LOCAL REGISTRAR'S NUMBER 30071 60-6

STANDARD CERTIFICATE OF DEATH

STATE OF OREGON
BOARD OF HEALTH – PORTLAND
PUBLIC HEALTH SERVICE

STATE FILE NO. 11478

DATE RECEIVED OCT 5 '60

1. NAME OF DECEASED (Type or print all entries in black ink) — First: Thomas — Middle: — — Last: Carson

2. PLACE OF DEATH
A. COUNTY Klamath
B. CITY, TOWN, OR LOCATION Klamath Falls
C. LENGTH OF STAY IN 2B 15 yrs
D. NAME OF HOSPITAL OR INSTITUTION Hillside Hospital

3. USUAL RESIDENCE (If institution, give residence before admission)
A. STATE Oregon
B. COUNTY Klamath
C. CITY, TOWN OR LOCATION Klamath Falls 401
D. STREET ADDRESS, RURAL ROUTE, ETC. 914 Owens st.

4. DATE OF DEATH February 23, 1960
5. SEX Male
6. COLOR OR RACE White
7. MARITAL STATUS [X] Married [ ] Widowed [ ] Divorced [ ] Never Married
8. SOCIAL SECURITY NO. 549-16-3160
9. USUAL OCCUPATION (Kind of work done during most of life) rancher
10. KIND OF BUSINESS OR INDUSTRY own ranch
11. NAME OF SPOUSE Anne Carson
12. DATE OF BIRTH April 6, 1901
13. AGE LAST BIRTHDAY 58 Yrs.
14. BIRTHPLACE (State or Foreign Country) California
15. WAS DECEASED A CITIZEN OF [X] U.S. [ ] Foreign Country
16. IF DECEASED WAS A VETERAN, WHAT WAR? no
17. NAME OF FATHER Alfred Carson
18. MAIDEN NAME OF MOTHER Martha Jane Smith
19. INFORMANT'S NAME AND RELATIONSHIP TO DECEASED Anne Carson, wife

MEDICAL CERTIFICATION

20. CAUSE OF DEATH (Enter only one cause per line in (A), (B), and (C).)
PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): Carcinoma of lung — Interval between onset and death: 6 mo
DUE TO (B):
DUE TO (C):
PART II: Other significant conditions contributing to death but not related to the terminal disease or condition given in Part I (A): Arthritis
21. If deceased was female, was there a pregnancy in the past 12 months? [ ] Yes [ ] No [ ] Unknown
22. Was an autopsy performed? [X] Yes [ ] No
23. WAS DEATH RESULT OF [ ] Accident [ ] Suicide [ ] Homicide
24. IF ACCIDENT, DID INJURY OCCUR [ ] At Work [ ] Not At Work
25A. PLACE OF INJURY
25B. City County State
26. TIME OF INJURY
27. DESCRIBE HOW INJURY OCCURRED.
28. CERTIFICATE: I certify that I (attended) (investigated) the death of the deceased from or on Jan 5 '60 to Feb 23 '60 and that the death occurred at 12:50 P.M. from the causes and on the date stated above. Raymond [illegible] M.D. K Falls [illegible]
29. RESERVED FOR REGISTRAR'S USE 163X
30A. DECEASED WILL BE [X] Buried [ ] Cremated [ ] Removed [ ] Other
30B. DATE 2/25/60
30C. NAME OF CREMATORY OR CEMETERY Klamath Mem. Park
30D. LOCATION Klamath Falls, Ore.
31. DATE RECEIVED BY LOCAL REGISTRAR
32. REGISTRAR'S SIGNATURE Marion M. Morton
33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [signature] Klamath Falls, Ore.

CERTIFIED COPY

STATE OF OREGON)
County of Multnomah) ss

ISSUED MAY 4 1961

THIS IS TO CERTIFY THAT THIS IS A REPRODUCTION OF THE ORIGINAL RECORD ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE BOARD OF HEALTH.

Marion M. Morton

STATE REGISTRAR

By Direction of
RICHARD H. WILCOX, M.D.
State Health Officer

STATE OF OREGON,
County of Klamath
Filed for record at request of
Anne M. Carson
on this 11th day of March A.D. 1969
at 11:14 o'clock A. M., and duly
recorded in Vol. M-69 of Deeds
Page 1764
WM. D. MILNE, County Clerk
By Donna [illegible] Deputy
Fee $1.50