

Mullen, Vivian Ruth 1929 - 1929

Cynthiana Democrat – March 21, 1929

MULLEN—Vivian Ruth Mullen, 5 weeks old daughter of Mr. and Mrs. John W. Mullen, died at their home on Walnut street Wednesday night of last week. Besides the parents she is survived by two brothers, Leonard and Hillard Mullen. The funeral services were held at the residence Thursday afternoon, conducted by the Rev. M. S. Clark. Burial at Battle Grove cemetery.

Mullen, Vivian Ruth 1929 - 1929

Form V. S. 1-50m-8-23-27

B M Manning

1 PLACE OF DEATH
 County Harrison
 City Logansport
 Inc. Town Logansport
 Reg. Dist. No. 670
 Primary Reg. Dist. No. 2240

2 FULL NAME Vivian Ruth Mullen
 (a) Residence No. Walnut St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4 COLOR OR RACE <u>w.</u>	5 Single Married Widowed or Divorced (Write the word)
6a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6 DATE OF BIRTH <u>July 10 1929</u> (Month) (Day) (Year)		
7 AGE yrs. <u>1</u> mos. <u>3</u> ds.		IF LESS than 1 day _____ hrs. _____ or _____ min?
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____		
9 BIRTHPLACE (city or town) <u>Harrison Co</u> (State or country) <u>Kentucky</u>		
PARENTS	10 NAME OF FATHER <u>John Mullen</u>	
	11 BIRTHPLACE OF FATHER (city or town) <u>Harrison Co</u> (State or country) <u>Kentucky</u>	
	12 MAIDEN NAME OF MOTHER <u>Jennie Hill</u>	
	13 BIRTHPLACE OF MOTHER (city or town) <u>Harrison Co</u> (State or country) <u>Ky</u>	
14 (Informant) <u>John Mullen</u> (Address) <u>Logansport</u>		
15 Filed <u>3/14 1929</u> <u>J. W. Wolfe</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 13 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 8, 1929, to March 12, 1929 that I last saw her alive on March 12, 1929 and that death occurred on the date stated above at 9 P. M. The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
 (Duration) _____ yrs. _____ mos. 6 ds.
 Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. 6 ds.

18 WHERE WAS DISEASE CONTRACTED
 If not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis? _____
 (Signed) B M Manning, M. D.
3-14, 1929 (Address) Logansport Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL <u>Battle Grove</u>	DATE OF BURIAL <u>March 14 1929</u>
20 UNDERTAKER <u>Smith-Rees Co</u>	ADDRESS <u>Logansport</u>

File No. 9132
 Registered No. 48

Important: See instructions on back of certificate.