APR 20 2 26 PM 1970 46375 STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

VOL M70 PAGE 3098

130
Local File Number

CERTIFICATE OF DEATH

State File Number

DECEASED

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

1. DECEASED—NAME (First / Middle / Last)	GIDION	ARTER	REED	PEARCE	
2. DATE OF DEATH (month, day, year)	April 14, 1970				
3. RACE White, Negro, American Indian, etc. (specify)	White				
4. SEX	Male				
5a. AGE—Last birthday (years)	77				
5b. Under 1 year: mos. / days					
5c. Under 1 day: hours / min.					
6. DATE OF BIRTH (month, day, year)	Jan. 14, 1893				
7a. COUNTY OF DEATH	Klamath				
7b. CITY, TOWN, OR LOCATION OF DEATH	Klamath Falls				
7c. Inside City Limits (specify yes or no)	Yes				
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number)	Pres. Intercommunity Hospital				
8. STATE OF BIRTH (If not in U.S.A., name country)	Texas				
9. CITIZEN OF WHAT COUNTRY	U.S.A.				
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)	Married				
11. NAME OF SPOUSE	Esthur E. Pearce (Wife)				
12. SOCIAL SECURITY NUMBER	512-09-4588				
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired)	Ret.- Watchman				
13b. KIND OF BUSINESS OR INDUSTRY	Saw Mill				
14a. RESIDENCE—STATE	Oregon				
14b. COUNTY	Klamath				
14c. CITY, TOWN, OR LOCATION	Klamath Falls				
14d. Inside City Limits (specify yes or no)	No				
14e. STREET AND NUMBER OR R.F.D.	1619 Derby				
15. FATHER—NAME (first middle last)	William Benjamin Pearce				
16. MOTHER—Maiden Name (first middle last)	Nancy — Pierce				
17. INFORMANT—NAME and relationship to deceased	Berdene Tuter (Daughter)				

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)) — approximate interval between onset and death

18. immediate cause	Cardiac Arrest	5 min.
(a) due to, or as a consequence of:	Arteriosclerotic heart disease	5 yrs.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last — (b) due to, or as a consequence of:	Emphysema	5 yrs.
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

AUTOPSY (yes or no) 19a.	No	
IF YES were findings considered in determining cause of death 19b.		

ACCIDENT (specify yes or no) 20a.	DATE OF INJURY (month, day, year) 20b.	HOUR 20c.	HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18) 20d.	
INJURY AT WORK (specify yes or no) 20e.	PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify) 20f.	LOCATION (street or R.F.D. No., city or town, county, state) 20g.		

CERTIFIER

CERTIFICATION—PHYSICIAN: I attended the deceased from: 21.	month day year: May 11 1955	TO: month day year: April 14 1970	And Last Saw Him/Her Alive on: month day year: April 14 1970	Did/Did Not view the body after death (specify): did not
DEATH OCCURRED (hour): 1:55 p M.	at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.			

PHYSICIAN—SIGNATURE 22a.	John D. Merryman M.D.	NAME (type or print) 22b. John D. Merryman degree or Title M.D.	DATE SIGNED (month, day, year) 22c. April 15, 1970
MAILING ADDRESS—PHYSICIAN 23.	303 Pine Street (street)	Klamath Falls (city or town)	Oregon (state) 97601 (zip)

BURIAL

BURIAL, CREMATION, REMOVAL, MAUS. (specify) 24a.	Burial	CEMETERY OR CREMATORY—NAME 24b. Eternal Hills Mem. Gar.	LOCATION city or town, state 24c. Klamath Falls, Oregon	DATE (mo., day, year) 24d. April 16, 1970
FUNERAL DIRECTOR—SIGNATURE 25a.	A. W. Ward	FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip) 25b.	Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601	
REGISTRAR—SIGNATURE 26a.	Marian Ackerman	DATE RECEIVED BY LOCAL REGISTRAR 26b. APR 15 1970	DATE RECEIVED BY STATE REGISTRAR 27.	

RESERVED FOR REGISTRAR'S USE 28.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Esther E. Pearce

this 20th day of April A. D., 1970 at 2:20 o'clock P M., and duly recorded in Vol. M70, of Deeds on Page 3098

WM. D. MILNE, County Clerk

fee $1.50 By Phyllis Luttrell

STATE OF OREGON
County of Klamath } ss.

I, NEIL BLACK, M.D., Registrar Vital Statistics of the County of Klamath, State of Oregon, do hereby certify that the foregoing is a correct and complete transcript of this certificate of death on file with the Klamath County Department of Health.

(SEAL)

By _____, Deputy Registrar
Date APR 16 1970 19____

VOID IF ALTERED