

'75 OCT 10 AM 9

1. NAME OF DECEASED STELLA		2. PLACE OF BIRTH Klamath Falls		3. DATE OF BIRTH 1900		4. DATE OF DEATH 1975	
5. SEX F		6. RACE W		7. MARITAL STATUS M		8. OCCUPATION Housewife	
9. EDUCATION High School		10. RELIGION Catholic		11. SOCIAL SECURITY NUMBER [REDACTED]		12. SIGNATURE OF DECEASED [REDACTED]	
13. SIGNATURE OF WITNESS [REDACTED]		14. SIGNATURE OF DECEASED [REDACTED]		15. SIGNATURE OF WITNESS [REDACTED]		16. SIGNATURE OF WITNESS [REDACTED]	

DATE ISSUED

STATE OF OREGON, COUNTY OF MULTNOMATHSS
 I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL
 IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS
 VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL C

Rev. Mountain Title Co
 300304 5017

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of MO'NTAIN TITLE COthis 10th day of OCTOBER A. D., 1975 at 10:00 o'clock A.M., and duly reVol. M 75, of DEEDS on Page 12555

FEE \$ 3.00

WM. D. MILNE County Clerk

By Hazel Drazil