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Manuscripts

1877

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#### Lellia Worden, 1913

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial
	10 00 = 01 = 01
1.	Name of deceased Lellia If order Words
2.	Sexfancela 3. Color al 4. Age 29
5.	Married or single Microical
6.	Date of death Trieb. 9 - 1918 Cause of death, Stock due to acute intestinal abstract
7.	
8.	Duration of last illness Would be house
	3/5 Janes M. D.
	Residence 2/7 Maca St
	Undertaker's Certificate in Relation to Deceased.
	$\sim$ ,
9.	Occupation Hunsekeeper Place of birth Bunking Green
10.	Place of birth Burling Trees
11.	Residence Con Ly Chiatmuch Ward No.
12.	Time of residence in the city of the city
13.	When a miror Name of mother Bettle Loving Name of father Europ ine Louis
	1 /2 / /
14.	Place of intended interment. The market
15.	Date of intended interment Field, 11-1913
Da	te of Certificate Life 11 - 1913 Residence
	an, 7 & callege St.

#### Louis Wornie, 1899

X 11 2
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased Louis House
2. Sex Male . Color Phile . 4. Age 2/ yes.
5. Married or single Dingle.
6. Date of death Felly, 14 99.
7. Cause of death Affiliation for the state of the state
A. C. Cartweight, M. D.
Residence
MARKING AND CONTROL OF A SHARE AND
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
to. Place of birth Hammer County
11. Residence Center Street. Ward No. 2 ml
12. Time of residence in the City
13. When a minor Name of Mother Name of Father
14. Place of intended interment Francisco Country
15. Date of intended intermente Febry 15/99
Luand Juin (, Undertaker.
Date of Certificate July 1-5/99. Residence

#### Mrs. V. Worthington, 1892

563	3
This Constitutes	One Certificate to be Returned to the City Clerk for a Burial Permit.
RE	TURN OF A DEATH.
Pł	HYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of de	eceased Mis & Worthington
2. Sexetern	ale 3. Color White 4. Age 32 yrs -
5. Married or	single Married -
6. Date of De	ath 100/7/92
7. Cause of D	eath Cancer of Liver
8. Duration of	f last Illness Dufle month or much
	J. B Doughe, M. D.
	Residence Cely
THE THE PERSON NAMED IN COLUMN 1	
עאָט	ERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation	
10. Place of Bi	rthe flavour County
11. Residence	Center Steel. Ward No. 3 ed
12. Time of R	esidence in the City
***	Name of Mother
13. When a Mi	Name of Father
14. Place of ir	ntended Interment Facioica Courtery
15. Date of int	ended Interment AoV 8/93
	Aloguary + Bio, Undertaker.
Date of Certific	cate Residence Nov 8/93
7934000000000000000000000000000000000000	

#### A. C. Wright, 1910

	RETURN OF A DEATH.
	Physician's Certificate Preparatory to Burial.
	A And in
1.	Name of deceased N. a. C. Wright
2.	Sex Hale 3 Color White 4. Age 13
5.	Married or Single Marriel
6.	Date of death
7.	Cause of death Dancer of Prostate Fland
8.	Duration of last illness Two Ylars
	EM, Agll., M.D.
	Residence Bowling Freed Sty
	nesidence 2
	Undertaker's Certificate in Relation to Deceased.
9.	Undertaker's Certificate in Relation to Deceased.  Occupation Hysician
10.	Undertaker's Certificate in Relation to Deceased.  Occupation Thysician  Place of birth Bandning Brun Hy
10. 11.	Undertaker's Certificate in Relation to Deceased.  Occupation Thysician  Place of birth Banding Green Sty  Residence Callign 4/1 sts  Ward No. 1 st
10.	Undertaker's Certificate in Relation to Deceased.  Occupation Thysician  Place of birth Bandling Brun My  Residence Callign 1/sts Ward No. 1 SV  Time of residence in the city.
10. 11.	Undertaker's Certificate in Relation to Deceased.  Occupation Hysician  Place of birth Bandling Grant Sty  Residence Callign 1/ sto  Ward No. / sty  Time of residence in the city.  When a minor {Name of Mother
10. 11. 12.	Undertaker's Certificate in Relation to Deceased.  Occupation Thysician  Place of birth Bandling Grant Sty  Residence Callign 1/1 sts  Ward No.   SV  Time of residence in the city.  When a minor { Name of Mother   Name of Father.
<ul><li>10.</li><li>11.</li><li>12.</li><li>13.</li><li>14.</li></ul>	Undertaker's Certificate in Relation to Deceased.  Occupation The Bruning Brune Step  Residence Calligs 1/ sto Ward No. St  Time of residence in the city.  When a minor Name of Father  Place of intended interment Janvine Currency
10. 11. 12.	Undertaker's Certificate in Relation to Deceased.  Occupation Thysician  Place of birth Banding Symmetry  Residence Callign 1/sts Ward No.   SV  Time of residence in the city.  When a minor Name of Mother  Place of intended interment Janvine Currency  Date of intended interment Dev 3/st/9/0
10. 11. 12. 13. 14.	Undertaker's Certificate in Relation to Deceased.  Occupation The Bruning Brune Step  Place of birth Bruning Brune Step  Residence Calligs 1/1 sts Ward No. St  Time of residence in the city.  When a minor Name of Mother  Place of intended interment Brune Currency

#### Addie Lee Wright, 1907

#278 5
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Miss addition for Hright  2. Sex Hundle 3. Color White 4. Age vrypo.  5. Married or single Single.
1. Name of deceased Miss addie Lee Wright
2. Sex Junaly 3. Color While 4. Age vypo.
5. Married or single Dingly.
6. Date of death
7. Cause of death Jubirculous  8. Duration of last illness Lillian South  M. D.
8. Duration of last illness
Residence BOWLING GREEN, KY.
Undertaker's Certificate in Relation to Deceased.
Ondertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
10. Place of birth Trutricky &f. Ward No. 2
12. Time of residence in the city
13. When a minor Name of mother Mrs. Two, it. Wright Name of father Mrs. Two, it. Wright Name of father Place of intended interment Fairview Completes
14. Place of intended interment Fairview Cemetery
15. Date of intended interment 15. Date of intended interment
GERARD & GERARD, Undertaker.
Date of Certificate 707. Residence ROWLING GREEN,
61G-c/1

#### Annie Wright, 1894

21)
This Constitutes One Certificate to bearned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased fiss Annuelling til
2. Sex simale 3. Color HMC 4. Age 15 you
5. Married or single dingle
6. Date of Death May 20 1/94.
7. Cause of Death Sught Deacese of Hidney
8. Duration of last Illness
Cygnitical, M. D.
Residence B. G. Lug
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Boroling Sreen Yky.
11. Residence College street . Ward No.
12. Time of Residence in the City 15 422
Name of Mother - Dung-
13. When a Minor Name of Father SV, A.C. Wright
14. Place of intended Interment Parrice Wanter
15. Date of intended Interment May 21"/94,
16 Cuard yrow, Undertaker.
Date of Certificate May 21 1/94 Residence
Jagg. According

#### Carrie Wright, 1907

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	
1. Name of deceased David	
2. Sex humale . 3. Color While . 4. Age 22 92	
2. Sex funal. 3. Color While 4. Age 22 426 5. Married or single Single 6. Date of death Dec 19-1307	
7. Cause of death Purpura.	
8. Duration of last illness 2 muke	10
Im Stane, M. E.	
Residence	440
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation Standard - State Normal	
9. Occupation Mudus Sten Normal 10. Place of birth Bardstown 12y-	-
11. Residence 13th Let college Mentin Ward No.	
12. Time of residence in the City. 6 manch	7/
( Name of Mother —	141
13. When a minor Name of Father Wm Wright	3
14. Place of intended interment Bards Town 184 175 A	. /
15. Date of intended interment 212-2/-/9/7	
Hawly Vayne, Undertaken	
Date of Certificate . Residence	
	**
	7

Mrs. Charles E. Wright, 1899

leden 8	12
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,	
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased Myslehrs, ENright.	ما
2. Sex Demaly Color While 4. Age 28 /10	
5. Married or single Married.	
6. Date of death Sec 28199  7. Cause of death And Paralysis in the Colon,  8. Duration of last illness	
7. Cause of death Any Vally Wall was all the	
8. Duration of last illness for bounder, M. D.	
Residence	
TC5TCTTC	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth City 11. Residence State . Ward No. /	
11. Residence State Ward No.	
12. Time of residence in the City	
13. When a minor Name of Mother Name of Father Lacoh Moultenh	eru
	f
14. Place of intended interment Saw View	
15. Date of intended interment Agricology, Jofg June June June June June June June June	
D .   n u   e e	
Date of Certificate ACCV Fifty Residence	

#### Dilley Wright, 1907

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  1. Name of deceased July Hught 2. Sex Junal 3. Color 4. Age Myro. 5. Married or single JAN - 3 1907 7. Cause of death JAN - 3 1907 7. Cause of death JAN - 3 1907 8. Duration of last illness  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation 10. Place of birth BOWLING GREEN, XX.  11. Residence Warm St. 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment JAN - 5 1907 15. Date of intended interment JAN - 5 1907  GERARD & GERARD., Undertaker.  Date of Certificate JAN - 5 1907  Residence BOWLING GREEN, XX.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  1. Name of deceased Dully Hight 2. Sex Junal 3. Color A. Age 67 po. 5. Married or single JAN - 3 1907 7. Cause of death JAN - 3 1907 8. Duration of last illness  UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.  9. Occupation 10. Place of birth BUWLING GREEN, KY. 11. Residence Warm St. Ward No. 2 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. GERARD & GERARD., Undertaker.	This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
1. Name of deceased Nilley Wight  2. Sex Munals  3. Color Park.  4. Age by you.  5. Married or single  6. Date of death  JAN -3 1907  7. Cause of death  BURLING GREEN, KY.  11. Residence  Ward No.2  12. Time of residence in the City.  13. When a minor  Name of Mother  Name of Father  Name of Father  Name of Father  Name of Intended interment  JAN -5 1907  GERARD & GERARD., Undertaker.	
7. Cause of death  7. Cause of death  8. Duration of last illness  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 Father  Name of Father  Name of Father  JAN -5 1907  15. Date of intended interment  GERARD & GERARD, Undertaker.	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
9. Occupation 10. Place of birth 11. Residence Ward No. 2  12. Time of residence in the City.  13. When a minor 14. Place of intended interment 15. Date of intended interment 16. Date of intended interment 17. An -5 1907  18. GERARD & GERARD., Undertaker.	1. Name of deceased Willey Wufft  2. Sex Funds  3. Color Blk.  4. Age 1740.  5. Married or single  6. Date of death  JAN -3 1907  7. Cause of death
9. Occupation 10. Place of birth BOWLING GREEN, KY. 11. Residence Ward No. 2 12. Time of residence in the City. 13. When a minor Name of Mother 14. Place of intended interment 15. Date of intended interment 16. GERARD & GERARD. Undertaker.	8. Duration of last illness , M. D.
10. Place of birth BOWLING GREEN, KY.  11. Residence Ward No, 2  12. Time of residence in the City.  13. When a minor Name of Mother  14. Place of intended interment  15. Date of intended interment  GERARD & GERARD., Undertaker.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
A CONTRACTOR OF THE CONTRACTOR	10. Place of birth BOWLING GREEN, KY.  11. Residence Ward No. 2  12. Time of residence in the City.

#### Infant of George and Martha Wright, 1893

-	This Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
	BETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
7	- George + Martha
1.	Name of deceased Infant Wright
2.	Sex . 3. Volor or hite. 4. Age
	Married or Single
	Date of Death June 1 1853
7.	Cause of Death Fl. By
8.	Duration of last Illness
h	endett ESC A varieto, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
	. Occupation
	. Place of Birth Jaway In The
	. Residence Stehe
	. Time of Residence in the City
13	. When a Minor. Name of Mother Lealy Wright
	. Place of intended Interment
	. Date of intended Interment June 2 med 1873
1.0	PRATHER& PAYNE, Undertaker.
Da	ate of Certificate . Residence
	T. AVOITION

### Child of Isam and Lula Wright, 1894

598
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Child of Isame Thug the
2. Sex Receoff 3. Golor Bell. 4. Age Iweek
5. Married or single
6. Date of Death fau, 8"/94
7. Cause of Death Jarochitic
8. Duration of last Illness # 07 5 Naye
D. D. Winotened, M. D.
Residence 214 main St, City
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Colly
11. Residence . Ward No. 3
12. Time of Residence in the City
Name of Mother Gula Griffle Name of Father Samu Greg let
14. Place of intended Interment My Moudh
15. Date of intended Interment \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Date of Certificate Jawa/13. Residence

### Child of Isam and Lula Wright, 1894

087
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.  TSam + Lula
1. Name of deceased Child of Isam Wright
2. Sex Humall. 3. Color Bello. 4. Age
5. Married or single
6. Date of Death Duggy 4.
7. Cause of Death Ore maline Labor
8. Duration of last Illness
ON Fortin , M. D.
Residence City
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Willy
11. Residence adams St Ward No. 3 19
12. Time of Residence in the City
13. When a Minor Name of Mother Lula Wingth
Name of Father Land Hught
14. Place of intended Interment MA MUNICIPAL
15. Date of intended Interment Dec 9/94.
Hle Guard Hoo, Undertaker.
Date of Certificate Dug/94. Residence letty

#### James Wright, 1913

13
* This Constitutes One Certificate to be Returned to the City Clerk for a Burlal Permit. * *
RETURN OF A DEATH.
Physician's Certificate Preparatory to Burial.
1. Name of deceased fas Fright
2 Sex male 3. Color Cal 4 Age 27
5. Married or Single Maried
6. Date of death may 27 - 1913
7. Cause of death Nart Vlung travelle
8. Duration of last illness
Jeffattack Coronor M. D.
Residence
Undertaker's Certificate in Relation to Deceased.
9. Occupation Common Labor  10. Place of birth Bunking Green
9. Occupation Common labor
9. Occupation Common labor  10. Place of birth Builing Green
9. Occupation Common Lake  10. Place of birth Burling Free 11. Residence Hofse Ship Ward No. 3.  12. Time of residence in the city Auring Life  Name of Mother Comik Pright
9. Occupation Common Color  10. Place of birth Builing Free St. Ward No. 3.  11. Residence Hope St. Ward No. 3.  12. Time of residence in the city Auring Life  Name of Mother Consider Striplat  Name of Father
9. Occupation Common Color  10. Place of birth Burling Free St. Ward No. 3.  11. Residence Free St. Ward No. 3.  12. Time of residence in the city Auring Life  13. When a minor Name of Mother Consider Striplat  Name of Father  14. Place of intended interment Mt. Mariah
9. Occupation Common Color  10. Place of birth Burling Grant Ward No. 3.  11. Residence Hype Ship Ward No. 3.  12. Time of residence in the city Aurica Color  Name of Mother Consider Ship Ship Ship Ship Ship Ship Ship Ship
9. Occupation Common Color  10. Place of birth Burling Free St. Ward No. 3.  11. Residence Free St. Ward No. 3.  12. Time of residence in the city Auring Life  13. When a minor Name of Mother Consider Striplat  Name of Father  14. Place of intended interment Mt. Mariah
9. Occupation Common Colors  10. Place of birth Benefit Ward No. 3  11. Residence Africa Ward No. 3  12. Time of residence in the city Auring Life  13. When a minor Name of Mother Consider Aright  Name of Father  14. Place of intended interment Mr. Mariah  15. Date of intended interment Mr. Residence Ward No. 3  Ephen Residence Ward No. 3  Ephe Residence Ward No. 3  Ephen Residence Ward No.
9. Occupation Common Colors  10. Place of birth Benefit Ward No. 3  11. Residence Africa Ward No. 3  12. Time of residence in the city Auring Life  13. When a minor Name of Mother Consider Aright  Name of Father  14. Place of intended interment Mr. Mariah  15. Date of intended interment Mr. Residence Ward No. 3  Ephen Residence Ward No. 3  Ephe Residence Ward No. 3  Ephen Residence Ward No.

#### James E. Wright, 1901

	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 & might
2.	
5.	Married as single
6.	Date of death Troy 32 7 1901  Cause of death  Premine
7.	
	Duration of last illness / / / / / /
10	N. 7. John M. Story M. D.
	Residence Callege SX
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation
10.	Place of birth
11.	Residence Curtur Let \$ 7 7 Ward No.
12.	Time of residence in the City
13.	When a minor Name of Father
14.	Place of intended interment Lat Olivet
15.	Date of intended interment July 4 1901  Manuery Fayer-Undertaker.
Date	of Certificate . Residence
7	

#### Jennie G. Wright, 1892

460)
This Constitutes one Certificate to be sturned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased As June & Hight
2. Sex Lunale 3 color While 4. Age 42 yrs.
5. Married or Single Laurey, 6. Date of Death Oct 20"/92.
7. Cause of Death Newyor house
8. Duration of last Illness
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Joque County
11. Residence Volg ge Stut 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 Hairoun Country
15. Date of intended Interment Oct 2/"/1892
Date of Certificate Oct 20191, Residence College
Mife of Delle Might

#### Margaret Wright, 1905

16
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
Burnet War 11
1. Name of deceased Marganet Marght 2. Sex Junuale. 3. Color While. 4. Age 99 yr
5. Married or single William 6. Date of death Church 5 1913
7. Cause of death Europhiculion
8. Duration of last illness
a. T. Par Connack M. D.
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
A CONTRACT OF MACCASING TO DECOME.
9. Oceupation
10. Place of birth Colon buy Dealland
11. Residence Marin Ward No. S
12. Time of residence in the City. 22
13. When a minor \{\begin{aligned} Name of Mother \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
( Name of Father
14. Place of intended interment
15. Date of intended interment . Undertaker.
Date of Certificate Residence

#### Newt Wright, 1891

3 O	Constitutes one Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
	ne of deceased Waight
2. Sex	Mills . 3. Color del . 4. Age 3 year
5. Mai	rried or Single
6. Dat	e of Death Due 5- 1881
7. Cau	se of Death Inherited Cyphilis
8. Dur	ation of last Illness
4	of Hamilton, M. D.
	Residence Bow ling Brenn
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9 Oc	cupation
	ace of Birth
	me of Residence in the City
13. W	hen a Minor. Name of Mother That Whatin
	) Name of Father
	ace of intended Interment Out Courable Con
15. Da	te of intended Interment Dec 6 4 1891
	Cather of Page , Undertaker.
Date of	Certificate . Residence

#### Child of T. B. and Hattie Wright, 1898

1110	18
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Per	mit.
RETURN OF A DEATH.	
NUVCICIONIC CENTIFICATE AND	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL HORSE	111
1. Name of deceased Suld of Ny, J. D. My	nh X
2. Sex Male . 3. Color Mile . 4. Age golfer	ma
5. Married or single Dingle.	2
6. Date of death Myslen 24" 1898;	
7. Cause of death Munyeung Xe vuyn	14111-011-101111
8. Duration of last illness	N. D
	M, D.
Residence	ein-in-p+
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of birth Bowling Free Sty	
11. Residence College Street . Ward No. 2	nd
12. Time of residence in the City	11
Name of Mother Mrs, Stattle Mrs	ign-
Name of Father 1000, 0, 100, 000 100 100	etera
14. Place of intended interment Chanvelle Selling	a
15. Date of intended interment March 25 1890	
Ma al bitte	ertaker.
Date of Certificate May 15 90, Residence & My	and more
	-
<u> </u>	

#### Child of T. B. and Hattie Wright, 1899

1 19 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. J. B. Mryll. 2. Sex Male . 3 Color White 4. Age 5 yrs.
5. Married or single Aught. 6. Date of death Mal, 2"99.
7. Cause of death Scute Prantiuma  8. Duration of last illness
In Ma Connact, M. D.  Residence Burling Frague My.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
11. Residence College Street Ward No. 2 25
12. Time of residence in the City  Name of Mother May J.B., Hright  Name of Father  Name of Father
14. Place of intended interment Fairviery Country
15. Date of intended interment Mary 77, Undertaker.
Date of Certificate Moungg. Residence

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

4	
Th	is Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
Ι.	Name of deceased Childry 6, E. Hyatt
2.	Sex 3. Color While 4/Age
5.	Married or single snigle
	Date of Death Och 15/96
7.	Cause of Death Premature Bill
8.	Duration of last Illness
	of Shught, M. D.
	Residence Descently.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
0	Occupation
	Place of Birth Gilly
	Residence Clay Strul. Ward No. 3
	Time of Residence in the City
	Name of Mother Mis. M. a. Hyatt
13.	When a Minor }
	Name of Father O. Manual Place of intended Interment Pair ville Country
	A / A
15.	Date of intended Interment OF 14/96
	The July I won, Undertaker.
Date	e of Certificate VIIII (6. Residence
*********	

#### Child of Charles Wyatt, 1899

34072	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 while . 4. Age	
5. Married or single Myght	
6. Date of death Pramature Birth.	
7. Cause of death	
8. Duration of last illness  S. C. Nughh  , M. D.	
Residence	
MANAGEMENT OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PR	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
Test (	
9. Occupation to. Place of birth lowly	
11. Residence 10 the Clay, Shurh . Ward No. 2 =	d
Name of Mother Mrs, Chips, Hyall	
Name of Father Onus, orryon,	
14. Place of intended interment Fairwird Consoluy	
15. Date of intended interment Sept. 4 1899.	
Gugul Fuard, Undertake	
Date of Certificate Deft, 3" 1899. Residence Residence	

#### Infant of H. C. and Flora Wyatt, 1894

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.	28
RETURN OF A DEATH.	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.	
1. Name of deceased Infant of Wyatt	
2. Sex Male 3. Color Whit. 4 Age	
5. Married or single	
6. Date of Death Jan 8"/94	
7. Cause of Death Tremature Berth	
8. Duration of last Illness	
BA Melleken, M. I	).
Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth Crity	
11. Residence Ward No. 4 th	
12. Time of Residence in the City	
Name of Mother Hlora Wyall	/
13. When a Minor Name of Father A.C. Wyat	
14. Place of intended Interment Farricie Course	ter
15. Date of intended Interment Jan 9"/94.	
Flosheard How, Undertake	r.
Date of Certificate HIN Jall 8/9 Residence	

#### Laura Wyatt, 1911

29
RETURN OF A DEATH.
1095 DENTIL.
Physician's Certificate Preparatory to Burial.
1. Name of deceased Mrs. Laura Stry att.
Humale While bayers.
5. Married or Single 4. Age
6. Date of death 0CT 2 8 1911
7. Cause of death Ollymoner He hereulasis
8. Duration of last illness // 2 Wearesh
E. Hade, M. D.
Residence Bacoling Freen
Undertaker's Certificate in Relation to Deceased.
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10. Place of birth
11. Residence Ward No. 3
12. Time of residence in the city
13. When a minor { Name of Mother
(Name of Father Gairniew Cemeters)
14. Place of intended interment (Let 24" 1911
15. Date of intended interment  GERARD & GERARD Undertaker
OCT 9 & 1911
Date of Certificate 001 2 0 1311 Residence

#### Ruphine Wyatt, 1899

26 48 0.35 241
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 Puphine Myall 2. Sex Jemale: 3. Color while . 4. Age 1.yr.
5. Married or single Sale -
6. Date of death July 22-1899 7. Cause of death Infanction of Stomack 8. Duration of last illness There nuter
De T.B. Might - M. D.  Residence College Ct.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation ————————————————————————————————————
11. Residence Wordford St. Ward No. 372
Name of Mother Flora R. Myall Name of Father alex, Myall
14. Place of intended interment frauver Combuston  15. Date of intended interment July 23-1899
Date of Certificate July 22/92. Residence

Ruphine Wyatt, 1899

24-3
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 Chied of a Chyland. 2. Sex Finall. 3. Color while. 4. Age 1911. 5. Married or single lingle 6. Date of death hilly 22/99 7. Cause of death of the filly 22/99 8. Duration of last illness
Residence, M. D.
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth City 11. Residence Madfordstut. Ward No.
12. Time of residence in the City / Cline  13. When a minor Name of Mother Mymms Ac, mare  Name of Father
14. Place of intended interment JUN'YUN Comulay  15. Date of intended interment July 23/100  Land & Gamel Ga
Date of Certificate July 2019 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. Hylie.
2. Sex Male . 3. Color Mile . 4. Age
5. Married or single Single
6. Date of Death 100, 18"/1894
7. Cause of Death Phennatic municipalis
8. Duration of last Illness 3 weeks.
f. M. Comiaco, M. D.
Residence bily
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of Birth Ripley Ohio,
11. Residence College stuet Ward No. 2"
12. Time of Residence in the City Elwew years
Name of Mother
13. When a Minor Name of Father
14. Place of intended Interment Ripley Ohio.
15. Date of intended Interment Nov 10 4/94,
Flynn & Bro., Undertaker.
Date of Certificate 18/14 . Residence
•

#### Harry E. Wynans, 1893

565	6
This Constitutes one Certificate to be Re	turned to the City Clerk for a Burial Permit,
RECUEN O	e a deate.
PHYSICIAN'S CERTIFICA'	TE PREPARATORY TO BURIAL.
-	8 M
1. Name of deceased	
2. Sex Marie 3. Color	
<ul><li>5. Married or Single</li><li>6. Date of Death</li></ul>	
(4)	il fen
8. Duration of last Illness Dr	
y	(Ni MantahayM. D
Resid	lence Bording Glan &
-7.45, TI	
UNDERTAKER'S CERTIFICAT	E IN RELATION TO DECEASED.
9. Occupation	
10. Place of Birth Burn	
11. Residence Main	A.A., Ward No.
12. Time of Residence in the City	
13. When a Minor. Name of Mo	other
15. When a Minor. $\int Name \text{ of } F_i$	nther
14. Place of intended Interment	Farmer Can
15. Date of intended Interment	Ost 13 1853
namen and a fear fear fear fear fear fear fear fe	Mit Hayn, Undertaker
Date of Certificate	. Residence

#### Mrs. J. H. Yager, 1907

This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
This Constitutes One Certificate to be Returned to the City Cierx for a Burnar Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased Mrs Hagis 2. Sex Humaly 3. Cofor Main 4. Age 5  5. Married or single Manual 6. Date of death JUL 4-1907 7. Cause of death Chunic Diahusa, 8. Duration of last illness Mr. Connack , M. D.  Residence BOWLING GREEN, KY
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation 10. Place of birth Mulson Bounty Ry. 11. Residence BOWLING GREEN, KY Clay St Ward No. 12. Time of residence in the City. Savaral years  Name of Mother Name of Father
14. Place of intended interment Soslow, Ry.  15. Date of intended interment Suly 6"1907.  GERARD & GERARD., Undertaker.  Date of Certificate JUL 4" 1907.  Residence Residence
Pare of Certainance

#### Sallie Yager, 1892

autoftown 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 Saltin Line Line
2. Sex / 1/1/12. 3. Color W / 4. Age / 4.
5. Married or Single
6. Date of Death A Said 1914
7. Cause of Death Additional State of Death
8. Duration of last Illness 3 24444
January Lange Lang
Residence Struckly France 194
9. Occupation
10. Place of Birth Boston Aca
11. Residence
12. Time of Residence in the City & 47
13. When a Minor. Name of Mother Matting Jacques SName of Father
14. Place of intended Interment Boutton
15. Date of intended Interment  Buther + Byn, Undertaker.
Date of Certificate . Residence

#### W. L. Yarbrough, 1910

	RETURN OF A DEATH.
	8/3
	Physician's Certificate Preparatory to Burial.
	Name of deceased 1, Lyarbrough
1.	M. V. V. VIII
2.	Sex Mall 3. Color Whill 4. Age 69 yrs.
5.	Married or Single Married
6.	Date of death May 18" 1910.
7.	Cause of death Chrowe diarrhoea
8.	Duration of last illness down on five moreths
	198, Weitherford, M.D.
	Residence Gowling Green A
	Undertaker's Certificate in Relation to Deceased.
9.	Occupation
10.	Place of birth Logan, County
11.	Residence Whathurt St. Ward No.
12.	Time of residence in the city_/ 2 yes
	(Name of Mother
13.	When a minor Name of Father
14.	Place of intended interment Aussulville, Ry
15.	Date of intended interment May 20"/910.
	Grand & Grand
	May 19" 1910. P. City
Dat	e of Certificate Residence Residence

#### Annie Yost, 1912

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 Annu from 2. Sexternal 3. Color Cal 4. Age 75
5. Married or single Widow
6. Date of death Guy // 1912 7. Cause of death Whaleum + Hoort Failur
8. Duration of last illness tugo Water
Residence Barby M. D.
The state of the s
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation & Home
10. Place of birth Warren country
11. Residence Bowley Treen Ward No.  12. Time of residence in the City.
13. When a minor \{ \begin{aligned} Name of Mother \\ Name of Father \end{aligned}
14. Place of intended interment MTMZariah
15. Date of intended interment Guy 12 1912  Crucks Hillstondertaker.
Date of Certificate . Residence 3 2123

#### 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.	
Monroel - 1	
1. Name of deceased MMNOC Gost	
2. Sex Male. 3. Color 18 . 4. Age 70 416	
5. Married or single Married	
6. Date of Death 200, 10/96.	
7. Cause of Death Old age	
8. Duration of last Illness	
Q & Gorlow, M. D.	
Residence	
INDEDITATION CERTIFICATE IN DELETION TO PROPERTY	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
10. Place of Birth	
11. Residence Man Dh . Ward No. 3 14	
12. Time of Residence in the City	
Name of Mother	
13. When a Minor Name of Father	
14. Place of intended Interment Ich Monah Cen	v.
15. Date of intended Interment Nell/196	
Flo Surand & Bro, Undertaker.	
Date of Certificate Aud 11/96 Residence	

#### Ferdie Young, 1912

95
₹ ₹ This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit. ₹ ₹
RETURN OF A DEATH.
1/39 DE21111.
Physician's Certificate Preparatory to Burial.
And sicialis Certificate Preparatory to Burial.
1. Name of deceased Muss, Hurdit Houng
1. Name of deceased Miss, Fundit Young.  2. Sex Finnals. 3. Colory White 4. Age 19 yrs.
5. Married or Single Single
- A
6. Date of death Puhnonary Inbuculous.
8. Duration of last illness our year.
W. Moss
Rockfuld Ky , M. D.
Residence Projection, English
Undertaker's Certificate in Relation to Deceased.
9. Occupation
10 Division of the contract of
10. Place of birth
A control of the cont
11. Residence Burning P. O. Warran lad Ward No. Ward No.
11. Residence Summing P.O Warraw last Ward No
11. Residence Burning P. O. Warran lad Ward No. Ward No.
11. Residence Summing P.O Warraw Last Ward No
11. Residence Summing P.O Warraw Law Ward No.  12. Time of residence in the city.  13. When a minor Name of Mother Name of Father Law Factories Cemeloty  14. Place of intended interment.
11. Residence Summing P.O Warran law Ward No.  12. Time of residence in the city.  13. When a minor Name of Mother Name of Father Ass. 7. Young 14. Place of intended interment Sairview Cometory  15. Ward No.
11. Residence Summing P.O. Warraw Law Ward No.  12. Time of residence in the city.  13. When a minor Name of Mother Name of Father Sauview Cemelony  14. Place of intended interment  15. Date of intended interment  GERARD & GERARD, Undertaker
11. Residence Summing P.O Warraw Law Ward No.  12. Time of residence in the city.  13. When a minor Name of Mother Name of Father Law Factories Cemeloty  14. Place of intended interment.
11. Residence Summing P.O. Warraw Law Ward No.  12. Time of residence in the city.  13. When a minor Name of Mother Name of Father Sauview Cemelony  14. Place of intended interment  15. Date of intended interment  GERARD & GERARD, Undertaker
11. Residence Summing P.O. Warraw Law Ward No.  12. Time of residence in the city.  13. When a minor Name of Mother Name of Father Sauview Cemelony  14. Place of intended interment  15. Date of intended interment  GERARD & GERARD, Undertaker

#### John M. Young, 1899

33
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
WELLOW BOTH THE RESIDENCE OF THE PROPERTY OF T
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased 120. Myoung 2. Sex 11/10. 3. Color White 4. Age 106/2 411
5. Married or single Midowel
6. Date of death Oct 12/99
7. Cause of death CO G
8. Duration of last illness & bounds, bounds, M. D.
Residence City Phy siccure
Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation January 10. Place of birth Heland,
11. Residence the City Sweet Months
Name of Mother  Name of Father
14. Place of intended interment Saint Joseph Cerulu
15. Date of intended interment Of 11/99
Gward Fernin , Undertaker.
Date of Certificate ON 13 199 Residence
The state of the s

#### Julia Mitchell Young, 1907

		34
This Constitutes One Certificate to b	Ret .ed to the City Clerk	for a Burial Permit.
RETURN	OF A DE	CATH.
Physician's Certif	cate Preparatory to	Burial.
1/ -	11. m. A.	1.01
1. Name of deceased Mrs. 2. Sex Firmaly 11,3	ulia Milenre	, young
2. Sex Franche 11,3. C	or White 4.	OAge 687418.
5. Married or single		J
6. Date of death augus	2"1907 naney	
7. Cause of death Maly	nancy	
8. Duration of last illness	A	<u></u>
	A Briggs.	
Re	lence BOWL	ING GREEN, KY.
Undertaker's Certification		Deceased.
10. Place of birth Wause	muty	***
9. Occupation.  10. Place of birth Warrn  11. Residence Alalafiald		Ward No.
12. Time of residence in the city.		
( Name of mot	er	
13. When a minor \ Name of fatl	,	
14. Place of intended interment	Fairview a	
15. Date of intended interment	Jugust #"19	07.
		ARD. Undertaker.
Date of Certificate aug 3"19	Z. Residence	BOWLING GREEN,

#### L. E. Young, 1906

35
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased & E. Hamile Color White A. Age 65 yrs.  2. Sex filliage 3. Color White A. Age 65 yrs.  5. Married or single miclow.  6. Date of death Savenous 2/906 might be a seried of the series of death series and the series of death series of dea
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation
10. Place of birth Navyun County
11. Residence dagan Cu / Ward No,
12. Time of residence in the City.
13. When a minor Name of Mother Name of Father
14. Place of intended interment Fair view Gunt
15. Date of intended interment Agatabase 3-1306
, Undertaker.
Date of Certificate . Residence
Doctor + Midulascu from Lyan
county. Perhaps Reclier.

#### Harrison Younger, 1879

	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 Jourgest young
2.	Sex Male . 3. Color Blk . 4. Age 68
5.	The management of the second s
6.	Date of Death May 14 1879
7.	Cause of Death Consumption
8.	Duration of last Illness Long Time
	Imclay boolf . M. D.
	Residence
Tyr.	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation 24
10.	Place of Birth Wanen 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 Cecu
15.	Date of intended Interment May 15
	Justollerand, Undertaker.
	ate of Certificate May 147-79 Residence
De	The state of the s

#### John Younglove, 1896

929
This Constitutes One Certificate to be Beturned to the City Clerk for a Burial Permit.
RETURN OF A DEATH.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1. Name of deceased John Journal Journal 2. Sex Malc. 3. Color Malic 4. Age 48 yrs 5. Married or single 111 gle 6. Date of Death 111 gle 7. Cause of Death 111 gle 8. Duration of last Illness  Residence  Residence
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9. Occupation  10. Place of Birth Assert Such Ward No.  11. Residence State Sheet Ward No.  12. Time of Residence in the City  Name of Mother  Name of Father
14. Place of intended Interment January Our .  15. Date of intended Interment July 31/96  Ale Grand I July, Undertaker.  Date of Certificate July 31/9 Residence

#### Mrs. John E. Younglove, 1899

35 0.71 38-1
This Constitutes One Certificate to be Returned to the City Clerk for a Burial Permit,
RETURN OF A DEATH.
KEINKII OL Y DEVIII.
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL
1. Name of deceased mers John E. Younglow
2. Sex final. 3. Color while . 4. Age 6 5 yrs
5. Married or single - married -
6. Date of death Que 22-1898
7. Cause of death Dyseulary 8. Duration of last illness Charles
8. Duration of last illness Charles f. M. D.
Residence State FT.
WANTERSON, SPANISH CHARLES TO AN OLD SPANISH STATE OF THE
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
g. Occupation
10. Place of birth New York. City
11. Residence State St Ward No. /
12. Time of residence in the City Thirty Lin you.
Name of Mother Name of Father
14. Place of intended interment farmer
15. Date of intended interment
Date of Certificate Residence

#### Mrs. John E. Younglove, 1899

PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL  Name of deceased M. Color Concert 4. Age 6	
RETURN OF A DEATH  PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL	
1. Name of deceased My Ing Elfonn	
1. Italie of deceased	glove
2. Sex Jemale 3. Color Child 4. Age	34eer
5. Married or single Married	
6. Date of death (149) 9 1899	
7. Cause of death A Schury	
8. Duration of last illness	The state of the s
7. Cause of death Defending  8. Duration of last illness  IR. Carlwright.	, M. D.
. Residence	
UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.	
9. Occupation	
o. Place of birth	
1. Residence Mard . Ward	No
2. Time of residence in the City	
3. When a minor	
) Name of Father	0
4. Place of intended interment Jan Van	Crical Company
5. Date of intended interment	
Jayun I Sawan	, Undertaker.
Date of Certificate	

#### Joseph I. Younglove, 1894

4	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 outsh of Governor love, 2. Sex Male 3. Color Halle 4. Age 75 yrs. 5. Married or single Married 6. Date of Death Leby 1"/94
	7. Cause of Death Aller Formach  8. Duration of last Illness 10 days  Residence Somethy, M. D.  Residence In Relation to Deceased.
	9. Occupation
	D. Place of Birth of the form
	ward No.
1:	2. Time of Residence in the City 50 yrs
1	Name of Mother Name of Father
1.	4. Place of intended Interment Fairville Counter
T)	5. Date of intended Interment Reby 3"/94,  Glerard + Bro, Undertaker.
D	Pate of Certificate Reby 27/94. Residence
2	

#### Sarah Ann Younglove, 1882

	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.  Name of Deceased Mrs. Sarah Ann Younglown
2.	Sex Finale . 3. Color White . 4. Age 51 years
	Married or Single Married  Date of Death November 14th 1882
}. 7	Cause of Death Caucer of Breach.
	Duration of last Illness Several years - , M. D.
	Residence State SL 13 4. 12y-
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
9.	Occupation D
0.	Place of Birth B Lun Ky Residence Station Mein . Ward No 121
1.	
2.	
3.	When a Minor { Name of Mother Name of Father Name of States.
4.	Place of intended Interment Four our Court
5.	Date of intended Interment And 15 = 1882.  Hrank Selson, Undertaker.
L	Pate of Certificate Nov 15 82 . Residence
	Democrat Job Print

#### Infant with no name (Indecipherable), 1880

1	This Constitutes ONE CERTIFICATE to be returned to the City Clerk for a BURIAL PERMIT.
	RETURN OF A DEATH.
	PHYSICIAN'S CERTIFICATE PREPARATORY TO BURIAL.
1.	Name of Deceased Munules
2.	Sex Himale. 3. Color Colerets. 4. Age & class
5.	Married or Single Snigle  Date of Death Cery 26 7850
7.	Cause of Death Framus Musculine
8.	Duration of last Illness 2 chars,
	Illuftel, M. D.
	Residence
	UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.
0	
11.	Occupation
10.	Occupation  Place of Birth
10.	Place of Birth
10. 11.	Place of Birth Residence . Ward No. 2
10. 11. 12.	Place of Birth  Residence Ward No. 2  Time of Residence in the City  ( Name at Mother)
10. 11. 12.	Place of Birth  Residence Ward No. 2  Time of Residence in the City  When a Minor { Name of Mother
10. 11. 12.	Place of Birth  Residence Ward No. 2  Time of Residence in the City  When a Minor { Name of Mother Name of Father
<ul><li>10.</li><li>11.</li><li>12.</li><li>13.</li><li>14.</li></ul>	Place of Birth  Residence Ward No. 2  Time of Residence in the City.  When a Minor {     Name of Mother     Name of Father  Place of intended Interment.
<ul><li>10.</li><li>11.</li><li>12.</li><li>13.</li><li>14.</li></ul>	Place of Birth  Residence Ward No. 2  Time of Residence in the City  When a Minor { Name of Mother Name of Father
10. 11. 12. 13. 14. 15.	Place of Birth  Residence . Ward No. 2  Time of Residence in the City  When a Minor { Name of Mother   Name of Father    Place of intended Interment    Date, of intended Interment   , Undertaker.
10. 11. 12. 13. 14. 15.	Place of Birth  Residence