

INDIANA STATE BOARD OF HEALTH

No. 268

PERMIT FOR REMOVAL AND BURIAL

County Kosciusko Township Harrison City or Town Mentone Ind

Date of Death 2-1 1929

Decedent's full name Charley Williamson Age 54

Cause of death Brain's Infection

Medical attendant M G Occur

Place of death Mentone Ind

Proposed date of burial 2-4 1929

Proposed place of burial Palestine Ind

Undertaker A V Johns Address Mentone 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. This permit is to be delivered to sexton or person in charge of cemetery.

L P Jeffries Deputy  
Name of Health Officer or Deputy

Dated 2-4 1929

Mentone Ind  
Address