

Pullen, Thelma 1924 - 1925

FORM V 8 1-9008 3-20-11

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Scott
No. Pol. McFarland Registration District No.
Inc. Town Primary Registration District No. 7390
City (No. P) St., Ward)
2 FULL NAME Thelma Pullen

File No. 7913
Registered No. 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>	16 DATE OF DEATH <u>Feb 22</u> 19 <u>25</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>March 14</u> 19 <u>24</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 11</u> , 19 <u>25</u> , to <u>Feb 22</u> , 19 <u>25</u> , that I last saw h. <u>alive</u> on <u>Feb 22</u> , 19 <u>25</u> , and that death occurred on the date stated above at <u>8 P.m.</u> The CAUSE OF DEATH* was as follows: <u>Broncho-pneumonia</u>	
7 AGE yrs. <u>11</u> mos. <u>6</u> ds. IF LESS than 1 day... hrs. or... min.?			Contributory (SECONDARY) <u>Whooping Cough</u> Duration..... yrs..... mos. <u>1</u> ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer)			(Signed) <u>W. S. Alphin</u> , M. D. <u>Feb 24, 1925</u> (Address) <u>815 Georgetown</u>	
9 BIRTHPLACE (State or country) <u>Scott-Co. Ky</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
10 NAME OF FATHER <u>Frank Pullen</u>			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds. Where was disease contracted, if not at place of death?	
11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>			Former or usual residence	
12 MAIDEN NAME OF MOTHER <u>Lutie Stewart</u>			19 PLACE OF BURIAL (or) REMOVAL <u>Benton Cemetery</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>			DATE OF BURIAL <u>Feb 24, 1925</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. S. Alphin</u> (Address)			20 UNDERTAKER <u>W. W. McCabe</u>	
15 Filed <u>March 16, 1925</u> <u>Mrs. Leta Gunn</u> REGISTRAR			ADDRESS <u>Sadville</u>	

11-3184

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.