

HB 2 10 11 AM 1972

STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

70363 Page 1204

27 Local File Number

CERTIFICATE OF DEATH

Site File Number

DECEASED—NAME: **CHESTRE ALFRED** Middle **JOHNSTON** Last

DATE OF DEATH (month, day, year): **January 11, 1972**

1. RACE: **White** 2. SEX: **Male** 3. AGE—last birthday: **68** 4. DATE OF BIRTH (month, day, year): **January 26, 1903**

5. COUNTY OF DEATH: **Jackson** 6. CITY, TOWN, OR LOCATION OF DEATH: **Medford** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (check): **Married** 8. NAME OF SPOUSE: **Royce Valley**

9. STATE OF BIRTH (if not in U.S.A., name country): **U.S.A.** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (check): **Married** 11. NAME OF SPOUSE: **Mabel Johnston**

12. SOCIAL SECURITY NUMBER: **44-01-8136-A** 13. CITY, TOWN, OR LOCATION: **Medford** 14. INSIDE CITY LIMITS (specify year or no): **Yes** 15. NAME OF BUSINESS OR INDUSTRY: **SEW MLLS**

16. RESIDENCE—STATE: **Oregon** 17. CITY, TOWN, OR LOCATION: **Klamath Falls** 18. INSIDE CITY LIMITS (specify year or no): **Yes** 19. STREET AND NUMBER OR R.F.D.: **2021 Ohio**

20. FATHER—NAME: **Alfred** first middle last **Johnston** 21. MOTHER—Maiden Name: **Nancy** first middle last **Busby** 22. Mabel Johnston (wife)

23. DEATH WAS CAUSED BY: **Apple Leukemia**

24. PART I. IMMEDIATE CAUSE: **Apple Leukemia**

25. PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a) **Apple Leukemia** (b) **Apple Leukemia** (c) **Apple Leukemia**

26. ACCIDENT (specify yes or no): **No** 27. DATE OF INJURY (month, day, year): **1/10/72** 28. HOUR: **11:00** 29. HOW INJURY OCCURRED (enter nature of injury in Part I or Part II, item 18): **Apple Leukemia**

30. INJURY AT WORK (specify yes or no): **No** 31. PLACE OF INJURY (if home, farm, street, factory, etc. (specify)): **Home** 32. LOCATION (street or R.F.D. No., city or town, county, state): **Medford, Oregon**

33. CERTIFICATION—month: **11** day: **10** year: **1972** 34. And last seen alive (month, day, year): **1/10/72** 35. Did the body after death (specify): **I.D.O.** 36. DEATH OCCURRED (month, day, year): **1/10/72** 37. At the place of death (specify): **Home** 38. Cause of death (specify): **Apple Leukemia**

39. PHYSICIAN—SIGNATURE: **W. S. Sutterland** 40. NAME (type or print): **W. S. Sutterland** 41. CITY OR TOWN: **Medford** 42. STATE: **Oregon** 43. DATE RECEIVED BY LOCAL REGISTRAR: **1-19-72**

44. MAILING ADDRESS—PHYSICIAN: **2925 Bennett** 45. STREET: **Medford** 46. CITY OR TOWN: **Medford** 47. STATE: **Oregon** 48. DATE RECEIVED BY STATE REGISTRAR: **1-19-72**

49. BURIAL—CITY OR TOWN: **Medford** 50. STATE: **Oregon** 51. DATE RECEIVED BY LOCAL REGISTRAR: **1-19-72**

52. REGISTRAR—SIGNATURE: **Charlotte R. Sutterland** 53. DATE RECEIVED BY LOCAL REGISTRAR: **1-19-72**

54. RESERVED FOR REGISTRAR USE

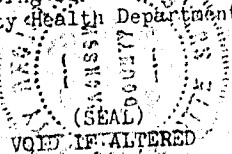
STATE OF OREGON

CERTIFIED COPY OF DEATH RECORD

COUNTY OF JACKSON

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Jackson County Health Department.

Date 1/21, 1972



By Charlotte R. Sutterland, Deputy
Registrar Vital Statistics

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Mabel Johnston
this 2nd day of Feb. A.D., 19 73 at 10:11 o'clock A.M., and duly recorded in
Vol. M-73, of Deeds on Page 1204

Fee \$2.00.

By WM. D. MILNE, County Clerk
Charles K. Hartman