

Cynthiana Democrat - October 20, 1938

MULLEN—Mrs. Hettie Mullen, 66 years old, widow of James Mullin, died Friday, October 14, 1938, at her home in Berry, after an illness of two years. She was born in this county February 18, 1872, a daughter of the late John and Eunice Martin. Her only survivors are two brothers, Albert Martin, of Milroy, Ind., and Edward Martin, Glenwood, Ind. She was a member of the Christian church at Colemansville. Funeral services were held at Berry Christian church Sunday afternoon at 2 o'clock with the Rev. Frank White officiating. Burial in Battle Grove cemetery. Pall bearers were Robert and Everett Martin, Joe Wickline, Harmon, Atwell and R. C. Mullin. The Smith-Rees ~~Company~~ had charge of the funeral arrangements.

Mullen, Hettie Martin 1972 - 1938

Dr. M. T. Reilly

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

File No. **27187**
 Registered No. _____

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

2. FULL NAME Miss Hettie Mullen IF VETERAN, WHAT WARD? DELAY
 (a) Residence, No. Berry, Ky. 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 born 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, Widowed or Divorced (write the word) <u>Widow</u>		21. DATE OF DEATH <u>Oct. 14, 1938</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>James Mullen</u>				I HEREBY CERTIFY That I attended deceased from <u>Jan 1, 1938</u> to <u>Oct 14, 1938</u>	
6. DATE OF BIRTH <u>Feb 18, 1872</u>				I last saw her alive on <u>Oct 13, 1938</u> death is said to have occurred on the date stated above, at <u>6:00 a.m.</u>	
7. AGE Years <u>66</u> Months <u>7</u> Days <u>26</u>		If LESS than 1 day.....hrs. or.....min.		The principal cause of death and related causes of importance in order of onset were as follows:	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>at home</u>				Date of onset <u>9:30</u> <u>Myocarditis (Chronic) 1935</u> <u>Acute Cardiac dilatation.</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				Contributory causes of importance not related to principal cause:	
10. Date deceased last worked at this occupation (month and year)				Name of operation _____ Date of _____	
11. Total time (years) spent in this occupation				What test confirmed diagnosis? _____ Was there an autopsy? _____	
12. BIRTHPLACE <u>Harrison Co., Ky.</u>				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.	
13. NAME <u>John Martin</u>				Manner of injury _____	
14. BIRTHPLACE <u>Ky.</u>				Nature of injury _____	
15. MAIDEN NAME <u>Junice Martin</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
16. BIRTHPLACE <u>Ky.</u>				(Signed) <u>M. T. Reilly</u> M. D.	
17. INFORMANT <u>Robert Martin</u> (Address) <u>M. Gray, Indiana</u>				(Address) <u>Berry Ky</u>	
18. BURIAL, CREMATION, OR REMAINS Place <u>Eastle Grove Cem</u> Date <u>Oct 16, 1938</u>					
19. UNDERTAKER <u>Smith-Park Co.</u> (Address) <u>Cynthiana, Ky.</u>					
20. FILED <u>10/18/38</u> 19 <u>38</u> <u>DR. M. T. Reilly</u> Registrar					

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND STATE CAUSE 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.