

## INDIANA STATE BOARD OF HEALTH

No. 35**PERMIT FOR BURIAL**County Cass Township \_\_\_\_\_ City or Town WarsawDate of Death February 25 1933Decedent's full name Alice Alexander Age 10 mCause of death BronchopneumoniaMedical attendant Ed RubinPlace of death Warsaw IndProposed date of burial 2-26 1933Proposed place of burial PalestineUndertaker Kelly Address Warsaw Ind

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 2/26/33 1933Name of Health Officer or Deputy W. Woodward

Address \_\_\_\_\_

(Holder should preserve this Permit)