

Cynthiana Democrat - May 22, 1919

MULLEN— Howard Milton Mullen, aged eight years, son of Harmon and Lula Mullen, died at the New Harrison Hospital Friday morning, May 16, from peritonitis, after an illness of a week. The little fellow had undergone an operation for appendicitis. He was born June 4, 1911. He is survived by his parents, who live near Oddville, and one little brother, Marshall T. The funeral and burial took place at Curry, Sunday.

FORM V - 1-1900 2-29-12		Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		File No. 16045
1 PLACE OF DEATH Harrison		County River		Registered No. 584
2 FULL NAME Howard Milton Mullen		Registration District No. 480		(If death occurred in a hospital or institution, give the NAME instead of street and number.)
3 SEX Male		4 COLOR OR RACE White		
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Sing.		6 DATE OF BIRTH June, 24, 1911		
7 AGE 7 yrs. 11 mos. 12 ds.		8 OCCUPATION (a) Trade, profession, or particular kind of work School Boy (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) Harrison, co. Ky.		10 NAME OF FATHER Haram Mullen.		
11 BIRTHPLACE OF FATHER (State or country) Harrison, co. Ky.		12 MAIDEN NAME OF MOTHER Lula Harris.		
13 BIRTHPLACE OF MOTHER (State or country) Harrison, co. Ky.		14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Harman Mullen, (Address) Cynthiana, Ky.		
15 Filled May 18, 1919 <i>J. G. Pope</i> REGISTRAR		16 DATE OF DEATH May, 16, 1919		
		17 I HEREBY CERTIFY, That I attended deceased from March 9, 1919 , to May 16, 1919 , that I last saw him alive on May 9, 1919 , and that death occurred on the date stated above at 8 a. m. The CAUSE OF DEATH* was as follows: Peritonitis (Duration) ... yrs. ... mos. 6 ds. Contributory Appendicitis (SECONDARY) (Duration) ... yrs. ... mos. 10 ds. (Signed) M. McDowell , M. D. May 17, 1919 (Address) Cynthiana, Ky.		
		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence		
		19 PLACE OF BURIAL OR REMOVAL Curry, Ky. DATE OF BURIAL May, 18, 1919		
		20 UNDERTAKER R. B. Whaley, Cynthiana, Ky. ADDRESS		