

Cynthiana Democrat - August 7, 1924

MULLEN—J. A. Mullen, farmer, died at his home in this county Aug. 4, after a week's illness. He was a son of the late J. M. and Bettie Mullen and was born in this county Nov. 19, 1866. Mr. Mullen was married three times, his last wife, who survives, was before marriage Miss Hettie Martin. His first wife was Miss Tessie May, his second Miss Jennie Lawson. A son by the first marriage survives, Harmon Mullen, of Kelat, and a daughter and several sons by the second marriage, Mrs. Joe Wiikline, Dewey, Atwell, Claude, Ray, Rollie and Charlie Mullen. Surviving brothers and sisters are, Richard Mullen, Leesburg; E. T. Mullen, Jacksonville; Albert Mullen, Leesburg; Mrs. Sanford Hill, Hamilton, O.; Mrs. Joe Johnson, Scott county; Mrs. Shirley Anderson, Mrs. Wm. Elliott, Rushville, Ind.; Henry Mullen and Mrs. Jas. Kearns, Berry, Ky. The funeral was held at the Curry M. E. Church, south, Tuesday afternoon, with services by Rev. J. E. Roberts and Rev. A. W. Insko. Burial at Battle Grove.

FORM NO. 1-1909H 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18193

1 PLACE OF DEATH
County Hamilton

2 FULL NAME James Asbury Mullen

3 SEX Male 4 COLOR OR RACE White 5 MARRIED MARRIED

6 DATE OF BIRTH Nov. 19, 1866

7 AGE 57 yrs. 8 mos. 15 ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER J. M. Mullen

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MOTHER'S NAME Catherine Turner

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Jas. Mullen
(Address) Berry, Ky.

15 MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH July 4, 1924
17 I MORREY BERTIN, that I attended deceased from June 10, 1924, to Aug. 3, 1924, that he last saw him alive on Aug. 3, 1924, and that death occurred on the date stated above at 1:35 P.M. The CAUSE OF DEATH was as follows:
Carcinoma of the liver
(Duration) 2 yrs. mos. ds.
Contributory (Secondary) (Duration) yrs. mos. ds.
(Signed) B. M. Mullen, M. D.
8-4-1924 (Address) R. J. Berry, Ky.
18 (Specify the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.)
19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS 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 non-residence
20 PLACE OF BURIAL OR REMOVAL Battle Ground cemetery DATE OF BURIAL Aug. 5, 1924
21 UNDERTAKER Smith-Rees Co. ADDRESS Byrdsville, Ky.

11-5184

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 full terms, so that it may be properly treated. OCCUPATION is very important. See instructions on back of certificate.