

Mullen, Bettie Irene 1928 - 1936

Cynthiana Democrat – December 17, 1936

'MULLEN—Bettie Irene Mullen, 8 years old, died Wednesday, December 9, 1936, at the home of her parents, Mr. and Mrs. Harmon Mullen, on the McDowell farm near Jacksonville after an illness of 12 days of pneumonia. Besides her parents, she is survived by two brothers and a sister, Marshall F., William Rees and Bernice Mullen. Funeral services were held Friday afternoon at 1:30 o'clock at the Curry Methodist church, the Rev. H. W. Landreth officiating. Burial in the Curry cemetery. Pall bearers, Tommie Mullen, J. A. Wickline, Billie Ecklar and Ross Ecklar. The honorary pall bearers, Opal Mullen, Ruby Mullen, Margery Sims and Helen Sims.



Mullen, Bettie Irene 1928 - 1936

32773

Form V. B. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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

Registration District No. 622
 Primary Registration District No. 0088

2. FULL NAME Bettie Irene Mullen
 (a) Residence, No. _____ 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>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			21. DATE OF DEATH <u>Dec 9</u> , 19 <u>36</u>	
6. DATE OF BIRTH <u>Nov 8 1928</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 5</u> , 19 <u>36</u> to <u>Dec 9</u> , 19 <u>36</u> I last saw her alive on <u>Dec 9</u> , 19 <u>36</u> . Death is said to have occurred on the date stated above, at <u>4:45</u> p. m. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE Years <u>8</u> Months <u>1</u> Days <u>1</u> If LESS than 1 day..... hrs. or..... min.					Date of onset <u>Lobar Pneumonia</u> Contributory causes of importance not related to principal cause: <u>Influenza</u>	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>at Home</u>						
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.						
10. Date deceased last worked at this occupation (month and year)						
11. Total time (years) spent in this occupation						
12. BIRTHPLACE <u>Kentucky</u>						
13. NAME <u>Harmon Mullen</u>						
14. BIRTHPLACE <u>Kentucky</u>						
15. MAIDEN NAME <u>Lula Harris</u>						
16. BIRTHPLACE <u>Kentucky</u>						
17. INFORMANT <u>Mr. Harmon Mullen</u> (Address) <u>Cynthiana Ky Route #1</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Berry Cemetery</u> Date <u>Dec 11</u> , 19 <u>36</u>						
19. UNDERTAKER <u>Smith-Ross Co.</u> (Address) <u>Cynthiana Ky</u>						
20. FILED <u>Jan 9</u> , 19 <u>37</u> <u>Ms. H. R. Blount</u> Registrar						
					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... date of injury..... 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
					24. Was disease or injury in any way related to occupation of deceased?..... If so, specify (Signed) <u>O. C. L. Swinford</u> , M. D. (Address) <u>Cynthiana Ky</u>	