

Cynthiana Democrat - November 9, 1939

W. O. MULLEN

W. O. Mullen, 82 years old, one of the county's best known citizens, died Tuesday night, November 7, 1939, at the home of his son, T. S. Mullen, on Second Street. He was born in this county July 5, 1857, a son of the late Thomas and Ellen Fitzwater Mullen and had spent his entire life in and near Cynthiana. He was married to Miss Polly Ann Arnold on May 5, 1879. She died August 29, 1935. Besides his son, with whom Mr. Mullen made his home, he is survived by two sisters, Mrs. William Simth and Mrs. James N. Smith both of this city. Funeral services will be held at the Smith-Rees Home this afternoon at 2 o'clock, with the Rev. Floyd D. Rose officiating. Burial in Battle Grove cemetery. Pall bearers will be John, Tom, Lora and Clarence Mullen, Geo. Rankin and William F. Smith. Mr. Mullen was a member of the Cynthiana Methodist church.

Mullen, William O 1857 - 1939

Dr. G. F. Swinford
27282
96

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 27282
Registrar's No. 96

Registration District No. 670 Primary Registration District No. 2240

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Harrison</u>	(a) State <u>Ky</u>	(b) County <u>Harrison</u>	(b) City or town <u>Cynthiana</u>
(b) City or town <u>Cynthiana</u>	(If outside city or town limits, write RURAL)		
(c) Name of hospital or institution:	(If outside city or town limits, write RURAL)		
(If not in hospital or institution write street number or location)	(d) Street No. <u>Second St</u>	(If rural give precinct)	
(d) Length of stay: In hospital or community _____	(e) If foreign born, how long in U. S. A.? _____ years		

3(a) FULL NAME <u>William Ody Mullen</u>		
3(b) If veteran, Name war _____	3(c) Social Security No. _____	
4. Sex <u>M</u>	5. Color or race <u>W</u>	6(a) Single, widowed, married, divorced <u>Widowed</u>
6(b) Name of husband or wife <u>Polly Ann Mullen</u>		6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased <u>July 5 1857</u>		(Day) (Year)
8. AGE: Years <u>82</u> Months <u>4</u> Days <u>2</u>		If less than one day _____ hr. _____ min.
9. Birthplace <u>Kentucky</u>		20. DATE OF DEATH <u>Nov. 7 1939</u>
10. Usual occupation <u>Retired</u>		21. I hereby certify that I attended the deceased from <u>Nov. 3 1939</u> to <u>November 7 1939</u> that I last saw him alive on <u>November 7 1939</u> and that death occurred on the date stated above at <u>7:15 P. M.</u>
11. Industry or business <u>Merchant</u>		Immediate cause of death <u>cerebral hemorrhage</u>
12. Name <u>Thomas Mullen</u>		Other conditions _____ (include pregnancy within 3 months of death)
13. Birthplace <u>Kentucky</u>		Major findings: _____
14. Maiden name <u>Elson Fitzgerald</u>		Of operations _____
15. Birthplace <u>Kentucky</u>		Of autopsy _____
16(a) Informant's own signature <u>P. D. Mullen</u>		22. If death was due to external causes, fill in the following:
(b) Address <u>Cynthiana, Ky.</u>		(a) Accident, suicide, or homicide (specify) _____
17. BURIAL, CREMATION, OR REMOVAL		(b) Date of occurrence _____
Place <u>Castle Grove</u> Date <u>Nov. 9 1939</u>		(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
18(a) Signature of funeral director <u>Smith-Reed Co.</u>		While at work? _____ (e) Means of injury <u>8838</u>
(b) Address <u>Cynthiana, Ky.</u>		23. Signature <u>E. L. Swinford M.D.</u>
19(a) <u>Nov 9 1939</u> (Date received by local registrar)		(b) <u>[Signature]</u> (Registrar's signature)
		Address <u>Cynthiana, Ky.</u> Date signed <u>Nov 8, 1939.</u>

DEATH in plain terms, but it may be properly classified. Exact statement of OCCUPATION is very important.