

R.H. HASLAR

GUIDE TO
REPORTING DEATHS
+ Notes.

R.H. HASLAR

Jan P.S. C. it's over

REFERENCE TO THE CORONER

The reasons for reporting to the coroner are expanded in our Handbook, I've picked out the bits which I cannot see in the front of the latest Medical Certificates of Cause of Death books. The instructions in the latest books is supposed to be improved and clearer, my new stock is, (and your next book of certificates will be,) of the new improved type.

1. Where a registrar is informed of a death and any of the circumstances listed below apply, he/she must report the death to the coroner:

e. where the registrar has reason to believe the death to have been unnatural or to have been caused by violence or neglect, or by abortion, or to have been attended by suspicious circumstances..

The terms of 1(e) above cover all forms of injury, illtreatment, starvation or poisoning, whether death results directly or indirectly, eg following an operation necessitated by injury or as a result of infection of a wound.

Tetanus is almost always the result of an injury and any case where it appears on the medical certificate should be reported. Blood poisoning and septicaemia may be due to injury or, less commonly, industrial disease and should be reported if they appear alone on the medical certificate as well as in cases where they appear in association with an injury.

The term 'injury' includes burns, scalds, choking or other effects of foreign bodies, suffocation, concussion, contusion, cut, drowning, effects of heat or cold (hyperthermia and hypothermia), sunstroke, lightning, electricity, electric shock, fracture (other than pathological fracture), wound etc. Injury includes any condition described on the medical certificate as 'trauma' or 'traumatic'.

The term 'poisoning' includes industrial poisoning and food poisoning.

Deaths occurring during an operation before recovery from the effect of an anaesthetic or following an operation necessitated by injury should be reported to the coroner. Deaths which follow an operation necessitated by a natural illness need not be reported unless the cause of death is attributable to an unrelated incident which arose during the operation or because of the administration of the anaesthetic.

In any case where hepatitis appears on the medical certificate and the deceased was a medical or dental worker, the death should be reported to the coroner. However where a medical certificate shows 'hepatitis B', 'hepatitis B surface antigen', 'serum hepatitis' or 'viral hepatitis' the death should be reported irrespective of the deceased's occupation.

I hope this helps.



1 July 1997

Dear Doctor,

Completion of the medical certificate of cause of death

Prompt and accurate certification of death is essential. It provides legal evidence of the fact and the cause(s) of death, thus enabling the death to be formally registered: the family can then make arrangements for disposal of the body. Death certification also provides the raw data from which all mortality statistics are derived. These are vital for public health surveillance, for resource allocation in the NHS, and for a wide range of research - and thus ultimately for improving the health of the population.

About three-quarters of the 580,000 deaths in England and Wales each year are certified by a doctor, and the remainder by a coroner¹.

The role of the doctor

If you are the attending doctor during the last illness of a person who dies, you have a statutory duty² to issue a medical certificate of the cause of death (death certificate). Conversely, if you did not attend the deceased during his or her last illness, you *must not* complete the death certificate.

You must state the cause(s) of death on the certificate to the best of your knowledge and belief. You have a duty to deliver the death certificate to the registrar of births and deaths: in practice, the certificate is often given to a relative of the deceased, then handed to the registrar by the relative (or other informant) who visits the register office to have the death registered.

The role of the registrar of births and deaths

The registrar has a statutory duty³ to transcribe the cause(s) of death from the death certificate to the official register, nowadays usually a computer

database, and to send this information to the Office for National Statistics (previously the Office of Population Censuses and Surveys). It is then coded automatically⁴ and incorporated into national mortality statistics. The registrar must also obtain other information from the person who comes to register the death, such as the occupation and place of birth of the deceased. Finally, the registrar has a legal obligation to refer certain deaths to the coroner (see below).

The role of the coroner

The coroner is an independent judicial officer of the Crown who has a statutory duty⁵ to investigate the circumstances of certain categories of death for the protection of the public. Thus: "*Where a coroner is informed that the body of a person ('the deceased') is lying within his district and there is reasonable cause to suspect that the deceased (a) has died a violent or an unnatural death; (b) has died a sudden death of which the cause is unknown; (c) has died in prison or in such a place or in such circumstances as to require an inquest under any other Act, then ... the coroner shall as soon as practicable hold an inquest into the death of the deceased ...*".

In fact, the coroner only holds an inquest for some 12% of the deaths he certifies. Coroners often use their discretion⁶ to decide that a post-mortem alone provides sufficient evidence of the cause of a sudden death: diseases of the circulatory system account for three-quarters of these deaths⁷. Deaths from accident, poisoning, violence or in prison or police custody are subject to inquest. When the coroner does hold an inquest, he will issue a verdict on the manner of death (eg accident, suicide) as well as certifying the cause(s) of death.

DEATH WITHIN 24 HRS

Referral to the coroner

Of the 180,000 or so deaths reported to a coroner each year, 60% are voluntarily referred by a doctor, 2% by a registrar, and the remaining 38% from other sources, mainly the police¹.

Legal aspects

As the law currently stands, there is no statutory obligation for a doctor to report any death to a coroner. The common law duty⁸ that requires any person to inform the coroner of circumstances requiring an inquest cannot be enforced by legal sanction. Nevertheless, we encourage you to report all relevant deaths to the coroner. This letter is intended to help you decide whether any given death is reportable.

Referral by the registrar of births and deaths

First, it may help you to know that the registrar is legally obliged⁹ to refer a death to the coroner (unless it has already been reported) if it falls, or appears from the doctor's death certificate to fall, into one of the following categories:

- the deceased was not attended during his or her last illness by a doctor;
- the registrar has been unable to obtain a duly completed death certificate, or else it appears that the deceased was not seen by the certifying doctor *either* after death *or* during the 14 days before death;
- the cause of death appears to be unknown;
- the registrar has reason to believe the death was unnatural, or caused by violence or neglect, or by abortion, or was in any way suspicious;
- the death appears to have occurred during an operation or before recovery from the effect of an anaesthetic;
- the death certificate suggests that death was due to industrial disease or industrial poisoning.

Referral by the doctor

We would like to encourage the prevailing practice of voluntary referral to a coroner by the certifying doctor. If you judge that the coroner will need to be involved (see Box 1), you can reduce delay in registration of the death by prompt referral. This will also give you an opportunity to explain to the relatives in person the reasons for referral. If you

Box 1

A death should be referred to the coroner if:

- the cause of death is unknown
- the deceased was not seen by the certifying doctor either after death or within the 14 days before death
- the death was violent or unnatural or suspicious
- the death may be due to an accident (whenever it occurred)
- the death may be due to self-neglect or neglect by others
- the death may be due to an industrial disease or related to the deceased's employment
- the death may be due to an abortion
- the death occurred during an operation or before recovery from the effects of an anaesthetic
- the death may be a suicide
- the death occurred during or shortly after detention in police or prison custody.

are in doubt about whether to refer a death, contact the relevant coroner's office for advice. When referring a death to the coroner, you should still complete a death certificate unless the coroner advises you not to do so, and indicate on the certificate that you have referred the death.

You should complete the death certificate as accurately as possible. This will reduce the need for referral to the coroner by the registrar, and it will greatly improve the quality of mortality statistics. In particular, you should:

- **avoid** the use of abbreviations, question marks and vague terms such as 'probably';
- **avoid** giving 'old age' or 'senility' as the only cause of death: do so *only* if you cannot give a more specific cause of death *and* the deceased was aged 70 or over;
- **avoid** giving a mode of dying (see Box 2) such as 'heart failure', 'shock' or 'uraemia' unless you also give the underlying causal sequence; *do not* give a mode of dying as the *only* cause on the death certificate.

Box 2**Statements which imply a mode of dying rather than an underlying cause of death:**

Asphyxia	Hepatorenal failure
Asthenia	Kidney failure
Brain failure	Liver failure
Cachexia	Renal failure
Cardiac arrest	Respiratory arrest
Cardiac failure	Shock
Coma	Syncope
Debility	Uraemia
Exhaustion	Vagal inhibition
Heart failure	Vasovagal attack
Hepatic failure	Ventricular failure

The use of the qualification 'acute' or 'chronic' will *not* make these terms acceptable as the sole cause of death.

Registrars may refer a death certified in such terms to the coroner. This will delay registration of the death and may well cause distress to the relatives.

AIDS-related death

There has been publicity¹⁰ about one coroner's view that "*death from AIDS, as a direct consequence of anal intercourse, is - on the balance of probability - 'unnatural', according to the current values of our society, and is proper to put to a jury*". The phrase 'unnatural death' is not defined by statute, but it has been the subject of a ruling by the Court of Appeal¹¹. We have received legal advice, based in part on this ruling, that a death from AIDS should normally be viewed as a death from natural causes. **Therefore, unless there are other grounds for referral to the coroner, a death from AIDS or in an HIV-positive individual should not normally be referred to the coroner.**

Training video and pocket guidelines

The Office for National Statistics has issued *Death Counts*, a video designed to assist hospital doctors and general practitioners in completing the death certificate. The pack includes pocket guidelines on death certification and referral to the coroner, and test cases that are suitable for individual study or group teaching. An order form is printed overleaf.

Improving the death certificate

Death certificate booklets have been re-issued with fresh guidance (and examples) on how to complete a medical certificate of cause of death.

Yours sincerely,

Code A

Professor Michel P Coleman
Deputy Chief Medical Statistician

References

- 1 Ashley J. & Devis T. Death certification from the point of view of the epidemiologist. *Pop Trends* 1992; 67: 22-28
- 2 Births and Deaths Registration Act 1953, section 22(1)
- 3 Births and Deaths Registration Act 1953, section 15
- 4 Birch D. Automatic coding of causes of death. *Pop Trends* 1993; 73: 1-3
- 5 Coroners Act 1988, section 8(1)
- 6 Coroners Act 1988, section 19
- 7 OPCS. Mortality statistics 1992: England and Wales. Series DH1 no. 27. London, HMSO, 1994, p27
- 8 R v Clerk, 1702
- 9 Registration of Births and Deaths Regulations 1987 (Statutory Instrument no. 2088), regulation 41
- 10 Anon. HIV deaths 'violent and unnatural'. BMA News Review (GP edition), 21 February 1996, p22
- 11 R v Poplar Coroner *ex parte* Thomas, 1993, QB610

Further copies of this letter may be obtained from:

Pat Hisley
Office for National Statistics, Room C201
Smedley Hydro
Trafalgar Road
Southport PR8 2HH
(ONS guidance 1/7/96, revised 1/7/97)



Order Form

(please photocopy as required)

DEATH COUNTS VIDEO

Name _____

Job title _____

Company/Organisation _____

Nature of business (please specify) _____

Address _____

_____ Postcode _____

Please send me:

No. of copies	Title		Price	Total
_____	<i>Death Counts video</i>	@	£40	_____
_____	<i>Additional training packs</i>	@	£10	_____

PAYMENT DETAILS

CREDIT CARD or CHEQUE

I enclose a cheque for £ _____ (payable to 'Office for National Statistics')

Prices are correct at time of going to press but may be subject to change without notice.

Death Counts can be purchased direct from the Office for National Statistics:

Death Counts Video
Office for National Statistics
B6/10
1 Drummond Gate
London SW1V 2QQ

Call Anita Brock on 0171 533 5255 for more details.

July 1997

A0066 8/97

EXAMPLE

Issued by: **Portchester Crematorium Joint Committee**

Upper Cornaway Lane
Portchester, Hampshire, PO16 8NE

Cremation No.....

Forms B C & F

CREMATION ACTS, 1902 & 1952
Statutory Rules and Orders, 1930, No. 1016, & 1952, No. 1568
Cremation Regulations, 1930
Cremation Amendment Regulations, 1985

Superintendent:
Fareham 822532

These Forms are Statutory. All the questions must be answered to make the Certificate effective for the purposes of Cremation.

Medical Referee:
Fareham 822534

These medical certificates are regarded as strictly confidential. The right to inspect them is confined to any person appointed for that purpose by the Secretary of State, the Minister of Health, or the Chief Officer of any Police Force.

CERTIFICATE OF MEDICAL ATTENDANT

I AM INFORMED that application is about to be made for the cremation of the remains of:-

(Name of Deceased) **GEORGE WASHINGTON**

(Address) **Code A**

(Occupation or Description) **RETIRED** (Date of Birth) (Age) **82**

(1) This form is not to be used in the case of a Coroner's Inquest.

(2) NOTE: - The answers to the questions should be as concise as possible. Figures may be used instead of words. All the questions must be answered.

HAVING ATTENDED the Deceased before death, and SEEN AND IDENTIFIED THE BODY AFTER DEATH I give the following answers to the questions set out below:-

- 1. On what date, and at what hour, did he or she die? } Date **3 Dec 98** Hour **14:23 HRS**
24 Hour Clock
- 2. What was the place where the deceased died? } **A2 WARD**
(Give address and say whether own residence, lodging, hotel, hospital, nursing home, etc.) } **ROYAL HOSPITAL HASLAR**
- 3. Are you a relative of the deceased? If so, state the relationship } **NO**
- 4. Have you, so far as you are aware, any pecuniary interest in the death of the deceased? } **NO**
- 5. (a) Were you the ordinary medical attendant of the deceased? } (a) **NO** *This is the GP*
(b) If so, for how long? } (b) **—** *CROSS THROUGH ANY BLANK*
- 6. (a) Did you attend the deceased during his or her last illness? } (a) **YES**
(b) If so, for how long? } (b) **THREE DAYS**
The answer to Q.6a must be "YES"
- 7. When did you last see the deceased alive? } See Note (3) **1 Dec 98**
(Say how many days or hours before death.) } **36 Hours**
- 8. (a) How soon after death did you see the body? } (a) **14 Hours** *The body*
(b) What examination of it did you make? } (b) **FULL EXTERNAL** *exam*

(3) NOTE: - In all cases where the Deceased was not attended by the doctor within 14 days, the Coroner's authority should be obtained for the issue of the Death Certificate. If the death has been reported to Coroner for any reason, this should be stated in answer to Question 18b.

(Both parts of Qu. 8 must be answered.)

(4) NOTE: - "The term 'hospital' as used here means any institution for the reception and treatment of persons suffering from illness or mental disorder, any maternity home, and any institution for the reception and treatment of persons during convalescence.

8A. If the deceased died in a hospital* at which he was an in-patient, has a post-mortem examination been made by a registered medical practitioner of not less than five years' standing who is neither a relative of the deceased nor a relative or partner of yours and are the results of that examination known to you?
NO - IF HOSPITAL IN WHICH HE DIED AT HASLAR HOSPITAL

EXAMPLE

IN CERTAIN CASES THIS CERTIFICATE IS NOT NECESSARY, PLEASE CHECK FORM B

Note (6)

The Medical Referee requires that when Certificate in Form B has been signed by a house officer or other resident medical officer of the staff of a hospital, this Confirmatory Certificate C should not be signed by another member of the staff except the Medical Superintendent, or a consultant or senior hospital medical officer not in charge of the case.

FORM C.

CONFIRMATORY MEDICAL CERTIFICATE (Pursuant to No. 9 of the Cremation Regulations, 1930)

The Confirmatory medical certificate in Form C, if not given by the Medical Referee, must be given by a registered medical practitioner of not less than five years' standing, who shall not be a relative of the deceased or a relative or partner of the doctor who has given the certificate in Form B.

I, being neither a relative of the deceased, nor a relative or partner of the medical practitioner who has given the foregoing medical certificate, have examined it and have made personal inquiry as stated in my answers to the questions below:-

(The doctor must see the body of the deceased).

- 1. Have you seen the body of the deceased? } _____
- 2. Have you carefully examined the body externally? } _____
- 3. Have you made a post mortem examination? } _____
- 4. Have you seen and questioned the medical practitioner who gave the above certificate? } _____
- *5. (a) Have you seen and questioned any other medical practitioner who attended the deceased? } (a)
- (b) Give names and addresses of persons seen. } (b)
- (c) and say whether you saw them alone. } (c)
- 6. (a) Have you seen and questioned any person who nursed the deceased during his or her last illness, or who was present at the death? } (a)
- (b) Give names and addresses of persons seen. } (b)
- (c) and say whether you saw them alone. } (c)
- 7. (a) Have you seen and questioned any of the relatives of the deceased? } (a)
- (b) Give names and addresses of persons seen. } (b)
- (c) and say whether you saw them alone. } (c)
- 8. (a) Have you seen and questioned any other person? } (a)
- (b) Give names and addresses of persons seen. } (b)
- (c) and say whether you saw them alone. } (c)

(7) Each question must be answered. The answers to Nos. (1) and (2) and (4) should invariably be in the affirmative.

See Note above.

* NOTE - The Medical Referee requires that at least one of the questions No. 5-8 should be answered in the affirmative.

Here insert cause of death.

I AM SATISFIED that the cause of death was

.....
and I certify that I know of no reasonable cause to suspect that the deceased died either a violent or an unnatural death or a sudden death of which the cause is unknown or died in such place or circumstances as to require an inquest in pursuance of any Act.

Name (Signature)
(Please insert name here in block capitals) (Address)

Tel. No (Practice/Hospital)
(Date)

(Registered Qualifications) Year

(One of which should be fully registered with the General Medical Council in United Kingdom for not less than 5 years)

(Status)

NOTE - THESE CERTIFICATES, AFTER BEING SIGNED, MUST BE FORWARDED TO THE MEDICAL REFEREE (PORTCHESTER CREMATORIUM)

See Note (6) at top of this page.

EXAMPLE

9. What was the cause of death? (Not the mode of death. Indefinite terms should not be used.)

I
Immediate cause. (a) SEPTICÆMIA
due to ISCHÆMIC BOWEL
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) ALL DIAGNOSES IN FULL AS PER DEATH CERTIFICATE
II
Other morbid conditions (if important) contributing to death but not related to immediate cause. (c) ISCHÆMIC HEART DISEASE

10. (a) What was the mode of death? (Say whether syncope, coma, exhaustion, convulsions, etc) (a) RESPIRATORY FAILURE
(b) What was its duration in days, hours, or minutes? (b) 2 Hours

11. State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others. (a) OWN OBSERVATIONS AND THAT OF WARD STAFF A5
If on statements made by others, say by whom.

12. (a) Did the deceased undergo any operation during the final illness or within a year before death? (a) YES
(b) If so, what was its nature and who performed it and on what date. (b) LAPAROTOMY Date 14 APR 98
DR CRIPPGW + DR BURKE

13. By whom was the deceased nursed during his or her last illness? (a) WARD STAFF A5
(Gives names, and say whether professional nurse, relative, etc. If the illness was a long one, this question should be answered with reference to the period of four weeks before the death.) (b) INITIAL ANY MISTAKES

14. Who were the persons (if any) present at the moment of death? (a) FAMILY

15. In view of the knowledge of the deceased's habits and constitution, do you feel any doubt whatever as to the character of the disease or the cause of death? (a) NO

16. Have you any reason to suspect that the death of the deceased was due, directly or indirectly, to (a) Violence? (b) Poison? (c) Privation or neglect? (a) NO
Death due directly or indirectly to Alcohol has now to be reported to the Coroner

17. Have you any reason whatever to suppose a further examination of the body to be desirable? (a) NO

18. (a) Have you given the certificate required for registration of death? If not, who has? (a) YES
(b) Has the Coroner been informed? (b) YES

(5) When the certificate for registration has been given by authority of the Coroner, this fact should be stated.

FORM B. (additional information)

IMPORTANT: Pacemakers can cause an explosion if left in a body which is cremated, Radio-active implants are a health hazard.

Please answer the following questions:

- (1) Has the deceased been fitted with (a) a cardiac pacemaker? YES NO
(b) a radio-active or other implant? YES NO
- (2) If the answer to (a) or (b) above is in the affirmative, has this been removed? YES NO

PLEASE BE SURE!

NOTE: CREMATION WILL BE REFUSED IF A PACEMAKER IS NOT REMOVED.

I HEREBY CERTIFY that the answers given above are true and accurate to the best of my knowledge and belief, and that I know of no reasonable cause to suspect that the deceased died either a violent or an unnatural death or a sudden death of which the cause is unknown, or died in such place or circumstances as to require an inquest in pursuance of the law.

Name PRO MOFFICER (Signature) **Code A**
(Please insert name here in block capitals)
Tel No 01705 584255 (Address) R. H. HASLAR, Gosport
HOSPITAL EXCHANGE (Practice/Hospital) RH HASLAR, Gosport
(Date) 4 DEC 98 (Registered Qualifications) M.B.Ch.B.

NOTE: This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to the medical practitioner who is to give the confirmatory on Form C. The bearer of the certificate can act as an agent of the medical attendant, and to him may be handed the closed envelope for delivery to the other medical practitioner, except in the case where question 8A above is answered in the affirmative, in which case the certificate must be so handed or sent to the medical referee.

Additional information regarding either of the Certificates (particularly as to the medical history of the case) may be given on the back of this form.

MED A 22 231737

EXAMPLE

MED A 22 231737

MED A 22 231737

BIRTHS AND DEATHS REGISTRATION ACT 1953
(Form prescribed by the Registration of Births and Deaths Regulations 1987)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

For use only by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the deceased's last illness, and to be delivered by him forthwith to the Registrar of Births and Deaths.

Registrar to enter No. of Death Entry

COUNTERFOIL

For use of Medical Practitioner, who should complete in all cases.

Name of deceased } GEORGE WASHINGTON
Date of death } 03 DEC 98
Age } 82
Place of death } A2 WARD RH HASLAR
Last seen alive by me } 01 DEC 98

Name of deceased } GEORGE WASHINGTON
Date of death as stated to me } 3RD day of DECEMBER 1998 Age as stated to me } 82
Place of death } A2 WARD ROYAL HOSPITAL HASLAR GOSPORT
Last seen alive by me } 1ST day of DECEMBER 1998

- 1 The certified cause of death takes account of information obtained from post-mortem.
2 Information from post-mortem may be available later.
3 Post-mortem not being held.
4 I have reported this death to the Coroner for further action.
Please ring appropriate digit(s) and letter
a Seen after death by me.
b Seen after death by another medical practitioner but not by me.
c Not seen after death by a medical practitioner.

CAUSE OF DEATH

The condition thought to be the 'Underlying Cause of Death' should appear in the lowest completed line of Part I.

I (a) Disease or condition directly leading to death } SEPTICAEMIA
(b) Other disease or condition, if any, leading to I(a) } ISCHAEMIC BOWEL
(c) Other disease or condition, if any, leading to I(b)
II Other significant conditions CONTRIBUTING TO THE DEATH but not related to the disease or condition causing it. } ISCHAEMIC HEART DISEASE DO NOT ABBREVIATE

These particulars not to be entered in death register
Approximate interval between onset and death
3 DAYS
2 WEEKS
20 YEARS

Post-mortem/* Coroner 1 2 3 4
Whether seen after death* a b c
Cause of death: I (a) SEPTICAEMIA (b) ISCHAEMIC BOWEL (c) II IHD

The death might have been due to or contributed to by the employment followed at some time by the deceased. Please tick where applicable

Employment? Phase tick where applicable

B. Further information offered?

No Signature } No Hoffner Date } 4 DEC 98

I hereby certify that I was in medical attendance during the above named deceased's last illness, and that the particulars and cause of death above written are true to the best of my knowledge and belief.
Signature } Code A PRO HOFFNER
Qualifications as registered by General Medical Council } MBChB
Residence } Royal Hospital Haslar Date } 4 DEC 98

For deaths in hospital: Please give the name of the consultant responsible for the above-named as a patient } SURG COR CRIPPEN

(Form prescribed by the Registration of Births and Deaths Regulations 1987)

NOTICE TO INFORMANT

I hereby give notice that I have this day signed a medical certificate of cause of death of

GEORGE WASHINGTON

Code A

Signature } Date } 4 DEC 98

This notice is to be delivered by the informant to the registrar of births and deaths for the sub-district in which the death occurred.

The certifying medical practitioner must give this notice to the person who is qualified and liable to act as informant for the registration of death (see list overleaf). Where the informant intends giving information for the registration outside of the area where the death occurred, this notice may be handed to the informant's agent.

DUTIES OF INFORMANT

Failure to deliver this notice to the registrar renders the informant liable to prosecution. The death cannot be registered until the medical certificate has reached the registrar.

When the death is registered the informant must be prepared to give to the registrar the following particulars relating to the deceased:

- 1. The date and place of death.
2. The full name and surname (and the maiden surname if the deceased was a woman who had married).
3. The date and place of birth.
4. The occupation (and if the deceased was a married woman or a widow the name and occupation of her husband).
5. The usual address.
6. Whether the deceased was in receipt of a pension or allowance from public funds.
7. If the deceased was married, the date of birth of the surviving widow or widower.

THE DECEASED'S MEDICAL CARD SHOULD BE DELIVERED TO THE REGISTRAR

TESTES

EXAMPLE
Complete where applicable

PERSONS QUALIFIED AND LIABLE TO ACT AS INFORMANTS

The following persons are designated by the Births and Deaths Registration Act 1953 as qualified to give information concerning a death; in order of preference they are:

DEATHS IN HOUSES AND PUBLIC INSTITUTIONS

- (1) A relative of the deceased, present at the death.
- (2) A relative of the deceased, in attendance during the last illness.
- (3) A relative of the deceased, residing or being in the sub-district where the death occurred.
- (4) A person present at the death.
- (5) The occupier* if he knew of the happening of the death.
- (6) Any inmate if he knew of the happening of the death.
- (7) The person causing the disposal of the body.

DEATHS NOT IN HOUSES OR DEAD BODIES FOUND

- (1) Any relative of the deceased having knowledge of any of the particulars required to be registered.
- (2) Any person present at the death.
- (3) Any person who found the body.
- (4) Any person in charge of the body.
- (5) The person causing the disposal of the body.

*"Occupier" in relation to a public institution includes the governor, keeper, master, matron, superintendent, or other chief resident officer.

A

I have reported this death to the Coroner for further action.

Initials of certifying medical practitioner. RLO H

B

I may be in a position later to give, on application by the Registrar General, additional information as to the cause of death for the purpose of more precise statistical classification.

Initials of certifying medical practitioner.

The death should be referred to the coroner if:

- the cause of death is unknown
 - the deceased was not seen by the certifying doctor *either* after death *or* within the 14 days before death
 - the death was violent or unnatural or was suspicious
 - the death may be due to an accident (whenever it occurred)
 - the death may be due to self-neglect or neglect by others
- the death may be due to an industrial disease or related to the deceased's employment
 - the death may be due to an abortion
 - the death occurred during an operation or before recovery from the effects of an anaesthetic
 - the death may be a suicide
 - the death occurred during or shortly after detention in police or prison custody

LIST OF SOME OF THE CATEGORIES OF DEATH WHICH MAY BE OF INDUSTRIAL ORIGIN

<u>MALIGNANT DISEASES</u>		<u>Causes include</u>	<u>INFECTIOUS DISEASES</u>		<u>Causes include</u>
(a)	Skin	- radiation and sunlight - pitch or tar - mineral oils	(a)	Anthrax	- imported bone, bonemeal hide or fur
(b)	Nasal	- wood or leather work - nickel	(b)	Brucellosis	- farming or veterinary
(c)	Lung	- asbestos - chromates - nickel - radiation	(c)	Tuberculosis	- contact at work
(d)	Pleura and peritoneum	- asbestos	(d)	Leptospirosis	- farming, sewer or under-ground workers
(e)	Urinary tract	- benzidine - dyestuff manufacture - rubber manufacture	(e)	Tetanus	- farming or gardening
(f)	Liver	- PVC manufacture	(f)	Rabies	- animal handling
(g)	Bone	- radiation	(g)	Viral hepatitis	- contact at work
(h)	Lymphatics and haematopoietic	- radiation - benzene	<u>CHRONIC LUNG DISEASES</u>		
<u>POISONING</u>			(a)	Occupational asthma	- sensitising agent at work
(a)	Metals	e.g. arsenic, cadmium, lead	(b)	Allergic alveolitis	- farming
(b)	Chemicals	e.g. chlorine, benzene	(c)	Pneumoconiosis	- mining and quarrying - potteries - asbestos
(c)	Solvents	e.g. trichlorethylene	(d)	Chronic bronchitis and emphysema	- underground coal mining

NOTE:—The Practitioner, on signing the certificate, should complete, sign and date the Notice to the Informant, which should be detached and handed to the informant. Where the informant intends giving information for the registration outside of the area where the death occurred, the notice may be handed to the informant's agent. The Practitioner should then, without delay, deliver the certificate itself to the Registrar of Births and Deaths for the sub-district in which the death occurred. Envelopes for enclosing the certificates are supplied by the Registrar.

EXAMPLE