

Cynthiana Democrat - March 23, 1933

## MRS. LEMONS PASSES ON

Mrs. Hattie Clough Lemons, 48 years old, wife of Walter Lemons, died at 9 o'clock Tuesday night, March 21, 1933, at her home on South Walnut street, after an illness of several months.

Mrs. Lemons was taken to the Harrison Memorial Hospital in December suffering from an acute intestinal trouble, and an operation was contemplated, but her condition was found to be such as to preclude its success; after a few weeks she was removed to her home where improvement was shown and it had been hoped by her many friends she would succeed in completely overcoming her illness, despite its serious nature.

She was born in Harrison county, April 1, 1884, a daughter of the late Mark and Sallie Horner Clough. Besides her husband she is survived by a daughter, Mrs. Garnett T. King, and a sister, Mrs. E. C. Miles, of Carlisle, Arkansas.

News of her death will bring sorrow to a wide circle of acquaintances. She and her husband, Mr. Walter Lemons, had for many years been engaged in business in Cynthiana, and at the time of her death, were operating The Lemonette, one of the leading restaurants of the city. Her gracious manner and pleasing personality made her a friend of everyone with whom she came in contact.

Mrs. Lemons was a member of the Cynthiana Methodist church and Past Worthy Matron of the Order of the Eastern Star. Funeral services will be held this afternoon, at 2 o'clock at the Cynthiana Methodist church, the Rev. W. P. Fryman, pastor, officiating. Burial in the family lot at Battle Grove cemetery. Pall bearers, T. S. Mullen, W. T. Mullen, Mart Clough, Claude Karrick, George Lemons and Sam Martin.

Lemons, Hattie Clough 1884 - 1933

Dr. Brumbach 6513

Form V. S. 1-A-50m-1-12-21

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

1. PLACE OF DEATH  
County HARRISON  
Vot. Prec. ENGINE HOUSE  
Inc. Town \_\_\_\_\_  
City CYNTHIANA (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 670  
Primary Registration District No. 2240  
File No. \_\_\_\_\_  
Registered No. 35

2. FULL NAME HATTIE CLOUGH LEMONS  
(a) Residence No. 110 S. Walnut St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, Divorced <u>Married</u>		21. DATE OF DEATH <u>March 21</u> , 19 <u>33</u>	
6a. If married, widowed, or divorced HUSBAND of <u>Walter Lemons</u> (or) WIFE of _____				22. I HEREBY CERTIFY That I attended deceased from <u>Nov 4</u> , 19 <u>32</u> to <u>March 21</u> , 19 <u>33</u> I last saw her alive on <u>March 21</u> , 19 <u>33</u> , death is said to have occurred on the date stated above, at <u>8:40 a.m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Cancer of (head of) paranasals</u>	
6. DATE OF BIRTH <u>April 1, 1884</u>				Date of onset <u>?</u>	
7. AGE Years <u>48</u> Months <u>11</u> Days <u>20</u>		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		Contributory causes of importance not related to principal cause: <u>none</u>	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE <u>Harrison County, Ky.</u>					
13. NAME <u>Mark Clough</u>					
14. BIRTHPLACE <u>Harrison Co., Ky.</u>					
15. MAIDEN NAME <u>Sallie Horner Clough</u>					
16. BIRTHPLACE <u>Harrison Co., Ky.</u>					
17. INFORMANT <u>Walter Lemons</u> (Address) <u>Cynthiana, Ky.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Battle Grove</u> Date <u>3/23/1933</u>					
19. UNDERTAKER <u>R. B. Whaley</u> (Address) <u>Cynthiana, Ky.</u>					
20. FILED <u>3/22</u> , 19 <u>33</u> <u>W. J. Pope</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>Wm. Brumbach, M. D.</u> (Address) <u>Cynthiana, Ky.</u>					

Please certify no entry if they be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.