INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS DEDMIT FOD DIDIAL

E Elliani I Oli DolliaL
County Henry Township Henry City or Town
Date of Death Neb 11 1638
Decedent's full name Clover Justin Age 68
Cause of death Supportation Onemonia
Medical attendant J. H. M. Lo.
Place of death Judina Dillage for Epilipters,
Proposed date of burial Ref 13/
Proposed place of burial prentone his
Undertaker & March Starley Address pew Castle
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
Dated 2 - 12 1038 hew Coastle Seed
Address (Holder should preserve this Permit)
(Noider should preserve this Permit)