

CERTIFIED



COPY

DEATH registered in the district of NORTH DOWN

REGISTRATION NO. D96/F1/0368

1 Name & surname : Adam Strain

2 Sex : Male

3 Date of death : Twentyeighth November 1995

4 Place of death : Royal Belfast Hospital For Sick Children

5 Usual address (if different from place of death) : 20 Firmount Crescent, Holywood, BT18 9QN

6 Marital status : Single

7 Date & place of birth : 4 August 1991, Belfast

8 Occupation : Son of Debra Strain - Accounts Clerk

9 Maiden name (of woman who had married) : -----

10 Cause of death : I (a) Cerebral Oedema
(b) Dilutional Hyponatraemia and Impaired Cerebral Perfusion During Renal Transplant Operation For Chronic Renal Failure (Congenital Obstructive)

11 Qualification of informant : -----

12 Address of informant : -----

13 Signature of informant : Certificate received from Mr J L Leckey Coroner for Greater Belfast. Inquest held on 18 June 1996.

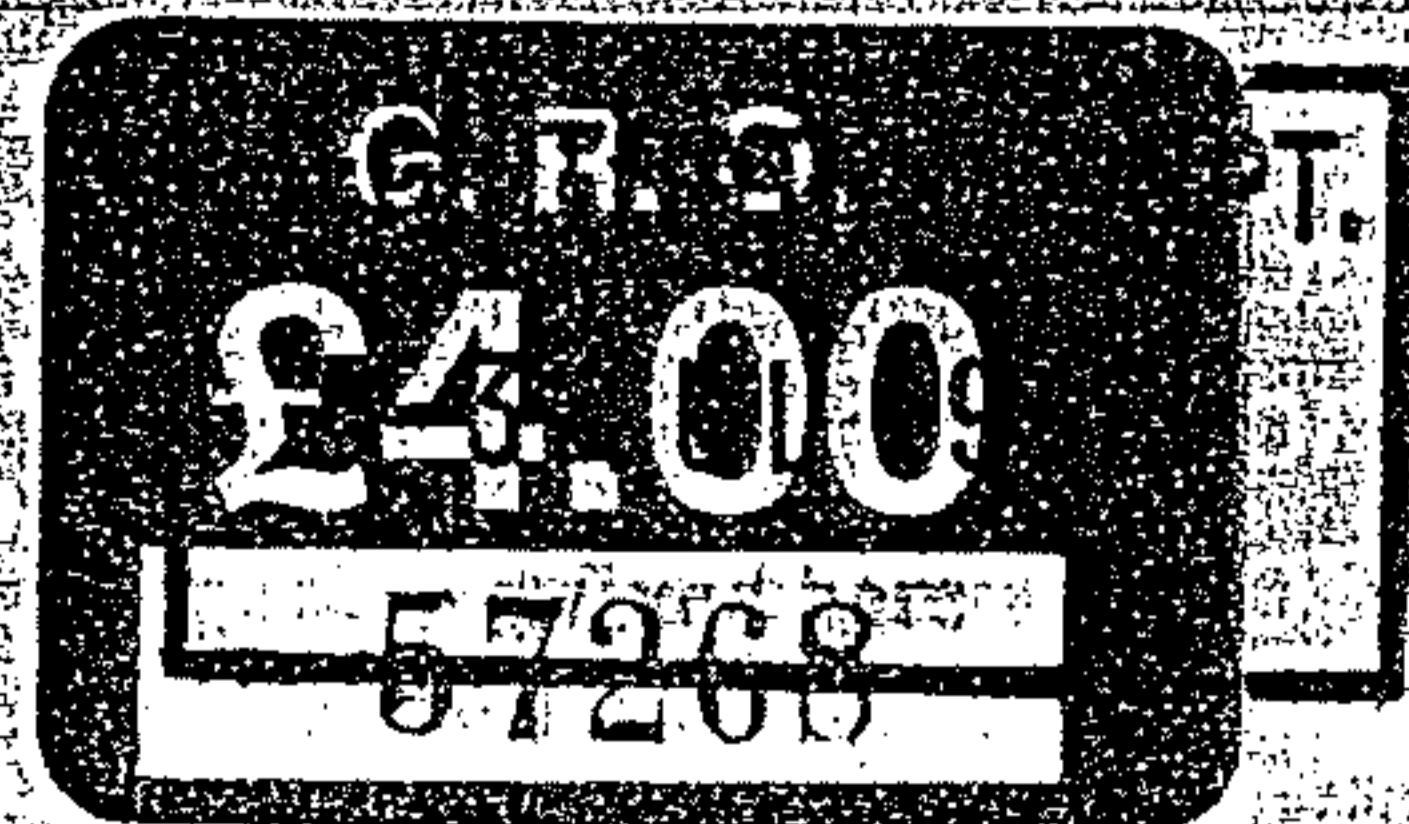
14 Date of registration : 26 June 1996

Signature of Registrar : *D B Skelton* Registrar

CERTIFIED to be a true copy of an entry in a register in my custody.

Joan Rafferty Deputy Registrar
3 July 1996

Registrar
Date



CAUTION - Any person who (1) falsifies any of the particulars on this Certificate, or (2) uses a falsified Certificate as true, knowing it to be false, or (3) passes as genuine any reproduction of this certificate, knowing that the reproduction is not the Certified Copy, is liable to prosecution.

UTV

069A-097-385