Form V. S. 4

## INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIAL	
County Delaware Township	City or Town Muncie
Date o	f Death 10-31- 1929
Decedent's full name Justin ala	ngo Study Age 63-4-9
Cause of death Lobar Pro	elimonia
Medical attendant J.M. Sile	vers
Place of death 1324 S. Pershin	a Drive Municie And
Proposed date of hurial	// 1029
Proposed place of burial Buri	eket Jud
Undertaker M. L. Meeks T So	is, Address Muncie Ind
A Certificate of Death having been filed in my office in accor- body of said deceased person as stated above. In the case of deat	dance with law, I hereby authorize the removal and burial of the h from a dangerous communicable disease, the burial must be
conducted according to the rules of the State Board of Health.	Ernests. Mecks Poty.
	Name of Health Officer or Deputy
Dated 10 - 31- 1929	Mincie Fred.
8	Address (Holder should preserve this Permit)