

**AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
NAIROBI SLUM DEMOGRAPHIC SURVEILLANCE SYSTEM
VERBAL AUTOPSY QUESTIONNAIRE**

A.1 START TIME

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A.2 FIELD WORKER'S CODE

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A.3 DATE OF INTERVIEW

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A.4. NAME OF DECEASED PERSON _____

A.5 ID OF DECEASED PERSON

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A.6 HOUSEHOLD ID

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A.7. DATE OF BIRTH FOR DECEASED PERSON

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A.8. DATE OF DEATH

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A.9. GENDER OF DECEASED PERSON (F=FEMALE; M=MALE)

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A.10. ID OF ROOM WHERE THE DECEASED USED TO SLEEP

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B. RESPONDENT'S PARTICULARS

B.1 RESPONDENT'S NAME _____

B.2 RESPONDENT'S ID

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B.3 WAS THE RESPONDENT TAKING CARE OF/LIVING WITH THE DECEASED AT THE TIME OF (NAME'S) ILLNESS OR (NAME)'S DEATH?

(1=YES, THROUGHOUT ILLNESS DURATION; 2=YES, FOR PART OF THE ILLNESS DURATION; 3=NO)

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B.4 RESPONDENT'S RELATIONSHIP TO DECEASED (GET CODE FROM ¹) (OTH _____)

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C. OFFICE/FIELD CHECK DETAILS

C.1 FS CODE & CHECK DATE

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C.2 OFFICE CODE & CHECK DATE

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¹ **RELATIONSHIPS:** AUN= AUNT; BIL=BROTHER-IN-LAW; BRO= BROTHER; CHD = CHILD; COU=COUSIN; CWF = CO-WIFE; DIL = DAUGHTER-IN-LAW; GCH = GRAND CHILD; GDP = GRAND PARENT; HUS = HUSBAND; NEP= NEPHEW; NIE=NIECE; NRL = NOT RELATED; PAR = PARENT; PIL = PARENT-IN-LAW; SIL=SISTER-IN-LAW; SIS=SISTER; SOL= SON-IN-LAW; STP=STEP CHILD; UNC=UNCLE; UNK = UNKNOWN RELATION; WIF = WIFE; OTH = OTHER (SPECIFY _____)

NOTE: THROUGHOUT THIS QUESTIONNAIRE USE "Y" FOR YES; "N" FOR NO, AND "D" FOR DON'T KNOW FOR ALL QUESTIONS REQUIRING YES-NO-DONT KNOW RESPONSES

1.5 FOR HOW LONG WAS (NAME OF DECEASED PERSON) ILL BEFORE HE/SHE DIED?
 (RECORD D=DAYS, M=MONTHS, Y=YEARS IN 1ST BOX AND DURATION IN LAST 2 BOXES)

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1.6 WAS HEALTH CARE SOUGHT WHILE (NAME OF DECEASED PERSON) WAS SICK?

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GO TO Q. 1.8 IF THE ANSWER IS "N" OR "D"

1.7. WAS CARE SOUGHT IN ANY OF THE FOLLOWING HEALTH PROVIDERS/FACILITIES?

- A. GOVERNMENT HOSPITAL.....
- B. GOVERNMENT HEALTH CENTER/CLINIC (INCLUDING CITY COUNCIL CLINICS).....
- c. PRIVATE HEALTH CENTER/CLINIC.....
- d. TRADITIONAL HEALER.....
- e. RELIGIOUS HEALER.....
- f. PHARMACY/DRUG SELLER/STORE/MARKET.....
- g. NGO/RELIGIOUS HEALTH CENTER.....
- h. OTHER (SPECIFY _____)

1.8 DID THE DEATH RESULT FROM AN ILLNESS OR AN INJURY/ACCIDENT?
 (ILLNESS=1, ACCIDENT/INJURY=2). SKIP TO Q. 1.10 IF THE ANSWER IS 2

1.9 WHAT DO YOU THINK WAS THE ILLNESS THAT CAUSED HIS/HER DEATH?

- A. AIDS/HIV.....
- B. CHOLERA.....
- C. DYSENTRY.....
- D. KWASHIOKOR.....
- E. MALARIA.....
- F. MARASMUS.....
- G. MEASLES.....
- H. PNEUMONIA.....
- I. TETANUS.....
- J. TYPHOID.....
- K. TUBERCULOSIS (TB)
- L. OTHER (SPECIFY _____)

GO TO Q1.11 (I.E. THE DEATH WAS CAUSED BY AN ILLNESS)

m.	DIARRHOEA (USE LOCAL TERM FOR DIARRHEA) <i>(IF BOTH o AND p ARE "N" OR "D", GO TO Q. u).</i>	
n.	FOR HOW MANY DAYS DID HE/SHE HAVE LOOSE OR LIQUID STOOLS? <i>(21=21 AND ABOVE, 88=DK)</i>	
o.	DO YOU THINK THAT THIS REPRESENTED MORE OR LESS LOOSE/LIQUID STOOL THAN USUAL? <i>(MORE=1; LESS=2; DON'T KNOW=8)</i>	
p.	WAS THERE VISIBLE BLOOD IN THE LOOSE/LIQUID STOOLS?	
q.	DURING THE TIME WITH LOOSE/LIQUID STOOLS, DID THE CHILD DRINK ORS?.....	
r.	COUGH <i>(IF ANSWER IS "N=NO" OR "D=DK" GO TO Q.w)</i>	
s.	HOW MANY DAYS DID THE COUGH LAST? <i>(IN DAYS, 21=21AND +, 88=DK)</i>	
t.	DIFFICULT BREATHING <i>(IF ANSWER IS "N=NO" OR "D=DK" GO TO Q.y)</i>	
u.	HOW MANY DAYS DID THE DIFFICULT BREATHING LAST? <i>(IN DAYS, 21=21AND ABOVE, 88=DK)</i>	
v.	RAPID BREATHING <i>(IF ANSWER IS "2=NO" OR "8=DK" GO TO Q.aa)</i>	
w.	HOW MANY DAYS DID THE RAPID BREATHING LAST? <i>(IN DAYS , 21=21 AND ABOVE, 88= DK)</i>	
x.	SPASMS OR CONVULSIONS/FITS.....	
y.	UNRESPONSIVENESS/UNCONSCIOUS.....	
z.	BULGING FONTANELLE.....	
aa.	DID. (NAME) STOP BEING ABLE TO GRASP <i>(IF ANSWER IS "N=NO" OR "D=DK" GO TO Q. ff)</i>	
bb.	HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO GRASP? <i>(1=LESS THAN 12 HOURS; 2=12 HOURS OR MORE; 8=DK)</i>	
cc.	STOP BEING ABLE TO RESPOND TO A VOICE <i>(IF ANSWER IS "N=NO" OR "D=DK" GO TO Q. hh)</i>	
dd.	HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO RESPOND TO VOICE? <i>(1=LESS THAN 12 HOURS; 2=12 HOURS OR MORE; 8=DK)</i>	
ee.	STOP BEING ABLE TO FOLLOW MOVEMENTS WITH HIS/HER EYES <i>(IF ANSWER IS "N=NO" OR "D=DK" GO TO Q. jj)</i>	
ff.	HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO FOLLOW MOVMENTS WITH HIS/HER EYES.....? <i>(1=LESS THAN 12 HOURS; 2=12 HOURS OR MORE; 8=DK)</i>	
gg.	STIFF NECK.....	
hh.	SKIN RASH <i>(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q. qq).</i>	
ii.	WAS RASH ALL OVER DECEASED'S BODY?	
jj.	WAS RASH ALSO ON DECEASED'S FACE?	
kk.	HOW MANY DAYS DID THE RASH LAST? <i>(IN DAYS, 21=21 AND ABOVE, 88=DK)</i>	
ll.	DID THE RASH HAVE BLISTERS CONTAINING CLEAR FLUID?.....	
mm.	DID THE SKIN CRACK/SPLIT OR PEEL AFTER THE RASH STARTED?.....	
nn.	WAS THIS ILLNESS MEASLES?.....	
oo.	DID THE CHILD BECOME VERY THIN?.....	
pp.	DID THE CHILD HAVE SWOLLEN LEGS OR FEET? <i>(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q. uu)</i>	
qq.	HOW MANY DAYS DID THE SWELLING OFLEGS/FEET LAST? <i>(IN DAYS, 21=21 AND ABOVE, 88=DK)</i>	

SECTION 3: ALL DEATHS ABOVE AGE 5

3.1 DID THE DECEASED HAVE ANY OF THE FOLLOWING BEFORE HE/SHE DIED?

- a. HYPERTENSION.....
- b. DIABETES.....
- c. EPILEPSY.....
- d. TB.....
- e. HIV/AIDS.....
- f. HEART DISEASE.....
- g. KIDNEY DISEASE.....
- h. OTHERS (SPECIFY _____)

3.2 DID SHE/HE HAVE FEVER ? **(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO 3.3)**

- a. HOW MANY DAYS DID THE FEVER LAST? (IN DAYS, 21=21DAYS AND +, 88=DK)...
- b. WAS THE FEVER 1=SEVERE OR 2=MILD OR 8=DK?
- c. WAS THE FEVER 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?.....
- d. BACKPAIN AND MYALGIA.....

3.3 DID SHE/HE HAVE A RASH? **(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.4).....**

- a. HOW MANY DAYS DID THE RASH LAST? (IN DAYS, 21=21DAYS AND +, 88=DK).....
- b. WAS THE RASH 1=SEVERE OR 2=MILD?.....
- c. WHAT DID THE RASH LOOK LIKE? (1=MEASLES RASH; 2=RASH WITH CLEAR FLUID; 3=RASH WITH PUS; 4=OTHER _____).....
- d. WHERE WAS THE RASH LOCATED? (1= ON THE FACE; 2= BODY TRUNK; 3= MOUTH; 4= OTHER PLACE [SPECIFY] _____; 8= NOT KNOWN)...
- e. WAS THE RASH PAINFUL ?
- f. DID SHE/HE HAVE SORE EYES TOO?
- g. DID SHE/HE HAVE ITCHING OF THE SKIN?

3.4 HAD SHE/HE LOST WEIGHT BEFORE DEATH? **(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.5)**

- a. WAS THE WEIGHT LOSS 1=SEVERE OR 2=MODERATE?

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3.5 SWELLING.....

- a. DID HE/SHE HAVE SWELLING AROUND ANKLE? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.c)
- b. HOW LONG DID THE SWELLING LAST? (IN DAYS, 21=21DAYS AND +, 88=DK)
- c. DID HE/SHE HAVE PUFFINESS OF THE FACE?
- d. SWELLING OF ARMPIT.....
- e. SWELLING OF GROIN
- f. OTHER SWELLING OR ULCER.....

3.6 DID HE/SHE HAVE DARK COLORED URINE (COCA-COLA LIKE)?.....

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3.7 DID HE/SHE LOOK PALE (ANAEMIC)?	
3.8 DID HE/SHE HAVE YELLOW EYES?	
3.9 DID DECEASED HAVE COUGH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.10)	
a. HOW MANY DAYS DID THE COUGH LAST? (IN DAYS, 21=21 AND +, 88=DK)	
b. WAS THE COUGH PRODUCTIVE (SPUTUM)?	
c. DID HE/SHE COUGH BLOOD?	
3.10 DID SHE/HE HAVE SHORTNESS OF BREATH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.11) ...	
a. HOW MANY DAYS DID THE BREATHLESSNESS LAST? (IN DAYS, 21= 21 AND +, 88=DK).....	
3.11 DID SHE/HE HAVE CHEST PAIN ? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.12)	
a. WHERE WAS THE PAIN? (1=UPPER LEFT, 2=LOWER LEFT, 3=UPPER RIGHT, 4=LOWER RIGHT, 5=CENTER, 6 = WHOLE CHEST; 8=DK).....	
b. WAS THE PAIN 1=CONTINUOUS OR 2=ON & OFF OR 8= DK?	
3.12 DID SHE/HE HAVE DIARRHOEA? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.13)	
a. WAS THE DIARRHOEA SEVERE?	
b. HOW MANY DAYS DID THE DIARRHOEA LAST? (IN DAYS, 21=21 AND +, 88=DK).....	
c. WAS THE DIARRHOEA 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?.....	
d. ON THE AVERAGE, HOW MANY TIMES DID HE/SHE PASS STOOL A DAY? (# OF TIMES; 88= DK)....	
e. DID HE/SHE PASS BLOOD IN THE STOOL?	
3.13 DID SHE/HE HAVE VOMITING? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.14)	
a. HOW MANY DAYS DID THE VOMITING LAST? (IN DAYS, 21=21 AND +, 88= DK)	
b. WAS THE VOMITING 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?	
c. HOW MANY TIMES DID HE/SHE VOMIT A DAY? (8=DK).....	
d. WHAT DID THE VOMITUS LOOK LIKE? (1=WATERY FLUID, 2=YELLOWISH FLUID, 3=COFFEE COLORED FLUID, 4=BLOODY, 5=FOOD PARTICLES, 6=OTHER _____), 8=DK	
3.14 DID SHE/HE HAVE ABDOMINAL PAIN? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.15)	
a. WHAT WAS THE TYPE OF PAIN? (1=CRAMP, 2=DULL ACHE, 3=BURNING PAIN, 4=OTHER, 8=DK).....	
b. WAS THE PAIN 1=CONTINUOUS OR 2=ON & OFF OR 8=DK?	
c. HOW MANY DAYS DID THE PAIN LAST? (IN DAYS, 21= 21 DAYS AND +, 88= DK).....	
d. WHERE EXACTLY WAS THE PAIN? (1= LOWER ABDOMEN; 2= UPPER ABDOMEN; 3= ALL OVER ABDOMEN; 4= OTHER PLACES _____) 8=DK).....	
e. WAS THE ABDOMINAL PAIN, (1= RELIEVED BY MEAL; 2= INCREASED BY MEAL; 3= DID NOT CHANGE WITH MEAL; 8= NO IDEA IF RELATED TO MEAL INTAKE)	
3.15 DID SHE/HE HAVE DISTENSION OF ABDOMEN? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.16)	
a. WAS THE DISTENSION OF THE ABDOMEN PAINFUL?	
b. WHAT WAS THE TYPE OF PAIN? (1=CRAMP, 2=DULL ACHE, 3=BURNING PAIN, 4=OTHER, 8=DK)...	
c. DID THE DISTENSION DEVELOP 1=RAPIDLY OR 2=SLOWLY OVER TIME OR 8=DK?.....	
d. HOW MANY DAYS DID THE DISTENSION OF THE ABDOMEN LAST? (IN DAYS, 21= 21AND +, 88=DK).	

3.16 DID THE DECEASED HAVE ANY HARD SWELLING IN THE ABDOMEN? (IF ANSWER IS 'N=NO' OR 'D=DK' GO TO Q 3.17)		
a. WHERE EXACTLY WAS THE SWELLING? (1= RIGHT UPPER ABDOMEN; 2= LEFT UPPER ABDOMEN; 3= LOWER ABDOMEN; 4 = OTHER PLACES; 8 = DK)		
3.17 DID THE DECEASED HAVE DIFFICULTY IN SWALLOWING? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.18)		
a. HOW MANY DAYS DID HE/SHE HAVE DIFFICULTY SWALOWING? (21=21 DAYS AND ABOVE; 88=DK)		
3.18 DID SHE/HE HAVE HEADACHE?		
3.19 DID SHE/HE HAVE STIFF NECK? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.20).....		
a. FOR HOW MANY DAYS DID HE/SHE HAVE STIFF NECK? (IN DAYS, 21= 21 AND +, 88= DK).....		
3.20 DID SHE/HE EXPERIENCE UNCOUNCIOUSNESS? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.21)		
a. DID THE UNCOUNCIOUSNESS START 1=SUDDENLY OR 2=SLOWLY OVER A FEW DAYS OR 8=DK?.....		
3.21 DID SHE/HE HAVE FITS? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.22).....		
a. HOW MANY DAYS DID SHE/HE HAVE FITS? (IN DAYS, 21= 21 DAYS AND +, 88= DK)		
b. WHEN THE FITS WERE MOST FREQUENT, HOW MANY FITS PER DAY DID SHE/HE HAVE?.....		
c. BETWEEN FITS, WAS SHE/HE 1=AWAKE OR 2=UNCONSCIOUS OR 8= DK?.....		
3.22 DID SHE/HE HAVE DIFFICULTY IN OPENING THE MOUTH? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q3.23)		
d. FOR HOW LONG DID HE/SHE HAVE DIFFICULTY TO OPEN THE MOUTH? (IN DAYS; 21=21 AND ABOVE; 88=DK)..		
3.23 DID SHE/HE HAVE STIFFNESS IN THE WHOLE BODY? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.24)		
a. HOW MANY DAYS DID THE BODY STIFFNESS LAST? (IN DAYS, 21= 21 DAYS AND +, 88=DK)...		
b. DID THE STIFFNESS DEVELOP 1=RAPIDLY OR 2=SLOWLY OVER TIME OR 8= DK?.....		
3.24 DID THE DECEASED HAVE PARALYSIS? (IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.25).....		
a. WHERE WAS THE PARALYSIS? (1= BOTH LIMBS; 2= ONE LIMB; 3= BOTH LIMBS AND ARMS; 4= ONE LIMB AND ONE ARM; 5= FAILED TO CONTROL URINE & FECES; 8= DK)		
b. HOW LONG DID THE PARALYSIS LAST? (IN DAYS; 21=21 AND ABOVE; 88= DK).....		

3.25 WAS THERE A CHANGE IN THE AMOUNT OF URINE JUST BEFORE DEATH?

(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q.3.26)

- a. HOW MUCH URINE DID THE DECEASED PASS PER DAY? (1= TOO MUCH; 2= TOO LITTLE; 3= NO URINE AT ALL; 8= DK)
- b. HOW LONG DID THE CHANGE IN URINE AMOUNT LAST? (IN DAYS; 21=21 AND ABOVE; 88= DK).

3.26 DID THE DECEASED STOP PASSING STOOL BEFORE HE/SHE DIED?

(IF ANSWER IS '2=NO' OR '8=DK', GO TO Q.3.27).....

- a. HOW MANY DAYS DID THE PERSON STOP PASSING STOOL BEFORE HE/SHE DIED? (IN DAYS; 21=21 AND ABOVE; 88= DK)

3.27. DID SHE/HE HAVE ANY SURGERY/OPERATION?

(IF ANSWER IS 'N=NO' OR 'D=DK', GO TO Q 3.28).....

- a. HOW MANY DAYS BEFORE HIS/HER DEATH DID SHE/HE HAVE THE SURGERY? (IN DAYS; 21=21 AND ABOVE; 88= DK).....
- b. WHERE DID SHE HAVE THE SURGERY _____
(1=HOSPITAL, 2=HEALTH FACILITY WITHIN THE SLUM, 3=OTHER HEALTH FACILITY OUTSIDE SLUM; 4=OTHER _____, 8=DK).....

3.28 DID THE DECEASED EVER COMPLAIN OF HEART ATTACK?

(IF ANSWER IS 'N=NO' OR 'D=DK', DO TO Q 3.29)

- a. DID HE/SHE COMPLAIN OF TIREDNESS DURING EXERCISE?
- b. DID HE/SHE COMPLAIN OF TIREDNESS WHILE LYING DOWN?
- c. DID HE/SHE USED TO WAKE UP DURING THE NIGHT SHORT OF BREATH?
- d. DID HE/SHE EVER COMPLAIN OF PAROXYSMAL TACHYCARDIA (SUDDEN RAPID HEART BEATS LASTING FOR SOME MINUTES OR AN HOUR)?

3.29 DID THE DECEASED HAVE ANY ABNORMAL SWELLING/GROWTH IN ANY PART OF THE BODY

(EXCLUDING THE ABDOMEN)? (END THIS SECTION IF THE ANSWER IS N= NO; OR D= DK)

- a. DID THE SWELLING/GROWTH PERSIST UNTIL THE TIME OF DEATH?
(END THIS SECTION IF ANSWER IS 'N=NO' OR 'D=DK').....

THE FOLLOWING SECTION (SECTION 4) SHOULD BE FILLED OUT FOR DECEASED FEMALES WITHIN THE 12-49 AGE RANGE, WHO DIED WHILE PREGNANT OR WITHIN 6 WEEKS AFTER DELIVERY OR TERMINATION OF THEIR PREGNANCY; OTHERWISE, GO TO SECTION 5.

SECTION 5: TREATMENT AND RECORDS

I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT ANY DRUGS THAT THE DECEASED MAY HAVE RECEIVED DURING THE ILLNESS THAT LED TO HIS/HER DEATH.

5.1 DID (NAME) RECEIVE ANY OF THE FOLLOWING BEFORE HER DEATH? (ONLY FOR UNDER FIVE CHILDREN) (N=NO; Y=YES; D=DON'T KNOW)

- a. ANTIBIOTICS
- b. FANSIDAR, METACELFIN (ANTI MALARIAL)
- c. PARACETAMOL
- d. OTHER (SPECIFY.....)

5.2 DO YOU HAVE ANY HEALTH RECORDS THAT BELONGED TO (NAME)? (1=YES, 2=NO, 3=YES, BUT NOT SEEN, 8=NOT KNOWN) (If "2", "3" OR "8" → Q5.3).....

- a. DATE AND MOST RECENT WEIGHT ON HEALTH RECORDS (Weight in KG)

DATE								WEIGHT		

(NWR=NO WEIGHT RECORDED)
- b. DATE AND 2ND MOST RECENT WEIGHT ON HEALTH RECORDS (Weight in KG)

DATE								WEIGHT		

(NWR=NO WEIGHT RECORDED)
- c. RECORD THE DATE OF LAST NOTE:

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- d. RECORD WHAT IS WRITTEN ON THE HEALTH RECORDS:

5.3 WAS A DEATH CERTIFICATE ISSUED? (1=YES, 2=NO, 3=DEATH CERTIFICATE NOT SEEN, 8=NOT KNOWN) (If "1", "3" OR "8" → END TIME)

5.4. RECORD THE INFORMATION a-e BELOW FROM THE DEATH CERTIFICATE

- a. IMMEDIATE CAUSE OF DEATH _____
- b. 1ST UNDERLYING CAUSE OF DEATH _____
- c. 2ND UNDERLYING CAUSE OF DEATH _____
- d. 3RD UNDERLYING CAUSE OF DEATH _____
- e. CONTRIBUTING CAUSE(S) OF DEATH _____

5.5 END TIME

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