

Lamb, William Courtney 1887 - 1939

**24411**

Form V. R. 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. 244  
Registrar's No. 244

Health District No. 365 Primary Registration District No. 2120

**1. PLACE OF DEATH:**  
(a) County CLACK  
(b) City or town CLACK  
(c) Name of hospital or institution CLACK COUNTY HOSPITAL  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State VA (b) County CLACK  
(c) City or town CLACK  
(If outside city or town limits, write RURAL)  
(d) Street No. CLACK COUNTY HOSPITAL  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME W. Courtney Lamb  
(b) If veteran, Name war No. (c) Social Security No. 111

4. Sex Male 5. Color or race White 6. Marital status Single  
7. Birth date of deceased (Month) Jan (Day) 1 (Year) 1887  
8. AGE: Years 51 Months 0 Days 0 If less than one day, in min.

9. Birthplace Gambrell County, Ky  
10. Usual occupation Farmer  
11. Industry or business

**FATHER:**  
12. Name Clara Lamb  
13. Birthplace Benton County, Ky

**MOTHER:**  
14. Maiden name Woods  
15. Birthplace Dont, Mo

16(a) Informant's own signature Jesse B. Smith  
(b) Address Clack, Ky

17. BURIAL, CREMATION, OR REMOVAL  
Place CLACK COUNTY HOSPITAL Date Oct 30-1939

18(a) Signature of funeral director Wm. H. H. H. H.  
(b) Address Winchester, Ky  
19(a) 10/28/39 (Date received by local registrar) (b) Wm. H. H. H. H. (Registrar's Signature)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Oct 22 1939  
21. I hereby certify that I attended the deceased from Oct 22 1939 to Oct 27 1939, that I last saw him alive on Oct 27 1939, and that death occurred on the date stated above at 2 P. M.  
Immediate cause of death Gas trinitrus infection DURATION 3 days  
Due to Lacerated wound of left arm.  
Other conditions 2/10/11  
(Include pregnancy within 3 months of death)

22. If death was due to external causes, fill in the following:  
(a) Accidental, suicide, or homicide (specify) Accidental  
(b) Date of occurrence Oct. 22, 1939  
(c) Where did injury occur? In or about home, on farm, in industrial place, or in public place? Car accident - Powers Co, Ky.  
(Specify type of place)  
While at work? (a) Means of injury Car overturned

23. Signature H. P. Henry 4824  
Address Winchester, Ky (M. D. or other)  
Date signed 10-29-39