

Cynthiana Democrat - August 2, 1951

W. T. Mullen

Funeral services for W. T. Mullen, 71, will be held at 2:30 p. m. (CDT) today (Thursday) at Smith-Rees Funeral Home—conducted by Dr. M. P. McClure. Burial will be in Battle Grove Cemetery.

Pallbearers selected include Irvin Turner, Joe Bennis, Earl Jenkins, W. W. Phillips, Elbert Cummins and Ben Houston.

Mr. Mullen died at 6:45 p. m. Monday, July 30, 1951, at his residence on Mill St. after an illness of four years.

A native of Harrison County, Mr. Mullen was born July 9, 1880, a son of the late John N. and Mary Zefgler Mullen and was a member of the First Methodist Church, Cynthiana, and for a number of years was a member of the force of the Cynthiana Police Dept.

He is survived by his wife, Mrs. Ida Rainey Mullen; one son, Robert Mullen, Vevay, Ind.; one daughter, Mrs. Everett Lail, Bourbon County; one sister, Mrs. Nola E. Kearns, Cynthiana; three brothers, Lora and John W. Mullen, both of Cynthiana; and Clarence Mullen, College Corner, Ohio; and four grandchildren.

Mullen, William Thomas 1880 - 1951

Form T. S. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		FILE NO. 116 <u>51 15059</u>
Registration District No. <u>670</u>		Primary Registration District No. <u>2240</u>		
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY <u>Harrison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cynthiana</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cynthiana</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>Mill St</u>		d. STREET ADDRESS (If rural, give location) <u>Mill St</u>		
3. NAME OF DECEASED a. (First) <u>W.</u> b. (Middle) <u>J.</u> c. (Last) <u>Mullen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1951</u>	
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 9, 1880</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Patrolman</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County, Ky</u>	
13. FATHER'S NAME <u>John N. Mullen</u>		14. MOTHER'S MAIDEN NAME <u>Mary Zeigler</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. W. J. Mullen</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X-270-16</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Sept 1949</u> to <u>July 29, 1951</u> , that I last saw the deceased alive on <u>July 29, 1951</u> , and that death occurred at <u>6:25 p. m.</u> , from the causes and on the date stated above.				
23a. DATE SIGNED <u>8-9-51</u>	23b. ADDRESS <u>Cynthiana Ky.</u>	23c. SIGNATURE <u>W. J. Mullen</u> (Degree or title)		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 2, 1951</u>	24c. NAME OF CEMETERY OR CEMATORY <u>Battle Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Cynthiana Ky.</u>	
25a. DATE REC'D BY LOCAL REG. <u>8-10-51</u>	25b. REGISTRAR'S SIGNATURE <u>Birdie P. Maynard</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Smiths - Rees Co. Cynthiana, Ky.</u>		