

Medical Attendant's Certificate

(To be completed by the Medical Attendant of the Deceased in his last illness)

In connection with claim under Policy No. _____

on the life of _____

(Insert full name of the deceased)

1. What was the full name, address and occupation of deceased ?

Name _____

Address _____

Farther's name _____

Husband's name _____

Occupation _____

2. (a) What as nearly as you could judge was the age of deceased at death ?

(a) Apparent Age _____ Years

(b) Was he related to you and if so, how ?

(b)

(c) Please describe any marks or physical peculiarities noticeable for purpose of identification.

(c)

3. What was the time and date of his death ?

At _____ O'clock AM/PM
on the _____ day of _____ 200 _____

4. Where did he die ?
(Give exact address)

5. (a) What was the exact cause of death ?
(Besides defining the disease or other cause of death in such terms as you consider appropriate, kindly add the distinctive technical name)

(a) (i) Primary cause

(ii) Secondary cause

(b) Was it ascertained by examination after death or inferred from symptoms and appearance during life ?

(b)

(c) If the death was due to suicide, homicide, or accident state which and describe.

(c)

(d) How long had he been suffering from this disease before his death ?

(d)

(e) What were the symptoms of the illness ?

(e)

(f) When were they first observed by the deceased ?

(f)

Continued

(g) What was the date on which you were first consulted during the illness ?

(g)

(h) Did you attend on him during the whole of its course ?
If not, state during what period ?

(h)

6. (a) Were his habits sober & temperate ? (a)
(b) Have you any reason to suppose or to suspect that disease in his case was caused or aggravated by temperate habits ? (b)
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7. What other disease or illness preceded (i) or co-existed with that which immediately caused his death ? (ii)
Give history of such disease or illness stating of :-
(a) Date when such first observed (a)
(b) By whom treated (b)
(c) By whom history reported to you (c)
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8. (a) Was the deceased treated during his last illness by any other Medical practitioners or in any Hospital before you were consulted ? If so, please state their name and addresses. (a)
(b) Did any other Medical Practitioners attend on him in consultation with yourself ? if so, please state their names and addresses. (b)
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9. (a) Were you deceased's usual Medical attendant ? (a)
(b) If so, for how long ? (b)
(c) If not, please state the name and address of his usual Medical attendant. (c)
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10. When and for what ailment did you treat the deceased during the three years preceding his last illness ?
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11. Was any inquest or formal inquiry held regarding the death or was a Post Mortem Examination of the body made ?
If so, by whom and what was the result or finding ?
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12. Have you any other information or remarks to make in connection with this claim concerning the deceased's ailments, habits, mode of living etc. ?
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I Medical Attendant of the deceased DO HEREBY SOLEMNLY DECLARE that the foregoing statements are true and correct to the best of my knowledge and belief, and that the deceased did not die by his own act.

Dated at this day of 200.....

Name :-

Qualification:-

Address:-

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Signature of Medical Attendant