

FORM V. S. 1-200 M. 10-10-10

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

1 PLACE OF DEATH  
County Bourbon  
Vot. Pot. Centerville No 7 5180  
Ino. Town .....  
City ..... (No. .... St.) ..... Ward .....  
2 FULL NAME Virgil Thomas Mullen Registered No. 31327  
(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>	10 DATE OF DEATH <u>Dec 30, 1913</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 30, 1913</u> , to ..... 191... that I last saw h..... alive on ..... 191... and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH* was as follows: <u>Still born</u>
6 DATE OF BIRTH <u>Dec 30, 1913</u> (Month) (Day) (Year)	7 AGE <u>Still birth</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)	Contributory (Secondary) ..... (Duration) ... yrs. ... mos. ... ds. (Signed) <u>B. M. Linville</u> , M. D. <u>Dec 29, 1913</u> (Address) <u>Centerville, Ky</u>	
9 BIRTHPLACE (State or country) <u>Kentucky</u>	10 NAME OF FATHER <u>Monroe Mullen</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>Artie Dotson</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Monroe Mullen</u> (Address) <u>Paris, Ky. Route 7</u>		
15 Filed <u>Dec 30, 1913</u> <u>Matth B. Current</u> REGISTRAR			16 PLACE OF BURIAL OR REMOVAL <u>Family Burial Ground</u>	DATE OF BURIAL <u>Dec 31, 1913</u>
			20 UNDERTAKER <u>L. R. Rose</u>	ADDRESS <u>Paris Ky. RR #7</u>

11-5104

7. B.—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.