AMINU KANO TEACHING HOSPITAL, KANO.

MEDICAL CERTIFICATE OF CAUSE OF DEATH

I HEREBY CERTIFY
THAT I HAVE MEDICALLY ATTENDED

.....

of ..... Who was apparently[2]

or stated to be aged.....years, that I last saw

.....on the .....19 .....that

.....was then suffering from.....

.....that dies as I am aware[3] or informed on

the .....day of.....19.....at[4]

.....and that the cause of death was to the best

my knowledge and belief as here in stated , viz

Primary Cause.....

Secondary Cause.....

And[5] that the disease had continued.....

.....

Witness my hand this.....day of.....19.....

.....

Signature

Medical Officer.....

Qualification.....

Address.....

.....

1. State Address
2. Omit apparently" or "or stated to be" as the case may be.
3. Omit "aware or" when hour of death is known from report.
4. State the time
5. State duration of illness if possible.
   Note that by primary cause of death is meant the disease present at the time of death, which is initiated the train of events leading thereto and not a secondary contributory or immediate cause or terminal condition or mode of death.