

## FORM NO. 4

(See rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(Hospital In-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital .....

I hereby certify that the person whose particulars are given below died in the hospital in Ward No.....

on 

D	D	-	M	M	-	Y	Y	Y	Y
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 at.....A.M. / P.M.

<b>NAME OF DECEASED:</b>		First Name	Middle Name	Last Name	For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender person					
<b>CAUSE OF DEATH</b>				Interval between onset and death approx.	
<p><b>I</b></p> <p>Immediate cause (a) ..... due to (or as a consequences of)</p> <p>State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.</p> <p>Antecedent cause (b) ..... due to (or as a consequences of)</p> <p>Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last</p> <p>(c) .....</p>					
<p><b>II</b></p> <p>Other significant conditions contributing to the death but not related to the disease or condition causing it</p> <p>.....</p> <p>.....</p>					

**Manner of Death**

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide  
5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No  
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification :

D	D	-	M	M	-	Y	Y	Y	Y
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SEE REVERSE FOR INSTRUCTIONS

## MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

**Name of deceased** : To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

**Age** : If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

**Cause of Death** : This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not be appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

**Onset** : Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

**Accidental or violent deaths** : Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

**Maternal deaths** : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

**Old age or senility** : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

**Completeness of information** : A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

**Example** : *Anaemia* – Give type of anaemia, if known. *Neoplasm* – Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. *Heart disease* – Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. *Tetanus* – Describe the antecedent injury, if known. *Operation* – State the condition for which the operation was performed. *Dysentery* – Specify whether bacillary, amoebic, etc., if known. *Complications of pregnancy or delivery* – Describe the complication specifically, *Tuberculosis* – Give organs affected.

**Symptomatic statement** : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

**Manner of Death** : Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

**FORM NO. 4A**

(See rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km.....Son /Wife/ Daughter of .....resident of ..... was under my treatment from ..... to ..... and he/she died

on 

D	D	-	M	M	-	Y	Y	Y	Y
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 at.....A.M. / P.M.

NAME OF DECEASED:		First Name	Middle Name	Last Name		
Sex	Age at Death				For use of Statistical Office	
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours		
1. Male 2. Female 3. Transgender Person						
<b>CAUSE OF DEATH</b>					Interval between onset and death approx.	
<b>I</b> Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. <div style="text-align: right;">(a) ..... due to (or as a consequences of)</div>						
<b>Antecedent cause</b>  Morbidity conditions, if any, giving rise to the above cause, stating underlying conditions last <div style="text-align: right;">(b) ..... due to (or as a consequences of)</div>						
<b>II</b> Other significant conditions contributing to the death but not related to the disease or condition causing it <div style="text-align: right;">(c) ..... ..... .....</div>						

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No  
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification :

D	D	-	M	M	-	Y	Y	Y	Y
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# MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

**Name of deceased:** To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

**Age :** If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

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**Completeness of information :** A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

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**Symptomatic statement :** Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.