Bangladesh Death Certificate Before & After

Format not useful for computer entry

Only one line for cause of death
Solomon Islands Death Certificate: Before & After

Before:

**MINISTRY OF HEALTH & MEDICAL SERVICES**

**NOTIFICATION OF DEATH**

**NAME: ........................................................................ Date of Death: .......... Sex: .......... SM/WD: ..........**

**ADDRESS: ...............................................................................................................................................................**

**Birth Date or estimate of Age: ......................................................................................................................... Occupation: .......... Race: ..........**

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

1. Diarrhoea.
2. 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).
4. Intermittent high fever, vireous (Malaria).
5. Rigid neck, fever of short duration, headache (Meningitis).
6. Fever with rash (Measles or chicken pox specific).
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 CVA).
9. 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).
17. Death on the new born with 7 days (perinatal).
18. Malnutrition.
20. Accidental poisoning.
21. Bite(s)/stings of venomous or other animal (specify animal).
22. Falls.
23. Burns.
25. Drowning.
26. Other injuries and accident (specify).
27. Senility (old age).
28. Unknown causes.
29. Other causes of death (give full details of symptoms duration and possible cause).

**REMARKS:**

Date: .................................................. Signature: ..................................................

Name and Address of reporter.

After:

**DEATH NOTIFICATION AND MEDICAL CERTIFICATION OF CAUSE OF DEATH**

**SOURCE OF NOTIFICATION**

- Medical Practitioner
- Nurse
- Minister of Religion
- Magistrate
- Family Member
- Other

**INFORMATION OF DECEASED**

- Name
- Sex
- Age
-Marital Status
- Occupation
- Address
- Denomination
- Religion
- Cause of death
- Other details

**CAUSE OF DEATH**

- Immediate cause
- Contributory cause
- Other causes

**DECLARATION**

I, the person who has been given the power, hereby declare that the above to be true and correct.

Print Name

Designation

Signature

Date

**Format not useful for computer entry**

**Leading & restrictive options for causes of death**
Peru Death Certificate Before & After

Paper entry only