

REVISED NOTES 1974

NORTHERN IRELAND

DOCTORS SHOULD REMIND RELATIVES THAT THE MEDICAL CARD OF A DECEASED PERSON SHOULD BE SURRENDERED AT THE TIME OF REGISTRATION OF DEATH.

IF THE DOCTOR HAS NOT SEEN AND TREATED THE DECEASED PERSON WITHIN 28 DAYS PRIOR TO THE DEATH HE MUST NOTIFY THE DEATH TO THE CORONER.

MEDICAL CERTIFICATE

OF

CAUSE OF DEATH

As prescribed in accordance with the Births and Deaths Registration (Northern Ireland) Order 1976

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 back of form of Certificate

Registered Medical Practitioners may obtain further supplies of these forms from the Registrar of Births and Deaths

NB - The certifying practitioner must notify the death to the Coroner if there is reason to believe that the death took place (directly or indirectly) (a) as a result of violence or misadventure or by unfair means; or (b) as a result of negligence or misconduct or malpractice on the part of others; or (c) from any cause other than natural illness or disease for which the deceased person had been seen and treated by a registered medical practitioner within 28 days prior to death; or (d) in such circumstances as may require investigation (including death as the result of the administration of an anaesthetic).

NOTES AND SUGGESTIONS TO CERTIFYING MEDICAL PRACTITIONERS

1. No medical certificate of cause of death may be given on the prescribed form unless the certifying medical practitioner has been in attendance upon the deceased during his or her last illness. The certificate must be given and signed by that practitioner. No other person or practitioner may sign the certificate on his behalf.

2. If a death is to be reported to a Coroner (see note at the top of this page) a medical certificate of cause of death should not be issued.

3. The cause of death (excluding interval between onset and death) as certified is entered by the registrar in the death register and forms part of that record. The entry in the death register and the certificate itself are also utilised as material for the mortality statistics published by the Registrar General. These statistics are used in many fields, particularly in the study of preventative medicine, and their value will be materially enhanced if certifying medical practitioners will:

(a) read and adopt, as far as possible, the suggestions printed below, remembering that the International Classification of Causes of Death is based, not upon terminal clinical states, but upon the *antecedent and underlying pathological causes*, of which the certifier is generally best qualified to form an opinion;

(b) WRITE the names of the diseases as LEGIBLY as possible, to avoid the risk of their being incorrectly transcribed into the death register. Contractions should not be used.

4. It is desirable that the medical practitioners should employ only terms recommended in the Nomenclature of the Royal College of Physicians of London or mentioned in the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death. The use of vague and ill-defined terms is particularly to be avoided.

An alphabetical list of the commonly used incomplete causes is appended, with comments indicating in what respect the term is unsatisfactory and what further information is required for classification purposes.

5. In a very large number of cases only one cause of death need be stated. Where two or more causes must be entered it is of the utmost importance for purposes of classification that the arrangement of causes should accurately represent the certifying practitioner's opinion as to their order of occurrence if the causes were related one to another, or as to their relative importance if independent.

6. The present form of certificate is divided into two sections (I and II). In "I" should be entered the immediate cause of death and any morbid conditions which led up to it (if such there were) the latter being stated in order backwards from the immediate to the antecedent causes. In "II" should be entered conditions which were not in the chain of pathological events which led to the immediate cause of death but which none the less contributed to the fatal issue. The examples given overleaf will make these points clear.

7. It is suggested that the practitioner should first consider whether the essential features of the case cannot be epitomised by statement of a single cause (eg pulmonary tuberculosis) and that where entry of more than one cause is required he should next consider whether the conditions specified were or were not of independent origin, and indicate this by entry in the appropriate space.

8. When possible it should be stated whether the condition was acute or chronic. In addition to such statement (and not as a substitute for it) the interval between the date of onset, as nearly as it can be estimated and date of death is asked for in the case of each condition entered. In many instances this can only be a rough guide to duration, but even so it will suffice to prevent errors in classification to the underlying cause. This addition has been made to the form at the request of the World Health Organisation.

9. The following points as to special causes of death call for attention:

(a) **Cancer** - The seat of the original growth should be specified where known.

(b) **Childbirth** - Whenever parturition or pregnancy has been in any way a contributory cause of death, the nature of the abnormality, if any, should be mentioned. If the delivery was an abortion (under 28 weeks gestation) or was premature, this should be stated. The word puerperal should not be applied to post-abortive conditions. See also note overleaf regarding Panel B.

(c) **Congenital Causes** - If believed to have been congenital, state this.

(d) **Operations** - Mention tonsillectomy, Caesarean section or use of instruments in parturition. Always state the cause of an operation, and not merely the site.

(e) **Anaesthetics** - When death occurs during anaesthesia, or is in any degree attributable thereto, the case must be reported to the Coroner who should be informed of the nature of the anaesthetic used.

(f) **Violent Deaths and Deaths Resulting from Industrial Disease of the Lung** - All these cases must be reported to the Coroner.

Seven Examples of Method of using the form of Medical Certificate of cause of death

	EXAMPLE 1	EXAMPLE 2	EXAMPLE 3	EXAMPLE 4	EXAMPLE 5	EXAMPLE 6	EXAMPLE 7
I	I	I	I	I	I	I	I
Disease or Condition Directly Leading to Death	(a) Lobar Pneumonia	(a) Puerperal eclampsia after premature parturition (seven months gestation)	(a) Secondary carcinoma of liver	(a) Haematemesis	(a) Acute peritonitis	(a) Diabetes Mellitus	(a) Broncho-pneumonia
<i>Antecedent causes.</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b) -	(b) -	<i>due to</i> (b) Primary carcinoma of rectum (excised)	<i>due to</i> (b) Chronic gastric ulcer	<i>due to</i> (b) Intestinal perforation	<i>due to</i> (b) -	<i>due to</i> (b) Operation
	(c) -	(c) -	(c) -	(c) -	<i>due to</i> (c) Enteric fever	<i>due to</i> (c) -	<i>due to</i> (c) Strangulated inguinal hernia
II	II	II	II	II	II	II	II
<i>Other significant conditions</i> contributing to the death but not related to the disease or condition causing it.	-	-	-	-	-	Chronic Bronchitis	Chronic interstitial nephritis

NOTES REGARDING PANELS A AND B ON BACK OF MEDICAL CERTIFICATE

PANEL A: This applies chiefly to cases where further information is likely to emerge, eg, as the result of a post-mortem examination or for some other reason. The Registrar General, on receiving a medical certificate in which Panel A has been initialed, will send an enquiry to the certifying doctor in due course.

PANEL B: If the certifying doctor is aware that the deceased was either pregnant at the time of death or within one year prior to death this should be confirmed at Panel B. This information will not appear in the death entry and will only be used for statistical purposes.

Whenever pregnancy, parturition or miscarriage has been in anyway a contributory cause of death, this fact should be mentioned in the medical certificate, and the use of Panel B cannot take the place of such mention. If, on the other hand, it is not regarded as a contributory cause, it need not be mentioned on the front of the form, but Panel B should (in the case of a married woman) be completed.

LIST OF INDEFINITE OR UNDESIRABLE TERMS

Reference No.	INDEFINITE OR UNDESIRABLE TERMS (ie when used without further particulars indicated opposite)	FURTHER INFORMATION REQUIRED (if available), and Notes on the use of certain Terms	Reference No.	INDEFINITE OR UNDESIRABLE TERMS (ie when used without further particulars indicated opposite)	FURTHER INFORMATION REQUIRED (if available), and Notes on the use of certain Terms
1	Abscess	State cause (especially whether tuberculosis) and situation.	23	Encephalitis	Cause of this condition, if known.
2	Anaemia	Disease causing this condition. If primary, state variety.	24	Endocarditis	Acute or chronic? Was rheumatic fever present at time of death?
3	Aneurysm	State whether of aorta, other artery, vein or heart.	25	Gangrene	Disease causing this condition.
4	Aortitis, arteritis, endarteritis	Was the condition due to syphilis? (If so, see No, 71).	26	Gastritis, gastro-intestinal irritation	Avoiding using these terms as synonyms for gastro-enteritis.
5	Bedsore	Condition confining patient to bed.	27	General paralysis, paresis	If general paralysis of the insane is meant add the words "of the insane" and in all other cases indicate the disease causing the condition.
6	Bronchitis	State whether acute or chronic.	28	Glioma	State whether the glioma was benign or malignant in character, or if not known, add "type unknown".
7	Bright's Disease	State whether acute or chronic. (see No. 44)	29	Growth, new growth, tumour	State site and whether benign or malignant, if known. If not known, add "nature unknown".
8	Caesarean section	State indication for this operation (see No. 48).	30	Haematemesis	Disease causing this condition.
9	Cancer, carcinoma	(a) Variety; (b) seat of primary occurrence, if known, otherwise of fatal growth; (c) part of organ where it is originated in case of uterus, mouth, nose, stomach, intestine.	31	Haemoptysis	Disease causing this condition. Was it a case of tuberculosis of lungs?
10	Cardiac asthma	Disease causing this condition.	32	Hemiplegia	Nature and cause of lesion, if known.
11	Cardiac debility, failure, weakness	"Cardiac failure" may connote nothing beyond the fact of death.	33	Hepatitis	Cause of this condition (eg, epidemic, taxaemia of pregnancy). If transmission by serum or inoculation is the suspected cause state this.
12	Cardiac dilatation	Disease causing this condition.	34	Hydrocephalus	Cause of this condition, especially if congenital or tuberculosis.
13	Cerebrospinal meningitis	Cause of this condition. Always certify meningococcal meningitis or cerebrospinal fever if this disease is meant.	35	Hypertension, high blood pressure	State whether benign or malignant and mention heart and/or kidney affection, if any.
14	Congestion of brain, kidney, liver, lung, or other organ.	If the disease amounted to an inflammation, use the appropriate term (lobar – or broncho-pneumonia, acute or chronic nephritis, etc.) Merely passive congestion should not be reported as a cause of death when its cause can be stated.	36	Infantile asthenia, atrophy or debility	Disease causing this condition.
15	Convulsions	Disease causing this condition.	37	Jaundice, icterus	Disease causing this condition (see hepatitis).
16	Curvature of spine, angular, lateral, etc	Cause of this condition.	38	Jaundice, malignant	Disease causing this condition. Was it cancer?
17	Debility, atrophy, or asthenia	Disease causing this condition.	39	Malignant disease	Taken as equivalent to cancer. The word malignant should never be used in reference to any other disease, when such use may cause confusion with cancer.
18	Diarrhoea	Cause of this condition, if known.	40	Marasmus	Disease causing this disease in an adult.
19	Dropsy, ascites	Disease causing this condition.	41	Meningitis	Cause of this condition, eg, sepsis (stating source), tuberculosis, meningococcal infection etc.
20	Dysentery	State variety.	42	Myocarditis	Acute or chronic? State cause if known. Avoid using the term for degeneration of myocardium.
21	Eclampsia	Disease causing this condition.	43	Neoplasm	State site and whether benign or malignant.
22	Embolism	Was it associated with pregnancy or parturition? Site and cause of the embolism. Was it post-abortive or puerperal?	44	Nephritis	Acute, chronic parenchymatous or arteriosclerotic? Did it result from scarlet fever, etc? was there hypertension?

LIST OF INDEFINITE OR UNDESIRABLE TERMS - Continued

Reference No.	INDEFINITE OR UNDESIRABLE TERMS (ie when used without further particulars indicated opposite)	FURTHER INFORMATION REQUIRED (if available), and Notes on the use of certain Terms	Reference No.	INDEFINITE OR UNDESIRABLE TERMS (ie when used without further particulars indicated opposite)	FURTHER INFORMATION REQUIRED (if available), and Notes on the use of certain Terms
45	Obstruction of bowel or other organ	Cause of this condition. Was it due to cancer?	68	Sclerosis of central nervous system	Define as disseminated or multiple, posterior, lateral, etc.
46	Oedema of lungs	Disease causing this condition.	69	Senility	See No. 47
47	Old age or Senility	Disease causing death.	70	Septicaemia, septic infection, sepsis etc,	Cause of this condition, and if localized what was the situation? In the case of females see No. 64.
48	Operation	Always state the condition for which the operation was performed, and any antecedent cause of that condition.	71	Specific disease	The word "specific" will always be understood in the sense of syphilitic.
49	Papilloma	State site and whether benign or malignant.	72	Stricture or stenosis of intestine, larynx, oeso-phagus, pylorus, rectum, etc	Cause of condition. Was it a case of cancer? Was it a late effect of burn, ulcer, gonorrhoea, etc?
50	Paralysis	Nature, cause and situation of lesion.	73	Suppression of urine	Cause of this condition.
51	Paralytic ileus	If following an operation, state cause of the operation.	74	Syncope, cardiac syncope	Cause of this condition.
52	Paraplegia	Nature, cause and situation of lesion.	75	Tables (unqualified)	Avoid using this term, which may refer to loco-motor ataxy or to the wasting conditions of children.
53	Parametritis	} State the cause of this condition. In the case of females none of these terms should be used alone in certifying deaths due to puerperal or post-abortive infection (see No 64).	76	Toxaemia	Cause of this condition. The term intestinal toxaemia should not be used.
54	Pelvic abscess, cellulitis		77	Toxaemia of pregnancy	Was there eclampsia, albuminuria or yellow atrophy? Did death occur in the pregnant state or after abortion or childbirth?
55	Perimetritis, pelvic peritonitis		78	Tuberculosis	State whether general or local, and if local state the part affected. If the bacillus was typed, state whether bovine or human. Avoid the term miliary unless further defined, eg, acute generalised miliary tuberculosis.
56	Peritonitis		79	Uraemia	Was it associated with puerperal, post-scarlatinal, or other acute nephritis, chronic nephritis, etc?
57	Phlebitis		80	Uterine haemorrhage	Cause of haemorrhage. If associated with pregnancy was there placenta praevia and did death occur in the pregnant state or after abortion or childbirth?
58	Pemphigus, infantile	Was this condition due to syphilis? If so, see No. 71; if not, indicate this (eg, non-luetic).	81	Valvular disease	Form and site of disease. Was acute rheumatism present at time of death or was there a rheumatic history?
59	Perforation of bowels, stomach etc.	Cause of this condition.	82	Yellow atrophy of liver, acute	In the case of females, was it associated with pregnancy, and had abortion or childbirth occurred? See also hepatitis.
60	Phthisis	Avoid using this term without qualification as to nature. Always state whether tuberculosis.			
61	Pneumonia	Was the case one of lobar- or broncho-pneumonia? Did it follow influenza, measles or other infectious disease?			
62	Pneumothorax	Disease causing this condition.			
63	Pregnancy	Disease or condition causing death. See para 9(b) of "Notes and Suggestions".			
64	Puerperal fever	Avoid the use of this indefinite term by stating the form of infection and clearly distinguishing post-abortive conditions, e.g. puerperal pyemia, puerperal septic-aemia, post-abortive septic phlebitis, etc.			
65	Pulmonary abscess	Disease causing this condition. Avoid using this term to describe case of pulmonary tuberculosis.			
66	Pyemia	Cause of this condition. Was it puerperal, post-abortive etc?			
67	Rheumatism	State whether rheumatic fever, rheumatoid arthritis, osteo-arthritis, etc, involved.			

COUNTERFOIL

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

Name of Deceased

Usual Residence

Place of Death

Date of Death 20

Last seen alive 20

Whether seen after death

CAUSE OF DEATH

I. (a)
due to

(b)
due to

(c)

II.

Initials

Date

See also statistical boxes overleaf

RF (LC Aftermath)

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)

Name of Deceased

Usual Residence

Place of Death

Date of Death day of 20

Date on which last seen alive and treated by me for the undermentioned conditions day of 20

Whether seen after death by me

Whether seen after death by another medical practitioner

CAUSE OF DEATH		These particulars not to be entered in Death Register
I	I	Approximate interval between onset and death (years, months, weeks, days, hours)
Disease or condition directly leading to death*	(a) due to (or as a consequence of)	
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.	(b) due to (or as a consequence of)	
II	II	
Other significant conditions contributing to the death, but not related to the disease or condition causing it.	(c)	

*This does not mean the mode of dying eg heart failure, asthenia, 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
Qualifications as registered by General Medical Council

Residence

Date 20

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

315-019-006

PERSONS QUALIFIED AND LIABLE TO ACT AS INFORMANTS

1. Any relative* of the deceased who has knowledge of the particulars required to be registered concerning the death.

2. Person present at the death.

3. Executor or administrator of the deceased's estate.

4. †Occupier of the premises in which the death occurred.

5. Person finding the body.

6. Person taking charge of the body.

7. Person procuring the disposal of the body, ie, the person employing the undertaker.

* The term "Relative" includes a relative by marriage.

† The term "Occupier" in relation to a public building includes the governor, matron, superintendent or other chief officer, and, in relation to a house let in separate apartments or lodgings, includes any person residing in the house who is either the person under whom the lodgings or apartments are immediately held or his agent.

DUTIES OF INFORMANTS

The informant must deliver this Certificate without delay to the Registrar and by personal attendance give the prescribed information concerning the deceased. Failure to comply with this requirement renders the informant liable to prosecution. The Registrar is an officer of the District Council and the registration may be made either with the Registrar for the district in which the person died or with the Registrar for the district in which the person normally resided just before his death.

The informant must be prepared to state accurately to the Registrar the following particulars concerning the deceased:-

1. Full name and surname.

2. Date and place of death and the usual residence.

3. Marital status (single, married, widowed or divorced).

4. Date and place of birth.

5. Occupation. If deceased was a wife or widow the full names and the occupation of the husband or the deceased husband will be required in addition; and if a child, those of the father (or in the case of an illegitimate child), of the mother.

6. Maiden surname, ie, if deceased was a woman who had married.

7. Whether deceased was in receipt of a naval or military pension, or other pension or allowance from public funds excepting pensions or allowances payable under the National Insurance Scheme. (The pension or allowance order book or other pension etc document should be produced to the Registrar.)

STATISTICAL INFORMATION FOR USE OF REGISTRAR GENERAL

A

Will you be in a position to give further information for a more precise statistical classification eg, as a result of a post-mortem or other reasons. Yes/No

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

Initials of
Certifying Medical Practitioner

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

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

NB – DECEASED'S MEDICAL CARD SHOULD BE DELIVERED TO THE REGISTRAR.

RF (LC Aftermath)

315-019-007