INDIANA STATE BOARD OF HEALTH

No. 292 PERMI	T FOR I	BURIAL	
County Elbhar Township	leones	City or Town	Elbhar
0.1	Date of Death	aug Se	pt 1 1928/
Decedent's full name Milo	a June	Gilbert'	Age & monin
Cause of death Nysents	Shef	1	
Medical attendant Us &	A Bas	surch	
Place of death Elbliagt	General	Hospita	el
Proposed date of burial Sent	- 3		1928
Proposed place of ouril Pal	astine.	Indiana	
Undertaker Charles U	Valley.	Address Elfoli	as Land
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.			
2	4	U. Mas	202
Date & St 1 1 10 2	28 E	Name of Health Officer or Deput	Ond.
Batea Complete 19		Address (Holder should preserve this	Permit)