

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH  
BUREAU OF VITAL STATISTICS**PERMIT FOR BURIAL**

No. ....

County Fulton Township Henry City or Town .....Date of Death Feb 20 1936Decedent's full name Toddie Lee Brooks Age .....Cause of death Stillborn .....Medical attendant C. J. Ferrell M.D. .....Place of death Henry Twp. .....Proposed date of burial Feb 21 1936 19.....Proposed place of burial Salustiana Cemetery .....Undertaker Charles W. Meyer Address at Danford

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.

Dated Feb 20 1936

Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)