

Cynthiana Democrat - December 20, 1923

REED—Mrs. Sarah E. Reed died at her residence at Avena Thursday, Dec. 13, after two years illness. She was a daughter of the late Ezekiel and Hannah Turner and was born Feb. 22, 1859. She was twice married, her first husband, W. R. Mullen, dying in 1887. In 1912 she married J. T. Reed, who survives. Two sons by her first marriage survive, Claude and Jos. Mullen. Surviving brothers and sister are W. M. Turner, Godfrey Turner, John Turner, Mrs. Laura Hill. Deceased was a member of the Mt. Pleasant church. The funeral and burial at the Curry church Saturday, with services by Rev. Insko. Pall bearers: Elbert Dunn, John Dunn, Everett Marshall, Tom Batson, George Whitaker, Wood Hill.

Reed, Sarah E Turner Mullen 1859 - 1923

Form V. S. 300m-4-10-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30457

County Juniata Registration District No. 15 File No. _____
 Inc. Town _____ Primary Registration District No. 5998 Registered No. 2
 City _____ (No. _____ St. _____ Ward _____)
 2 FULL NAME Sarah E. Reed
 (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 <u>wid</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>Dec. 13, 1923</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Sept 28 1859</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 9, 1923</u> , to <u>Dec 13, 1923</u> , that I last saw h <u>er</u> alive on <u>Dec 15, 1923</u> , and that death occurred on the date stated above at <u>4 1/2 m.</u>	
7 AGE <u>64 yrs. 9 mos. 21 ds.</u> IF LESS than 1 day _____ hrs. or _____ min?			18 CAUSE OF DEATH was as follows: <u>Septic Peritonitis, from Chronic Gelo- Cystitis.</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>H. Home</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			Contributory (Secondary) <u>Old prolapse uterus</u> (Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>ky</u>			(Signed) <u>H. N. Carr</u> M. D. <u>Dec 14 1923</u> (Address) <u>Cynthiana</u>	
PARENTS	10 NAME OF FATHER <u>Ezekiel Turner</u>		*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	11 BIRTHPLACE OF FATHER (State or country) <u>ky</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____	
	12 MAIDEN NAME OF MOTHER <u>Kannah A. Rows</u>		if not at place of death? _____ Former or usual residence _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>ky</u>			19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>Curry Church yard Dec 15, 1923</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Claud Mullens</u> (Address) <u>Cynthiana Ky. Rd.</u>			20 UNDERTAKER ADDRESS <u>Smith Reed Co Cynthiana</u>	
Filed <u>Jan 9, 1924</u>			Registrar _____	

Exact statement of OCCUPATION in plain terms, so that it may be properly classified. See instructions on back of certificate.