



## Mary Pinchback Source Documents – First Families 2019 - Clark County

### **1b** Residence of Jacobs Family

Name: Jeremiah Jacobs  
Gender: M (Male)  
State: Indiana  
Locality: Indiana Territory  
County: Clark County  
Residence Year: 1810  
Household Remarks: Name on petition, **1809**, to the President and Senate by citizens of Clark County expressing disapproval towards William Henry Harrison as governor because he sanctioned a law "for the Introduction of N???"

*Territorial Papers of the US; Volume Number: Vol 7; Page Number: 707; Family Number: 13*

#### Source Information

Ancestry.com. *U.S. Census Reconstructed Records, 1660-1820* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2011.

This may refer to the introduction of slaves – Mary grew up with slaves

Can't find any land records – Jeremiah Nelson Jacobs, Mary's son, once owned the land where Jacob's Chapel sits. Likely the Chapel and Jacobs Creek are named after the family.

## Mary Pinchback Source Documents – First Families 2019 - Clark County

### 2a Jane Jacobs, daughter of Mary and Jeremiah Jacobs

#### Timeline

**Birth** 27 Dec 1815, Clark County Indiana Territory

**Marriage** 15 Aug 1832, James W Walker

**Residence** 1844 Ohio

**Residence** 1847 Ohio

**Birth of Caroline Amanda Walker** 05 Jan 1850

**Residence** 1850 Utica, Clark, Indiana

**Death** 18 Feb 1888

#### Indiana Compiled Marriages

**Name:** Jane Jacobs

**Spouse:** James W. Walker

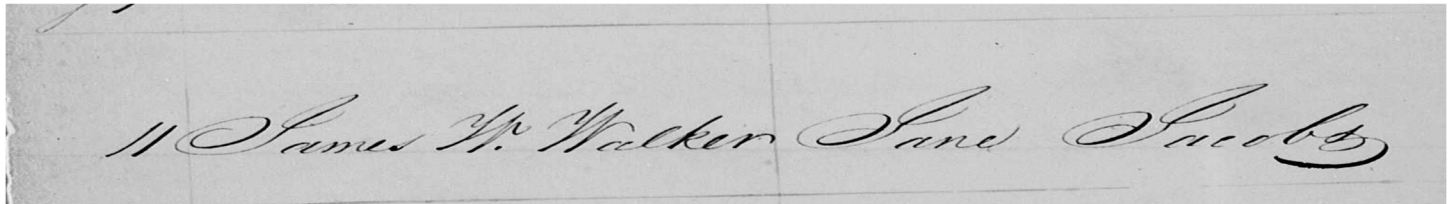
**Date:** 2 Aug 1832

**County:** Floyd

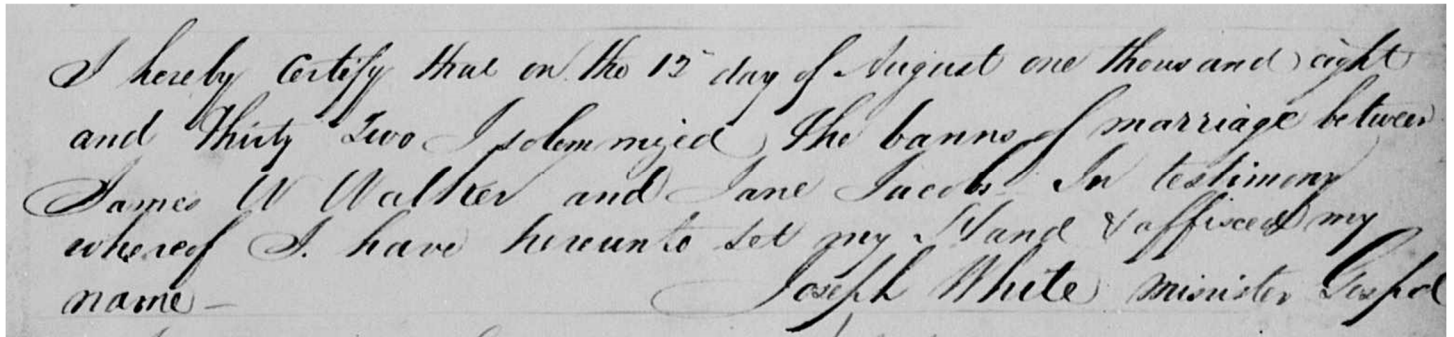
**State:** Indiana

**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 bonds 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

# Mary Pinchback Source Documents – First Families 2019 - Clark County

## 2b Census 1850 – James W Walker household.

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

11	111	James W Walker	46 M	Farmer	2400	Ind		
		Same	35 F			2120		
		Samuel D	14 F			"		10
		Caroline A	3 F			"		
		John Williams	32 M	Saloon		Free land		

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

Mary Pinchback Source Documents – First Families 2019 - Clark County

**3** Caroline Amanda Walker granddaughter of Mary, daughter of Jane  
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 of New Albany  
Town or 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	
<b>SEX</b> <u>Female</u>	<b>COLOR OR RACE</b> <u>White</u>	<b>Single, Married, Widowed or Divorced</b> <u>Widowed</u>	<b>DATE OF DEATH</b> <u>Dec 23</u> 19 <u>33</u> (Month) (Day) (Year)	<b>I HEREBY CERTIFY, That I attended deceased from</b> <u>      </u> 19 <u>      </u> to <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> <u>one yr</u> <u>      </u> Other contributory causes of importance: <u>      </u> <u>      </u>
<b>NAME OF HUSBAND OR WIFE</b> (of deceased) <u>Wm Bean</u>	<b>DATE OF BIRTH</b> (of deceased) <u>Jan 5</u> 18 <u>50</u>	<b>AGE</b> <u>83</u> yrs. <u>11</u> months <u>18</u> days If LESS than 1 day, <u>      </u> hrs or <u>      </u> min.	<b>TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.</b> <u>At Home</u>	
<b>INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.</b> <u>      </u>	<b>DATE DECEASED LAST WORKED AT THIS OCCUPATION</b> <u>      </u>	<b>TOTAL TIME (YEARS) SPENT</b> <u>      </u>	<b>BIRTHPLACE</b> (State or country) <u>Indiana</u>	
<b>FATHER'S NAME</b> <u>James Walker</u>	<b>FATHER'S BIRTHPLACE</b> (State or country) <u>Ohio</u>	<b>MOTHER'S NAME</b> <u>Jane Jacobs</u>	<b>MOTHER'S BIRTHPLACE</b> (State or country) <u>Indiana</u>	
<b>INFORMANT</b> (Address) <u>Mabel B. Sterrett</u> <u>Sellersburg, Inda</u>	<b>PLACE OF BURIAL OR REMOVAL</b> <u>Sellersburg, Inda</u> Date <u>1724</u> 19 <u>33</u>	<b>UNDERTAKER</b> <u>Edna W. Schaefer</u> ADDRESS <u>New Albany</u>	<b>WAS THE BODY EMBALMED?</b> <u>Yes</u> EMBALMER'S LICENSE No. <u>2550</u>	
<b>FILED</b> <u>Dec 24</u> 19 <u>33</u> <u>330 S. Main St.</u> <u>By Margaret R. Miller</u>	<b>SIGNATURE</b> <u>Wm. Williams</u> M. D. Dec <u>23</u> 19 <u>33</u> (Address) <u>New Albany</u>			

Mary Pinchback Source Documents – First Families 2019 - Clark County

4a Mabel Agnes Bean great granddaughter of Mary

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>7</i> Days <i>15</i> Hours <i>0</i> Min. <i>0</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>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17a. INFORMANT'S NAME <i>Mrs. John Myers</i>		17c. RELATIONSHIP TO DECEASED <i>Daughter</i>		
16. INFORMANT'S ADDRESS <i>1728 E. Elm St., New Albany, Ind.</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> DUE TO (b) <i>Myocardial Infarction, Anterior old</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). _____					INTERVAL BETWEEN ONSET AND DEATH <i>30-60 sec.</i> Years _____	
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 _____ a. m. _____ p. m. _____				
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>		25. FUNERAL DIRECTOR ADDRESS <i>Piedmont Funeral Home, New Albany, Ind.</i>				

EMBALMER'S NAME 1353  
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

**4b** 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 &amp; 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 Gospel</u>
11. His birthplace <u>Butler Co. Ohio</u>	11. His residence <u>Decatur, Ind.</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>Housewife</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

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

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.  
J. H. Brown

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

**5** Birth Certificate Robert E Sterrett Sr, great great grandson of Mary Pinchback

Proof mother is Mabel Bean, dob: Feb 21 1919?? Physician says 1912

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 Madison (No. 205 215)  
FULL NAME OF CHILD Robert Earnest Sterrett { Born Alive? Yes

If child is not named, make supplemental report.

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>	FATHER	Full Maiden Name <u>Mabel Bean</u>	MOTHER
Residence <u>205 West 15<sup>th</sup> St</u>	Age at last Birthday <u>28</u> (Years)	Residence <u>205 West 15<sup>th</sup> St</u>	Age at last Birthday <u>28</u> (Years)
Color or Race <u>White</u>	Birthplace <u>Rushville Ind</u>	Color or Race <u>White</u>	Birthplace <u>Sellersburg bluffs Co. Ind</u>
Occupation <u>Laborer</u>	Occupation <u>Housewife</u>		
Number of child of this mother <u>3<sup>rd</sup></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 16<sup>th</sup> St  
133 West 16<sup>th</sup> St, Marion, Ind

FEB 22 1912 - C. C. Woods HEALTH OFFICER

Mary Pinchback Source Documents – First Families 2019 - Clark County

6 Birth certificate Robert E Sterrett Jr. 3rd great grandson of Mary Pinchback

VOID IF ALTERED OR ERASED

CERTIFICATE OF BIRTH

**Floyd County Health Department**  
New Albany, Indiana

This Certifies, that according to the records of FLOYD COUNTY Health Department

Name: ROBERT ERNEST STERRETT JR GENDER: M

Was born in: FLOYD COUNTY, INDIANA on: JULY 27, 1942

Child of: ROBERT ERNEST AND IOLA STERRETT

Birthplace of Father: INDIANA Birthplace of Mother: INDIANA

Recorded Locally: CERT # 0206, BOOK CH20, PAGE 0016 Date filed: AUGUST 4, 1942

Date issued: NOVEMBER 21, 2007

1102590

**WARNING:** ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.

*Th. H. M.*  
County Health Officer

STATE OF INDIANA

VOID IF ALTERED OR ERASED

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