

# RETURNED

DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Belmont

Registration District No. 98

File No. 56178

Township

Primary Registration District No. 8042 Registered No. 380

or Village

No. Fourth & Hanover St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

or City of Martins Ferry

2 FULL NAME

Richard J. Padden

NOV 1922

(a) Residence. No.

Fourth & Hanover St. Ward

(If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U.S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

male

4 COLOR OR RACE

white

5 Single, Married, Widowed or Divorced (write the word)

married

5a If married, widowed or divorced

HUSBAND of  
(or) WIFE of

Mrs. Mary Padden

6 DATE OF BIRTH (month, day, and year)

7 AGE

Years 52

Months 1

Days 9

If LESS than 1 day... hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Wheeling, W. Va.

10 NAME OF FATHER Michael Padden

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Ellen James

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant

Mrs. Mary Padden

(Address)

Fourth & Hanover

15 Filed

11/30, 1922 W. S. Filton

REGISTRAR

16 DATE OF DEATH (month, day and year) Oct 31 1922

17

I HEREBY CERTIFY, That I attended deceased from

Oct 30, 1922 to Oct 31, 1922

that I last saw him alive on Oct 31, 1922

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Diabetes Mellitus

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY

(SECONDARY)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy?

What test confirmed diagnosis? Yes

(Signed) C. S. Presley M. D.

Nov 1922 (Address) Martins Ferry

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Lt. Mary's Cemetery

DATE OF BURIAL

11/3 1922

20 UNDERTAKER, license No. 597

ADDRESS

R. G. Neelap & Son

M. F. A.

misc.