Federal Security Agency
U. S. Public Health Service

INDIANA STATE BOARD OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

Local No. ....
Registered No. 15076

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED

EMBALMER'S NAME / LICENSE No. May McClanahan 392

FUNERAL DIRECTOR'S LICENSE No. 558

1. PLACE OF DEATH:
County: Greene
City or town: Jasonville, Ind (If outside city or town limits, write RURAL)
Street address, hospital, or institution: 403 Harrison St.
Stay in hospital or inst. (yrs. or mos., or days)
Stay in this community (yrs. or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Indiana County: Greene
City or town: Jasonville H28-5 (If outside city or town limits, write RURAL)
Street No.: 403 Harrison St (If rural give LOCATION)
2. (a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Eliza Rosetta Glaspie
3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed or divorced: Widowed
6. (b) Name of husband or wife
6. (c) If alive, give age .... years
7. Birth date of deceased (mo., day, yr.): Oct. 5, 1863
8. AGE: Years 84 Months 7 Days 10 If less than one day .... hrs. .... min.
9. Birthplace: Greene Co. Indiana (Town, county and state)
10. Usual occupation: Housekeeper
11. Industry or business

FATHER
12. Name: John Borkam
13. Birthplace: Ohio

MOTHER
14. Maiden name: Mary Bledsoe
15. Birthplace: Ind.

16. Informant: Mrs. Nora Bedwell
Address: Jasonville, Ind.
17. Burial. Date thereof: 5-17-47 (Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Claiborne
Location: Sullivan Ind RR3
18. Funeral director: McCLANAHAN FUNERAL HOME
Address: Jasonville, Ind
Filed ...., 19........
SBH 0-24-2 (46-100M) Health Officer

ATTENDING PHYSICIAN'S CERTIFICATION

20. Date of Death: May 15, 1947, at 6:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1-47 5-15, 1947 and that I last saw h er alive on 5-15, 1947

Immediate cause of death	DURATION
Chronic myocarditis	
Due to: infirmities of age.	
Due to	

Other conditions: D835-835-1628
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? No (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work: No Means of injury
23. Signature: [illegible] M. D. Attending Physician
Address: Jasonville Ind Date signed: 5-20-47