INDIANA STATE BOARD OF HEALTH

No PERMIT FOR BURIAL //	
County Kost Township	City or Tolkssaw
Date of Date of D	eath 1 4 3V 19
Cause of death Clyetia	lemorrhage Agent
Medical attendant Place of death Cury The standard of the s	Mulyan
Proposed date of burial Warraw	Jan 9-10-5 19
Undertaker and James A Certificate of Death having been filed in my office in accordance	and and such as the second and burial of the
body of said deceased person as stated above. In the case of death free conducted according to the rules of the State Board of Health.	Hall Communicable disease, the bornal must be
Dated 4 10-32 10 W	Name of Health Officer or Deputy
8	Address (Holder should preserve this Permit)