INDIANA STATE BOARD OF HEALTH

No. 257 PERMIT FOR BURIAL
County Koscinko Township Harrison City or Town Mentane
Date of Death Lebrary 11 1930 Decedent's full name da Saishes Age 77-1900
Decedent's full name Ola Fishes Age 77-1900
Cause of death bearingma oaroma (banner)
Cause of death Lenginama carama (leannes) Medical attendant I delisties
Place of death Palestine Ind
Proposed date of burial 2 13 1931
Proposed place of burial Palestine Lnel
Undertaker & Alfelia Address Mentana Inch. 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.
La Paelheries Deluta
Name of Health Officer or Deputy.
Dated 2 1931 Mentone Und
Address (Holder should preserve this Permit)