

Mullen, Mary Lee Whalen 1846 - 1920

FORM V - 1900M 2-29-12
1 PLACE OF DEATH
 County Fayette
 Vol. Pot. Registration District No.
 Inc. Town Primary Registration District No.
 City Dixington (No. 203 Bolivar St., Ward) [If death occurred in a hospital or institution, give its NAME (number of street and number.)]
2 FULL NAME Mary Lee Mullen

Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
P File No. **7602**
 Registered No.

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>Widow</u>	16 DATE OF DEATH <u>Mar. 23, 1920</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Apr 5, 1846</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from 191....., to 191....., that I last saw him alive on 191....., and that death occurred on the date stated above at 9:15 a.m. The CAUSE OF DEATH* was as follows: <u>Chorea / Heart Disease</u>	
7 AGE <u>73 yrs. 11 mos. 18 ds.</u> IF LESS than 1 day... hrs. or... min.?			Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) <u>J. P. Starnes</u> , M. D. <u>3/24</u> , 1920 (Address) <u>Dixington, Ky</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer)				
9 BIRTHPLACE (State or country) <u>Ky</u>			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?	
10 NAME OF FATHER <u>John Whalen</u>			19 PLACE OF BURIAL OR REMOVAL <u>Lexington Ky</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>			DATE OF BURIAL <u>Mar. 25, 1920</u>	
12 MAIDEN NAME OF MOTHER <u>Mollie Maudering</u>			20 UNDERTAKER <u>C. A. Baker</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>			ADDRESS <u>Lex Ky</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. R. S. Finkle</u> (Address) <u>Dixington Ky</u>				
15 Filed <u>3/25/20</u> , 191..... REGISTRAR				

CERTIFICATE TO BE FILED IN VITAL STATISTICS. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

11-3184