32907 [redacted]

77 JUL 22 AM 11:06 Vol. M77 Page 13062

Oregon State Board of Health
Division of Vital Statistics
a7-25242

Standard Certificate of Death

STATE OF OREGON 466

State File No. 290
Local Registrar's No. 290

1. PLACE OF DEATH:
(a) County Multnomah
(b) City or town Portland (If outside city or town limits write RURAL)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 23 days
In this community 23 days In state Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Oregon (b) County Klamath
(c) City or town Klamath Falls (If outside city or town limits write RURAL)
(d) Street No. 1321 Worden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3. (a) FULL NAME LINFESTY, Fred E.
3. (b) If veteran, name war World War
3. (c) Social Security No. 544-16-5400
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Linfesty
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased December 21, 1888 (Month) (Day) (Year)
8. Age: Years 53 Months 0 Days 29 If less than one day — hr. — min.
9. Birthplace Unknown, California (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business None
12. Name John P. Linfesty
13. Birthplace Unknown Canada (City, town, or county) (State or foreign country)
14. Maiden name Erickson
15. Birthplace Unknown Sweden (City, town, or county) (State or foreign country)
16. (a) Informant's own signature William L. Hutcheson
(b) Address Portland. From hospital records
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation San Bernardino, Calif.
18. (a) Signature of funeral director Holman & Lutz, Inc.
(b) Address NE 14th & Sandy Blvd.

MEDICAL CERTIFICATION

20. Date of death: Month January day 20, year 1942 hour 11 minute 50 a.m.
21. I hereby certify that I attended the deceased from Dec. 28, 1941, to Jan. 20, 1942; that I last saw h im alive on Jan. 20, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Carcinoma of stomach — Prior to Oct. 1941

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Confirmation

Of autopsy No autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? Means of injury
23. Signature M.D.
Address VAF Portland, Ore. Date signed 1/20/42.

DATE ISSUED July 19 1977

STATE OF OREGON, COUNTY OF MULTNOMAH)ss

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AN IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN TH VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTOD

STATE REGISTRAR

KCT

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 22 day of July A.D., 19 77 at 11:06 o'clock A M., and duly recorded in Vol M 77, of Deeds on Page 13062.

WM. D. MILNE, County Clerk

By Pat McCullough Deputy

FEE $3.00