

## INDIANA STATE BOARD OF HEALTH

**PERMIT FOR BURIAL**

No. ....

County Cass Township Clinton City or Town .....Date of Death April 29, 1934Decedent's full name Elis D. Hammer Age 39 yrs 28 daCause of death Pulmonary TuberculosisMedical attendant M. A. Mc DowellPlace of death Ligonport State HospitalProposed date of burial May 1 1934Proposed place of burial Palestine IndUndertaker H. V. Johns Address Menstone 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.

Name of Health Officer or Deputy E. A. Spohn, M. D.Address Walton, Ind.Dated April 29 1934

Address

(Holder should preserve this Permit)