Farrows Country
15. Date of intended Interment Suft 6" 96.
F. C. Grand Miro, Undertaker.
Date of Certificate Aff & Residence
•

# Frank Wilkerson, 1910

	RETURN OF A DEATH.
	937936
	Physician's Certificate Preparatory to Burial.
	De John /
1.	Name of deceased Trank Wilkerson
2.	Sex Mall 3. Color Whill 4. Age 29 1910
5.	Married or Single Hungh
6.	Date of death New, 3 1910.
7.	Cause of death Augustul
8.	Duration of last illness
	Ino E. Gray Corons W.C.D.
	Residence Bourfing Guran Ry
	ander one a little of the second of the seco
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Andrew Su
10.	Place of birth Dowling, Shrin, My
11.	Residence adams, St. " Ward No. W
12.	Time of residence in the city Time of residence in the city
13.	When a minor { Name of Mother
10.	Name of Father
14.	Place of intended interment January Camelang
15.	Date of intended interment die 7,1910.
	Davard F Jaran Undertaker.
	e of Certificate Drc/6"1914. Residence Carty
Dat	The state of the s
Dat	

John T. Wilkerson, 1896

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.
2. Sex Male . 3. Color # hile . 4. Age 49 yrs.
5. Married or single Married.
6. Date of Death Ang 45"/1896.  7. Cause of Death Pransumma
8. Duration of last Illness
Residence Cally, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Osty 11. Residence Adahus St. Ward No. # The
12. Time of Residence in the City.
Name of Mother  Name of Father
14. Place of intended Interment Farry Court.
15. Date of intended Interment and 24/1896.  F. G. Huard Misso, Undertaker.
Date of Certificate Assy 24/9 Residence Loty

# Tillie Wilkerson, 1891

297) 99
This Constitutes one Certificate to be becarned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
1. Name of deceased Oulli, Wilkerson
2. Sex franche 3. Color White . 4. Age // m
5. Married or Single
6. Date of Death Jun 77 /891
7. Cause of Death Gastritis
8. Duration of last Illness
Of Affailleture, M. D.
Residence
9. Occupation
10. Place of Birth Col
11. Residence aclaudo . Ward No. 3
12. Time of Residence in the City
13. When a Minor. Name of Mother Hamme William  Name of Father John H Wilken
14. Place of intended Interment Flouris Cent
15. Date of intended Interment June 82 1891
Globbygg Undertaker.
Date of Certificate / / Residence

# Elizabeth Wilkins, 1905

* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Miss Elizabeth William
2 Sex Finale 3 Color White . 4 Age 75
5. Married or Single Angle
6. Date of death frue 2 1905 7. Cause of death Chunic Diahra
8. Duration of last illness Sungh Munchs
S. C. Wright , M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
——————————————————————————————————————
9. Occupation
10. Place of birth
11. Residence Lewitz 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 Vew learning
15. Date of intended interment June 3 1905
Girard & Girard, Undertaker.
Date of Certificate from 2 1905 Residence

# Jane A. Wilkins, 1894

	RET	NKIN	OF	A	DEA	TH.	
	PHYSICI	AN'S CERTI	FICATE PRI	EPARATO	RY TO BU	RIAL.	
ı. Nam	e of deceas	ed Mu	i/lai	w	1.1	Till.	Lies
/	Bemale		Color M	ille	4.	Age 8	1416
5. Mari	ied or sing	le Ma	mu	8			
6. Date	of Death	Del	22	"/	894		
7. Caus	e of Death	Skia	L FA	ilu	exemple	riude	reed by
8. Dura	tion of last	Illness					
		BAT,	Min	Min	Leu		, M. D
		Resid	lence				
	UNDERTA	KER'S CERT	IEIGATE IN	PELATIC	N TO DE	CEUSED	
	O(IDZI) III	, L., D OL, I	q tontie up		A TO DE	OLNDED.	
	pation	1	. ,		,		
	e of Birth	1	sp an				.,
	dence/04	100000000000000000000000000000000000000	cuter.		/Ward	No. 2	7
12. Tim	e of Reside	ence in th	e City	Territoria de la constantina della constantina d			***************************************
13. Whe	n a Minor	}	f Mother				
		,	f Father			16	
	of intend		0	d n	11/2	/ 4.	enne.
15. Date	of intende	d Interne	ent OC	1 1	Bro	,	
		v ga	vur.	,		, Un	ıdertaker
Date of	Certificate	<i>U</i>		Reside	ence		

# John Wilkins, 1908

102
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 Ino M. Wilkins
1. Name of deceased from Wilkins 2. Sex Male 13. Color While 4. Age 64 yrs.
5. Married or single
6. Date of death Diff 12 1908.
7. Cause of death 18 hours
8. Duration of last illness 26, Wright M. D.
Residence BOWLING GREEN, KY
Residence
Undertaker's Certificate in Relation to Deceased.
properties and the second seco
9. Occupation atty at Law  10. Place of birth butty of \$\forall \chi \forall \chi \
10. Place of birth but 8h. 7/0 th Ward No.
11. Residence Ward No.  12. Time of residence in the city Ward No.
( Name of mother.
Name of father
14. Place of intended interment. Fairsiew Cemclery
15. Date of intended interment 3707, 15 /708.
Date of Certificate Supt 17/1908, Residence Residence
100 miles 100 mi

# 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 PREPARAT	ORY TO BURIAL.
1. Name of deceased Oct John 2. Sex Jewale 3 Color Whi	tr. 4. Age
5. Married or single Marriad 6. Date of death Pully 27" 190 7. Cause of death Orioly 2's	<b>3.</b>
7. Cause of death S. Duration of last illness J. H. Moc	elifus, , M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELAT	TION TO DECEASED.
9. Occupation	
10. Place of birth fagura 100, 11. Residence State St	Ward No,
12. Time of residence in the City Name of Mother	
19 When a minor	
13. When a minor Name of Father Harry	un Camalany
13. When a minor Name of Father  14. Place of intended interment July 3.  15. Date of intended interment July 3.	o" 1903, evalle y, Undertaker.
14. Place of intended interment Harris	eu Canaluy 0"1903 euach, Undertaker.

# Annie E. Wilks, 1909

5 104
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased M. Annie Clillo  2. Sex finale 3, Color White 4. Age Tyrono  5. Married or single Nedau  6. Date of death The Grant Thank Thanks  7. Cause of death Thanks Thanks  8. Duration of last illness  M. D.
Residence BOWLIE GREEN, KY
9. Occupation Aquelle in Relation to Deceased.  10. Place of birth flamew to sty  11. Residence Fairmen are Ward No. /  12. Time of residence in the city 20 years
13. When a minor Name of mother  Name of father Garry Cemelery  14. Place of intended interment  15. Date of intended interment  GERARD & GERARD Undertaker.
Date of Certificate Of 127-09. Residence Residence

# John Wilks, 1891

274
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, Mills?  2. Sex Mal 3. Color Whit. 4 Age 744 years
2. Sex Male. 3. Color White . 4. Age 74 years. 5. Married or Single Married
6. Date of Death March 282/891
7. Cause of Death Lun Sud aculy 8. Duration of last Illness
Acleryte , M. D.
Residence
9. Occupation Machecust
10. Place of Birth Quidin Euglane
11. Residence Eleventh Street. Ward No. 3,
12. Time of Residence in the City Hifleun years
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Harmen Cery
15. Date of intended Interment March 29/2/89/ Holyman, Undertaker.
Date of Certificate nar 28/9/. Residence

# Mary A. Wilks, 1893

5/1/
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 Mis Mary A. Wilks
2. Sex female 3. Color Hhite 4. Age 73 yrs, 5. Married or single Hidow of fue Hills Deed.
6. Date of Death Apr. 22 2d /893.
7. Cause of Death May Flexy. 8. Duration of last Illness Sure all days
a 6 Unight, M.D.
Residence / Sulur / Reg.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
9. Occupation 10. Place of Birth England.
9. Occupation 10. Place of Birth England. 11. Residence // The street . Ward No. 2 2d
9. Occupation 10. Place of Birth Oygthuck 11. Residence // The street . Ward No. 2 2d 12. Time of Residence in the City Luclus
9. Occupation 10. Place of Birth Oyghnuk 11. Residence // The struct 12. Time of Residence in the City Inches 13. When a Minor Name of Mother
9. Occupation 10. Place of Birth Oygland 11. Residence // The street Ward No. 2 2d 12. Time of Residence in the City Two years  Name of Mother Name of Father
9. Occupation 10. Place of Birth Oyghand 11. Residence // Antituel 12. Time of Residence in the City Invelor yes 13. When a Minor Name of Mother 14. Place of intended Interment Involve Odernetry
9. Occupation 10. Place of Birth Oughout. 11. Residence // Ward No. 2 2 d 12. Time of Residence in the City Inches of Mother 13. When a Minor Name of Mother 14. Place of intended Interment Anionical Office Inches of Intended Interment April 2 d 15. Date of intended Interment April 2 d 16. Date of intended Interment April 2 d 17. Date of intended Interment April 2 d 18. Date of intended Interment April 2 d 19. Date of intended Interment April 2
9. Occupation 10. Place of Birth Oyghand 11. Residence // Antituel 12. Time of Residence in the City Invelor yes 13. When a Minor Name of Mother 14. Place of intended Interment Involve Odernetry
9. Occupation 10. Place of Birth Organical. 11. Residence // Student Ward No. 2 2d 12. Time of Residence in the City Inches 13. When a Minor Name of Mother 13. When a Minor Name of Father 14. Place of intended Interment Parionical Occupation 15. Date of intended Interment Apr 23 "193"  16. Linear A. Britania F. Undertaker.
9. Occupation 10. Place of Birth Organical. 11. Residence // Student Ward No. 2 2d 12. Time of Residence in the City Inches 13. When a Minor Name of Mother 13. When a Minor Name of Father 14. Place of intended Interment Parionical Occupation 15. Date of intended Interment Apr 23 "193"  16. Linear A. Britania F. Undertaker.