

~~CONFIDENTIAL~~

CENTRAL INTELLIGENCE AGENCY
WASHINGTON 25, D. C.

The Director
Federal Bureau of Investigation
Tenth & Pennsylvania Ave., N. W.
Washington 25, D. C.

26 January 1950

Attention: Mr. Christopher Callan

Re: Request for Investigation

Dear Sir:

It is requested that an investigation of the following named person be conducted in order to determine loyalty, character, discretion, trustworthiness, financial habits, foreign connections, and general suitability for Government employment:

<u>Name</u>	<u>Reference</u>
GIBSON, Br. Frank Eugene, Jr.	

(b)(3)

The above-named person:

- (X) Is an applicant for employment.
- () Was employed _____ and has no access to classified information.
- () Was employed _____ on unclassified duties in cover status.
- () Has been a full employee of this Agency since _____.
- () Will be (Was) employed under cover designation (on _____).

No CIA interest should be indicated during the investigation. Such portion of the completed investigation report as may indicate CIA connection should, under no circumstances, be disclosed to a third party without the prior approval of this Agency. Likewise, administrative detail, in connection with this investigation, should be so handled as to afford maintenance of the necessary cover.

Remarks: Name check has been initiated with your Bureau, Army, Navy, AFI, State, CSC and HCUA and will be completed by this office.

Handwritten notes:
ENC-1
111
118-6300-1
JAN 27 1950
SIX

Handwritten: JAN 29
RECORDED

118-6300-1
JAN 27 1950
SIX

FOR THE CHIEF OF INSPECTION AND SECURITY STAFF

(b)(3)
(b)(6)

Enc. - 1 PHS

Chief, Personnel Security ~~Division~~
Branch

Form No. 38-103
Feb 1949
R-226
APR 25 1950

~~CONFIDENTIAL~~

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PERSONAL HISTORY STATEMENT

- Instructions:
1. Answer all questions completely. If question does not apply write "not applicable." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
 2. Type, print or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? _____
 Yes or No

SEC. 1. PERSONAL BACKGROUND

Telephone: _____
 Office: Metropolitan 0788
 Home: Oliver 3232

A. FULL NAME ^{Dr.} Frank Eugene Gibson, Jr. Ext. _____
 (Use No Initials) ^{Miss} Mr. Frank ^{Mrs.} Eugene Gibson, Jr. ^{First} Frank ^{Middle} Eugene ^{Last} Gibson

PRESENT ADDRESS 5605 Audubon Road, Bethesda 14 Md USA
 WFO St. & No. City State Country

PERMANENT ADDRESS 5605 Audubon Road, Bethesda 14 Md USA
 St. & No. City State Country

B. NICKNAME None WHAT OTHER NAMES HAVE YOU USED? None

_____ UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? _____

HOW LONG? _____ IF A LEGAL CHANGE, GIVE PARTICULARS _____

WFO C. DATE OF BIRTH July 13, 1915 PLACE OF BIRTH Washington D.C. USA
 Where? By What Authority City State Country

D. PRESENT CITIZENSHIP USA BY BIRTH? yes BY MARRIAGE? _____
 Country

BY NATURALIZATION CERTIFICATE # _____ ISSUED _____ BY _____
 Date Court

AT _____
 City State Country

HAVE YOU HAD A PREVIOUS NATIONALITY? No
 Yes or No Country

HELD BETWEEN WHAT DATES? _____ TO _____ ANY OTHER NATIONALITY? _____
 Country

GIVE PARTICULARS _____

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? _____ GIVE PARTICULARS: _____

ENCLOSURE 118-6300-1

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E. IF BORN OUTSIDE U.S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? Not applicable

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U.S. VISA _____
Number Type Place of Issue Date of Issue

SEC. 2. PHYSICAL DESCRIPTION

AGE 34 SEX Male HEIGHT 5' 10 1/2" WEIGHT 160

EYES Brown HAIR Brown COMPLEXION Medium SCARS Appendectomy

BUILD Medium OTHER DISTINGUISHING FEATURES Small mole near left nostril

SEC. 3. MARITAL STATUS

A. SINGLE Yes MARRIED _____ DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

Not applicable

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE — INCLUDE ANNULMENTS — USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE Not applicable
First Middle Maiden Last

PLACE AND DATE OF MARRIAGE _____

HIS (OR HER) ADDRESS BEFORE MARRIAGE _____
St. & No. City State Country

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____
City State Country

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
Date Date

COUNTRY _____ DETAILS OF OTHER GOV'T. SERVICE, U.S. OR FOREIGN _____

(b)(6)

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents)

1. NAME Frank E. Gibson Sr. RELATIONSHIP Father AGE 76
 CITIZENSHIP USA ADDRESS [redacted]
 2. NAME Mrs. Frances M. Gibson RELATIONSHIP Mother AGE 56
 CITIZENSHIP USA ADDRESS [redacted]
 3. NAME _____ RELATIONSHIP _____ AGE _____ (b)(6)
 CITIZENSHIP _____ ADDRESS _____

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

WFO

FULL NAME Frank Eugene Gibson Sr. (b)(6)
 LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____
 PRESENT, OR, LAST, ADDRESS [redacted]
 DATE OF BIRTH Nov. 16, 1873 PLACE OF BIRTH Washington D.C. USA
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____
 CITIZENSHIP USA WHEN ACQUIRED? Born WHERE? _____
 OCCUPATION Retired LAST EMPLOYER Self; private practice medicine
 EMPLOYER'S OR OWN BUSINESS ADDRESS _____
 MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____
 COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN.
None

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

WFO

FULL NAME Frances Margaret Gibson
 LIVING OR DECEASED Living DATE OF DECEASE _____ CAUSE _____ (b)(6)
 PRESENT, OR, LAST, ADDRESS [redacted]
 DATE OF BIRTH Oct 1, 1893 PLACE OF BIRTH Washington D.C. USA
 CITIZENSHIP USA WHEN ACQUIRED? Born WHERE? _____
 IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

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OCCUPATION None LAST EMPLOYER Not applicable

EMPLOYER'S OR OWN BUSINESS ADDRESS _____
St. & No. City State Country

MILITARY SERVICE FROM _____ TO _____ BRANCH OF SERVICE _____

COUNTRY _____ DETAILS OF OTHER GOV'T SERVICE, U.S. OR FOREIGN. _____

SEC. 7. BROTHERS AND SISTERS (Including half-, step-, and adopted brothers and sisters)

None. Not applicable

1. FULL NAME _____ AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

2. FULL NAME _____ AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

3. FULL NAME _____ AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

4. FULL NAME _____ AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

5. FULL NAME _____ AGE _____
First Middle Last

PRESENT ADDRESS _____
St. & No. City State Country Citizenship

SEC. 8. FATHER-IN-LAW

Not applicable

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

SEC. 9. MOTHER-IN-LAW

Not applicable

FULL NAME _____
First Middle Last

LIVING OR DECEASED _____ DATE OF DECEASE _____ CAUSE _____

PRESENT, OR LAST, ADDRESS _____
St. & No. City State Country

DATE OF BIRTH _____ PLACE OF BIRTH _____

IF BORN OUTSIDE U.S. INDICATE DATE AND PLACE OF ENTRY _____

CITIZENSHIP _____ WHEN ACQUIRED? _____ WHERE? _____
City State Country

OCCUPATION _____ LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES: *None. Not applicable*

1. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

2. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

3. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____
St. & No. City State Country

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U.S. OR OF A FOREIGN GOVERNMENT. *None. Not applicable*

1. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

2. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

3. NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS _____
St. & No. City State

TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

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SEC. 12. EDUCATION

WFO {

ELEMENTARY SCHOOL Franklin Thompson ADDRESS Washington D.C. USA
City State Country

DATES ATTENDED 1921-1926 GRADUATE? yes

HIGH SCHOOL Columbia Jr. High ADDRESS Washington D.C. USA
City State Country

DATES ATTENDED Jr. High 1926-1928 GRADUATE? yes
High 1929-1932

COLLEGE George Washington Univ. ADDRESS Washington DC USA
City State Country

DATES ATTENDED 1932-1934 DEGREE Pre-medical Jr. College

COLLEGE George Washington Univ. Medical School ADDRESS Washington DC USA
City State Country

DATES ATTENDED 1935-1939 DEGREE M.D.

SEC. 13. MILITARY, NAVAL OR OTHER GOV'T SERVICE — U.S. OR FOREIGN

WFO

U.S.A. Army Medical Corps-Lt. Col Nov 20 1940
Country Service Rank Dates of Service

Jan 10 1946

HQ 331st Bomb Group Guam O-399951 Honorable
Last Station Serial No. Type of Discharge

REMARKS: Have remained in inactive reserve; transferred to
U.S. Air Force Reserve Oct 21 1949

SELECTIVE SERVICE BOARD NUMBER _____ ADDRESS _____

IF DEFERRED GIVE REASON _____

INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS Active duty U.S.
Army Reserve 11-20-40 to 1-10-46; inactive to present;
transferred to Air Force Reserve 10-21-49

SEC. 14. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST.

1. FROM Oct 31 1945 TO Present
- EMPLOYING FIRM OR AGENCY (b)(6)
- ADDRESS 1835 Eye St. N.W. Washington D.C. USA
St. & No. City State Country
- KIND OF BUSINESS Private practice NAME OF SUPERVISOR _____
medicine
- TITLE OF JOB Physician SALARY \$ 9039 PER yr.
Drawing account, bonus, dividends
- YOUR DUTIES Examination, diagnosis and treatment of patients
- REASONS FOR LEAVING Greater interest in type of position
under consideration
2. FROM Nov 20 1940 TO Jan 10 1946 (Terminal leave
Oct 28 1945 to Jan 10, 1946)
- EMPLOYING FIRM OR AGENCY U.S. Army

WFO

ADDRESS Various U.S. Army Stations U.S.A. and Guam
St. & No. City State Country

KIND OF BUSINESS Medicine NAME OF SUPERVISOR Military Superiors

TITLE OF JOB Medical Officer; Flight Surgeon SALARY \$ 3000.00 to 6000.00 PER yr.

YOUR DUTIES Examination, diagnosis and treatment of military personnel; supervision of health and sanitation; administration

REASONS FOR LEAVING "Release essential to national health, safety & interest - S.O. 200 par 114 G.M.P.C. 21 Oct 45"

3. FROM July 1 1940 TO Nov 19 1940

EMPLOYING FIRM OR AGENCY Doctors Hospital (b)(6)

ADDRESS 1815 Eye St. N.W. Washington D.C. USA
St. & No. City State

KIND OF BUSINESS Medicine NAME OF SUPERVISOR

TITLE OF JOB Assistant Medical Resident SALARY \$ — PER —

YOUR DUTIES Training in diagnosis and treatment of patients on medical service

REASONS FOR LEAVING Ordered to active duty U.S. Army

WFO

4. FROM July 1 1939 TO June 30 1940 (b)(6)

EMPLOYING FIRM OR AGENCY Garfield Hospital

ADDRESS Washington D.C. U.S.A.
St. & No. City State

KIND OF BUSINESS Medicine NAME OF SUPERVISOR

TITLE OF JOB Interne SALARY \$ — PER —

YOUR DUTIES Training in diagnosis and treatment of patients in all branches of medicine

REASONS FOR LEAVING Completion of one year contract

WFO

5. FROM _____ TO _____

EMPLOYING FIRM OR AGENCY (Student prior to July 1939)

ADDRESS _____
St. & No. City State Country

KIND OF BUSINESS _____ NAME OF SUPERVISOR _____

TITLE OF JOB _____ SALARY \$ _____ PER _____

YOUR DUTIES _____

REASONS FOR LEAVING _____

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SEC. 15. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 16. GIVE FIVE CHARACTER REFERENCES — IN THE U.S. — WHO KNOW YOU INTIMATELY — (GIVE RESIDENCE AND BUSINESS ADDRESSES WHERE POSSIBLE.)

WFO

(b)(6)

SEC. 17. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES — NOT REFERENCES, SUPERVISORS OR EMPLOYERS — (Give residence and business addresses where possible.)

Street and Number City State

WFO

(b)(6)

11/12

SEC. 18. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U.S. — (Give residence and business addresses where possible.)

(b)(6)

WFO

SEC. 19. FINANCIAL BACKGROUND

A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? No IF NOT, STATE SOURCES OF OTHER INCOME Dividends National Permanent Bldg Ass'n.

B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS Bank of Bethesda, Bethesda, Md; National Permanent Bldg Ass'n 719 10th St NW

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No Wash D.C.
GIVE PARTICULARS, INCLUDING COURT: —

D. GIVE THREE CREDIT REFERENCES — IN THE U.S.

- 1. NAME Woodward and Lothrop ADDRESS 11th & F Sts NW Washington DC
St. & No. City State
- 2. NAME Hechts ADDRESS 7th & F Sts NW Washington DC
St. & No. City State
- 3. NAME Kanns ADDRESS 7th & D Sts NW Washington DC
St. & No. City State

SEC. 20. RESIDENCES FOR THE PAST 15 YEARS

- WFO {
- FROM Birth TO July 1947 927 Eye St. N.W. Washington D.C. USA
St. No. City State Country
 - FROM July 1947 TO July 1949 4225 S. FOUR MILE RUN DRIVE Arlington Virginia USA
St. No. City State Country
 - FROM July 1949 TO Present 5605 Audubon Rd. Bethesda Md USA
St. No. City State Country
 - FROM _____ TO _____
St. No. City State Country
 - FROM _____ TO _____
St. No. City State Country
 - FROM _____ TO _____
St. No. City State Country
 - FROM _____ TO _____
St. No. City State Country
 - FROM _____ TO _____
St. No. City State Country

SEC. 21. RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES Switzerland & France

- A. FROM July 1930 TO Aug 1930 England, Holland, Belgium, Germany - TOURIST
City or Section Country Purpose
- FROM (one week) TO Aug 1937 Quebec & Montreal Canada Tourist
City or Section Country Purpose
- FROM (one week) TO Oct 1947 Mexico City Mexico Tourist
City or Section Country Purpose

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FROM _____ TO _____
 City or Section Country Purpose

FROM _____ TO _____
 City or Section Country Purpose

FROM _____ TO _____
 City or Section Country Purpose

B. LAST U.S. PASSPORT—NUMBER, DATE, AND PLACE OF ISSUE: No.

March 20 1930 Washington D.C.

HOW MANY OTHER U.S. PASSPORTS HAVE YOU HAD? None GIVE APPROXIMATE

DATES: _____

PASSPORTS OF OTHER NATIONS: None

(b)(6)

SEC. 22. CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. Phi Chi Medical Fraternity - Phi Chapter - George Washington Univ. Wash. DC
 Name and Chapter St. & No. City State Country USA

DATES OF MEMBERSHIP: 1936, 1937, 1938, 1939

2. Medical Society George Washington Univ. Wash. DC.
 Name and Chapter St. & No. City State Country USA

DATES OF MEMBERSHIP: 1939 to present

3. Washington Medical and Surgical Society Hotel 2400 Washington DC USA
 Name and Chapter St. & No. City State Country USA

DATES OF MEMBERSHIP: 1949 to present

4. A.F. & A.M. Arlington Virginia USA
 Name and Chapter St. & No. City State Country USA

DATES OF MEMBERSHIP: 1948 to present

5. Triangle Royal Arch Chapter No 173 Arlington Virginia USA
 Name and Chapter St. & No. City State Country USA

DATES OF MEMBERSHIP: 1949 to present

6. Arlington Commandery no. 29 Knights Templar Arlington Virginia USA
 Name and Chapter St. & No. City State Country USA

DATES OF MEMBERSHIP: 1949 to present

7. Almas Temple A.A.O.N.M.S Washington DC USA
 Name and Chapter St. & No. City State Country USA

DATES OF MEMBERSHIP: 1949 to present

(Please see attached sheet) following See 27

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SEC. 23. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT" "FAIR" OR "FLUENT")

LANGUAGE French SPEAK Slight READ Slight WRITE Slight

LANGUAGE _____ SPEAK _____ READ _____ WRITE _____

LANGUAGE _____ SPEAK _____ READ _____ WRITE _____

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Swimming, fair
Photography, moderate
Painting, moderate; gardening

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Licensed to practice medicine in District of Columbia since 1940 (later in Maryland & Virginia)
Five years as medical officer and flight surgeon in Army. Four yrs. & 3 mos. private medical practice

D. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1939:

None except U.S. Army as described elsewhere

E. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Unknown

(1)15

SEC. 24. MISCELLANEOUS

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OR, OR HAVE YOU SUPPORTED ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES", EXPLAIN: No

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT EXTENT? Occasionally and moderately

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

No

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

SEC. 25. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Dr. Frank E. Gibson Sr. RELATIONSHIP Father

ADDRESS
St. & No. City State Country

(b)(6)


SEC. 26. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

(1)16

SEC. 27. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Washington D.C. DATE Jan. 22, 1952
City and State (b)(6)
 Frank E. Gibson Jr
Signature of Applicant

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

Sec. 22 (cont'd)

- American Medical Ass'n, Chicago, Ill. USA
1946 to present
- District of Columbia Medical Society
1946 to present Washington D.C. USA
- Aero Medical Ass'n, Marion, Ohio USA
1948, 1949
- Washington Board of Trade
1949 Washington, D.C. USA
- Gastroenterology Section, D.C.
Medical Society, Wash. D.C. USA
1948 to present
- Air Force Association, Washington D.C.
USA
1947 to present.

Frank E. Gibson Jr