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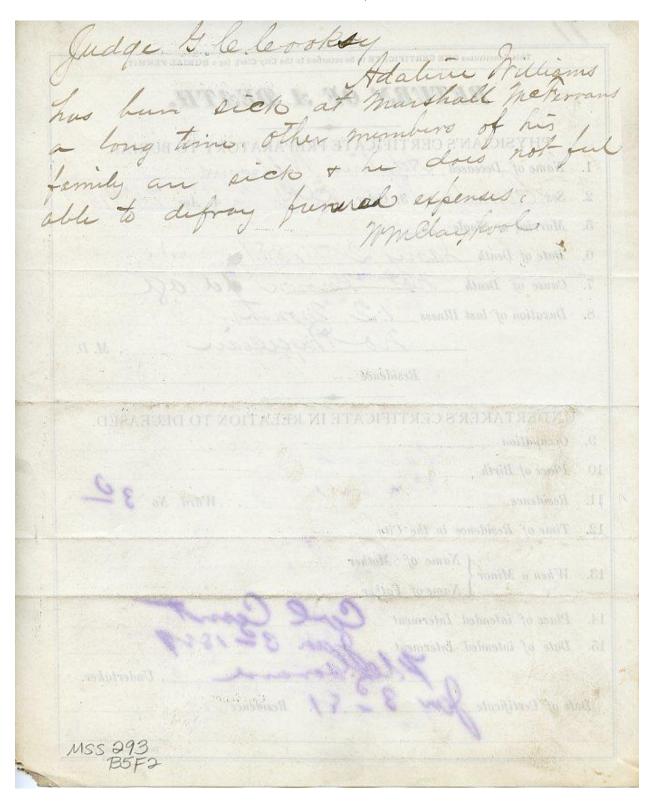
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Adaline Williams, 1881

10.0	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 Stalene Williams
2.	
5.	Married or Single
6.	Date of Death Lany 2 - 188/ Sile
7.	
8.	Duration of last Illness 12 Bouth
	20 Marcian , M.D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9. 10.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
9. 10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No 3 2
9. 10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth
9. 10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence . Ward No 3 2 Time of Residence in the City (Name of Mother
9. 10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No 3 2
9. 10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence . Ward No 3 2 Time of Residence in the City (Name of Mother
9. 10. 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence . Ward No 3 Time of Residence in the City When a Minor Name of Mother Name of Father
9. 10. 11. 12. 13,	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment
9. 10. 11. 12. 13. 4.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment
9. 10. 11. 12. 3. 4.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No 3 Time of Residence in the City When a Minor { Name of Mother Name of Father Place of intended Interment Date of intended Interment , Undertaker.

Adaline Williams, 1881



Annie Neal Williams, 1903

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 Curic Rais Wirain
2. Sexpende. 3. Color while, 4. Age 4 y-
5. Warried or single
6. Date of death 5-1903
7. Cause of death Butta
8. Duration of last illness 24 hours
Ar Numer G. Etherdelle M.D.
Residence 1028 SPONN SX
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth
11. Residence Ox handle factory Ward No,
12. Time of residence in the City.
13. When a minor \ N \ N \ N \ N \ N \ N \ N \ N \ N \
Name of Father 14. Place of intended interment
14. Place of intended interment 6/903
Extense of the second
Die Contract Die C
Date of Certificate . Residence .

Benna Williams, 1895

831
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 Burna Williams
2. Sex Junale 3. Color Black 4. Age 26
5. Married or single married
6. Date of Death Jan # 1885
7. Cause of Death Cousing tron
8. Duration of last Illness / Year
no physician, M.D.
Residence
MADERAL PROPERTY OF THE PROPER
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth thy
11. Residence Cuti . Ward No. 3
12. Time of Residence in the City
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended Interment Aut Moriah.
15. Date of intended Interment
Hwith the Ton, Undertaker.
Date of Certificate Residence

Charles Williams, 1897

1059
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Charles Williams
2. Sex Male 3. Color Blk. 4. Age 22 416. 5. Married or single Dingle.
6. Date of Death Och 7" 1897, 7. Cause of Death Dropey.
8. Duration of last Illness
Residence Bourfina Tunn
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Alley County
11. Residence 7 th Stude . Ward No. 7 21
12. Time of Residence in the City
Name of Mother Name of Father
14. Place of intended Interment Mr. Morrah Gum.
15. Date of intended Leterment Och 7"/897. Huand Juand, Undertaker.
Date of Certificate Details, Residence
Guard Guard, Undertaker.

Cora Williams, 1906

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Manage of deceased Mus. Cora. E. Milliannsthifus S.S. 2. Sex Januale 3. Color Wante 4. Age 36. 5. Married or single Married 6. Date of death January 1906. 7. Cause of death Learnen Jalian. 8. Duration of last illness , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth Galgabathtom, Ry 11. Residence Jaduceau, Ry Ward No, 12. Time of residence in the City. Name of Mother May Manage Surgianuse Name of Father from S. Gurathanse Name of Father from S. Gurathanse 14. Place of intended interments facilities (Carnellary).	Test of the particular of the
1. Name of deceased Mrs. Cora. E. Williams Hory S. J. 2. Sex French 3. Color Waite 4. Age 36. 5. Married or single Married 6. Date of death Contempletor 4. 8. Duration of last illness , M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. 9. Occupation 10. Place of birth Gligabathtonia, Ky. 11. Residence Padaccal, Ky Ward No. 12. Time of residence in the City. Name of Mother Many Saratharase Name of Father Sha & Gradanse	RETURN OF A DEATH.
2. Sex French 3. Color Maried . 4. Age 36. 5. Married or single Married . 6. Date of death from 18" 906. 7. Cause of death londening library	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
6. Date of death funt 18" 1906. 7. Cause of death funt 18" 1906. 8. Duration of last illness , M. D. Residence , M. D. Residence 9. Occupation 10. Place of birth Elizabethtenn, Ky. 11. Residence Paducal, Ky Ward No, 12. Time of residence in the City. Name of Mother May Many Strathness. Name of Father for S. Strathness.	2. Sex Frank 3. Color White 4. Age 36.
9. Occupation 10. Place of birth Elizabeth Ky 11. Residence Paducal, Ky Ward No, 12. Time of residence in the City. Name of Mother May Many Strathness Name of Father of Strathness	6. Date of death June 18" 1906.
9. Occupation 10. Place of birth Elizabethtimm, Ky 11. Residence Padicical, Ky 12. Time of residence in the City. Name of Mother Many Scrathmers Name of Father Shan S Scrathmers	8. Duration of last illness, M. D.
9. Occupation 10. Place of birth Elizabathstans, Ky 11. Residence Gadereal, Ky Ward No, 12. Time of residence in the City. Name of Mother Many Stratharse Name of Father John & Gratharse	
10. Place of birth Elizabethetinn, Ry 11. Residence Padercal, Ry Ward No, 12. Time of residence in the City. Name of Mother Many Strathmen Name of Father Inn S. Treathness	
13. When a minor Name of Mother Mrs. Manuey Grathouse Name of Father John & Grathouse	10. Place of birth Elizabathton, Ry
	Name of Mother My Maney Graffinse
15. Date of intended interment with 1906.	14. Place of intended interment Fairbir Camblery.
Date of Certificate nua vi/ob. Residence	January, Undertaker.

Warren County, Kentucky Death Records, Box 5, Folder 2 (Will to Woo)

Cora E. Williams, 1906

	1. NAME IN FULL	3 SEX CANTO	4 CONGUGAL CONDITION	
	2 COLOR White	Male	Single	
	Black (Negro of Mixed)	Female =	S Married	
	Chinese	18(1231	₩idowed	
	NOTE E O	, 3 and 4 Strike out Words	Divorced	
	Year	Year Sha		
	5. Date of Death Wonth	6. Of Birth Month	7. Age { Months	
	Day / 8	Day	(Days	
	8. Occupation (Resum occupation	on for all persons 10 years of age and	over.)	
	9. Place of Birth	4.0		衙
	10. Birthplace of Father		State or Country.	de
	11 Birthplace of Mother			
	12. Disease or Cause of Death:	1	DURATION.	
	Chief Cause	Consumption		
	Contribution	Cause Same	<u> </u>	
	Place where disease was contracted. if	other than place of death	Collinson Constitution of the Constitution of	
	13. Place of Death, No	·./	Street	
	If death occurred in an institution,	give name of same		
	Length of time deceased was an in	mate	and previous residence	
	14. Late Residence. J. A. O. A. O.		A CONTRACTOR OF THE PROPERTY O	
	Length of Residence (city or town			
	/3	All Mart Door		
	Place of Interment Ud. 6-14-100-5	heritaria manda de la company		
		matura 06 B de 10	tan or Informant	
+	A Si	matura 06 B de 10	han or Informant.	
	A Si	gnature . J	Graves	
	A Si	gnature . J	Health Officer	
	A Si	gnature . J	Graves	
	A Si	gnature . J	Graves	

Mrs. E. A. Williams, 1897

1023
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mrs. & A.W. illians
2. Sex Funals 3. Color Whiles. 4. Age 6741
5. Married or single Widow
6. Date of Death July 24/1897
7. Cause of Death Paralysis
S. Duration of last Illness
J. G. Hughel, M. D.
Residence
INDEDTRUCKE OFFICERED IN DELETION TO PROPERTY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Muss Pilles . Ward No. 3 ml
12. Time of Residence in the City
13. When a Minor Name of Mother
Name of Father
14. Place of intended Interment Farmer Dunding
15. Date of intended Interment June 26/84
F. J. Breary T. 220, Undertaker.
Date of Certificate MMUSH Residence
Ang. hr

George P. Williams, 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Yto P Williams
2.	
5.	
6.	Date of death Fully 18 1912
7.	Cause of death Photofring this Throng Duration of last illness
8.	Duration of last illness
	Jno. E. May Como N.C. M. D.
	Residence Born ling Green 24
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation Place of birth Laureries
10.	Residence Bauley Leen Mr Ward No.
12.	Time of residence in the city.
13.	When a minor { Name of Mother
14.	Place of intended interment Lanuary acres
15.	Date of intended interment Fully 1915
	Te mach Ally, Undertaker.
Dat	te of Certificate Residence 3 21/2

Giles Edwards Williams, 1912

	RETURN OF A DEATH.
	1267
	Physician's Certificate Preparatory to Burial,
	Name of deceased Lilio Edward Williams
1.	
2.	Sex Made 3. Color White 4. Age 2 dq
5.	Married or Single znytt
6.	
7.	Cause of death Insumonea, aspligna
8.	Duration of last illness 2 days
	melonnal fonch, M.D.
	Residence BOWLING GREEN. KY
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation MOWLING GREEN, KY
10.	Place of birth
11.	Residence Ward No.
12.	Time of residence in the city 4 days
19	When a minor \ Name of Mother & C. Williams
13.	Name of Father 8/ 0
14.	Place of intended interment Fairview Cemetery
15.	Date of intended interment Oct. 14" 1912
	GERARD & GERARD, Undertaker.
Date	e of Certificate OCT 1 4 1912 Residence Residence
Date	, of Certificate

J. A. Williams, 1910

(A)	
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased a Williams
2.	Sex Mulu 3. Color White 4. Age 5.3
5.	Married or Single 4. Age 4. Age
6.	Date of death May 26/1910
7.	Cause of death Cancer of Neck
	Duration of last illness / Mary
	W The A Briggs, M. D.
	Residence 10 & Adams
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation 7 arrival
10.	Place of birth
11.	Residence Warren Camilward No.
12.	Time of residence in the city.
10	When a minor Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment farmer Com
15.	Date of intended interment : 2 8 1910
	Enochs Hilley , Undertaker.
Date	of Certificate Residence ZHA

J. E. Williams, 1907

This Constitutes One Certificate to be Reted to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased & Williams 2. Sex 3. Color Whith 4. Age 5 3 yrs 5. Married or single DEC 11 1907
6. Date of death
7. Cause of death the the state of the state
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
It In ale Mullant
9. Occupation Wholesala, Merchant
10. Place of birth Country way
10. Place of birth bundway 11. Residence Buradway Ward No.
10. Place of birth Country Ward No. 11. Residence Duradway Ward No. 12. Time of residence in the city # ###
10. Place of birth Country Ward No. 11. Residence Ward No. 12. Time of residence in the city # 1/10 Name of mother 13. When a minor
10. Place of birth Country Ward No. 11. Residence Ward No. 12. Time of residence in the city # # 100 Name of mother
10. Place of birth Connection Ward No. 11. Residence Durad wary 12. Time of residence in the city # # 175 13. When a minor Name of mother Name of father.
10. Place of birth Connections (12. Time of residence in the city 4 17. Ward No. 12. Time of residence in the city 4 17. When a minor Name of mother Name of father. 14. Place of intended interment Fairney Cemetery
10. Place of birth Connection (Connection) 11. Residence Ward No. 12. Time of residence in the city Ward No. 13. When a minor Name of mother Name of father 14. Place of intended interment Fairyew Cemetery 15. Date of intended interment (19)
10. Place of birth Connection Ward No. 11. Residence Duradway Ward No. 12. Time of residence in the city Hyro 13. When a minor Name of mother 14. Place of intended interment Fairney Cemetery 15. Date of intended interment Hall 19 19 11 CIERARD & GERARD Undertaker.
10. Place of birth Connection Ward No. 11. Residence Duradway Ward No. 12. Time of residence in the city Hyro 13. When a minor Name of mother 14. Place of intended interment Fairney Cemetery 15. Date of intended interment Hall 19 19 11 CIERARD & GERARD Undertaker.

Jainnie Williams, 1911

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
0 01.00
1. Name of deceased Jainvil Spilliams
2. Sex fishall 3. Color Cal 4. Age /8
5. Married or single married
6. Date of death Sept. 10-1911
7. Cause of death Morrows
8. Duration of last illness of our mouths O. Z. Forly M. D.
Residence Byrew &
Undertaker's Certificate in Relation to Deceased.
9. Occupation Hunsekeeper
9. Occupation HouseKeeper 10. Place of birth Buuling Freen
9. Occupation Hansekeeper 10. Place of birth Bunking Freez 11. Residence Fizzh St. Ward No. 2
9. Occupation Name Keeper 10. Place of birth Bunding Free 11. Residence Kirch St. Ward No. 2 12. Time of residence in the city Luring life
9. Occupation Name of mother & spice York 10. Place of birth Bunching Liter 11. Residence Kirch St. Ward No. 2 12. Time of residence in the city Lung life 13. When a minor
9. Occupation Name of father Chur, Thurf
9. Occupation Name of mother Shirt Hay Name of father Char, Thurt
9. Occupation Name of mother of the Name of father Chart Name of intended interment.
9. Occupation Name (Relief) 10. Place of birth Quality Free Ward No. 2 11. Residence Fresh Ward No. 2 12. Time of residence in the city Larring life 13. When a minor Name of mother Single Hour, Name of father Chart Than 14. Place of intended interment In Image Consisting 15. Date of intended interment Soft II Manual Consisting 16. Date of intended interment Soft II Manual Consisting 17. Date of intended interment Soft II Manual Consisting 18. Date of intended interment Soft II Manual Consisting 19. Occupation Name Relief 19. Occ
9. Occupation Name of which Residence Little Ward No. 2 11. Residence Little Ward No. 2 12. Time of residence in the city Larring life 13. When a minor Name of mother Single Many Name of father Chart Mary 14. Place of intended interment Typh Mary Considery 15. Date of intended interment Lifet 13 — 1911
9. Occupation Name (Relief) 10. Place of birth Quality Free Ward No. 2 11. Residence Fresh Ward No. 2 12. Time of residence in the city Larring life 13. When a minor Name of mother Single Hour, Name of father Chart Than 14. Place of intended interment In Image Consisting 15. Date of intended interment Soft II Manual Consisting 16. Date of intended interment Soft II Manual Consisting 17. Date of intended interment Soft II Manual Consisting 18. Date of intended interment Soft II Manual Consisting 19. Occupation Name Relief 19. Occ
9. Occupation Name (Relief) 10. Place of birth Quality Free Ward No. 2 11. Residence Fresh Ward No. 2 12. Time of residence in the city Larring life 13. When a minor Name of mother Single Hour, Name of father Chart Than 14. Place of intended interment In Image Consisting 15. Date of intended interment Soft II Manual Consisting 16. Date of intended interment Soft II Manual Consisting 17. Date of intended interment Soft II Manual Consisting 18. Date of intended interment Soft II Manual Consisting 19. Occupation Name Relief 19. Occ

John Williams, 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.
00,06:00:
1. Name of deceased Jahn Milliams
2. Sex mall 3. Color Cal 4. Age 37
5. Married or single Maried 6. Date of death May 17 - 19:3.
7. Cause of death One anic Heart Trauble
8. Duration of last illness J. E. Mathor Cearour
GE matlock learong.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Later
9. Occupation Labor 10. Place of birth Nerginia
9. Occupation Labor 10. Place of birth Lengina 11. Residence Hyd St. Ward No. 3.
9. Occupation Labor 10. Place of birth Merginia 11. Residence My St. Ward No. 3. 12. Time of residence in the city about 2, 3 years
9. Occupation Labor 10. Place of birth Lenginia 11. Residence High St Ward No. 3. 12. Time of residence in the city about 2.3 years (Name of mother Burt Hinau
9. Occupation Labor 10. Place of birth Lenginia 11. Residence Lenginia 12. Time of residence in the city Chart Lenginia 13. When a minor Name of mother Laborat Lenginia Name of father Laborat Lenginia
9. Occupation Labor 10. Place of birth Lenginia 11. Residence High St Ward No. 3. 12. Time of residence in the city about 2.3 years (Name of mother Burt Hinau
9. Occupation Laboration 10. Place of birth Lenginia 11. Residence Lenginia 12. Time of residence in the city about 2, 3 yes 13. When a minor Name of mother Lenginia 14. Place of intended interment Lenginia
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 intended interment 17. Manual 18. Manual 19. Manual 19
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 17. Residence 18. Place of Certificate 19. Residence 19. Residence
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 17. A Residence 18. Date of Certificate 19. A Residence
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 17. Residence 18. Place of Certificate 19. Residence 19. Residence

Child of John Williams, 1907

13
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Child of John Milliams 2. Sex Male. 3. Color Allock. 4. Age 2 yrs 5. Married or single Lingle 6. Date of death June. 8 57 7. Cause of death Minimum 8. Duration of last illness Alect Lingle J. W. Willis. , M. D. Residence 5 33 Secand M.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Sunding Grun main of
11. Residence & willing Green Ward No. 2
12. Time of residence in the City. During life
13. When a minor Name of Mother — Name of Father John Shillians
14. Place of intended interment Hat mariah Cumuting
15. Date of intended interment fun. 9-07 J. E. Ohregherdall Undertaker.
Date of Certificate Residence By 77 Outling St.

Joseph H. Williams, 1913

14
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased for the Attillians 2. Sex Mala 3. Color Whith 4. Age 32 yrs 5. Married or single Manuel 6. Date of death graps "1913" 7. Cause of death graps Carcons 8. Duration of last illness 6 Wortho Tred Dartungh M. D. Bowling Green, Ky. Residence
Undertaker's Certificate in Relation to Deceased. 9. Occupation Strawboatman 10. Place of birth Payisvilla Ky. 11. Residence Sulafiuld (B. G. Ky) Ward No. —
12. Time of residence in the city
13. When a minor Name of mother Name of father. 14. Place of intended interment. May 1" 1913. GERARD & GERARD. Undertaker.
Date of Certificate Upu, 30" 1913. Residence Bowling Green, Ky

Lida Williams, 1906

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	15
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
01-11-11-	
1. Name of deceased Liela Willyams 2. Sex Franch 3. Color While 4. Age 13 yre	
1. Name of deceased quite. 2. Sex Franch 3. Color While 4. Age 13 Mrs.	2.
Wind a sind Dung low.	
6. Date of death JUL 2 1 1906	
6. Date of death JUL 21 1906 7. Cause of death Wronnell	
8. Duration of last illness Gray Coronor BOWLING GREEN, KY	M. D.
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth fram. loo.	
11. Residence // Ward No, Ward No,	
	0.000
12. Time of residence in the City.	51/
12. Time of residence in the City. Name of Mother Mus. Rashar Poll	£1/
12. Time of residence in the City. Name of Mother Mus. Rashar Policy Name of Father Scal Man Wylliam	EV
12. Time of residence in the City. Name of Mother Mus. Rashar Poll Name of Father Dead My Wylliam Name of Father Lawrence Country	
12. Time of residence in the City. Name of Mother Mus. Rashar Poll Name of Father Dead Mr Wylliam Name of Father Dead Country 14. Place of intended interment Junium Country 15. Date of intended interment JUL 23 1906	
12. Time of residence in the City. 13. When a minor Name of Mother Mus. Rashar Poll 14. Place of intended interment January Crusal Manufactury 15. Date of intended interment JUL 23 1906 GERARD & GERARD., Under	
12. Time of residence in the City. Name of Mother Mus. Rashar Poll Name of Father Dead Mr Wylliam Name of Father Dead Country 14. Place of intended interment Junium Country 15. Date of intended interment JUL 23 1906	
12. Time of residence in the City. 13. When a minor Name of Mother Mus. Rashar Poll 14. Place of intended interment January Crusal Manufactury 15. Date of intended interment JUL 23 1906 GERARD & GERARD., Under	
12. Time of residence in the City. 13. When a minor Name of Mother Mus. Rashar Poll 14. Place of intended interment January Crusal Manufactury 15. Date of intended interment JUL 23 1906 GERARD & GERARD., Under	

Martha A. Williams, 1912

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Mrs. Martha & Williams
2.	Sex Sunda 3. Color White 4. Age 70 yrs
5.	Married or Single Maura
6. 7.	Cause of death Influention of Stopast Boro
8.	Duration of last illness
	Residence BOWLING GREEN, KY
	Undertaker's Certificate in Relation to Deceased
0	Undertaker's Certificate in Relation to Deceased.
9. 10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Wann, Or. My.
9. 10. 11.	Occupation ————————————————————————————————————
10. 11.	Occupation Place of birth Wann, Or. Sy.
10. 11. 12.	Occupation Place of birth Wann, Or My. Residence Lollage Sh. Ward No. 2 Time of residence in the city 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
10. 11. 12.	Occupation Place of birth Wann, Or. My. Residence Juliagu St. Ward No. 2 Time of residence in the city Manual Ward No. 2 When a minor Name of Mother Name of Father Place of intended interment
10. 11. 12. 13.	Occupation Place of birth Wanner, Or My Residence Lollage Sh. Ward No. 2 Time of residence in the city Ams When a minor Name of Mother Name of Father
10. 11. 12. 13.	Occupation Place of birth Wanner, Or My Residence Orluga Sh. Ward No. 2 Time of residence in the city 7 4 5 5 When a minor Name of Mother Name of Father Place of intended interment

Infant of Rosa Williams, 1898

1105
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
WOMEN AND AND AND AND AND AND AND AND AND AN
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Infant & Williams
2. Sex 3. Color Black . 4. Age
5. Married or single
6. Date of death, Fly 27 1898
7. Cause of death
8. Duration of last illness BL Cullin Coroner . W.C.
Residence
Residence.
- UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
ANALYSIS CHICAGOROGO CONTINUADO
9. Occupation
10. Place of birth Hours
Name of Mother Basa William ese
13. When a minor Name of Mother Rasa William 13. Name of Father
14. Place of intended interment County Grande
15. Date of intended interment July 26 1888
Mawley Payer, Undertaker.
Date of Certificate Residence
BL Culla Coroner
10 L Valle Coroner

Child of Rose Williams, 1897

actery 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 Child of Goal Hilliams
2. Sex Male. 3. Color Bfo. 4. Age 6 mo.
5. Married or single single.
6. Date of Death Jany - 19 - 189 7
7. Cause of Death Hardfula
8. Duration of last Illness
In Coards, M. D.
Residence Health Office
INDEPTACEDS CERTIFICATE IN DELETION TO DECERTE
UNDERTAKER'S CERTIFICATE IN RELATION TO DEGEASED.
9. Occupation
10. Place of Birth Dily
11. Residence 12th Stull . Ward No.
12. Time of Residence in the City
Name of Mother Rose Williams
Name of Father.
14. Place of intended Interment Dountly Dunietury
15. Date of intended Interment Sann 20-1897
Flo Grand Moro. Undertaker.
Date of Certificate January Of Residence Ostar)
The state of the s

Rush Williams, 1901

197
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 Rush Williams
2. Sex nale . 3. Color of . 4. Age 37 7
5. Married or single Single
6. Date of Death 191 94 - 1901
7. Cause of Death Lowed.
8. Duration of last Illness
Sw coombs., M. D.
Residence State St.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Laboror.
10. Place of Birth Ry - Marin Co
11. Residence Park & Ward No. / **
12. Time of Residence in the City Life Time
Name of Mother
Name of Father
14. Place of intended Interment Mt Moual Com
15. Date of intended Interment May -1- 1901
Luard Bua J. Undertaker.
Date of Certificate Residence

Child of S. T. and Cora Williams, 1898

1191/	20
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
WHOMPAN AND ADMINISTRATION OF THE PROPERTY OF	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased child of S.T. Melian	0
2. Sex male. 3. Color while. 4. Age -	
5. Married or single	
6. Date of death Still R	
7. Cause of death Still Born 8. Duration of last illness	
),
Jno Carlinght, M. I Residence B. Green Ky	
UMANDERS UNITED DE SENTENCIONA DE SE	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Bonky Li. Residence Broadnay Li. Ward No. 1	_
10. Place of birth Southy 52. Ward No. /	
12. Time of residence in the City	
13. When a minor Name of Mother Cora. Melhan Name of Father S.T. Mellian	
14. Place of intended interment January	
15. Date of intended interment Oct 28/98	-1000
Land Phan J Undertake	er.
Date of Certificate Residence	44

Samantha Williams, 1904

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Miss, Samantha Williams Sex France S. Color White 4. Age 27 yer Married or Single, 5
2.	Ser French White ryger
5.	Married or Single Suylv.
6.	Date of death 15" 04,
7.	P. I may There be in
8.	Duration of last illness
	J. St. Block burn, M. D
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation — Occup
9. 10.	
	Occupation
10.	Occupation Place of birth
10.	Occupation Place of birth Residence 15 th Night Sta, Ward No. Time of residence in the city (Name of Mother
10. (1. 12.	Occupation Place of birth Residence 15 the Nay h Sta, Ward No. Time of residence in the city When a minor Name of Mother
10. 11. 12.	Occupation Place of birth Residence 15 Ward No. Time of residence in the city When a minor Name of Mother Francisco Communication

Barren Willis, 1892

Belle Willis, 1881

19	2
This Constitutes ONE CERTIFICATE to be retu	PERMIT
RETURN OF A DI	EATH.
PHYSICIAN'S CERTIFICATE PREPARA 1. Name of Deceased Selle Hillis	ATORY TO BURIAL.
2. Sex ferrale. 3. Color black	
5. Married or Single Married	
6. Date of Death Och 27th 1881	7 1
7. Cause of Death Desper	rewrat Anasarca
8. Duration of last Illness & industris	
	critical M. D.
Residence Low ling	Erran, Ry
UNDERTAKER'S CERTIFICATE IN RELA	ATION TO DECEASED.
9. Occupation	
10 Place at Rivith Buttler Courts 1	4
10 Place of Birth Buttler Courty 1. 11. Residence Summ Stut	Ward No
900	
13. When a Minor $\begin{cases} Name \ of \ Mother \\ Name \ of \ Father \end{cases}$	
Name of Father	
14. Place of intended Interment Col Quit	1
15. Date of intended Interment	. Undertaker.
Ont 1 Tell D	sidence
Date of Certificate C 2 2 81. Re-	Stached
	Democrat Job Print

Clate Willis, 1903

24
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
11+ 11
1. Name of deceased Olale Willis
2. Sex Mall . 3. Color While . 4. Age /8 100.
5. Married or single Single,
6. Date of death will 8" 1903.
7. Cause of death Cantonius
8. Duration of last illness # / August
<i>М. Г. Г.</i>
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Olygon
11. Residence / Ward No.
12. Time of residence in the City. The buliday Wellis
13. When a minor Name of Mother Lang Willis
14. Place of intended interment Meadywelle, Ky.
15. Date of intended interment fund 9"1903,
Taland and Turard, Undertaker.
Date of Certificate June 8"1903, Residence City,
*4

Child of Foster and Rosa Willis, 1894

617	25
This Constitutes One Certificate to be Resurned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
Foster + a - DD	
1. Name of deceased Aphild of Nova Willis	1
2. Sex female 3. Color Black 4. Age 3 moth	0.
5. Married or single Single	
6. Date of Death 2 day 7 dfril 194	
7. Cause of Death Supplication	
8. Duration of last Illness 3 7 C 11 ft.	
GATHURALLY, M. D.	
Residence Burfing Green	0
- Concern of the content of the cont	d.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
	*
9. Occupation	
10. Place of Birth Bring Thu /g.	
11. Residence / Ward Ng. 3	
12. Time of Residence in the City 9 mm.	
13. When a Minor Name of Mother Why Willi	
Name of Father Filly	
14. Place of intended Interment MM Morial	
15. Date of intended Interment 2 4 11 - 94	
The hand. Pro., Undertaker.	
Date of Certificate Residence	

Jake Willis, 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 Jake, Willis
2.	marin.
5. 6.	Married or Single Date of death Nov. 2"05
7.	Cause of death Typhoid faver
8.	Duration of last illness W. HBruggs , M. D.
	Residence , M. D.
	Undertaker's Certificate in Relation to Deceased.
9.	
9. 10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence 10 th St. Ward No. 3.
10.	Occupation Place of birth Butter, 400.
10. 11.	Occupation Place of birth Residence 10 th St. Ward No. 3.
10. 11. 12.	Occupation Place of birth Place of birth Residence 10 th St. Ward No. 3. Time of residence in the city When a minor Name of Mother
10.11.12.13.	Occupation Place of birth Residence 10 th St. Ward No. 3. Time of residence in the city When a minor Name of Mother Name of Father Author County
10.11.12.13.14.15.	Occupation Place of birth Residence Name of Mother Name of Father, Place of intended interment Date of intended interment Name of Father, Place of intended interment Name of Father, Place of intended interment Name of Father, Name o
10.11.12.13.14.15.	Occupation Place of birth Residence / Oth St. 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 Surand Junual Movember 1.

John Willis, 1896

865
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 Willia
2. Sex Male 3. Color Bl. 4. Age 48
5. Married or single married
6. Date of Death Waveh 23 1836
7. Cause of Death Cultura of the control of the con
8. Duration of last Illness 777 72
The Olon Frank, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation A document
10. Place of Birth
11. Residence Ward No.
12. Time of Residence in the City
13. When a Minor \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Father
14. Place of intended Interment
15. Date of intended Interment
Cally , Undertaker.
Date of Certificate Residence

John W. Willis, 1910

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased John W. Willis 2. Sex Male 3. Color, Gool 4. Age 38 5. Married or single Married 6. Date of death Och 30, 1910 7. Cause of death Apoplexy 8. Duration of last illness One Prove M. D. Residence Bowhing Green Sy
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth State of Juniver
10. Place of birth State 2 Jennises. 11. Residence 2 2 d St 8 Ward No. 2
10. Place of birth State of Juniver
10. Place of birth State of Lance ward No. 2 11. Residence 2 2 2 Ward No. 2 12. Time of residence in the city about 8 years
10. Place of birth State Juniver 11. Residence 2 2 2 Ward No. 2 12. Time of residence in the city Rhunt & years. 13. When a minor Name of mother many Millis. Name of father.
10. Place of birth State framework ward No. 2 11. Residence 2 2 2 2 State ward No. 2 12. Time of residence in the city about 8 years 13. When a minor Name of mother many willing Name of father 14. Place of intended interment met manual accountage
10. Place of birth State January 11. Residence 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
10. Place of birth State January 11. Residence 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Moriah Willis, 1898

1/51	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 Noviah Hillis 2. Sex Female. 3. Color BK 4. Age 68 yrb 5. Married or single Hidner 6. Date of death July, 1"98, 7. Cause of death Suly, 1"98, 8. Duration of last illness Office Content of Married of M	· · · · · · · · · · · · · · · · · · ·
9. Occupation	
10. Place of birth 11. Residence between Sheet. Ward No. 2	
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father	V
14. Place of intended interment, the Morigin Letin	ely
15. Date of intended interment July 3 98. Junil & Gunnel, Undertake	т.
Date of Certificate July 2"98, Residence	
	1

Child of J. E. Willoughby, 1905

30
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. 1. Name of deceased lufaut welloughly 2. Sex 3 Color whit. 4. Age 2 mm. 5. Married or single 6. Date of death
7. Cause of death
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth 11. Residence Ward No, 12. Time of residence in the City.
13. When a minor Name of Mother Name of Father & Willoughby 14. Place of intended interment Authority Name of Father Name of Father Name of Father Name of Mother Name of Name of Mother Name of Na
Date of Certificate . Residence
to birth Max Venned by Ed Sotterfield. allen Storings

Child of Joe and Maby Wilsford, 1897

1038	31
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased child Joe Frilagend	
2. Sex maly 3. Color while 4. Age	
5. Married or single	
6. Date of Death , aug - 1-1897	
7. Cause of Death Still Born.	
8. Duration of last Illness , M. D.	
Residence	
•	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth By / Cy	
11. Residence admas II. Ward No. 3 ad	
12. Time of Residence in the City	
Name of Mother Mabel mlife of	
13. When a Minor Name of Father	8
14. Place of intended Interment Foir ren Com	
15. Date of intended Interment Que - 2-1897	
Date of Certificate ay-1-1887. Residence Colly 8.	_

Harriett Wilson, 1913

37
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Starinth History 2. Sex Humals 3. Color Halor (4. Age 68 yrs. 5. Married or single Willow 1. Name of deceased Starinth History 3. Color Halore (4. Age 68 yrs. 4. Age 68 yrs.
1. Name of deceased Starrish Typer
2. Sex fundly 3, Color Calare 4. Age 68 yrs.
5. Married or single William
6. Date of death
7. Cause of death Paralysis
8. Duration of last illness Several months
Winds ango M.D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth
11. Residence 6th St. Ward No. 3
12. Time of residence in the city
(Name of mother
13. When a minor Name of father
14. Place of intended interment.
15. Date of intended interment June 1" 1913.
GERARD & GERARD. Undertaker.
Date of Certificate MAY 3 1 1913 Residence.

Harry Wilson, 1901

3	3
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased fany Hilson 2. Sex Male 3. Color Blb , 4. Age 67 yrs 5. Married or single Manual, 6. Date of death Sup 19" 1901, 7. Cause of death Finance 8. Duration of last illness Sex Male 3. Color Blb , 4. Age 67 yrs 4. Age 67 yrs 5. Married or single Manual, 6. Date of death Finance 8. Duration of last illness 4. Mulphy , M. D.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth 11. Residence Out fault for North 12. Time of residence in the City.	
13. When a minor Name of Mother Name of Father Moricol Country 14. Place of intended interment	+ +
15. Date of intended interment Saphenber 90/199/, Legal and Legal., Undertaker.	
Date of Certificate 24,30/190/, Residence	

James C. Wilson, 1904

34
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased laures of the laures 2. Sex Mark 3. Color While 4. Age alt. 73 yes. 5. Married or Single Single 6. Date of death Systemy 7. Cause of death Systemy 8. Duration of last illness, M. D. Residence, M. D. Residence Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth 11. Residence / The St. Ward No. 2
12. Time of residence in the city
14. Place of intended interment Hov. I" of
Date of Certificate GC+31"04. Residence.

John F. Wilson, 1907

35
This Constitutes One Certificate to be Retunded to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
Ol I Wilm
1. Name of deceased John H Wilson 2. Sex Mals 3, Color While 4. Age 52 yrs. 5. Married or single Widows
2. Sex Mala J. 3, Color White 4. Age 3 1 grs.
5. Married or single
6. Date of death of the filling in the file of the fil
7. Cause of death filled in LTA RR mear Richford Sy
8. Duration of last illness form & Gray, M.D.
Residence BOWLING GREEN, KY
9. Occupation 10. Place of birth florus flor
10. Place of birth forms to fine.
11. Residence & Gur Sty Ward No. 3.
12. Time of residence in the city from the city
13. When a minor Name of mother
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Nov. 13"1907.
GERARD & GERARD, Undertaker.
Date of Certificate Jot. Por Residence BOWLING GREEN, KY

Mrs. John F. Wilson, 1905

36
* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
M A TOWN
1. Name of deceased MONS John J. Milson
2. Sextamola 3. Color Phile 4. Age 45 yro.
5. Married or Single Married
6. Date of death Oct. 19"05
7. Cause of death Consumption
8. Duration of last illness
T.W. Stone. M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Tanurassi
10. Place of birth Trumsser 11. Residence blay St. Word No.
// Ald 110
12. Time of residence in the city. 16 yrs
13. When a minor { Name of Mother
(Name of Father formal formal frame)
14. Place of intended interment
15. Date of intended interment
Act 24" Undertaker.
Date of Certificate Residence

Lizzie S. Wilson, 1911

	his Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1. 2. 5. 6. 7. 8.	Name of deceased Sex 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
9. 10.	Occupation Place of birth Restaurant
	Place of birth
10.	Place of birth Kentley
10. 11.	Place of birth Ward No. 2
10. 11. 12.	Place of birth Residence Ward No. 2 Time of residence in the city When a minor Name of mother
10. 11. 12.	Place of birth Residence Ward No. 2 Time of residence in the city When a minor Name of mother Name of father

Moriah Wilson, 1898

1158
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 Morrach, Wilson
2. Sex FEMOUR 3. Color BK . 4. Age 42 yrs . 5. Married or single Married.
5. Married or single 1/18198. 6. Date of death July 18198.
7. Cause of death SEANT Weasese 8. Duration of last illness
Q, D, Porter, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Harren, Gounty 11. Residence CEMEN Sheek . Ward No. 2 2d
12. Time of residence in the City
Name of Mother Name of Father
14. Place of intended interment John Moricely Generally
15. Date of intended interment May 19 70; """ """ "" "" "" "" "" "" ""
Date of Certificate July 18198. Residence

Nancy Wilson, 1900

39
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Naucy Mlsow 2. Sex Jemale 3. Color Flach 4. Age 83 yrs 5. Married or single Mon 6. Date of death July - 27 - 1900 7. Cause of death Paralysis
8. Duration of last illness Several rules. O.D. Porter, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth 11. Residence Kullucky St. Ward No. 3 12. Time of residence in the City Life Time Name of Mother Name of Father
14. Place of intended interment learnely learnely 15. Date of intended interment July 28 - 1900 Learnely 28 - 1900 Date of Certificate July 28 - 1900 Residence

Olive Wilson, 1898

1/88	40
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
ADDRESS AND ADDRES	
1. Name of deceased ms Olive Hilson	
2. Oax terruste 3. Color Mate. 4. Age J 9 yrs	
5. Married or single Hannel 6. Date of death active 8 1898	
7. Cause of death Consumption	
8. Duration of last illness	
J. F. Rodgers , M. D	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Danus Caunty 11. Residence System by . Ward No 34.	
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father	
Name of Father	
14. Place of intended intermed du Com	
15. Date of intended interment CC 9 18 98	
De Official State of Undertaker	
Date of Certificate Oct 7/98. Residence	•

Infant of Presley and Mariah Wilson, 1892

436 41
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
DUVOTOLIANO ADDIBUDATES DE DEL PRESENTA DE DEPOSIT
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased In first of Porale Walsure
2. Sex Mal . 3. Color pl/ . 4. Age franck
5. Married or Single
6. Date of Death Aug 14
7. Cause of Death / Showing
8. Duration of last Illness
I I Ill Elray, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth
11. Residence Center St. Ward No 3
12. Time of Residence in the City
13. When a Minor. Name of Mother Manah Wilson
Name of Father / 213(2)
14. Place of intended Interment
15. Date of intended Interment
Undertaker.
Date of Certificate . Residence

Rilla Wilson, 1879

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	Committees of the CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAT'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Killa Milson
2.	Sex female. 3. Color White . 4. Age busknown
5.	Married or Single Dingle Mile
6.	Date of Death August 16th 1679
7.	Cause of Death Phthisis (Interior
8.	Duration of last Illness Custmin
	22. P. Wieldins . M. D.
	Residence Berly Green
	nesmence of the truly of the truly
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of Birth Warren Con 5
11.	Residence Ward No. 3 96
12.	Time of Residence in the City
	(Name of Mother
13.	When a Minor Name of Father
14.	Place of intended Interment Four in Com
	Date of intended Interment Quy 15th
10.	
	Frank lohn , Undertaker.
De	te of Certificate On 15-1279. Residence
10000000	Democrat Print.

Sallie Wilson, 1891

Out of town 43 This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Sallie Wilson.
2. Sex Flunder. 3. Color Ibhite. 4. Age 2 year
5. Married or Single Juig le
6. Date of Death Afr 26 1/1891
7. Cause of Death Convilsion
8. Duration of last Illness One Dog Robinson M. D.
Residence By
9. Occupation
10. Place of Birth Junione
11. Residence Clay Street. Ward No 4th
12. Time of Residence in the City outless.
13. When a Minor. Name of Mother Taglie Wilson
Name of Father for //
14. Place of intended Interment (charles 0 "/41
15. Date of intended Interment Ger 18"/9/
Date of Certificate Js 27/9/. Residence

Child of Virgil and Mary Wilson, 1901

44
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
DUVELCIAME CENTIFICATE DEPARTMENT TO DUDING
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased childs of Vingil Wilson
2. Sex 3. Color Col- 4. Age Stice Bon.
5. Married or single
6. Date of Death May - 22-1901-
7. Cause of Death Moh / Croure
8. Duration of last Illness
J. M. Musphey, M. D.
Residence Bowling Green, Ky
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Chalut St
11. Residence Bonly the Ky. Ward No. 125
12. Time of Residence in the City Life
13. When a Minor Name of Mother Many Wiland
Name of Father
14. Place of intended Interment Comba Cally
15. Date of intended Interment hay 22-1901
, Undertaker.
Date of Certificate

Infant of W. W. and Lena Wilson, 1897

1007 . 45
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Infant Wilson
2. Sex Male . 3. Color BUK . 4. Age
5. Married or single
6. Date of Death While 12"99
7. Cause of Death Still Born
8. Duration of last Illness , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Park shuh
11. Residence // // Ward No. / The
12. Time of Residence in the City
Name of Mother Luna Wilson Name of Father The Working
14. Place of intended Interment Mh Mornach
15. Date of intended Interment April 23"97 Fig. Manual Y 1350., Undertaker.
Date of Certificate Afra 24/9% Residence

Infant of Walter and Bessie Wilson, 1911

44-1
♥ 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. Many Francis Infant of Walter Wilson 1. Name of deceased. 2. Sex Francis 3, Color White 4. Age
5. Married or Single Single 6. Date of death Still Burn (as Sur Paunit Punnt) 7. Cause of death Still Burn (as Sur Paunit Punnt)
8. Duration of last illness
Undertaker's Certificate in Relation to Deceased.
9. Occupation Smiths June My.
10. Place of birth Ward No.
12. Time of residence in the city.
13. When a minor Name of Mother Walter Wilson. Name of Father
14. Place of intended interment Fairview Cemetery 15. Date of intended interment Jan 18" 1911,
GERARD & GERARD. , Undertaker.
Date of Certificate 1000 / / Residence

Infant of Walter and Bessie Wilson, 1911

COMMONWEALTH OF KENTUCKY STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Transit permit for an unembalmed body dead of a non-contagious disease when destination is to be reached within thirty hours after death. (Requiring the services of a public conveyance or common carrier). HA May ht formerly states that he has charge of the removal from muth hours formerly states that he has charge of the removal of the body of Many Lyanus Milmsex Limiah color united age Leist cause of death formerly is not embalmed, and is to be shipped in accordance with the rules of the State Board Health which provide that when such removal is made and the destination can be reached with
STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Transit permit for an unembalmed body dead of a non-contagious disease when destination is to be reached within thirty hours after death. (Requiring the services of a public conveyance or common carrier). HA Way ht formerly states that he has charge of the removal from buttles Grant by to Boursey Great of the body of Mary Tyanew Wilmsex Temak color where age Loufe cause of death State Board That the said body is not embalmed, and is to be shipped in accordance with the rules of the State Board
Transit permit for an unembalmed body dead of a non-contagious disease when destination is to be reached within thirty hours after death. (Requiring the services of a public conveyance or common carrier). HA May ht formerly states that he has charge of the removal from body of Mary Tyanea Milmsex Timals color where age Leiff cause of death form date of death from 17th 1914. That the said body is not embalmed, and is to be shipped in accordance with the rules of the State Board
Transit permit for an unembalmed body dead of a non-contagious disease when destination is to be reached within thirty hours after death. (Requiring the services of a public conveyance or common carrier). HA May ht formerly states that he has charge of the removal from body of Mary Tyanea Milmsex Tunak color where age Leaff cause of death form date of death from 17th 1914. That the said body is not embalmed, and is to be shipped in accordance with the rules of the State Board
thirty hours after death. (Requiring the services of a public conveyance or common carrier). HA Way ht formerly states that he has charge of the removal from Smith Grove by to Bowling Green of the body of Mary Tyaness Williamsex Temale color where age Leaff cause of death Still Arms date of death Jan 1916. That the said body is not embalmed, and is to be shipped in accordance with the rules of the State Board
thirty hours after death. (Requiring the services of a public conveyance or common carrier). HA Way ht formerly states that he has charge of the removal from Smith Grove by to Bowling Greece of the body of Mary Tyaness Williamsex Temale color where age Leeff cause of death Still Arms date of death Jan 1916. That the said body is not embalmed, and is to be shipped in accordance with the rules of the State Board
of the body of Mary Tyaness Williamsex Temale color where age Lough cause of death Still Arm date of death Jan 17th 1916. That the said body is not embalmed, and is to be shipped in accordance with the rules of the State Board
of the body of Mary Transa Wilsonsex Temah color where age South cause of death Still Arms date of death from 1911. That the said body is not embalmed, and is to be shipped in accordance with the rules of the State Board
cause of death Still Rome date of death Jan 17th 191/. That the said body is not embalmed, and is to be shipped in accordance with the rules of the State Board
That the said body is not embalmed, and is to be shipped in accordance with the rules of the State Board
thirty hours after death, which time will expire 191, atA. M. P.
that the coffin or casket containing said body will be encased in a strong outer box made of g sound lumber, not less than 1 of an inch thick, all joints ploughed, grooved, and glued, top and l
tom put on with cleats and cross-pieces, all put together with screws; to be tightly closed with wi lead, asphalt varnish or paraffine paint, and a rubber band placed on the upper edge between the
and box and good strong handles placed on each end and side of said box.
Subscribed before me this 18 day of Jan, 1911
Date Jan 18 Signature of Undertaker.
Shipped by A. A. Might Date Jan 18 1911 Time/141
A. M. P. M.
In accordance with the above signed statement, a copy of which is on file in this office, Burial
or Removal Permit No has been issued for the transportation of the above named body and if at point of shipment or destination conditions are found otherwise than as above represented, an immediate report of the facts should be made to this office.
Local Registrar, District No. 7747
This form must be securely attached to the outside shipping case and accompany body to its destination.
Cano Treshet # in 138

Child of William Wilson, 1899

0 109 4
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Schild of Win Wilson .
2. Sex Fernale. 3. Color PCKs. 4. Age
5. Married or single
6. Date of death Dec. 10/99
7. Cause of death Willborn
8. Duration of last illness
8. Duration of last illness & Boony's M. D. Residence billy Phy sicion
Residence Ony of My sacrate
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth City 11. Residence Center . Ward No. 2
12. Time of residence in the City
13. When a minor Name of Mother Name of Father Nn/ Wilson
14. Place of intended interment MM Morrado
15. Date of intended interment 2 10 99
Guard Taroud, Undertaker,
Date of Certificate ACIO 9.9 Residence
Special Control of the Control of th

E. J. Wiltshire, 1910

48-1
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 of Wiltshire 2. Sex Walr 3. Color White 4. Age 47 yrs. 5. Married or single Married 6. Date of death Married 7. Cause of death Secretary
5. Married or single (Caucil) 6. Date of death Acculant 7. Cause of death Acculant
8. Duration of last illness Shu, E. Lhay, Coronor & M.D. Residence Farms &
Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Samonson, Ed 11. Pasidance Thomas augument Word No. 2
9. Occupation 10. Place of birth Samonson, led 11. Residence Thomas awa 12. Time of residence in the city 6 Ms
9. Occupation 10. Place of birth Salmonson, Ed 11. Residence Thomas aver 12. Time of residence in the city 6 Ma Name of mother Name of father
9. Occupation 10. Place of birth Samonson, led 11. Residence Thomas and Ward No. 12. Time of residence in the city 6 Ma Name of mother.
9. Occupation 10. Place of birth Galmonson, lod 11. Residence Thomas area 12. Time of residence in the city 6 Ma 13. When a minor Name of mother Name of father 14. Place of intended interment January, Canaday 15. Date of intended interment Moscal ng" 1910
9. Occupation 10. Place of birth Galmanson, Cod 11. Residence Ward No. 12. Time of residence in the city 6 Ms 13. When a minor Name of mother 14. Place of intended interment Samuran, Cumulary 15. Date of intended interment Samuran, Cumulary GERARD & GERARD. Undertaker.
9. Occupation 10. Place of birth Gammas and Ward No. 11. Residence Ward No. 12. Time of residence in the city 6 Ma 13. When a minor Name of mother Name of father 14. Place of intended interment Famman, Campaignee 15. Date of intended interment Moscal ng" 1910 GERARD & GERARD. Undertaker.
9. Occupation 10. Place of birth Galmanson, Cod 11. Residence Ward No. 12. Time of residence in the city 6 Ms 13. When a minor Name of mother 14. Place of intended interment Samuran, Cumulary 15. Date of intended interment Samuran, Cumulary GERARD & GERARD. Undertaker.

E. J. Wiltshire, 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	E 1 10 -
1.	Name of deceased & J. Wiethshire Sex Male. 3. Color while. 4. Age 47 years
5.	Married or Single 777 and Level
6.	Date of death
7.	Cause of death accountal - Euros by Boiler
8.	Duration of last illness
	1920 Chy Come WE MD
	Residence , M. D
	Residence Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation
9. 10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Education less.
	Undertaker's Certificate in Relation to Deceased. Occupation
10. 11.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Education less.
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Education les. Residence Idama and Ward No. 2 Time of residence in the city 6 months (Name of Mother
10.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Education les. Residence Thomas are. Ward No. 2 Time of residence in the city 6 months
10. 11. 12.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Education les. Residence Idamas and Ward No. 2 Time of residence in the city 6 months When a minor
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Residence Therefore are ward No. 2 Time of residence in the city Name of Mother Name of Father
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Education les. Residence Thomas are Ward No. 2 Time of residence in the city 6 months When a minor Name of Mother Name of Father Place of intended interment Accounty
10. 11. 12. 13.	Undertaker's Certificate in Relation to Deceased. Occupation Place of birth Education les. Residence Idea. Ward No. 2 Time of residence in the city Emonths When a minor Name of Mother Place of intended interment International Leading Date of intended interment Idea (1910)

William B. Winans, 1907

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased William B Wannauc
2.	Sex male 3. Color while 4. Age 7872
5.	Married or single Married
6.	Date of death March 21, 1901
7.	Cause of death Snight Disease
8.	Duration of last illness
	(17.1, Slave M. D.
	Residence 443
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth
11.	Residence Ward No.
12.	Time of residence in the city
***	When a minor Name of mother Name of father
13.	Place of intended interment Janview 6 mm
13. 14.	
	Date of intended interment
14. 15.	Date of intended interment March 22-1907. Undertaker.
14. 15.	Date of intended interment

Infant of W. A. and Mollie Winchester, 1892

440	50
This Constitutes one Certificate	e to be Returned to the City Clerk for a Burial Permit.
RETUR	OF A DEATH.
	-4
PHYSICIAN'S	CERTIFICATE PREPARATORY TO BURIAL.
	of W.A.+ Mollie
	Infant Winchester
	Color ALC . 4. Age 2 weeks
	18 1882
7. Cause of Death	and the
merceleth	J. Jan John Berthall H. T. M. D.
	Residence
	CERTIFICATE IN RELATION TO DECEASED.
9. Occupation	
	10g)
	Ward No.
12. Time of Residence in t	. 0
13. When a Minor. Name	e of Mother Wollie Windlester
14. Place of intended Inter	e of Father MAN wine hester
15. Date of intended Inter-	
19. Date of intended liner	Buther & Rose . Undertaker.
Date of Certificate	. Residence
37 Secundary	Troncinc 2 2 2 2
A STATE OF THE STA	
Apple of the second sec	

Loretta Wingfield, 1899

M 22 28 51
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
ALIONI OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Wiss Lovetta Thingfield 2. Sex Fernale 3. Color Afrite, 4. Age 16 yeb. 5. Married or single Single,
5. Married or single X Miles , 6. Date of death April Ly "99,
7. Cause of death Typhoid Never,
8. Duration of last illness BH, Mullifer , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Odminism County Sty.
11. Residence Marie Sh Ward So. 3 2
12. Time of residence in the City Four you, Name of Mother Man Agrain Thungfield
13. When a minor Name of Father Jahmes M. Hringfield
14. Place of intended interment Fahrwise Cenderly,
15. Date of intended interment April 22 99, Lucurel Formand, Undertaker,
Date of Certificate 41/199, Residence

Annie R. Winkler, 1904

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 tunin R. Wrike
2. Sexformale 3. Color while 4. Age 72 rep
5. Married or single willow
6. Date of death 1990
7. Cause of death Myma Vactors
8. Duration of last illness Supply Su
Blacker All Marie D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION -TO DECEASED.
9. Occupation
10. Place of birth
11. Residence 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
i5. Date of intended interment
What Carlot Man, Undertaker.
Date of Certificate Residence

Lorenza Winon, 1896

966 5	3
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1 - M. Winfor	
1. Name of deceased Lown M. Hunou	
2. Sex Male. 3. Color Bolk. 4. Age 87920	
5. Married or single Million	
6. Date of Death Alucy "/96	-
7. Cause of Death Ouflainahming Summer	E
8. Duration of last Illness	
J. M. D. , M. D.	
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
to. Place of Birth	
11. Residence 2 ml athirt . Ward No. / met	
12. Time of Residence in the City	
1 Name of Mother	
Name of Father	
14. Place of intended Interment MA Morninh	
15. Date of intended Interment Que 8"/96	
all de and Della	
Date of Certificate Licy/96. Residence	
Date of Certificate 19. Residence	

T. V. Winstead, 1896

76/ 54
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased J. V. Winstead
2. Sex male 3. Color white 4. Age 35'yro.
5. Married or single married
6. Date of Death 1877 - 20 - 1896.
7. Cause of Death Sacomolon Cloke
8. Duration of last Illness One week
Clymslever, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Zugust
10. Place of Birth Made Co. My
11. Residence Kulu cky SA . Ward No. 3 10
12. Time of Residence in the City
Name of Mother
Name of Father
14. Place of intended Interment
15. Date of intended Interment Nor 22/1 1896.
File Guard Bro, Undertaker. Date of Certificate Nor- 2/96 Residence

Allice Winston, 1910

	DETURN OF A DEATH
	RETURN OF A DEATH.
	_ 869
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased allie Winston
5.	Sexfishal 3. Color Cul. 4. Age 36 Married or Single Married
6,	Date of death July 28 1910
7.	Cause of death Tuberculasis
8.	Duration of last illness # weeks
	U.E. Tygnet, M.D.
	Residence 12 23 Center St.
	Bowling treen &
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Dant Know
11.	Residence Barrly Gren Knward No.
12.	Time of residence in the city Dant Know
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment MT Marcal con
15.	Date of intended interment July 30 1910
	Enselo Kelly, Undertaker.
Date	e of Certificate Residence Bushing.

Sylvester Winston, 1900

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 Sylvester Of instance
2. Sex male. 3. Color fluct. 4. Age & you
5. Married or single
6. Date of death 2001 14 H 1915
7. Cause of death Consumption
8. Duration of last illness The weeks
Q D. Porte , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Transfin
11. Residence Touth of Ward No,
12. Time of residence in the City. Six Discretific
13. When a minor Name of Mother Name of Father
14. Place of intended interment Franklist
15. Date of intended interment 2 19 19 19
2 & Thursday Josep, Undertaker.
Date of Certificate Lands 1900 Residence Buthing
Shopping the State of the State
· · · · · · · · · · · · · · · · · · ·

Mary Wintersmith, 1893

498) 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 Miss Mary Wentersunth
2. Sex Female. 3. Color White. 4. Age 2/ years
5. Married or single Single 6. Date of Death Charl 2-1893
o. Date of Beath
7. Cause of Death 18. Duration of last Illness 5 miles
8. Duration of last Illness V Control of M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth Hardin Sa.
11. Residence State St Ward No. 2
12. Time of Residence in the City
Name of Mother Mrs. Enward Musterswith
13. When a Minor Name of Father Wend.
14. Place of intended Interment Parricin Venutery
15. Date of intended Interment Coposit 3-1893
Flowers & Brd - Undertaker.
Date of Certificate April 393 Residence Vily

Arther Withers, 1894

620 58
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased author Withers 2. Sex Mah 3. Color All. 4. Age 13 years
5. Married or single Stuff
6. Date of Death May 113 1844
7. Cause of Death All WELKS 8. Duration of last Illness / (UVELKS)
JE Mredit M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Culy
11. Residence Colep Shu . Ward No.
12. Time of Residence in the City
13. When a Minor Name of Mother Withus
14. Place of intended Interment MT Monal
15. Date of intended Interment Muy 12-94 Hoynkurd Bro, Undertaker.
Date of Certificate Residence

Elizabeth Withers, 1896

Out of town 59. This constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mer Elizabeth Within
2. Sex funde 3. Color will. 4. Age 5. Married or single willow
6. Date of Death Office 10 1886
7. Cause of Death Ostilea Hip. 8. Duration of last Illness Duyen
gn mic & Ston Onnue, M. D.
With the Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation Judd Co May
11. Residence Chair of . Ward No.
12. Time of Residence in the City See of Jeans
13. When a Minor Name of Father
14. Place of intended Interment Allow 127
Jones of Internetic Theorem 1997 (Undertaker.
Date of Certificate

Angie Witherspoon, 1901

60
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mrs augin Witherspoon
2. Sex funace . 3. Color white . 4. Age 42 yr . 5. Married or single midaw
6. Date of death 190/
7. Cause of death of the sudanife to
8. Duration of last illness OR Cartiry M. D. M. D.
P.6. Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Cellin Springe
11. Residence Woodford - CI- Ward No,
12. Time of residence in the City.
13. When a minor \ Name of Mother
Name of Father
14. Place of intended interment farmure Com-
is. Date of intended interment 726 2 900
Hawley ay Undertaker.
Date of Certificate . Residence

Mary Witherspoon, 1882

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of Deceased Many Withinshows Sex Junal . 3. Color White . 4. Age 35 years Married or Single Phanick Date of Death July 187/882 Cause of Death Phanica and Chamia Duration of last Illness Form weeks I Mes Cray, M. D Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Juna Residence Frager Prov . Ward No / Time of Residence in the City 18 years When a Minor Name of Mother Name of Father Place of intended Interment Fairner Cent		This Constitutes ONE CERTIFICATE to be retuned to the City Clerk for a BURIAL PERMIT
Name of Deceased May Withershow Sex Junch . 3. Color White . 4. Age 35 years Married or Single Phasical Date of Death July 1871882 Cause of Death Phasica and Oremia Duration of last Illness Four weeks I follow the Good M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth June Residence Frager Row . Ward No 1 Time of Residence in the City 18 years When a Minor Name of Mother Name of Father.		RETURN OF A DEATH.
Sex filial. 3. Color White . 4. Age 33 years Married or Single Phasical Date of Death July 187/882 Cause of Death Memineria and Ocernia Duration of last Illness Force weeks I Mel Gray, M. D. Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth June Residence Forzer Proc Ward No / Time of Residence in the City 18 years When a Minor Name of Mother Name of Father		
Married or Single Manuel Date of Death July 18 ⁻¹ /88 ⁻² Cause of Death Manuelia and Chemia Duration of last Illness Four weeks I fille E Gray, M. D Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth July Residence Frages Prov Ward No / Time of Residence in the City 18 years When a Minor Name of Mother Name of Father	1.	Name of Deceased Mary Withinshow
Date of Death July 1871/882 Cause of Death Mineria and Chemia Duration of last Illness Form weeks I Mee Gay, M.D Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth June Residence Tryger New Ward No / Time of Residence in the City 18 years When a Minor Name of Mother Name of Father	2.	Sex funde . 3. Color White . 4. Age 33 years
Duration of last Illness Four weeks Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth June Residence Frague Proc. Ward No / Time of Residence in the City /8 years When a Minor { Name of Father Name of Father		
Duration of last Illness Four weeks Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Four Residence Freque Pow Ward No / Time of Residence in the City /8 years When a Minor Name of Father Name of Father	6.	
Residence UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Line Residence Fryn Pro Ward No / Time of Residence in the City /8 years When a Minor { Name of Mother Name of Father	7.	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth June Residence Fryger Prov Ward No / Time of Residence in the City /8 years When a Minor Name of Father	8.	Duration of last Illness Force weeks
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Line Residence Freque Proc. Ward No / Time of Residence in the City /8 years When a Minor Name of Mother Name of Father		J. M. D.
Occupation Place of Birth Jener Residence Freque Pow Ward No / Time of Residence in the City /8 years When a Minor { Name of Father Name of Father		
Place of Birth Jenes Residence Freque Pro Ward No / Time of Residence in the City /8 years When a Minor { Name of Mother Name of Father		Residence
Residence Freque Row . Ward No / Time of Residence in the City /8 years When a Minor { Name of Mother Name of Father	Į	
Time of Residence in the City /8 years When a Minor Name of Mother Name of Father	9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
When a Minor { Name of Mother Name of Father	9. 10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Zun
7 . 2 _	9. 10	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Zun
7 . 2 _	9. 10 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Line Residence Freque Now . Ward No /
Place of intended Interment Fairner Cent	9. 10 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Line Residence Frize Proc Ward No / Time of Residence in the City /8 years
	9. 10 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Line Residence Fryn Row , Ward No / Time of Residence in the City /8 years When a Minor { Name of Mother Name of Father
Date of intended Interment July 1912/882	9. 10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Line Residence Fryn Row , Ward No / Time of Residence in the City /8 years When a Minor { Name of Mother Name of Father
Hogara, Undertaker	9. 10 11. 12.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Line Residence Harges Prov Ward No / Time of Residence in the City /8 years When a Minor { Name of Mother Name of Father Place of intended Interment Harines Cent
ate of Certificate 18 18 18 2. Residence	9. 10 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Line Residence Harges Prov Ward No / Time of Residence in the City /8 years When a Minor { Name of Mother Name of Father Place of intended Interment Harines Cent
Democrat Job Prin	9. 10 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Line Residence Freque Com Ward No / Time of Residence in the City /8 years When a Minor { Name of Mother Name of Father Place of intended Interment Fairnes Cent Date of intended Interment July 19th 1882 Holdward , Undertaker.

Julia Ann Woerne, 1908

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. Julia, Aur. Worrnt. 2. Sex Francis Jacob White 4. Age 75 yrs. 5. Married or single Wisdow. 6. Date of death Aug. 11" 1908. 7. Cause of death Bancar of the Stomach. 8. Duration of last illness Jorn, W. Stown M. D. Residence J. Juan Ly. Undertaker's Certificate in Relation to Deceased.
9. Occupation 10. Place of birth Gunnauf 11. Residence Boat Landing Ward No.
12. Time of residence in the city
15. Date of intended interment aug. 12"1908. GERARD & GERARD. Undertaker. Date of Certificate aug 11"1908. Residence BOWLING GREEN, KY

Albert Wolfe, 1901

€ N 13
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Albert Hylor. 2. Sex Mala . 3. Color Minute . 4. Age 47 yrs. 5. Married or single Married, 6. Date of death Mar 12/1901. Mital Danser of heart
5. Married or single Mar, 12/1901. 6. Date of death Milial Pleasure of heart. 7. Cause of death
8. Duration of last illness
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Smiths Frown Ry 11. Residence Scan Stolet Marrie St Ward No. 3 rd 12. Time of residence in the City. 4 warps
13. When a minor Name of Mother Name of Father 14. Place of intended interment Smiths Grove Sty
15. Date of intended interment Mar, 13 /1901. Levand V Jerard , Undertaker.
Date of Certificate 1100, 12/1901, Residence

Martha Wolfe, 1904

	RETURN OF A DEATH.	
	Physician's Certificate Preparatory to Burial.	
	My Martha & Wolfe	
1. 2.	Name of deceased has a factor of the service of the	
	Mi el nel	
5.	Married or Single	
6.	Date of death Pousis	
7.	Cause of death	
8.	Duration of last illness	
	Residence , M. J	υ.
	Residence	•••
	Undertaker's Certificate in Relation to Deceased.	
9.	Occupation Warry, 60.	
0.	Mari St	644
1,	Residence Ward No.	***
2.	Time of residence in the city	(Care
3.	When a minor Name of Mother Name of Father	
4.	Place of intended interment Smuther Grove My	
5.	Date of intended interment Dill 2 7"04,	
	Frank Thrank Undertake	
ato	e of Certificate def. 26/44. Residence	er.

Mrs. M. B. Wolfenberger, 1903

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	May M. B. Holfanburger
	Name of deceased Mil, M. Age 71 yes Sex Thursday 3. Color White 4. Age 71 yes
	Michiel
	Date of death Awayber, 33"1903
	Cause of death Straw Convolv
3.	Duration of last illness
	& Mariena M. D.
	Residence 9 Guren 101
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	United of the same
9.	Occupation
0.	Place of birth Girguis Ward No. 3.
1.	
2.	Time of residence in the City. 40 yr
3.	When a minor \{ Name of Mother Name of Mother \tag{Name of Name of Mother \tag{Name of Name of Mother \tag{Name of Name of Na
	(Name of Father
4.	Place of intended interment Aut 25" 1903
õ.	Date of intended interment for and Grand, Undertaker
	harrillan Celler
)at	te of Certificate 1007 311/1910, Residence

Michel B. Wolfenberger, 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 Muchal B. Walfanbuger.
1. Name of deceased Michael B. Harfanbuger. 2. Sex Maried or Single Married 5. Married or Single Married
6. Date of death www 75/05.
7. Cause of death Inflamation of Downles
8. Duration of last illness Mundith
Residence , M. D.
Trestuence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Church St. Ward No. 3.
12. Time of residence in the city_ # v y vs
13. When a minor { Name of Mother
14. Place of intended interment Faurrism Camatry
14. Place of intended interment June, 15. Date of intended interment June, 15.
Grand & Grand Undertaker.
Date of Certificate fruit 16/115 Residence

Child of William and Mary Wolfenberger, 1892

424	47
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. William + Mary	
1. Name of deceased Child of Junt Hollen ber	Fer
2. Sextunale 3. Color White . 4. Age 5 da,	,
5. Married or Single Light	
6. Date of Death July, 22"/92	
7. Cause of Death Chilera mr lus	
8. Duration of last Illness	
O. 10/Melle, M. D.	C
Residence lo m huig Drien	لم
UVBDATI FEDAN ADDITION BY DAVIDON TO ANALONE	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of Birthy City	
11. Residence Maright . Ward No. 4 th	
12. Time of Residence in the City 5 da.	
Nama Willisharya Wolling ber a	u
13. When a Minor. Name of Father Hour	
14. Place of intended Interment Catholics Com	
15. Date of intended Interment July 23/92	
H. C. Tilras d., Undertaker.	
Date of Certificate July 22/9 Residence City	

William A. Wolverton, 1907

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.
How I Wolverton
1. Name of deceased " " " " " " " " " " " " " " " " " " "
2. Sex Male 3. Color While 4. Age 39 yrs.
5 Married or single Duyu
6. Date of death Jany 27"1907.
7. Cause of death
8. Duration of last illness.
Residence B. Grenn Ky
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation
9. Occupation 10. Place of birth Jow fung Green Ry.
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 Fairview Cemelery
15. Date of intended interment Jany 28"1907
GERARD & GERARD. Undertaker.
Date of Certificate Jany 28/1907. Residence BOWLING GREEN, KY
800.2216

Eliza Woods, 1910

Th	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
1.	Name of deceased Chiga. Woods
2.	Name of deceased Ohja, Woods Sextainal 3, Color 34. Age 73 yrs. Married or single Willow MAR 3 1 1910
5.	Married or single Willow
	Date of death MAR 3 1 1910
	Cause of death Old Agr
8.	
	Duration of last illness M. D. Residence Brilling Land M. D.
	Residence Burling Shaw Sy
	TI I . It I C . IC . I D I . I D I
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased. Occupation.
9. 10.	
10000	Occupation
10.	Occupation Place of birth Résidence // th St, Ward No.
10. 11. 12.	Occupation Place of birth Résidence // ** Ward No. Time of residence in the city Name of mother
10. 11.	Occupation Place of birth Résidence // Th St, Ward No. Time of residence in the city
10. 11. 12.	Occupation Place of birth Residence Ward No. Time of residence in the city When a minor Name of mother Place of intended interment Morrah Country
10. 11. 12.	Occupation Place of birth Résidence Ward No. Time of residence in the city When a minor Name of mother Place of intended interment Place of intended interment Name of intended interment
10.11.12.13.14.	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 / Morrah Country Date of intended interment / / / / / / / / / / / / / / / / / / /
10. 11. 12. 13. 14. 15.	Occupation Place of birth Résidence Ward No. Time of residence in the city When a minor Name of mother Place of intended interment Place of intended interment Name of intended interment
10. 11. 12. 13. 14. 15.	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 Occupation Ward No. Ward No. Ward No. Ward No. Cauchy Place of intended interment Occupation Ward No.
10. 11. 12. 13. 14. 15.	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 Occupation Ward No. Ward No. Ward No. Ward No. Cauchy Place of intended interment Occupation Ward No.
10. 11. 12. 13. 14. 15.	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 Occupation Ward No. Ward No. Ward No. Cauchy Place of intended interment Occupation Ward No. Ward No.

Grew Woods, 1881

This Constitute	SONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
I his Constitute	SOLD CHAILFORD to be retained to the city Clerk for a BONIAD FEMALE.
R	ETURN OF A DEATH.
La	P
	N'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of Decea	sed Galw Woods
2. Sex Poul	C. 3. Color Black . 4. Age 60
5. Married or Sing	gle Maraysi
6. Date of Death_	mole 5th 1881
7. Cause of Death	, Plensisa
	t Mness 5 days
	It Auc , M. D
	0-11-11
	D : 1 100 12 - 111 (81/160-2
	Residence Protruck Officer
UNDERTAKE	
	Residence POM LIMIN OFFICE CR'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation	ER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth_	CR'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth 11. Residence	CR'S CERTIFICATE IN RELATION TO DECEASED. . Ward No 2
9. Occupation 10. Place of Birth 11. Residence	CR'S CERTIFICATE IN RELATION TO DECEASED. . Ward No 2 nce in the City
9. Occupation 10. Place of Birth 11. Residence 12. Time of Reside	. Ward No 2 nce in the City [Name of Mother]
9. Occupation 10. Place of Birth 11. Residence	CR'S CERTIFICATE IN RELATION TO DECEASED. . Ward No 2
9. Occupation 10. Place of Birth 11. Residence 12. Time of Reside 13. When a Minor	. Ward No 2 nce in the City Name of Mother Name of Father
9. Occupation 10. Place of Birth 11. Residence 12. Time of Reside 13. When a Minor 14. Place of intend	R'S CERTIFICATE IN RELATION TO DECEASED. Ward No 2 nce in the City Name of Mother Name of Father
9. Occupation 10. Place of Birth 11. Residence 12. Time of Reside 13. When a Minor 14. Place of intend	. Ward No 2 nce in the City Name of Mother Name of Father
9. Occupation 10. Place of Birth 11. Residence 12. Time of Reside 13. When a Minor 14. Place of intend 15. Date of intend	CR'S CERTIFICATE IN RELATION TO DECEASED. Ward No 2 nce in the City Name of Mother Name of Father led Interment ed Interment , Undertaker
9. Occupation 10. Place of Birth 11. Residence 12. Time of Reside 13. When a Minor 14. Place of intend 15. Date of intend	R'S CERTIFICATE IN RELATION TO DECEASED. . Ward No 2 nce in the City [Name of Mother] Name of Father led Interment ed Interment

John D. Woods, 1906

	11
	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.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL. Name of decyased Definity Decyased Sex Maly 3. Color, Thilly 4. Age 75 yes. Married or single Married Date of death May 13" 06. Date of death May 13" 06.
1. N	Mala White 75 yrs.
2. 8	Married 4. Age
5. N	Married or single May 13" 06
6. 1	Date of death Officering
7. (Cause of death Office
8. 1	Ouration of last illness ## Cartwing ht., M. D. Residence BOWLING GREEN, KY.
	BOWLING GREEN, KY.
	Kesidence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth Residence New BOWLING GREEN, KY. Ward No.
11.	Residence Man BOWLING GREEN, KY. Ward No.
12.	Time of residence in the City.
19	When a winer \ Name of Mother
	Name of Father
14.	Place of intended interment Jamun Drivery
15.	Date of intended interment 1/21/20 1906.
	GERARD & GERARD, Undertaker
Date	of Certificate May, 14"06 Residence BOWLING GREEN, KY

Martha Allen Woods, 1906

This Constitutes One Certificate to be Retained to the City Clerk for a Burial Permit.	72
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
of the A lack the	111
1. Name of deceased AOIS, Marily a curious 1000	,
2. Sextruale 13, golor Walls 14. Age Toy	de!
5. Married or single www. of we found X. W.	
6. Date of death fully 3 06	
7. Cause of death Nysunday	
Att milumeter	M. D.
BOWLING GREEN, KY	м. D.
Residence Residence	***********
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Mississippi	iniocenture.
10. Place of birth / / / / / / / / / / / / / / / / / / /	
11. Residence 54.	
12. Time of residence in the City. (Name of Mother	
13. When a minor Name of Mother Name of Father	
14. Place of intended interment Haurium Country	$\overline{}$
15. Date of intended interment July 6"1906.	
4	ertaker.
The state of the s	EN, KY

Samuel Woods, 1880

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURILL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Samuel Woods
2.	Ser male . 3. Color dark coppers. Age 4, weaks
5.	Married or Single
6.	Date of Death Sept 6 1880
7.	cause of Death congestion of the Lungs
8.	Duration of last Illness Are Werks
	C. K, Oneal, M.D.
	Residence 32 words
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Occupation Place of Birth
10.	Occupation
10. 11.	Occupation Place of Birth Residence . Ward No. 2 Time of Residence in the City
10. 11. 12.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City (Name of Mother
10. 11. 12.	Occupation Place of Birth Residence Ward No. 2
10. 11. 12.	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.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City. When a Minor { Name of Mother
10. 11. 12. 13.	Occupation Place of Birth Residence Ward No. 2 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. 14.	Occupation Place of Birth Residence Ward No. 2 Time of Residence in the City. When a Minor { Name of Mother Name of Father Place of intended Interment

T. W. Woods, 1901

	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of deceased T, W, Wools
2.	Sex male . 3. Color white . 4. Age 53yar
5.	Married or single warned
6.	Date of death free DT ///
	Cause of death
8.	Duration of last illness Muniques . M. D. S. Carrack . M. D.
0	Residence pr P by parmin
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation "
10.	Place of birth
	Residence Ward No, 3
11.	Time of residence in the City.
12.	(Name of Mother
12. 13.	When a minor Name of Mother Name of Father
12. 13.	When a minor Name of Mother Name of Father Place of intended interment
12. 13.	When a minor Name of Mother Name of Father Place of intended interment Date of intended interment
12. 13. 14.	When a minor Name of Mother Name of Father Place of intended interment Date of intended interment Undertaken
11. 12. 13. 14. 15.	When a minor Name of Mother Name of Father Place of intended interment Date of intended interment

Hallie Woodson, 1910

75
₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
902
Physician's Certificate Preparatory to Burial.
m. How the land
1. Name of deceased 15. Syatty 11.
2. Sex January 3. Color 4. Age J. J. S. Single William
Married of Single
al B Pr. 1
8. Duration of last illness about 3 months
S. Duration of last liness L. W. Coonle
Residence Borking Grane
- Yy
Undertaker's Certificate in Relation to Deceased.
9. Occupation
11. Residence turing the ROWLING GREEN, XY. Ward No.
10. Place of birth BOWLING GREEN, IX. 11. Residence furnish ROWLING GREEN, IX. 12. Time of residence in the city. 6 Mac.,
(Name of Mother
14. Place of intended interment Wichmarn, Mul
15. Date of intended interment Och 8"1910,
GERARD & GERARD, Undertaker. OCT - 6 1910 BOWLING GREEN, KY
Date of Certificate UCI - 6 1910 Residence ROWLING GREEN, KY

John Woodson, 1907

Charles Woodward, 1908

791
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 bhas Wordward 2. Sex Maly 3. Color White 4. Age 5. Married or single Married
2. Sex Mall 3. Color While 4. Age 4. Age
5. Married or single Married
6. Date of death Mar, 14/08
7. Cause of death
8. Duration of last illness.
Residence ROWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth Bowling Brean Ry
9. Occupation 10. Place of birth Bowling Green Ry 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 Janview Cumulary
15. Date of intended interment. Man 13 -1908
Date of Certificate Max 14/08 Residence SOWLING GREEN, KY

Charles Woodward, 1908

(Always write with ink.)	TRANSIT PERMIT.
TR	ANSPORTATION OF CORPSE.
	KENTUCKY STATE DEPARTMENT OF HEALTH.
Comment of the first	Transit Permit No
	PERMIT OF LOCAL BOARD OF HEALTH. Department of Health, State of Kentucky.
In the City, Town on State of Kentucky, on this Permission is hereby given to remove for burial at State of who died at any on the day the cause of death being	day of holder of Embajner's License No. 2 4 Souther of Embajner's License No. 2 4 Country of Warding Country of Warding Country of Manual day of Manual Country of Manual day Country of Jagers months and day Communicable or Non-Communicable.) The Rules of the Kentucky State Department of Health for the Transportation of the dea
Name of person in charge	of Transit. Signed Ul Malla Continue of Health of the All State of Restate of

TRANSPORTATION RULES

APPROVED AND ADDPTED BY THE AMERICAN ASSOCIATION OF GENERAL BAGGAGE AGENTS,

PROVED AND ADDITIO BY THE AMERICAN ASSOCIATION OF GENERAL BAGGAGE AGENTS, THE CONFERENCE OF STATE AND PROVINCIAL BOARDS OF HALTH, AND THE NATIONAL PUNERAL DIRECTORS' ASSOCIATION.

RULE 1. The transportation of bodies dead of smallpox and bubonic plague, from e state, territory, district or province to another, is absolutely prohibited, or the state of the state, territory, district or province to another, is absolutely prohibited, or the state of the state of the state, the state of the state o

which must be done by an embalmer holding a certificate as such, issued by the State or Provincial Board of Health, or other state or provincial authority provided for by law.

After being disinfected as above, such bodies shall be enveloped in a layer of drought of the state o

spread of the disease. The transit permit shall in such cases specifically state we is authorized by the health authorities to accompany the remains. In all cases whe hodies are forwarded under Rule 2 notice must be sent by telegraph by the shippi embalmer to the health officer, or, when there is no health officer, to other compete authority at destination, advising the date and train on which the body may be in

bodies are forwarded under Rule 2 notice must be sent by telegraph by the shippin embalmen to the health officer, or, when there is no health officer, to other compete authority at destination, advising the date and train on which the body may be epected.

Rule 6. Every dead body must be accompanied by a person in charge, wi must be provided with a passage ticket and also present a full first-class ticket mark "corpse" for the transportation of the body, and a transit permit showing physician or coroner's certificate, name of deceased, date and hour of death, age, place of deat cause of death, and all other items of the standard certificate of death recommend by the American Public Health Association and adopted by the United \$5*\text{res} Cens Bureau, as far as obtainable, including health officer's or registrar permits by the health and the commendation of the shippen included the caused by any of the discases specified Rule 2, the names of those authorized by the health authorities to accompany the bod Also the undertaker's certificate as 50 how the body has been prepared for shipmen The transit permit must be made in duplicate, and the signature of the physician coroner, health officer and undertaker must be on both the original and duplicate copies. The undertaker's certificate and paster of the original shall be detached from the transit permit and securely fastened on the end of the cofin box. All cof boxes must be provided with at least four handles. The physician's certificate are transit permit shall be handed to the passenger in charge of the corpse. The who duplicate copy shall be sent to the official in charge of the baggage department of initial line, and by him to the secretary of the State or Provincial Board of Health of the state of province from which said shipment is made.

Rule 7. When bodies are shipped by copress transit permit as described Rule 6 must be made out in diplicate the state of province and paster the state of province from which said shipment is made.

Rule 7. When bodies are

Landis Woodward, 1896

919
RETURN OF A DEATH.
PHYSICIAN'S GERTIFICATE PREPARATORY TO BURIAL.
r. Name of deceased Laudin Wavenund
2. Sex man. 3. Color solice 4. Age 21 yrs
5. Married or single
6. Date of Death 13 188
7. Cause of Death / lensungelin
8. Duration of last Illness Deverul month
abn Allingh , M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth 11. Residence Park At . Ward No.
12. Time of Residence in the City
Name of Mother Name of Notes
0410
The state of the s
Name of Father 14. Place of intended Interment 15. Date of intended Interment Contact Conta

Nellie Woodward, 1896

91/	79
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Mrs Melie N Woodward	
2. Sextenale. 3. Color white. 4. Age 30 years	
5. Married or single	
6. Date of Death Only 16 1896	
7. Cause of Death Left	
8. Duration of last Illness	
De milliter By Helletter, M. D.	
Residence	
HNDEDTAVED'S CERTIFICATE IN DELITION TO DECEMBED	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence Park II. Ward No.	
12. Time of Residence in the City	
13. When a Minor \ Name of Mother	
Name of Father	
14. Place of intended Interment Fringer	
15. Date of intended Interment July 17/86 Sauther Roy , Undertaker.	
, c intertaker.	
Date of Certificate Residence	
*	

O. L. Woodward, 1894

665
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.
Q 7 1,
1. Name of deceased . Lightwark
2. Sex Male. 3. Color Mile. 4. Age 40 yris.
5. Married or single Manuel
6. Date of Death Supt. 22 21 1894.
7. Cause of Death accidental Cujury
8. Duration of last Illness three Clairs Carlinght, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Logan County.
11. Residence farther addition. Ward No. 4th
12. Time of Residence in the City Hyric
13. When a Minor Name of Mother Name of Father
14. Place of intended Interment Harrice Committee
15. Date of intended Interment Sept 23/1894. John Maria Sept 23/1894. Date of Certificate Sept 23/2, Residence Sept 23/2.

Paul Owen Woodward, 1881

	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 Paul Own Woodward
2.	Sex formale . 3. Color White . 4. Age 5 Wisks
5.	Married or Single
	Date of Death Averaber 17th 1881
7.	Cause of Death Enabilion
8.	Duration of last Illness From birth
	Residence Bowling Franky.
	Residence Bowling Frenchy.
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
10	Place of Birth Bowling Green, Ry Ward No.
11.	Residence " Ward No /
19	Time of Residence in the City
12.	(Name of Mother Amenda Stoodward
13.	When a Minor Name of Father Jose & Hoodygord
1.4	When a Minor { Name of Mother Ainanda Ucodward Name of Father Ino. I Hoodward Place of intended Interment Hairvis w Cornetry
14.	Date of intended Interment Aovember 18th 1881
10.	Frank Gevard, Undertaker.
De	te of Certificate Nov. 18 14/881 . Residence Bowling Green
	Democrat Job Print

Child of Richard and Pearl Woody, 1891

264
This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
1. Name of deceased Child of Richard Hoody.
2. Sex Fernale 3. Color Bell. 4. Age 13 mis.
5. Married or Single Single 6. Date of Death Freby 16 4/1891
7. Cause of Death Inermonial
8. Duration of last Illness
BH Milleten, M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of Birth, City.
To. Trace of Birtin
11. Residence Hentucky ave. Ward No 2 2d
11. Residence / Lentucky ave. Ward No. 2 2d 12. Time of Residence in the City / 3 mo. Name of Mother Garl boody
11. Residence / Lentucky live. Ward No. 2 2d 12. Time of Residence in the City / 3 mo. 13. When a Minor. Name of Mother Food Woody Name of Father Cichard Woody
11. Residence / Lentucky ave. Ward No. 2 2d 12. Time of Residence in the City / 3 mo. Name of Mother Garl boody
11. Residence / Lentucky live. Ward No 2 2d 12. Time of Residence in the City / 3 mo. 13. When a Minor. Name of Mother Fearl Loody Name of Father lichard Loody 14. Place of intended Interment John Moriah Cerus.
11. Residence / Lentucky live. Ward No 2 ad 12. Time of Residence in the City / 3 mo. 13. When a Minor. Name of Mother Fearl boody Name of Father lishoud boody 14. Place of intended Interment John Moriah Cerus. 15. Date of intended Interment July /7-1891
11. Residence / Lentucky live. Ward No 2 2d 12. Time of Residence in the City / 3 mo. 13. When a Minor. Name of Mother Garl boody Name of Father lishoud boody 14. Place of intended Interment John Moriah Cerus. 15. Date of intended Interment July /7-1891 Jundertaker.

Charles T. Wooten, 1898

1193	83
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Per	mit.
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased OMAS 1. 14. Age 2/1/ 2. Sex Mall. 3. Color White . 4. Age 2/1/ 5. Married or single Single 6. Date of death Actables 11/2 Littles 7. Cause of death Divetes 11/2 Littles 8. Duration of last illness Carling of Married or Single Single Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation 10. Place of birth Cakland My 11. Residence Ward No. 12. Time of residence in the City 13. When a minor Name of Mother 14. Place of intended interment Hauweuw leen 15. Date of intended interment Clat 25 1898	
Gerald Servinde Date of Certificate LL 34/15. Residence	rtaker.

Infant of Elmore and Bettie Wooten, 1899

X Conney grand - 84
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
NUVCICIONIC CEDTIFICATE NDENODATADY TO BIÍDIAI
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL of Elmore + Bettie
1. Name of deceased Infant Worten
2. Sex male. 3. Color Black. 4. Age 4 rus
5. Married or single
6. Date of death / 10 2 1859
7. Cause of death Caryofelo
116 HP Corlemyte . M. D.
Residence
ECHANGA MANAGA M
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth City 11. Residence Citle + 7 7 . Ward No. 2
12. Time of residence in the City Name of Mother Bettin Wootin
13. When a minor Name of Father Elmon Wooten
14. Place of intended interment from ty
15. Date of intended interment The 29 1 cq 55
T. Hawly Vaym, Undertaker.
Date of Certificate Residence

Jacob Wooten, 1910

* This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased frest Working
2 Sex Malro 3. Color White, 4. Age 65 yes.
5. Married or Single Wort Know
6. Date of death Drpt. 30"1910.
7. Cause of death Not Ilnoun
8. Duration of last illness
RS' Hunter Jomo ND
Residence
Undertaker's Certificate in Relation to Deceased.
——————————————————————————————————————
9. Occupation
10. Place of birth Hont Know
11. Residence // '/ 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 15. Date of intended interment
1 1 45
Date of Certificate Let 1919. Residence formed card in his Wagon mean Morning.
Final dead in his Wagon man Moonings.
Salow in Hobsons Grove,

Julia Wooten, 1897

1049	86
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Julia Wolen	
2. Sex France 3. Color Plack. 4. Age 9 yrs	ia.
5. Married or single Engle	0.4.4
6. Date of Death 4 10 - 1897	
7. Cause of Death Dessenting	
8. Duration of last Illness Zuo wuls	
Elfris Call, M. I).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
——————————————————————————————————————	
9. Occupation	
10. Place of Birth Moura	
11. Residence Centre 7. Ward No. 27.	
12. Time of Residence in the City	•
13. When a Minor \ Name of Mother Hulla Moview	
Name of Father	
14. Place of intended Interment IIIh Illouah	*
15. Date of intended Interment 2-89 11" 189	
Guard Huard , Undertaker	
Date of Certificate Left 11"97. Residence	

Mary Wooten, 1891

This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
TEMPLATE A TAR A TATE AND THE
DUVIDLA VIO ARDRIPIA MIL DEDINA MARIA MARIA
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1 Name of downsord Man Mount Wood
1. Name of deceased Mrs Mary Woolin. 2. Sex Junal. 3. Color White . 4. Age 51 years
5. Married or Single Maurica
5. Married or Single Mauried 5. Date of Death April 22 000 / 89/
7. Cause of Death Bruenonia
8. Duration of last Illness Leve week
Corling AX, M. D.
Residence
ENDEDTIVEDS CERTIFICATE IN DELITION TO BEAUTIFE
9. Occupation
10 Place of Birth
11. Residence Park Sheet . Ward No /
12. Time of Residence in the City Several Went to
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment Harves Court
15. Date of intended Interment 4116
Freial Character, Undertaker.
Date of Certificate & J. Residence Col

Peter G. Wooten, 1913

88-1
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 Peter & Haaten
2. Sex male 3. Color White 4. Age SI yes.
5. Married or single Hedauce
6. Date of death May \$7-13
7. Cause of death Sendity -
8. Duration of last illness Ser lite Halista property
Charle Marian XX
Residence Bowling Green, Ky.
Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in Relation to Deceased.
9. Occupation afflice
10. Place of birth
11. Residence Variety Ward No. 12
12. Time of residence in the city
13. When a minor Name of mother
Name of father
14. Place of intended interment of firmer churches
15. Date of intended interment 2
Undertaker.
Date of Certificate May 54-2 Residence City

Peter G. Wooten, 1913

The state of the s		ealth of Kentucky Transit Permit No./ 17.0
y classified.		BOARD OF HEALTH
of certificate.	ounty of Jefferson CERTIFIC	ATE OF DEATH
	ity of Louisville (No. 25/2)	Malent St. 12 Ward) [If death occurred in hospital or institute is name in the instead
	FULL NAME Peters & Wo	g ve its NAME instead street and number.
	Personal and Statistical Particulars	Medical Certificate of Death
0	SEX 4 COLOR OR RACE Single, Marrioud, Marrioud, Marrioud, Or Divorced, (Warre the word)	16 DATE OF DEATH Oncy 27 191
6	DATE OF BIRTH Sept 1 1831	(Month) (Day) (Yea
	(Month) (Day) (Year)	17 JHERBBBY CERTIFY, That I attended deceased fro
7	81 yrs 8 mos 27 ds	(1915) to (1915)
8	Sawall & Real Estate	and that death occurred, on date stated above, at /200
	HIRTHPLACE CONT.	
	(State or country) Barron los Sty	The CAUSE OF DEATH* was as follows:
	10 NAME OF FATHER OF A SALE OF CONTROL OF THE SALE OF	Senitty
	11 BIRTHPIACE OF FATHER	
TA	(State or country)	(Duration) vrs / mos23
PARENTS	12 MAIDEN NAME OF MOTHER	Contributory Enlarged Prostale
1	13 BIRTHPLACE	(Secondary) (Duration) was 6 mag
	OF MOTHER (State or country)	(Signed) T & Somell M.
	THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BEHEF OF	may 29, 1913 (Address) 1809 Or Broad
	Informance May 100 len of achterior	18 LENGTH OF RESIDENCE(For Hospitals, Institutions, Transients or Recent Resider
15	PLACE WHERE REMAINS ARE TO BE SENT DATE OF SHIPMENT	at place of death yrs mos ds. State yrs mos o
6	owling Green My may 29 1013	Where was disease contracted,
SH	Scholhenborst Bros	if not at place of death?
FIR	M NAME of ADDRESS ADDRESS	Former or usual residence

Peter G. Wooten, 1913

TRANSPORTATION RULES.

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

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

bubonic plague, is absolutely prohibited.

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

After being disinfected as above, such hodies shall be an

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.

Bule 3. The hodies 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-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.

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

Rule 5. In the shipment of bodies dead from the surface of the shipment of bodies dead from the surface 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

that all necessary precaultions have been taken to prevent the spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping undertaker to the health officer, or, when there is no health officer, to other competent authority at destination, advising the date and train on which the body may be expected.

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

placed in an envelope, which envelope is to be securely tacked on the coffin box.

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

Pulse S. Every distinators holds dead from any disease of

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 ilcensed 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 time of death without having to obtain permission from the hear? 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.

B5F2

Philip H. Wooten, 1881

	Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased of halifa Il Woolen
	Sex Male . 3. Color Black . 4. Age 1 year
	Married or Single Lings
	Date of Death Sell 9 1281
	Cause of Death con Sam 1- Time
8.	Duration of last Illness Three Months
	J. F. M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation
9. 10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. Time of Residence in the City
9. 10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. Time of Residence in the City
9. 10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No.
9. 10. 11.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence Ward No. Time of Residence in the City
9. 10. 11. 12. 13.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence
9. 10. 11. 12. 13. 14.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED. Occupation Place of Birth Residence

Mrs. Roe W. Wooten, 1905

	90
	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	My Roe W. Worten
	Name of deceased Sex family 3. Color White 4. Age 30 yrs.
5.	Married or Single Manual 4. Age
6.	Date of death May 14"45
7.	Cause of death Consumption
8.	Duration of last illness
	S.W. Combs, M.D.
	Residence
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth
11.	Residence Ward No
12.	Time of residence in the city.
13.	When a minor Name of Mother Name of Father
14.	Place of intended interment May 15"
15.	Date of intended interment and financial
Dat	e of Certificate Mav. 15/1905. Residence , Undertaker.
7-1-1-1-1	

Steven Wooten, 1893

483)
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 Slevin Unter
2. Sex Male. 3. Color MIC . 4. Age 711-yrd
5. Married or Single Manuel
6. Date of Death Heb/8th/8th/893
7. Cause of Death During Duly
8. Duration of last Illness , M. D. Residence
9. Occupation
10. Place of Birth / Centucty
11. Residence S Ceta Straf . Ward No 1st
12. Time of Residence in the City
13. When a Minor. Name of Mother Name of Father
14. Place of intended Interment TMT Munal 15. Date of intended Interment Fish 19 12 1893
15. Date of intended Interment Heb 1912 1893 File Land Bro, Undertaker.
Date of Certificate Dely 18/93. Residence