## STATE OF INDIANA—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

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IV O			

## PERMIT FOR BURIAL

County St. Joseph	Township	Portage	City or Town	South Bend
		e of Death	ngsch.	4 19 97
Decedent's full name	endans	IL.	Alene	Agelelatio
Cause of death	file De	aparelan	The man	rilly
Medical attendant	Ky ag	cers		
Place of death	Beno	Leans		
Proposed date of burial		3.7		19
Proposed place of burial	addiadopos.	e, O	madrogen	9-
Undertaker W	1110		ddress ,	Block
A Certificate of Death having been fi body of said deceased person as stated ab conducted according to the rules of the St	ove. In the case of	leath from a dang		
conducted according to the rules of the Si	ate Board of French	TO THE	Tupola Las	all
Dated 3- 16	19.3.7	IP.	Name of Health Officer or D	éputy
8	/	(1	Address Holder should preserve this	Permit)