

STATE OF INDIANA—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSNo. 80**PERMIT FOR BURIAL**County Kos. Township Harrison City or Town MentoneDate of Death 5-12 1937Decedent's full name Samuel Kelley Age 73Cause of death Euremic poisoningMedical attendant J. R. BaumPlace of death MentoneProposed date of burial 5-14 1937Proposed place of burial PaletineUndertaker A. J. Johns Address Mentone

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.

A. J. Johns
Name of Health Officer or DeputyDated 5-14 1937Address
(Holder should preserve this Permit)