



The Medical certification follows the recommendations of the World Health Assembly made in Geneva on July 24, 1948.
All answers must be in the Physicians handwriting.
In the Interest of the accurate vital statistics, please conform to the International List of the Causes of Death.

Full name of deceased	Date of death
Residence at death	Place of Death (If Hospital or Institution, give name)
Age at death or date of birth	
Cause of Death (Enter only one cause for each a, b and c.) <i>Disease or condition directly leading to death: (This does not mean the mode of dying, such as heart failure, asthenia etc. It means the disease, injury or complication which caused death.)</i>	
(a)	Interval between onset and death (a)
Antecedent cause (Morbid conditions, if any giving rise to the above cause (a) stating the underlying cause last.)	
Due to (b)	(b)
Due to (c)	(c)
Other significant conditions: (Contributing to the death but not related to the disease or condition causing death.)	
Date of First Attendance in Last Illness	Date of Last Attendance in Last Illness
If death was due to accident, suicide or homicide, specify which and describe briefly	Was an inquest held? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an autopsy performed <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom and with what findings?
Were there any given identification marks on the body? If "Yes", give particulars <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you treated or advised the deceased during the last 5 years, prior to last illness <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the deceased, to your knowledge, receive treatment during the last 5 years from any other physician, or in any hospital or Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to either question, please furnish the following:	
Name	Address
Nature of Illness or Injury	Dates
THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF	
.....20..... Date M.I Signature Address

INSTRUCTIONS

ALL ANSWERS MUST BE ENTIRELY IN THE PHYSICIAN'S OWN HANDWRITING

In the Interest of accurate vital statistics, please conform to the International List of the cause of death when answering Question 6. External causes (poison, violence, etc.)

In any injury, describe the accident. If a suicide or homicide, state the means employed.

In surgical cases, state the nature of operation and the disease or condition requiring such procedure. In females, puerperal states are to be indicated. In neoplasms, give type and part first involved. Please avoid indefinite terms. Describe any unusual features.

Where spaces provided for the answers are too small, such details as seem desirable should be given below.
