

Lamb, Margaret Ann Reese 1860 - 1942

Form V. S. 1-A DEPARTMENT OF COMMERCE Bureau of the Census		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		State File No. _____
Registration District No. <u>790</u>		Primary Registration District No. <u>6271</u>		Registrar's No. <u>1809</u>
<b>1. PLACE OF DEATH:</b> (a) County <u>Kenton</u> (b) City or town <u>Rural - Morningview</u> (c) Name of hospital or institution <u>R#1</u> (d) Length of stay: In hospital or community _____ (years, months or days)		<b>2. USUAL RESIDENCE OF DECEASED:</b> (a) State <u>Kentucky</u> (b) County <u>Kenton</u> (c) City or town <u>Rural Morningview</u> (d) Street No. <u>R#1</u> (e) If foreign born, how long in U. S. A. ? _____ years		
3(a) FULL NAME <u>Margaret Rees Lamb</u>		20. DATE OF DEATH <u>December 30, 1942.</u>		
3(b) If veteran, Name war _____ No. _____		21. I hereby certify that I attended the deceased from <u>Jan 16, 1942</u> to <u>December 30, 1942</u> that I last saw him alive on <u>December 9, 1942</u> and that death occurred on the date stated above at <u>1: P.M.</u> M.		
4. Sex <u>Female</u> 5. Color <u>White</u> 6(a) Single, widowed, married, divorced <u>Widow</u>		Immediate cause of death <u>Alum's Schrod's</u> DURATION _____		
6(b) Name of husband or wife <u>Charles N. Lamb</u>		Due to _____		
6(c) Age of husband or wife if alive _____ Years		Other conditions _____ (Include pregnancy within 3 months of death)		
7. Birth date of deceased <u>July 24, 1859</u> (Month) (Day) (Year)		Major findings: Of operations <u>77</u>		
8. AGE: <u>83</u> Years <u>3</u> Months <u>6</u> Days If less than one day hr. _____ min.		Of autopsy _____		
9. Birthplace <u>Campbell Co., Ky.</u>		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? _____ (Specify type of place)		
10. Usual occupation <u>None</u>		While at work? _____ (a) Mechanical injury _____		
11. Industry or business _____		25. Signature <u>Chas. M. Petty, M.D.</u> Address <u>Independence, Ky.</u> Date signed <u>Dec 30, 1942</u>		
FATHER { 12. Name <u>William H. Rees</u> 13. Birthplace <u>Maryland</u>				
MOTHER { 14. Maiden name <u>Anna Culbertson</u> 15. Birthplace <u>Kenton Co., Ky.</u>				
16(a) Informant's own signature <u>Mrs. Stella Richardson</u>				
(b) Address <u>Morningview, Ky.</u>				
17. BURIAL, CREMATION, OR REMOVAL Place <u>Independence, Ky.</u> Date <u>Jan-2-1943</u>				
18(a) Signature of funeral director <u>T. M. Swindler</u>				
(b) Address <u>Covington, Ky.</u>				
19(a) <u>DEC 31 1942</u> (Date received by local registrar)				
(b) <u>Paul C. Williamson</u> (Registrar's Signature)				