

EMPLOYEE BENEFITS DIVISION
CERTIFICATE OF DEATH
EB 201

QUESTIONS TO BE ANSWERED BY THE MEDICAL PRACTITIONER WHO ATTENDED THE LATE

APPROXIMATE AGE _____ WHO DIED AT _____
³(Name of Deceased/Member)

ON _____ (Date)

^{1a}GROUP # _____ ^{1b}MEMBER NO. _____ ²TRN _____

	ANSWERS
1. a) Were you the usual Medical Attendant? b) How long have you been so? c) If not, state name of previous Medical Attendant?	a) b) c)
2. A) Did you attend him/her during the whole of his/her last illness? b) From what disease did he/she suffer?	a) b)
3. a) What was the cause of death? b) And was it verified by Post Mortem?	a) b)
4. When did the disease first manifest itself?	
5. a) Was the illness which ended in death connected with or secondary to any previous disease? b) If so, what was its nature and duration?	a) b)
6. Was death possibly caused by suicide?	
7. a) Was death as a result of an accident b) And if so, give date of accident	a) b)

I, _____ of _____

do hereby declare that my answers to the above questions are true and correct and to the best of my knowledge and belief.

Dated at _____ this _____ day of _____ 20_____

Signature _____

STAMP HERE

Medical Qualifications _____

Address _____ Telephone # _____