

Mullen, Claude Nelson 1886 - 1946

*Dr. Eugene Todd*  
1-12-46

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

State File No. 35  
Registrar's No. 35

Registration District No. 500 Primary Registration District No. 2165

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**1. PLACE OF DEATH:**  
(a) County FAYETTE  
(b) City or town LEXINGTON  
(c) Name of hospital or institution 451 W. SEVENTH ST.  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community 2 YEARS  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State KENTUCKY (b) County HARRISON  
(c) City or town RURAL  
(If outside city or town limits, write RURAL)  
(d) Street No. POINDEXTER  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.?

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**3(a) FULL NAME** CLAUDE NELSON MULLIN  
3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
4. Sex MALE 5. Color or race WHITE 6(a) Single, divorced, married, divorced WANTED  
6(b) Name of husband or wife ARTIE STEWART MULLIN  
6(c) Age of husband or wife if alive 52 Years  
7. Birth date of deceased NOVEMBER 2, 1886  
(Month) (Day) (Year)  
8. AGE: Years 59 Months 2 Days 6 If less than one day hr. min.  
9. Birthplace HARRISON COUNTY, KY.  
10. Usual occupation FARMING  
11. Industry or business \_\_\_\_\_  
12. Name ROBERT MULLIN  
13. Birthplace KENTUCKY  
14. Maiden name SARAH E. TURNER  
15. Birthplace KENTUCKY

**16(a)** Informant's own signature Claude Mullen  
**(b)** Address 707 W. 7th St. Lexington Ky.  
**17. BURIAL** BATTLE GROVE CEM. Date JAN 10, 1946  
Place \_\_\_\_\_ Date \_\_\_\_\_  
**18(a)** Signature of funeral director SMITH-REES COMPANY  
BY 2095  
**(b)** Address CYNTHIANA, KENTUCKY  
**19(a)** 1-12-46 **(b)** Dr. Eugene Todd  
(Date received by local registrar) (Registrar's signature)

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**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH** JANUARY 8, 19 46  
**21.** I hereby certify that I attended the deceased from 1-7-46 19  
to 1-8-46 19 that I last saw him alive on  
1-8-46 19 and that death occurred on the date  
stated above at 7:45 P.M.  
Immediate cause of death Presumable DURATION 3 days  
Due to \_\_\_\_\_  
Other conditions Complete motor paralysis  
due to old cerebral accident  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**22.** If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place?  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
**23. Signature** Eugene Todd, M.D.  
Address 190 N. Upper St. Lexington, Ky. Date signed 1-12-46