

## MEDICAL CERTIFICATE OF THE CAUSE OF DEATH

I HEREBY Certify that I attended ~~\_\_\_\_\_~~ during HIS last illness since the 11/09/23 that such person's age was stated to be \_\_\_\_\_; that I last attended 06 TO all over the 05 day of 10 2023 that he / she died (\*) permeal on the 05 day of \_\_\_\_\_ that I saw and identified the body of the DESEASED; and that to the best of my knowledge and belief in HIS death was in all respect due to (A) natural causes as are hereunder written.

The certified cause of death has/have not been confirmed by Post-mortem examination.

<p>I.</p> <p>Disease or condition directly leading to death † _____ (a) _____</p> <p>Antecedent causes _____ (b) _____</p> <p>Marbid conditions, if any giving rise to the above cause, stating the underlying condition last _____ (c) _____</p> <p>II.</p> <p>Other significant conditions contributing to the death, but not related to the disease or condition causing it _____</p> <p>† This does not mean the mode of dying e.g heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>	<p>CAUSE OF DEATH</p> <p><u>Recent Pleural Effusion</u></p> <p>due to (or as a consequence of) _____</p> <p>Due to (or as a consequence of) _____</p> <p>_____</p>	<p>Approximate interval between onset and death</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Witness my hand this 06 day of 10 2023

Name and address of person to whom this certificate handed.

\_\_\_\_\_

Signature: \_\_\_\_\_

Qualification: \_\_\_\_\_

Residence: \_\_\_\_\_

the fact of death, he may here insert the words "as I am informed."

† FOR CASES IN WHICH THE MEDICAL ATTENDANT IS UNABLE TO CERTIFY THAT DEATH WAS DUE TO NATURAL CAUSES, SEE OVER. Sign- [Signature]

ADDITIONAL INFORMATION REQUIRED

Village: \_\_\_\_\_

District: \_\_\_\_\_

Chief: \_\_\_\_\_