ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 45
Registrar's No. 117

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits write RURAL) (c) Location 1446-12th (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution - ; In Community 39 Years (Specify whether years, months or days) In Arizona 39 years

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Cochise ; (c) City or Town Douglas (If outside city limits write RURAL)

(d) Street No. 1446-12th ; (e) If foreign born, in U. S. 40 Years yrs.

3. (a) FULL NAME Elias Simon (b) If veteran - name war - (c) Social Security No. - (If NONE write the word)

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Widowed

6. (b) Name of husband or wife: Misada Simon
6. (c) Age of husband or wife, if alive dead yrs.

7. Birthdate of deceased Unknown (Month) - (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
84			hrs. min.

9. Birthplace Tyre (City, town or county) Syria (State or Country)

10. Usual Occupation Business-man

11. Industry or Business General Merchandise

Father: 12. Name George Simon
13. Birthplace (City, town or county) Syria (State or Country)

Mother: 14. Maiden Name Miriam Rizk
15. Birthplace Tyre (City, town or county) Syria (State or Country)

16. (a) Informant's own signature Mike E. Simon
(b) Address 1260-10th St Douglas Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas Ariz (c) Date 6-29-40 19

18. (a) Embalmer's Signature E. Porter 72-A
(b) Funeral Director Porter & Ames 29-A
(c) Address Douglas, Arizona

19. (a) 6-27-40 (Date received local Registrar)
(b) Eva Damron (Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6-26-40, 19 ;
TIME (Hour and minute) 10-50PM M.

21. I hereby certify that I attended the deceased from June 26, 40, 19 40 to June 26, 19 40 ; that I last saw him alive on June 26, 19 40 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure

Due to Aortic aneurysm + Syphilis — DURATION 6 mo.

~~Due to~~ Cascinoma

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of 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? (e) Means of injury

23. Signature C. Bizzolara M.D.
Address Douglas, Arizona Date signed 6-27-40