

Lamb, Charles N 1858 - 1939

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		1763
1. PLACE OF DEATH County <u>Kenton</u>		Registration District No. <u>791</u>		File No. _____
Vot. Pot. <u>Whitewater</u>		Primary Registration District No. <u>6277</u>		Registered No. _____
Ino. Town _____		City _____ (No. _____ St. _____ Ward _____)		
2. FULL NAME <u>Charles N. Lamb</u> (If death occurred in a hospital or institution, give its NAME instead of street and number)				
(a) Residence, No. <u>Independence</u> St. _____ Ward _____ (Usual place of abode)		(If nonresident, give city or town and State)		
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>January 8</u> , 19 <u>39</u>
5a. If married, widowed, or divorced HUSBAND or (w) WIFE of <u>Maggie Rees Lamb</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 28</u> , 19 <u>38</u> to <u>Jan 8</u> , 19 <u>39</u> . I last saw him alive on <u>Jan 8</u> , 19 <u>39</u> , death is said to have occurred on the date stated above, at <u>8</u> A.M. The principal cause of death and related causes of importance in order of onset were as follows:
6. DATE OF BIRTH <u>November 19 1858</u>		7. AGE Years <u>80</u> Months <u>1</u> Days <u>20</u> If LESS than 1 day.....hrs. or.....min.		<u>Raynaud's Disease</u> <u>48</u> Date of onset <u>Dec 1938</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, Sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Retired</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE <u>Kenton Co. Ky</u>				
FATHER	13. NAME <u>Michael Lamb</u>		Name of operation <u>None</u> Date of _____	
	14. BIRTHPLACE <u>Maryland</u>		What test confirmed diagnosis? Was there an autopsy? <u>ND</u>	
MOTHER	15. MAIDEN NAME <u>Angeline Banister</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____	
	16. BIRTHPLACE <u>Kenton Co. Ky</u>		Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>Stella Richardson</u> (Address) <u>Rte 1, Morningview Ky</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Independence Ky</u> Date <u>January 11, 1939</u>				
19. UNDERTAKER <u>J. M. Swindler</u> (Address) <u>Covington, Ky.</u>				
20. FILED <u>JAN 12 1939</u> Registrar <u>Paul C. Williams</u>				
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____				7263
(Signed) <u>Chas. W. Petty</u> , M. D.				
(Address) <u>Independence, Ky.</u>				