

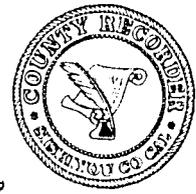
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION 4700	
CERTIFICATE OF DEATH				CERTIFICATE NUMBER 185	
1. NAME OF DECEASED—FIRST NAME Mabel		2. MIDDLE NAME Lucilla		3. LAST NAME Manning	
4. SEX Female		5. COLOR OR RACE White		6. PLACE OF BIRTH Montana	
7. AGE 72		8. DATE OF BIRTH Nov. 20, 1894		9. TIME OF DEATH 7:38 A.	
10. NAME AND BIRTHPLACE OF FATHER Hiram Ellidge—Illinois		11. NAME AND BIRTHPLACE OF MOTHER Julia Romey—Montana		12. CITIZENSHIP U.S.A.	
13. LIST OCCUPATION Day Nurse		14. NAME OF LAST EMPLOYER COMPANY OR FIRM Mrs. Branatetter		15. SOCIAL SECURITY NUMBER 557-18-8089	
16. PRESENT OR LAST OCCUPATION OF SPOUSE No		17. NAME OF PRESENT SPOUSE Widowed		18. PRESENT OR LAST OCCUPATION OF SPOUSE Medical	
19. PLACE OF DEATH—NAME OF HOSPITAL Weed Convalescent Hospital		20. STREET ADDRESS—GIVE STREET OR RAILROAD ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBER Park Street		21. LENGTH OF STAY IN COUNTY OF DEATH 44	
22. LAST USUAL RESIDENCE—STREET ADDRESS (Give street, city, county and state) 202 So. 2nd St.		23. CITY OR TOWN Dunsmuir		24. COUNTY OF DEATH Siskiyou	
25. CITY OR TOWN Dunsmuir		26. COUNTY Siskiyou		27. STATE California	
28. PHYSICIAN'S OR CORONER'S CERTIFICATION 2817		29. ADDRESS OF INFORMANT Sacramento, California		30. NAME OF INFORMANT Darlene Fallon	
31. PHYSICIAN'S SIGNATURE <i>[Signature]</i>		32. ADDRESS Dunsmuir, California		33. DATE SIGNED 7/24/1967	
34. FUNERAL DIRECTOR Burial		35. DATE 7/29/1967		36. NAME OF CEMETERY OR CREMATORY St. Shasta Memorial Park	
37. BALMERS—SIGNATURE OF BALMER <i>[Signature]</i>		38. LICENSE NUMBER 618		39. SIGNATURE OF REGISTRAR <i>[Signature]</i>	

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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 **462** 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



10889
M-67 1047

STATE OF OREGON, COUNTY OF CLATSOP; ss.
Filed for record in Clatsop County, Oregon
Klemath Title
this **11** day of **September** 19**67** at **4:35 p.m.**
duly recorded in Vol. **M-67** Deeds
By *Maria Hale*

Fee: \$1.50