

## INDIANA STATE BOARD OF HEALTH

No.....

**PERMIT FOR BURIAL**County Allen Township Wayne City or Town Fort WayneDate of Death April 19 1929Decedent's full name James C. Mitchell Age 65-Cause of death Carcinoma of StomachMedical attendant W. B. RicePlace of death 526 Dayton AveProposed date of burial April 21st 1929Proposed place of burial Polkston IndUndertaker C. M. Sloan & Sons Address Fort Wayne

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.

D. R. Birmingham  
Name of Health Officer or Deputy

Dated April 20 1929

Address

(Holder should preserve this Permit)