

**Forms for medical certificates of the cause of death under the Births and Deaths Registration Act, 1953 : prescribed by regulations made by the Registrar General with the approval of the Minister of Health under section 22 (1) of the Births and Deaths Registration Act, 1953 : these forms must be kept in safe custody, not to be used in cases of still-births (see page 1).**

### **Contributors**

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PLEASE READ PAGES I-VII

[These books of medical certificate forms are supplied for the use of registered practitioners *only*. They may be obtained *gratis* from the Registrar of Births and Deaths for the sub-district in which the practitioner resides. The issue of the medical certificate of cause of death to the registrar is a statutory duty for which no fee is authorised.]



FORMS FOR

MEDICAL CERTIFICATES

OF THE

**CAUSE OF DEATH**

under the Births and Deaths Registration Act, 1953

Prescribed by Regulations made by the Registrar General with the approval of the Minister of Health under Section 22 (1) of the Births and Deaths Registration Act, 1953

THESE FORMS MUST BE KEPT IN SAFE CUSTODY

NOT TO BE USED IN CASES OF STILL-BIRTHS ( See page 1 )

MED A  
1

Nº 279951

to

MED A  
1

Nº 280000

Form 66  
(50 Forms)

(S.19496) WL21018/190 15w Bks. 11/62 Hw.-RB-26

Printed by Authority of the Registrar General.

## STATUTORY PROVISIONS RELATING TO MEDICAL CERTIFICATES OF THE CAUSE OF DEATH

Section 22 of the Births and Deaths Registration Act, 1953, provides that:—

(1) "In the case of the death of any person who has been attended during his last illness by a registered medical practitioner, that practitioner shall sign a certificate in the prescribed form stating to the best of his knowledge and belief the cause of death and shall forthwith deliver that certificate to the registrar."

(2) "On signing a certificate of the cause of death under the foregoing subsection the medical practitioner shall give in the prescribed form to some qualified informant of the death notice in writing of the signing of the certificate, and that person shall, except where an inquest is held on the body or touching the death of the deceased person, deliver the said notice to the registrar."

(3) "The Registrar General shall from time to time furnish to every registrar printed forms of the certificates required to be signed by registered medical practitioners under subsection (1) of this section, and every registrar shall furnish such forms free of charge to any registered medical practitioner residing or practising in that registrar's sub-district."

### Certificate to be given in prescribed form

The certificate of cause of death given by a registered medical practitioner must therefore be in the prescribed form, and in no other. The form prescribed is contained in the books of forms supplied by the Registrar General through registrars of births and

deaths; and the particulars required to be given must accordingly be stated in the certificate in the manner provided for in the form.

### Certificate to be delivered forthwith to the Registrar of Births and Deaths

The practitioner is provided by the registrar of births and deaths with a supply of official franked envelopes for the purpose if desired of posting the certificates to the registrar. **These envelopes must not be used for any other purpose, and no alteration may, in any circumstances, be made in the printing on them.**

### Notice of Signing of Certificate to be given to Informant

It is the duty of the practitioner, on signing a certificate of cause of death, to give written notice of the signing to the relative or other person liable to act as informant of the death for registration purposes. The form contains a tear-off portion to be used by the practitioner in giving such notice. This tear-off portion bears the same serial number as that borne upon the form of certificate itself. **The practitioner is required to give the notice to the relative in the case of a particular death upon the tear-off portion of the form upon which he writes and signs the certificate of the cause of such death.** Thus the practitioner's certificate of cause of death and the notice given to the relative that the practitioner has signed such a certificate must bear the same serial number.

### Particulars of Cause of Death

See notes and suggestions on page ii and examples on page vii

as to the manner in which the certificate of cause of death should be completed.

### Still-births

The Births and Deaths Registration Act, 1953, as amended by the Population (Statistics) Act, 1960, requires all still-births to be registered. A registered medical practitioner who was present at the birth or examined the body of the child must, on the request of the parent or other person who is qualified to give information to the registrar for the purposes of registration, give to that person a certificate stating that the child was not born alive and also, where possible, stating the cause of death and the estimated duration of the pregnancy. This certificate has to be given to the registrar by the informant.

The forms of certificate of still-birth may be obtained on request from registrars of births and deaths. **The forms in this book must not be used in cases of still-birth.**

The Act defines "still-born" and "still-birth" for the purpose of still-birth registration as follows:—

"still-born child means a child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother, breathe or show any other signs of life and the expression 'still-birth' shall be construed accordingly."

Any child which has breathed or shown any other sign of life is considered as live-born for registration purposes.

GENERAL REGISTER OFFICE,

SOMERSET HOUSE,

LONDON, W.C.2.



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## NOTES AND SUGGESTIONS TO CERTIFYING MEDICAL PRACTITIONERS

No medical certificate of cause of death may be given on the prescribed form unless the certifying medical practitioner has been in attendance upon the deceased during his or her last illness. The certificate must be given and signed by the practitioner who has been attending the deceased during the last illness; and no other person or practitioner may sign the certificate on his behalf.

A registered medical practitioner who was in attendance upon a deceased person during the last illness is required to give a medical certificate of cause of death on the prescribed form in every case (see note on Statement A below).

### Confirmation by post-mortem

It has been found that the certificate of cause of death is often completed before the results of a post-mortem examination are known, results which might provide further information of value for statistical purposes. Accordingly, provision has been made on the front of the certificate for the practitioner to state whether the certified cause takes account of post-mortem information or, if not, whether such information may be available later. If the latter is indicated (i.e. if digit 2 is ringed), an enquiry will in due course be sent to the practitioner in order that he may communicate any further information with respect to the death which he may then be able and willing to give.

### Statement that deceased person was seen or not seen after death

The extent to which the bodies of deceased persons are seen after death by a medical practitioner is a matter of some public interest, and arrangements have been made for the publication of statistics on this subject. It is desirable that the number of cases in which the deceased person is seen after death should include those where although the body was not seen by the medical practitioner who signed the certificate it was seen by some other medical practitioner. In these circumstances, the certifying practitioner is asked to ring letter (b). Otherwise letters (a) or (c), as appropriate, should be ringed.

### Statement A

(back of certificate form)

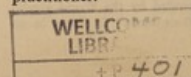
In every case of violent or unnatural death or sudden death of which the cause is unknown or death under any circumstances of suspicion, generally it is the duty of every person who is about the deceased to give immediate notice to the coroner or his officer.

A medical practitioner in attendance during the deceased's last illness who, in accordance with the obligation referred to above, reports the death, or causes a report to be made, to the coroner, should not on this account refrain from giving a medical certificate of cause of death, since the practitioner's duty to give the certificate if he is qualified to do so appears to be absolute (see section 22(1) of the Births and Deaths Registration Act, 1953, quoted on p. i.) The knowledge that he or some other person has reported, or will report, the death to the coroner cannot affect the duty to give the certificate, but in any such case the practitioner is requested to initial Statement A on the back of the certificate. It will then be the duty of the registrar to await the coroner's decision in the matter before proceeding with registration of the death or issuing a certificate for disposal of the body.

### Statement B

(back of certificate form)

In the past, practitioners have been asked to initial Statement B on the back of the certificate in cases where they were aware, when certifying the cause of death, that some post-mortem or laboratory examination was about to take place from which additional information might become available. Practitioners are now able to indicate on the front of the certificate that post-mortem information may be available later (see above) and this indication will no doubt cover most of the cases where Statement B was previously initialled. Cases may still occur, however, where the results of a histological or bacteriological examination are not available at the time of certification and in these circumstances the practitioner is asked to initial Statement B. A request for the additional information will then be sent to the practitioner.



**NOTES AND SUGGESTIONS TO CERTIFYING MEDICAL PRACTITIONERS—Continued**  
**STATEMENT OF CAUSE OF DEATH**

1. The cause of death (excluding interval between onset and death) as certified by the practitioner in attendance during the last illness is entered by the registrar in the death register and forms part of that record. The entry in the death register and the certificate of cause of death itself are also utilised as material for the mortality statistics published by the Registrar General.

The value of these statistics will be materially enhanced if certifying medical practitioners will:—

(a) read and adopt, so far as possible, the suggestions printed below, remembering that the international classification of causes of death is based, not upon terminal clinical states but upon the *antecedent and underlying pathological causes*, of which the certifier is generally best qualified to form an opinion;

(b) write the names of diseases (*in full*) in the certificates as legibly as possible, to avoid the risk of their being incorrectly transcribed into the death register.

In view of the importance for many public purposes of the mortality statistics based upon these certificates, the Registrar General hopes that he may rely upon the co-operation of the medical profession in these matters.

2. It is desirable that medical practitioners should employ as far as possible only those terms recommended in the Nomenclature of the Royal College of Physicians of London or mentioned in the International Statistical Classification of Diseases, Injuries and Causes of Death. The use of vague and ill-defined terms is particularly to be avoided.

An alphabetical list of commonly used incomplete causes is appended, with comments indicating in what respect the term is unsatisfactory and what further information as to the cause of death is required in each case for classification purposes. A few unobjectionable terms are included in the list for special reasons.

3. In cases where an indefinite term has to be employed because more definite information is lacking it would be well to indicate this fact in the certificate, e.g., by the words "Cause Unknown".

4. The certificate is in the form recommended by the World Health Organization for international use from 1950 onwards. It differs in no

essential particular from the form used by the Registrar General since 1927, except that space is given for the interval between reputed onset and death. (See 8.)

5. In a very large number of cases only one cause of death need be stated and in these the form of the certificate is of little importance. But where two or more causes must be entered it is of the utmost importance for purposes of classification that the arrangement of causes on the certificate should accurately represent the certifying practitioner's opinion as to their order of occurrence if the causes were related one to another, or as to their relative importance if independent.

6. The present form of certificate is divided into two sections (I and II). In "I" should be entered the immediate cause of death and any morbid conditions which led up to it, if such there were, the latter being stated in order backwards from the immediate to the antecedent causes. In "II" should be entered conditions which are not in the chain of pathological events which have led to the immediate cause of death but which have none the less contributed to the fatal issue. The examples on page vii will make these points clear.

7. It is suggested that the practitioner should in each case first consider whether the essential features of the case cannot be epitomised by statement of a single cause (e.g., pulmonary tuberculosis) and that where entry of more than one cause is required he should next consider whether the conditions specified were or were not of independent origin, and indicate this by entry in the appropriate space.

8. When possible it should be stated in the certificate whether the condition was acute or chronic. In addition to such statement (and not as a substitute for it) the interval between date of onset, as nearly as it can be estimated, and date of death is asked for in the case of each condition entered. In many instances this can only be a rough guide to duration, but even so it will suffice to prevent errors in classification to the underlying cause.

9. In addition to the foregoing general considerations, the following points as to special causes of death call for attention:—

(a) **Cancer.**—The primary site should be stated in all cases where it is

known, even if the primary growth has been removed at previous operation. If it is not known, state the site of the secondary growths and add "Primary not known". Primary growths in the liver, lung, or lymph nodes should be specified as primary.

The following list shows the way in which the International Classification of Diseases classifies cancer of certain sites. If these requirements are borne in mind when completing medical certificates of cause of death, enquiries for additional information will be avoided.

<b>Lip</b>	upper, lower
<b>Tongue</b>	base, other parts
<b>Mouth</b>	floor, other parts
<b>Nose</b>	internal, external
<b>Pharynx</b>	tonsil, other mesopharynx, nasopharynx, hypopharynx
<b>Small intestine</b>	duodenum, other parts
<b>Large intestine</b>	ascending, transverse, descending, sigmoid
<b>Uterus</b>	cervix, corpus, other (including chorionepithelioma)
<b>Skin</b>	specified parts of face and neck, trunk, upper limb, lower limb
<b>Nervous system</b>	brain, spinal cord, meninges, peripheral, sympathetic

(b) **Childbirth.**—Whenever parturition or pregnancy has been in any way a contributory cause of death, the nature of the abnormality, if any, should be mentioned on the certificate. If the delivery was an abortion (under 28 weeks gestation) or was premature, this should be stated. The word *puerperal* should not be applied to post-abortive conditions. Whatever the cause, state whether death occurred during pregnancy or after abortion or childbirth.

(c) **Prematurity.**—State the weight at birth if known; if not, the estimated duration of gestation.

(d) **Congenital causes.**—If believed to have been congenital, state this.

(e) **Operations.**—Mention tonsillectomy; mention Caesarean section or use of instruments in parturition. Always state the disease or condition for which the operation was performed.

(f) **Anaesthetics.**—When death occurs during anaesthesia, or is in any degree attributable thereto, the nature of the anaesthetic(s) used and their sequence should be recorded.

# LIST OF INDEFINITE OR UNDESIRABLE TERMS

Reference No.	INDEFINITE OR UNDESIRABLE TERM (i.e., when used without further particulars indicated opposite).	FURTHER INFORMATION REQUIRED (IF AVAILABLE); and Notes on the use of certain Terms.	Reference No.	INDEFINITE OR UNDESIRABLE TERM (i.e., when used without further particulars indicated opposite).	FURTHER INFORMATION REQUIRED (IF AVAILABLE); and Notes on the use of certain Terms.	Reference No.	INDEFINITE OR UNDESIRABLE TERM (i.e., when used without further particulars indicated opposite).	FURTHER INFORMATION REQUIRED (IF AVAILABLE); and Notes on the use of certain Terms.
1	Abscess .. ..	State cause (especially whether tuberculous) and situation.	21	Caries .. ..	(a) Part affected; (b) disease causing this condition.	36	Cyanosis .. ..	Disease or malformation causing this condition.
2	Acetonæmia, acetonuria, acidosis.	Disease causing this condition.	22	Catarrh of bowels ..	Taken as equivalent to diarrhoea.	37	Debility, atrophy, or asthenia.	Disease causing this condition.
3	Albuminuria .. ..	Disease causing this condition.	23	" of lungs .. ..	Taken as equivalent to bronchitis.	38	Defective vitality ..	Cause of this condition. Was the case one of premature birth or of congenital malformation? Disease causing this condition. (If primary say so.)
4	Anæmia .. ..	Disease causing this condition. If primary, state variety.	24	" of stomach ..	Taken as equivalent to gastritis.	39	Dementia .. ..	Disease causing death.
5	Aneurysm .. ..	State whether of aorta (thoracic or abdominal) other artery, vein or heart.	25	Cellulitis .. ..	Cause of cellulitis and part affected.	40	Dentition .. ..	Particular care should be taken to differentiate between diabetes as the underlying cause of death and as an associated condition.
6	Angina pectoris ..	Was there coronary disease? Was hypertension present?	26	Cerebral effusion ..	Disease causing this condition. If not known, state whether hæmorrhagic or serous.	41	Diabetes .. ..	Particular care should be taken to differentiate between diabetes as the underlying cause of death and as an associated condition.
7	Aortitis, arteritis, endarteritis .. ..	Was the condition due to syphilis? (If so, see No. 124.)	27	Cerebrospinal meningitis.	Cause of this condition. Always certify meningococcal meningitis or cerebrospinal fever if this disease is meant.	42	Diarrhoea .. ..	Cause of this condition, if known.
8	Apoplexy .. ..	State site of lesion.	28	Childbirth .. ..	How this physiological process caused death.	43	Disease of bowels, brain, heart, or other organ.	State form of disease.
9	Atrophy of brain or other organ.	Disease causing this condition.	29	Cirrhosis of liver ..	Cause of this condition, or type.	44	Dropsy, ascites .. ..	Disease causing this condition.
10	Bedsore .. ..	Condition confining patient to bed.	30	" of lung .. ..	Was the condition tuberculous at the time of death? State its originating cause if known, e.g., form of dust inhaled. Was it occupational?	45	Dysentery .. ..	State variety.
11	Blood poisoning ..	Variety of toxic condition present (pyæmia, septicæmia, etc.) and cause of this condition.	31	Colloid tumour .. ..	Site and nature of tumour (carcinoma, thyroid, etc.).	46	Dyspepsia .. ..	Disease causing this condition.
12	Bronchitis .. ..	State whether acute or chronic.	32	Congestion of brain, kidney, liver, lung, or other organ.	If the disease amounted to an inflammation, use the appropriate term (lobar- or bronchopneumonia, acute or chronic nephritis, etc.). Merely passive congestion should not be reported as a cause of death when its cause can be stated.	47	Eclampsia .. ..	Disease causing this condition. Was it associated with pregnancy or parturition?
13	Bright's disease ..	Disease causing this condition.	33	Convulsions .. ..	Disease causing this condition.	48	Embolism .. ..	Site (vein or artery) and cause of the embolism. Was it post-abortive or puerperal? If following operation state condition for which it was performed.
14	Cæchexia .. ..	State indication for this operation. (See No. 90.)	34	Croup .. ..	Disease causing this condition, as diphtheria, laryngitis, laryngismus stridulus, etc. The word croup is best avoided.	49	Encephalitis .. ..	Cause of this condition, if known.
15	Cæsarean section ..	State indication for this operation. (See No. 90.)	35	Curvature of spine, angular, lateral, etc.	Cause of this condition.	50	Endocarditis .. ..	Acute or chronic? Arteriosclerotic, hypertensive, rheumatic or other? If rheumatic, was rheumatic fever present at time of death?
16	Cancer, carcinoma ..	(a) Variety; (b) primary site if known. (See also para. 9 (a) on p. iii.)				51	Endometritis .. ..	Was it due to puerperal infection?
17	Cardiac asthma ..	Disease causing this condition. See note 3 (a) on page ii. "Cardiac failure" may connote nothing beyond the fact of death.				52	Erythema .. ..	Disease causing this condition.
18	" debility, failure, weakness ..					53	Gangrene .. ..	Disease causing this condition.
19	" dilatation ..							
20	" paralysis ..							

LIST OF INDEFINITE OR UNDESIRABLE TERMS—Continued

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54	Gastritis, gastro-intestinal irritation.	Avoid using these terms as synonyms for gastro-enteritis.	70	Jaundice, icterus ..	Disease causing this condition (and see hepatitis).	88	Edema of lungs ..	Disease causing this condition.
55	General paralysis, paresis.	If general paralysis of the insane is meant add the words "of the insane", and in all other cases indicate the disease causing the condition.	71	Jaundice, malignant ..	Disease causing this condition. Was it cancer?	89	Old age .. ..	Disease causing death, if known.
56	Glioma .. ..	State site and whether benign or malignant.	72	Leukaemia .. ..	State variety and whether acute or chronic. Cause and site of origin. Was it tuberculous?	90	Operation .. ..	Always state the condition for which the operation was performed, and any antecedent cause of that condition.
57	Growth, neoplasm, new growth, tumour.	Situation and nature of growth, indicating if possible, whether benign or malignant. If not known, add "nature unknown".	73	Lumbar abscess ..	The word malignant should never be used in reference to any disease when such use may cause confusion with cancer.	91	Organic disease of brain, heart, or other organ.	State nature of disease.
58	Hæmatemesis ..	Disease causing this condition.	74	Malignant disease ..	Disease causing this condition.	92	Papilloma .. ..	State site and whether benign or malignant.
59	Hæmoptysis ..	Disease causing this condition. Was it a case of tuberculosis of lungs?	75	Malnutrition .. ..	Disease causing this condition in an adult.	93	Paralysis .. ..	Nature, cause, and situation of lesion.
60	Hæmorrhage ..	Source and cause of the hæmorrhage.	76	Membranous croup ..	Was the condition diphtheritic?	94	Paralytic ileus ..	If following an operation, state condition for which it was performed.
61	Hemiplegia .. ..	Nature and cause of lesion, if known.	77	.. laryngitis ..	Cause of this condition, e.g., sepsis (stating source), tuberculosis, meningococcal infection, etc.	95	Paraplegia .. ..	Nature, cause, and situation of lesion.
62	Hepatitis .. ..	Cause of this condition. (e.g., epidemic, toxæmia of pregnancy). If transmission by serum or inoculation is the suspected cause state this.	78	Meningitis .. ..	Was the condition associated with recent delivery?	96	Parametritis .. ..	State the cause of this condition.
63	Hernia .. ..	State site.	79	Metritis .. ..	State cause, especially whether tuberculous. Acute or chronic? State cause if known.	97	Pelvic abscess, cellulitis	In the case of females none of these terms should be used alone in certifying deaths due to puerperal or post-abortive infection (see No. 111).
64	Hydrocephalus ..	Cause of this condition, especially if congenital or tuberculous.	80	Morbus coxæ .. ..	Avoid use of the term for degeneration of myocardium.	98	Peritonitis .. ..	
65	Hypertension, high blood pressure.	State whether benign or malignant and mention cerebral, cardiac or renal affection, if any.	81	Mycarditis .. ..	Disease causing this condition, and part of body affected.	99	Phlebitis .. ..	State site: was it puerperal?
66	Idiocy, imbecility ..	Taken as implying defect of congenital origin.	82	Necrosis .. ..	Acute, chronic parenchymatous or arteriosclerotic? Did it result from scarlet fever, etc.? Was there hypertension?	100	Pemphigus, infantile ..	Was this condition due to syphilis? If so, see No. 124; if not, indicate this (e.g., non-infective).
67	Inanition .. ..	Cause of this condition.	83	Nephritis .. ..	State the cause of this condition (e.g., alcohol, rheumatism, etc.), if known.	101	Perforation of bowels, stomach, etc.	State site e.g., duodenum etc. Cause of this condition.
68	Infantile asthenia, atrophy or debility.	Disease causing this condition.	84	Neuritis .. ..	Cause of this condition. Was it due to cancer? If due to cancer, see also No. 16.	102	Phthisis .. ..	Avoid using this term without qualification as to nature. Always state whether tuberculous.
69	Insanity .. ..	Form of insanity and immediate cause of death.	85	Obesity .. ..		103	.. fibroid .. ..	Was the condition tuberculous? State the originating cause, e.g., form of dust inhaled.
			86	Obstruction of bowel or other organ.		104	.. grinders', miners', potters', etc.	
			87			105	Pneumonia, chronic or interstitial.	

LIST OF INDEFINITE OR UNDESIRABLE TERMS—Continued

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108	Pneumonia .. ..	Was the case one of lobar- or broncho-pneumonia? Did it follow influenza, measles, or other infectious disease?	121	Sclerosis of central nervous system.	Define as disseminated, posterior, lateral, etc.	133	Toxæmia .. ..	Cause of this condition. The term intestinal toxæmia should not be used.
109	Pneumothorax ..	Disease causing this condition.	122	Septicæmia, septic infection, sepsis, etc.	Cause of this condition, and if localised what was the situation? In the case of females see No. 111.	134	Toxæmia of pregnancy	Was there eclampsia, albuminuria or yellow atrophy? Did death occur in the pregnant state or after abortion or childbirth?
110	Pregnancy .. ..	Disease or condition causing death. See Note 11 (b) on page ii.	123	Softening of brain ..	Cause of this condition (embolism, etc.). The term should not be applied to senile dementia nor to general paralysis of the insane.	135	Tuberculosis .. ..	State whether general or local, and if local state the part affected. Avoid the term miliary unless further defined, e.g., acute generalised miliary tuberculosis.
111	Puerperal fever ..	Avoid the use of this indefinite term by stating the form of infection and clearly distinguishing post-abortive conditions, e.g., puerperal pyæmia, puerperal septicæmia, post-abortive septic phlebitis, etc.	124	Specific disease ..	The word "specific" will always be understood in the sense of syphilitic.	136	Tumour .. ..	See No. 57.
112	Pulmonary abscess ..	Disease causing this condition. Avoid using this term to describe cases of pulmonary tuberculosis.	125	Stomatitis .. ..	Cause of this condition, e.g., thrush, etc.	137	Typhoid pneumonia ..	Avoid the use of this term. Was it a case of enteric fever?
113	Pyæmia .. ..	Cause of this condition. Was it puerperal, post-abortive, etc.?	126	Stricture or stenosis of intestine, larynx, œsophagus, pylorus, rectum, etc.	Cause of condition. Was it a case of cancer? Was it a late effect of burn, ulcer, gonorrhœa, etc.?	138	Ulcer .. ..	Situation and cause of ulcer and whether perforated.
114	Retro-pharyngeal abscess.	Cause of this condition. Was it tuberculous?	127	Suppression of urine	Cause of this condition.	139	Uræmia .. ..	Was it associated with puerperal, post-scarlatinal, or other acute nephritis, chronic nephritis, etc.?
115	Rheumatic arthritis ..	State whether acute, sub-acute, or chronic.	128	Syncope, cardiac syncope.	Cause of this condition. (See Note 3 (a) on page ii.)	140	Uterine hæmorrhage	Cause of hæmorrhage. If associated with pregnancy was there placenta prævia and did death occur in the pregnant state or after abortion or childbirth?
116	Rheumatic fever ..	Distinguish heart affections with active rheumatic fever at death from old heart lesions due to earlier rheumatic fever.	129	Tabes (unqualified) ..	Avoid using this term, which may refer to locomotor ataxy or to the wasting conditions of children.	141	Valvular disease ..	Valves affected? Acute or chronic? Arteriosclerotic, hypertensive, rheumatic or other? If rheumatic was rheumatic fever present at time of death?
117	Rheumatism .. ..	State whether rheumatic fever, rheumatoid arthritis, osteo-arthritis, etc.	130	Tabes mesenterica ..	Term best avoided. Certify as tuberculosis of peritoneum, intestine, mesenteric glands, etc.	142	Yellow atrophy of liver, acute.	In the case of females, was it associated with pregnancy and had abortion or childbirth occurred? See also hepatitis.
118	Rodent ulcer .. ..	Position of ulcer.	131	Teething .. ..	Disease causing death.			
119	Rubeola .. ..	Term best avoided, as it is used for both measles and German measles.	132	Thrombosis .. ..	State site and cause; also whether of vein or artery. If following an operation state condition for which it was performed.			
120	Sapræmia .. ..	Cause of this condition. Was it puerperal?						



## SEVEN EXAMPLES OF METHOD OF USING THE FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

	EXAMPLE 1	EXAMPLE 2	EXAMPLE 3	EXAMPLE 4	EXAMPLE 5	EXAMPLE 6	EXAMPLE 7
I	I	I	I	I	I	I	I
Disease or condition directly leading to death.†	(a) Lobar pneumonia	(a) Puerperal eclampsia after premature parturition (7 months gestation).	(a) Carcinoma of liver	(a) Hæmatemesis	(a) Acute peritonitis	(a) Pyelonephritis	(a) Broncho-pneumonia
Antecedent causes. Morbid conditions, if any, giving rise to the above cause stating the underlying condition last.	(b) — (c) —	(b) — (c) —	due to (b) Carcinoma of rectum (excised) (c) —	due to (b) Chronic gastric ulcer (c) —	due to (b) Intestinal perforation due to (c) Typhoid fever	due to (b) Myelitis due to (c) Tabes Dorsalis	due to (b) Operation due to (c) Strangulated inguinal hernia.
II	II	II	II	II	II	II	II
Other significant conditions contributing to the death, but not related to the disease or condition causing it.	—	—	—	—	—	—	Chronic interstitial nephritis.

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Laurence John  
Serrinus

Date of death } 30.12.63 Age 54

Place of death } 40<sup>A</sup> London Road  
Haldon

Last seen alive }

Post-mortem\*      1            2            3

Whether seen after death\*      a            b            c

Cause of death:—

I a ..... Grandeur  
due to .....  
b .....  
due to .....  
c ..... na

II .....

Signature ..... Matt

Date ..... 31/12/63

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279951  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Lawrence John  
Seminus

Date of death } 30.12.63 Age 54

Place of death } 40<sup>A</sup> London Road  
Haldon

Last seen alive }

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—

I a due to Brachypneumia  
b due to  
c

II  
Signature M. A. H.

Date 31/12/63

\* Ring appropriate digit and letter.

150079  
MEDICAL  
COUNTY OF  
FOR USE OF Medical Attendants who  
should be in each of the  
A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279952

I

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Sidney Arthur French

Date of death } 1/1/64 Age 63

Place of death } Rook Hall Heybridge

Last seen alive } 1/1/64

Post-mortem\* 1 2 (3)

Whether seen after death\* (a) b c

Cause of death:— I a Coronary thrombosis due to b due to c

II Signature I S P

Date 2/1/64

\* Ring appropriate digit and letter.



180878 A20M  
18901  
COUNTY OF  
FOR USE OF MEDICAL ATTENDANTS WHO  
SHOULD IN ALL CASES BE KEPT  
A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279953  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Mrs Auci May  
Smith.

Date of death } 10/1/64 Age 78

Place of death } 31 Farnbridge Rd  
Halden

Last seen alive } 19/11/64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—

I a Broncho pneumonia

due to

b Chronic Bronchitis

due to

c

II C.C.F.

Signature J. Mathias

Date 10/1/64

\* Ring appropriate digit and letter.



100072 A 23M  
1  
COUNTY OF  
For use of Medical Attendants who  
attend to all cases of  
A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

16

MED A 279954

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Mary Hedgum

Date of death } 17/1/64 Age 64

Place of death } 6 Chum St

Last seen alive }

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:— I a Cerebral Haem due to b due to c

II Signature Mather

Date 18/1/64

\* Ring appropriate digit and letter.

Vertical text on the right edge of the page, likely a stamp or border.

328888 A 08M  
I  
COUNTERR  
For use of Medical Attendants who  
should in all cases fill in as  
A. Reported to Coroner?

.....  
B. Further information offered?

.....  
N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279955  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Francis Sarah

Bowles

Date of death } 29.1.64 Age 71

Place of death } 54 Cherry Gardens  
14 Americas St

Maldon

Last seen alive } 27-1-64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—  
I a Acute pulmonary oedema  
due to LV failure  
b C.A.T.  
due to C.A.T.  
c

II  
Signature ISP

Date 30/1/64

\* Ring appropriate digit and letter.

320078 A 03M  
I  
COURT REPORT  
For use of Medical Attendants who  
should fill in all cases till it is  
A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279956  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Emily Laneburgan  
Ewers

Date of death } 19-2-64 Age 84

Place of death } 22 Saxon Way  
Malden

Last seen alive } 18/2/64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—  
I a Cerebral Thrombosis  
due to  
b  
due to  
c

II Arterio sclerosis

Signature J. J. Patton

Date 20/2/64

\* Ring appropriate digit and letter.

32993 A 03M  
1  
COURT REPORT  
For use of Medical Attendants who  
should in all cases fill it up.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

Signature  
Date  
\* This form should be filled up

MED A 279957  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } William F  
Robins

Date of death } 20/2/64 Age 40

Place of death } 113 Boat Rd  
Haywards

Last seen alive } 19/2/64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—  
I a Ca. tons  
due to  
b Ca. Cervix  
due to  
c

II  
Signature J. Mathias  
Date 20/2/64

\* Ring appropriate digit and letter.



329828 A 03M  
I  
COURT  
For use of Medical Attendants who  
should in all cases fill it up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

.....

MED A 279958  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Sidney John White

Date of death } 23.2.64 Age 69

Place of death } D. Ward  
St Peter's Hospital, Halifax

Last seen alive }

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—  
I a. NI encephalopathy  
due to Hypertension  
b. Hypertension  
due to  
c.

II  
Signature [Signature]

Date 24/2/64

\* Ring appropriate digit and letter.

329858 A 03M  
I  
COURT REPORT  
For use of Medical Attendants who  
should in all cases fill it up.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279959

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Fanny Elise Hodge

Date of death } 6-3-64 Age 82

Place of death } Adickson Home for the Blind Wenty Rd Malden

Last seen alive }

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death: Cerebral thrombosis

I a due to b due to c

II Signature ISP

Date 7-3-64

\* Ring appropriate digit and letter.

329978 A 03M  
I  
COUNTY OF  
For use of Medical Attendant who  
should in all cases fill it up.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279960

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Jumbo H  
Barnard

Date of death } 9/3/62 Age 6/52

Place of death } 2 Black Lion  
Apts Althorne

Last seen alive } 9/3/62

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—

I a Bronchopneumonia  
due to  
b Cerebral before any  
due to  
c N.C.A.

II  
Signature M. J. Mather

Date 9/3/62

\* Ring appropriate digit and letter

328078 A 03M  
1  
COUNTY  
For use of Medical Attendants who  
should fill in cases till it is up.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

.....

MED A 279961

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Miss Ellen West

Date of death } 16-3-64 Age 84

Place of death } Huddellon Home for the Blind  
Warty Rd. Huddellon

Last seen alive } 27-2-64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—

I a Cerebral thrombosis  
due to  
b  
due to  
c

II

Signature JSP

Date 16-3-64

\* Ring appropriate digit and letter.



32898 A 03M  
1  
COUNTY  
For use of Medical Attendant who  
should fill in case of a  
A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279962

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Robert Fuller  
                          } Col

Date of death } 10-3-64 Age 89

Place of death } Chestnut  
                      } New York

Last seen alive } 19-3-64

Post-mortem\*    1       2       3

Whether seen after death\*    a       b       c

Cause of death:—  
I a hypochromic degeneration  
   due to  
   b  
   due to  
   c

II ~~Acute~~  
Signature  
Date 10-3-64

\* Ring appropriate digit and letter.

329078 A 03M  
1  
COUNTY  
For use of Medical Attendant who  
should fill in all cases till it is  
A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279963  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Jack Edgar Redvers  
Hoddy

Date of death } 30. 3. 64 Age 63

Place of death } The Thatched Cottage  
Munden

Last seen alive } 28. 3. 64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—  
I a Crooked Throat  
due to  
b  
due to  
c

II

Signature

Date 31. 3. 64

\* Ring appropriate digit and letter.

329979 A 03M  
I  
COURTROLL  
For use of Medical Attendant who  
should in all cases fill it up.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279964  
I

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

} Minnie Floyd

Date of death

} 30.5.64 Age 74

Place of death

} 1, Colchester Road  
Hereford

Last seen alive

} 29/4/64

Post-mortem\*

1

2

3

Whether seen

after death\*

a

b

c

Cause of death:—

I

a

due to

b

due to

c

C.C.F.  
Hypertension

II

Signature

ISP

Date

1/5/64

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279965

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Arthur Perry  
Pitt

Date of death

4-6-64 Age 84

Place of death

3rd Ferry  
Lane

Last seen alive

4-6-64

Post-mortem\*

1

2

3

Whether seen

after death\*

a

b

c

Cause of death:—

I

a due to

b due to

c

Brained / decubly  
Colon

II

Signature

Date

\* Ring appropriate digit and letter.



MED. A. 23885  
1  
COUNTY  
For use of Medical Attendants, who  
should fill in all cases till it is  
filled.

**A. Reported to Coroner?**

.....

**B. Further information offered?**

.....

**N.B.—**If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

*[Handwritten mark]*

MED A 279966  
I

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Miss Sarah Louise  
Wendlandt

Date of death } Age 62

Place of death } Bierbank  
Goldkanger Rd. Weybridge

Last seen alive }

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:

I a Catarrh  
due to  
b Ca Bronch  
due to  
c

II CCF

Signature M. J. ...

Date 6/6/64

\* Ring appropriate digit and letter.

28885 MED A 1  
COUNTY  
For use of Medical Attendant, who  
should fill in all cases till 11 11 11

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

*[Handwritten signature]*

MED A 279967  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } W. Frederick  
Cullum

Date of death } 9/6/64 Age 83

Place of death } Hiddleton Home for the  
Blind Warty Rd Hiddleton

Last seen alive } 8/6/64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:  
I a LV failure  
due to C.A.T.  
b  
due to  
c

II  
Signature ISP  
Date 9/6/64

\* Ring appropriate digit and letter.

888079 A 03M  
1  
COUNTERFOIL  
For use of Medical Attendants who  
should fill in all cases till it is  
filled

**A. Reported to Coroner?**

.....

**B. Further information offered?**

.....

**N.B.—**If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

2

MED A 279968  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Henry James  
Faulkes

Date of death } 6-7-64 Age 85

Place of death } Evelyn Goldkammer Rd  
Helyfudge

Last seen alive }

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—

I a Coronary Thrombosis  
due to  
b  
due to  
c

II

Signature J. J. [unclear]

Date 6/5/64

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279969  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Eva Elizabeth*  
*Peysgram*

Date of death } *3-8-64* Age *75*

Place of death } *5 Highlands Drive*  
*Malden*

Last seen alive } *1-8-64*

Post-mortem\* 1 2  3

Whether seen after death\* a  b c

Cause of death:—

I a *hypertension*  
due to  
b  
due to  
c

II *Phenothiazine*

Signature *[Signature]*

Date *4-8-64*

\* Ring appropriate digit and letter.





MEMO A 22885  
I  
COUNTROLL  
For the of Medical Attendant, who  
should in all cases fill it up.

**A. Reported to Coroner?**

.....

**B. Further information offered?**

.....

**N.B.—**If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

*[Handwritten mark]*

MED A 279970  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Emily Matilda  
Cooper

Date of death } 4. 8. 64 Age 85

Place of death } Middleton Home  
Wants Rd Haldon

Last seen alive }

Post-mortem\* 1 2 3  
Whether seen after death\* a b c

Cause of death:—  
I a Cerebral thrombosis  
due to  
b  
due to  
c

II  
Signature JSP  
Date 5/8/64

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279971  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Jessie Elizabeth*  
*Lusking*

Date of death } *5-8-64* Age *80*

Place of death } *102 Hill Road*  
*Haldon*

Last seen alive } *4-8-64*

Post-mortem\* 1 2 **3**

Whether seen after death\* a b **c**

Cause of death:—  
I a *Cerebral thrombosis*  
due to  
b  
due to  
c

II  
Signature *[Signature]*  
Date *6-8-64*

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279972

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Elizabeth Maria

Date of death

10/8/64 Age 72

Place of death

120 Woodfield Cott  
Newbury

Last seen alive

29-7-64

Post-mortem\*

1

2

3

Whether seen after death\*

a

b

c

Cause of death:—

I

a due to

b due to

c

Coronary thrombosis

II

Signature

ISP

Date

11-8-64

\* Ring appropriate digit and letter.

SECRET  
I  
COUNTY  
For use of Medical Attendant who  
should fill out in all cases  
A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279973  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Edith Mabel  
                          } Davis

Date of death } 14.8.64 Age 80

Place of death } Medicine Home for  
                      } The Blind Way, St. Maudon.

Last seen alive } 17/8/64

Post-mortem\*    1            2            3

Whether seen after death\*    a            b            c

Cause of death:—  
I a Cerebral haemorrhage  
   b  
   due to  
   c

II  
Signature SP  
Date 17/8/64

\* Ring appropriate digit and letter.



A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279974  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Edward E. Ely

..... } Stuyvesant

Date of death } 07-8-84 Age 80

Place of death } Stuyvesant

Last seen alive } 15 5 84

Post-mortem\*    1            2            3

Whether seen after death\*    a            b            c

Cause of death:—  
I a. Myocardial Infarction  
   due to  
   b.  
   due to  
   c.

II .....

Signature .....

Date .....

\* Ring appropriate digit and letter.



A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279975  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Christopher*  
*William Kever*

Date of death } *6-9-24* Age *67*

Place of death } *Weymouth*  
*Parley, Mass*

Last seen alive } *6-9-24*

Post-mortem\*  1      2       3

Whether seen after death\*  a      b      c

Cause of death:—

I a *Coronary Artery Sclerosis*  
due to *Hypertension*  
b  
due to  
c

II *Pulmonary TB*

Signature *J.H.H.*

Date *6-9-24*

\* Ring appropriate digit and letter.

SECRET MEDICAL  
I  
COUNTY  
For use of Medical Attendant who  
should in all cases fill it up.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 279976  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } ~~Chattopadhyay~~

Jane Sara Walsh

Date of death } 9/9/64 Age 91

Place of death } Middleton Home for the

Blind Wanting Rd Madikeri

Last seen alive } 7/9/64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—

I a Pericard thrombosis

due to ICM

b

due to

c

II

Signature [Signature]

Date 9/9/64

\* Ring appropriate digit and letter.



**A. Reported to Coroner?**

.....

**B. Further information offered?**

.....

**N.B.—**If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279977  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Elizabeth Hannah  
B. Raybrook

Date of death } 11. 9. 64 Age 89

Place of death } 30. Well Terrace  
Hemel Hempstead

Last seen alive } 10. 9. 64

Post-mortem\* 1 2 (3)

Whether seen after death\* (a) b c

Cause of death:—  
I a myocardial degeneration  
due to  
b  
due to  
c

II  
Signature

Date 11. 9. 64

\* Ring appropriate digit and letter.



A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279978

I

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Thomas Halsey  
Redding

Date of death } 30.9.64 Age 69

Place of death } ~~Hickellin Home for~~  
~~The Blind Work by Rd~~ <sup>Wan</sup> ~~Haldon~~ <sup>Sp</sup>

Last seen alive } 29/9/64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—  
I a Bronchopneumonia  
due to  
b Ampicillin # of both lungs  
due to  
c

II  
Signature M. Mathias

Date 30/9/64

\* Ring appropriate digit and letter.



SECRET  
I  
COUNTY  
For use of Medical Attendants who  
should in all cases fill it up.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

W

MED A 279979  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Mr Beatrice  
Boner

Date of death

6-10-64 Age 82

Place of death

69 Hollway Rd  
Hefludge

Last seen alive

5-10-64

Post-mortem\*

1

2

3

Whether seen after death\*

a

b

c

Cause of death:—

I a

due to

b

due to

c

Cong. card. failure  
Hypertension

II

Signature

ISP

Date

7-10-64

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279980  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } David Malcolm  
Holman

Date of death } 15.10.64 Age 20

Place of death } 14 Washington Rd  
Maldon

Last seen alive } 14.10.64

Post-mortem\* 1 2 (3)

Whether seen after death\* a b (c)

Cause of death:—  
I a Carcinomatosis  
due to  
b Teratoma of  
due to  
c testis

II  
Signature I S P

Date 16-10-64

\* Ring appropriate digit and letter.



A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279981  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Alfred Charles  
                              } Simons

Date of death } 26. 11. 64 Age 91

Place of death } 59 Wantz Road  
                              } Maldon

Last seen alive } 26/11/64

Post-mortem\*    1            2            3

Whether seen after death\*    a            b            c

Cause of death:— Bone cancer

I a .....  
   due to  
   b .....  
   due to  
   c .....

II .....  
Signature .....  
                              } 27/11/64  
Date .....

\* Ring appropriate digit and letter.





A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279982

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Tina Heble

Date of death } 24-12-64 Age 61

Place of death } 16 Essex Rd  
Walden

Last seen alive } 24-12-64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:  
I a Status asthmaticus  
b  
c

II ISP  
Signature

Date 24-12-64

\* Ring appropriate digit and letter.

188878 A 68M  
I  
COUNTY  
For one of Medical Attendants who  
should in all cases fill up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

15

MED A 279983

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Mr. Henry George*  
*John*

Date of death } *24.12.04* Age *57*

Place of death } *Hyderabad*  
*Old hots*

Last seen alive } *Suron*

Post-mortem\* 1 2 **3**

Whether seen after death\* a b **c**

Cause of death:—  
I a *Coronary artery*  
due to  
b  
due to  
c

II

Signature *John*

Date *25.12.04*

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279984

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } *Emmeline Randall*

Date of death } *5. 1. 65* Age *79*

Place of death } *229 Munden*  
*Road Maldon*

Last seen alive } *5<sup>th</sup> 1. 65*

Post-mortem\* 1 2 **3**

Whether seen after death\* 'a **b** c

Cause of death:—

I a. *Coronary clogged failure*  
due to  
b. *Coronary failure*  
due to  
c.

II

Signature *J. H. H.*

Date *6. 6. 65*

\* Ring appropriate digit and letter.

188878 A 63M  
I  
COURT REPORT  
For use of Medical Attendants who  
should in all cases fill it up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

B

MED A 279985  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } FE Wenlock

Date of death } 6/2/62 Age 88

Place of death } 6 Woodrow  
Nunn

Last seen alive }

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:— Penicillin Thromb

I a due to  
b due to  
c

II  
Signature Math

Date 6/2/62

\* Ring appropriate digit and letter.



188878 A 03M  
I  
COURTROOM  
For use of Medical Examiner who  
should in all cases fill it up.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

15

MED A 279986

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Ada Jones  
Hewley

Date of death

12.2.65 Age 89

Place of death

13 West St  
Solder

Last seen alive

9.2.65

Post-mortem\*

1

2

3

Whether seen after death\*

a

b

c

Cause of death:—

I

a

due to

b

due to

c

hypertension  
degenerative

II

Signature

J. W. C.

Date

12.2.65

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279987  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } William Samuel  
Wright

Date of death } 4-3-65 Age 92

Place of death } Middleline Home for the  
Blind Wooty Rd Malden

Last seen alive }

Post-mortem\* 1 2 3

Whether seen after death\* a b

Cause of death:—  
I a Cerebral thrombosis  
due to  
b  
due to  
c

II  
Signature RSP

Date 5-3-65

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279988  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Annie Beatrice  
Treadall

Date of death } 5/3/65 Age 70

Place of death } Red House  
Tollshunt Major

Last seen alive } 5/7/65

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death: Carcinomatosis  
I a Ca of caecum  
due to  
b  
due to  
c

II  
Signature ISP  
Date 9/3/65

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279989  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Charles Wright

Date of death } 15/3/65 Age 81

Place of death } 14 Went Road  
Malden

Last seen alive } 15/3/65

Post-mortem\* 1 2 (3)

Whether seen after death\* a b (c)

Cause of death:—  
I a... Ca Rom  
due to  
b... Ca Skinner  
due to  
c...

II  
Signature Mathis  
Date 16/3/65

\* Ring appropriate digit and letter.



188878 A 62M  
I  
COURT REPORT  
For use of Medical Attendants who  
should in all cases fill it up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

5

MED A 279990

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } M<sup>rs</sup> Inelbe  
                          } Amal

Date of death } 20/3/61 Age 90

Place of death } Mudolva Hem

Last seen alive }

Post-mortem\*    1            2            ③

Whether seen after death\*    ①            b            c

Cause of death:—  
I a. Ca Colon  
   b. Ca Caecum  
   c.

II Mallin  
Signature

Date 20/3/61

\* Ring appropriate digit and letter.

128878 A GEM  
1  
COURT REPORT  
For use of Medical Attendants who  
should in all cases fill it up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

B

MED A 279991  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Frederick  
James Wine

Date of death } 19/3/65 Age 56

Place of death } 28 Causeway

Last seen alive } 18/3/65

Post-mortem\* 1 2 (3)

Whether seen after death\* a b (c)

Cause of death:—  
I a (a) L main bronchus  
due to  
b  
due to  
c

II  
Signature K Philip

Date 19/3/65

\* Ring appropriate digit and letter

188878 A GEM  
1  
COURT REPORT  
For use of Medical Attendants who  
should in all cases fill it up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

5

MED A 279992  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Miss Helman  
New Fuller

Date of death } 2/3/65 Age 82

Place of death } Middleton Hm

Last seen alive } 19-3-65

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death: ~~Hearting~~ Libar pr

I a due to Acute Ch Bronchitis  
b due to  
c

II

Signature J. Pittman  
Date 2/3/65

\* Ring appropriate digit and letter.

128978 A GEM  
I  
COURT REPORT  
For use of Medical Attendant who  
should in all cases fill it up.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

B

MED A 279993

1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Mr Rue Franer

Date of death } 20/3/14 Age 82

Place of death } Netherland Ave

Last seen alive } 20/3/14

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—

I a Bronchopneumonia
due to
b Cur bronchus
due to
c

II Signature M. L. ...

Date 21/3/14

ing appropriate digit and letter.



189878 A 03M  
I  
COURT REPORT  
For use of Medical Examiners who  
should in all cases fill it up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

15

MED A 279994  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Ethel Grace  
Smith

Date of death } 6. 4. 65 Age 81

Place of death } Riddleton Home for  
the Blind Waverly Rd. Hilden

Last seen alive } 4/5/65

Post-mortem\* 1 2 3  
Whether seen after death\* a b c

Cause of death:  
I a Bronchitis  
b Bone  
c Liver Path

II  
Signature Mallie

Date 6/4/65

\* Ring appropriate digit and letter.

188878 A 08M  
1  
COURTROOM  
For use of Medical Attendants who  
should in all cases fill it up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

B

MED A 279995  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Lottie Habel

Digby

Date of death } 8. 4. 65 Age 79

Place of death } 6 Council Houses  
Worvelham Walter

Last seen alive } 8. 4. 65

Post-mortem\* 1 2 (3)

Whether seen after death\* (a) b c

Cause of death:—  
I a. *Regurgitation cordis pulmonum*  
due to  
b. *anemia pulmonum*  
due to  
c.

II  
Signature *[Signature]*  
Date 8. 4. 65

\* Ring appropriate digit and letter.

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or Statement B has been filled up, the fact should be noted in the appropriate place above.

MED A 279996  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Bessie Smith

Date of death } 13-4-65 Age 76

Place of death } Middlebin Home for the Blind, Waukegan, Ill. Madison

Last seen alive } 12/3/64

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:  
I a Bronchitis  
due to b Cancer Throat  
due to c Hypertension

II Matthew

Signature  
Date 14/6/65

\* Ring appropriate digit and letter.

REC'D A 270025  
1  
COUNTY  
For use of Medical Assistant, who  
states in all cases that it is up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

10

MED A 279997

I

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Ernest Manfield

Date of death

5/5/65 Age 66

Place of death

8 Park Ave  
Malden

Last seen alive

3/5/65

Post-mortem\*

1

2

3

Whether seen after death\*

a

b

c

Cause of death:—

I

a. due to

b. due to

c.

Cor pulmonale  
CB & E

II

Signature

JSP

Date

6.5.65

\* Ring appropriate digit and letter.



200075 A 32M  
1  
COUNTY OF  
For use of Medical Attendants who  
should in all cases fill it up

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

*B*

MED A 279998  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Jack Douce

Date of death } 12/5/65 Age 68

Place of death } 165 Family Rd  
Malton

Last seen alive } 18-5-65

Post-mortem\* 1 2 3

Whether seen after death\* a b c

Cause of death:—  
I a Bronchopneumonia

b  
due to

c Cerebral thrombosis

Signature JS

Date 19/5/65

\* Ring appropriate digit and letter.

27985 MED A 328  
1  
COUNTY  
For use of Medical Examiners who  
attend to all cases of death

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

*[Handwritten mark]*

MED A 279999  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased } Edith Ray  
                          } Kette

Date of death } 2/6/66 Age 78

Place of death } 59 Wemy, Ave  
                          } Hadden

Last seen alive } 2/6/66

Post-mortem\*    1            2            3

Whether seen after death\*    a            b            c

Cause of death:— Bronchitis  
I a..... Car Acc  
   due to  
   b.....  
   due to  
   c..... Car Acc

II .....  
Signature M

Date 3/6/66

\* Ring appropriate digit and letter.

REC'D A 270025  
I  
COUNTY  
For use of Medical Assistant, who  
should in all cases fill in  
A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

MED A 280000  
1

COUNTERFOIL

For use of Medical Attendant, who should in all cases fill it up.

Name of deceased

Mrs Alice Maria  
Everitt

Date of death

5-6-65 Age 88

Place of death

Ashmere

Holloway Road Herford

Last seen alive

Post-mortem\*

1

2

3

Whether seen after death\*

a

b

c

Cause of death:

I

a

due to

b

due to

c

Cerebral thrombosis

II

Signature

RF

Date

5-6-65

\* Ring appropriate digit and letter.

000025 A GEM  
J  
COUNTY  
For use of Medical Attendants who  
should fill in all cases of a ...

A. Reported to Coroner?

.....

B. Further information offered?

.....

N.B.—If either Statement A or  
Statement B has been filled up,  
the fact should be noted in the  
appropriate place above.

10

GENERAL REGISTER OFFICE

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