INDIANA STATE BOARD OF HEALTH

No	rekwii_	ron e	URI	AL		
County Fulton	Township	Rochester	City	or Town		
	D	ate of Death	Fe	b-21-1928	19	
Decedent's full name	e Vena Zeralda	a Duff		A	se 31-2-4	
Cause of death Chronic Myocarditis and Nephritis						
Medical attendant						
Place of death Rochester Township Fulton County Indiana						
Proposed date of bur						
Proposed place of bu					iana	
Undertaker Val Z	immerman	Ad	dress R	ochester		
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.						
		George	Edgar	Hoffman,	M.D.	
			Name of Health Officer or Deputy			
Dated Feb-22-1	.928 19	Re	Rochester-Indiana			
2000			Address (Holder should preserve this Permit)			