Additional file 2 The revised TURKSTAT Death Certificate

DEATH CERTIFICATE

S1 Form no: 0000000001

Province ……☐☐ **Town/Village** ……☐☐

District ……☐☐ **Institute** ……☐☐

A **DECEDENT'S INFORMATION**

Identity (ID) Number ☐☐☐☐☐☐☐☐☐☐☐

☐ No ID

Nationality ☐TR

☐Other……☐☐☐

Name and Surname ……

Father's Name ……

Date of Birth (Day/Month/Year) ☐☐ ☐☐ ☐☐☐☐

Place of Birth ……

Volume number (In ID Card) ☐☐☐☐ Family sequence number (In ID Card) ☐☐☐☐

Person sequence number (In ID Card) ☐☐☐☐

Sex ☐Male ☐Female

Education level (Completed) …… ☐☐

Profession …… ☐☐☐☐

Residence:

Province …… ☐☐

District …… ☐☐

Town or Village …… ☐☐

Abroad …… ☐☐☐☐

B

Date of Death (Hour/Day/Month/Year) ☐☐ ☐☐ ☐☐ ☐☐☐☐

Place of Death

☐Decedent's Home ☐Hospital ☐Work Place

☐Ambulance ☐Other vehicles ☐Other

C **MANNER OF DEATH**

☐Natural ☐Traffic accident ☐Other

☐Homicide ☐Industrial accident ☐Pending investigation

☐Suicide ☐Other accidents ☐Could not be determined

D Did the death occurr as a result of injury?

☐Yes ☐No ---------- ► **Go to section E**

Did injury occur in the workplace ☐Yes ☐ No

Date of injury (Day/Month/Year) ☐☐ ☐☐ ☐☐☐☐

Place of injury

☐Decedent's Home ☐Sports area

☐Residential institution ☐Street and highway

☐Rural area (farm) ☐Trade and service area

☐Industrial and const. ☐School or other Ins.

☐Other *(explain)* ……

E **Was an autopsy performed**?

☐Yes ☐No → **Go to section F**

Were autopsy findings available to complete the cause of death?

☐Yes ☐No → **Go to section F**

Can more information be obtained later?

☐ Yes ☐ No

INFORMANT
Name and Surname:
Phone :
Relationship to decedent:
Signature :

CERTIFYING PHYSICIAN
Name and Surname :
Title:
Date:
Signature:
License number:

F **Stillbirth** ☐Yes ☐No

Infant mortality ☐Yes ☐No

Go to section G

Time of Delivery ☐☐

Mother's ID No: ☐☐ ☐☐☐☐☐☐☐☐☐

Mother's age ☐☐ Number of birth☐☐

Gestation ☐☐ Birth weight☐☐☐☐

G If Female: ☐Pregnant at time of death ☐Death occurred during delivery ☐Not pregnant, but pregnant with in 42 days of death

☐Not pregnant, but pregnant 43 days to 1 year before death ☐No maternal death

H

PART I

	CAUSE OF DEATH	**Approximate interval: Onset to death**
Enter the chain of events-diseases, injures, or complications- that directly caused the death* **Immediate cause:** Final disease or condition resulting in death. Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **Underlying cause** (disease or injury that initiated the events resulting in death) last	a)……	……
	Due to (or as a consequence of)	
	b)……	……
	Due to (or as a consequence of)	
	c)……	……
	Due to (or as a consequence of)	
	d)……	……

PART II

Enter other significant conditions to death but not resulting in the underlying cause given PART I.	……	……
	……	……

**Do not enter terminal events such as cardiac arrest or respiratory arrest without the etiology.*