

*Mullen, Lydia May Mullen 1894 - 1919*

Cynthiana Democrat – January 16, 1919

**MULLEN**—Mrs. Lyda May Mullen, wife of Mr. Joe Mullen, died at their home on the Falmouth pike, Friday morning, Jan. 10, from influenza followed by pneumonia, after a brief illness. She was a daughter of J. M. and Kittie A. Mullen and was born in Scott county Sept. 21, 1894. She was married in Cynthiana Dec. 26, 1912. She is survived by her husband and two little sons, Carlis Herbert and Virgil Marshall Mullen; by her mother, five sisters and five brothers. She was a member of the Curry church where the funeral and burial were held Sunday morning.

Lyda Mullen, wife of Joe Mullen, died the tenth of flu and pneumonia, after a few days illness. She leaves a husband and two children, several sisters and brothers, and mother to mourn her loss. Her father died a few weeks ago. Lyda was a good neighbor and a devoted wife and mother and she will be missed. Our sympathy is with the bereaved ones.



Mullen, Lydia May Mullen 1894 - 1919

Mcdowell

FORM V & 1-800M 2-29-12

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

1 PLACE OF DEATH  
County Harrison  
Vol. Pot. Pandexter Registration District No. 615-9  
Ino. Town..... Primary Registration District No. 19  
City..... (No.....St.,.....Ward)

File No. 20907  
Registered No. 32  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs. Lydia Mullen

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**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH Sept 15, 1894  
(Month) (Day) (Year)

7 AGE 24 yrs. 5 mos. 25 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 J. M. Mullen  
11 BIRTHPLACE OF FATHER (State or country) Kentucky  
12 MAIDEN NAME OF MOTHER Miss A. Thalen  
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. S. Mullen  
(Address) Cynthiana, Ky. 5

15 Filed Jan 11, 1919 Leticia S. Meilue  
REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Jan. 10, 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1919 to Jan 10, 1919, that I last saw her alive on Jan 9, 1919, and that death occurred on the date stated above at 6 a.m. The CAUSE OF DEATH\* was as follows:  
Influenza - Pneumonia  
(Duration)..... yrs..... mos..... ds.

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.

(Signed) M. Mcdowell, M. D.  
Jan 10, 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 REGENT RESIDENTS)  
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.  
Where was disease contracted, if not at place of death?.....  
Former or usual residences.....

19 PLACE OF BURIAL OR REMOVAL Bury Church yard DATE OF BURIAL Jan 12, 1919  
20 UNDERTAKER Smith Parsons ADDRESS Cynthiana Ky

DELAY

SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

11-3184