

Farlee, Anna Frances Mullen 1876 - 1951

Form V. & 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 <u>51 24408</u>
Registration District No. <u>500</u>		Primary Registration District No. <u>5761</u>		
1. PLACE OF DEATH a. COUNTY <u>Fayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Fayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>211 Blue Grass Ave</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>211 Blue Grass Ave</u>		d. STREET ADDRESS <u>211 Blue Grass Ave</u>		
3. NAME OF DECEASED a. (First) <u>Anna Frances</u> b. (Middle) <u>Farlee</u> c. (Last) <u>Farlee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15-1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 18-1876</u>	
9. AGE (In years last birthday) <u>75</u>		9. AGE (In years last birthday) <u>75</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>77</u>		11. BIRTHPLACE (State or foreign country) <u>Bourbon Co. Ky.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Onley Mullen</u>		
14. MOTHER'S MAIDEN NAME <u>Mary Whalen Mullen</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Robert T. Johnson</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>431X-082-17</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. DATE SIGNED <u>12/17/51</u>	23b. ADDRESS <u>463 E. Main St., Lex., Ky.</u>	23c. SIGNATURE (Degree or title) <u>J. H. Kerr Coroner</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jacksonville</u>	24d. LOCATION (City, town, or county) (State) <u>Jacksonville, Ky.</u>	
25a. DATE REC'D BY REG. <u>12/19/51</u>	25b. REGISTRAR'S SIGNATURE <u>H. A. Sulong</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Kerr Bros., Lexington, Ky.</u>		