## Register of Death

### 1. Full Name of Deceased
- Baptismal or given Name(s)
- Middle or Tribal Name
- Son or daughter of
- Surname or Tribal Name of Father

### 2. Date of Death
- Date of Month
- Month:
- Year

### 3. Sex of Deceased
- Male ............I
- Female ..... 2

### 4. Age of Deceased
- ..................years. If under one year state......................... Months.
- If under one month state ................................. days.

### 5. Occupation of Deceased

### 6. Exact Place of Death
- No. of house and street or road, Name or Town, if any, or Village/Sub-location and Location of any If in Institution-name hospital or medical centre

### 7. Normal Residence Of Deceased
- If Deceased not normally resident at above place, state district in which he lived.

### 8. Certificate to Be Given by Relative or Other Informant Where No Medical Certificate Given.

#### A. Apparent Cause of Death (Place tick in box against description which most nearly describes condition before death):

1. Natural Causes:
   - Bellyache, with diarrhea
   - Bellyache, without diarrhea
   - Cough, with short illness (less than 1 month)
   - Cough, with long illness (more than 1 month)
   - Shortness of breath & swelling of legs
   - Sudden death
   - Difficulty or pain in passing urine
   - Yellow skin or yellow eyes
   - Smallpox
   - Measles
   - Fever with headache & stiff neck
   - Other fever
   - Convulsions with lock-jaw (tetanus)
   - Woman dying in childbirth

2. Other known cause, specify condition: .........................

I am satisfied after inquiry that the above-mentioned death is not one to which sections 386 or 387 of the Criminal Procedure Act (Cap. 75) apply. An external examination of the body has not been made by a medical practitioner.

Deputy Registrar
Magistrate/Police Officer

#### 2. Unnatural Causes:

(A disposal certificate in these cases can ONLY be given by the police when satisfied that the provisions of Cap. 75 have been observed).

- Accident
- Killed by another person
- Cause unknown
- Suicide

#### 3. Certificate

I certify that I am (state relationship to deceased or capacity in which information given)

.................................................................

.................................................................and that the above information is correct to the best of my knowledge.

Signature ........................................................ ..........

(If illiterate, witness to mark of informant to sign)

Date ........................................

Signature ........................................................ ..........

Date record received ........................................

9. Signature of Local Registrar ........................................

GPK (L)