POLLACHI MUNICIPALITY

FORM No. 8

(See Rule 8)

MEDICAL CERTIFICATE OF DEATH

Name of deceased : _____ Serial No : _____

Date of Death : _____ Date : _____

I hereby certify that I attended deceased from _____ to _____ and last saw him/her on _____ _____.

I *Cause of Death

Disease or condition directly Leading to death. Approximate interval between onset and death.

(This does not mean the mode of dying, i.e., 'Heart failure' asthenia etc., it means the disease. injury,or complication which caused death.)

(a)_____
(due to (or) as a consequence of)

Antecedent Cause :-

Morbid conditions, if any, giving rise to the above cause stating the underlying condition last.

(b)_____
(due to (or) as a consequence of)

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Other significant conditions :-
Contributing to the death, but not related to the disease or condition causing it.

(c)_____
_____
_____
_____

If deceased is a female :

Has the death associated with, pregnancy? _____

Was there a delivery? _____

_____

If the death was due to external causes (violence) fill in also the following accident, suicide or homicide

Date of injury_____ How did injury occur?

_____

Signed by_____Designation_____M.B.B.S.,

Registration No._____Address_____Dated_____

*(Out of (a),(b) and (c) etc., underlying cause of death may be marked( ) by the medical practitioner).