## INDIANA STATE BOARD OF HEALTH

NoPERMIT FOR BURIAL
County Marshall Township Walnut City or Town args
Date of Death Mar, 10, 1927
Decedent's full name Age // Age //
Cause of death
Medical attendant As W. C. Sandes
Place of death and
Proposed date of burial March 12, 1927.
Proposed place of burial Calesting from
Undertaker O Drown and Address and Sund
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.
ducted according to the rules of the State Board of Health.
Name of Health Officer or Deputy
M. 11 and and.
Dated Address Address (Molder should preserve this Permit)
8 (Motion another reserve