

Death Claim

ALL QUESTIONS MUST BE ANSWERED IN FULL. Read instructions on the reverse side.

	ılı	of death	(c) Prior thereto
(d) Residence at time of death	No. Street	City or Town	Province
(a) Age of Deceased at death	(b) Sex (c) Height	(d) Approximate Weight in Health	(e) Color of Hair
(f) Were there any identification marks on the body? [] Yes [] No If Yes, please give particulars			
3. How long have you known the deceased?			
4. (a) Date of Death (b) Place of Death (If in hospit		ital/institution, give name)	(c) Length of Hospitalization
5. (a) When were you first co which either directly or indirec		Who consulted you? (Specify if deceased, relative or others)	Date of last visit:
(b) What was the immediate cause of death? (see instructions on reverse side)			
(c) How long, in your opini	on, did the deceased suffer fro	m this disease or impairment?	
(d) What were the contributory causes of death? Give below the duration of each.			
Disease or Impairment		Duration	
(e) Was there any special connection (remote or proximate) between the death and the occupation, residence, habits, or personal history of the deceased? [] Yes [] No			
6. Give particulars of each of	ondition for which you treated	or advised the deceased prior to	
Give particulars of each c Nature of Condition	ondition for which you treated of Dates	or advised the deceased prior to	o last illness: Result of Treatment
*	•		
Nature of Condition 7. Give names and address	Dates es of other physicians and other		Result of Treatment
Nature of Condition	Dates es of other physicians and other	Duration er practitioners who to your kno	Result of Treatment
Nature of Condition 7. Give names and address deceased during the pas	Dates es of other physicians and other three years:	Duration er practitioners who to your kno	Result of Treatment Wedge attended to the
Nature of Condition 7. Give names and address deceased during the pas	Dates es of other physicians and other t three years: Address	Duration er practitioners who to your kno	Result of Treatment Wedge attended to the
7. Give names and address deceased during the pas Name 8. (a) Was death due to suice	Dates es of other physicians and other three years: Address cide, homicide or accident?	Duration er practitioners who to your kno Disease or Im	Result of Treatment Wedge attended to the
7. Give names and address deceased during the pass Name 8. (a) Was death due to suice (b) Was deceased under	Dates es of other physicians and other three years: Address ide, homicide or accident? the influence of liquor or drugs	Duration er practitioners who to your kno Disease or Im when suicide / accident / homi- post mortem examination on the	Result of Treatment wledge attended to the pairment and Date cide happened? [] Yes [] No
7. Give names and address deceased during the pass Name 8. (a) Was death due to suice (b) Was deceased under	es of other physicians and other three years: Address Address cide, homicide or accident? the influence of liquor or drugs uiry as to the cause of death or which, by whom and with what	Duration er practitioners who to your kno Disease or Im when suicide / accident / homi- post mortem examination on the	Result of Treatment wledge attended to the pairment and Date cide happened? [] Yes [] No ne body of the deceased?
7. Give names and address deceased during the pas Name 8. (a) Was death due to suic (b) Was deceased under 9. Was there an official inquest []Yes [] No If Yes	es of other physicians and other three years: Address Address cide, homicide or accident? the influence of liquor or drugs uiry as to the cause of death or which, by whom and with what	Duration Per practitioners who to your kno Disease or Im when suicide / accident / homi- post mortem examination on the transfer of the post was the result?	Result of Treatment wledge attended to the pairment and Date cide happened? [] Yes [] No ne body of the deceased?
Nature of Condition 7. Give names and address deceased during the past Name 8. (a) Was death due to suid (b) Was deceased under 9. Was there an official inquest []Yes [] No If Yes [] Dated at	es of other physicians and other three years: Address Address cide, homicide or accident? the influence of liquor or drugs uiry as to the cause of death or which, by whom and with what	Duration er practitioners who to your kno Disease or Im when suicide / accident / homi post mortem examination on the twas the result?	Result of Treatment wledge attended to the pairment and Date cide happened? [] Yes [] No ne body of the deceased?

Death Claim

INSTRUCTIONS

- 1. All answers must be entirely in the Physician's own handwriting.
- 2. In the interest of accurate vital statistics, please conform to the International List of the causes of death when answering Question 5.
- 3. If cause of death is injury, please describe the accident. If cause is suicide or homicide, please state the means employed.
- 4. In Surgical cases, please state the nature of operation and the disease or condition requiring such procedure. In females, puerperal states are to be indicated. In neoplasms, please give type part first involved. Please avoid indefinite terms. Please describe any unusual features.
- 5. Where spaces provided for the answers are too small, such details as seen desirable should be given below.