

VERBAL AUTOPSY DEATH CERTIFICATE - FOR SAVVY HDSS APPLICATION IN TANZANIA

VA Serial No: _____

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

Coding Date: _____

Coder's Name: _____

Deceased Name: _____

Deceased Sex: **1. Male**
2. Female

Deceased Age: _____

ID Information:

Region:

District:

Ward:

DSS Area:

SAVVY Area:

HHLN Number:

Deseased #:

Cause of Death	ICD - 10 Code	Approximate intervals between onset and death
PART I		
Disease or conditon directly leading to death *	(a)
Antecedent causes	Due to (or as a consequence of)	
Morbid conditons, if any, giving rise to the above cause, stating the underlying conditon last.	(b)
	Due to (or as a consequence of)	
	(c)
	Due to (or as a consequence of)	
	(d)
* This does not mean the mode of dying, e.g heart failure, respiratory failure, it means the disease, injury or complication that caused death.		

PART II
Enter other significant conditons contributing to the death but not related to the disease or conditon causing it. (That is, not resulting in the underlying cause given in PART I).

**** If it was a death of a woman aged between 12 and 50 years, was she:**

Pregnant at time of death
Not pregnant within one year before death

Check one box: Not pregnant at time of death, but pregnant in the preceeding 42 days before death
Not pregnant, but pregnant 43 days to 1 year before death
Unknown whether the woman was pregnant within past year

UNDERLYING CAUSE OF DEATH (UCOD): _____ ICD-10 CODE