

Mullins, George A 1926 - 1953

Form V. B. 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		53- 22300 FILE NO. 116 REGISTRAR'S NO. 233	
Registration District No. 500		Primary Registration District No. 5161			
1. PLACE OF DEATH a. COUNTY <b>Fayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kentucky</b> b. COUNTY <b>Fayette</b>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Lexington, Ky. (Rural)</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>505 South Mill Street</b>			
3. NAME OF DECEASED a. (First) <b>George A.</b> b. (Middle) <b>MULLINS</b> c. (Last) <b>XC- 4 303 092</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 28, 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 8, 1926</b>	9. AGE (in years last birthday) <b>27</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Harrison County, Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Albert Mullins</b>		14. MOTHER'S MAIDEN NAME <b>Bith Williams</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>VA Hospital Records</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic acidosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b>		About <b>21 months</b>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>260X = 063-15</b>		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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR			
22. I hereby certify that <input checked="" type="checkbox"/> VA attended the deceased from <b>Oct. 28, 1953</b> to <b>Oct. 28, 1953</b> that <input checked="" type="checkbox"/> VA last saw the deceased alive on <b>October 28, 1953</b> , and that death occurred at <b>9:45 p.m.</b> , from the causes and on the date stated above.					
23a. DATE SIGNED <b>10/29/53</b>	23b. ADDRESS <b>VAH Lexington, Ky.</b>	23c. SIGNATURE (Degree or title) <b>R. H. HARRIS, M.D.</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 3-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Op. Nelson Nat. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Nicholasville, Kentucky</b>		
25a. DATE RECD BY LOCAL REG. <b>11/4/53</b>	25b. REGISTRAR'S SIGNATURE <b>D. A. Furlong</b>	26. FUNERAL DIRECTOR ADDRESS <b>Kerr Bros. Funeral Home, Lexington, Ky.</b>			