

15807  
Registrar's No. 87

**COMMONWEALTH OF KENTUCKY**  
Department of Health  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 620 Primary Registration District No. 0591

**1. PLACE OF DEATH:**  
(a) County GREENUP  
(b) City or town FULLERTON  
(c) Name of hospital or institution:  
(d) Length of stay: In hospital or community (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State KY (b) County GREENUP  
(c) City or town FULLERTON  
(d) Street No. Fullerton, Ky  
(e) If foreign born, how long in U. S. A.?

**3(a) FULL NAME** SILAS WALKER  
3(b) If veteran, Name war, No. 3(c) Social Security No.

**4. Sex** M **5. Color or race** W **6(a) Single, widowed, married, divorced** MARRIED

**6(b) Name of husband or wife** SARA FARMER  
**6(c) Age of husband or wife if alive** 82 years

**7. Birth date of deceased.** Dec 17 1861  
(Month) (Day) (Year)

**8. AGE:** 82 Months 7 Days 26 If less than one day, hr., min.

**9. Birthplace** CARTER CO KY  
**10. Usual occupation** LABORER  
**11. Industry or business** NW RAILWAY

**12. Name** GEORGE WALKER  
**13. Birthplace** KY

**14. Maiden name** JEMIMA BAILEY  
**15. Birthplace** KY

**16(a) Informant's own signature** Silas Walker  
**(b) Address** FULLERTON KY

**17. BURIAL, CREMATION, OR REMOVAL**  
Place SILOAM Date JULY 16 1944

**18(a) Signature of funeral director** W. H. ...  
**(b) Address** SOUTH SHARP

**19(a) Date received by local registrar** July 15 1944 **(b) Registrar's signature** ...

**20. DATE OF DEATH** JULY 13 1944  
**21. I hereby certify that I attended the deceased from** June 20 1944  
to July 11 1944 that I last saw him/her on July 10 1944 and that death occurred on the date stated above at 7:30 A.M.  
Immediate cause of death Antera bellis DURATION: 2 wks  
Due to over heat 3 wks

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations - 120 A-191  
Of autopsy

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? In or about home, on farm, in industrial place in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

**23. Signature** M. W. ... **(M. D. or other)**  
Address Fullerton Date signed 7-15-44

MARGIN RESERVED FOR BINDING  
 B. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.