

INDIANA STATE BOARD OF HEALTH

No. 67**PERMIT FOR BURIAL**County Wasc Township _____ City or Town WarsawDecedent's full name William Thomas Date of Death May 4 1934Cause of death arteriosclerosis Age 79Medical attendant Los Angeles Genl HospPlace of death Los Angeles CalifProposed date of burial June 9 1934Proposed place of burial Palustrine IndianaUndertaker Wm. Baker Address Warsaw Ind

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.

Dated June 4 1934 Name of Health Officer or Deputy Wm. BakerAddress Warsaw Indiana

(Holder should preserve this Permit)