

Name, **Peter F. Talty**.....

Place of Death, **Manchester N. H.**.....

No. **666 Maple**..... Street.

Ward, **2** Village,

How long a resident, **All His Life**.....

Previous residence,

If death occurred at an institution give name of same,
.....

How long an inmate,

Where from,

Date of Death: Year, **1924** Month, **April** Day, **15**...

Age: Years, **30** Months,..... Days,.....

Place of Birth, **Manchester N. H.**.....

Date of Birth **1894**..... Month,..... Day,.....

Sex, **Male**.. Color, **White** Married, Single, }
Widowed, Single }
Divorced. }

Occupation, **Salesman**.....

Cause of Death, **Hemorrhage of Bladder & Intestine**..

..... Duration, **1 day**.....

Contributing Cause, **Gangrenous Stomatitis**.

..... Duration, **10 days**.....

Name of Father, **Peter F. Talty**.....

Maiden Name of Mother, **Mary Sheehan**.....

Birthplace of Father, **Ireland**.....

Birthplace of Mother, **Manchester N. H.**.....

Occupation of Father, **Dead**.....

[Record continued over.]

Deceased was wife of
Widow of
.....
Name of physician (or other person) reporting said
death **Daniel J. Sullivan M. D.**.....
P. O. Address, **Manchester N. H.**.....
Place of Interment, **Manchester N. H.**.....
Date of Interment, **April 17 1924**.....
Name of Cemetery, **St Joseph's**.....
Undertaker **Sheehan & Sullivan**.....
P. O. Address, **Manchester N. H.**.....

The State of New Hampshire

I hereby certify that the above death record is correct to
the best of my knowledge and belief.

Arthur H. Lawrence

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Clerk of **Manchester N. H.**.....