

Kendall, Lucy Mullen 1885 - 1952

Form V. 8. 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>52 4612</u>
Registration District No. <u>500</u> X		Primary Registration District No. <u>2165</u>		
1. PLACE OF DEATH a. COUNTY <u>Rayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Rayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington, Ky</u>		c. LENGTH OF STAY (In this place) <u>3 hrs.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington, Rural</u>		
4. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>GOOD Samaritan Hosp. 01</u>		d. STREET ADDRESS (If rural, give location) <u>Barrodsburg Rd.</u>		
3. NAME OF DECEASED a. (First) <u>Lucy</u> b. (Middle) <u>Mullen</u> c. (Last) <u>Kendall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 11 1900</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	9. AGE (In years) (last birthday) <u>56</u>	
11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>George W. Mullen</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Daniels</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>88</u>		17. INFORMANT <u>O. C. Kendall</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 to which it caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>5 years</u> <u>5 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X - 0'10-16</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lexington, Fayette Ky.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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 <u>March 8, 1952</u> to <u>March 8, 1952</u> , that I last saw the deceased alive on <u>March 8, 1952</u> and that death occurred at <u>7:30 P.</u> m., from the causes and on the date stated above.				
23a. DATE SIGNED <u>Mar 13-52</u>		23b. ADDRESS <u>405 Security Trust Bldg Lexington, Ky</u>		23c. SIGNATURE (Degree or title) <u>Robert C. Rigggs M.D.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 10 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Battle Grove Cem</u> (State) <u>Cynthiana, Ky.</u>	
25a. DATE REC'D BY REG. <u>3/14/52</u>		25b. REGISTRAR'S SIGNATURE <u>H. C. Surlong</u>		25c. FUNERAL DIRECTOR'S ADDRESS <u>James B. Whaley Cynthiana, Ky.</u>

Dr. Robert C. Rigggs  
Fayette County, Ky.

Fayette County