INDIANA STATE BOARD OF HEALTH

NoIVO PERMIT FOR BURIAL			
County Kose Tow	nship	— City or Town	Margar.
	& Date of Dear	the Covern	~ 19 1933
Decedent's full namouseur			Age 2
cause of acarm	Lillan		
Medical attendant	Vian-ch	- hr	
Place of death Ware	an &	Mark	
Proposed date of burial			- 20 - 102
Proposed place of burial Cele			,
Undertaker landis 7 1x	Erémen	Addresserser	Adram
A Certificate of Death having been filed in m body of said deceased person as stated above. In conducted according to the rules of the State Boar	the case of death from a	dangerous communicable dis	ease, the burial must be
	Q	Stown	, lus
Dated // 20 13	2 10	Name of Health Officer	
8		Address (Holder should preserve t	