

EMPLOYEE BENEFITS DIVISION

CERTIFICATE OF DEATH EB 201

QUESTIONS TO BE ANSWERED BY THE MEDICAL PRACTITIONER WHO ATTENDED THE LATE

	APPROXIMATE AGE	WHO DIED AT	
³(Name of Dec	eased/Member)		
		ON	
1aCDOUD #	1bMEMBER NO	ON(Date)	
GROUP #	MEMBER NO	1KN _	
			WERS
1. a) Were you the usual Medical Attendant?		a)	
b) How long have you been so?		b)	
c) If not, state name of previous Medical Attendant?		c)	
2. A) Did you attend him/her during the whole of his/her last illness?		a)	
b) From what disease did he/she suffer?		b)	
3. a) What was the cause of death?		a)	
b) And was it verified by Post Mortem?		b)	
4. When did the disease first manifest itself?			
5. a) Was the illness which ended in death connected with or secondary to any previous disease?		a)	
b) If so, what was its nature and duration?		b)	
6. Was death possibly caused by suicide?			
7. a) Was death as a result of an accident		a)	
b) And if so, give date of accident		b)	
I,		of	
do hereby declare that n belief.	ny answers to the above questions are tru	e and correct and to the bes	t of my knowledge and
Dated at	this	day of	20
			IP HERE
Medical Qualifications			
Address		Telephone #	