

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION 4700	
CERTIFICATE OF DEATH				CERTIFICATE NUMBER 185	
DECEDENT PERSONAL DATA		1. NAME OF DECEASED - FIRST NAME <b>Mabel</b>		2. LAST NAME <b>Manning</b>	
3. SEX <b>Female</b>		4. COLOR OR RACE <b>White</b>		5. DATE OF BIRTH <b>Nov. 20, 1894</b>	
6. NAME AND BIRTHPLACE OF FATHER <b>Hiram Ellsberg - Illinois</b>		7. NAME AND BIRTHPLACE OF MOTHER <b>Julia Romey - Montana</b>		8. DATE OF DEATH <b>July 16, 1967</b>	
9. LAST OCCUPATION <b>Day Nurse</b>		10. NAME OF LAST EMPLOYER COMPANY OR FIRM CLASS <b>Mrs. Branatetter</b>		11. AGE AT DEATH <b>72</b>	
12. PRESENT OR LAST OCCUPATION OF SPOUSE <b>No</b>		13. NAME OF PRESENT SPOUSE <b>Widowed</b>		14. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
15. SOCIAL SECURITY NUMBER <b>557-18-8089</b>		16. KIND OF INDUSTRY OR BUSINESS <b>Medical</b>		17. PRESENT OR LAST OCCUPATION OF SPOUSE <b>No</b>	
18. PLACE OF DEATH - NAME OF HOSPITAL <b>Weed Convalescent Hospital</b>		19. STREET ADDRESS - LONG STREET OR RAILROAD ADDRESS OR LOCATION, OR CITY AND STATE <b>Park Street Siskiyou</b>		20. LENGTH OF STAY IN HOSPITAL <b>44</b>	
21. LAST USUAL RESIDENCE - STREET ADDRESS (Last four digits) <b>202 So. 2nd St. Dunsmuir</b>		22. CITY OR TOWN <b>Dunsmuir</b>		23. COUNTY <b>Siskiyou</b>	
24. STATE <b>California</b>		25. ADDRESS OF INFORMANT <b>Darlene Fallon</b>		26. ADDRESS OF INFORMANT <b>Sacramento - California</b>	
27. PHYSICIAN'S OR CORONER'S CERTIFICATION <b>2/2/67</b>		28. ADDRESS <b>Dunsmuir, California</b>		29. DATE SIGNED <b>7/24/1967</b>	
30. FUNERAL DIRECTOR <b>Burial</b>		31. DATE <b>7/19/1967</b>		32. NAME OF CEMETERY OR CREMATORY <b>St. Shasta Memorial Park</b>	
33. EMBALMER - SIGNATURE OF EMBALMER <b>E. J. ...</b>		34. LICENSE NUMBER <b>...</b>		35. ...	

STATE OF CALIFORNIA, COUNTY OF SISKIYOU: I, Ernest T. Johnson, County Recorder and Registrar of Vital Statistics for said County, do hereby certify the annexed to be a true, full and correct transcript of the record of an instrument, as the same is recorded in my office in Book **21** of Reg. Deaths Page **618** IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official Seal this **25th** day of **Aug.** 19 **67**

Fee: \$2.00, Paid.

*Ernest T. Johnson* Recorder

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M-67 1647

STATE OF OREGON, COUNTY OF CLATSOP; ss.  
Filed for record Klamath Title  
this **11** day of **September** 19 **67** 4:35 p.m.  
duly recorded in Vol. **M-67** Deeds

By *Maria Hale*

Fee: \$1.50