

63435

STATE OF OREGON—STATE BOARD OF HEALTH

Vital Statistics Section

## CERTIFICATE OF DEATH

Vol. 27 Page 4310

Local File Number 138

State File Number

## DECEASED

Usual residence where deceased lived, if death occurred in institution, or before admission.

1. DECEASED—NAME First Ernest Middle F. Last Gordon		2. DATE OF DEATH (month, day, year) April 14, 1972	
3. RACE White	4. SEX Male	5. AGE—Last birthday (years) 41	6. DATE OF BIRTH (month, day, year) August 9, 1930
7. COUNTY OF DEATH Klamath	8. CITY, TOWN, OR LOCATION OF DEATH Klamath Falls	9. INSIDE CITY LIMITS (specify yes or no) Yes	10. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number) Pies. Intercomm. Hospt.
11. STATE OF BIRTH Klamath	12. CITIZEN OF WHAT COUNTRY U.S.A.	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	14. NAME OF SPOUSE Beryl M. Gordon
15. SOCIAL SECURITY NUMBER 12 541-28-3024	16. USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Attorney at Law (Self Emp.)	17. KIND OF BUSINESS OR INDUSTRY Legal	18. STREET AND NUMBER OR R.F.D. 1811 Calhoun St.
19. RESIDENCE—STATE Oregon	20. CITY, TOWN, OR LOCATION Klamath Falls	21. INSIDE CITY LIMITS (specify yes or no) Yes	22. DECEASED'S NAME AND RELATIONSHIP TO DECEASED Charles Gordon, wife
23. FATHER—NAME Charles Gordon	24. MOTHER—NAME Edith (Unknown)	25. INFORMANT—NAME and relationship to deceased Beryl M. Gordon	26. DECEASED'S NAME and relationship to deceased Charles Gordon, wife

19. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

(a) Immediate cause  
PULMONARY EMBOLI

(b) Due to, or as a consequence of:  
BRAIN TUMOR

(c) Conditions, if any, which contributed to the death, but not related to cause given in Part I (a), (b), or (c):  
NONE

## CAUSE

27. APPROX. 1 DAY

28. AT LEAST 3 MTS

29. ACCIDENT (specify yes or no)  
NO

30. DATE OF INJURY (month, day, year)  
MAY 14 1972

31. HOUR  
M

32. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18)  
NONE

33. PLACE OF INJURY (at home, farm, street, factory, office bldg., etc. (specify))  
NONE

34. LOCATION (street or R.F.D. No., city or town, county, state)  
NONE

## CERTIFIER

35. CERTIFICATION—month day year  
MAY 14 1972

36. PHYSICIAN'S SIGNATURE  
Thomas Klump

37. NAME (type or print)  
Thomas Klump

38. DEGREE OR TITLE  
M.D.

39. DATE SIGNED (month, day, year)  
APRIL 17 1972

40. MAINING ADDRESS—PHYSICIAN  
Medical Dental Bldg., Klamath Falls, Oregon 97601

## BURIAL

41. BURIAL, CREMATION, REMOVAL, etc. (specify)  
Cremation

42. CEMETERY OR CREMATORY—NAME  
Ashland Crematory

43. LOCATION  
Ashland, Oregon

44. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip)  
D'Hair's Funeral Chapel, 515 Pine, Klamath Falls, Ore. 97601

45. REGISTAR'S SIGNATURE  
APRIL 17 1972

46. DATE RECEIVED BY LOCAL REGISTAR

47. DATE RECEIVED BY STATE REGISTAR

VS.2 B-69

STATE OF OREGON  
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

NEIL BLACK, M.D., Registrar Vital Statistics

By Deputy Registrar Deputy Registrar  
Date APR 17 1972 19

VOID IF ALTERED

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GANONE GORDON & SISEMOREthis 24th day of APRIL A. D., 1972, at 12:50 o'clock PM, and duly recorded inVol. M 72, of DEEDS on Page 4310

Free \$2.00

WM. D. MILNE, County Clerk

By Hazel Dragan