Death Information

Date of death:	|__|__|-|__|__|-|__|__|__|__| M M - D D - Y Y Y Y
Cause of death: *(Select one response)*	☐ Accident ☐ Acquired Immune Deficiency Syndrome (AIDS) ☐ Cancer ☐ Cardiac Death ☐ Chronic Respiratory Disease ☐ Congenital Anomalies ☐ Diabetes ☐ Homicide ☐ Infection ☐ Influenza or Pneumonia ☐ Non-congenital Cardiac Disease ☐ Renal Disease ☐ Stroke ☐ Suicide ☐ Unknown ☐ Other, specify: _____

Source of information: *(Check all that apply)*

- ☐ Medical Record
- ☐ Autopsy Report
- ☐ Death Certificate
- ☐ Relative
- ☐ National Death Index
- ☐ Other, specify: _____

Comments

Additional Comments:	