

1 PLACE OF DEATH

STATE OF TENNESSEE

County Jackson Co

STATE BOARD OF HEALTH

Bureau of Vital Statistics

Civil Dist. 8

CERTIFICATE OF DEATH

Registration District No. 44408File No. 1 312OR
Village

Primary Registration District No.

Registered No. 1OR
City

(No. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Robert Edward Mansul

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH Sept 4 1888
(Month) (Day) (Year)7 AGE 87 yrs. 5 mos. 7 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer 000
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co10 NAME OF FATHER Jessie Mansul11 BIRTHPLACE OF FATHER (State or country) unknown12 MAIDEN NAME OF MOTHER Elizabeth Leffler13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mag Mansul[Address] Cookeville P815 Filed Feb 26 1921 A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 11 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 and that I last saw h. alive on 191

and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:

no medical aid in attendance all that is known it was a braine Stomache trouble
[Duration] yrs. mos. ds.Contributory [SECONDARY] 2020
[Duration] yrs. mos. ds.

Signed _____ M. D.

_____, 191 Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

At place of death 87 yrs. 2 mos. 7 ds. In the all his life State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mansul cemetery Feb 11 1921

20 UNDERTAKER ADDRESS

Friends only

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.