

INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIAL

No.

County Cass Township Dubois City or Town

Decedent's full name Benjamin Shilkin Date of Death 1929
 Cause of death Septic neck Age 32

Medical attendant J. W. Stewart

Place of death Home, Ind.

Proposed date of burial 15 1929

Proposed place of burial Paterson Cemetery

Undertaker F. M. Evans Address Walter

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.

E. J. Spohn
 Name of Health Officer or Deputy

Dated 1-14 1929 Walter
 Address