Walters, William Mike 1882 - 1953

109- Esplanade — Dr Ralph G. Angelucci

Form V. S. 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

FILE NO. 116 53 7388
REGISTRAR'S NO. 375
Registration District No. 500 X Primary Registration District No. 2165

1. PLACE OF DEATH
a. COUNTY Fayette Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lexington
c. LENGTH OF STAY (in this place) 07
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph

2. USUAL RESIDENCE (Where deceased lived — if institution: residence before admission)
a. STATE Ky
b. COUNTY Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Russell Rd Georgetown Ky
d. STREET ADDRESS (If rural, give location) 105

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Mike c. (Last) Walters
4. DATE OF DEATH (Month) April (Day) 1 (Year) 1953
5. SEX Male
6. COLOR OR RACE Wt
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH May 7 1882
9. AGE (In years last birthday) 71 — If Under 1 Year: Months / Days; If Under 24 Hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Bath Co Ky
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William P Walters
14. MOTHER'S MAIDEN NAME Hankins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mattie Walters

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, cerebral — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and cerebellar — Several mos.
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 1/4/53
19b. MAJOR FINDINGS OF OPERATION as above 193 X — 05-14
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25/3 1953 to 2 April 1953, that I last saw the deceased alive on 2 April 1953, and that death occurred at 8:40 a. m., from the causes and on the date stated above.

23a. DATE SIGNED 7/4/53
23b. ADDRESS 109 Esplanade - Lexington Ky
23c. SIGNATURE Ralph J Angelucci M.D. (Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE April 3 1953
24c. NAME OF CEMETERY OR CREMATORY Jacksonville
24d. LOCATION (City, town, or county) (State) Bourbon Co Ky

25a. DATE REC'D BY LOCAL REG. 4-8-53
25b. REGISTRAR'S SIGNATURE D. A. Fordong
26. FUNERAL DIRECTOR Jack B Jordan ADDRESS

326-1-2
4-13-53