

Mullen, Kittie Ann Whalen 1853 - 1923

Cynthiana Democrat – January 15, 1923

MULLEN—Mrs. Kittie Ann Mullen, widow of the late J. M. Mullen, died at her home near Colemansville Monday, Jan. 15, after one week of pneumonia. She was born near Sunrise on July 11, 1853, daughter of Henry and Mary Whalen. Her husband died on Nov. 11, 1918. She was a member of the Barlow M. E. church. The funeral was held yesterday morning at the residence of Jas. H. Kearns near Colemansville, with services by Rev. F. T. Howard. Burial in the Jacksonville cemetery. The pall bearers were E. T. Mullen, J. A. Mullen, A. B. Mullen, Joe Mullen, W. M. Elliott and Jas. H. Kearns.

Mullen, Kittie Ann Whalen 1853 - 1923

Form V. S. 1-22-33-22

1 PLACE OF DEATH
County Harrison
Vot. Precinct Colemansville
Inc. Town No 21
City _____ No _____ St. _____ Ward _____

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 5876
Primary Registration District No. _____

File No. 1288
Registered No. _____
(If death occurred in hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Kittie Ann Mullen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed
(Write the word)

6 DATE OF BIRTH July 11 1853
(Month) (Day) (Year)

7 AGE 70 yrs. 6 mos. 4 ds. IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER Henry Whalen
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. J. H. Kearns
(Address) Berry Ky

15 Filed Jan 25 1923 Wm McPherson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 15 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 9 1923, to Jan 15 1923, that I last saw her alive on Jan 14 1923, and that death occurred on the date stated above at 19 a.m.
The CAUSE OF DEATH* was as follows:
Emphysema

(Duration) yes mos. _____ ds. _____
Contributory (Secondary) Loose pneumonia
(Duration) _____ yrs. _____ mos. _____ ds. _____
(Signed) G. H. O'Neil M. D.
1/15/23 192 (Address) Berry 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 Presidentsville Cemetery DATE OF BURIAL Jan 17 1923
20 UNDERTAKER Smith-Rees Co ADDRESS Anthonyville Ky

11-2114

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.