

INDIANA STATE BOARD OF HEALTH

No. 75**PERMIT FOR BURIAL**County St. Joe, Township Union City or Town _____Date of Death Sept 12 1934Decedent's full name Granvil Sherkey Age 38Cause of death struck by lightningMedical attendant Coroner BeckPlace of death #1 Lakeville IndProposed date of burial 9-15-34 19Proposed place of burial Palestine Cemetery (east of Martinsburg)Undertaker L. Samuel Helmer Address Lakeville 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 9-15-34 19

L. Samuel Helmer
Name of Health Officer or Deputy

Lakeville Ind
Address

(Holder should preserve this Permit)