

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

No. 79

PERMIT FOR BURIALCounty Wass Township _____ City or Town WarsawDate of Death May 8 1937Decedent's full name Samuel Boggs Age 77Cause of death Myocardial infarctionMedical attendant H. A. [unclear] M.D.Place of death At residenceProposed date of burial 5-10-37Proposed place of burial PalmerUndertaker Edwin Funeral Address Warsaw 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.

Dated 5/10/1937

[Signature]
Name of Health Officer or Deputy

Warsaw Ind
Address

(Holder should preserve this Permit)