

Additional file 2 The revised TURKSTAT Death Certificate



DEATH CERTIFICATE

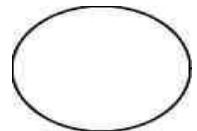


S1 Form no: 000000001

Province□□ District□□	Town/Village□□ Institute□□
A DECEDENT'S INFORMATION Identity (ID) Number □□□□□□□□□□ <input type="checkbox"/> No ID Nationality <input type="checkbox"/> TR <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female Education level (Completed) □□ Profession □□□□ Residence: Province □□ District □□ Town or Village □□ Abroad □□□□	C MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Traffic accident <input type="checkbox"/> Other <input type="checkbox"/> Homicide <input type="checkbox"/> Industrial accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Other accidents <input type="checkbox"/> Could not be determined D Did the death occur as a result of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No → Go to section E Did injury occur in the workplace <input type="checkbox"/> Yes <input type="checkbox"/> No Date of injury (Day/Month/Year) □□ □□ □□□□ Place of injury <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Sports area <input type="checkbox"/> Residential institution <input type="checkbox"/> Street and highway <input type="checkbox"/> Rural area (farm) <input type="checkbox"/> Trade and service area <input type="checkbox"/> Industrial and const. <input type="checkbox"/> School or other Ins. <input type="checkbox"/> Other (explain)
B Date of Death (Hour/Day/Month/Year) □□ □□ □□ □□□□ Place of Death <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospital <input type="checkbox"/> Work Place <input type="checkbox"/> Ambulance <input type="checkbox"/> Other vehicles <input type="checkbox"/> Other	E Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No → Go to section F Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No → Go to section F Can more information be obtained later? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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



F Stillbirth <input type="checkbox"/> Yes <input type="checkbox"/> No } Infant mortality <input type="checkbox"/> Yes <input type="checkbox"/> No } Go to section G Time of Delivery □□	Mother's ID No: □□ □□□□□□□□ Mother's age □□ Number of birth □□ Gestation □□ Birth weight □□□□
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G If Female: <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Death occurred during delivery <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	<input type="checkbox"/> Not pregnant, but pregnant with in 42 days of death <input type="checkbox"/> No maternal death
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H PART I Enter the chain of events-diseases, injuries, 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 PART II Enter other significant conditions to death but not resulting in the underlying cause given PART I.	CAUSE OF DEATH 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).....	Approximate interval: Onset to death
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**Do not enter terminal events such as cardiac arrest or respiratory arrest without the etiology.*