STATE OF INDIANA—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS DEDMIT FOR RIPIAL

| I EIMII I ON DOMAL | | | |
|---|--|---|--|
| County Townshi | p | City or Town | |
| 61 | Date of Death 2. | | 19.37 |
| Decedent's full name I Yenry | & Guy | | Age 88 |
| Cause of death Commy | hrombosis | | |
| Medical attendant C. J. Striff | ithy | | |
| Place of death & Illrost AN | ruch | | |
| Proposed date of burial | J. J.V. | 19 | 1937 |
| Proposed place of byrigh , & alg | stine | | |
| Undertaker D. John | ns A | ddress Men | lout |
| A Certificate of Death having been filed in my offi body of said deceased person as stated above. In the | ce in accordance with law, case of death from a dange | I hereby authorize the removerous communicable disease, | al and burial of the the burial must be |
| conducted according to the rules of the State Board of | Health. | Johns | |
| 9 19 27 | | Name of Health Officer or Dep | outy |
| Dated 2 - / 9 195/ | | Address | - |
| 8 | (F | Holder should preserve this Po | ermit) |