

1877

Box 5, Folder 2 Bowling Green, Kentucky - Death Records, Will-Woo

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Adaline Williams, 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.

1. Name of Deceased *Adaline Williams*

2. Sex *Female* . 3. Color *Blk* . 4. Age *74 Years*

5. Married or Single _____

6. Date of Death *Jan 2 - 1881* .

7. Cause of Death *not known da age*

8. Duration of last Illness *12 months*
No Physician , M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ . Ward No *32*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Civil Court*

15. Date of intended Interment *Jan 3 - 1881*

P. H. Lawrence , Undertaker.

Date of Certificate *Jan 3 - 81* . Residence _____

Democrat Job Print

Adaline Williams, 1881

Judge G. C. Crook

Adaline Williams

has been sick at Marshall McFerrans
a long time. other members of his
family are sick & he does not feel
able to defray funeral expenses.

Wm. C. Crook

31

City Court
Jan 21 1881

MSS 293
B5F2

1.	Name of Deceased	
2.	Sex	
3.	Age	
4.	Date of Birth	
5.	Place of Birth	
6.	Time of Residence in the County	
7.	When a Minor	
8.	Name of Father	
9.	Name of Mother	
10.	Place of intended Interment	
11.	Date of intended Interment	
12.	Signature of Undertaker	
13.	Date of Certificate	

Annie Neal Williams, 1903

21

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Annie Neal Williams*
2. Sex *female* 3. Color *white* 4. Age *4 yrs*
5. Married or single *single*
6. Date of death *April 5-1903*
7. Cause of death *Burn*
8. Duration of last illness *24 hours*
Dr. Huddle *G. E. Huddle* M. D.
Residence *1028 S. Park St*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *[Redacted]*
10. Place of birth *[Redacted]*
11. Residence *Cox handle factory* Ward No. *[Redacted]*
12. Time of residence in the City *[Redacted]*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Spring Hill Cemetery*
15. Date of intended interment *April 6 1903*
H. Sawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Benna Williams, 1895

831 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 Benna Williams
2. Sex female 3. Color Black 4. Age 28
5. Married or single married
6. Date of Death Jan 4 1895
7. Cause of Death Consumption
8. Duration of last Illness 1 year
no physician, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth city
11. Residence center Ward No. 3
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment Mt Moriah
15. Date of intended Interment _____
Robert Payne, Undertaker.
Date of Certificate _____ Residence _____

Charles Williams, 1897

1059 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 Charles Williams
2. Sex Male 3. Color Blk. 4. Age 22 yrs.
5. Married or single Single
6. Date of Death Oct. 7" 1897.
7. Cause of Death Dropsy
8. Duration of last Illness _____

J. D. Porter M. D.
Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Allen County
11. Residence 7th Stuck . Ward No. 2nd
12. Time of Residence in the City _____

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

14. Place of intended Interment Mt. Moriah Cem.
15. Date of intended Interment Oct. 7" 1897.
Guard & Guard, Undertaker.

Date of Certificate Oct. 7" 97. Residence _____

Cora Williams, 1906

RETURN OF A DEATH.

5-2

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Cora E. Williams Wife of S. J.*
2. Sex *Female*
3. Color *White*
4. Age *36.*
5. Married or single *Married*
6. Date of death *June 18th 1906.*
7. Cause of death *Consumption*
8. Duration of last illness

....., M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *Elizabethton, Ky.*
11. Residence *Paducah, Ky.* Ward No.
12. Time of residence in the City.
13. When a minor { Name of Mother *Mrs. Nancy Grathouse*
Name of Father *John S. Grathouse*
14. Place of intended interment *Fairview Cemetery.*
15. Date of intended interment *June 21st 1906.*

Samuel G. Garard. Undertaker.

Date of Certificate *June 21st 1906.* Residence

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

Cora E. Williams, 1906

1. NAME IN FULL
 2. COLOR
 White
 Black (Negro or Mixed)
 Chinese
 3. SEX
 Male
 Female
 4. CONJUGAL CONDITION
 Single
 Married
 Widowed
 Divorced

NOTE--For Questions 2, 3 and 4 Strike out Words not Applicable.

5. Date of Death { Year 1906
 Month June
 Day 18 } 6. Of Birth { Year 1896
 Month June
 Day 18 } 7. Age { Years 10
 Months
 Days

8. Occupation
 (Return occupation for all persons 10 years of age and over.)

9. Place of Birth
 10. Birthplace of Father State or Country.
 11. Birthplace of Mother

12. Disease or Cause of Death:
 Chief Cause Consumption
 Contribution Cause Same

DURATION. []

Place where disease was contracted. If other than place of death

13. Place of Death, No. 224-A-10 Street Ward.
 If death occurred in an institution, give name of same.....
 Length of time deceased was an inmate..... and previous residence

14. Late Residence Paducah, Ky.
 Length of Residence (city or town) 1 year 10 months

Undertaker J. D. ...
 Place of Interment Bohringers Cemetery

Signature Dr. B. L. Bradley M. D.
 Of Physician or Informant
 Date of Certificate June 19 1906
 J. J. Graves Health Officer.

Mrs. E. A. Williams, 1897

1023 6

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. E. A. Williams*
2. Sex *Female* 3. Color *White* 4. Age *67 yrs*
5. Married or single *Widow*
6. Date of Death *June 24/1897*
7. Cause of Death *Paralysis*
8. Duration of last Illness _____

A. C. Hughes, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth _____
11. Residence *Paris Pike* Ward No. *3rd*
12. Time of Residence in the City _____

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

14. Place of intended Interment *Fairview Cemetery*
15. Date of intended Interment *June 25/1897*
F. G. Edward & Son, Undertaker.
Date of Certificate *June 24/97* Residence _____

A. C. Hughes

George P. Williams, 1912

7

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

RETURN OF A DEATH.

1147

Physician's Certificate Preparatory to Burial.

1. Name of deceased Geo P Williams

2. Sex Male 3. Color white 4. Age 52

5. Married or Single Single

6. Date of death July 18 1912

7. Cause of death Pharyngitis this throat

8. Duration of last illness cut. off by dysentery

Geo. E. Gray, Corv. W.C., M. D.
Residence Bowling Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth Lainsville

11. Residence Bowling Green Ky. Ward No.

12. Time of residence in the city

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

14. Place of intended interment Farmers Den

15. Date of intended interment July 19 1912

Thomas Kelly, Undertaker.

Date of Certificate Residence B.G. Ky.

Giles Edwards Williams, 1912

8

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

RETURN OF A DEATH.

1267

Physician's Certificate Preparatory to Burial,

Giles Williams

1. Name of deceased Giles Edward Williams

2. Sex Male 3. Color White 4. Age 2 d

5. Married or Single single

6. Date of death October 12, 1912

7. Cause of death Pneumonia, Asphyxia

8. Duration of last illness 2 days

McComast & Smith, M. D.

Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation

10. Place of birth BOWLING GREEN, KY

11. Residence St. Josephs Hospital Ward No. 1

12. Time of residence in the city 4 days

13. When a minor { Name of Mother Mrs. E. Williams
Name of Father G. E. Williams

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Oct 14 1912

GERARD & GERARD, Undertaker.

Date of Certificate OCT 14 1912 Residence BOWLING GREEN, KY

J. A. Williams, 1910

9

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased J A Williams
 2. Sex male 3. Color White 4. Age 53
 5. Married or Single married
 6. Date of death May 26, 1910
 7. Cause of death Cancer of Neck
 8. Duration of last illness 1 year
 Signature W^m A Bruggs, M. D.
 Residence 102 Adams

Undertaker's Certificate in Relation to Deceased.

9. Occupation Farmer
 10. Place of birth _____
 11. Residence Warren County 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 Cem
 15. Date of intended interment May 28 1910
 Signature Enoch Killen, Undertaker.
 Date of Certificate _____ Residence BH Ky

J. E. Williams, 1907

10

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

RETURN OF A DEATH.

359

Physician's Certificate Preparatory to Burial.

1. Name of deceased J. E. Williams
 2. Sex Male 3. Color White 4. Age 53 yrs.
 5. Married or single single
 6. Date of death DEC 11 1907
 7. Cause of death curbital hemorrhage
 8. Duration of last illness W.H.M. = 6 weeks M. D.
 Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Wholesale Merchant
 10. Place of birth Cumberland Co Ky
 11. Residence Gerardway Ward No. 1
 12. Time of residence in the city 4 yrs
 13. When a minor { Name of mother _____
 Name of father _____
 14. Place of intended interment Fairview Cemetery
 15. Date of intended interment Dec 12/1907
GERARD & GERARD Undertaker.
 Date of Certificate DEC 11 1907 Residence BOWLING GREEN, KY

Jainnie Williams, 1911

11

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

RETURN OF A DEATH.

1075

Physician's Certificate Preparatory to Burial.

1. Name of deceased Jainnie Williams
2. Sex female 3. Color col 4. Age 18
5. Married or single married
6. Date of death Sept. 10-1911.
7. Cause of death Tuberculosis
8. Duration of last illness Four months

V. S. Porter M. D.
Residence B Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper
10. Place of birth Bowling Green
11. Residence First St. Ward No. 2
12. Time of residence in the city during life
13. When a minor { Name of mother Lizzie May
Name of father Chas. May
14. Place of intended interment mt. moriah Cemetery
15. Date of intended interment Sept. 13-1911

J. E. Humphreys Undertaker.

Date of Certificate Sept. 12-1911 Residence 7 & College Street

John Williams, 1913

12

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

RETURN OF A DEATH.

1395

Physician's Certificate Preparatory to Burial.

1. Name of deceased John Williams
2. Sex male 3. Color Col 4. Age 37
5. Married or single married
6. Date of death May 17 - 1913
7. Cause of death Organic Heart Trouble
8. Duration of last illness P. E. Matlock learner
J. E. Matlock learner M. D.

Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation Laborer
10. Place of birth Virginia
11. Residence High St Ward No. 3
12. Time of residence in the city about 23 yrs
13. When a minor { Name of mother Bert Knaw
 { Name of father Jessie Williams
14. Place of intended interment Mt moriah
15. Date of intended interment May 18 - 1913
J. E. Matlock learner Undertaker.

Date of Certificate May 18 - 1913 Residence Cor 7th & College St

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.

3 y 7 m

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of John Williams*
2. Sex *Male* 3. Color *Black* 4. Age *2 yrs*
5. Married or single *Single*
6. Date of death *Jan. 8 - 07*
7. Cause of death *Pneumonia*
8. Duration of last illness *about 2 weeks*
J. W. Willis, M. D.
Residence *533 Second St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Bowling Green main St*
11. Residence *Bowling Green* Ward No. *3*
12. Time of residence in the City. *during life*
13. When a minor { Name of Mother _____
Name of Father *John Williams*
14. Place of intended interment *mt. moriah cemetery*
15. Date of intended interment *Jan. 9 - 07*
J. E. Humphreys Undertaker.
Date of Certificate _____ Residence *over 47*
College 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.

1384

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Joseph A. Williams*
2. Sex *Male* 3. Color *White* 4. Age *32 yrs.*
5. Married or single *Married*
6. Date of death *Apr 29" 1913.*
7. Cause of death *Lympho-Sarcoma*
8. Duration of last illness *6 weeks*
Fred D. Cartwright M. D.
Residence *Bowling Green, Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Straw Boatman*
10. Place of birth *Paysville Ky.*
11. Residence *Delapfield (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 *Fairview Cemetery*
15. Date of intended interment *May 1" 1913.*
GERARD & GERARD. Undertaker.
Date of Certificate *Apr. 30" 1913.* Residence *Bowling Green, Ky.*

Lida Williams, 1906

70 15

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Lida Williams*
2. Sex *Female* 3. Color *White* 4. Age *13 yrs.*
5. Married or single *Single*
6. Date of death *JUL 21 1906*
7. Cause of death *Drowned*
8. Duration of last illness
Dr. E. Gray Cowson M. D.
Residence *BOWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *Warren Co.*
11. Residence *11 1/2 St.* Ward No.
12. Time of residence in the City.
13. When a minor { Name of Mother *Mrs. Rachel Potter*
Name of Father *Dead Wm Williams*
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *JUL 23 1906*

GERARD & GERARD. Undertaker.
Date of Certificate *JUL 22 1906* Residence *BOWLING GREEN, KY*

Martha A. Williams, 1912

16

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

RETURN OF A DEATH.

1283

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Martha A. Williams

2. Sex Female 3. Color White 4. Age 70 yrs.

5. Married or Single Married

6. Date of death Nov. 3" 1912.

7. Cause of death Inflammation of Stomach & Bowels

8. Duration of last illness _____

J. E. Meredith, M. D.
Residence BOWLING GREEN, KY

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Warren, Co. Ky.

11. Residence Collins St. Ward No. 2

12. Time of residence in the city 9 yrs.

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment Nov. 4" 1912.

GERARD & GERARD, Undertaker.

Date of Certificate Nov 3" 1912. Residence BOWLING GREEN, KY

Infant of Rosa Williams, 1898

1105 17

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Infant of ^{Rosa} Williams

2. Sex _____ 3. Color Black 4. Age _____

5. Married or single _____

6. Date of death July 27 1898

7. Cause of death _____

8. Duration of last illness _____

B L Cullin Coroner W.C.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth H. B. City

11. Residence 11th + Elm Ward No. 1

12. Time of residence in the City _____

13. When a minor } Name of Mother Rosa Williams ^{col}
 } Name of Father _____

14. Place of intended interment County Grounds

15. Date of intended interment July 28 1898

Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

B L Cullin Coroner
mc

Child of Rose Williams, 1897

18

out city

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 Rose Williams*

2. Sex *Male* 3. Color *Black* 4. Age *6 mo.*

5. Married or single *single*

6. Date of Death *Jan'y - 19 - 1897*

7. Cause of Death *Peripneumonia*

8. Duration of last Illness _____

J W Cowley, M. D.

Residence *Health Officer*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

11. Residence *12th Street* Ward No. *1st*

12. Time of Residence in the City _____

13. When a Minor } Name of Mother *Rose Williams*
 } Name of Father _____

14. Place of intended Interment *County Cemetery*

15. Date of intended Interment *Jan'y 20 - 1897*

A. C. Guard Pro, Undertaker.

Date of Certificate *Jan'y 20 1897* Residence *City*

Rush Williams, 1901

19

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Rush Williams
2. Sex male 3. Color col 4. Age 27 yrs
5. Married or single Single
6. Date of Death April 24 - 1901
7. Cause of Death Drowned
8. Duration of last illness -----
S. W. Coombs, M. D.
Residence State St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Laborer
10. Place of Birth Ky - Mann Co
11. Residence Park St Ward No. 1st
12. Time of Residence in the City Life Time
13. When a Minor } Name of Mother -----
 } Name of Father -----
14. Place of intended Interment mt Moriah Cem
15. Date of intended Interment May - 1 - 1901
Guard & Guard, Undertaker.
Date of Certificate _____ Residence _____

Child of S. T. and Cora Williams, 1898

1194 20

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Child of S. T. Williams ^{Cora Williams}

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

5. Married or single -

6. Date of death Oct 27 / 98

7. Cause of death Still born

8. Duration of last illness -

Jno. P. Cartwright, M. D.

Residence B. Green Ky

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation -

10. Place of birth Bonhoy Ky

11. Residence Broadway St Ward No. 1st

12. Time of residence in the City Life time

13. When a minor { Name of Mother Cora. Williams
Name of Father S. T. Williams

14. Place of intended interment Lairds Cem

15. Date of intended interment Oct 28 / 98

Edward Edward Undertaker.

Date of Certificate Oct 29 / 98 Residence -

Samantha Williams, 1904

21

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss. Samantha Williams*

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

5. Married or Single *Single*

6. Date of death *Apr. 15" 04.*

7. Cause of death *Pulmonary Tuberculosis*

8. Duration of last illness _____

J. H. Blackburn, M. D.

Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth _____

11. Residence *15th High St.* Ward No. *1*

12. Time of residence in the city _____

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

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Apr. 16" 04.*

Grand & Grand, Undertaker.

Date of Certificate *Apr. 16" 04.* Residence _____

Barren Willis, 1892

370 - 22

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 *Barren? Barren Willis*

2. Sex *Male* . 3. Color *Color* . 4. Age *20 months*

5. Married or Single *Single*

6. Date of Death *Sept Jan 8th 1892*

7. Cause of Death *Cholera morbus.*

8. Duration of last Illness *18 hours.*

Dr. W. C. ..., M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *City*

11. Residence *11th street* . Ward No. *1st*

12. Time of Residence in the City _____

13. When a Minor. } Name of Mother *Hennetta Willis*
 } Name of Father *John H*

14. Place of intended Interment *Mt Vernon*

15. Date of intended Interment *Jan 8th 1892*

Frederick C. ..., Undertaker.

Date of Certificate *Jan 8th* . Residence _____

Belle Willis, 1881

19

This Constitutes ONE CERTIFICATE to be returned PERMIT 23

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Belle Willis*

2. Sex *female* 3. Color *black* 4. Age *66 years*

5. Married or Single *married*

6. Date of Death *Oct. 27th 1881*

7. Cause of Death *Dropsy - General Anasarca*

8. Duration of last Illness *8 months*

G. E. Townsend, M. D.
Residence *Bowling Green, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Butler County Ky*

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

12. Time of Residence in the City *31 years*

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

14. Place of intended Interment *Col Cemetery*

15. Date of intended Interment *Oct 28th*

A. W. Gerard, Undertaker.

Date of Certificate *Oct 27th 81* Residence _____

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.

1. Name of deceased *Clate Willis*
2. Sex *Male* 3. Color *White* 4. Age *18 Mo.*
5. Married or single *Single*
6. Date of death *June 8" 1903.*
7. Cause of death *Parotiditis*
8. Duration of last illness _____
W. A. Biggs., M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *City*
11. Residence *10th Street* Ward No. *2*
12. Time of residence in the City. *Lifetime*
13. When a minor { Name of Mother *Mrs. Calidona Willis*
Name of Father *Jake Willis*
14. Place of intended interment *Readyville, Ky.*
15. Date of intended interment *June 9" 1903.*
Isard and Isard, Undertaker.
Date of Certificate *June 8" 1903.* Residence *City*

Child of Foster and Rosa Willis, 1894

617 25

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Foster +

1. Name of deceased Child of Rosa Willis

2. Sex female 3. Color Black 4. Age 3 months

5. Married or single Single

6. Date of Death 27 day of April / 94

7. Cause of Death Supplicated

8. Duration of last Illness 3 months

G. N. Murphy, M. D.

Residence Bowling Green Ky.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Bowling Green Ky.

11. Residence 10 St. Ward No. 2

12. Time of Residence in the City 3 months

13. When a Minor { Name of Mother Rosa Willis
Name of Father Foster Willis

14. Place of intended Interment W. T. Moriah

15. Date of intended Interment 2 - 4 11 - 94

Edmund Brown, Undertaker.

Date of Certificate _____ Residence _____

Jake Willis, 1905

26

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Jake Willis*
2. Sex *Male* 3. Color *White* 4. Age *41*
5. Married or Single *Married*
6. Date of death *Nov. 2nd 05*
7. Cause of death *Typhoid fever*
8. Duration of last illness _____
W. A. Briggs, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth *Burton, Mo.*
11. Residence *10th St.* Ward No. *3*
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Burton County*
15. Date of intended interment *Nov. 3rd 05*
Garard & Friend, Undertaker.
Date of Certificate *Nov. 2nd 05* Residence *City*

John Willis, 1896

865 27

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John Willis*
2. Sex *Male* 3. Color *Blk* 4. Age *48*
5. Married or single *married*
6. Date of Death *March 23 1896*
7. Cause of Death *Cerebric of Brain*
8. Duration of last Illness *Two years*
J. M. C. *W. L. C.*, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Laborer*
10. Place of Birth _____
11. Residence *11th St* . Ward No. *1*
12. Time of Residence in the City _____
13. When a Minor { Name of Mother _____
Name of Father _____
14. Place of intended Interment *St. Moriah*
15. Date of intended Interment *March 29 1896*
Reuben Payne, Undertaker.
Date of Certificate _____ . Residence _____

John W. Willis, 1910

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. 28

RETURN OF A DEATH.

924

Physician's Certificate Preparatory to Burial.

1. Name of deceased *John W. Willis*
2. Sex *male*
3. Color *col*
4. Age *38*
5. Married or single *married*
6. Date of death *Oct 30, 1910*
7. Cause of death *Apoplexy*
8. Duration of last illness *One hour*

A. D. Fisher M. D.
Residence *Bowling Green Ky.*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Physician*
10. Place of birth *State of Tennessee*
11. Residence *2nd St 8* Ward No. *2*
12. Time of residence in the city *About 8 years*
13. When a minor { Name of mother *Mary Willis*
Name of father
14. Place of intended interment *mt mariah cemetery*
15. Date of intended interment *Nov. 2 - 1910*

J. E. Kuykendall Undertaker.
Date of Certificate *Oct 1, 1910* Residence *7 + college St.*

Moriah Willis, 1898

1151 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 Moriah Willis
 2. Sex Female 3. Color Blk. 4. Age 68 yrs
 5. Married or single Widow
 6. Date of death July 1 '98.
 7. Cause of death Inflammation of Bowels.
 8. Duration of last illness _____

C. D. Porter M. D.
 Residence City

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth _____
 11. Residence Center Street Ward No. 2
 12. Time of residence in the City _____
 13. When a minor } Name of Mother _____
 } Name of Father _____
 14. Place of intended interment W. H. Moriah Cemetery
 15. Date of intended interment July 3 '98.
Gerard S. Guard., Undertaker.
 Date of Certificate July 2 '98. Residence _____

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 Infant ^{of J.E.} Willoughby

2. Sex M 3. Color white 4. Age 2 weeks

5. Married or single single

6. Date of death Sept - 7 - 05

7. Cause of death inanition

8. Duration of last illness 1 1/2
weeks M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth City

11. Residence North Fair Ground Ward No. _____

12. Time of residence in the City 1 1/2

13. When a minor { Name of Mother _____
Name of Father J. E. Willoughby

14. Place of intended interment Springwood Cem

15. Date of intended interment _____

Amos Pagon, Undertaker.

Date of Certificate _____ Residence _____

The mother of this child ^{child} died a few days after
its birth. Was buried by Ed Satterfield. Allen Springs
ky

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 ^{+ Mabel} Wilsford*

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

5. Married or single _____

6. Date of Death *Aug - 1 - 1897*

7. Cause of Death *Still Born*

8. Duration of last Illness _____

J. B. Wright, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Bey Ky*

11. Residence *Admas St* Ward No. *3rd*

12. Time of Residence in the City _____

13. When a Minor { Name of Mother *Mabel Wilsford*
Name of Father *Joe*

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Aug - 2 - 1897*

J. B. Wright & Son, Undertaker.

Date of Certificate *Aug - 1 - 1897* Residence *College St*

Harriett Wilson, 1913

32

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

RETURN OF A DEATH.

1405

Physician's Certificate Preparatory to Burial.

1. Name of deceased Harriett Wilson
2. Sex Female 3. Color White 4. Age 68 yrs.
5. Married or single Widow
6. Date of death May 30" 1913
7. Cause of death Paralysis
8. Duration of last illness several months
..... W. A. Burgo M. D.
Residence.....

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth.....
11. Residence 6th St. Ward No. 3
12. Time of residence in the city.....
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment Mt. Moriah.
15. Date of intended interment June 1" 1913.
..... **GERARD & GERARD.** Undertaker.
Date of Certificate MAY 31 1913 Residence.....

Harry Wilson, 1901

373

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 *Harry Wilson*
2. Sex *Male* 3. Color *Blk* 4. Age *67 yrs*
5. Married or single *Married*
6. Date of death *Sept 29 1901*
7. Cause of death *Asthma*
8. Duration of last illness _____
G. A. Murphy, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence *Dw. Land of R.R. North* Ward No. *2*
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Mt. Moriah Cemetery*
15. Date of intended interment *September 30, 1901*
Gerard and Gerard, Undertaker.
Date of Certificate *Sept. 30, 1901* Residence _____

James C. Wilson, 1904

34

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased James C. Wilson
2. Sex Male 3. Color White 4. Age abt. 73 yrs.
5. Married or Single Single
6. Date of death Oct. 31" 04
7. Cause of death Dysentery
8. Duration of last illness _____
J. C. Meredith, M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth _____
11. Residence 10th St. Ward No. 2
12. Time of residence in the city _____
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Nov. 1" 04.
Farand and Grand, Undertaker.
Date of Certificate Oct 31" 04. Residence _____

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.

1. Name of deceased *Mrs. John F. Wilson*
2. Sex *Female* 3. Color *White* 4. Age *45 yrs.*
5. Married or Single *Married*
6. Date of death *Oct. 29 '05*
7. Cause of death *Consumption*
8. Duration of last illness
J. W. Stone, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Tennessee*
11. Residence *Clay St.* Ward No. *2*
12. Time of residence in the city *16 yrs*
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Oct. 30 '05*
Gerard & Gerard, Undertaker.
Date of Certificate *Oct. 29 '05* Residence

Lizzie S. Wilson, 1911

37

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

RETURN OF A DEATH.

1137

Physician's Certificate Preparatory to Burial.

1. Name of deceased Lizzie S. Wilson
 2. Sex female 3. Color red 4. Age 7 yrs
 5. Married or single single
 6. Date of death Dec. 31 - 1911
 7. Cause of death Pneumonia
 8. Duration of last illness About 3 weeks
Dr. R. Francis M. D.
 Residence Banking College St.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
 10. Place of birth Kentucky
 11. Residence High St. Ward No. 2
 12. Time of residence in the city life
 13. When a minor { Name of mother Henry S. Wilson
 Name of father John S. Wilson
 14. Place of intended interment Eastern Union
 15. Date of intended interment Jan. 5 - 1912
Dr. H. K. ... Undertaker.
 Date of Certificate Jan. 4 - 1912 Residence 7 + College St.

Moriah Wilson, 1898

1158 38

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Moriah Wilson
2. Sex Female 3. Color Blk 4. Age 42 yrb.
5. Married or single Married
6. Date of death July, 18th 98.
7. Cause of death Heart Disease
8. Duration of last illness _____
O. H. Porter, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Warren, County
11. Residence Center Street Ward No. 2nd
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment St. Moriah Cemetery
15. Date of intended interment July 19th 98.
Guard & Guard, Undertaker.
Date of Certificate July 18th 98. 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 Nancy Wilson
2. Sex Female 3. Color Black 4. Age 83 yrs
5. Married or single widow
6. Date of death July - 27 - 1900
7. Cause of death Paralysis
8. Duration of last illness Several weeks.
O. D. Porter, M. D.
Residence State St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Ky
11. Residence Kentucky St Ward No. 3rd
12. Time of residence in the City Life time
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment Leominster Cemetery
15. Date of intended interment July 28 - 1900
Edward Leonard, Undertaker.
Date of Certificate July 28 - 1900 Residence _____

Olive Wilson, 1898

1/188 40

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Mrs Olive Wilson*
2. Sex *Female* 3. Color *White* 4. Age *59 yrs*
5. Married or single *Married*
6. Date of death *October 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 *Warren County*
11. Residence *Elizabethtown* Ward No. *3d*
12. Time of residence in the City _____
13. When a minor } Name of Mother _____
 } Name of Father _____
14. Place of intended interment *Danville Cem*
15. Date of intended interment *Oct 9 1898*
Grado Curran Undertaker.
Date of Certificate *Oct 9/98* 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.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL—

1. Name of deceased *Infant of Presley + Mariah Wilson*

2. Sex *male* . 3. Color *pink* . 4. Age *7 weeks*

5. Married or Single *Single*

6. Date of Death *Aug 14*

7. Cause of Death *Spasms*

8. Duration of last Illness _____

J. F. McElroy, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED—

9. Occupation _____

10. Place of Birth *BG*

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

12. Time of Residence in the City _____

13. When a Minor. } Name of Mother *Mariah Wilson*
 } Name of Father *Presley*

14. Place of intended Interment *Mt Vernon*

15. Date of intended Interment *Aug 14 1892*

H. G. [Signature] Undertaker.

Date of Certificate _____ . Residence _____

Rilla Wilson, 1879

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 *Rilla Wilson*

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

5. Married or Single *Single* ^{Wife}

6. Date of Death *August 15th 1879*

7. Cause of Death *Phthisis (Pneumony)*

8. Duration of last Illness *unknown*

W. P. Meadows, M. D.
Residence *Bowling Green*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Warren Co Ky*

11. Residence _____ Ward No. *3rd*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *Aug 15th*

Frank Johnson, Undertaker.

Date of Certificate *Aug 15th 79.* Residence _____

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 *Female.* 3. Color *White.* 4. Age *2 yrs.*
5. Married or Single *Single.*
6. Date of Death *Apr 26th/1891*
7. Cause of Death *Convulsion.*
8. Duration of last Illness *one day*
Claypool Robinson, M. D.
Residence *B4*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *Summers*
11. Residence *Clay Street.* Ward No *4th*
12. Time of Residence in the City *4 months.*
13. When a Minor. } Name of Mother *Aggie Wilson*
 } Name of Father *J. " "*
14. Place of intended Interment *Summers*
15. Date of intended Interment *Apr 28th/91.*
J. C. Guard, Undertaker.
Date of Certificate *Apr 27/91.* 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.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *child of Virgil Wilson*^{+Mary}

2. Sex 3. Color *Col.* 4. Age *Slave Born.*

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

6. Date of Death *May - 22 - 1901 -*

7. Cause of Death *not known*

8. Duration of last illness *-----*

G. N. Murphy, M. D.
Residence *Bowling Green, Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *-----*

10. Place of Birth *Chestnut St.*

11. Residence *Bowling Green Ky.* Ward No. *1st*

12. Time of Residence in the City *Life time*

13. When a Minor { Name of Mother *Mary Wilson*
 { Name of Father *Virgil Wilson*

14. Place of intended Interment *County Bowling*

15. Date of intended Interment *May 22 - 1901*

Edward Edward, Undertaker.

Date of Certificate Residence

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 *of W.W. & Lena*

2. Sex Male 3. Color Blk 4. Age

5. Married or single

6. Date of Death April 22" 97

7. Cause of Death Still Born

8. Duration of last Illness

E. H. Coombs, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth Park street

11. Residence Ward No. 1st

12. Time of Residence in the City

13. When a Minor } Name of Mother Lena Wilson
 } Name of Father W. W. Wilson

14. Place of intended Interment Int. Norwich

15. Date of intended Interment April 23" 97

E. H. Coombs & Bro., Undertaker.

Date of Certificate Apr 22/97 Residence

Infant of Walter and Bessie Wilson, 1911

46-1

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

RETURN OF A DEATH.

956

Physician's Certificate Preparatory to Burial.

Mary Francis Infant of Walter Wilson

1. Name of deceased *Mary Francis Infant of Walter Wilson*

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

5. Married or Single *Single*

6. Date of death *Jan. 17th 1911.*

7. Cause of death *Still Born (as per Transit Permit)*

8. Duration of last illness *E. J. Gerard,*
General Director, M. D.
Residence *General Director*

Undertaker's Certificate in Relation to Deceased.

9. Occupation *Smiths Grov Ky.*

10. Place of birth *Smiths Grov Ky.*

11. Residence *" " "* Ward No. *—*

12. Time of residence in the city *—*

13. When a minor { Name of Mother *Mrs. Bessie Wilson.*
Name of Father *Walter Wilson.*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Jan 18th 1911.*

GERARD & GERARD., Undertaker.

Date of Certificate *Jan 18/1911.* Residence *—*

Infant of Walter and Bessie Wilson, 1911

463

FORM V, S. No. 26. 40M. 11-1-10.

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).

H A Wright formerly states that he has charge of the removal
 from Smith Grove Ky to Bowling Green
 of the body of Mary Frances Wilson sex Female color White age Infant
 cause of death Still Born date of death Jan 17th 1911
 That the said body 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
 thirty hours after death, which time will expire _____ 191____, at _____ A. 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 $\frac{1}{2}$ of an inch thick, all joints ploughed, grooved, and glued, top and b
 tom put on with cleats and cross-pieces, all put together with screws; to be tightly closed with w
 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 18th day of Jan, 1911
 Date Jan 18 _____

 Signature of Undertaker.

Shipped by H. A. Wright Date Jan 18 1911 Time 11:40
 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. 7792

This form must be securely attached to the outside shipping case and accompany body to its
 destination.

Case Index # 22138

Child of William Wilson, 1899

109 47

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Child of W^m Wilson
2. Sex Female 3. Color Pk 4. Age —
5. Married or single —
6. Date of death Dec. 10/99
7. Cause of death Stillborn
8. Duration of last illness —

S. H. Coombs, M. D.
Residence City Physician

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation —
10. Place of birth City
11. Residence Center Ward No. 2
12. Time of residence in the City —
13. When a minor } Name of Mother —
 } Name of Father W^m Wilson
14. Place of intended interment Mt. Moriah
15. Date of intended interment Dec. 10/99
Guard and Garwood, Undertaker.
Date of Certificate Dec 10/99 Residence —

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.

791

Physician's Certificate Preparatory to Burial.

1. Name of deceased E. J. Wiltshire
2. Sex Male 3. Color White 4. Age 47 yrs.
5. Married or single Married
6. Date of death Married
7. Cause of death Accident
8. Duration of last illness
Signature John E. Gray, Coroner of M. D.
Residence Hannan Co.

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth Edmonson, Co
11. Residence Thomas Ave Ward No. 2
12. Time of residence in the city 6 Mo
13. When a minor { Name of mother
Name of father
14. Place of intended interment Fairview Cemetery
15. Date of intended interment March 29" 1910
GERARD & GERARD Undertaker.
Date of Certificate Mar. 29" 1910 Residence

E. J. Wiltshire, 1910

482

Dup

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 E. J. Wiltshire

2. Sex Male 3. Color white 4. Age 47 years

5. Married or Single Married

6. Date of death _____

7. Cause of death accidental - caused by Boiler explosion

8. Duration of last illness _____

Geo E. King W.C., M. D.
Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____

10. Place of birth Edmondson Mo.

11. Residence Tilman Ave. Ward No. 2

12. Time of residence in the city 6 months

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

14. Place of intended interment Fairview Cemetery

15. Date of intended interment March 29 - 1910

_____, Undertaker.

Date of Certificate March 29 - 1910 Residence _____

William B. Winans, 1907

49

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

RETURN OF A DEATH.

188

Physician's Certificate Preparatory to Burial.

Winans

1. Name of deceased William B. Winans
 2. Sex male 3. Color white 4. Age 78 yrs
 5. Married or single married
 6. Date of death March 21 1907
 7. Cause of death Bright Disease
 8. Duration of last illness months -
- W. T. Starn M. D.
Residence city

Undertaker's Certificate in Relation to Deceased.

9. Occupation [Signature]
 10. Place of birth [Signature]
 11. Residence City St Ward No.
 12. Time of residence in the city 60 years
 13. When a minor { Name of mother
Name of father
 14. Place of intended interment Fairview Cem
 15. Date of intended interment March 22 1907
- Hawley Payne Undertaker.
Date of Certificate Residence

Infant of W. A. and Mollie Winchester, 1892

4411 50

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Infant Winchester* *of W.A. + Mollie*

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

5. Married or Single _____

6. Date of Death *June 18 1892*

7. Cause of Death *Immature*

8. Duration of last Illness _____

Meredith *J. E. Meredith* M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____

10. Place of Birth *City*

11. Residence *City* Ward No. *4*

12. Time of Residence in the City _____

13. When a Minor. } Name of Mother *Mollie Winchester*
 } Name of Father *W.A. Winchester*

14. Place of intended Interment *Hillview Cem*

15. Date of intended Interment *June 19th 1892*

Peather & Payne, Undertaker.

Date of Certificate _____ Residence *City*

Loretta Wingfield, 1899

~~28~~ 28 51

~~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 Loretta Wingfield*

2. Sex *Female* 3. Color *White* 4. Age *16 yrs.*

5. Married or single *Single*

6. Date of death *April 21 '99*

7. Cause of death *Typhoid Fever*

8. Duration of last illness

B. H. Mulliken, M. D.

Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of birth *Edmonson County Ky.*

11. Residence *Main St.* Ward No. *3rd*

12. Time of residence in the City *Four yrs.*

13. When a minor } Name of Mother *Mrs. Agnes Wingfield*
 } Name of Father *James M. Wingfield*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *April 22 '99*

Edward T. Grand, Undertaker.

Date of Certificate *Apr. 21 '99* Residence

Annie R. Winkler, 1904

52

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Winkler

1. Name of deceased *Annie R. Winkler*

2. Sex *female* 3. Color *white* 4. Age *72 yr*

5. Married or single *widow*

6. Date of death *March 19-1904*

7. Cause of death *Angina Pectoris*

8. Duration of last illness

Blasburn *Geo H. Mackey* M.D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of birth

11. Residence *Woodford St* Ward No.

12. Time of residence in the City. *9 years*

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

14. Place of intended interment *Fairview Cem*

15. Date of intended interment *Mar 21 1904*

Hawley Payne Undertaker.

Date of Certificate Residence

Lorenza Winon, 1896

966 53

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 *Lorenza Winon*

2. Sex *Male* 3. Color *Blk* 4. Age *87 yrs*

5. Married or single *Widow*

6. Date of Death *Dec 7/1896*

7. Cause of Death *Inflammation of Stomach*

8. Duration of last Illness _____

J. H. Porter, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence *2nd street* Ward No. *1st*

12. Time of Residence in the City _____

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

14. Place of intended Interment *Mt Moriah*

15. Date of intended Interment *Dec 8/1896*

A. C. Grand Hero, Undertaker.

Date of Certificate *Dec 7/1896* Residence _____

T. V. Winstead, 1896

461 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 T. V. Winstead
2. Sex male 3. Color white 4. Age 35 yrs.
5. Married or single married
6. Date of Death Nov - 20 - 1896.
7. Cause of Death Sacramento Citrus
8. Duration of last Illness One week
C. Winstead, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Druggist
10. Place of Birth Meade Co. Ky
11. Residence Kentucky St Ward No. 3rd
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment St Joseph Cem
15. Date of intended Interment Nov 22/1896.
File Guard 1890, Undertaker.
Date of Certificate Nov. 21/96 Residence _____

Alice Winston, 1910

55

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

RETURN OF A DEATH.

869

Physician's Certificate Preparatory to Burial.

1. Name of deceased Alice Winston
 2. Sex Female 3. Color Coe 4. Age 36
 5. Married or Single married
 6. Date of death July 28 1910
 7. Cause of death Tuberculosis
 8. Duration of last illness 4 weeks
V. E. Tygnet, M. D.
 Residence 1223 Center St.
Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation none
 10. Place of birth Don't know
 11. Residence Bowling Green Ky Ward No. _____
 12. Time of residence in the city Don't know
 13. When a minor { Name of Mother " "
 { Name of Father " "
 14. Place of intended interment MT Mariah cem
 15. Date of intended interment July 30 1910
Ernie Kelly, Undertaker.
 Date of Certificate _____ Residence Bowling Green

Sylvester Winston, 1900

48 56

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Sylvester Winston
2. Sex male 3. Color black 4. Age 4 yrs
5. Married or single single
6. Date of death May 14th 1900
7. Cause of death Consumption
8. Duration of last illness Three weeks
W. D. Forbe, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Franklin
11. Residence Tenth St Ward No. _____
12. Time of residence in the City Six months
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Franklin
15. Date of intended interment May 18 1900
J. E. Hughes, Undertaker.
Date of Certificate June 10 1900 Residence Bowling
Green 815 State St

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 Wintersmith
2. Sex Female 3. Color White 4. Age 21 years
5. Married or single Single
6. Date of Death April 2 - 1893
7. Cause of Death Obscure
8. Duration of last Illness 5 weeks
H. P. Cortwright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Hardin Co,
11. Residence State St. Ward No. 2
12. Time of Residence in the City _____
13. When a Minor } Name of Mother Mrs. Emma Wintersmith
 } Name of Father Dead
14. Place of intended Interment Fairview Cemetery
15. Date of intended Interment April 3 - 1893
F. C. Guard & Bro, Undertaker.
Date of Certificate April 3 93 Residence Italy

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 Arther Withers
2. Sex Male 3. Color Blk 4. Age 13 years
5. Married or single Single
6. Date of Death May 11th 1894
7. Cause of Death Typhoid Fever
8. Duration of last Illness 10 Weeks
J. E. Meredith, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth City
11. Residence Coley Street . Ward No. _____
12. Time of Residence in the City _____
13. When a Minor } Name of Mother _____
 } Name of Father John Withers
14. Place of intended Interment Mt Zion
15. Date of intended Interment May 12th 94
H. C. ..., Undertaker.
Date of Certificate _____ . Residence _____

Elizabeth Withers, 1896

59

Out of town

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Elizabeth Withers*
2. Sex *female* 3. Color *white* 4. Age
5. Married or single *widow*
6. Date of Death *April 10 1896*
7. Cause of Death *Breast Afebr.*
8. Duration of last Illness *One year*

g m m: c
shipped to
Elkton Ky

J. W. Gammell, M. D.
 Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *Todd Co Ky*
10. Place of Birth *Todd Co Ky*
11. Residence *Main St* Ward No. *1*
12. Time of Residence in the City *several years*
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment *Elkton Ky*
15. Date of intended Interment *Apr 13 1896*

Arthur W. Payne, Undertaker.

Date of Certificate Residence

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 Angie Witherspoon*
2. Sex *female* 3. Color *white* 4. Age *42 yrs*
5. Married or single *widow*
6. Date of death *Feb 1 1901*
7. Cause of death *Consumption*
8. Duration of last illness _____
Dr J. E. Mc _____, M. D.
J. P. b. _____
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Allen Springs*
11. Residence *Woodford St* Ward No. _____
12. Time of residence in the City. *years*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cem*
15. Date of intended interment *Feb 2 1901*
J. Hawley Payne, Undertaker.
Date of Certificate _____ Residence _____

Mary Witherspoon, 1882

61

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Mary Witherspoon*

2. Sex *Female* . 3. Color *White* . 4. Age *35 years*

5. Married or Single *Married*

6. Date of Death *July 18th 1882*

7. Cause of Death *Pneumonia and Uremia*

8. Duration of last Illness *Four weeks*

J. F. McGray, M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth *Iowa*

11. Residence *Frozen Row* . Ward No *1*

12. Time of Residence in the City *18 years*

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

14. Place of intended Interment *Fairview Cem*

15. Date of intended Interment *July 19th 1882*

J. C. Howard , Undertaker.

Date of Certificate *Aug 18th 82* . Residence _____

Democrat Job Print

Julia Ann Woerne, 1908

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

RETURN OF A DEATH.

501

Physician's Certificate Preparatory to Burial.

1. Name of deceased Mrs. Julia Ann Woerne.
2. Sex Female 3. Color White 4. Age 75 yrs.
5. Married or single Widow
6. Date of death Aug. 11" 1908.
7. Cause of death Cancer of the Stomach.
8. Duration of last illness Low. W. Stone M. D.
Residence 13. Green Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Germany
11. Residence Boat Landing Ward No.....
12. Time of residence in the city.....
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Aug. 12" 1908.
GERARD & GERARD Undertaker.
Date of Certificate Aug 11" 1908. Residence BOWLING GREEN, KY

Albert Wolfe, 1901

63

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 Wolfe*
2. Sex *Male* 3. Color *White* 4. Age *47 yrs.*
5. Married or single *Married*
6. Date of death *Mar 12/1901.*
7. Cause of death *Mitral Disease of heart.*
8. Duration of last illness
A. J. McCombs, M. D.
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of birth *Smiths Grove Ky.*
11. Residence *Dean Hotel Main St* Ward No. *3rd*
12. Time of residence in the City. *4 weeks*
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment *Smiths Grove Ky.*
15. Date of intended interment *Mar. 13th/1901.*
Guard & Guard, Undertaker.
Date of Certificate *Mar. 12/1901.* Residence

Martha Wolfe, 1904

64

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Martha Wolfe*
2. Sex *Female* 3. Color *White* 4. Age *82*
5. Married or Single *Widow*
6. Date of death *Dec 27 '04*
7. Cause of death *Ausis*
8. Duration of last illness
A. J. McConaughy, M. D.
Residence

Undertaker's Certificate in Relation to Deceased.

9. Occupation
10. Place of birth *Warren Co.*
11. Residence *Main St.* Ward No. *2*
12. Time of residence in the city
13. When a minor { Name of Mother
Name of Father
14. Place of intended interment *Smiths Grove, Ky.*
15. Date of intended interment *Dec 27 '04*
Grand & Grand, Undertaker.
Date of Certificate *Dec. 26/04* Residence

Mrs. M. B. Wolfenberger, 1903

65

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. M. B. Wolfenberger*
2. Sex *Female* 3. Color *White* 4. Age *71 yrs*
5. Married or single *Married.*
6. Date of death *November 23" 1903*
7. Cause of death *Heart trouble*
8. Duration of last illness _____
J. C. Marshall, M. D.
Residence *13 Green Ky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth *Virginia*
11. Residence *Church & Perry St.* Ward No. *3*
12. Time of residence in the City. *40 yrs*
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment *Fairview Cemetery*
15. Date of intended interment *Nov. 25" 1903*
Gerard and Gerard, Undertaker.
Date of Certificate *Nov. 24/1903* Residence *City*

Michel B. Wolfenberger, 1905

666

* * 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 Michel B. Wolfenberger.
2. Sex Male 3. Color White 4. Age 77 yrs.
5. Married or Single Married
6. Date of death June 25/05.
7. Cause of death Inflammation of Bowels.
8. Duration of last illness _____
J. E. Meredith, M. D.
Residence _____

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 42 yrs
13. When a minor { Name of Mother _____
Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment June 26" 05.
Edward S. Grand, Undertaker.
Date of Certificate June 26/05 Residence _____

Child of William and Mary Wolfenberger, 1892

424 67

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.—

Child of ^{William & Mary} ~~Wm~~ Wolfenberger

1. Name of deceased *Child of Wm Wolfenberger*
2. Sex *Female* 3. Color *White* 4. Age *5 da.*
5. Married or Single *Single*
6. Date of Death *July 22 1902*
7. Cause of Death *Cholera morbus*
8. Duration of last Illness *2 days*
D. B. Wright, M. D.
Residence *12 on Lewis Green Ky*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City*
11. Residence *Main St* Ward No. *4th*
12. Time of Residence in the City *5 da.*
13. When a Minor. } Name of Mother *Mrs Mary A Wolfenberger*
 } Name of Father *Wm*
14. Place of intended Interment *Catholic Church*
15. Date of intended Interment *July 23/92*
F. C. Gibson, D., Undertaker.
Date of Certificate *July 22/92* Residence *City*

William A. Wolverton, 1907

68

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

RETURN OF A DEATH.

Physician's Certificate Preparatory to Burial.

1. Name of deceased Wm A Wolverton
2. Sex Male 3. Color White 4. Age 39 yrs.
5. Married or single ~~Married~~ Single
6. Date of death Jan'y. 27" 1907.
7. Cause of death Complication
8. Duration of last illness.....
M. D. Tom W. Stone
Residence B. Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....
10. Place of birth Bowling Green Ky.
11. Residence 7th and Center Ward No. 3
12. Time of residence in the city.....
13. When a minor { Name of mother.....
Name of father.....
14. Place of intended interment Fairview Cemetery
15. Date of intended interment Jan'y 28" 1907
GERARD & GERARD. Undertaker.
Date of Certificate Jan'y 28/1907. Residence BOWLING GREEN, KY

89224
8598
2728

Eliza Woods, 1910

69

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

RETURN OF A DEATH.

793

Physician's Certificate Preparatory to Burial.

1. Name of deceased Eliza Woods

2. Sex Female 3. Color Blk 4. Age 73 yrs.

5. Married or single Widow

6. Date of death MAR 31 1910

7. Cause of death Old age

8. Duration of last illness.....

W. A. Buggo M. D.

Residence Burling Green Ky

Undertaker's Certificate in Relation to Deceased.

9. Occupation.....

10. Place of birth.....

11. Residence 11th St Ward No. 1

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

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

14. Place of intended interment Mt Moriah Cemetery

15. Date of intended interment Apr 7 1910

GERARD & GERARD Undertaker.

Date of Certificate MAR 31 1910 Residence.....

Grew Woods, 1881

30 70

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

RETURN OF A DEATH.

Grew P

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Grew Woods*

2. Sex *Male* . 3. Color *Black* . 4. Age *60*

5. Married or Single *Married*

6. Date of Death *Mar 5th 1881*

7. Cause of Death *Pleurisy*

8. Duration of last Illness *5 days*

D. F. Mc , M. D.

Residence *Porter's Office*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth _____

11. Residence _____ . Ward No *2*

12. Time of Residence in the City _____

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

14. Place of intended Interment _____

15. Date of intended Interment _____

_____, Undertaker.

Date of Certificate _____ . Residence _____

Democrat Job Print

John D. Woods, 1906

71

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Dr. John D. Woods
2. Sex Male 3. Color White 4. Age 75 yrs.
5. Married or single Married
6. Date of death May 13th 06.
7. Cause of death Angina
8. Duration of last illness _____
H. P. Cartwright, M. D.
Residence BOWLING GREEN, KY.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth _____
11. Residence near BOWLING GREEN, KY. Ward No. _____
12. Time of residence in the City. _____
13. When a minor { Name of Mother _____
 { Name of Father _____
14. Place of intended interment Fairview Cemetery
15. Date of intended interment May 15th 1906.
GERARD & GERARD, Undertaker.
Date of Certificate May 14th 06. Residence BOWLING GREEN, KY.

Martha Allen Woods, 1906

72

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

RETURN OF A DEATH.

#63

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs. Martha Allen Woods.*
 2. Sex *Female* 3. Color *White* 4. Age *70 yrs.*
 5. Married or single *Widow of Dr. John S. Woods*
 6. Date of death *July 5 "06*
 7. Cause of death *Dysentery*
 8. Duration of last illness _____
 Signature *H. P. Cartwright*, M. D.
 Residence *BOWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
 10. Place of birth *Mississippi*
 11. Residence *Nashville Tenn* Ward No. _____
 12. Time of residence in the City. _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment *Fairview Cemetery*
 15. Date of intended interment *July 6 "1906.*
 Signature *GERARD & GERARD*, Undertaker.
 Date of Certificate *JUL 5- 1906* Residence *BOWLING GREEN, KY*

Samuel Woods, 1880

73

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Samuel Woods*
2. Sex *male* . 3. Color *dark copper*. Age *4 weeks*
5. Married or Single _____
6. Date of Death *Sept 6 1880*
7. Cause of Death *congestion of the Lungs*
8. Duration of last Illness *four weeks*
C. K. Omeal, M. D.
Residence *3rd ward*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

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

_____, Undertaker.
Date of Certificate _____ Residence _____

Democrat Print.

T. W. Woods, 1901

74

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

T.W.

1. Name of deceased T. W. Woods

2. Sex Male 3. Color white 4. Age 53 yrs

5. Married or single married

6. Date of death June 6th 1901

7. Cause of death _____

8. Duration of last illness Meningitis

J. N. M. Larmack M. D.
Residence po P by permission

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation " "

10. Place of birth " "

11. Residence Main St Ward No. 3

12. Time of residence in the City _____

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

14. Place of intended interment Fairview Cem

15. Date of intended interment June 6 1901

W. H. Payne, Undertaker.

Date of Certificate _____ Residence _____

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.

1. Name of deceased *Mrs. Hallie Woodson*
 2. Sex *Female* 3. Color *White* 4. Age *79 yrs.*
 5. Married or Single *Widow*
 6. Date of death *Oct. 6" 1910.*
 7. Cause of death *Chronic Bright's disease*
 8. Duration of last illness *About 3 months*
 Signature *J. W. Coombs*, M. D.
 Residence *Bowling Green Ky*

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth *BOWLING GREEN, KY.*
 11. Residence *Lawson Ave.* *BOWLING GREEN, KY.* Ward No. *1*
 12. Time of residence in the city *6 mo.*
 13. When a minor { Name of Mother _____
 Name of Father _____
 14. Place of intended interment *Richmond, Md*
 15. Date of intended interment *Oct. 8" 1910.*
GERARD & GERARD., Undertaker.
 Date of Certificate *OCT - 6 1910* Residence *BOWLING GREEN, KY*

John Woodson, 1907

76

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

RETURN OF A DEATH.

368

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John Woodson
2. Sex male 3. Color black 4. Age 38 yrs
5. Married or single single
6. Date of death Dec 26 - 07.
7. Cause of death no physician
8. Duration of last illness Twice Two weeks
....., M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation none
10. Place of birth Barren Co.
11. Residence Center St. Apt. 677 Ward No. 3
12. Time of residence in the City Six years
13. When a minor { Name of Mother Mary Woodson
 { Name of Father

14. Place of intended interment Pauper ground
15. Date of intended interment Dec 27 - 07
..... J. E. Key Kindall Undertaker.
Date of Certificate Dec 27 - 07 Residence 7 of College St.

Charles Woodward, 1908

771

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

RETURN OF A DEATH.

4/6

Physician's Certificate Preparatory to Burial.

1. Name of deceased Chas Woodward
2. Sex Male 3. Color White 4. Age _____
5. Married or single Married
6. Date of death Mar. 14/08
7. Cause of death _____
8. Duration of last illness _____

M. D. _____

Residence BOWLING GREEN, KY.

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
10. Place of birth Bowling Green Ky.
11. Residence Louisville Ky. Ward No. _____
12. Time of residence in the city _____

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

14. Place of intended interment Fairview Cemetery
15. Date of intended interment Mar 15-1908.

GERARD & GERARD. Undertaker.

Date of Certificate Mar 14/08 Residence BOWLING GREEN, KY.

810 2014
5708

Charles Woodward, 1908

2775

(Always write with ink.)

TRANSIT PERMIT.

TRANSPORTATION OF CORPSE.
KENTUCKY STATE DEPARTMENT OF HEALTH.

Transit Permit No.

PERMIT OF LOCAL BOARD OF HEALTH.
Department of Health, State of Kentucky.

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

In the City of Louisville County of Jefferson
(City, Town or Village.)

State of Kentucky, on this 14 day of July 1908

Permission is hereby given L. D. Bay holder of Embalmer's License No. 24
to remove for burial at Bowling Green County of Warren
State of Ky. the body of Charles Woodward
who died at Louisville County of Jefferson
on the 14 day of July 1908, at M. Aged 73 years 0 months and 0 days,
the cause of death being Pneumonia which is a Communicable disease requiring
shipment under Rule No. 4 of the Rules of the Kentucky State Department of Health for the Transportation of the dead,
as printed on the back of this Permit.

Name of person in charge of Transit. Mrs. John Woodward

Signed Oliver Basler
Registrar of Records of the Department of Health
of the State of Kentucky

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

Charles Woodward, 1908

MSS 293
B5F2

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 and bubonic plague, from one state, territory, district or province to another, is absolutely prohibited.

RULE 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria, (membranous croup), scarlet fever, (scarlatina, scarlet rash), erysipelas, glanders, anthrax or leprosy, shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton, and (c) washing the body with the disinfectant, all of which must be done by 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 dry cotton not less than one inch thick, completely wrapped in a sheet securely fastened and encased in an air-tight zinc, copper or lead-lined coffin, or iron casket, all joints and seams hermetically sealed, and all enclosed in a strong, tight wooden box, or the body being prepared for shipment by disinfecting and wrapping as above, may be placed in a strong coffin or casket, encased in an air-tight zinc, copper or tin-lined box, all joints and seams hermetically soldered.

For interstate transportation under this rule only embalmers holding a license issued or approved by the State or Provincial Boards of Health, or other state or provincial authority provided by law, after examination, shall be recognized as competent to prepare such bodies for shipment.

RULE 3. The bodies of those dead of typhoid fever, paratyphoid fever, tuberculosis or measles, may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than one inch thick and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket, or air-tight metal-lined box, provided that this shall apply only to bodies which can reach their destination within 30 hours from time of death. In all other cases, such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in Rule 2, when air-tight sealing and bandaging with cotton may be dispensed with.

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, washing the exterior of the body with the same and enveloping the entire body with a layer of dry cotton not less than one inch thick, and all wrapped in a sheet securely fastened and encased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in Rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

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

Before selling tickets, agents should carefully examine the transit permit and note the name of the passenger in charge, and of any others proposing to accompany the body, and see that all necessary precautions have been taken to prevent the

spread of the disease. The transit permit shall in such cases specifically state who is authorized by the health authorities to accompany the remains. In all cases where bodies are forwarded under Rule 2 notice must be sent by telegraph by the shipping embalmer 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 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, including health officer's or registrar's permit for removal, 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 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 part of the original 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 or transit permit shall be handed to the passenger in charge of the corpse. The whole duplicate copy shall be sent to the official in charge of the baggage department of the initial line, and by him to the secretary of the State or Provincial Board of Health of the state or province from which said shipment is made.

RULE 7. When bodies are shipped by express a transit permit as described in Rule 6 must be made out in duplicate. The undertaker's certificate and part of the original 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 it to accompany the express waybill covering the remains, and be delivered with the body at the point of destination to the person to whom it is consigned. The whole duplicate copy shall be sent by the forwarding express agent to the secretary of the State or Provincial Board of Health of the state or province from which said shipment was made.

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

RULE 9. All rules and parts of rules conflicting with these rules are hereby repealed.

Landis Woodward, 1896

9107 78

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 Landis Landis Woodward

2. Sex male . 3. Color white 4. Age 21 yrs

5. Married or single single

6. Date of Death July 13 1896

7. Cause of Death Consumption

8. Duration of last Illness Several months

A. B. W. A. B. W., M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth city

11. Residence Park St . Ward No. 1

12. Time of Residence in the City 1 yr

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

14. Place of intended Interment Fairview Cem

15. Date of intended Interment July 14 1896

Crater Payne, Undertaker.

Date of Certificate _____ . Residence _____

Nellie Woodward, 1896

911 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 *Ms Nellie N Woodward*
2. Sex *female* 3. Color *white* 4. Age *30 yrs*
5. Married or single *married*
6. Date of Death *July 16 1896*
7. Cause of Death *Septic*
8. Duration of last Illness
Dr McWhorter *B. H. McWhorter*, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth *Louisiana Ky*
11. Residence *Park St* Ward No. *1*
12. Time of Residence in the City *Life*
13. When a Minor { Name of Mother
Name of Father
14. Place of intended Interment *Rainbow Cemetery*
15. Date of intended Interment *July 17/96*
Pratt & Payne, Undertaker.
Date of Certificate Residence

O. L. Woodward, 1894

665 80

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased O. L. Woodward
2. Sex Male 3. Color White 4. Age 40 yrs.
5. Married or single Married
6. Date of Death Sept. 22nd, 1894.
7. Cause of Death accidental injury
8. Duration of last Illness three days
Cairnright Coombs Cairnright, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth Logan County
11. Residence Porter addition Ward No. 4th
12. Time of Residence in the City 4 yrs.
13. When a Minor } Name of Mother _____
 } Name of Father _____
14. Place of intended Interment Farriss Cemetery
15. Date of intended Interment Sept 23/1894.
T. B. Guard & Bro., Undertaker.
Date of Certificate Sept 23/94. Residence city

Paul Owen Woodward, 1881

81

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of Deceased *Paul Owen Woodward*

2. Sex *Female* . 3. Color *White* . 4. Age *5 weeks*

5. Married or Single *—*

6. Date of Death *November 17th 1881*

7. Cause of Death *Exhaustion*

8. Duration of last Illness *From birth*

T. J. Townsend, M. D.

Residence *Bowling Green, Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *—*

10. Place of Birth *Bowling Green, Ky.*

11. Residence *" " "* . Ward No *1*

12. Time of Residence in the City *—*

13. When a Minor { Name of Mother *Annanda Woodward*
Name of Father *Jno. J. Woodward*

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *November 18th 1881*

Frank Gerard, Undertaker.

Date of Certificate *Nov. 18th 1881* . Residence *Bowling Green*

Democrat Job Print

Child of Richard and Pearl Woody, 1891

264 88

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

RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Child of Richard Woody* ^{+ Pearl}
2. Sex *Female* 3. Color *Blk.* 4. Age *13 mo.*
5. Married or Single *Single*
6. Date of Death *Feb'y 16 / 1891.*
7. Cause of Death *Pneumonia*
8. Duration of last Illness _____
B. H. Mulliken, M. D.
Residence _____

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation _____
10. Place of Birth *City.*
11. Residence *Kentucky Ave.* Ward No. *2^{sd}*
12. Time of Residence in the City *13 mo.*
13. When a Minor. } Name of Mother *Pearl Woody*
 } Name of Father *Richard Woody*
14. Place of intended Interment *St. Moriah Cew.*
15. Date of intended Interment *Feb'y 17 - 1891*
J. O. Guard, Undertaker.
Date of Certificate *Feb'y 16 / 91.* Residence *City.*

Charles T. Wooten, 1898

1193 83

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased Chas T Wooten
2. Sex Male 3. Color White 4. Age 21 yrs
5. Married or single Single
6. Date of death October 23 1898
7. Cause of death Diabetes Mellitus
8. Duration of last illness
Cartwright & Coombs, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of birth Oakland Ky
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 Farewell Cem
15. Date of intended interment Oct 25 1898
Gerard & Gerard Undertaker.
Date of Certificate Oct 24/98 Residence _____

Infant of Elmore and Bettie Wooten, 1899

84

~~X~~ *County Guards* ¹⁷

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
of Elmore + Bettie

1. Name of deceased *Infant Wooten*

2. Sex *male* . 3. Color *Black* . 4. Age *4 mo*

5. Married or single *Single*

6. Date of death *Feb 25 1899*

7. Cause of death *Enterifera*

8. Duration of last illness *8 days*

H.P. *H.P. Costwright* , M. D.

Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of birth *City*

11. Residence *City + 7th* . Ward No. *2*

12. Time of residence in the City _____

13. When a minor } Name of Mother *Bettie Wooten*
 } Name of Father *Elmon Wooten*

14. Place of intended interment *County Ground*

15. Date of intended interment *Feb 24 1899*

F. Hawley Payne, Undertaker.

Date of Certificate _____ Residence _____

Jacob Wooten, 1910

85

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

RETURN OF A DEATH.

899

Physician's Certificate Preparatory to Burial.

1. Name of deceased Jacob Wooten
 2. Sex Male 3. Color White 4. Age 65 yrs.
 5. Married or Single Not known
 6. Date of death Sept. 30 1910.
 7. Cause of death not known
 8. Duration of last illness _____
R. S. Hunter J.P.M.C. M.D.
 Residence _____

Undertaker's Certificate in Relation to Deceased.

9. Occupation _____
 10. Place of birth Not known
 11. Residence " " Ward No. _____
 12. Time of residence in the city _____
 13. When a minor { Name of Mother _____
 { Name of Father _____
 14. Place of intended interment _____
 15. Date of intended interment _____
Guard & Guard, Undertaker.
 Date of Certificate Oct 1 1910 Residence _____
Found dead in his Wagon near Moonrigo.
Salon 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 Wooten*
2. Sex *Female* 3. Color *Black* 4. Age *9 yrs*
5. Married or single *Single*
6. Date of Death *Sept 10 - 1897*
7. Cause of Death *Dysentery*
8. Duration of last illness *Two weeks*
C. H. Pringle, M. D.
Residence _____

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____
10. Place of Birth *Warren Co.*
11. Residence *Center St* Ward No. *2nd*
12. Time of Residence in the City *Life Time*
13. When a Minor { Name of Mother *Julia Wooten*
Name of Father _____
14. Place of intended Interment *Wk Moriah*
15. Date of intended Interment *Sept 11" 1897*
Guard & Guard, Undertaker.
Date of Certificate *Sept 11" 97* Residence _____

Mary Wooten, 1891

280 87

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

RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs Mary Wooten*
2. Sex *Female* . 3. Color *White* . 4. Age *51 years*
5. Married or Single *Married*
6. Date of Death *April 22nd 1891*
7. Cause of Death *Pneumonia*
8. Duration of last Illness *Two weeks*
H. D. Cordwright, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation
10. Place of Birth
11. Residence *Park Street* . Ward No *1*
12. Time of Residence in the City *several months*
13. When a Minor.) Name of Mother
) Name of Father
14. Place of intended Interment *Fairview Cmt*
15. Date of intended Interment *April 24th*
Frederick Howard, Undertaker.
Date of Certificate *Apr 23-91*, Residence *City*
Wife of P. G. Wooten

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.

1402

Physician's Certificate Preparatory to Burial.

1. Name of deceased Peter G Wooten
 2. Sex male 3. Color White 4. Age 81 yrs.
 5. Married or single Widower
 6. Date of death May 27-13
 7. Cause of death Senility
 8. Duration of last illness perital satisfaction
- James W. [Signature]
 Funeral Director
 Residence Bowling Green, Ky.

Undertaker's Certificate in Relation to Deceased.

9. Occupation Lawyer
 10. Place of birth Pa.
 11. Residence Lancaster Ky 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 Lancaster Cemetery
 15. Date of intended interment May 29-13
- Genard [Signature] Undertaker.
 Date of Certificate May 29-13 Residence City

Peter G. Wooten, 1913

88-2

(Always write with ink.) **TRANSPORTATION OF CORPSE**

Form V. S. 65. 25M. 8-16-11. Commonwealth of Kentucky Transit Permit No. 1796

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
State of Kentucky
County of Jefferson
City of Louisville (No. 2512 Walnut St. 12 Ward)

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

FULL NAME Peter G. Wooten

Personal and Statistical Particulars			Medical Certificate of Death	
3 SEX Male	4 COLOR OR RACE White	5 Single, Married, Widowed, or Divorced. (WRITE the word) Widower	16 DATE OF DEATH May 27, 1913	
6 DATE OF BIRTH Sept 1, 1831			17 I HEREBY CERTIFY, That I attended deceased from April 2, 1913, to May 27, 1913, that I last saw him alive on May 27, 1913, and that death occurred, on date stated above, at 12:00 p.m.	
7 AGE 81 yrs 8 mos 27 ds			The CAUSE OF DEATH* was as follows: Senility	
8 OCCUPATION Lawyer + Real Estate			Contributory (Secondary) Enlarged Prostate	
9 BIRTHPLACE (State or country) Barren Co Ky			(Duration) yrs 6 mos ds.	
PARENTS	10 NAME OF FATHER Joseph Wooten	11 BIRTHPLACE OF FATHER (State or country) Va	(Signed) T. C. Gosnell, M. D. May 27, 1913 (Address) 1809 W Broadway	
	12 MAIDEN NAME OF MOTHER Sarah Wilson	13 BIRTHPLACE OF MOTHER (State or country) Va	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death yrs mos ds. In the State yrs mos ds.	
	14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) Lena Wooten Shackelford (Address) Sal Florida			Where was disease contracted, if not at place of death? Former or usual residence
15 PLACE WHERE REMAINS ARE TO BE SENT Bowling Green Ky			DATE OF SHIPMENT May 29, 1913	
SHIPPING UNDERTAKER Schepherhorst Bros 1822 W Market St				

THIS IS A COPY OF THE ORIGINAL DEATH CERTIFICATE.

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

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

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.

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

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

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

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

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

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

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

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

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

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

By order of the board.

J. N. McCORMACK, M. D.

December 30, 1910.

Secretary.

MSS 293
B5F2

Philip H. Wooten, 1881

89

B3

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 *Philip H. Wooten*

2. Sex *Male* 3. Color *Black* 4. Age *1 year*

5. Married or Single *Single*

6. Date of Death *Sept 9 1881*

7. Cause of Death *consumption*

8. Duration of last Illness *Three Months*

J. F. McElroy, M. D.
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation

10. Place of Birth

11. Residence Ward No. *1*

12. Time of Residence in the City

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

14. Place of intended Interment

15. Date of intended Interment

., Undertaker.

Date of Certificate Residence

Pantagraph Print.

Mrs. Roe W. Wooten, 1905

90

♥♥ 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. Roe W. Wooten*

2. Sex *Female* 3. Color *White* 4. Age *30 yrs.*

5. Married or Single *Married*

6. Date of death *Mar 14 " 05*

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 *city*

11. Residence *7th St.* Ward No. *1*

12. Time of residence in the city *Life time*

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

14. Place of intended interment *Fairview Cemetery.*

15. Date of intended interment *Mar 15 " 05.*

Guard. and Guard., Undertaker.

Date of Certificate *Mar. 15/1905.* Residence _____

Steven Wooten, 1893

483 91

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.

Wooten

1. Name of deceased Steven Wooten

2. Sex Male 3. Color W.C. 4. Age 70 yrs

5. Married or Single Married

6. Date of Death Feb 18th 1893

7. Cause of Death General Debility

8. Duration of last Illness Several months

Dr. Wright, M. D.

Residence W. H. Street

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation _____

10. Place of Birth Kentucky

11. Residence State Street . Ward No. 1st

12. Time of Residence in the City _____

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

14. Place of intended Interment Wt. Memorial

15. Date of intended Interment Feb 19th 1893

File G. W. B. Co., Undertaker.

Date of Certificate Feb 18/93 . Residence _____