



Government of West Bengal
Directorate of Health Services
State Bureau of Health Intelligence (SBHI)
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Memo No. SBHI/2A-2-2021/ 11

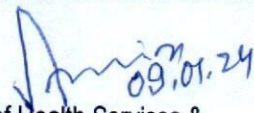
Date: 09.01.2024

CIRCULAR

In continuation to the circular no. SBHI/I-1/2016 (Pt. I)/240, dated 07.12.2017 further clarification points to be considered in case of "brought dead" for issuance of Medical Certification of Cause of Death (MCCD) & Registration of death event.

1. All "brought dead" case to be considered as non-institutional death.
2. Medical Certification of Cause of Death (MCCD) to be filled up in Form 4A by the attending medical officer declaring the person as "brought dead", cause of death to be written as "Pending Investigation" and send the body of the deceased for post mortem to know the cause of death.
3. Place of death (Place of occurrence) will be the place from where the deceased person/body of deceased is found before bringing to the hospital.
4. Form - 2, Death Reporting Form to be filled up by the attending medical officer declaring brought dead or by the person / police personnel who brought the deceased person / deceased body to the hospital.

Accordingly, registration of death in case of "brought dead" to be done in the place of occurrence of the death event.

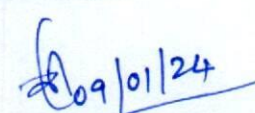

09.01.24
Director of Health Services &
Chief Registrar of Births & Deaths
West Bengal

Memo No. SBHI/2A-2-2021/ 11 / 1(7)

Date: 09.01.2024

Copy forwarded for information and necessary action to:

1. The Commissioner, KMC, Kolkata
2. The District Magistrate & District Registrar of Births & Deaths, All Districts
3. The CMOH-All Districts & Health Districts
4. The CMHO-KMC, Kolkata
5. The CMOH- II & Additional District Registrar of Births & Deaths, All Districts & Health Districts
6. The Dy. CMHO-KMC, Kolkata
7. Office Copy


09/01/24
Director, SBHI &
Dy. Chief Registrar of Births & Deaths
Swasthya Bhawan, West Bengal

Government of West Bengal
Directorate of Health Services
Department of Health & Family Welfare
SwasthyaBhavan, Block GN-29, Sector-V
Salt Lake City, Kolkata -700 091

No. SBHI /I -1/2016 (Pt. I)/ 240

Dated 07.12.2017

CIRCULAR

It is hereby intimated that Registration of Births, Deaths and Still Births in India is mandatory with enactment of Registration of Births and Deaths Act (RBD Act), 1969 and is done as per place of occurrence of the event.

It is informed that a dead body found in a public place, is brought to a hospital and attending physician declares the event as "brought dead", then the informant should not declare the place of death as the name of the hospital.

In such event, the informant should be as per the Births and Deaths Act, 1969, Section 8 (e) which states :-

" In respect of any new-born child or dead body found deserted in a public place, the headman or other corresponding officer of the village in the case of a village and the officer in charge of the local police station elsewhere :

Provided that any person who finds such child or dead body , or in whose charge such child or dead body may be placed, shall notify such fact to the headman or officer aforesaid : "

Accordingly, in case of death in a public place the Investigating officer of Police or concerned authority is requested to mention the actual place from where the dead body of the person is found, in Form No. 2 Sl. No. 9 i.e. "Place of Death".

Sd/-

Director of Health Services &
Chief Registrar of Births & Deaths
Government of West Bengal

No. SBHI /I -1/2016 (Pt. I)/ 240/1(60)

Dated 07.12.2017

Copy forwarded for information & taking necessary action to the :-

- 1) Commissioner , Kolkata Municipal Corporation, 5, S.N.Mukherjee Road, Kolkata -700 013 .
- 2-23) District Magistrate & District Registrar of Births & Deaths Alipurduar / Bankura / Purba Bardhaman / Paschim Bardhaman / Birbhum / Coochbehar/ Dakshin Dinajpur/ Darjeeling / Howrah / Hooghly / Jalpaiguri / Kalimpong / Malda / Murshidabad / Nadia / North 24 Parganas / Paschim Medinipur / Jhargram / Purba Medinipur / Purulia / South 24 Parganas / Uttar Dinajpur
- 24-36) Medical Superintendent & Vice Principal, CMCH/CNMCH/SSKM/NRSMCH/R.G. Kar MCH /NBMCH/BSMCH/BMCH/CM & JNM MCH/Maldah MCH/ Murshidabad MCH/CM & Sagar Dutta MCH/Medinipur MCH.
- 37-59)Chief Medical Officer of Health, Alipurduar / Bankura / Purba Bardhaman / Paschim Bardhaman /Birbhum / Coochbehar/ Dakshin Dinajpur/ Darjeeling / Howrah / Hooghly / Jalpaiguri / Kalimpong / Malda / Murshidabad / Nadia / North 24 Parganas / Paschim Medinipur / Jhargram / Purba Medinipur / Purulia / South 24 Parganas / Uttar Dinajpur / Rampurhat / Tamruk /Diamond Harbour / Basirhat with the request to circulate the order to all hospitals within his jurisdiction.
- 60) IT Co-coordinator with the request to upload the Circular in the website of Swasthya Bhawan.

Director, State Bureau of Health Intelligence
Directorate of Health Services,
Government of West Bengal

FORM NO.4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(For Non-Institutional deaths. Not to be used for stillbirths)

To be sent to Registrar along with Form No.2 (Death Report)

I hereby certify that the deceased Shri/Smt/Kum..... son of/wife of/daughter ofresident ofwas under my treatment from to and he/she died onat.....A.M./P.M.

NAME OF DECEASED					For use of Statistical Office
Sex	Age at Death				
	Age in completed years	If less than 1 year, age in Months	If less than one month, age in days	If less than one day, age in Hours	
3. Male 4. Female					
CAUSE OF DEATH					Interval between onset & death Approx
I. Immediate cause State the disease, injury or complication which Caused death, not the mode of dying such as Heart failure, asthenia, etc. Antecedent cause Morbid conditions, if any, giving rise to the above Cause, stating underlying conditions last		(a) due to (or as consequences of) (b)..... due to (or as consequences of) (c).....		
II. Other Significant conditions contributing to the Death but not related to the diseases or conditions causing it.		
If deceased was a female, was pregnancy the death associated with? If yes, was there a delivery? 1. Yes 2. No			1. Yes		2. No

Name and Signature of the Medical Practitioner certifying the Cause of Death.
 Date of Verification:.....

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt/Kum..... S/W/D of Shri..... R/O..... was under my treatment from.....to.....and he/she expired onatA.M./P.M.

Doctor:.....
 (Signature and address of Medical Practitioner/Medical attendant with Registration No.)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be given in full. Do not use initials. If deceased is an infant, not yet named at time of death, write 'Son of (S/o)' or 'Daughter of (D/o)', followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Deaths: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line(b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia - Give type of anaemia, if known. Neoplasm - Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. Heart disease - Describe the condition specifically; if congestive heart failure, chronic on pulmonale, etc., are mentioned, give the antecedent conditions. Tetanus - Describe the antecedent injury, if known. Operation - State the condition for which the operation was performed. Dysentery - Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery - Describe the complication specifically, Tuberculosis - Give organs affected.

Symptomatic statement: Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.