1940

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 16
Registrar's No. 37

1. Place of Death: (a) County Cochise (b) City or Town Douglas (If outside city limits also write RURAL) (c) Location 646- 8th St. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 32 yrs ; in Arizona 32yrs (Specify whether years, months or days)

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

(d) Street No. 646- 8th Street ; (e) Citizen of foreign country (yes or No) No

If Yes, which country

3. (a) FULL NAME Isadore Ilitzky (b) If Veteran name war (c) Social Security No. None

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

6. (b) Name of husband or wife Zlate Ilitzky | 6. (c) Age of husband or wife, if alive 56 yrs.

7. Birthdate of deceased March 9th (Month) (Day) I885 (Year)

8. AGE: Years	Months	Days	If less than one day
58	IO	29	hrs. min.

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

10. Usual Occupation Furniture Store And

11. Industry or Business Junk Yard

Father
12. Name Nathan I Itlizky
13. Birthplace Bargin Minsk Russia (City, town or county) (State or Country)

Mother
14. Maiden Name Bess Dinonne Zlubsky
15. Birthplace Bargin Minsk Russia (City, town or county) (State or Country)

16. (a) Informant's own signature [illegible]
(b) Address 646 - 8th St.

17. (a) Burial, Cremation or Removal Burial
(b) Place Douglas Arizona Date 2-7- 19 44

18. (a) Embalmer's Signature [illegible] I20-A
(b) Funeral Director Porter & Ames
(c) Address Douglas Arizona

19. (a) Feb. 7 1944 (Date received local Registrar)
(b) [illegible] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 2nd I944, 19 ; TIME (Hour and minute) 8.I5 P.M. M.

21. I hereby certify that I attended the deceased from Feb. 2, 1944 to Feb. 2, 1944; that I last saw him alive on Feb. 2, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac dilatation

Due to Myocarditis chronic

Due to

Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

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. W. Adamson M. D.
Address Date signed Feb. 7 - 44

20M 100% Rag 8-42 B. Co.

County File No. Date Received