

Cynthiana Democrat – September 15, 1921

MULLENS—Mrs. Albert Mullens died near Silas yesterday morning at 4 o'clock of paralysis, having recently sustained the fourth stroke. She was 65 years old, and before marriage was Miss Williamson. She was a member of the Christian church. Her husband survives, and two children by a former marriage. Brothers and sisters are, Wm. H. Williamson, Leesburg; Sam Williamson, Scott county; Mrs. John Barnhill Lexington, and Mrs. John Bailey of Scott county. The funeral and burial will be held at Mt. Gilead this afternoon at 2:30 o'clock, with services by Rev. H. T. Bonney.

Mullen, Mariah Williamson 1855 - 1921

FORM V 8 1-900M 2-29-13

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

1 PLACE OF DEATH
County Harrison
Vol. Pot. Leesburg
Ino. Town
City (No. St., Ward)

Registration District No. 6154
Primary Registrar District No.

2 FULL NAME Mariah Jane Mullen

File No. 19499
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>Sept 14 1921</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Oct 13 1855</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 13 1921</u> , to <u>Sept 13 1921</u> , that I met and saw him alive on <u>Sept 13 1921</u> , and that death occurred on the date stated above at <u>4 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Cerebral hemorrhage</u>	
7 AGE <u>65 yrs. 11 mos. 1 ds.</u> IF LESS than 1 day ... hrs. or ... min.?				
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) <u>Housewife</u>				
9 BIRTHPLACE (State or country) <u>Kentucky</u>			Contributory (SECONDARY) (Duration) yrs. mos. ds.	
PARENTS	10 NAME OF FATHER <u>John H. Williamson</u>	(Signed) <u>A. C. Blount</u> , M. D. <u>Sept 14 1921</u> (Address) <u>Guthrie 15</u>		
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
	12 MAIDEN NAME OF MOTHER <u>Mary Ann Hells</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT 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 residence		
13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>			19 PLACE OF BURIAL OR REMOVAL <u>Mt Siliad Cemetery</u> DATE OF BURIAL <u>Sept 16 1921</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Albert Mullen</u> (Address) <u>Guthrie 7</u>			20 UNDERTAKER <u>Smith-Rees Co</u> ADDRESS <u>Guthrie Ky</u>	
15 Filed <u>Sept 16 1921</u> Mrs. A. C. Blount REGISTRAR				

11-3184

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 plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.