

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

I hereby certify that the deceased Shri/Smt./Km..... son of/wife of/daughter of resident of was under my treatment fromto and he/she died on at AM/PM.

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	Age in completed years	If less than 1 year age in months	If less than one month age in Days	If less than one day, age in Hours	
1. Male 2. Female					
CAUSE OF DEATH				Interval between on set & death approx.	
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia etc.		(a) Due to (or as a consequences of)			
Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying condition last		(b) Due to (or as a consequences of)			
II Other significant conditions contributing to the death but not related to the disease or conditions causing II		©			

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 Certificate

(To be detached and handed over to the related of the deceased)

Certified that Shri/Smt/Km S/W/D of Shri R/O
..... Was under treatment from to And he/she
expired on at AM/PM

Doctor
Signature and address of Medical Practitioner/
Medical attendant with Registration No.