

THIS CERTIFICATE MUST BE DELIVERED WITH THE DECEASED'S MEDICAL CARD WITHIN FIVE DAYS TO THE REGISTRAR FOR THE DISTRICT IN WHICH THE PERSON (a) DIED OR (b) WAS ORDINARILY RESIDENT (WITHIN NORTHERN IRELAND) IMMEDIATELY BEFORE DEATH

FOR INSTRUCTIONS TO INFORMANTS
SEE OVERLEAF

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Births and Deaths Registration (Northern Ireland) Order 1976, Article 25(2)

To be signed by a Registered Medical Practitioner WHO HAS BEEN IN ATTENDANCE during the last illness of the deceased person and given to some person required by Statute to give information of the death to the Registrar. (SEE OVERLEAF)

FOR USE OF REGISTRAR
Entry No
District

Name of Deceased LUCY CRAWFORD

Usual Residence [REDACTED]

Place of Death PAEDIATRIC INTENSIVE CARE UNIT, RBHSC (ROYAL BELFAST HOSPITAL FOR SICK CHILDREN)

Date of Death 14th day of APRIL 2000

Date on which last seen alive and treated by me for the undermentioned conditions 14th day of APRIL 2000

Whether seen after death by me YES

When seen after death by another medical practitioner		These particulars not to be entered in Death Register
CAUSE OF DEATH		
I Disease or condition directly leading to death*	(a) <u>CEREBRAL OEDEMA</u> due to (or as a consequence of)	Approximate interval between onset and death (years, months, weeks, days, hours)
Antecedent causes Morbidity conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b) <u>DEHYDRATION</u> due to (or as a consequence of)	
II Other significant conditions contributing to the death, but not related to the disease or condition causing it.	(c) <u>GASTROENTERITIS</u>	

*This does not mean the mode of dying eg heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.

I hereby certify that the above-named person has died as a result of the natural illness or disease for which he has been treated by me within twenty-eight days prior to the date of death, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature [Signature] Qualifications as registered by General Medical Council MB BAO BCH DCH MRCP (PAED)

Residence PAEDIATRIC INTENSIVE CARE UNIT RBHSC Date 04/05/00 2000

The Health Service Number of the deceased should be entered here by the certifying doctor. [REDACTED]