

INDIANA STATE BOARD OF HEALTH

No. 7**PERMIT FOR BURIAL**County _____ Township _____ City or Town JDate of Death Jan 19 1935Decedent's full name Ella A. Doran Age 66Cause of death Angina PectorisMedical attendant Frank A. WaverPlace of death Flint Mich.Proposed date of burial 1-21 1935Proposed place of burial PalestineUndertaker A. V. Johnson 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. V. Johnson
Name of Health Officer or Deputy

Dated 1-21 1935

Mentone
Address

(Holder should preserve this Permit)