

Mullen, George W 1844 - 1928

Form V, S. 1-59m-N-23-21

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Gayette File No. 27115
Reg. No. 142
Vot. Pat. Frank E. Eblom Registration District No. 500
Primary Registration District No. 5032
Ino. Town _____ City Lexington (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George W. Mullen
(a) Residence No. Kanawha 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>M</u>	4 COLOR OR RACE <u>W</u>	5 Single Married <u>single</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>Nov 18</u> , 19 <u>28</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 12</u> , 19 <u>28</u> , to <u>Nov 13</u> , 19 <u>28</u> , that I last saw h. <u>alive</u> on <u>Nov 12</u> , 19 <u>28</u> , and that death occurred on the date stated above at <u>7 P</u> m. The CAUSE OF DEATH* was as follows: <u>Chronic Bronchitis - Legifer</u>	
6a If married, widowed, or divorced HUSBAND of <u>Sarah Elizabeth Mullen</u> (or) WIFE of _____			18 (Duration) _____ yrs. _____ mos. _____ ds. Contributory <u>Chronic Bronchitis</u> (Secondary) _____ (Duration) <u>2</u> yrs. _____ mos. _____ ds.		
7 AGE <u>84</u> yrs. <u>5</u> mos. <u>25</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			19 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? (Signed) <u>J. L. Vallentyne</u> , M. D. <u>Nov 14</u> , 19 <u>28</u> . (Address) <u>Lexington Ky</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>Furnace worker</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			*State the Disease Causing Death, or, in deaths from violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)		
9 BIRTHPLACE (city or town) (State or country) <u>Harrison Co Ky</u>			20 PLACE OF BURIAL OR REMOVAL <u>Cynthiana Ky</u> DATE OF BURIAL <u>Nov 15</u> , 19 <u>28</u>		
PARENTS	10 NAME OF FATHER <u>W O Mullen</u>		21 UNDERTAKER <u>Green-Pell Co</u> ADDRESS <u>Cynthiana</u>		
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Kentucky</u>				
	12 MAIDEN NAME OF MOTHER <u>Sarah Jooks</u>				
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Kentucky</u>				
14 (Informant) <u>Miss Emmet J. J. J.</u> (Address) <u>Lexington Ky</u>					
15 Filed <u>11/15</u> , 19 <u>28</u> <u>J. L. Vallentyne</u> Registrar					

SOURCE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.