

INDIANA STATE BOARD OF HEALTH

No. 15**PERMIT FOR BURIAL**County Posey Township Waine City or Town _____Date of Death act 29 1934Decedent's full name Jacob McPhail Age 82-9-6Cause of death chronic valvular heart diseaseMedical attendant G. W. AnglinPlace of death County Hosp.Proposed date of burial act 31 1934Proposed place of burial PalatkaUndertaker E. E. Sumner Address Seber Lake

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 act 30 1934

E. E. Sumner
Name of Health Officer or Deputy

Seber Lake
Address

(Holder should preserve this Permit)