

INDIANA STATE BOARD OF HEALTH

PERMIT FOR REMOVAL AND BURIAL

No.

County Morgan Township Washington City or Town Martinsville

Date of Death December 21, 1925

Decedent's full name Nancy M. Boyd Age 88

Cause of death Organic Heart Disease

Medical attendant F. R. Maxwell

Place of death 640 W. Washington

Proposed date of burial December 23, '25 1925

Proposed place of burial Gosport, Indiana

Undertaker Wilhite & Son Address Martinsville

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. This permit is to be delivered to sexton or person in charge of cemetery.

J. B. Brecklow
Name of Health Officer or Deputy

Dated December 22 1925

Martinsville Ind.
Address

8

(Sexton or person in charge of cemetery should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

PERMIT FOR REMOVAL AND BURIAL

No. 21

County MORGAN: Township WASHINGTON: City or Town MARTINSVILLE:

Date of Death September 15, 1920

Decedent's full name Mary E. Collier. Age 70 years

Cause of death Chronic Interstitial Nephritis.

Medical attendant C. G. Bothwell M.D.

Place of death 60 West Columbus Street.

Proposed date of burial September 17, 1920

Proposed place of burial Gosport Cemetery.

Undertaker Wilhite & Son. Address Martinsville Indiana.

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. This permit is to be delivered to sexton or person in charge of cemetery.

Edward Lloyd Montague
Name of Health Officer or Deputy

Dated September 16, 1920

122 E. Morgan St. Martinsville Ind.
Address

8

(Sexton or person in charge of cemetery should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

No. 1379**PERMIT FOR BURIAL**County MARION Township CENTER City or Town INDIANAPOLISDate of Death March 15 1928Decedent's full name Katherine Rebecca Cranch Age 71Cause of death Tubercular PneumoniaMedical attendant A. C. KibworthPlace of death 1421 RiverProposed date of burial March 18 1928Proposed place of burial Gospel StreetUndertaker Gray & Sons Address 1111 Morgan

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.

Dated 3-17 1928

Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)

8

INDIANA STATE BOARD OF HEALTH

No. 6**PERMIT FOR BURIAL**County Morgan Township Monroe City or Town —Date of Death Jan 28 1925Decedent's full name William H. Dagley Age 61Cause of death Mitral InsufficiencyMedical attendant Joseph H. HortonPlace of death Monroe Township Morgan CountyProposed date of burial Feb - 1 - 1925 1925Proposed place of burial Gospel StUndertaker F. E. Carlisle Address Mooreville

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.

Dated Jan 29 1925

Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)

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INDIANA STATE BOARD OF HEALTH

1780

No.

PERMIT FOR BURIAL

County MARION Township CENTER City or Town INDIANAPOLIS

Date of Death 4-8 19 25
 Decedent's full name Francis E. Dean Age 68
 Cause of death Cerebral Hemorrhage
 Medical attendant R. J. Anderson
 Place of death 2822 English Ave
 Proposed date of burial 4-10 19 25
 Proposed place of burial Springfield, Ind
 Undertaker Shirley Bros. Address City

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.

Name of Health Officer or Deputy

Dated 4-9 19 25

Address

(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIAL

No.

County Owen Township Wayne City or Town

Date of Death 4/31 19 28
 Decedent's full name Elizabeth Day Ryan Age 56
 Cause of death Cholera & Exhaustion from Distress
 Medical attendant J. F. Wellons M.D.
 Place of death Wayne, Ind
 Proposed date of burial 5/1 19 28
 Proposed place of burial Springfield Cemetery
 Undertaker Ed. Wehner Address Cheney, Ind

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.

Name of Health Officer or Deputy

Dated 5/4 19 28

Address

(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

4028

No.

PERMIT FOR BURIAL

MARION

CENTER

INDIANAPOLIS

County Township City or Town

Date of Death..... 8-22-1925

Decedent's full name Elizabeth A. Frischum Age 63

Cause of death Chronic Myocarditis

Medical attendant Paul W. Cleaves

Place of death City Hosp.

Proposed date of burial..... 8-24-1925

Proposed place of burial Gosport Ind.

Undertaker Shirley Bros Address City

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.

Dated 8-23-1925

Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)

8

INDIANA STATE BOARD OF HEALTH

No. 1281

PERMIT FOR BURIAL

County MARION Township CENTER City or Town INDIANAPOLIS

Date of Death 3-12-1925

Decedent's full name Isaiah H. Frischum Age 67

Cause of death Chronic Myocarditis

Medical attendant Jas. Egbert

Place of death 412 Blake St.

Proposed date of burial 3-15-1925

Proposed place of burial Gosport, Ind.

Undertaker Jas. F. Reynolds Address

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.

Name of Health Officer or Deputy

Address

(Holder should preserve this Permit)

Dated 3-13-1925

8

INDIANA STATE BOARD OF HEALTH

PERMIT FOR REMOVAL AND BURIAL

No.

County Morgan Township Washington City or Town Martinsville
 Date of Death August 28 1920
 Decedent's full name Francis E. Gregory Age 65 yrs.
 Cause of death Disease & Enteritis
 Medical attendant C. H. Rothwell M.D.
 Place of death Martinsville Indiana
 Proposed date of burial August 30 1920
 Proposed place of burial Gospel Cemetery
 Undertaker Wilkie & Son Address Martinsville Indiana

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. This permit to be delivered to sexton or person in charge of cemetery.

Edward Lloyd Montague
 Name of Health Officer or Deputy

Dated August 30 1920

122 East Morgan Street
 Address
 (Sexton or person in charge of cemetery should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

942

PERMIT FOR BURIAL

No.

County MADISON Township CENTER City or Town INDIANAPOLIS
 Date of Death Feb 23 1925
 Decedent's full name Pilman A. Bampton Age 67
 Cause of death Cerebral Hemorrhage
 Medical attendant B. W. Mc Carthy
 Place of death 247 N. Pennsylvania Ave
 Proposed date of burial Feb 25 1925
 Proposed place of burial Gospel, Ind
 Undertaker Philey Bros Co. Address City

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.

Morgan
 Name of Health Officer or Deputy

Dated 2-24- 1925

Address
 (Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

No. 5251

PERMIT FOR BURIAL

County MARION Township CENTER City or Town INDIANAPOLIS

Date of Death 11-5 1925

Decedent's full name Sarah Elizabeth Hart Age 77

Cause of death Angina Pectoris

Medical attendant Paul R. Leathers

Place of death 2549 N. New Jersey

Proposed date of burial 11-10 1925

Proposed place of burial Forest Hill

Undertaker Thomas Buchanan Address City

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.

Name of Health Officer or Deputy

Dated 11-5 1925

Address

(Holder should preserve this Permit)

8

INDIANA STATE BOARD OF HEALTH

No. 4631

PERMIT FOR BURIAL

County MARION Township CENTER City or Town INDIANAPOLIS

Date of Death 9-28-1928

Decedent's full name Ellice B. Miller Age 43

Cause of death Cardiac Rupture - Vascular Dis.

Medical attendant D. D. Bible

Place of death 467 W. 31st St.

Proposed date of burial 9-30 1928

Proposed place of burial Gospel Land

Undertaker Lacey & Titus Address City

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.

Name of Health Officer or Deputy

Dated 9-29-1928

Address

(Holder should preserve this Permit)

8

INDIANA STATE BOARD OF HEALTH

No. 4579

PERMIT FOR REMOVAL AND BURIAL

County MARION Township CENTER City or Town INDIANAPOLIS

Date of Death 10-1 1923

Decedent's full name William E. Pruitt Age 49

Cause of death pneumonia

Medical attendant Oscar Jones

Place of death Mars Hill Ind

Proposed date of burial 11-0-23 1923

Proposed place of burial Gosport, Ind

Undertaker J. S. White Address Martinsville

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. This permit is to be delivered to sexton or person in charge of cemetery.

[Signature]
Name of Health Officer or Deputy

Dated 10-2 1923

8

Address
(Sexton or person in charge of cemetery should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIAL

County Owen Township Washington City or Town Spencer

Date of Death February 13 1926

Decedent's full name Amanda O. Brown Sandy Age 91

Cause of death Organic Heart Disease

Medical attendant Chas. F. Pectol

Place of death Spencer, Indiana

Proposed date of burial February 17 1926

Proposed place of burial Gosport, Indiana

Undertaker Morgan L. Drescher Address Spencer, Indiana

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.

[Signature]
Name of Health Officer or Deputy

Dated 19

8

Address
(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

No. 125

PERMIT FOR BURIAL

County Monroe Township Bloomington City or Town Bloomington

Date of Death December 18 19 26

Decedent's full name Mary Matilda Seay Age 77-3-27

Cause of death Chronic Myocarditis Mitral Insufficiency

Medical attendant Melville Ross

Place of death Bloomington, Ind.

Proposed date of burial December 21 19 26

Proposed place of burial Gosport, Indiana.

Undertaker Arthur Day Address Bloomington, Ind.

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.

J. E. Moser MD

Name of Health Officer or Deputy

Dated December 20 19 26

Bloomington, Ind.

Address

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(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

No. _____

PERMIT FOR BURIAL

County Morgan Township Washington City or Town _____

Date of Death July 16 19 28

Decedent's full name Betty Louise Seuk Age 10 mos.

Cause of death Tetany

Medical attendant A. D. Sweet

Place of death Morgan Co. Wash Twp.

Proposed date of burial July 17 19 28

Proposed place of burial Gosport

Undertaker Cure & Hensley Address Martinsville

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.

Jesse White

Name of Health Officer or Deputy

Dated July 17 19 28

Address

(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIAL

No.

County Decatur Township Washington City or Town Greensburg

Date of Death June 8 1928

Decedent's full name Carey J. Slack Age 81

Cause of death Angiemia of the heart

Medical attendant D. E. Douglas

Place of death Greensburg, Ind.

Proposed date of burial June 11 1928

Proposed place of burial Gosport, Ind.

Undertaker Chas. R. Howe Address Greensburg, Ind.

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.

D. E. Douglas
Name of Health Officer or Deputy

Dated June 9 1928

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Greensburg, Ind.
Address

(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

PERMIT FOR REMOVAL AND BURIAL

No. 4017

County MARION Township CENTER City or Town

Date of Death Oct 5 1922

Decedent's full name Rachael D. Stalcup Age 50 yrs

Cause of death Chronic Valvular Insufficiency

Medical attendant Mr R. L. Kemper

Place of death 1447 E. Wash St

Proposed date of burial Oct 8 1922

Proposed place of burial Garfield Cemetery Gosport, Ind.

Undertaker Shirley Bros Address Shirley

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. This permit is to be delivered to sexton or person in charge of cemetery.

G. H. Ruggles
Name of Health Officer or Deputy

Dated Oct 6 1922

8

G. H. Ruggles
Address
(Sexton or person in charge of cemetery should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

2378

No.

MARION

PERMIT FOR BURIAL

CENTER

INDIANAPOLIS

County

Township

City or Town

Date of Death

5-12

1926

Decedent's full name

Wesley Stalcup

Age 69

Cause of death

Uremia

Medical attendant

G. W. Rubush

Place of death

1447 E. Wash. St.

Proposed date of burial

5-14

1926

Proposed place of burial

Gosport, Ind.

Undertaker

Shirley Bros. Co.

Address

Indpls

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.

[Signature]

Name of Health Officer or Deputy

Dated

5-13

1926

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Address

(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

1582

No.

MARION

PERMIT FOR REMOVAL AND BURIAL

CENTER

INDIANAPOLIS

County

Township

City or Town

Date of Death

4-20

1921

Decedent's full name

Mary Alice Steele

Age 68

Cause of death

Acute Dilatation of Heart

Medical attendant

A. C. Peabody

Place of death

1144 Shepherd

Proposed date of burial

4-22

1921

Proposed place of burial

Gosport, Indiana

Undertaker

Shirley Bros. Co.

Address

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. This permit is to be delivered to sexton or person in charge of cemetery.

[Signature]

Name of Health Officer or Deputy

Dated

4-22

1921

Address

(Sexton or person in charge of cemetery should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

No. 1857 **PERMIT FOR BURIAL**

County MARION Township CENTER City or Town INDIANAPOLIS
 Date of Death 4 - 13 19 26
 Decedent's full name Sarah May Steele Age 40
 Cause of death Chronic Myocarditis
 Medical attendant A. C. Pelworth
 Place of death 1845 - Lambert St
 Proposed date of burial 4 - 15 19 26
 Proposed place of burial Gospport, Ind.
 Undertaker Shurley Bros. Co. Address City

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.

Name of Health Officer or Deputy

Dated 4 - 15 19 26

8

Address

(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

No. _____ **PERMIT FOR BURIAL**

County Vigo Township Merins City or Town Frankton
 Date of Death Aug 21 19 26
 Decedent's full name Elizabeth B. Land Joyce Age 100
 Cause of death Pulmonary Tuberculosis
 Medical attendant E. E. Hoffa
 Place of death Frankton
 Proposed date of burial Aug 23 19 26
 Proposed place of burial Gospport
 Undertaker Geo M. Lambert Address 1258 Lafayette Ave

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.

Name of Health Officer or Deputy

Dated Aug 23 19 26

8

Address

(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

258

PERMIT FOR BURIAL

No. _____

County MAKONTownship CENTERCity or Town INDIANAPOLISDate of Death Jan 17 1926Decedent's full name Charles R. Meha Ford Age 66Cause of death CardiacMedical attendant John R. KingPlace of death IndianapolisProposed date of burial Jan 16 1926Proposed place of burial Gasport IndUndertaker Shirley Brown Address City

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.

Name of Health Officer or Deputy Chas. H. MorganDated Jan 16 1926

8

(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

No. 1812

PERMIT FOR BURIAL

County MAKONTownship CENTERCity or Town INDIANAPOLISDate of Death 4-12 1926Decedent's full name James H. Taylor Age 71Cause of death Acute MyocarditisMedical attendant John R. KingPlace of death Rawles Ave R.D.Proposed date of burial 4-14 1926Proposed place of burial Gasport IndUndertaker Shirley Brown Co Address City

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.

Name of Health Officer or Deputy Chas. H. MorganDated 4-13 1926

8

(Holder should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

No. 2834

PERMIT FOR REMOVAL AND BURIAL

County MARION

Township CENTER

City or Town INDIANAPOLIS

Date of Death 19

Decedent's full name William Augustus Van Cavan Age 63 yrs.

Cause of death Diabetes mellitus

Medical attendant H. R. Morris

Place of death Central State Hosp.

Proposed date of burial 6-30-24 19

Proposed place of burial Ganport, Indiana

Undertaker Flannery Buchanan Address City

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. This permit is to be delivered to sexton or person in charge of cemetery.

J. M. Morgan
Name of Health Officer or Deputy

Dated 6-28 1924
8

Address
(Sexton or person in charge of cemetery should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

PERMIT FOR REMOVAL AND BURIAL

No.

County Morgan Township Washington City or Town Martinsville

Date of Death April 28 1921

Decedent's full name Henry Walters Age 82 yrs.

Cause of death Pneumonia

Medical attendant H. H. Williams M.D.

Place of death Jackson Township 6 miles N.E. of Martinsville

Proposed date of burial April 30 1921

Proposed place of burial Ganport Indiana

Undertaker Wilhite & Deal Address Martinsville Ind.

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. This permit is to be delivered to sexton or person in charge of cemetery.

Edward S. Montague
Name of Health Officer or Deputy

Dated April 30 1921

Martinsville Indiana
Address

(Sexton or person in charge of cemetery should preserve this Permit)

INDIANA STATE BOARD OF HEALTH

PERMIT FOR BURIAL

No. _____

County Morgan Township Washington City or Town Martinsville

Date of Death September 22, 19 26

Decedent's full name Frank Monroe Welsh Age 41

Cause of death Drowned

Medical attendant M. G. Schwenke

Place of death Pittsburgh, Pa.

Proposed date of burial September 24, 19 26

Proposed place of burial Gosport, Indiana

Undertaker Wilhite & Son Address Martinsville

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.

J. B. Broglove

Name of Health Officer or Deputy

Dated September 24, 19 26

Martinsville, Indiana.

Address

(Holder should preserve this Permit)