

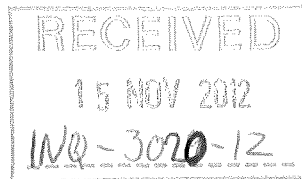
2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:
HW-0086-12

Our Ref:
HYP B04/2

Date:
15th November 2012

Ms H Win
Assistant Solicitor to the Inquiry
Inquiry into Hyponatraemia-related Deaths
Arthur House
41 Arthur Street
Belfast
BT1 4GB



Dear Madam

**RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS- CLAIRE
ROBERTS**

I refer to the above matter and to your letter dated 30th October 2012, reference
as quoted above.

My client has now forwarded to me the copy Counterfoil to the Medical Certificate
of Cause of Death, and I enclose a copy of same, as requested.

This completes my client's response to your above-mentioned request.

Yours faithfully

Angela Crawford
Solicitor

Providing Support to Health and Social Care



INVESTOR IN PEOPLE

COUNTERFOIL

For use of Medical Attendance, who should complete it in all cases

Name of Deceased Clair Roberts.

Usual Residence [REDACTED]

Place of Death I.C.U.

R.B.H.S.C.

Date of Death 23rd Oct 1996

Last seen alive 23rd Oct 1996

Whether seen after death Yes

CAUSE OF DEATH

I. (a) Cerebral Oedema
due to

(b) Status Epilepticus
due to

(c) _____

II. _____

Initials HSS.

Date 23-10-96

See also statistical boxes overleaf

A. Further information offered

B

B. Did the deceased woman die during pregnancy or within 42 days thereafter? Yes/No

Did the deceased woman die between 43 days and one year after pregnancy? Yes/No

Note - Please record details if you have completed Panel A or B.