INDIANA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

No. 4849

PERMIT FOR BURIAL

County MARION Township	CENTER City or Town INDIANAPOLIS
	of Death Oct - 19 - 19.38
Decedent's full name Dilla Om	Bull Age 68
Cause of death Branchapper	mona
Medical attendant	Suk.
Place of death 265 En	then are
Proposed date of burial	ut 21 - 1938
Proposed place of burial alester	e, and a
Undertaker Clyse V Montgom	Address Mys
A Certificate of Death having been filed in my office in accordance with law, I hereby authorize the femoval 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.	
	I I wanter.
David (41-19- 131	Name of Health Officer of Deputy
Dated 19.20	Address
8	(Holder should preserve this Permit)