## INDIANA STATE BOARD OF HEALTH

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No.	6	2	/

## PERMIT FOR BURIAL

County Joseph Township Thankon City or Town Mentana
Date of Death 1935
Decedent's full name de garde & Lettel Reige / 9 Jun
Decedent's full name Lingard B feller Rerage 79 Jun Cause of death Chronic My veardition
16 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Place of death Cat Home of thoughter South of Bunket
Proposed date of burial april 20 1 1935
Proposed place of byrial Galestine Cemetary
Undertaker At Peed Address Mentione elad
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.
Name of Health Officer or Deputy
Dated april 20 1935 Mentione end
8 (Holder should preserve this Permit)