

INDIANA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PERMIT FOR BURIAL

No.

County Kosciusko Township Harrison City or Town

Date of Death 7/14 1938

Decedent's full name William E. East Age 62

Cause of death Diabetes & Complication

Medical attendant Dr. Geo. Anglen

Place of death Harrison Township

Proposed date of burial 7/16/1938 19.....

Proposed place of burial Palatine Cemetery

Undertaker Kelly Funeral Home 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.

R. L. Kelly
Name of Health Officer or Deputy

Dated 7/15 1938

Warsaw Ind.
Address

(Holder should preserve this Permit)