

Cynthiana Democrat – March 17, 1932

LEMONS—Mrs. Malissa Lemons, 72 years old, wife of W. J. Lemons, died at 3:15 o'clock yesterday morning, March 16, 1932, at her home on Walnut street, after an illness of two years. The funeral will be held at 2 o'clock Friday afternoon at the Cynthiana Methodist church with services by the pastor, Dr. W. P. Fryman, and former pastor, the Rev. J. E. Moss, of Mt. Sterling. Burial in Battle Grove cemetery. Pall bearers W. T., T. S., and John W. Mullen; George Lemons, Charles Pugh and Claud Karrick. Mrs. Lemons was born in this county August 23, 1860, a daughter of the late Thos. and Ellen Mullen. She was married to W. J. Lemons, fifty-three years ago, who survives with one son, Walter Lemons, and a granddaughter, Miss Alleen Lemons. Other survivors are two sisters, Mrs. Will F. Smith and Mrs. Jas. Smith, and a brother, W. O. Mullen. Mrs. Lemons was a member of the Cynthiana Methodist church, a woman revered in her church, beloved in home life, highly esteemed in the community and had a large number of friends who extend sympathy to the bereaved family.

Form V. S. 1-A-50m-4-17-31

No. Monday 5978

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Harrison
City Cynthiana
No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Malissa Lemmon
(a) Residence, No. Walnut St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. New long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH <u>March 16</u>	<u>1932</u>
6. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>W. J. Lemmon</u>				22. I HEREBY CERTIFY That I attended deceased from <u>7-1</u> 19 <u>31</u> to <u>3-16</u> 19 <u>32</u> I last saw her alive on <u>3-15</u> 19 <u>32</u> , death in said to have occurred on the date stated above, at <u>2:15</u> p. m. The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset	
9. DATE OF BIRTH <u>Aug 23 1860</u>	7. AGE Years <u>71</u> Months <u>6</u> Days <u>23</u>	8. Trade, profession, or particular kind of work done, or spinner, sawyer, bookkeeper, etc. <u>at home</u>			<u>Hypertensive Cardio-Vascular Disease</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				<u>Myocardial Failure</u>		
10. Date deceased last worked at this occupation (month and year)				Contributory causes of importance not related to principal cause		
11. Total time (years) spent in this occupation				Name of operation <u>None</u> Date of <u>_____</u>		
12. BIRTHPLACE <u>Harrison Co Ky</u>				What test confirmed diagnosis? <u>_____</u> Was there an autopsy? <u>_____</u>		
13. NAME <u>Miss Malissa</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>_____</u> date of injury <u>_____</u> 19 <u>_____</u> Where did injury occur? (Specify city or town, county, and state)		
14. BIRTHPLACE <u>Harrison Co Ky</u>				Specify whether injury occurred in industry, in home, or in public place.		
15. MAIDEN NAME <u>Ellen Fitzwater</u>				Manner of injury <u>_____</u>		
16. BIRTHPLACE <u>Harrison Co Ky</u>				Nature of injury <u>_____</u>		
17. INFORMANT <u>W. J. Lemmon</u> (Address) <u>Cynthiana Ky</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u>_____</u>		
18. BUNIAL, CREMATION, OR REMOVAL Place <u>Cynthiana Ky</u> Date <u>March 18</u> 19 <u>32</u>				(Signed) <u>W. H. Moody</u> M. D. (Address) <u>Cynthiana, Ky</u>		
19. UNDERTAKER <u>W. H. Moody</u> (Address) <u>Cynthiana Ky</u>						
20. FILED <u>3/16</u> 19 <u>32</u> <u>W. H. Moody</u>						

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be correctly ascertained. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact date of death is very important. Do not write "Close to" beside date of certificate.