

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PERMIT FOR BURIAL

No.

County Allen Township City or Town Marysville

Decedent's full name Chas Mathews Date of Death 4/6/38 19...
Age 39

Cause of death

Medical attendant E M Wheelhouse

Place of death

Proposed date of burial 4/9/38 19...

Proposed place of burial Burial Plot

Undertaker Washburn Address

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.

Karl E. Ebelly
Name of Health Officer or Deputy

Dated 4/7 1938

Address

(Holder should preserve this Permit)