

9. What was the cause of death? { Primary.
Secondary.
[Specify the disease, injury, &c., and, if possible, distinguish the primary from the secondary cause as in the death certificate.]
What was its duration in years, months, or days?
10. What was the mode of death [Say whether syncope, coma, exhaustion, convulsions, &c.]
What was its duration in days, hours, or minutes?
11. State how far the answers to the last two questions are the result of your own observations, or are based on statements made by others. If on statements made by others, say by whom.
12. Did the deceased undergo any operation during the final illness or within a year before death? If so, what was its nature, and who performed it?
13. By whom was the deceased nursed during his [or her] last illness? [Give names, and say whether professional nurse, relative, &c. If the illness was a long one, this question should be answered with reference to the period of four weeks before death.]
14. Was the deceased attended during his [or her] last illness by any medical attendant besides yourself?
15. Who were the persons (if any) present at the moment of death?
16. In view of the knowledge of the deceased's habits, and constitution, do you feel any doubt whatever as to the character of the disease or the cause of death?
17. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly, to—
- (a) Violence;
(b) Poison;
(c) Privation or neglect;
(d) Illegal operation.
18. Have you any reason whatever to suppose a further examination of the body to be desirable?
19. Have you given the certificate required for the registration of death?

I hereby certify that the answers given above are true and accurate to the best of my knowledge and belief, and that there is no circumstance known to me which can give rise to any suspicion that the death was due wholly or in part to any other cause than { disease } or which makes it desirable that the body should not be cremated.
accident

[Signature.]
[Address.]
[Registered qualifications.]
[Date.]

NOTE.—This certificate must be handed or sent in a closed envelope by the medical practitioner who signs it to the Medical Referee.

FORM C.

THE CREMATION REGULATIONS, 1928.

Certificate after Post-mortem Examination.

I HEREBY certify that, acting on the instructions of* , Medical Referee under the Cremation Regulations, 1928, I made a *post-mortem* examination of the remains of—

[Name.]
[Address.]
[Occupation.]

The result of the examination is as follows:—
I am satisfied that the cause of death was , and that there is no reason for making any toxicological analysis or† for holding an inquest.

[Signature.]
[Address.]
[Date.]
[Registered qualifications.]

* Where the Medical Referee himself gives the certificate strike out the words "on the instructions of" and insert "as."

† The words in italics should be deleted where a toxicological analysis has been made and its result is stated in this certificate or in a certificate attached to it.