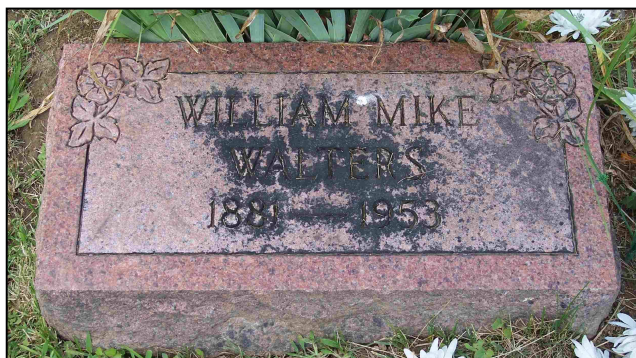


Walters, William Mike 1882 - 1953



109- Explained

Dr. Ralph G. Angelucci

Form 7, 8-1-4
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. 500X Primary Registration District No. 2165

1. PLACE OF DEATH a. COUNTY Fayette Co		2. USUAL RESIDENCE (Where deceased lived prior to institution; residence before admission) a. STATE Ky b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington	c. LENGTH OF STAY (in this place) 02	c. CITY OR TOWN Russell	d. STREET ADDRESS (If rural, give location) 1050
3. NAME OF DECEASED a. (First) William Mike b. (Middle) c. (Last) Walters		4. DATE OF DEATH (Month) (Day) (Year) April 1 1953	
5. SEX Male	6. COLOR OR RACE WT	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 7 - 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Buch Co Ky
12. FATHER'S NAME William P Walters		14. MOTHER'S MAIDEN NAME Eubank	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Arthur 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke Petriosis, cerebral and cerebellar ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 1/4/53		19b. MAJOR FINDINGS OF OPERATION as above	
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)	
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 25/2 1953 to 2 April 1953, that I last saw the deceased alive on 2 April 1953, and that death occurred at 8:40 p. m., from the causes and on the date stated above.			
23a. DATE SIGNED 7/4/53	23b. ADDRESS 109 Explained - Lexington Ky	23c. SIGNATURE Ralph G. Angelucci M.D.	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE April 13 1953	24c. NAME OF CEMETERY OR CREMATORY Jacksonville	24d. LOCATION (City, town, or county) (State) Buch Co Ky
25a. DATE REC'D BY 4-8-53	25b. REGISTRAR'S SIGNATURE D. A. Furlong	25c. FUNERAL DIRECTOR J. B. Tucker	

3268-1-2
4-8-53