

DEATH CERTIFICATE FORM	
ID NUMBER: CONTACT YEAR	VERSION: B: DATE: 1/13/05 FORM CODE: D T H
INSTRUCTIONS: The Death Certificate Form is completed for each eligible death as determined by the Surveilla for all Cohort deaths. Event ID and Name must be entered above. Refer to this form's Q by Q entering numerical responses. For multiple choice" and "yes/no" type questions, circle the letter appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the NOTE: Use this version if date of death is 01/01/1999 or later.	instructions for information on
DEATH CERTIFICATE FORM (DTHC screen 1 of 7)	
A. INFORMATION FROM DEATH INDEX/CERTIFICATE	
1. Decedent:	·

A. INFORMATION FROM DEATH INDEX/CERTIFICATE
1. Decedent:
a. First Name:
b. Middle Name:
c. Last Name:
2. Death Certificate Number:
3. Social Security Number:
3a. Decedent's place of residence at time of death:
1. Street Address
2. City
3. State:
4. Zip Code:
4. Sex: Male M
FemaleF

DEATH CERTIFICATE FORM (DTHC screen 2 of 7)

5. Race or ethnic group:	7a. Was the decedent a veteran? YesY
White/CaucasianW	NoN
Black/NegroB	UnknownU
Asian/Pacific IslanderA	8. Date of birth: Month Day Year
American Indian/Native Alaskan I	
Unknown/Not RecordedU	9. Date of death:
6. Hispanic: YesY	10. Age at death:
No N	
UnknownU	11. Time of death (24 hr clock):
7. Marital status: Married M	
Single (never married) S	
SeparatedP	1
Divorced D	
Widowed W	
Other O	

DEATH CERTIFICATE FORM (DTHC screen 3 of 7) 12. Where did the 14. Do you know the name and location decedent die? .. Hospital within of hospital or nursing home? catchment area Α Specify Name, City, State YesY Hospital out of catchment Skip Name, City, State NoN area or location unknown [Name, City, State items are placed in notelog] Nursing home N Residence R City: Go to Item 14, Screen Other 0 State: If Residence or Other, specify below then go to Item 15, Screen 3. 15. Was this a coroner's or medical examiner's case? Yes Specify: Go to Item 17 - No 16. Do you know the name and address of the Coroner or 13. If decedent died Medical Examiner? in hospital: Dead on arrival ... A Specify Name, Address - YesY Emergency room ... B Outpatient C Skip Name, Address NoN Inpatient D [Name, Address items are placed in notelog] None of above E Not recorded F Address:

DEATH CERTIFICATE FORM (DTHC screen 5 of 7)

Specify cause and consequence	YesY
Skip cause and consequence	No N
[Cause and constant course are cause:	sequence are placed in notelog]
to or as a consequence of (1):	
to or as a consequence of (2):	
to or as a consequence of (3):	
you know other significant conditions a	as they were recorded on the death certificate?
Specify conditions	YesY
Skip conditions	NoN
[Conditions are placed in notelog]]
litions:	

DEATH CERTIFICATE FORM (DTHC screen 6 of 7)

22. Interval between onset and death for immediate cause of death:	24. Relationship of informant to deceased:
5 minutes or less A	Go to Item 26 Spouse S
1 hour or less B	Other O Unknown U
1 day or less C	If Other, specify:
1 week or less D	25. Do you know the name and address
1 month or less E	of the spouse if he or she was not listed as the informant above?
More than 1 month F	Specify Name, Address YesY
Unknown or not recorded U	Skip Name, Address NoN
23. Do you know the name and address of the Informant?	[Name, Address items are placed in notelog] Name:
Specify Name, Address YesY	Address:
Skip Name, Address NoN	
[Name, Address items are placed in notelog]	
Name:	

DEATH CERTIFICATE FORM (DTHC screen 7 of 7) **B. ADMINISTRATIVE INFORMATION** 26. Do you know the name and address of the certifying physician? Specify Name, Address Yes Y Skip Name, Address - NoN [Name, Address items are placed in notelog] Name: Address: 27. Date abstract completed: Month Day Year 28. Code number of abstractor completing this form: