

L.N. 11 of 2008

**PUBLIC HEALTH ACT
(CAP. 465)**

Certificate of Death and Cause of Death Regulations, 2008

IN exercise of the powers conferred by article 26(b) of the Public Health Act, the Minister for Health, the Elderly and Community Care has made the following regulations:–

1. The title of these regulations is the Certificate of Death and Cause of Death Regulations, 2008. Citation and commencement.

2. Every medical practitioner shall, in every case of death, immediately report to the Police and Superintendent of Public Health the death and the cause thereof in writing and in accordance with the form set out in the Schedule hereto. Duty of medical practitioners.

SCHEDULE

CERTIFICATE OF DEATH AND CAUSE THEREOF



(Regulation 2)

1. Name and Surname
2. Identity Document No.....
3. Sex: male ☐ female ☐ unascertained ☐
4. Age.....
5. Date of birth.....
6. For infant and fetal deaths:
Birth weight (g):..... Gestation (weeks)..... Time of birth.....
7. Place of birth.....
8. Nationality.....
9. Permanent residence.....
10. Employment status:
employed ☐ unemployed ☐ pensioner ☐ housekeeper ☐ student ☐ unable to work ☐
11. Occupation (*if retired please write **previous** occupation*).....
12. Name and surname of Parents and whether living or dead.....
.....
- 13a. Marital status:
bachelor/spinster ☐ married ☐ widowed ☐ other ☐ (specify):
- 13b. Where applicable, name and surname of spouse.....
14. Hour, day, month and year of death.....
15. Place where death occurred.....

16.

Cause of deathApproximate interval
between onset & death**I**Disease or condition directly
leading to death*a.
due to (or as a consequence of)**Antecedent causes**Morbid conditions, if any,
giving rise to the above
cause, stating the
underlying condition lastb.
due to (or as a consequence of)c.
due to (or as a consequence of)

d.

II: Other significant conditions
contributing to death but not
related to the disease or
condition causing it:

* This does not mean mode of dying e.g. respiratory failure. It means the disease, injury or complication that caused death.

17. Deaths due to accidents or injuries:

Date of Injury:	Place of injury:	How injury occurred:	Injury at work: Yes ☐ No ☐
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18. If female indicate if:

- death occurred during pregnancy: ☐- death occurred within 42 days after pregnancy: ☐- death occurred between 42 days and 1 year after pregnancy: ☐

19. Place of Burial..... Burial Permit no.....

20. Name, Surname and Medical Council number of Medical Practitioner:

.....

21. Address

22. Signature of Medical Practitioner.....

23. Date.....

HEALTH DIVISION DH:

Instructions for certifiers

All information should be clear and legible. Do not use abbreviations. All information regarding the deceased as requested on the death certificate should be completed.

Item 2: Identity Document number: This is important to identify the deceased individual. If identity card number is not available, passport number or other identification number should be entered.

Item 6: For Infant and fetal deaths: For all infant deaths *up to 1 year of age* and fetal deaths it is important to record birth weight in grams, gestation in completed weeks and time of birth, besides date of birth in item 5.

Item 9: Permanent residence: The person's place of residence is the place where he/she has been regularly resident for the past year. Never enter a temporary residence as one used during a visit or holiday. If a person has resided in a home or institution for a long time (more than one year) enter address of home or institution otherwise enter previous residence. In the case of foreigners residing abroad (e.g. tourists) their full address abroad should be entered.

Item 11: Occupation: This should be as complete as possible, describing the type of work done and the kind of business/industry to which the occupation is related. e.g. machine-operator in furniture factory, teacher in secondary education. If retired, write type of work done during *most* of working life.

Item 16: Cause of death:

Part I – is for diseases or conditions related to the sequence of events leading directly to the death. Only one cause should be entered on each line. If the condition on **line a** resulted from another cause, this other cause should be entered on **line b**, and so on, until the full sequence is reported. **Always enter the underlying cause of death** (the disease or injury which initiated the chain of morbid events that led directly to death, or the circumstances of the accident or violence which produced the fatal injury) on the lowest used line in Part I. For each cause indicate the best time interval between the presumed onset and the date of death. Terminal events e.g. cardiac arrest or respiratory arrest, should not be used.

If an organ failure such as congestive heart failure, hepatic failure, renal failure or respiratory failure is listed as a cause of death, always report its etiology on the line(s) below it. (e.g. congestive heart failure secondary to ischaemic heart disease).

Part II – is for any other significant condition/s that contributed to the fatal outcome, but was not related to the disease or condition directly causing death.

Examples:

Right: Part Ia. Brain metastases
Ib. Primary carcinoma lung

Wrong: Part Ia. Primary carcinoma lung
Ib. Brain metastases

Right: Part Ia. Fat embolism
Ib. Fracture neck of femur
Ic. Fell down stairs at home

Wrong: Part Ia. Fat embolism
Ib. Fracture femur

Right: Part Ia. Bleeding of oesophageal varices
Ib. Portal hypertension
Ic. Liver cirrhosis
Id. Chronic Hepatitis B

Wrong: Part Ia. Bleeding oesophageal varices

Part II: Diabetes mellitus

Part II: Liver cirrhosis

Item 17: Deaths due to accident or injury: it is important to give information about the exact time of incident, place where injury occurred e.g. home, street, restaurant etc. as well as how injury occurred e.g. while painting roof, as well as indicating whether accident happened while at work.

Item 18. Pregnancy status: This is an important source of information needed to calculate maternal mortality.

Note: Further information and examples on how to complete a death certificate can be accessed through the Department of Health Information and Research website:

<http://www.sahha.gov.mt/entities/healthinformation.html>

Data Protection statement: The Health Division treats personal sensitive information in a confidential manner, and undertakes to comply with the Data Protection Act, Cap. 440. Details on this certificate will only be disclosed to Entities within this Division and any other authority/body as permitted by law. Address any queries to Department of Health Information and Research, 95, G'Mangia Hill, G'Mangia PTA 1313 or via e-mail at healthinfo@gov.mt