

Mullen, Edith Williams 1879 - 1943

Form V. & 1-4
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 8598
Registrar's No. 5801

Registration District No. 670 Primary Registration District No. 5801

1. PLACE OF DEATH:
(a) County Harrison Co
(b) City or town Berry Ky
(c) Name of hospital or institution:
(d) Length of stay: in hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) County Harrison
(b) City or town Berry Ky
(c) Street No.
(d) If rural give precinct

3(a) FULL NAME Edith Mullens
3(b) If veteran, Name war
3(c) Social Security No.

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Married
6(b) Name of husband or wife Albert Mullens
6(c) Age of husband or wife if alive 40 years

7. Birth date of deceased (Month) June (Day) 21 (Year) 1879
8. AGE: 63 years Months Days If less than one day

9. Birthplace Harrison Co Ky
10. Usual occupation House Keeper

11. Industry or business

FATHER: 12. Name Wm Williams
13. Birthplace Kentucky

MOTHER: 14. Maiden name Martha McDonald
15. Birthplace Kentucky

16(a) Informant's own signature Albert Mullens
(b) Address Berry Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Berry Ky Date May 8 1943

18(a) Signature of funeral director John A. Weather
(b) Address Berry Ky

19(a) March 15, 1943 (Date received by local registrar) Registrar's signature John A. Weather

MEDICAL CERTIFICATION
20. DATE OF DEATH July 4 1943
21. I hereby certify that I attended the deceased from June 1 1943 to July 4 1943 that last saw her alive on July 4 1943, and that death occurred on the date stated above at 7 a. m.
Immediate cause of death Cancer Myocarditis DURATION 2 yrs
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations 939
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? (Specify type of place)
Wife at work? (a) Means of injury

23. Signature L. M. Todd (M. D. or other)
Address Berry Ky Date signed July 2 1943

MARGIN RESERVED FOR INDEXING
N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr Todd