INDIANA STATE BOARD OF HEALTH

NoPERMIT FOR BURIAL
County Fulto Township / City or Town Caken -
Date of Doch Syr-13 1930
Decedent's full name Leve Sunk - Age 7/
Cause of death Carrer of Proster -
Medical attendant 2. J. Odyon -
Place of death Fute GO
Proposed date of burial Safe 2) 1930
Proposed place of burial Plentine -
Undertaker Z. C. Dumme - Address ako
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.
E.a. Whollow -
Name of Health Officer or Deputy
Dated SM. 27 1930 aprin -
8 (Holder should preserve this Permit)
6 (Holder should preserve this Permit)