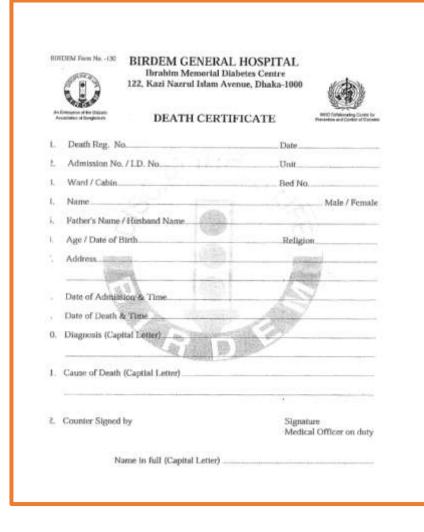
Bangladesh Death Certificate Before & After



Format not useful for computer entry

Only one line for cause of death

		-
	Sourmeer of the People's Republic of Burgladesh Africany of Health and Lamis William Elementary Germal of Health harmon mail Form of Merical Centificate of Cause of I	Death
Hospital Name:		31
Hauste Calle No.	Adversion Day Day	
		+++++++
Fetter's Name		+++++++
Address inguit/food	Toronto I	
(Name/No.)	Village/Artes/	Union/ Ward
Acat Diffice	Post Number State	Durrier
	nd gender Ballgian Italan Hede A	
December Service Bashoos	and the second s	wined Oow
Date of Birth of Deceased	Age of Dath is not available	
Darw of administer.	7 Z Z Time of Admission 2	
Date of Death	Time of Death	
RED of Deceased/Spound?		Document Special Special
Family Cell Phone market (3f evaluatin)		
France A: Medical data Part I and I		
1 I	Care of death	Time interval from sever to street.
Amount disease or consider Strendy leading to death on line a		2001.0.000
Report of twenty in that to 2 h	for a	
order (if applicable) C C	_	100
Insent seed line 50 4		
2 Other significant conditions contributing to death		
Jime Intervals use be included in firschets after the Frame It: Other modical data	# (See@Son)	
Was surgery performed within the last 4 weeks?	S S S	
If yet please specify restor for surgery	U U	
(disease or condition)	10	- 48 18 18
Manage of death:	200moun. If you were the findings wood in the	spettument Yes 144 Unincen.
Onesee Asset California	Accessed I lagal intervention I	Peoding Investigation
The Distance Herbert water	prisoning: De	in of hipary
Please describe how swempf cause accorded		
If policering please specify policering agent		
	offer institution, invincement and address area	Street and highway
Disdutrial and commutation area. Differen	Other place (please specifid)	Livinousis.
Fetal or inlant Death		
Multiple pregnancy	To University Stillbarret [the to Unknown
Pidoeth witten 24h specify number of hoors survived	Einth weight (b)	pand
Number of completed weeks of pregnancy	/ / Applications	een) / /
If shapin was permutal, please state conditions of mol- letus and remisser.	her that affected the	
For woman of reproductive age		
Who the decreased programs within past year? If you, was the programs	☐ No ☐ Unimum	
Then she ched	menting free please	trig for depth. Shart programmy laming unitarium
Did the pregnancy contribute to the death	Ster Ster Sterior	
III III	Designated Signature	

Solomon Islands Death Certificate Before & After

MED: 93/78 GP: 25/79

MINISTRY OF HEALTH & MEDICAL SERVICES

NOTIFICATION OF DEATH

NAME:	Date of Death	Sex	SMWD
ADDRESS:	Place of Death:	Village:	
Birth Date or estimate of Age:	Occupati	on:	Race:

CIRCLE BELOW THE CONDITION WHICH MOST CLOSELY DESCRIBES THE CAUSE OF DEATH.

- 1. Diarrhoea.
- Cough or more than 3 months with or without blood in sputum and loss of weight (Tuberculosis).
- 3. Cough or short duration with high fever, shortness of breath (Pneumonia).
- Intermittent high fever, vigours (MALARIA).
- 5. Rigid neck, fever of short duration, headache (Meningitis).
- Fever with rash (Measles or chicken pox specify).
- 7. Lo ck jaw, spasm of the muscle, history of the wound and/ or child birth (Tetanus).
- 8. Sudden death including stroke (Coronary thrombosis or C.V.A).
- Increasing breathlessness, swelling of ankles and/or abdomen (Cardiac failure).
- 10. Chronic cough, breathlessness, asthma (Bronchitis).
- 11. Acute abdominal pain, abdominal rigidity (Peritonitis).
- 12. Complete stoppage of urination (renal failure).
- 13. Abortion.
- 14. Other complication of pregnancy. (specify)
- 15. Complication of delivery, (specify).
- 16. Complication of puerperium (specify).
- 17. Death on the new born with 7 days (perinatal).
- 18. Malnutrition.
- 19. Transport accidents.
- Accidental poisoning.
- 21. Bites/stings of venomous or other animal (specify animal).
- 22. Falls.
- 23. Burns.
- 24. Suicides/homicides.
- 25. Drowning
- 26. Other injuries and accident (specify).
- 27. Senility (old age).
- Unknown cause
- 29. Other causes of death (give full details of symptoms duration and possible cause).

REMARKS:

Date: Signature: Name and Address of reporter.

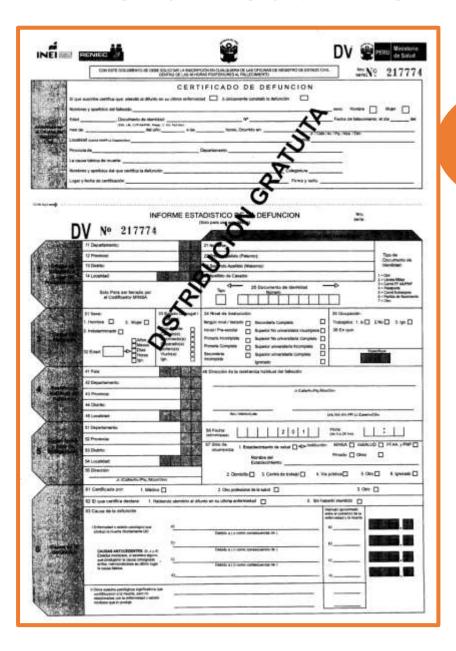
Leading & restrictive options for causes of

death

Format not useful for computer entry

- U/O	-	With and Deaths Registration	Act 1996 Section 10(1)	A THE STATE OF THE		
Birth Certificate No:			Patient NHN:			
Wind Colors		Source of Not	ification	=		
Medical Practi	tioner Nurse	☐ Minister of Religion	☐ Magistrate	☐ Family Member	-550	
Province:	If from	Health Facility: Hospital,	/Facility:	Hospital W	ard:	
		Information of	RECOGNICATION.			
1. Surname		First and Middle Nam	nes 2. Date	of Death		
				/		
3. Mothers Nan	e (For children ande	r 5)	33	1 (4) -5		
4. Date of Birth	5.Sex	6. Nationality	7. Ethnicity	II. Religion		
1 1	□м	DSolomon Islander	☐Melanesian			
Age just a sur or on the	Dr	□Non-National	Polynesian Micronesian			
hand	22 MA	. 1747 1423 555 5	Other			
Marital Status		10. Place of Death				
☐ Single ☐ Mar		11. Place of Burial Con	retery Norse/Village No	ney'Clarr't Krone		
Divorced 12 Occupation	☐Widowed 13. Current			ne Address		
11.Uccupation	19001501000	Province:	1000			
	Village:	Province:	Village	100000		
Cause of death (Only to be filled by a Medical Practitioner)		Approximate interval between onset and death	ICD Code IDA to Dot			
(a) Immediat	e cause					
-	(b) Due to (or a	a consequence of)		_		
1200000000						
	(c) Due to (or a	a consequence of)				
Antecedent causes and						
causes and underlying		is a consequence of)				
causes and	(d) Due to (ar a					
causes and underlying						
causes and underlying cause						
causes and underlying cause	causes		Semples 12-5d years) Test-	Creteyant horo	
causes and underlying cause Contributory Whe (Only sede	causes ther Maternal D filed by a Medical from	eath or Not junly for j		10 20 100 00	CONTRACTOR DESCRIPTION OF	
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Causes and underlying cause Contributory Whe JOH to be 111 Was she pregret (7) If NO. Did she	ther Maternal D Med to a Mediud from ant at the time of d deliver a boby with	eath or Not (anly for) moon, Augmented North No eath? in 6 weeks (42 days) bet	ore the date of dea	therd Yes	CONTRACTOR DESCRIPTION OF	
Causes and underlying cause II Contributory Whe JOH to be 101 Was she pregret (2) If NO, Did she had (3) Or Did she (3) Or Did she (4) Or Did she	ther Maternal D Skel he a Nechol Fee and at the time of d deliver a baby with e an abortion within	eath or Not (anly for) mean, Augistred None N eath? in 6 weeks (42 days) before 6 weeks (42 days) before	one Alde at Family Aller fore the date of dea are the date of deat	therd Yes	CONTRACTOR DESCRIPTION OF	
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Peru Death Certificate Before & After



Paper entry only

