INDIANA STATE BOARD OF HEALTH

150
No. 5 / 9 PERMIT FOR BURIAL
County Lascinska Township Hallson City or Town Insentance
Date of Death 2 21 1932
Decedent's full name William Shirly Age 82
Cause of death new outensoons
Medical attendant of Cancles
Place of death Palstre
Proposed date of burial 2 - 23 - 1932 19
Proposed place of burial Palestino lemety
Undertaker & Poehleries Address ment one Inch
A Certificate of Death having been filed in my office in accordance with law, I hereby authorize the removal and burial of the body of said deceased person as stated above. In the case of death from a dangerous communicable disease, the burial must be
conducted according to the rules of the State Board of Health. Lo Phelleries Defuly
Dated 2-22 1087 Name of Health Officer or Deputy
Dated Address
8 (Holder should preserve this Permit)