

Registration District No. **257**

Primary Registration District No. **3048**

Registrar's No. **142**

1. PLACE OF DEATH:

(a) County **Madaway**
(b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **About 4 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madaway**
(c) City or town **Maryville**
(If outside city or town limits, write "RURAL")
(d) Street No. **Laura Street**
(If rural, give location)
(e) Citizen of foreign country? **—** (Yes or No)
If yes, name country: **—**

3. (a) PRINT FULL NAME

Teresa Agnes Tallon

3. (b) If veteran, name war: **—**

3. (c) Social Security No. **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **20**
year **1933** hour **—** minute **—** M.
21. I hereby certify that I attended the deceased from **8-16**
1933 to **8-20** 19**33**
that I last saw h. **ev** alive on **8-18** 19**33**
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **Thomas Tallon** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **March - 12 - 1873**
(Month) (Day) (Year)

Immediate cause of death **gangrene of both feet**
known embolus of femoral vein
Due to **Chy Myocarditis**
Due to **Chy Arthritis**

8. AGE: Years **70** Months **5** Days **8** If less than one day **—** hr. **—** min.

9. Birthplace **Pulaski** (City, town, or county) **Iowa** (State or foreign country)

10. Usual occupation **Home wife**

11. Industry or business **—**

12. Name **James Doran**
13. Birthplace **Down County** (City, town, or county) **Ireland** (State or foreign country)
14. Maiden name **Bridget Morgan**
15. Birthplace **Down County** (City, town, or county) **Ireland** (State or foreign country)

16. (a) Informant **Thomas Tallon**
(b) Address **7 Maryville Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-23-33**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Marys**

18. (a) Signature of funeral director **Carroll Funeral Home**
(b) Address **951 South Main Maryville Mo**
19. (a) **Sep 13 1933** (b) **Lucy Barber**
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) **93d**
Major findings: Of operations **—**
Of autopsy **—**

Duration **—**
PHYSICIAN **—**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **—**
(b) Date of occurrence **—**
(c) Where did injury occur? (City or town) (County) (State) **—**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **—**
While at work? (Specify type of place) (c) Means of injury **—**
23. Signature **—** (M. D. or other) **—**
Address **Maryville** Date signed **8-21-33**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed..... *William Campbell*

Licensed Embalmer No. *2670*

P. O. Address..... *Nayville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.