2669 SYCAMORE TOWNSHIP HAMILTON COUNTY, OHIO $No._{-}$ Linbourger Carence Name of Deceased. Female ColoredPlace of Nativity. $White_{-}$ Late Residence_ Date of Birth or Age_ Date of Decease_ Date of Deposit in Public Vault. Date of Interment. $Disease_$ Parents Names_ In Whose Lot Interred Lot LENGTH WIDTH HEIGHT Keg air Seal Size of Coffin, Casket or Box. rawser Name of Undertaker_ Opening & Closing \$. Removed from_ Single -Permit Obtained By. Vault_ Lining -Place of Death_ Single, Married, Widowed What Relation to Lot Owner_ Occupation____ To Supt. of Hopewell Cemetery. You are Hereby Authorized to Inter the Remains of-Sec. No. In My Lot No ._.

In Hopewell Cemetery.

THE COL. B. B. MFG. CO. BR 771