21804 **CERTIFIED COPY** 2982

OREGON STATE BOARD OF HEALTH
VITAL STATISTICS SECTION

VOL. M68 PAGE

STATE OF OREGON 1859

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Oregon State Board of Health
Division of Vital Statistics

9407
Standard Certificate of Death
STATE OF OREGON

State File No. 6308
Local Registrar's No. 200

39-46571 SEP 22 1947

1. PLACE OF DEATH:
(a) County KLAMATH
(b) City or town KLAMATH FALLS (If outside city or town limits write RURAL)
(c) Name of hospital or institution: 2110 Reclamation (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 10 yrs. In state 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State OREGON (b) County KLAMATH
(c) City or town Klamath Falls (If outside city or town limits write RURAL)
(d) Street No. 2110 Reclamation (If rural give location)
(e) If foreign born, how long in U. S. A.? years 54A

3. (a) FULL NAME ARTHUR McLEAN GIBSON
3. (b) If veteran, name war
3. (c) Social Security No. 566-14-2620
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Mrs. Claire Gibson
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased June 22, 1900 (Month) (Day) (Year)
8. Age: Years 47 Months 2 Days 13 If less than one day hr. min.
9. Birthplace Ashville No. Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Grocer (retired)
11. Industry or business Community Grocery
Father: 12. Name Thomas Gibson
13. Birthplace NO. Carolina (City, town, or county) (State or foreign country)
Mother: 14. Maiden name Ida McLean
15. Birthplace No. Carolina (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Claire B. Gibson
(b) Address Klamath Falls, Oregon.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Klam. Mem. Park
18. (a) Signature of funeral director Earl Whitlock
(b) Address Klamath Falls, Oregon.
19. (a) 9-6-47 (Date received local registrar) (b) Jane Bowers (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Sept. day 4th. year 1947 hour 1:05 A.M. minute
21. I hereby certify that I attended the deceased from 19 47 to Sept. 4, 19 47; that I last saw him alive on Sept. 3, 19 47; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary edema	12 hrs.
Due to Brain tumor	5-6 mos.
Due to ? Cancerous	

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Brain tumor
Of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? Means of injury
23. Signature R. H. Engelcke (M. D. or other) M.D.
Address Klam. Falls, Oreg. Date signed 9/5/47

VOID IF UNAUTHORIZED CHANGES ARE MADE ON COPY

STATE OF OREGON }
County of Multnomah } ss.

DATE ISSUED APR 12 1968

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Board of Health and in my official care and custody.

[signature]
STATE REGISTRAR

VS-112 Rev. 2-2-67

STATE OF OREGON } ss
County of Klamath }
Filed for record at request of

on this 17 day of April A.D. 19 68
at 10:00 o'clock A. M., and duly
recorded in Vol. M-68 of Deeds
Page 2982
DOROTHY ROGERS, County Clerk
By [signature] Deputy

Fee 1.50

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