



CERTIFICATE OF DEATH



For Use in statistical puposes

S1 Form :

City : KAYSERİ	Village / District :
Province : MELİKGAZİ	Institution : ERCIYES UNIVERCITY

A	PROFILE OF THE DECEDENT
Identification Number :	
Nationally :	
Name And Surname :	
Fathers Name :	Mothers Name:
	Day Month Year
Date of Birth :	
Registry Province :	
Bind Nr. :	Family Rank Nr:
	Individual Rank Nr:
Gender :	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Last graduate School :	
Occupation :	
Permanet Residance :	
City :	
Province :	
District or Village :	
Abroad :	

C	MANNER OF DEATH
<input checked="" type="checkbox"/> Natural	<input type="checkbox"/> Traffic Accident <input type="checkbox"/> Other
<input type="checkbox"/> Sucide	<input type="checkbox"/> Work Accident <input type="checkbox"/> Surgery Search
<input type="checkbox"/> Homicide	<input type="checkbox"/> Other Accident <input type="checkbox"/> Unknown

D	Is the death happened as a result of an injury?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → Skip to part E.
Work Place Injury :	Yes No
	Day Month Year
Date :	
Place of Injury :	
Home	Sport Field
Boarding Place	Street or Highway
Rural Area (farm)	Trade and Service Area
Industry or Constructio	School, other institution
Other (Specify)	

E	Time Day Month Year
Date of death:	
Place of death:	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Work
	<input type="checkbox"/> Abulance <input type="checkbox"/> Other vehicle <input type="checkbox"/> Other

E	Was an autopsy performed?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → Skip to part F.
Were autopsy findings available prior to cause of death?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No → Skip top art F.
Is possible to have more findings later?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Available information. The doctor also. F,G and H are Responsib

THE INFORMED PERSON

Name and Surname :
 Telephone Number :
 Relationship Levl :
 Signature :

CERFIER DOCTOR

: **Dr.**
 Date :
 Sing :
 Stamp :



F	Stillbirth : Yes No	} Skip to Part G.	Mother ID Nr :
	Baby Deathe : Yes No		Age of Mother : Birth Order :
			Gestation : Birth Interval :

G	If woman, Death occured during pregnancy. Death occured during birth.	<input checked="" type="checkbox"/> Death occured in following 42 days of brith.
	Death occured after the birth between the 43rd and 365th days.	Not a mother death.

H	
Part I	
Part II	