

Cynthiana Democrat - March 2, 1922

MULLEN—Mr. J. N. Mullen died at the Harrison Memorial Hospital at an early hour yesterday morning. He had been in declining health for some time, and about ten days ago underwent an operation. Besides his wife, the surviving sons and daughters are, Thomas, Clarence, Lora, Alfred, Jno. Mullen, Mrs. Lewis Kearns. Mr. Mullen was a brother of W. O. Mullen, Mrs. J. N. Smith, Mrs. J. W. Lemon and Mrs. W. F. Smith. Deceased was a member of the Cynthiana Methodist church. The funeral will be held at the Methodist church Friday afternoon at two o'clock. Rev. J. E. Moss will conduct the services. Burial in Battle Grove cemetery.

Mullen, John Nelson 1855 - 1922

FORM V. S. 1-200 H. 10-10-10		 Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		6463
1 PLACE OF DEATH				
County <u>Harrison</u>		Vol. Pat. <u>Engine House</u>		
Ino. Town _____		480 7240		
City <u>Cynthiana</u>		Registered No. <u>70</u>		
2 FULL NAME <u>John Nelson Mullen</u>		(No. of Year) <u>Harrison Hospital</u> St. 1 Ward _____ <small>[If death occurred in a hospital or institution give its NAME instead of street and number.]</small>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	10 DATE OF DEATH <u>Mar 1, 1922</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>Oct 2, 1855</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 29, 1921</u> , to <u>March 1, 1922</u> that I last saw him alive on <u>Feb 28, 1922</u> and that death occurred, on the date stated above, at <u>8 1/2</u> m.	
7 AGE <u>66</u> yrs. <u>4</u> mos. <u>27</u> ds. <small>IF LESS than 1 day - hrs. or - min.?</small>			The CAUSE OF DEATH* was as follows: <u>Lessening of Stomach</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry business, or establishment in which employed (or employer) _____			(Duration) yrs. <u>4</u> mos. _____ ds. Contributory <u>Hemorrhage Feb 25 1922</u> <small>SECONDARY</small> (Duration) yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Kentucky</u>			(Signed) <u>E. P. Beckitt</u> M. D. <u>March 2, 1922</u> (Address) <u>Cynthiana Ky</u>	
PARENTS	10 NAME OF FATHER <u>Thomas Mullen</u>	*State the DISEASE CAUSING DEATH, if different from VIOLENT CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL		
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	(1) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR PERCENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
	12 MAIDEN NAME OF MOTHER <u>Ellen Fitzwater</u>	Where was disease contracted, if not at place of death? Former or usual residence _____		
13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>			19 PLACE OF BURIAL OR REMOVAL <u>Battle Ground Cemetery</u> DATE OF BURIAL <u>Mar 3, 1922</u>	
11 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Thomas Mullen</u> (Address) <u>Hamilton Ohio R#3</u>			20 UNDERTAKER <u>Smith-Reed Co.</u> ADDRESS <u>Cynthiana Ky.</u>	
15 Filed <u>3/3, 1922</u> <u>Geo. G. Pope</u> REGISTRAR				
11-5184				