

FORM V 8 1-9004  
 PLACE OF DEATH  
 County Bourbon  
 Vol. Centerville Registration District No. 2780  
 Int. Town..... Primary Registration District No. ....  
 City..... (No. Rubin St.,..... Ward)  
 FULL NAME Golda B. Mullen

8694  
 File No. ....  
 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>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>	16 DATE OF DEATH <u>Mar 23, 1919</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 14, 1919</u> , to <u>Mar 23, 1919</u> , that I last saw him alive on <u>Mar 23, 1919</u> , and that death occurred on the date stated above at <u>8 P.</u> m. The CAUSE OF DEATH was as follows: <u>Pneumonia</u>
6 DATE OF BIRTH <u>May 6, 1916</u> (Month) (Day) (Year)	7 AGE <u>2</u> yrs. <u>10</u> mos. <u>17</u> ds. IF LESS than 1 day ... hrs. or ... min.?	8 OCCUPATION (a) Trade, profession, or particular kind of work... <u>at home</u> (b) General nature of industry business or establishment in which employed (or employer)	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	
9 BIRTHPLACE (State or country) <u>Ky</u>	10 NAME OF FATHER <u>Roe Mullen</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>	19 PLACE OF BURIAL OR REMOVAL <u>Jacksonville Cem</u>	
12 MAIDEN NAME OF MOTHER <u>Artie Dodson</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Jackson B. Mullen</u> (Address) <u>#7 Paris, Ky</u>		20 UNDERTAKE <u>Edw Davis</u>
15 FILED <u>Mar 25, 1919</u> <u>Matth B. Barrett</u> REGISTRAR		DATE OF BURIAL <u>Mar 24, 1919</u>		ADDRESS <u>Paris Ky</u>

11-3194