

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS

No. ....

# PERMIT FOR BURIAL

County Allen Township Wayne City or Town Ft Wayne

Date of Death Jan 12<sup>th</sup> 1937

Decedent's full name Lillian Mayer Nelson Age 63 yrs

Cause of death Cerebral Hemorrhage

Medical attendant C. R. Applegate

Place of death 3318 Bowser Ave

Proposed date of burial Jan 15<sup>th</sup> 1937

Proposed place of burial Palentine Cem. Warsaw Ind

Undertaker Mungovan & Sons Address Ft Wayne 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.

Name of Health Officer or Deputy Paul C. Leberly

Dated Jan 12<sup>th</sup> 1937 Address Ft Wayne Ind

(Holder should preserve this Permit)