

Mullen, Luther Manchester 1868 - 1952

Form T. B. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		52 State File No. 116- Registrar's No. 78	2255
Registration District No. <u>500</u>		Primary Registration District No. <u>5161</u>			
1. PLACE OF DEATH a. COUNTY <u>Fayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Fayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>5 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. D. 3, Lexington, Ky.</u>		d. STREET ADDRESS (If rural, give location) <u>R. D. 3, Lexington, Ky.</u>			
3. NAME OF DECEASED a. (First) <u>Luther</u> b. (Middle) <u>Manchester</u> c. (Last) <u>Mullen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 22, 1868</u>	9. AGE (In years last birthday) <u>83</u>	10. If Under 1 Year 11. If Under 1 Year 12. If Under 24 Hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired) <u>Tobacco Worker- Grader</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grader</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Kentucky</u>	
12. FATHER'S NAME <u>George W. Mullen</u>			13. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Daniel</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT <u>Mrs. Luther W. Mullen</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular thrombosis</u>		DUE TO (b) <u>Arteriosclerosis, generalized</u>		<u>2 days</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		<u>7-7</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		-			
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>332X-070-16</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>51</u> , to <u>Feb</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 30</u> , 19 <u>52</u> , and that death occurred at <u>2</u> m., from the causes and on the date stated above.					
23a. DATE SIGNED <u>2/1/52</u>		23b. ADDRESS <u>Lexington, Ky.</u>		23c. SIGNATURE <u>H. J. Stevenson</u> (Degree or Title) <u>M. D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/4/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Battle Grove Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Harrison County, Kentucky</u>	
25a. DATE REC'D BY REG. <u>2/11/52</u>		25b. REGISTRAR'S SIGNATURE <u>H. G. Furlong</u>		25c. FUNERAL DIRECTOR <u>James S. Whaley</u> ADDRESS <u>Cynthiana, Kentucky</u>	