

Mullen, Audrey Batson 1916 - 1916

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH				
1 PLACE OF DEATH County <i>Harrison</i> Vot. Pot. <i>Adsville</i> Ino. Town..... City..... (No..... St.,..... Ward)			20611 File No. Registered No. <i>2</i> <small>(If death occurred in a hospital or institution, give its NAME instead of street and number.)</small>	
2 FULL NAME <i>Audrey Batson Mullen</i>			Registration District No. <i>6146</i> Primary Registration District No. <i>6</i>	
3 SEX <i>male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i> <small>(Write the word)</small>	16 DATE OF DEATH <i>Aug 27, 1916</i> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <i>Aug 14, 1916</i> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, that I attended deceased from <i>Aug 15, 1916</i> , to <i>Aug 27, 1916</i> , that I last saw him alive on <i>Aug 27, 1916</i> , and that death occurred on the date stated above at.....m. The CAUSE OF DEATH* was as follows: <i>Slow Labor</i>	
7 AGE yrs. mos. <i>7</i> ds. IF LESS than 1 day ... hrs. or ... min.?		 (Duration) yrs. mos. ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... <i>at home</i>			Contributory..... <small>(SECONDARY)</small> (Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) <i>Kentucky</i>			(Signed) <i>Dr. Geo. Henry</i> , M. D. <i>Aug 28, 1916</i> (Address) <i>St. Louis, Mo.</i>	
PARENTS	10 NAME OF FATHER <i>Lora Mullen</i>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
	11 BIRTHPLACE OF FATHER (State or country) <i>Kentucky</i>		15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds. Where was disease contracted, if not at place of death?..... Former or usual residence.....	
	12 MAIDEN NAME OF MOTHER <i>Flores O'Leary</i>		19 PLACE OF BURIAL OR REMOVAL <i>Quarry Church yard</i>	
13 BIRTHPLACE OF MOTHER (State or country) <i>Kentucky</i>		DATE OF BURIAL <i>Aug 28, 1916</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Ben Taylor</i> (Address) <i>Geithian Ky Rural #8</i>			20 UNDERTAKER <i>Smith - Pres Co Geithian Ky</i>	
15 Filed <i>Aug 29, 1916</i> <i>J. M. Miller</i> REGISTRAR				