

AM 17 1 30 PM 1974 85275 STATE OF OREGON - STATE BOARD OF HEALTH Vol. M4 Page 610

Local File Number 506 CERTIFICATE OF DEATH Vital Statistics Section

DECEASED: First Middle Last
 1. NAME: JETIA M. STERNER
 2. SEX: Female
 3. AGE: 85
 4. DATE OF BIRTH: October 10, 1885
 5. PLACE OF BIRTH: White
 6. COUNTY OF BIRTH: Klamath
 7. CITY, TOWN, OR LOCATION OF BIRTH: Klamath Falls
 8. CITIZEN OF WHAT COUNTRY: U.S.A.
 9. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
 11. NAME OF SPOUSE: John Sterner
 12. RESIDENCE - STATE: Oregon
 13. CITY, TOWN, OR LOCATION: Klamath Falls
 14. STREET AND NUMBER OR R.F.D.: 2120 Garden
 15. FATHER - NAME: Charles S. Morris
 16. MOTHER - Maiden Name: Amanda J. Tony
 17. INFORMATION - NAME and relationship to deceased: Richard Cade (Grandson)
 18. DEATH WAS CAUSED BY: (a) Immediate cause: *Heart failure*
 (b) Due to, or as a consequence of: *Arteriosclerosis and atherosclerotic disease*
 (c) due to, or as a consequence of: *hypertension*
 (d) due to, or as a consequence of: *stroke*
 (e) due to, or as a consequence of: *long cause list*
 19. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in part I (a) through (e)
 20. ACCIDENT: (specify yes or no) No
 21. DATE OF INJURY: (month, day, year) 9-1-61
 22. HOUR: 11-30-72
 23. INJURY AT WORK: (specify yes or no) No
 24. PLACE OF INJURY: (home, farm, street, factory, etc.) Home
 25. HOW INJURY OCCURRED: (enter nature of injury in part I or part II, item 18)
 26. CERTIFICATION: (month, day, year) 9-1-61 to 11-26-72
 27. PHYSICIAN'S SIGNATURE: *W. D. Milne*
 28. NAME (type or print): Fletcher F. Conn
 29. ADDRESS: 1905 Main Street, Klamath Falls, Oregon 97601
 30. DATE RECEIVED BY LOCAL REGISTRAR: NOV 23 1972
 31. DATE RECEIVED BY STATE REGISTRAR: NOV 23 1972

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.

VELDON C. BOGE, M.D., Registrar Vital Statistics
 By *Marianne J. Kinsley*, Deputy Registrar
 Date NOV 24 1972

STATE OF OREGON; COUNTY OF KLAMATH; ss.
 Filed for record at request of John Sterner
 this 17th day of January A.D., 1974 at 1:30 o'clock P.M., and duly recorded in
 Vol. M 74 of Deaths on Page 610
 Return to: John R. Sterner
 2120 Garden St. City
 By *Marianne J. Kinsley* Deputy
 WM. D. MILNE, County Clerk