


1877

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Lellia Worden, 1913

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

# RETURN OF A DEATH.

1323

## Physician's Certificate Preparatory to Burial

1. Name of deceased Lellia Worden  
2. Sex female 3. Color col 4. Age 29  
5. Married or single married  
6. Date of death Feb. 9 - 1913  
7. Cause of death Shock due to acute intestinal obstruction  
8. Duration of last illness About 12 hours  
J. H. Jones M. D.  
Residence 217 Main St

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Housekeeper  
10. Place of birth Bunonia Green  
11. Residence Cor. 4th & Chestnut Ward No. ....  
12. Time of residence in the city 29 yrs.  
13. When a minor { Name of mother Bettie Loring  
                          { Name of father Engel Loring  
14. Place of intended interment Mt. Moriah  
15. Date of intended interment Feb. 11 - 1913  
J. H. Jones Undertaker.  
Date of Certificate Feb. 11 - 1913 Residence Cor. 7th & College St.



Louis Wornie, 1899

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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 Louis Wornie  
2. Sex Male      Color White      4. Age 21 yrs.  
5. Married or single Single  
6. Date of death Feb. 14 '99  
7. Cause of death Dysentery  
8. Duration of last illness \_\_\_\_\_  
A. P. Cartwright, M. D.  
Residence \_\_\_\_\_

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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 Fairview Cemetery  
15. Date of intended interment Feb 15/99  
Guard & Guard, Undertaker.  
Date of Certificate Feb 15/99      Residence \_\_\_\_\_

Mrs. V. Worthington, 1892

563 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 *Mrs. V. Worthington*  
2. Sex *Female* 3. Color *White* 4. Age *32 yrs*  
5. Married or single *Married*  
6. Date of Death *Nov 7/92*  
7. Cause of Death *Cancer of Liver*  
8. Duration of last Illness *Several months or more*  
*L. B. Smyke*, M. D.  
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Macon County*  
11. Residence *Center Street* Ward No. *3rd*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Nov 8/92*  
*J. C. Guany & Co.*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence *Nov 8/92*



A. C. Wright, 1910

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

## RETURN OF A DEATH.

920

### Physician's Certificate Preparatory to Burial.

1. Name of deceased Dr. A. C. Wright  
2. Sex Male 3. Color White 4. Age 73  
5. Married or Single Married  
6. Date of death Oct 29, 1910  
7. Cause of death Cancer of Prostate Gland  
8. Duration of last illness Two years  
E. H. Hall, M. D.  
Residence Bowling Green Ky.

### Undertaker's Certificate in Relation to Deceased.

9. Occupation Physician  
10. Place of birth Bowling Green Ky.  
11. Residence Collins 41st Ward No. 1st  
12. Time of residence in the city.....  
13. When a minor { Name of Mother.....  
                          { Name of Father.....  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Oct 31st 1910  
Levand Paul Smith, Undertaker.  
Date of Certificate Oct 31-1910 Residence City



Addie Lee Wright, 1907

#278

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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 Addie Lee Wright*  
 2. Sex *Female* 3. Color *White* 4. Age *20 yrs.*  
 5. Married or single *Single*  
 6. Date of death *JUL 22 1907*  
 7. Cause of death *Tuberculosis*  
 8. Duration of last illness *several months*  
*Lillian South* M. D.  
 Residence *BOWLING GREEN, KY.*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation.....  
 10. Place of birth *Kentucky St.*  
 11. Residence *Kentucky St.* Ward No. *2*  
 12. Time of residence in the city.....  
 13. When a minor { Name of mother *George W. Wright*  
 Name of father *Mrs. Geo. W. Wright*  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *July 23<sup>rd</sup> 07.*  
*GERARD & GERARD* Undertaker.  
 Date of Certificate *July 27/07.* Residence *BOWLING GREEN, KY.*



Annie Wright, 1894

621

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 Annie Wright*  
2. Sex *Female* 3. Color *White* 4. Age *15 yrs.*  
5. Married or single *Single*  
6. Date of Death *May 20 '94.*  
7. Cause of Death *Bright Disease of Kidneys*  
8. Duration of last Illness

*C. H. ...*, M. D.  
Residence *B. G. ...*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of Birth *Brookings Green Ky.*  
11. Residence *College Street* Ward No.  
12. Time of Residence in the City *15 yrs*  
13. When a Minor } Name of Mother *Dead*  
                          } Name of Father *Dr. A. C. Wright*  
14. Place of intended Interment *Harvill Cemetery*  
15. Date of intended Interment *May 21 '94.*

*F. C. ...*, Undertaker.  
Date of Certificate *May 21 '94.* Residence



Carrie Wright, 1907

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

# RETURN OF A DEATH.

364

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased Carrie Wright  
 2. Sex female 3. Color white 4. Age 22 yrs  
 5. Married or single single  
 6. Date of death Dec-19-1907  
 7. Cause of death Purpura  
 8. Duration of last illness 2 weeks  
L. W. Starn M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Student - State Normal  
 10. Place of birth Bardotown Ky  
 11. Residence 13<sup>th</sup> lot college & Route Ward No. \_\_\_\_\_  
 12. Time of residence in the City. 6 months  
 13. When a minor { Name of Mother \_\_\_\_\_  
 Name of Father Wm Wright  
Bardotown Ky RFD #1  
 14. Place of intended interment Bardotown Ky  
 15. Date of intended interment Dec-21-1907  
Hawley Payne Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Mrs. Charles E. Wright, 1899

113 82

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**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. Charles E. Wright.  
 2. Sex Female 3. Color white 4. Age 28 years  
 5. Married or single Married  
 6. Date of death Dec 28/99  
 7. Cause of death of Paralysis of the Colon.  
 8. Duration of last illness \_\_\_\_\_  
John McConnack, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth City  
 11. Residence Steele Ward No. 1  
 12. Time of residence in the City \_\_\_\_\_  
 13. When a minor } Name of Mother \_\_\_\_\_  
                           } Name of Father Jacob Moudenberg  
 14. Place of intended interment Fairview  
 15. Date of intended interment Dec. 30/99  
Guard / Guard Undertaker.  
 Date of Certificate Dec 29/99 Residence \_\_\_\_\_

Dilley Wright, 1907

576 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 *Dilley Wright*  
2. Sex *Female* 3. Color *Blk.* 4. Age *67 yrs.*  
5. Married or single *Widow*  
6. Date of death *JAN - 3 1907*  
7. Cause of death *Paralysis*  
8. Duration of last illness  
*O. D. Porter*, M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of birth *BOWLING GREEN, KY.*  
11. Residence *Adams 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 *Mt Moriah Cemetery*  
15. Date of intended interment *JAN - 5 1907*

*GERARD & GERARD.*, Undertaker.  
Date of Certificate *JAN - 5 1907* Residence *BOWLING GREEN, KY*



Infant of George and Martha Wright, 1893

546) 10

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

## RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

George + Martha

1. Name of deceased Infant Wright

2. Sex \_\_\_\_\_ 3. Color white 4. Age \_\_\_\_\_

5. Married or Single \_\_\_\_\_

6. Date of Death June 1 1893

7. Cause of Death Shin Bone

8. Duration of last Illness \_\_\_\_\_

Mendott W. R. Francis, M. D.  
Residence \_\_\_\_\_

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_

10. Place of Birth Bowling Green Ky

11. Residence Edinburgh . Ward No. 1

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. } Name of Mother Martha Wright  
                          } Name of Father Geo W Wright

14. Place of intended Interment Fairview Cem

15. Date of intended Interment June 2<sup>nd</sup> 1893

**PRATHER & PAYNE**, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_

Child of Isam and Lula Wright, 1894

598

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 Isam Wright*  
2. Sex *Female* 3. Color *Blk.* 4. Age *2 week*  
5. Married or single *Single*  
6. Date of Death *Jan. 8"/94*  
7. Cause of Death *Bronchitis*  
8. Duration of last Illness *4 or 5 Days*  
*S. A. Ninstead*, M. D.  
Residence *214 Main St. City.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of Birth *City*  
11. Residence . . . . . Ward No. *3-4*  
12. Time of Residence in the City  
13. When a Minor } Name of Mother *Lula Wright*  
                          } Name of Father *Isam Wright*  
14. Place of intended Interment *Mt Vernon*  
15. Date of intended Interment *Jan 9"/94*  
*J. C. Grand & Co.*, Undertaker.  
Date of Certificate *Jan 9/94* Residence



Child of Isam and Lula Wright, 1894

687 12

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

Isam + Lula

1. Name of deceased Child of Isam Wright

2. Sex Female 3. Color Blk 4. Age \_\_\_\_\_

5. Married or single \_\_\_\_\_

6. Date of Death Dec 9/94.

7. Cause of Death Premature Labor

8. Duration of last Illness \_\_\_\_\_

O. W. Porter, M. D.

Residence City

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth City

11. Residence Adams St. Ward No. 2nd

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor { Name of Mother Lula Wright  
Name of Father Isam Wright

14. Place of intended Interment Mt Vernon

15. Date of intended Interment Dec 9/94.

F. C. Guard Undertaker.

Date of Certificate Dec 9/94. Residence City



James Wright, 1913

13

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

# RETURN OF A DEATH.

1410

## Physician's Certificate Preparatory to Burial.

1. Name of deceased James Wright  
 2. Sex male 3. Color cal 4. Age 27  
 5. Married or Single married  
 6. Date of death May 27 - 1913  
 7. Cause of death Heart & lung trouble  
 8. Duration of last illness sudden  
J. E. Mattack Coroner, M. D.  
 Residence of Warren Co.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation Common labor  
 10. Place of birth Bowling Green  
 11. Residence Hope St Ward No. 3  
 12. Time of residence in the city during life  
 13. When a minor { Name of Mother Annie Wright  
 { Name of Father \_\_\_\_\_  
 14. Place of intended interment Mt. Mariah  
 15. Date of intended interment May 28 - 1913  
J. E. Mattack, Undertaker.  
 Date of Certificate May 29 Residence \_\_\_\_\_  
Cor. 7 & College St  
Bowling Green



James E. Wright, 1901

14

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *James E Wright*  
 2. Sex *male* 3. Color *white* 4. Age *30 7/8*  
 5. Married ~~or single~~  
 6. Date of death *July 3<sup>rd</sup> 1901*  
 7. Cause of death *Pneumonia*  
 8. Duration of last illness *10 days*  
*T.W. F.* *Tom H. Stoney* M. D.  
 Residence *College St*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *"*  
 10. Place of birth *"*  
 11. Residence *Center bet 6<sup>th</sup> & 7<sup>th</sup>* Ward No. \_\_\_\_\_  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *St Olivet*  
 15. Date of intended interment *July 4 1901*  
*Harvey Payne* Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Jennie G. Wright, 1892

460 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 *Mrs. Jennie G. Wright*  
2. Sex *Female* 3. Color *White* 4. Age *42 yrs.*  
5. Married or Single *Married*  
6. Date of Death *Oct 20"/192.*  
7. Cause of Death *Nervous prostration*  
8. Duration of last Illness \_\_\_\_\_

*Geo. N. Murphy* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Logan County*  
11. Residence *College Street* Ward No. *2<sup>nd</sup>*  
12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_

14. Place of intended Interment *Spirovic Cemetery*  
15. Date of intended Interment *Oct 21"/1892.*

*J. C. Guard*, Undertaker.  
Date of Certificate *Oct 20/92* Residence *City.*  
*Wife of Dr. C. L. Wright*



Margaret Wright, 1905

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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 Margaret Wright  
2. Sex Female 3. Color White 4. Age 89 yr  
5. Married or single Widow  
6. Date of death March 5 1905  
7. Cause of death Complication  
8. Duration of last illness Year  
A. T. McComack M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth Edinburgh Scotland  
11. Residence Main St Ward No. 3  
12. Time of residence in the City. 22 yr  
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cem  
15. Date of intended interment April 6 1905  
Harry G. ... Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Newt Wright, 1891

355 17

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

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**RETURN OF A DEATH.**

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—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

Newt

1. Name of deceased Newt Wright

2. Sex Male . 3. Color col . 4. Age 3 years

5. Married or Single \_\_\_\_\_

6. Date of Death Dec 5<sup>th</sup> 1891

7. Cause of Death Inherited Syphilis

8. Duration of last Illness over

R. J. Hammitton, M. D.  
Residence Bowling Green Ky

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—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_

10. Place of Birth ky

11. Residence ky . Ward No. 4

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor. ) Name of Mother Lucy Whalin  
                          ) Name of Father Sam Wright

14. Place of intended Interment Met Moriah Ch

15. Date of intended Interment Dec 6<sup>th</sup> 1891

Prather & Payne, Undertaker.

Date of Certificate \_\_\_\_\_ . Residence ky



Child of T. B. and Hattie Wright, 1898

1110 18

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of Dr. T. B. Wright*  
2. Sex *Male* 3. Color *White* 4. Age *9 Months*  
5. Married or single *Single*  
6. Date of death *March 24<sup>th</sup> 1898*  
7. Cause of death *Whooping Cough*  
8. Duration of last illness  
*A. C. Knight*, M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Bowling Green Ky*  
11. Residence *College Street* Ward No. *2<sup>nd</sup>*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor } Name of Mother *Mrs. Hattie Wright*  
                          } Name of Father *Dr. T. B. Wright*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *March 25<sup>th</sup> 1898*  
*Guard & Guard*, Undertaker.  
Date of Certificate *Mar 25<sup>th</sup> 98* Residence *City*

Child of T. B. and Hattie Wright, 1899

19

~~19~~ 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 *Child of Dr. T. B. Wright*  
2. Sex *Male* 3. Color *White* 4. Age *5 yrs.*  
5. Married or single *Single*  
6. Date of death *Mar. 2<sup>nd</sup> 99.*  
7. Cause of death *Acute Pneumonia*  
8. Duration of last illness

*J. H. McConnach*, M. D.  
Residence *Bowling Green Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of birth *City*  
11. Residence *College Street* Ward No. *2<sup>nd</sup>*  
12. Time of residence in the City  
13. When a minor } Name of Mother *Mrs. T. B. Wright*  
                          } Name of Father *T. B. Wright*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Mar 3<sup>rd</sup> 99.*  
*Gerard & Gerard*, Undertaker.  
Date of Certificate *Mar 2/99* Residence



Child of C. E. and M. A. Wyatt, 1896

949

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

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## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Child of C. E. Wyatt*  
2. Sex \_\_\_\_\_ 3. Color *White* 4. Age \_\_\_\_\_  
5. Married or single *single*  
6. Date of Death *Oct 14/96*  
7. Cause of Death *Premature Birth*  
8. Duration of last Illness \_\_\_\_\_  
*T. B. Knight*, M. D.  
Residence *B. Kentucky*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *City*  
11. Residence *Clay Street* Ward No. *3*  
12. Time of Residence in the City \_\_\_\_\_  
13. When a Minor } Name of Mother *Mrs. M. A. Wyatt*  
                          } Name of Father *C. E. Wyatt*  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Oct 14/96*  
*A. G. Guard & Bro.*, Undertaker.  
Date of Certificate *Oct 14/96* Residence \_\_\_\_\_



Child of Charles Wyatt, 1899

54 72 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 *Child of Charles Wyatt*  
2. Sex \_\_\_\_\_ 3. Color *White* 4. Age \_\_\_\_\_  
5. Married or single *single*  
6. Date of death *Sept 2<sup>nd</sup> 1899*  
7. Cause of death *Premature Birth*  
8. Duration of last illness \_\_\_\_\_  
*A. C. Knight* M. D.  
Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *none*  
10. Place of birth *City*  
11. Residence *10<sup>th</sup> & Clay, Street* Ward No. *2<sup>nd</sup>*  
12. Time of residence in the City \_\_\_\_\_  
13. When a minor { Name of Mother *Mrs. Chas. Wyatt*  
Name of Father *Chas. Wyatt*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *Sept 4<sup>th</sup> 1899*  
*Garard and Guard* Undertaker.  
Date of Certificate *Sept. 3<sup>rd</sup> 1899* Residence *City*



Infant of H. C. and Flora Wyatt, 1894

598 (597) 22

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

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## RETURN OF A DEATH.

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PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Infant of Wyatt* *H.C. + Flora*

2. Sex *Male*      3. Color *White*      4. Age \_\_\_\_\_

5. Married or single \_\_\_\_\_

6. Date of Death *Jan 8<sup>th</sup> / 94*

7. Cause of Death *Premature Birth*

8. Duration of last Illness \_\_\_\_\_

*B.H. Miller*, M. D.

Residence \_\_\_\_\_

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UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *City*

11. Residence \_\_\_\_\_      Ward No. *4<sup>th</sup>*

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother *Flora Wyatt*  
                          } Name of Father *A.C. Wyatt*

14. Place of intended Interment *Fairview Cemetery*

15. Date of intended Interment *Jan 9<sup>th</sup> / 94*

*F.C. Beard* Undertaker.

Date of Certificate *Jan 8<sup>th</sup> / 94*      Residence \_\_\_\_\_



Laura Wyatt, 1911

23

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

# RETURN OF A DEATH.

1095

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Laura Wyatt*  
 2. Sex *Female* 3. Color *White* 4. Age *50 yrs.*  
 5. Married or Single *Widow*  
 6. Date of death *OCT 28 1911*  
 7. Cause of death *Pulmonary Tuberculosis*  
 8. Duration of last illness *12 months*  
 \_\_\_\_\_  
*E. H. Hess*, M. D.  
 Residence *Bowling Green*

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *BOWLING GREEN, KY*  
 11. Residence *Woodford 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 Cemetery*  
 15. Date of intended interment *Oct. 29" 1911.*  
 \_\_\_\_\_  
*GERARD & GERARD*, Undertaker.  
 Date of Certificate *OCT 28 1911* Residence \_\_\_\_\_



Ruphine Wyatt, 1899

26 148 55 241

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 *Ruphine Wyatt*  
2. Sex *Female* 3. Color *white* 4. Age *1 yr.*  
5. Married or single *single -*  
6. Date of death *July 22-1899*  
7. Cause of death *Inflammation of Stomach*  
8. Duration of last illness *Three weeks -*  
*Dr. S. B. Wright -* M. D.  
Residence *College St.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth *Bowling Green Ky 14*  
11. Residence *Woodford St* Ward No. *3rd*  
12. Time of residence in the City *Life Time*  
13. When a minor } Name of Mother *Flora R. Wyatt*  
                          } Name of Father *Alex. Wyatt*  
14. Place of intended interment *Fairview Cemetery*  
15. Date of intended interment *July 23-1899*  
*Shard & Shard* Undertaker.  
Date of Certificate *July 22/99* Residence \_\_\_\_\_

Ruphine Wyatt, 1899

54

24-2

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

# RETURN OF A DEATH.

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL

1. Name of deceased *Child of A. C. Wyatt*  
 2. Sex *Female* 3. Color *White* 4. Age *1 year*  
 5. Married or single *Single*  
 6. Date of death *July 22/99*  
 7. Cause of death *Dysentery - Cholera*  
 8. Duration of last illness \_\_\_\_\_  
*Thomas R. Wright*, M. D.  
 Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth *City*  
 11. Residence *Woodford Street* Ward No. *3*  
 12. Time of residence in the City *Lifetime*  
 13. When a minor } Name of Mother *Mrs. A. C. Wyatt*  
                           } Name of Father \_\_\_\_\_  
 14. Place of intended interment *Fairview Cemetery*  
 15. Date of intended interment *July 23/99*  
*Garard & Garard*, Undertaker.  
 Date of Certificate *July 27/99* Residence \_\_\_\_\_



William B. Wylie, 1894

*Out of town* 25

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *William B. Wylie*  
2. Sex *Male* 3. Color *White* 4. Age \_\_\_\_\_  
5. Married or single *Single*  
6. Date of Death *Nov. 18"/1894*  
7. Cause of Death *Rheumatic Meningitis*  
8. Duration of last Illness *3 weeks*

*J. H. McCombs*, M. D.  
Residence *City*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of Birth *Ripley Ohio*  
11. Residence *College street* Ward No. *2*  
12. Time of Residence in the City *Eleven years*

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

14. Place of intended Interment *Ripley Ohio*  
15. Date of intended Interment *Nov 10"/1894*

*F. L. Ward* Undertaker.

Date of Certificate *Nov 18/94* Residence \_\_\_\_\_

Harry E. Wynans, 1893

568 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 Harry E Wynans  
2. Sex male 3. Color \_\_\_\_\_ 4. Age 30  
5. Married or Single Married  
6. Date of Death Oct 12 1893  
7. Cause of Death Typhoid fever  
8. Duration of last Illness six weeks

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

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth Bowling Green  
11. Residence Main St Ward No. \_\_\_\_\_  
12. Time of Residence in the City life  
13. When a Minor. } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment Farrview Cem  
15. Date of intended Interment Oct 13 1893  
Pratt & Payne, Undertaker.  
Date of Certificate \_\_\_\_\_ . Residence \_\_\_\_\_



Mrs. J. H. Yager, 1907

27

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

## RETURN OF A DEATH.

259

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *Mrs J H Yager*
2. Sex *Female* 3. Color *White* 4. Age *52*
5. Married or single *Married*
6. Date of death *JUL 4- 1907*
7. Cause of death *Chronic Diarrhea.*
8. Duration of last illness *J H Mc Connack*, M. D.  
Residence *BOWLING GREEN, KY*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
10. Place of birth *Nelson County Ky.*
11. Residence *BOWLING GREEN, KY Clay St* Ward No. *2*
12. Time of residence in the City. *several years*
13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father \_\_\_\_\_
14. Place of intended interment *Boston, Ky.*
15. Date of intended interment *July 6" 1907.*

*GERARD & GERARD.*, Undertaker.  
Residence *BOWLING GREEN, KY*

Date of Certificate *JUL 4- 1907* Residence \_\_\_\_\_

Sallie Yager, 1892

*Autofotom* 28

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

### RETURN OF A DEATH.

—PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.—

1. Name of deceased *Sallie Yager*  
2. Sex *Female* 3. Color *White* 4. Age *14*  
5. Married or Single *Single*  
6. Date of Death *April 19th 1892*  
7. Cause of Death *Pulmonary Phthisis*  
8. Duration of last Illness *3 weeks*  
*J. T. Johnson*, M. D.  
Residence *Barkley Ky.*

—UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.—

9. Occupation \_\_\_\_\_  
10. Place of Birth *Boston Ky*  
11. Residence \_\_\_\_\_ Ward No. \_\_\_\_\_  
12. Time of Residence in the City *3 yrs*  
13. When a Minor. } Name of Mother *Mattie Yager*  
                          } Name of Father *Jos Yager*  
14. Place of intended Interment *Boston*  
15. Date of intended Interment \_\_\_\_\_  
*Beather + Payne*, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence *city*



W. L. Yarbrough, 1910

29

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

# RETURN OF A DEATH.

813

## Physician's Certificate Preparatory to Burial.

1. Name of deceased W. L. Yarbrough  
 2. Sex Male 3. Color White 4. Age 69 yrs.  
 5. Married or Single Married  
 6. Date of death "May 18" 1910.  
 7. Cause of death Chronic diarrhoea  
 8. Duration of last illness Four or five months  
B. S. Rutherford, M. D.  
 Residence Bowling Green Ky.

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth Logan, County  
 11. Residence W. Chestnut, St. Ward No. 1  
 12. Time of residence in the city 12 yrs  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment Russellville, Ky  
 15. Date of intended interment May 20" 1910.  
Edward & Grand, Undertaker.  
 Date of Certificate May 19" 1910. Residence City



Annie Yost, 1912

30

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

# RETURN OF A DEATH.

1231

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

*Annie Yost*  
 1. Name of deceased *Annie Yost*  
 2. Sex *Female* 3. Color *Cal* 4. Age *70*  
 5. Married or single *Widow*  
 6. Date of death *Aug 11 1912*  
 7. Cause of death *Alcoholism + Heart Failure*  
 8. Duration of last illness *Two Weeks*  
 Signature: *W. James*, M. D.  
 Residence: *Bowling Green*

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation *at Home*  
 10. Place of birth *Warren County*  
 11. Residence *Bowling Green* Ward No. \_\_\_\_\_  
 12. Time of residence in the City. \_\_\_\_\_  
 13. When a minor { Name of Mother \_\_\_\_\_  
                           { Name of Father \_\_\_\_\_  
 14. Place of intended interment *MT Mariah*  
 15. Date of intended interment *Aug 12 1912*  
 Signature: *Ernest Kelly* Undertaker.  
 Date of Certificate \_\_\_\_\_ Residence *B. Green*



Monroe Yost, 1896

968 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 Monroe Yost

2. Sex Male 3. Color Blk 4. Age 70 yrs

5. Married or single Married

6. Date of Death Dec. 10/96.

7. Cause of Death Old age

8. Duration of last Illness \_\_\_\_\_

O. S. Porter, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence Main St . Ward No. 3<sup>rd</sup>

12. Time of Residence in the City \_\_\_\_\_

13. When a Minor } Name of Mother \_\_\_\_\_  
 } Name of Father \_\_\_\_\_

14. Place of intended Interment St. Monica Cem.

15. Date of intended Interment Dec 11 '96

A. C. Guard & Bro, Undertaker.

Date of Certificate Dec 11/96 Residence \_\_\_\_\_



Ferdie Young, 1912

35

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

## RETURN OF A DEATH.

1139

### Physician's Certificate Preparatory to Burial.

1. Name of deceased *Miss. Ferdie Young.*

2. Sex *Female* 3. Color *White* 4. Age *19 yrs.*

5. Married or Single *Single*

6. Date of death *Jan. 14" 1912.*

7. Cause of death *Pulmonary Tuberculosis.*

8. Duration of last illness *one year.*

*O. W. Moss,* M. D.

Residence *Rockfield, Ky.*

### Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_

10. Place of birth \_\_\_\_\_

11. Residence *Bronny P.O. Warren Co.* Ward No. \_\_\_\_\_

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

13. When a minor { Name of Mother \_\_\_\_\_  
Name of Father *Geo. F. Young*

14. Place of intended interment *Fairview Cemetery*

15. Date of intended interment *Jan. 15" 1912.*

**GERARD & GERARD**, Undertaker.

Date of Certificate *Jan. 15" 1912* Residence *B. Green Ky.*



John M. Young, 1899

84 / 33

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased John M. Young  
2. Sex male 3. Color white 4. Age 106 1/2 years  
5. Married or single Widowed  
6. Date of death Oct 12/99  
7. Cause of death old age  
8. Duration of last illness \_\_\_\_\_  
S. H. Cronk, M. D.  
Residence City Physician

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation Farmer  
10. Place of birth Ireland  
11. Residence State Ward No. 2  
12. Time of residence in the City Several months  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Saint Joseph Cemetery  
15. Date of intended interment Oct 12/99  
Guard & Gerard, Undertaker.  
Date of Certificate Oct 13/99 Residence \_\_\_\_\_

Julia Mitchell Young, 1907

34

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

# RETURN OF A DEATH.

286

## Physician's Certificate Preparatory to Burial.

1. Name of deceased *Mrs. Julia Mitchell Young*  
 2. Sex *Female* 3. Color *White* 4. Age *68 yrs.*  
 5. Married or single *Widow*  
 6. Date of death *August 2<sup>nd</sup> 1907*  
 7. Cause of death *Malignancy*  
 8. Duration of last illness *Wm. J. Briggs* M. D.  
 Residence **BOWLING GREEN, KY.**

## Undertaker's Certificate in Relation to Deceased.

9. Occupation \_\_\_\_\_  
 10. Place of birth *Warren County*  
 11. Residence *Dalafield* 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 *August 4<sup>th</sup> 1907.*  
**GERARD & GERARD** Undertaker.  
 Date of Certificate *Aug 3<sup>rd</sup> 1907.* Residence **BOWLING GREEN, KY**



L. E. Young, 1906

35

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

# RETURN OF A DEATH.

#125

## PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased L. E. Young
  2. Sex female 3. Color white 4. Age 65 yrs
  5. Married or single widow
  6. Date of death November 2/1906 in Logan Co Ky
  7. Cause of death Bright's Disease
  8. Duration of last illness months
- M. D.

Residence \_\_\_\_\_

## UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_
  10. Place of birth Warren County
  11. Residence Logan Co 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 Cem
  15. Date of intended interment November 3-1906
- \_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_

Doctor + Undertaker from Logan county. Perhaps Ricklin.



Harrison Younger, 1879

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 *Harrison Younger Younger*  
2. Sex *Male* . 3. Color *Blk* . 4. Age *63*  
5. Married ~~or Single~~  
6. Date of Death *May 14 1879*  
7. Cause of Death *Consumption*  
8. Duration of last Illness *Long time*  
*J. M. Claypool*, M. D.  
Residence

#### UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of Birth *Warren Co*  
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 *Col Cem*  
15. Date of intended Interment *May 15<sup>th</sup>*  
*J. M. Claypool*, Undertaker.  
Date of Certificate *May 14<sup>th</sup> 79* Residence

Democrat Print.



John Younglove, 1896

920 37

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

## RETURN OF A DEATH.

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.

1. Name of deceased *John Younglove*  
2. Sex *Male* 3. Color *White* 4. Age *48 yrs.*  
5. Married or single *Single*  
6. Date of Death *July 31/96.*  
7. Cause of Death *Apoplexy.*  
8. Duration of last illness  
*St. C. Cartwright W.*, M. D.  
Residence

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation  
10. Place of Birth *B. Green Ky*  
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 *Fairview Cem.*  
15. Date of intended Interment *July 31/96*  
*A. C. Guard & Bro.*, Undertaker.  
Date of Certificate *July 31/96.* Residence

Mrs. John E. Younglove, 1899

381

~~55~~ 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 Mrs John E. Younglove  
2. Sex Female 3. Color white 4. Age 63 yrs  
5. Married or single - married -  
6. Date of death Aug 29 - 1898  
7. Cause of death Dysentery  
8. Duration of last illness One week  
Dr Sarah J. Millhoff, M. D.  
Residence State St.

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
10. Place of birth New York City  
11. Residence State St Ward No. 15  
12. Time of residence in the City Thirty Five years  
13. When a minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended interment Fairview Cemetery  
15. Date of intended interment Aug - 30 - 1899  
Edward Shepard, Undertaker.  
Date of Certificate \_\_\_\_\_ Residence \_\_\_\_\_



Mrs. John E. Younglove, 1899

69 382

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 E. Younglove  
 2. Sex Female 3. Color White 4. Age 63 years  
 5. Married or single Married  
 6. Date of death Aug 29 1899  
 7. Cause of death Apoplexy  
 8. Duration of last illness \_\_\_\_\_  
A. R. Cartwright, M. D.  
 Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_  
 10. Place of birth \_\_\_\_\_  
 11. Residence State 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 Aug 30 / 99  
Guyard & Guyard, Undertaker.  
 Date of Certificate Aug. 29 / 99 Residence \_\_\_\_\_

Joseph I. Younglove, 1894

605 39

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

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## RETURN OF A DEATH.

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**PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.**

1. Name of deceased *Joseph I. Younglove,*  
2. Sex *Male* 3. Color *White* 4. Age *75 yrs.*  
5. Married or single *Married*  
6. Date of Death *Feb'y 1<sup>st</sup>/94*  
7. Cause of Death *Cancer Stomach*  
8. Duration of last Illness *10 days*  
*H. P. Cartwright*, M. D.  
Residence *Brunswick*

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**UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.**

9. Occupation \_\_\_\_\_  
10. Place of Birth *New York*  
11. Residence *State street* Ward No. *1<sup>st</sup>*  
12. Time of Residence in the City *50 yrs*  
13. When a Minor } Name of Mother \_\_\_\_\_  
                          } Name of Father \_\_\_\_\_  
14. Place of intended Interment *Fairview Cemetery*  
15. Date of intended Interment *Feb'y 3<sup>rd</sup>/94*  
*H. C. Gerard & Bro.*, Undertaker.  
Date of Certificate *Feb'y 2<sup>nd</sup>/94* Residence \_\_\_\_\_



Sarah Ann Younglove, 1882

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. Sarah Ann Younglove*

2. Sex *Female* . 3. Color *White* . 4. Age *51 years*

5. Married or Single *Married*

6. Date of Death *November 14<sup>th</sup> 1882*

7. Cause of Death *Cancer of Breast.*

8. Duration of last Illness *Several years -*

*J. D. Carson*, M. D.  
Residence *State St. B. G. Ky.*

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth *B. G. Ky*

11. Residence *State Mein* . Ward No *1st*

12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment *Fairview Cent*

15. Date of intended Interment *Nov 15<sup>th</sup> 1882*

*Frank Edwards*, Undertaker.

Date of Certificate *Nov 15<sup>th</sup> 82* . Residence \_\_\_\_\_

Democrat Job Print



Infant with no name (Indecipherable), 1880

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 *Mumukh*

2. Sex *Female* 3. Color *Colored* 4. Age *3 days*

5. Married or Single *Single*

6. Date of Death *Aug 26 1880*

7. Cause of Death *Trismus Infantum*

8. Duration of last Illness *2 days*

*Almighel*, M. D.

Residence \_\_\_\_\_

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

9. Occupation \_\_\_\_\_

10. Place of Birth \_\_\_\_\_

11. Residence \_\_\_\_\_, Ward No. *2*

12. Time of Residence in the City \_\_\_\_\_

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

14. Place of intended Interment \_\_\_\_\_

15. Date of intended Interment \_\_\_\_\_

\_\_\_\_\_, Undertaker.

Date of Certificate \_\_\_\_\_, Residence \_\_\_\_\_

Democrat Print.