

HARDIN COUNTY, KY DEATH RECORDS 1907-1909 DOCTORS OF THE AREA HAD
TURNED THESE INTO THE COUNTY CLERK'S OFFICE.

ALLEN, HATTIE ...11
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BAILEY, GEORGE ...13
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FRENCH, UNKNOWN ...4
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LEASOR, NANNIE BELLE ...39
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MCCLURE, TICIA ...24, 37
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MCCOY, EMMA R. ...20
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OILER, SARAH ...20
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PERRY, HUSTON ...7
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WOOLDRIDGE, MAHALA ...18
YATES, NELLIE ...21, 30
YATES, UNKNOWN ...1

REGISTER OF DEATHS.

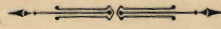
Name of Deceased _____ Occupation _____
Residence of Deceased Pineville 7th
Birthplace of Deceased Pineville 7th
Date and Time of Death July 18 - 1908 11 o'clock a M.
Place of Death Pineville 7th Cause Indigestion
Age 6 mo. Sex male Color White
Condition (Married, Single, or Widowed) _____
Full Name of Father Joe Yates
Full Name of Mother Ruth Yates
Signed Dr. W. Rogers

REGISTER OF DEATHS.

Name of Deceased May Ray Occupation Housewife
 Residence of Deceased Wipperville Ky R/
 Birthplace of Deceased Hickman Ky
 Date and Time of Death Oct 2 - 3.30 o'clock P M.
 Place of Death Pineyville Cause Titanic
 Age 39 Sex Female Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father Joe Buckman
 Full Name of Mother

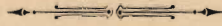
Signed Dr. C. H. Rogers

REGISTER OF DEATHS.



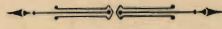
Name of Deceased Wm D. Curby Occupation None for 3 or 4 years
Residence of Deceased Pineyville Ky
Birthplace of Deceased _____
Date and Time of Death Nov 1 7:30 o'clock A. M.
Place of Death Pineyville Ky Cause Nephritis complicated
Age 73 Sex Male Color White
Condition (Married, Single, or Widowed) Married
Full Name of Father _____
Full Name of Mother _____
Signed Dr. C. W. Rogers

REGISTER OF DEATHS.



Name of Deceased _____ Occupation _____
Residence of Deceased Rineyville Ky RI
Birthplace of Deceased _____
Date and Time of Death Dec 18-1908 1.30 o'clock P. M.
Place of Death Rineyville Ky Cause Stillborn
Age " Sex Male Color White
Condition (Married, Single, or Widowed) _____
Full Name of Father J W French
Full Name of Mother Uda
Signed Dr. C. W. Rogers

REGISTER OF DEATHS.



Name of Deceased Hinton Occupation _____
 Residence of Deceased Elizabethtown 7th P. 3
 Birthplace of Deceased " " " 3
 Date and Time of Death Jan 17 1.20 o'clock A. M.
 Place of Death Elizabethtown 7th P. 3 Cause Acute Bronchitis
 Age 19 mo Sex Female Color White
 Condition (Married, Single, or Widowed) _____
 Full Name of Father John Hinton
 Full Name of Mother Ellen
 Signed Dr. C. W. Rogers

Name of Deceased Jas. N. Wiseman Occupation Farmer
 Residence of Deceased Pineyville 7th
 Birthplace of Deceased _____
 Date and Time of Death Jan 24 10 o'clock A. M.
 Place of Death Pineyville 7th Cause Influenza
 Age 73 Sex male Color White
 Condition (Married, Single, or Widowed) Widower
 Full Name of Father _____
 Full Name of Mother _____
 Signed Dr. C. W. Rogers

Name of Deceased Louise Marie Brangu Occupation House Wife
 Residence of Deceased Elizabethtown 7th P. 3
 Birthplace of Deceased Belgium
 Date and Time of Death Jan 27 - 1908 9.30 o'clock A. M.
 Place of Death Elizabethtown 7th P. 3 Cause Cancer of Stomach
 Age 61 Sex Female Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father _____
 Full Name of Mother _____
 Signed Dr. C. W. Rogers

REGISTER OF DEATHS.

Name of Deceased *Cynthia Wiseman* Occupation *House Wife*
 Residence of Deceased *Pineyville Ky.*
 Birthplace of Deceased _____
 Date and Time of Death *Jan 31-1908* *12* o'clock *A.* M.
 Place of Death *Pineyville Ky.* Cause *Pneumonia*
 Age _____ Sex *Female* Color *White*
 Condition (Married, Single, or Widowed) *married*
 Full Name of Father _____
 Full Name of Mother _____

Signed

Dr. C. W. Rogers

Name of Deceased *Lena Berry* Occupation *Housekeeping*
 Residence of Deceased *Pineyville Ky. R. 1*
 Birthplace of Deceased _____
 Date and Time of Death *Mar 27-* *7* o'clock *A.* M.
 Place of Death *Pineyville Ky. R. 1* Cause *Acute Bright disease*
 Age *34* Sex *Female* Color *White*
 Condition (Married, Single, or Widowed) *married*
 Full Name of Father *Berry.*
 Full Name of Mother _____

Signed

Dr. C. W. Rogers

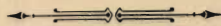
Name of Deceased *Arthur Smith* Occupation _____
 Residence of Deceased *Pineyville Ky. R. 1*
 Birthplace of Deceased *Pineyville Ky. R. 1*
 Date and Time of Death *Sep 11* *5* o'clock *P.* M.
 Place of Death *Pineyville Ky. R. 1* Cause *Stomach poisoning*
 Age *2 years* Sex *Male* Color *White*
 Condition (Married, Single, or Widowed) _____
 Full Name of Father *Christopher Smith*
 Full Name of Mother *Maggie Smith*

Signed

Dr. C. W. Rogers

109 Jan 1
 index
 At: City of Lexington
 by: D. M. Spivey Jr.

REGISTER OF DEATHS.



Name of Deceased Occupation

Residence of Deceased Pineyville Hardin Co Ky.

Birthplace of Deceased " " " "

Date and Time of Death Apr 16-1907 o'clock P. M.

Place of Death Pineyville Ky. Cause Still born Preterm

Age Sex Male Color Black

Condition (Married, Single, or Widowed) Mar. Infant

Full Name of Father Houston Perry

Full Name of Mother Nannie Gehaway

Signed Dr. W. M. Rogers

Name of Deceased Occupation

Residence of Deceased Pineyville Ky Hardin Co

Birthplace of Deceased " " " "

Date and Time of Death May 24-1907 o'clock 5 A. M.

Place of Death Pineyville Hardin Co Ky. Cause Delayed labor

Age Sex Female Color White

Condition (Married, Single, or Widowed) Infant

Full Name of Father Wm Drake

Full Name of Mother

Signed Dr. W. M. Rogers

Name of Deceased Occupation

Residence of Deceased Pineyville Hardin Co Ky.

Birthplace of Deceased " " " "

Date and Time of Death June 30-1907 o'clock 4 P. M.

Place of Death Pineyville Hardin Co Ky. Cause Delayed labor

Age Sex Female Color White

Condition (Married, Single, or Widowed) Infant

Full Name of Father L. Q. Wiseman

Full Name of Mother Lyntha Wiseman

Signed Dr. W. M. Rogers

REGISTER OF DEATHS.

Name of Deceased _____ Occupation _____
 Residence of Deceased Pineyville Hardin Co Ky.
 Birthplace of Deceased " " " "
 Date and Time of Death Sep 30 - 1907 o'clock 9 M.
 Place of Death Pineyville Ky Cause Delayed labor
 Age _____ Sex Male Color White
 Condition (Married, Single, or Widowed) Infant
 Full Name of Father Diamond Alvey
 Full Name of Mother Minnie Alvey
 Signed Dr. C. N. Rogers

Name of Deceased Geo Phillips Occupation Farmer
 Residence of Deceased Pineyville Hardin Co Ky.
 Birthplace of Deceased " " " "
 Date and Time of Death Sep 28 - 1907 o'clock 8 M.
 Place of Death Pineyville Ky Cause Phthisis Pulmonalis
 Age 38 Sex Male Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father Wm Phillips
 Full Name of Mother Mary Phillips
 Signed Dr. C. N. Rogers

Name of Deceased Wm Coleman Occupation Farmer
 Residence of Deceased Pineyville R. 1 Hardin Co Ky.
 Birthplace of Deceased _____
 Date and Time of Death Dec 5 - 1907 o'clock 2 1/2 M.
 Place of Death Pineyville R. 1 Ky Cause Cancer of Stomach
 Age 67 Sex Male Color White
 Condition (Married, Single, or Widowed) Widower
 Full Name of Father _____
 Full Name of Mother _____
 Signed Dr. C. N. Rogers

D. W. O'Connor
Filed 11/17/08
39 Morley

PHYSICIAN'S REGISTER

... OF ...

Births and Deaths



MADE BY JOHN P. MORTON & COMPANY
INCORPORATED.

THE LAW.

KENTUCKY STATUTES, 1894, CHAPTER 83, PAGE 914.

§ 2582. **Physicians, Surgeons and Midwives to keep a Register.** It shall be the duty of all physicians, surgeons and midwives to keep a registry of all births and deaths at which they have professionally attended, showing, in case of birth, the time and place of birth, name of the father, and maiden name of the mother, and their residence; sex and color of the child, together with its name, if it shall receive one, and whether it was born alive or dead; and showing, in case of death, the time place and cause of death, the name, age, sex, color and condition (whether single, married, or widowed), name and surname of parents, occupation, residence and place of birth of the deceased: *Provided further*, That when two or more physicians, surgeons, or midwives may have attended professionally at any birth or death, that physician, surgeon, or midwife who is oldest in attendance shall make the registry. (G. S. 932, ed. '87 Act 74.)

§ 2583. **Register or Copy to be deposited in Clerk's Office.** It shall be the duty of the clergymen, physicians, etc., above named, to deposit in the county clerk's office of the counties in which such births, etc., occur, on or before the tenth day of January, in every year, the said registry, or a copy thereof, embracing the period of one year, ending on the thirty-first day of December last preceding the time of deposit; and the clerk shall deliver copies of the same to the assessor. (G. S. 933, ed. '87, Act 74.)

REGISTER OF DEATHS.

Name of Deceased *Miss Julia Montgomerie* Occupation _____
 Residence of Deceased *Elizabethtown Ky*
 Birthplace of Deceased *Elizabethtown Ky*
 Date and Time of Death *Feb. 21. 3* o'clock *A.* M.
 Place of Death *Louisville Ky* Cause *Typhoid fever*
 Age *21.* Sex *Female* Color *white*
 Condition (Married, Single, or Widowed) *Single*
 Full Name of Father *James Montgomerie*
 Full Name of Mother *Ella Slack Montgomerie*
 Signed *J. H. O'Connor*

Name of Deceased *Mrs. Hattie Allen* Occupation *housewife*
 Residence of Deceased *Near Glendale Hardin Co. Ky.*
 Birthplace of Deceased *" " " "*
 Date and Time of Death *Feb. 22. 11* o'clock *P.* M.
 Place of Death *Glendale Hardin Co. Ky.* Cause *Consumption*
 Age *26* Sex *Female* Color *white*
 Condition (Married, Single, or Widowed) *Married*
 Full Name of Father *Wm. R. Thomas*
 Full Name of Mother *Mary Pendleton Thomas*
 Signed *J. H. O'Connor*

Name of Deceased *Miss Anna Spalding* Occupation *none*
 Residence of Deceased *Hardin Co. Ky.*
 Birthplace of Deceased *Hardin Co. Ky.*
 Date and Time of Death *Feb. 28. 9* o'clock *P.* M.
 Place of Death *Hardin Co. Ky.* Cause *Quinse Cyst-*
 Age *30* Sex *Female* Color *white*
 Condition (Married, Single, or Widowed) *Single*
 Full Name of Father *William Spalding*
 Full Name of Mother *Mary Cicil Spalding*
 Signed *J. H. O'Connor*

REGISTER OF DEATHS.

Name of Deceased *Robert Untermeyer* Occupation *Farmer*
 Residence of Deceased *Tunnel Hill Sta. Hardin Co Ky*
 Birthplace of Deceased *Tunnel Hill Sta " "*
 Date and Time of Death *Feb 10, 1907* 8 o'clock A. M.
 Place of Death *Tunnel Hill Sta* Cause *Consumption*
 Age *26* Sex *Male* Color *White*
 Condition (Married, Single, or Widowed) *Single*
 Full Name of Father *Joseph Untermeyer*
 Full Name of Mother *Clara Untermeyer*
 Signed *J. H. O'Connor*

Name of Deceased *Mrs Sallie Culley* Occupation *None*
 Residence of Deceased *Elizabethtown Ky*
 Birthplace of Deceased *Elizabethtown Ky*
 Date and Time of Death *May 28, 1907* 12 o'clock M.
 Place of Death *Elizabethtown Ky* Cause *Cancer of womb*
 Age Sex *Female* Color *White*
 Condition (Married, Single, or Widowed) *Widow*
 Full Name of Father *Mr. Donald*
 Full Name of Mother *Fanny Mc Donald*
 Signed *J. H. O'Connor*

Name of Deceased *George T. Broad* Occupation *Servant*
 Residence of Deceased *Near Elizabethtown Ky*
 Birthplace of Deceased *Unknown*
 Date and Time of Death *May 8, 1907* 11 o'clock P. M.
 Place of Death *Near Elizabethtown Ky* Cause *Bright's disease*
 Age *About 70* Sex *Male* Color *White*
 Condition (Married, Single, or Widowed) *Single*
 Full Name of Father *Unknown*
 Full Name of Mother *Unknown*
 Signed *J. H. O'Connor*

REGISTER OF DEATHS.

Name of Deceased *Mrs Sarah Ray* Occupation *House wife*
 Residence of Deceased *Hardin Co. Ky*
 Birthplace of Deceased *Hardin Co. Ky*
 Date and Time of Death *July 15, 1907* o'clock M.
 Place of Death *Hardin Co. Ky* Cause *Unemia*
 Age *68* Sex *Female* Color *white*
 Condition (Married, Single, or Widowed) *Married*
 Full Name of Father *John Howard*
 Full Name of Mother

Signed

J. H. O'Connor

Name of Deceased *George Bailey* Occupation *Farmer*
 Residence of Deceased *Hardin Co. Ky*
 Birthplace of Deceased *Hardin Co. Ky*
 Date and Time of Death *Oct 1, 1907* o'clock M.
 Place of Death *Hardin Co. Ky* Cause *Organic heart disease*
 Age *76* Sex *Male* Color *white*
 Condition (Married, Single, or Widowed) *Married*
 Full Name of Father *John James Bailey*
 Full Name of Mother *Mary Goodin Bailey*

Signed

J. H. O'Connor

Name of Deceased _____ Occupation _____
 Residence of Deceased _____
 Birthplace of Deceased _____
 Date and Time of Death _____ o'clock M.
 Place of Death _____ Cause _____
 Age _____ Sex _____ Color _____
 Condition (Married, Single, or Widowed) _____
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

REGISTER OF DEATHS.

Name of Deceased Ann Labor Occupation Washwoman
 Residence of Deceased Elizabethtown Ky
 Birthplace of Deceased Elizabethtown Ky
 Date and Time of Death October 21 1915 o'clock M.
 Place of Death Elizabethtown Cause Arteriosclerosis
 Age 67 Sex Female Color Black
 Condition (Married, Single, or Widowed) Widow
 Full Name of Father
 Full Name of Mother

Signed D. D. Brown

Name of Deceased Marion Williams Occupation
 Residence of Deceased Hardin Co Ky
 Birthplace of Deceased Elizabethtown Ky
 Date and Time of Death o'clock 24 M.
 Place of Death Cause Heart
 Age 69 Sex Female Color White
 Condition (Married, Single, or Widowed) Widow
 Full Name of Father Howe English
 Full Name of Mother English

Signed D. D. Brown

Name of Deceased Sarah Lee Occupation
 Residence of Deceased Elizabethtown Ky
 Birthplace of Deceased Hardin Co Ky
 Date and Time of Death o'clock M.
 Place of Death Elizabethtown Cause
 Age 72 Sex Female Color White
 Condition (Married, Single, or Widowed) Widow
 Full Name of Father Decker Calvin
 Full Name of Mother Sarah Calvin

Signed D. D. Brown

D. D. E. M. Chure

Filed 1/7/08

W. H. Kelley clerk
St. Alb.

PHYSICIAN'S REGISTER

.. OF ..

Births and Deaths

MADE BY JOHN P. MORTON & COMPANY.

THE LAW.

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Baths at
Baths

J. E. McElean

Filed 1/26/09

J. E. McElean

Name of Deceased Mahala Wooldridge Occupation _____
Residence of Deceased Sonora, Ky.
Birthplace of Deceased Bloomington Ky.
Date and Time of Death July 23 1907 2 o'clock P. M.
Place of Death Sonora Ky. Cause Senility
Age 80 Sex Female Color white
Condition (~~Married~~ ~~Single~~ or Widowed) _____
Full Name of Father Jere Austin
Full Name of Mother Elizabeth Austin
Signed A. E. McClure M.D.

REGISTER OF DEATHS.

Name of Deceased Andrew M. McCoy Occupation Retired stage operator
 Residence of Deceased Sonora, Ky.
 Birthplace of Deceased _____
 Date and Time of Death Apr. 17, 1907 8 o'clock A. M.
 Place of Death Sonora, Ky. Cause Nephritis
 Age 76 Sex Male Color White
 Condition (Married, Single, or Widowed) Widower
 Full Name of Father _____
 Full Name of Mother _____

Signed

D. E. McClure, M.D.

Name of Deceased Forrest Ruth Occupation _____
 Residence of Deceased Lafayette Co. R. F. D. #3 Sonora, Ky.
 Birthplace of Deceased " " " " "
 Date and Time of Death Mch. 19, 1907 10:30 o'clock A. M.
 Place of Death As above Cause Croup
 Age 3 months Sex Male Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father Thorn Ruth
 Full Name of Mother Myra Ruth

Signed

D. E. McClure M.D.

Name of Deceased Geneva Knight Occupation _____
 Residence of Deceased Sonora, Ky.
 Birthplace of Deceased " " " " "
 Date and Time of Death July 15, 1907. 12 o'clock M.
 Place of Death As above Cause Summer diarrhoea
 Age 3 yrs Sex Female Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father Beeler Knight
 Full Name of Mother Cora Knight

Signed

D. E. McClure M.D.

REGISTER OF DEATHS.

Name of Deceased Sarah Ciler Occupation Housewife
 Residence of Deceased Sonora, Hardin Co., Ky.
 Birthplace of Deceased _____
 Date and Time of Death Oct. 3, 1906 10 o'clock A.M.
 Place of Death As above Cause Nephritis
 Age 51 Sex Female Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father Thos. Cothron
 Full Name of Mother Francis Cothron
 Signed D. E. McClure, M.D.

Name of Deceased Emma R. McCoy Occupation Housewife
 Residence of Deceased Sonora, Ky.
 Birthplace of Deceased Cincinnati, O.
 Date and Time of Death Nov. 23, 1906 8 o'clock P.M.
 Place of Death Sonora, Ky. Cause Hemorrhage
 Age 40 Sex Female Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father — — — — —
 Full Name of Mother Mary Reichner
 Signed D. E. McClure, M.D.

Name of Deceased Jas. Case Occupation Farmer
 Residence of Deceased La Rue Co. Sonora, R.R.D. #3.
 Birthplace of Deceased " " " " "
 Date and Time of Death Feb. 23, 1907 10 o'clock P.M.
 Place of Death As above Cause Tuberculosis
 Age 40 Sex Male Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father Jno. L. Case
 Full Name of Mother Nancy Case
 Signed D. E. McClure, M.D.

Copied from records of J. C. Mobley, M.D.

REGISTER OF DEATHS. 1907

Name of Deceased Nellie Yates Occupation —
 Residence of Deceased Elizabethtown
 Birthplace of Deceased —
 Date and Time of Death Apr. 5 o'clock — M.
 Place of Death Residence Cause Eclampsia
 Age About 18 Sex F. Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father —
 Full Name of Mother —

Signed _____

Name of Deceased James Vertrees Occupation —
 Residence of Deceased Country
 Birthplace of Deceased —
 Date and Time of Death April 19 o'clock — M.
 Place of Death Residence Cause Organic Heart Trouble
 Age About 55 Sex M. Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father —
 Full Name of Mother —

Signed _____

Name of Deceased Mrs. Melvina Edlin Occupation —
 Residence of Deceased Country
 Birthplace of Deceased —
 Date and Time of Death Sept. 22 o'clock — M.
 Place of Death Residence Cause Nephritis
 Age 65 Sex F. Color White
 Condition (Married, Single, or Widowed) —
 Full Name of Father —
 Full Name of Mother —

Signed _____

REGISTER OF DEATHS.

Name of Deceased Joseph Gray Occupation _____
 Residence of Deceased Elizabethtown
 Birthplace of Deceased —
 Date and Time of Death Nov. 6, 1907 o'clock M.
 Place of Death Residence Cause Pneumonia
 Age 82 Sex M. Color White
 Condition (Married, Single, or Widowed) _____
 Full Name of Father _____
 Full Name of Mother _____

The names of 1 deceased in 1909 have been torn off.
 Signed _____

Name of Deceased Annie Cosby Occupation _____
 Residence of Deceased Hardin Co.
 Birthplace of Deceased _____
 Date and Time of Death Feb. 2, 1909 o'clock M.
 Place of Death _____ Cause _____
 Age 48 Sex F Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

Name of Deceased Christina Horn Occupation _____
 Residence of Deceased Hardin County
 Birthplace of Deceased _____
 Date and Time of Death Mar. 4 5 o'clock A M.
 Place of Death _____ Cause Pneumonia
 Age 4 mo. Sex F. Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

REGISTER OF DEATHS.

Name of Deceased W. W. Lambuth Occupation Minister
 Residence of Deceased Elizabethtown
 Birthplace of Deceased _____
 Date and Time of Death Apr. 1 3 o'clock P. M.
 Place of Death _____ Cause Gastritis
 Age 77 Sex M Color White
 Condition (Married, Single, or Widowed) _____
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

Name of Deceased Mrs. F. M. Wheeler Occupation _____
 Residence of Deceased Elizabethtown
 Birthplace of Deceased _____
 Date and Time of Death Apr. 4 _____ o'clock _____ M.
 Place of Death _____ Cause Consumption
 Age 40 Sex _____ Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

Name of Deceased Dick Hall Occupation Farmer
 Residence of Deceased Hardin County
 Birthplace of Deceased _____
 Date and Time of Death Apr. 23 10 o'clock P. M.
 Place of Death _____ Cause Heart
 Age 78 Sex M Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

REGISTER OF DEATHS.

Name of Deceased Annie Perry Occupation _____
 Residence of Deceased Hardin County
 Birthplace of Deceased _____
 Date and Time of Death Apr. 23 o'clock M.
 Place of Death _____ Cause Consumption
 Age 15 Sex F Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

Name of Deceased Licia McChure Occupation _____
 Residence of Deceased Hardin County
 Birthplace of Deceased _____
 Date and Time of Death May 16 o'clock P.M.
 Place of Death _____ Cause Pneumonia
 Age 68 Sex F Color White
 Condition (Married, Single, or Widowed) _____
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

Name of Deceased Mrs Wm Ryan Occupation _____
 Residence of Deceased Elizabethtown
 Birthplace of Deceased _____
 Date and Time of Death July 11 o'clock 2 M.
 Place of Death _____ Cause Acetaminid Poison
 Age 49 Sex F Color White
 Condition (Married, Single, or Widowed) Married
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

REGISTER OF DEATHS.

Name of Deceased Charles McNeil Occupation _____
 Residence of Deceased Hardin Co.
 Birthplace of Deceased _____
 Date and Time of Death July 15 5 o'clock P M.
 Place of Death _____ Cause Morphine
 Age 35 Sex M. Color Colored
 Condition (Married, Single, or Widowed) Married
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

Name of Deceased Bison Purcell Occupation _____
 Residence of Deceased Hardin County
 Birthplace of Deceased _____
 Date and Time of Death July 30 2 o'clock P M.
 Place of Death _____ Cause Cholera Infantum
 Age 7 mo. Sex M. Color White
 Condition (Married, Single, or Widowed) _____
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

Name of Deceased J. Humphrey's Child Occupation _____
 Residence of Deceased Hardin Co.
 Birthplace of Deceased _____
 Date and Time of Death Nov. 24 _____ o'clock _____ M.
 Place of Death _____ Cause Diphtheria
 Age 6 yrs. Sex - Color White
 Condition (Married, Single, or Widowed) -
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

REGISTER OF DEATHS.

Name of Deceased Mrs. Sallie Hunter Occupation _____
 Residence of Deceased Hardin Co.
 Birthplace of Deceased _____
 Date and Time of Death Dec. 11 12:30 o'clock A M.
 Place of Death _____ Cause _____
 Age 82 Sex F Color White
 Condition (Married, Single, or Widowed) Widow
 Full Name of Father _____
 Full Name of Mother _____

Signed _____

Name of Deceased Arthur Watkins Occupation _____
 Residence of Deceased Hardin Co.
 Birthplace of Deceased _____
 Date and Time of Death Aug. 10 7 o'clock P M.
 Place of Death _____ Cause Croup
 Age 12 yrs. Sex M. Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father Tom Watkins
 Full Name of Mother _____

Signed _____

Name of Deceased Mattie Sandidge Occupation _____
 Residence of Deceased Hardin Co.
 Birthplace of Deceased _____
 Date and Time of Death Aug. 24 _____ o'clock _____ M.
 Place of Death _____ Cause Typhoid
 Age 22 Sex F Color Black
 Condition (Married, Single, or Widowed) _____
 Full Name of Father Henry Sandidge
 Full Name of Mother _____

Signed _____

REGISTER OF DEATHS.

Name of Deceased Raymond Brown Occupation _____
 Residence of Deceased _____
 Birthplace of Deceased _____
 Date and Time of Death Sept. 28 11 o'clock P M.
 Place of Death _____ Cause Peritonitis
 Age 13 Sex M. Color White
 Condition (Married, Single, or Widowed) _____
 Full Name of Father John Brown
 Full Name of Mother _____

Signed _____

Name of Deceased J. B. Hutcherson's Boy Occupation _____
 Residence of Deceased Hardin Co.
 Birthplace of Deceased _____
 Date and Time of Death Nov. 23 5 o'clock A M.
 Place of Death _____ Cause Inanition (?)
 Age 9 mo. Sex M. Color White
 Condition (Married, Single, or Widowed) _____
 Full Name of Father J. B. Hutcherson
 Full Name of Mother _____

Signed _____

Name of Deceased Alice M. Clure Occupation _____
 Residence of Deceased Hardin Co.
 Birthplace of Deceased _____
 Date and Time of Death Dec. 3 _____ o'clock _____ M.
 Place of Death _____ Cause Consumption
 Age 47 Sex F. Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father — M. Clure
 Full Name of Mother _____

Signed _____

REGISTER OF DEATHS.

Name of Deceased Clarence Lusby Occupation _____
Residence of Deceased Hardin Co. T
Birthplace of Deceased _____
Date and Time of Death Dec. 4 5 o'clock a. M.
Place of Death _____ Cause Diabetes
Age 23 Sex _____ Color White
Condition (Married, Single, or Widowed) M.
Full Name of Father J. J. A. Lusby
Full Name of Mother _____

Signed _____

Name of Deceased _____ Occupation _____
Residence of Deceased _____
Birthplace of Deceased _____
Date and Time of Death _____ o'clock _____ M.
Place of Death _____ Cause _____
Age _____ Sex _____ Color _____
Condition (Married, Single, or Widowed) _____
Full Name of Father _____
Full Name of Mother _____

Signed _____

Name of Deceased _____ Occupation _____
Residence of Deceased _____
Birthplace of Deceased _____
Date and Time of Death _____ o'clock _____ M.
Place of Death _____ Cause _____
Age _____ Sex _____ Color _____
Condition (Married, Single, or Widowed) _____
Full Name of Father _____
Full Name of Mother _____

Signed _____

Register of Deaths, 1907.

J. C. Mobley.

Register of Deaths

1907.

J. C. Mobley.

Name of Deceased	Residence	Birthplace	Date of Death	Time	Place of Death	Cause	Age	Sex	Color	Condition	Name of Father
Nellie Yates	Elizabethtown		Apr. 5		Residence	Eclampsia	About 18	F.	White	Single	
Jas. Vertrees	Country		Apr. 19		"	Organic Heart trouble	About 55	M.	"	Married	
Mrs. Melvina Edlin	Country		Sept 22		"	Nephritis	65	F.	"	Widow	
Joseph Gray	Elizabethtown		Nov. 6		"	Pneumonia	82	M.	"	Widower	

1909

Record of Deaths

J.C. Mobley, M.D.

DRC-032

<u>Name</u>	<u>Residence</u>	<u>Date</u>	<u>Time</u>	<u>Cause</u>	<u>Age</u>	<u>Sex</u>	<u>Color</u>	<u>Condition</u>	<u>Father's Name</u>
1. Arthur Watkins	Hardin Co.	Aug. 10	7 P.M.	Croup	12 yr.	M.	White	Single	Tom Watkins
2. Mattie Sandidge	" "	" 24		Typhoid	22 "	F.	Black	"	Henry Sandidge
3. Raymond Brown	" "	Sept. 28	11 P.M.	Peritonitis	13 "	M.	White	"	John Brown
4. J. B. Hutcherson's boy	" "	Nov. 23	5 A.M.	Infantion	9 mo.	M.	"	"	J. B. Hutcherson
5. Alice McClure	" "	Dec. 3		Consumption	47 yr.	F.	"	"	- McClure
6. Clarence Lusby	" "	" 4	5 A.M.	Diabetes	23 "	M.	"	"	J. 2. A. Lusby

G R Turner

1908-Jan 1

Filed
Att-ty. Copley-cek
By R. N. Spragg
Jc

Death

name Lewis Watkins
 Residence up to 7 by
 Birth Place - Grayson Co
 Date & Time Feb 27-1907 - , am.
 Place up to 7 by - Cause - Consumption
 Age 39 - sex male - Color white -
 married -
 name of Father - Do not know
 name of Mother - Do not know

W. Turner

Deaths

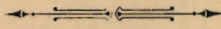
Name of Deceased - Henry Street Jr. ^{Hardware Dealer}
 Residence - up town 7th
 Birth Place - Nupton 144
 Date & Time of Death - June 23 - 1907 - 5 P.M.
 Place of Death - His Residence up town 7th
 Cause of Death - Thrown from buggy - Fractured Skull
 Age - 38 - sex male - Color white -
 married -
 Father's name - H. J. Street }
 Sarah Street }

W. Turner

Name of Deceased - Knight - infant
 Residence - Hardin Co
 Birth Place - Hardin Co
 Date & Time of Death - May 30 - 1907 - 6 am
 Place of Death - Father's Residence
 Cause - Sycamore
 Age - 10 months - sex female - Color white
 Father - John Knight
 Mother - Lula Knight

W. Turner

REGISTER OF DEATHS.



Name of Deceased John Crayton Occupation Labourer
 Residence of Deceased Hardin Co
 Birthplace of Deceased Hardin Co
 Date and Time of Death Aug 4, 1907 o'clock M.
 Place of Death Big Spring Hardin Co Cause Abscess Liver
 Age 65 Sex Male Color Black
 Condition (Married, ~~Single~~, or ~~Widowed~~)
 Full Name of Father Don't know
 Full Name of Mother
 Signed J. H. Trotter

Name of Deceased Annie Moreland Occupation Housekeeper
 Residence of Deceased Louisville
 Birthplace of Deceased Hardin Co
 Date and Time of Death Oct 20 - 1907 o'clock M.
 Place of Death Hardin Co Cause Consumption
 Age 20 Sex Female Color White
 Condition (Married, ~~Single~~, or ~~Widowed~~)
 Full Name of Father Joe Smith
 Full Name of Mother Lucy Smith
 Signed J. H. Trotter

Name of Deceased _____ Occupation _____
 Residence of Deceased _____
 Birthplace of Deceased _____
 Date and Time of Death _____ o'clock _____ M.
 Place of Death _____ Cause _____
 Age _____ Sex _____ Color _____
 Condition (Married, Single, or Widowed) _____
 Full Name of Father _____
 Full Name of Mother _____
 Signed _____

aths.

			Date of Death	Time	Age	Sex	Color	Condition	Cause of Death
Annie Cosby		Hardin Co.	Jan. 16		39	F.	White	Widow	Nephritis
Christina Horn		"	Feb. 2		48	F.	"	Married	Heart
W. W. Lambuth	Minister	Elizabethtown	Mar. 4	5 A.M.	4 mo.	F.	"	Single	Pneumonia
Mrs. F. M. Wheeler		"	Apr. 1	3 P.M.	77 yr.	M.	"	Married	Gastritis
Dick Hall	Farmer	"	" 4		40 "	F.	"	"	Consumption
Annie Perry		Hardin Co.	" 23	10 P.M.	78 "	M.	"	"	Heart
Licia McClure		"	" 23		15 "	F.	"	Single	Consumption
Mrs. W ^m Ryan		"	May 16	9 P.M.	68 "	F.	"	"	Pneumonia
Chas. McGill		Elizabethtown	July 11	10 A.M.	49 "	F.	"	Married	Acetanelid Poison
Benson Purcell		Hardin Co.	" 15	5 P.M.	35	M.	Colored	"	Morphine
S. Humphrey's child		"	" 30	2 P.M.	7 mo.	M.	White	"	Cholera Infantum
Mrs. Sallie Gunter		"	Nov. 24		6 yr.	"	"	"	Diphtheria
		"	Dec. 11	12:30 A.M.	82 "	F.	"	Widow	Pneumonia

Dr L Lazzarock

1908 Jan 27

Filed
Atty Genl's Off
by R M Sperry Jr

REGISTER OF DEATHS.

Name of Deceased W. J. Badina Occupation Bank Clerk
 Residence of Deceased Louisa Kentucky
 Birthplace of Deceased Louisa Kentucky
 Date and Time of Death Mar-25-1907 o'clock 4 M.
 Place of Death Louisa Ky Cause Tuberculosis
 Age 27 yrs Sex Male Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father German A. Badina
 Full Name of Mother Ella Katherine Badina

Signed J. F. Glawcock M.D.

Name of Deceased Evelyn Marie Reynolds Occupation
 Residence of Deceased Louisa Kentucky
 Birthplace of Deceased Louisa Kentucky
 Date and Time of Death Jan-4 o'clock 2 M.
 Place of Death Louisa Ky Cause Measles Comp.
 Age 2 yrs Sex Female Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father Frank Reynolds
 Full Name of Mother Lucinda Reynolds

Signed J. F. Glawcock M.D.

Name of Deceased Nannie Belle Leason Occupation
 Residence of Deceased Near Louisa Kentucky
 Birthplace of Deceased Near Louisa Kentucky
 Date and Time of Death May-17-1907 o'clock 4 M.
 Place of Death Near Louisa Cause Scarlet
 Age 1 yr Sex Female Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father Harold Leason
 Full Name of Mother Janie Leason

Signed J. F. Glawcock M.D.

REGISTER OF DEATHS.

Name of Deceased Lawrence Pearson Occupation _____
 Residence of Deceased Near Sarnard Kentucky
 Birthplace of Deceased Near Sarnard Kentucky
 Date and Time of Death Sept-14th 1907 3 o'clock A. M.
 Place of Death Near Sarnard Cause Scruples
 Age 4 yrs. Sex Male Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father Harace Pearson
 Full Name of Mother Jamie Pearson

Signed

J. F. Glascock M.D.

Name of Deceased Grace Harkins Occupation Cook
 Residence of Deceased Near Sarnard Kentucky
 Birthplace of Deceased Grapton Co.
 Date and Time of Death Mar 1907 4 o'clock A. M.
 Place of Death Near Sarnard Cause Tuberculosis
 Age 17 Sex Female Color White
 Condition (Married, Single, or Widowed) Single
 Full Name of Father Don't know
 Full Name of Mother Don't know

Signed

J. F. Glascock M.D.

Name of Deceased Dora Reynolds Occupation House Wife
 Residence of Deceased Near Sarnard Kentucky
 Birthplace of Deceased Near Sarnard Kentucky
 Date and Time of Death Feb 1907 9 o'clock P. M.
 Place of Death Near Sarnard Cause Tuberculosis
 Age 40 Sex Female Color White
 Condition (Married, Single, or Widowed) Widow
 Full Name of Father Martin Pearson
 Full Name of Mother Don't know

Signed

J. F. Glascock

Name of Deceased J. J. Rider Occupation Farmer
Residence of Deceased Somora, Ky.
Birthplace of Deceased Don't know
Date and Time of Death August 1907 o'clock M.
Place of Death Near Somora Cause Drowned
Age About 70 yrs Sex male Color White
Condition (Married, Single, or Widowed) Married
Full Name of Father Don't know
Full Name of Mother Don't know

Signed

J. F. Glasscock M.D.

Name of Deceased Vene Hubbard Occupation Cook
Residence of Deceased Near Sonoma Ky
Birthplace of Deceased Near Sonoma Ky
Date and Time of Death Feb- 1907 10 o'clock A.M.
Place of Death Near Sonoma Cause Complication of disease
Age 40 Sex Female Color Black
Condition (Married, Single, or Widowed) Single Widowed
Full Name of Father Don't know
Full Name of Mother Jane Gayhart
Signed J. F. Glasscock M.D.