

Tirupattur Municipal Office  
FORM NO, 4-A  
(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 here by certify that the deceased Shri/Smt/Km \_\_\_\_\_ son of  
/wife of /daughter of \_\_\_\_\_ resident of  
\_\_\_\_\_ was under my treatment from \_\_\_\_\_ to \_\_\_\_\_ and  
he/she died on \_\_\_\_\_ at \_\_\_\_\_ A.M./ P.M.

NAME OF DECEASED					For use of Statistical Office
Sex	Age of Death:				
	Age Completed Years	If less than 1 Year age in months	If less than 1 month age in days	If less than 1 Day age in Hours	
1. Male					
2. Female					

**CAUSE OF DEATH** Interval between onset & 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 conditions last

b) \_\_\_\_\_  
due to (or as a consequences of)

II. Other significant conditions contributing to the death  
but related to the disease or conditions causing it

c) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If deceased was 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 in cause of death  
Date of Verification \_\_\_\_\_

**SEE REVERSE FOR INSTRUCTIONS**

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

Certified that Shri / Smt / Kum \_\_\_\_\_ S/W/D of Shri \_\_\_\_\_  
R/O \_\_\_\_\_ was under my treatment from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ and He/She expired on \_\_\_\_\_ at \_\_\_\_\_ A.M. / P.M

Doctor \_\_\_\_\_  
Signature and address of medical Practitioner  
Medical Attendant with Register