

James W Walker Source Documents – First Families 2018 - Clark County

1a James W Walker

Timeline

Birth 15 Aug 1811 Maryland/Ohio? 1850 census lists birthdate as abt 1804

Marriage 15 Aug 1832 Floyd , Jane Jacobs

Residence 1844 Ohio

Residence 1847 Ohio

Birth of Caroline Amanda 05 Jan 1850

Residence 1850 Utica, Clark, Indiana, USA

Death 31 May 1857

Indiana Compiled Marriages

Name: Jane Jacobs

Spouse: James W. Walker

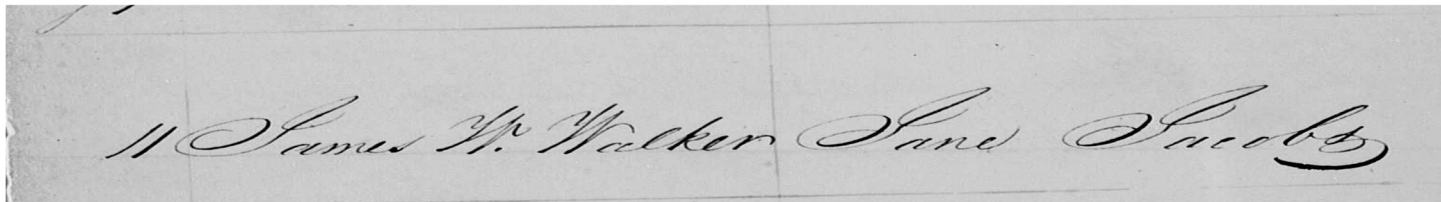
Date: 2 Aug 1832

County: Floyd

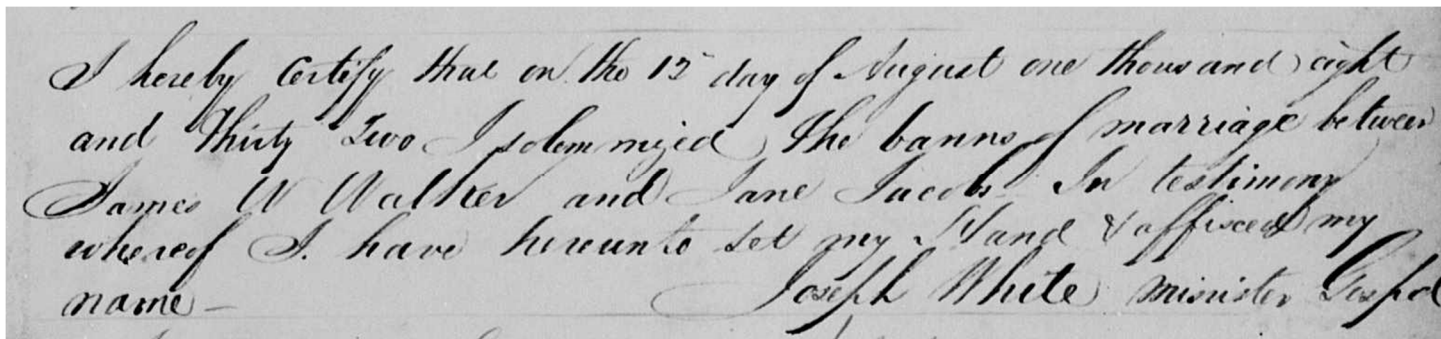
State: Indiana

Source: Family History Library, Salt Lake City, UT

Microfilm: 1411883



James W. Walker Jane Jacobs



I hereby certify that on the 15 day of August one thousand eight and thirty two I solemnized the banns of marriage between James W Walker and Jane Jacobs In testimony whereof I have hereunto set my hand & affixed my name - Joseph White Minister Gospel

"Indiana Marriages, 1811-2007," database with images, FamilySearch

([https://familysearch.org/ark:/61903/3:1:S3HY-X3H3-YF?cc=1410397&wc=Q83F-](https://familysearch.org/ark:/61903/3:1:S3HY-X3H3-YF?cc=1410397&wc=Q83F-ZJV%3A962978401%2C963009001)

ZJV%3A962978401%2C963009001 : 21 January 2016), Floyd > 1831-1833 Volume 9 > image

14 of 30; County clerk offices, Indiana. 2 Aug 1832, Floyd County

James W Walker Source Documents – First Families 2018 - Clark County

1b Census 1850 – James W Walker household.

A handwritten census record on a grid background. The entries are as follows:

11	111	Dad W Walker	46 M	Farmer	2400	Mid		
		Same	35 F			2120		
		Samuel D	14 F			"		19
		Caroline A	3 F			"		
		John Williams	32 M	Saloon		Free land		

Caroline Walker, daughter, age 3/12. Her birthdate 01/05/1850

James W Walker Source Documents – First Families 2018 - Clark County

2 Caroline Amanda Walker great granddaughter of Jeremiah

Timeline

Birth 05 Jan 1850, Clark County, Indiana

Marriage 19 Aug 1866, Clark County, Indiana, William Edward Bean

Residence 1870 Harrison County, Indiana

Birth of Mabel Agnes Bean 15 Jan 1884, Williams, Daviess County, Indiana

Residence 1881 Silver Creek, Clark County, Indiana

Death of husband William 28 Mar 1892, Sellersburg, Clark County, Indiana

Death 23 Dec 1933 Sellersburg, Clark County Indiana

mother of Mabel Bean, daughter of James Walker and Jane Jacobs.

No birth certificate!

V. S. 2

DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED.

STANDARD CERTIFICATE OF DEATH
INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Local No. 336
Registered No. 35391

County Clark
Township New Albany
City New Albany No. 1728 East 6th St.
(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME Caroline Bean
Residence: No. 1728 East Elm St. St. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	Single, Married, Widowed or Divorced <u>Widowed</u>	DATE OF DEATH <u>Dec 23</u> 19 <u>33</u> (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended deceased from <u>Dec 18</u> 19 <u>33</u> and that death occurred, on the date stated above, at <u>12</u> M. The principal cause of death and related causes of importance were as follows: <u>Parkes Bowel Syndrome</u> Duration <u>one yr</u>
NAME OF HUSBAND OR WIFE (of deceased) <u>Wm Bean</u>	DATE OF BIRTH (of deceased) <u>Jan 5</u> 18 <u>50</u>	AGE <u>83</u> yrs. <u>11</u> months <u>18</u> days If LESS than 1 day, <u> </u> hrs or <u> </u> min.	Other contributory causes of importance:	
OCCUPATION <u>At Home</u>	BIRTHPLACE (State or country) <u>Indiana</u>	DATE DECEASED LAST WORKED AT THIS OCCUPATION <u> </u>	Name of operation <u> </u> Date of <u> </u>	
MOTHER FATHER	NAME <u>James Walker</u>	BIRTHPLACE (State or country) <u>Ohio</u>	What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>	
MAIDEN NAME <u>Jane Jacobs</u>	BIRTHPLACE (State or country) <u>Indiana</u>	INFORMANT (Address) <u>Mabel B Sterrett</u> <u>Sellersburg, Inda</u>	If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. <u> </u>	
PLACE OF BURIAL OR REMOVAL <u>Sellersburg, Inda</u> <u>1724</u> 19 <u>33</u>	UNDERTAKER <u>Edna Wadsworth</u> <u>New Albany</u>	ADDRESS <u> </u>	Manner of injury <u> </u> Nature of injury <u> </u>	
WAS THE BODY EMBALMED? <u>Yes</u>	EMBALMER'S LICENSE No. <u>2550</u>	FILED <u>Dec 24</u> 19 <u>33</u> <u>By Margaret R. Miller</u>	Was disease or injury in any way related to occupation of deceased? <u> </u> (Signed) <u>Wm H. Harris</u> M. D. <u>Dec 23</u> 19 <u>33</u> (Address) <u>Clark County, Inda</u>	

James W Walker Source Documents – First Families 2018 - Clark County

3a Mabel Agnes Bean great granddaughter of James

Can't find birth certificate!

Death certificate specifies parents William Bean as father and Caroline Walker as mother

BELATED CERTIFICATE		INDIANA STATE BOARD OF HEALTH DIVISION OF VITAL RECORDS MEDICAL CERTIFICATE OF DEATH				State No. 63-004523
Local No. MAR 8 1963		1. PLACE OF DEATH a. COUNTY <i>Floyd</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Indiana</i> b. COUNTY <i>Floyd</i>		
b. CITY, TOWN, OR LOCATION <i>New Albany</i>		c. Length of Stay in lb <i>45 yrs.</i>	c. CITY, TOWN, OR LOCATION <i>New Albany</i>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Floyd County Memorial Hospital</i>		d. STREET ADDRESS <i>1728 E. Elm St.</i>				
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Mabel</i> Middle <i>-</i> Last <i>Sterrett</i>		4. DATE OF DEATH Month <i>Jan.</i> Day <i>30</i> Year <i>1963</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 15, 1884</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months <i>79</i> Days <i>79</i> Hours <i>79</i> Min. <i>79</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Indiana</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>William E. Bean</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Walker</i>		17a. INFORMANT'S NAME <i>Mrs. John Myers</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17b. INFORMANT'S ADDRESS <i>1728 E. Elm St., New Albany, Ind.</i>		17c. RELATIONSHIP TO DECEASED <i>Daughter</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease, Coronary Insufficiency with Terminal Ventricular Fibrillation</i>					INTERVAL BETWEEN ONSET AND DEATH <i>30-60 sec.</i>	
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocardial Infarction, Anterior old</i>					Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <i>1:30</i> Month <i>P.</i> Day <i>M.</i> Year <i>1963</i>						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <i>Dec. 20, 1962</i> to <i>Jan. 30, 1963</i> and last saw <i>her</i> alive on <i>Jan. 30, 1963</i> death occurred at <i>1:30 P.M.</i> (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.		22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ M (C.S.T.) from causes stated and on above date.				
23a. Signature <i>Kenneth H. Brown MD</i> <input type="checkbox"/> Health Officer <input checked="" type="checkbox"/> Attending Physician		23b. ADDRESS <i>410 E. Spring St., New Albany, Ind.</i>		23c. DATE SIGNED <i>2-1-63</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb. 2, 1963</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sellersburg Cemetery</i>	24d. LOCATION <i>Sellersburg, Ind.</i>			
DATE REC'D BY LOCAL HEALTH OFFICER <i>2/7/63</i>	SIGNATURE OF HEALTH OFFICER <i>Dickinson W. Jordan</i>	25. FUNERAL DIRECTOR <i>Dickinson W. Jordan</i>	ADDRESS <i>Funer Home, New Albany, Ind.</i>			

EMBALMER'S NAME *153*
LICENSE No. *188*
MEDICAL CERTIFICATION
FUNERAL DIRECTOR'S LICENSE No. *188*

S.B.H.—6-24-3—Revised 1955 U. S. Department Health, Education and Welfare Form Approved Budget Bureau No. 68-R375

3b Marriage Application of Mabel Bean showing mother and father.

Application is hereby made for a license for the marriage of
MALE Jesse C Sterrett **FEMALE** Mabel A Bean

UPON THE FOLLOWING STATEMENT OF FACTS RELATIVE TO SAID PARTIES:

1. The full christian and surname of the man is <u>Jesse C Sterrett</u>	1. The full christian and surname of the woman is <u>Mabel A Bean</u>
2. Color <u>white</u>	2. Color <u>white</u>
3. Where born <u>Quashville, Ind.</u>	3. Where born <u>Clark Co Ind</u>
4. When born <u>March 20, 1883</u>	4. When born <u>Jan 15, 1884</u>
5. Present residence <u>New Castle, Ind.</u>	5. Present residence <u>New Castle, Ind.</u>
6. Present occupation <u>Painter & Decorator</u>	6. Present occupation <u>Housewife</u>
7. If no occupation, what means has the male contracting party to support a family? <u>no</u>	7. Full christian and surname of father <u>William E Bean</u>
8. Is the male contracting party of nearer blood kin to the female contracting party than second cousin? <u>no</u>	8. His color <u>white</u>
9. Full christian and surname of father <u>Thomas B Sterrett</u>	9. His birthplace <u>Corydon, Ind</u>
10. His color <u>white</u>	10. His occupation <u>Minister of the Gospel</u>
11. His birthplace <u>Butler Co, Ohio</u>	11. His residence <u>Deceased</u>
12. His occupation <u>Painter</u>	12. Full christian and maiden name of mother <u>Caroline A Walker</u>
13. His residence <u>Quashville, Ind.</u>	13. Her color <u>white</u>
14. Full christian and maiden name of mother <u>Emily C Stone</u>	14. Her occupation <u>Deceased</u>
15. Her color <u>white</u>	15. Her birthplace <u>Clark Co, Ind.</u>
16. Her occupation <u>Housewife</u>	16. Her residence <u>Sellersburg, Ind.</u>
17. Her birthplace <u>Cincinnati, Ohio</u>	17. Has the female contracting party been an inmate of any county asylum or home for indigent persons within the last five years? <u>no</u>
18. Her residence <u>Rushville, Ind.</u>	18. Is this her first marriage? <u>no</u>
19. Has the male contracting party been an inmate of any county asylum or home for indigent persons within the last five years? <u>no</u>	19. If not, how often has she been married? <u>once</u>
20. If so, is he now able to support a family and likely to so continue? <u>yes</u>	20. Has such prior marriage or marriages been dissolved? <u>Divorce</u>
21. Is this his first marriage? <u>yes</u>	21. If so, how and when? <u>May 15, 1909</u>
22. If not, how often has he been married? <u>no</u>	22. Is the female contracting party afflicted with epilepsy, tuberculosis, venereal or any other contagious or transmissible disease? <u>no</u>
23. Has such prior marriage or marriages been dissolved? <u>no</u>	23. Is she an imbecile, feeble-minded, idiotic or insane, or is she under guardianship as a person of unsound mind? <u>no</u>
24. If so, how? <u>no</u>	Signature of applicant <u>Mabel A Bean</u>
25. When? <u>no</u>	Signature of applicant <u>Jesse C Sterrett</u>
26. Is the male contracting party afflicted with epilepsy, tuberculosis, venereal, or any other contagious or transmissible disease? <u>no</u>	
27. Is he an imbecile, feeble-minded, idiotic or insane, or is he under guardianship as a person of unsound mind? <u>no</u>	

State of Indiana, Henry County, ss:
Maggie Roberts deposes and says that she has personal knowledge of the facts above stated and that they and each of them are true.
 Subscribed and sworn to before me, this 17 day of October, 1909.
John K. Burgess Clerk Henry Circuit Court

IN TESTIMONY WHEREOF, I, JOHN K. BURGESS, Clerk of the Henry Circuit Court, hereunto subscribe my name and affix the seal of said Court, at New Castle, Indiana, this 17 day of October, D. 1909.
John K. Burgess Clerk

BE IT REMEMBERED, that on the 17 day of October, 1909, a Marriage License was duly issued to Jesse C Sterrett and Mabel A Bean, which license is in words and figures following, to-wit:

INDIANA, TO-WIT: HENRY COUNTY, SS:
 TO ALL WHO SHALL SEE THESE PRESENTS, GREETING:
 KNOW YE That any person empowered by law to solemnize Marriages, is hereby authorized to join together as Husband and Wife Jesse C Sterrett and Mabel A Bean and for so doing this shall be sufficient authority.
 IN TESTIMONY WHEREOF, I, JOHN K. BURGESS, Clerk of the Henry Circuit Court, hereunto subscribe my name and affix the seal of said Court, at New Castle, Indiana, this 17 day of October, D. 1909.
John K. Burgess Clerk

CERTIFICATE OF MARRIAGE
 INDIANA, TO-WIT: HENRY COUNTY, SS:
 I HEREBY CERTIFY That Jesse C Sterrett and Mabel A Bean have joined in Marriage, as Husband and Wife, on the 18 day of Oct, 1909.
W. H. Brown

Mabel A Bean
 Mother: Caroline Amanda Walker
 Housewife, Sellersburg
 Father: William E Bean
 Farmer and Minister -- dead

4 Birth Certificate Robert E Sterrett Sr, great grandson of James Walker

Proof mother is Mabel Bean, dob: Feb 21 1919

INDIANA STATE BOARD OF HEALTH
 DIVISION OF VITAL STATISTICS.
 CERTIFICATE OF BIRTH.

31773
 620

PLACE OF BIRTH
 County of Marion
 Township of Center

Town of _____ Registered No. _____
 or _____ St.; _____ Ward }
 City of Indianapolis (No. 205 215)
 FULL NAME OF CHILD Robert Earnest Sterrett { Born }
 If child is not named, make supplemental report. { Alive? } Yes

Sex of Child <u>Male</u>	Twin, Triplet, or Other	Number and in order of birth	Date of Birth (Month) <u>Feb.</u> (Day) <u>21</u> (Year) <u>1919</u>
Full Name <u>Jesse E Sterrett</u>	MOTHER		
Residence <u>205 West 15th St</u>	Full Maiden Name <u>Mabel Bean</u>	Residence <u>205 West 15th St</u>	Age at last Birthday (Years) <u>28</u>
Color or Race <u>White</u>	Color or Race <u>White</u>	Age at last Birthday (Years) <u>28</u>	Age at last Birthday (Years) <u>28</u>
Birthplace <u>Rushville Ind</u>	Birthplace <u>Sellersburg Ind Co Ind</u>	Occupation <u>Housewife</u>	Occupation <u>Housewife</u>
Number of child of this mother <u>3rd</u>	Number of children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Feb. 21, 1919, at 4:00 P.M.
 { When there is no attending physician or midwife, then the householder should make this return. See instructions on back. }
 (Signature) H. F. Hornaday (Attending physician, midwife, householder.)*
 Given or christian name added from a supplemental report 1919 Dated Feb. 22 1919 Address 133 West 16th St
 FEB 22 1919 - C. C. Woods HEALTH OFFICER

James W Walker Source Documents – First Families 2018 - Clark County

5 Birth certificate Robert E Sterrett Jr. 2nd great grandson of James Walker

Shows parents to be Robert Ernest Sterrett & Iola Roy Sterrett.

Removed for privacy