

The Births and Deaths Registration (Northern Ireland) Order 1976, Article 38

**CERTIFIED**



**COPY**

DEATH registered in the district of **NORTH DOWN**

REGISTRATION DISTRICT  
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) : [REDACTED]

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) : -----

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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 Uropathy)

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1 Qualification of informant : -----

2 Address of informant : -----

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

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4 Date of registration : 26 June 1996

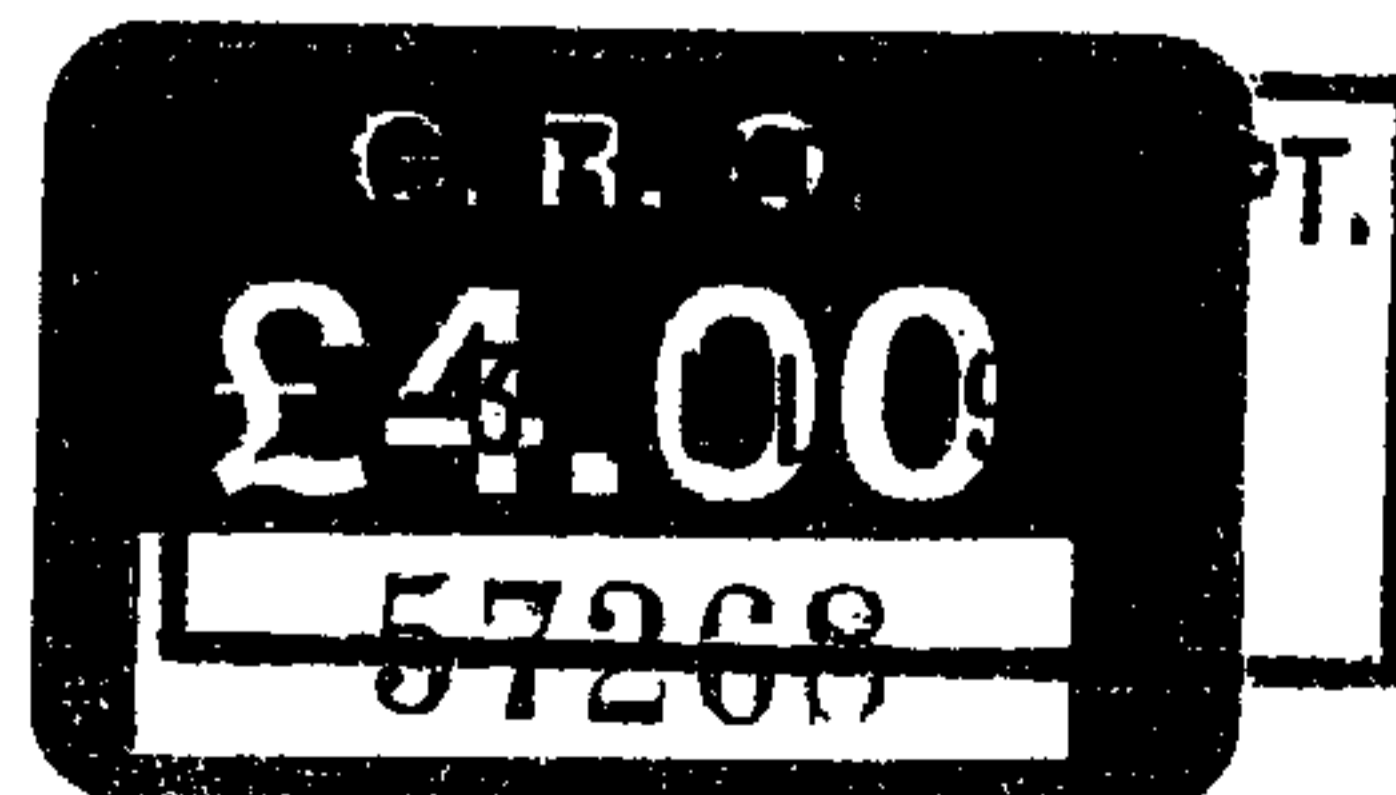
5 Signature of Registrar : *D B Skelton* Registrar

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

*Jane Rafferty Deputy Registrar*  
5 July 1996

Registrar.

Date.



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