

CAUSE OF DEATH CERTIFICATION AUSTRALIA

A BOOKLET FOR THE GUIDANCE OF MEDICAL PRACTITIONERS
IN COMPLETING MEDICAL CERTIFICATES
OF CAUSE OF DEATH

by

Australian Bureau of Statistics

Accurate cause of death information is important:

To the public health sector and medical researchers for evaluating and developing measures to improve the health of Australians generally.

To family members, now and for the future, to know what caused a loved one's death and to be aware of conditions that may occur in other family members.

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ICD-10 version

Was the deceased person of Aboriginal or Torres Strait Islander origin ?

For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes.

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

Why is this information needed?

The capacity of Commonwealth, State and Territory governments to report on issues such as the health status, service use and access to services by Indigenous people is reliant on *being able to accurately identify Indigenous clients*.

Indigenous deaths information allows us to compare mortality rates, leading causes of death and life expectancy for the Aboriginal and Torres Strait Islander population with those for the Australian population as a whole.

After identifying at-risk groups within the population, remedial policies can be formulated and funds allocated more appropriately. Services can be customised to address the areas of most need. Hopefully, better planning and services will reduce the number of premature Indigenous deaths.

How can I answer the Question?

Consult administrative data eg. hospital admission records.

Make sure that the information you transcribe is correct. If possible verify the information using other sources.

Ask the Indigenous origin question of a close family member of the deceased.

(Note: It is not always possible to tell who is of Indigenous origin simply by their appearance, family name etc.)

Is it discriminatory to ask the Question?

No. The information is being collected for statistical purposes to improve the health of the Aboriginal and Torres Strait Islander community. Without it, important information would not be available for decision-makers. The information will also help to provide accurate estimates and projections of the size of the Aboriginal and Torres Strait Islander population.

What about confidentiality?

Agencies involved in the collection of data have a responsibility to ensure the protection of the information supplied to them. Every agency collecting this type of information is bound by rules which protect the identity of individuals.

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How to Use The Death Certification Booklet

Important note: This booklet is not intended as a guide to the **legal** requirements of death certification, notification of death or of cases that require reporting to the coroner. These requirements differ between jurisdictions. For advice on your legal obligations contact your State or Territory Coroner's Office.

How to use this booklet

It is the aim of this booklet to assist Medical Practitioners in the accurate completion of the Medical Certificate of Cause of Death. Sufficiently detailed cause of death information will ensure accurate and timely cause of death data is available to data users and free medical practitioners from the burden of answering queries relating to incomplete or inadequate documentation on the certificate.

Medical Practitioners should read this booklet in full and keep it handy for future reference. The first part details your responsibilities in completing the Medical Certificate of Cause of Death, what happens to this information and how the data generated is disseminated and utilised.

The second part of the booklet provides information on common problems that are encountered in completing the death certificate and determining the underlying cause of death. It also provides examples to assist Medical Practitioners in providing the required detail in these common problem areas, and how to complete the Perinatal Medical Certificate of Cause of Death.

Note: The examples in this booklet provide additional information for the most COMMON problems encountered. Please refer to the FULL LIST of INADEQUATE TERMS on pages 18 to 23.

Laminated quick reference guide

A laminated quick reference guide is distributed with each order of booklets. It provides quick reference for certifiers on the common problems described in the booklet. The quick reference guide should be kept with the blank Medical Certificates of Cause of Death in a prominent position in the area/s where certification takes place, or, with the person responsible for overseeing the death certification process within your organisation eg. Mortuary attendant. If you require additional copies of the quick reference guide contact details can be found below.

Assistance

This booklet is to assist Medical Practitioners to provide accurate information on the cause of death to facilitate subsequent mortality coding. However, if you have any questions or would like further information please contact the Australian Bureau of Statistics (ABS):

Phone Toll Free: **1800 620 963**

Fax: **07 3222 6038**

Or Mail to:

**AUSTRALIAN BUREAU OF STATISTICS
HEALTH & VITALS NATIONAL PROJECT CENTRE
CAUSES OF DEATH
GPO BOX 9817
BRISBANE Q 4001**

What is required?

As Medical Practitioners you are required to lodge Medical Certificates of Cause of Death and Medical Certificates of Cause of Perinatal Death with your State or Territory Registrar of Births, Deaths and Marriages. To obtain blank Cause of Death Certificates please contact your relevant State or Territory Registrar of Births, Deaths & Marriages. Contact phone numbers are listed on page 5.

What is coded?

The ABS code every condition stated on the death certificate. In a large proportion of deaths, a sequence of morbid events will have led to death. From the standpoint of prevention, the objective is to break the sequence as early as possible.

How is the information on the Medical Certificate of Cause of Death used?

After registration of the death the Registrar General passes the information from the death certificates to the ABS, where staff in the Health & Vitals National Project Centre code the causes of death according to the World Health Organisation's (WHO) International Statistical Classification of Diseases and Related Health Problems - 10th Revision (ICD-10).

The statistical data produced by the ABS is used by government bodies, researchers, clinicians, educational institutions and many other organisations. The deaths data is processed on a calendar year basis and the ABS publishes summary data in *Causes of Death, Australia (3303.0)*. Special tabulations are available upon request from the ABS.

Have I supplied quality information?

It is appreciated that doctors cannot know by instinct what detail is required for classification purposes. The quality of the statistics of causes of death depends on the quality of the information on the death certificate, which should be **YOUR BEST MEDICAL OPINION** as to the sequence of events leading to death.

If the ABS staff do not have sufficient information to be able to allocate codes, a query letter is sent to the certifying doctor requesting further or more specific information. This booklet contains guides to assist certifiers in providing quality information in areas where common problems occur. The use of these guides will not only expedite the processing of death certificates, and aggregation of cause of death data, but minimise time spent by certifying doctors responding to query letters.

The ABS also publishes a handy quick reference guide that is distributed to hospitals, coroners and general practices with each order of booklets. Keep this quick reference guide with the Medical Certificate of Cause of Death forms for quick and easy reference by certifiers. Additional quick reference guides are available upon request from the ABS.

How much detail is required?

This booklet highlights groups of diseases and conditions for which the required detail is often lacking. As well as the guides for common problems, a detailed list of inadequate medical terms, specifying the required detail, can be found on pages 18 to 23. Appreciation of the deficiencies indicated will to a large extent eliminate the need for further inquiries from the ABS.

Should The Death be Referred to the Coroner

All deaths due to violence or unnatural causes should be referred to the Coroner. As legislation varies between the States and Territories, a death due to a complication of surgery or other procedure may be required to be referred to the Coroner. If you are in any doubt as to whether a death should be reported to the Coroner, contact the Coroner's Office in your State or Territory for further advice.

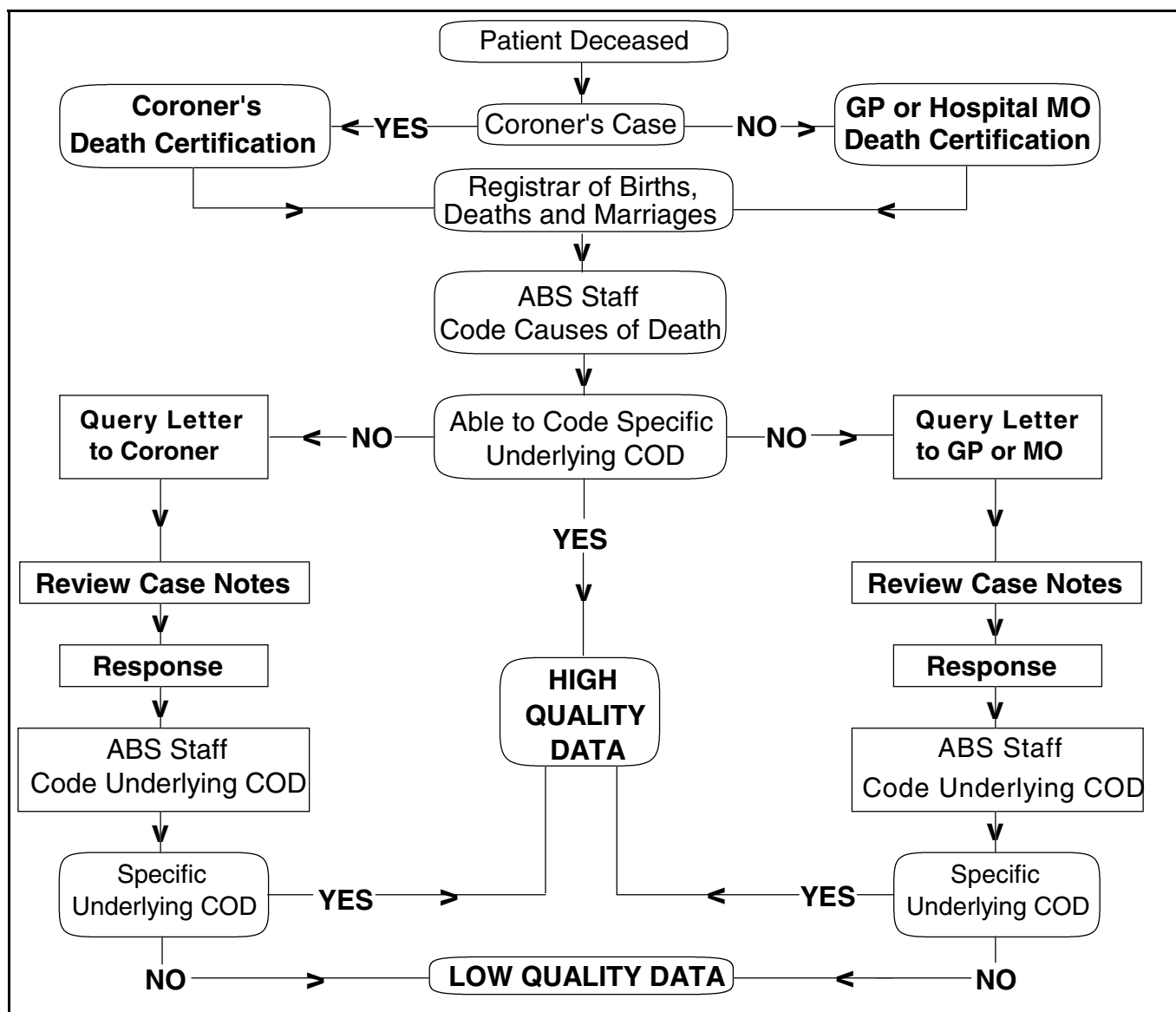
Deaths from complications of fractured neck of femur in the elderly

Depending on differing legal requirements between the States and Territories notifications of these deaths to the coroner may be unnecessary when the injury occurs as the result of a fall at home in the following circumstances:

- * If the fracture has occurred due to fragility of the bone caused by osteoporosis.
- * When the fall is contributed to by the general condition of the patient, (eg. because of loss of agility, slow reflexes, poor balance and deteriorated vision).

The fall and consequent injury may therefore be considered as a feature of the patient's general frailty. Each case should be carefully considered and **the coroner notified or consulted in cases of doubt.**

Death Certification & Query Letter Process



The Standard Medical Certificate of Cause of Death

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

CAUSE OF DEATH	Approximate interval between onset and death
<p style="text-align: center;">I</p> <p><i>Disease or condition directly leading to death*</i></p> <p>(a)..... due to (or as a consequence of)</p> <p><i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p> <p>(b)..... due to (or as a consequence of)</p> <p>(c)..... due to (or as a consequence of)</p> <p>(d).....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p style="text-align: center;">II</p> <p><i>Other significant conditions</i> contributing to the death, but not related to the disease or condition causing it</p> <p>.....</p> <p>.....</p> <p>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia" etc.</p>	<p>.....</p> <p>.....</p>

The Medical Certificate of Cause of Death is recommended by the World Health Organisation for international use, this general format is used by all Australian States and Territories although some local variations will occur eg. an extra line, Part I (e) may appear on some forms.

Where Do I Obtain a Medical Certificate of Cause of Death?

Medical Certificates of Cause of Death may be requested from the Registrar of Births, Deaths and Marriages in your State or Territory.

New South Wales
Registry of Birth, Deaths & Marriages
Ph. 02 9243 8555

Victoria
Registry of Births, Deaths & Marriages
Ph. 03 9603 5856

Queensland
Registry of Births, Deaths & Marriages
Ph. 07 3247 9201

South Australia
Births, Death and Marriages
Ph. 08 8204 9599

Western Australia
Registry of Births, Deaths & Marriages
Ph. 08 9264 1555

Tasmania
Registry of Births, Deaths & Marriages
Ph. 03 6233 3793

Northern Territory
Registrar General's Office
Ph. 08 8999 6119

Australian Capital Territory
Registrar General's Office
Ph. 02 6207 0460

How to Complete the Medical Certificate of Cause of Death

Part 1, Line (a), Disease or condition directly leading to death

Enter on line I(a) the direct cause of death ie. the disease or complication which led directly to death. There must always be an entry on line I(a), this condition may be the only condition reported in Part I of the certificate **only if** it was **not due** to, or did not arise as a consequence of any disease or injury that occurred before the direct cause of death.

If conditions such as cardiac arrest, respiratory failure, chronic renal failure etc. are entered on line I(a) always enter the underlying cause(s) on I(b), I(c) etc. to indicate the sequence of events leading to death.

Part 1, Lines (b), (c) and (d), Antecedent causes

If the direct cause of death on line I(a) was due to, or arose as a consequence of another disease, this disease should be entered on line I(b). If the condition entered on line I(b) was itself due to another condition or disease this other condition should be reported on line I(c). Similarly, a condition antecedent to that reported on line I(c) should be reported on line I(d). Enter any additional antecedent conditions in Part I(d).

A condition should be regarded as being antecedent not only in an aetiological or pathological sense, but also where it is believed that this condition prepared the way for the direct cause by damage of tissues or impairment of function, even after a long interval.

Occasionally two independent diseases may be thought to have contributed equally to the fatal issue, and in such unusual circumstances they may be entered on the same line.

Part II, Other significant conditions

After completing Part I, the certifier must consider whether there were any other significant conditions which, though not included in the sequence in Part I, contributed to the fatal outcome. If so, these conditions should be entered in Part II.

For example :	Part I	(a) Renal failure	1 year;
		(b) Nephritic syndrome	3 years;
		(c) Diabetes mellitus	20 years;
	Part II	Ischaemic Right foot	3 months.

Duration between onset and death

The duration between the onset of each condition entered on the certificate and the date of death, should be entered in the column provided. Where the time or date of onset is not known, the best estimate should be made. The unit of time should be entered in each case.

In a correctly completed certificate, the duration entered for I(a) will never exceed the duration entered for the condition on line I(b) or I(c) or I(d); nor will the duration for I(b) exceed that for I(c) or I(d).

Common Problems

Legibility

Handwritten details can be difficult to distinguish and may lead to misinterpretation and error. Please avoid abbreviations and **PRINT CLEARLY in BLOCK LETTERS.**

The following are examples of terms which are often difficult to distinguish:

- | | | |
|-----------------------|---------------------|--------------------------|
| cardio/cerebro | empyema/emphysema | infection/infarction |
| congenital/congestive | silicosis/scoliosis | hypotension/hypertension |
| | coronary/cerebral | valvular/vascular |

Pulmonary Embolism

It is rare for pulmonary embolism to occur spontaneously in anyone below the age of 75 years of age, and there are a large variety of underlying causes of this condition. Where Pulmonary Embolism is the direct cause or mode of death it should be entered as such in Part 1a of the death certificate, with its underlying cause(s) sequenced in the due to relationship on the lines below it. (See Example 1, below).

Operations

In most jurisdictions, death during or following an operation must be reported to the Coroner for investigation. **See also: Should the Death be Referred to the Coroner, page 4.**

When entering a post operative complication, or a complication of a medical procedure always include the condition for which the operation was performed and when the operation was performed (See Example 1, below).

Example 1. A male aged 54 years admitted to hospital for surgery to remove the colon due to carcinoma of the sigmoid colon. The patient developed a postoperative pulmonary embolism and died shortly after. As the carcinoma of the sigmoid colon was the condition necessitating the surgery, this will be selected as the underlying cause of death.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a) ...PULMONARY EMBOLISM..... due to (or as a consequence of)	.....1 HOUR.....
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b) ...COLECTOMY DUE TO CANCER OF COLON.... due to (or as a consequence of)	.....3 DAYS.....
	(c) ...PRIMARY CARCINOMA OF SIGMOID COLON. due to (or as a consequence of)	..... 18 MONTHS.....
	(d).....	.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....	.....
	..ISCHAEMIC HEART DISEASE.....	.....10 YEARS.....

*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.

Pneumonia and Bronchopneumonia

When a death is due to pneumonia or bronchopneumonia please identify if the condition is primary hypostatic or due to aspiration. State the cause of any underlying condition that led to the pneumonia and identify the causative organism. If the pneumonia has been caused by debility or inactivity please state the condition leading to the inactivity or debility. (See Example 2, below).

Example 2. A male aged 64 years admitted to hospital with an arteriosclerotic cerebral infarction. Transferred to rehabilitation where he developed hypostatic pneumonia. In ICU sputum cultured *Klebsiella pneumoniae* and the patient died shortly after. As the arteriosclerosis was the condition beginning the sequence of morbid events, this will be selected as the underlying cause of death.

CAUSE OF DEATH		Approximate interval between onset and death
<p>I</p> <p><i>Disease or condition directly leading to death*</i></p> <p><i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	(a).... KLEBSIELLA PNEUMONIA due to (or as a consequence of)	.....1 WEEK
	(b)..... INACTIVITY due to (or as a consequence of)	.....2 MONTHS
	(c).... CEREBRAL INFARCTION due to (or as a consequence of)	..... 2 MONTHS
	(d).... ARTERIOSCLEROSIS.....	..... MANY YEARS
<p>II</p> <p><i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i></p> <p><small>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.</small></p>	.....ALCOHOLISM.....	.....20 YEARS
	.. ISCHAEMIC HEART DISEASE.....	.....10 YEARS

Renal Failure

Where renal failure is entered on to the Medical Certificate of Cause of Death, please identify if the renal failure was acute, chronic or end-stage, the underlying cause and type of renal failure if known. (See Example 3, below).

Example 3.

CAUSE OF DEATH		Approximate interval between onset and death
<p>I</p> <p><i>Disease or condition directly leading to death*</i></p> <p><i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	(a).... END STAGE RENAL FAILURE due to (or as a consequence of)	.....1 WEEK
	(b)..... FOCAL GLOMERULAR SCLEROSIS due to (or as a consequence of)	.....2 YEARS
	(c).... IDDM due to (or as a consequence of)	..... 25 YEARS
	(d).....	.....
<p>II</p> <p><i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i></p> <p><small>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.</small></p>	.....	.....
	.. CIGARETTE SMOKER.....	..... 10 YEARS

Pregnancy

If the deceased was pregnant or died within 42 days post partum this should also be included on the death certificate even if the pregnancy was unrelated to the cause of death (See Example 4, below).

Example 4. A female aged 24 years, pregnant for 4 months, was admitted to hospital with sudden onset of hemiplegia. Her history revealed that she had suffered from rheumatic fever at the age of 10 years, and a diagnosis of mitral stenosis was made. On her second day in hospital the patient died. The pregnancy contributed to death, but is not related to the pre-existing condition, it should be reported in Part II of the certificate.

CAUSE OF DEATH		Approximate interval between onset and death
I <i>Disease or condition directly leading to death*</i> <i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(a)..... HEMIPLEGIA due to (or as a consequence of)	.....2 DAYS
	(b)..... CEREBRAL EMBOLISM due to (or as a consequence of)	.....2 DAYS
	(c)..... MITRAL STENOSIS due to (or as a consequence of)	.....14 YEARS
	(d)..... RHEUMATIC FEVER (INACTIVE).....	.....
II <i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i> *This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.	.....PREGNANCY.....	.....4 MONTHS

Smoking, Alcohol and Drugs

If the use of alcohol, tobacco or any other drug contributed to death, this should be reported on the certificate. Also indicate if the deceased was **addicted** to any substance. (See Example 5, below)

Example 5. Here alcohol addiction contributed to the death, but is not related to the coronary occlusion and is documented in Part II of the certificate.

CAUSE OF DEATH		Approximate interval between onset and death
I <i>Disease or condition directly leading to death*</i> <i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(a)..... CORONARY OCCLUSION due to (or as a consequence of)	.....IMMEDIATE
	(b)..... CORONARY ATHEROSCLEROSIS due to (or as a consequence of)	.....5 YEARS
	(c)..... due to (or as a consequence of)	.....
	(d).....	.....
II <i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i> *This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.	.....EMPHYSEMA.....	.....20 YEARS
	.....ALCOHOL ADDICTION.....	.....MANY YEARS

Infectious and Parasitic Diseases

Where possible, give the name of the causative agent, if the disease name does not imply this, and the site of the infection. Where the causative organism is unknown, document this on the death certificate as Organism Unknown. (See Examples 6 and 7, below)

Primary Infection

Certifiers should identify whether a primary infection was bacterial or viral, and the causative organism, if known. (see Example 6, below)

Sepsis and Septicaemia

Certifiers should document the site of the original infection and the causative organism on the death certificate where septicaemia is the direct cause of death. (See Example 7, below)

Example 6. Here the site of the original infection and the causative organism have been clearly identified. Lack of this information would result in a query letter to the certifier.

CAUSE OF DEATH		Approximate interval between onset and death
<p>I</p> <p><i>Disease or condition directly leading to death*</i></p> <p><i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	(a)..... SEPTIC SHOCK due to (or as a consequence of)	.....1 DAY
	(b)..... STAPHYLOCOCCUS AUREUS SEPSIS due to (or as a consequence of)	.....5 DAYS
	(c)..... STAPHYLOCOCCUS AUREUS MENINGITIS ... due to (or as a consequence of)	..... 1 WEEK
	(d).....	.....
<p>II</p> <p><i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i></p> <p>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.</p>	....RENAL TRANSPLANT.....	.....6 YEARS
	....TYPE II DIABETES.....	.. 15 YEARS

Example 7. The certifier has identified that no further information is available.

CAUSE OF DEATH		Approximate interval between onset and death
<p>I</p> <p><i>Disease or condition directly leading to death*</i></p> <p><i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last</p>	(a) SEPTICAEMIA due to (or as a consequence of)	.....1 WEEK
	(b)..... URINARY TRACT INFECTION due to (or as a consequence of)	.....MONTHS
	(c)..... ORGANISM UNKNOWN due to (or as a consequence of)	..... MONTHS
	(d).....	.....
<p>II</p> <p><i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i></p> <p>*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.</p>	.... TYPE II DIABETES.....	.....6 YEARS

Place of Occurrence and Activity

ICD-10 coding requires a **place of occurrence** code for selected external causes of death. The ABS needs the certifier to indicate on the form *the place* where the injury which led to death occurred eg. at home, on a farm, industrial building, on highway etc.

ICD-10 also requires a supplementary code indicating **activity** for accidental deaths. Please state the activity the deceased was engaged in at time of injury leading to death. If the injury was sustained during sporting or leisure activities please state the type of sport or leisure eg. football, swimming, dancing. Activity codes are also required if the deceased was injured when at work or travelling to work, during educational activities, unpaid domestic duties, while resting, sleeping or involved in any other specified activity. (See Example 8, below)

Accidental Deaths

In most instances accidental deaths must by law be referred to the Coroner. When a medical practitioner has occasion to issue a Medical Certificate of Cause of Death relating to an accidental death, such as an accidental fall, the circumstances of the fall should be stated, for example “accidental fall on stairs at home”, or “fall from bed in nursing home”. Please include all injuries sustained eg. fracture of skull with cerebral haemorrhage (do not use non-specific terms such as multiple injuries).

If a death is due to late effects of a previous injury, please state the circumstances of this injury eg. bronchopneumonia *due to* paraplegia *due to* motor vehicle accident - 3 years ago.

Example 8. Female aged 80 years, stumbled and fell over while vacuuming at home and sustained a fracture of the neck of the left femur. She had an operation for insertion of a pin the following day. Four weeks later her condition deteriorated, she developed hypostatic pneumonia and died two days later.

	CAUSE OF DEATH	Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a).... TERMINAL HYPOSTATIC PNEUMONIA due to (or as a consequence of)	.....2 DAYS
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b).... FRACTURED LEFT NECK OF FEMUR (PINNED) due to (or as a consequence of)	.....4 WEEKS
	(c).... STUMBLED WHILE VACUUMING AT HOME ... due to (or as a consequence of)	.....4 WEEKS
	(d).... GENERAL FRAILTY.....	..... 3 YEARS
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.....	.....

*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.		

Where the underlying cause of death is due to external causes, information regarding the circumstances is required. Details of **PLACE OF OCCURRENCE** (eg. 'at home', 'in a hospital', etc.) and the **ACTIVITY** (eg. “While washing car”, “ while walking to toilet” etc.) at the time of injury should be stated.

Neoplasms

Neoplasms are classified according to whether they are benign or malignant, and by site. Hence the terms 'neoplasm', 'growth' and 'tumour' should not be used without qualification as to whether malignant or benign and **the primary site should always be indicated**, even though the primary growth may have been removed long before death. If a secondary growth is included in the sequence of events leading to death, state the site of the secondary growth due to the site of the primary growth. **If the primary site is unknown, this MUST be stated on the certificate.**

Example 9. A female aged 54 years admitted to hospital for palliative care due to secondary adenocarcinoma of the liver. The secondary growth occurred due to the primary adenocarcinoma of the breast and, even though the primary was removed and has not reoccurred, will be selected as the underlying cause of death.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a)... SECONDARY ADENOCARCINOMA OF LIVER.. due to (or as a consequence of)	.....1 YEAR
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)... LEFT BREAST MASTECTOMY due to (or as a consequence of)	.....3 YEARS AGO
	(c)... PRIMARY ADENOCARCINOMA OF BREAST due to (or as a consequence of)	.....3 ½ YEARS
	(d).....	.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.......ISCHAEMIC HEART DISEASE.....	..... 10 YEARS

*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.

Example 10. A similar case as the example above, however the primary site is UNKNOWN.

CAUSE OF DEATH		Approximate interval between onset and death
I		
<i>Disease or condition directly leading to death*</i>	(a)... SECONDARY ADENOCARCINOMA OF LIVER.. due to (or as a consequence of)	.....1 YEAR
<i>Antecedent causes</i> Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(b)... PRIMARY UNKNOWN due to (or as a consequence of)	.....Over 1 YEAR
	(c)..... due to (or as a consequence of)	.....
	(d).....	.....
II		
<i>Other significant conditions contributing to the death, but not related to the disease or condition causing it</i>	.......ISCHAEMIC HEART DISEASE.....	..... 10 YEARS

*This means the disease, injury or complication which caused death NOT ONLY, for example, the mode of dying, such as "heart failure, asthenia", etc.

Neoplasm Certification Guide

The precise site of the primary neoplasm should always be indicated. See the examples in the list below. The histology of the neoplasm should also be stated if known. For neoplasms of bone, where the histology is unknown, the kind of tissue of origin (ie. marrow, osseous tissue) should be indicated. Below is a list of sites and the specificity required for coding neoplasms as underlying cause of death. This list highlights those neoplasms that cause the most classification problems and is not exhaustive. Certifiers should be as specific as possible when certifying the site of any neoplasm, not just those sites listed below. **Where specific site detail is not available, identify so by documenting the detail as Unknown. eg. 'malignant carcinoma of uterus site unknown'**

QUICK REFERENCE CERTIFICATION GUIDE - MALIGNANT NEOPLASMS

Clearly identify the malignancy, morphology, exact site and behaviour of all neoplasms.

Tumor / Growth	- Identify site and as benign, malignant primary, malignant secondary or unknown behaviour.
Neoplasm	- Identify the morphology, malignancy, site and behaviour.
Metastatic	- Identify whether metastatic TO (Secondary) or metastatic FROM (Primary).
Secondary	- Identify primary site or document Primary as Unknown.

If the site of any primary neoplasm is unknown, **"Primary unknown"** **MUST be documented** on the Medical Certificate of Cause of Death.

The principles of site specificity, and primary unknown, apply to all malignant neoplasms, not just those listed below. The primary neoplasm sites listed below require one of the subset qualifying terms, to provide necessary detail for identification of the underlying cause of death and to minimise queries from ABS staff for more specific information at a later date.

Site of Primary Neoplasm Please be more specific if you are able. (eg. Primary carcinoma of inner aspect lower lip)

Lip lower upper commissure skin of lip overlapping unknown	Mouth cheek (mucosa) vestibule retro molar overlapping unknown	Pharynx nasopharynx hypopharynx oropharynx tonsil pyriform sinus overlapping unknown	Oral tongue salivary gland palate gum overlapping unknown	Skin vulva vagina penis scrotum melanoma (by site) other specified type (by site) unknown
Liver sarcoma angiosarcoma hepatoblastoma hepatocellular intrahepatic duct unknown	Intestine large (colon) small colon with rectum unknown	Uterus cervix uteri corpus uteri ligament overlapping unknown	Endocrine Gland parathyroid pituitary craniopharyngeal pineal aortic body pluriglandular unknown	Adrenal Gland medulla cortex unknown
Respiratory nasal cavity middle ear accessory sinuses mediastinum trachea thymus bronchus larynx overlapping unknown	CNS meninges brain "specific" lobe "specific" ventricle brain stem cranial nerve spinal cord cauda equina overlapping unknown	Female Genitalia ovary adnexa placenta uterine ligament broad ligament round ligament parametrium fallopian tube overlapping unknown	Urinary Organs kidney ureter bladder urethra paraurethral gland overlapping unknown	

If the required detail is unknown, please document this on the Medical Certificate of Cause of Death

Medical Certification of Cause of Death should, at all times, be your **BEST MEDICAL OPINION**

Medical Certificate of Cause of Perinatal Death

The World Health Organisation recommends use of a separate Medical Certificate of Cause of Perinatal Death. A copy of the form recommended by WHO is shown on the following page. It seeks information on maternal obstetric history, with a view to identifying those conditions which require the greatest clinical monitoring to avoid the occurrence of perinatal deaths. Here the "sequence" system of reporting as used in the general medical certificate is not used for the perinatal death certificate. Please note that each State and Territory uses a slightly different version of this form.

In all States and Territories, it is a legal requirement that the Medical Certificate of Cause of Perinatal Death be completed in respect of a child not born alive, of at least 20 weeks gestation or 400 grams weight to a live born child who dies within 28 days of birth.

How to complete the Medical Certificate of Cause Perinatal Death

The Medical Certificate of Cause of Perinatal Death provides five sections for the entry of causes of perinatal deaths, labelled (a) to (e). In sections (a) and (b) enter the diseases or conditions of the infant or fetus. The single most important or main condition in the child should be entered in section (a) and the remainder, if any, in section (b). "The most important or main condition" is the pathological condition which in the opinion of the certifier made the greatest contribution to the death of the infant or fetus. The mode of death, eg. heart failure, asphyxia, anoxia, should not be entered in section (a) unless it was the only fetal or infant condition known. This also holds true for prematurity.

In sections (c) and (d), the certifier should enter all diseases or conditions in the mother which in his or her opinion had some effect on the infant or fetus. The most important one of these should be entered in section (c) and the others, if any, in section (d). Section (e) is provided for the reporting of any other circumstances which the certifier considers to have a bearing on the death but which cannot be described as a disease or condition of the infant or the mother. An example of this might be delivery in the absence of an attendant.

In certifying causes of perinatal deaths, please take careful note of the following points:

Congenital malformations

Please specify the organ and part of organ involved unless this is obvious from the name of the malformation. Avoid the use of eponyms wherever possible.

Birth injuries

Please state the organ involved, type of injury (eg. haemorrhage, tear), under "conditions in fetus or infant", and the cause of the injury (eg. abnormality of pelvis, malposition of fetus, abnormal forces of labour), under "maternal diseases or conditions".

Prematurity

If possible, please state the complication directly causing death eg. pulmonary immaturity.

Conditions in the mother

Please indicate whether any disease condition present in the mother was related to the pregnancy. For example, conditions such as hypertension and pyelonephritis should be qualified as to whether they arose during pregnancy or were present before pregnancy.

MEDICAL CERTIFICATE OF CAUSE OF PERINATAL DEATH

To be completed in respect of:

- (i) a child not born alive, of at least 20 weeks gestation or 400 grams weight:
- (ii) a live born child dying within twenty-eight days after birth:

Note: Please answer all question and tick relevant boxes

A. Particulars related to Mother

- 1. Full name..... 2. Age.....years
- 3. Address of usual residence.....
- 4. Number of previous pregnancies resulting in 5. Outcome of last previous pregnancy

All issue live born	|_|_|	All issue live born	<input type="checkbox"/>
One or more issue born dead	|_|_|	One or more issue born dead	<input type="checkbox"/>
Abortion	|_|_|	Abortion	<input type="checkbox"/>

Date of last previous pregnancy _/ _/ _

Current pregnancy:

- 6. Estimated duration of pregnancy was.....completed weeks from first day of last menstrual period to date of delivery.
- 7. Antenatal care two or more visits

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not known	<input type="checkbox"/>
- 8. Method of delivery

Spontaneous	<input type="checkbox"/>
Forceps delivery	<input type="checkbox"/>
Forceps and rotation	<input type="checkbox"/>
Vacuum extractor	<input type="checkbox"/>
Caesarean section	<input type="checkbox"/>
Other surgical or instrumental	<input type="checkbox"/>
- 9. Presentation

Vertex	O.A.	O.P.	<input type="checkbox"/>
Brow			<input type="checkbox"/>
Breech			<input type="checkbox"/>
Face			<input type="checkbox"/>
Shoulder			<input type="checkbox"/>
Transverse			<input type="checkbox"/>
Other (specify).....			<input type="checkbox"/>
- 10. Attendant at birth

Doctor	<input type="checkbox"/>
Trained midwife	<input type="checkbox"/>
Other trained person (specify).....	<input type="checkbox"/>
Other (specify).....	<input type="checkbox"/>

B. Particulars relating to Child

- 11. Name if given..... 12. Sex.....
- 13. Place of death..... 14. Birthweight was..... grams.
- 15. This birth was: Single First twin Second twin Other multiple
- 16. For child born alive: Time and date of birth was.....a.m./p.m. on.....Date of death.....
After delivery, heartbeat ceased at.....a.m./p.m. on.....(date) Age.....
- 17. For child not born alive, time and date of delivery was.....a.m./p.m. on.....(date).
- 18. For child not born alive, heartbeat ceased (a) before labour (b) during labour but before delivery
(c) before delivery but not known whether before or during labour
- 19. If heartbeat ceased before labour commenced, please estimate how long before:.....dayshours
- 20. It is not known whether heartbeat ceased before or after delivery

21. **CAUSES OF DEATH** Approximate interval between onset and death, If known

- (a) Main disease or condition in fetus or infant
- (b) Other diseases or conditions in fetus or infant
- (c) Main maternal disease or condition affecting fetus or infant
- (d) Other maternal diseases or conditions affecting fetus or infant
- (e) Other relevant circumstances

22. Certified cause of death has been confirmed by autopsy Autopsy information may be available later
Autopsy not being held

23. Post mortem carried out on.....
24. Post mortem ordered or authorised by..... Coroner

25. If born alive, last attended by me on.....
I certify that, to the best of my information and belief, the particulars set out above are correct.
Signature..... Prof. title.....
Surname (block letters).....
Address.....

Examples of completed Medical Certificates of Cause of Perinatal Death

Please **PRINT** details on the Medical Certificate of Cause of Perinatal Death in **BLOCK LETTERS**.

Prematurity and Premature Labour

Prematurity and premature labour are not acceptable as an underlying cause of perinatal death and will be queried. Please identify the underlying cause on the Medical Certificate of Cause of Perinatal Death or indicate that the cause is unknown. (See Example 11, below).

Example 11. The mother whose previous pregnancies had ended in spontaneous abortions at 12 and 18 weeks, was admitted when 24 weeks pregnant, in premature labour. There was spontaneous delivery of a 700 gram infant who was treated in an Intensive Care Nursery, but died during the first day of life. Chest x-ray had shown dense lung fields consistent with severe hyaline membrane disease.

CAUSES OF DEATH	
a. Main disease or condition in fetus or infant	HYALINE MEMBRANE DISEASE (RESPIRATORY DISTRESS SYNDROME)
b. Other diseases or conditions in fetus or infant	EXTREME IMMATUREITY
c. Main maternal disease or condition affecting fetus or infant	PREMATURE LABOUR
d. Other maternal diseases or conditions affecting fetus or infant	PREVIOUS SPONTANEOUS ABORTIONS
e. Other relevant circumstances	—

Diabetes Mellitus

Where diabetes is documented on the Medical Certificate of Cause of Perinatal Death, please state whether the diabetes is a pre-existing condition or gestational diabetes. If diabetes is pre-existing please indicate if they are IDDM or NIDDM. (See Example 12, below).

Example 12. A known diabetic was controlled during her first pregnancy with difficulty. She developed megaloblastic anaemia at 32 weeks. Labour was induced at 38 weeks. There was spontaneous delivery of an infant weighing 3200g. The baby developed hypoglycaemia, and had a loud murmur present with a large heart noted on chest x-ray. Echocardiography showed the presence of a truncus arteriosus. The baby died on the second day of life.

CAUSES OF DEATH	
a. Main disease or condition in fetus or infant	TRUNCUS ARTERIOSUS
b. Other diseases or conditions in fetus or infant	HYPOGLYCAEMIA
c. Main maternal disease or condition affecting fetus or infant	DIABETES MELLITUS - IDDM
d. Other maternal diseases or conditions affecting fetus or infant	MEGALOBLASTIC ANAEMIA
e. Other relevant circumstances	—

Conditions in the Mother affecting the fetus or infant

The main condition in the mother that has affected the fetus or infant should be entered on line (c) of the Medical Certificate of Cause of Perinatal Death and other conditions affecting the fetus or infant on line (d). Any condition in the mother that is relevant to the circumstances of the delivery or death of the fetus or infant should be entered on line (e). (See Examples 13 and 14, below).

Example 13. The patient was a 30 year old woman with a healthy four year old boy. She had a normal second pregnancy apart from hydramnios. Ultrasound examination of the fetus at 36 weeks noted the presence of anencephaly. Labour was induced. A stillborn anencephalic fetus weighing 1500g was delivered.

CAUSES OF DEATH	
a. Main disease or condition in fetus or infant	ANENCEPHALY
b. Other diseases or conditions in fetus or infant	—
c. Main maternal disease or condition affecting fetus or infant	—
d. Other maternal diseases or conditions affecting fetus or infant	—
e. Other relevant circumstances	HYDRAMNIOS

As there was no condition in the mother which affected the development of the fetus, lines (c) and (d) remain blank.

Example 14. A primigravida aged 26 years with a history of regular menstrual cycles, received routine antenatal care starting at the 10th week of pregnancy. At 27 weeks, fetal growth retardation was noted clinically, and confirmed at 30 weeks. There was no evident cause apart from symptomless bacteriuria. A caesarean section was performed and a liveborn boy weighing 800g was delivered. The placenta weighed 300g and was described as infarcted. Respiratory distress syndrome developed which was responding to treatment. The baby deteriorated suddenly on the third day, becoming pale and lethargic. A cranial ultrasound revealed extensive Grade IV intraventricular haemorrhage. The child died that same day.

CAUSES OF DEATH	
a. Main disease or condition in fetus or infant	INTRAVENTRICULAR HAEMORRHAGE
b. Other diseases or conditions in fetus or infant	RESPIRATORY DISTRESS SYNDROME RETARDED FETAL GROWTH
c. Main maternal disease or condition affecting fetus or infant	PLACENTAL INSUFFICIENCY
d. Other maternal diseases or conditions affecting fetus or infant	BACTERIURIA IN PREGNANCY CAESAREAN SECTION
e. Other relevant circumstances	—

Placental insufficiency is the main condition that affected the fetus and infant and is entered on line (c). Bacteriuria and the caesarian section are both entered on line (d), as other maternal conditions that affected the fetus and infant.

LIST OF TERMS INADEQUATE FOR CODING CAUSES OF DEATH

Term	Additional information required
Abscess	Site Cause / organism
Adhesions	If following an operation, the underlying condition for which surgery was performed and length of time since surgery. (See, Operations , page 7)
Agranulocytosis	Cause. If due to drug therapy, specify condition for which drug given.
Airways disease (chronic)	Nature of disease (eg. obstructive)
Anaemia	Primary (specify type) Secondary (specify underlying cause)
Aneurysm	Site (eg. cerebral, aortic) Cause (eg. arteriosclerotic) Ruptured or dissecting
Antepartum haemorrhage	Cause (eg. coagulation defects, placenta praevia)
Anoxia (fetal)	If occurred before or during labour
Appendicitis	Whether acute or chronic With peritonitis or abscess
Arteriosclerosis, Atheroma or Atherosclerosis	If associated with hypertension, specify type (eg. benign, malignant) Arteries involved (eg. coronary, cerebral)
Arteritis	Arteries involved (eg. coronary, cerebral) Cause (eg. arteriosclerotic, syphilitic)
Arthritis	Type (rheumatoid, juvenile) Cause (eg. traumatic) Site
Asphyxia (fetal)	If occurred before or during labour
Aspiration of vomitus	Cause (eg. acute alcoholic toxicity, drug overdose, chronic alcohol abuse, or circumstances of drug use ie. addict, occasional user)
Asthma	Allergic or late onset
Atelectasis	Underlying cause
Birth injury	Site Type of injury Cause
Bronchitis	Type: acute or chronic With: asthma, emphysema etc.
Bronchopneumonia	Primary, hypostatic or aspiration Causative agent and underlying cause if any contributing disease or condition (See Pneumonia and Bronchopneumonia , page 8)
Burns	Site Percentage and degree of burns.
Cachexia	(See Malnutrition , page 21)
Calculus	Site and if with obstruction
Cancer, carcinoma	(See Neoplasms , pages 12 - 13)
Cardiac failure)
dilation	) Underlying disease causing this condition
hypertrophy)
Cardiovascular disease	Specific disease condition eg. hypertensive

Term	Additional information required
Carditis	Site: myocardium endocardium pericardium Type: acute rheumatic meningococcal or viral
Cerebral degeneration	Underlying cause
Cerebral effusion	Underlying cause
Cerebral sclerosis	Atherosclerosis or disseminated sclerosis
Cerebrovascular disease	Nature of disease (eg. atherosclerosis causing infarction, haemorrhage, occlusion - thrombotic/embolic)
CVA	Cause: infarction, haemorrhage, thrombotic/embolic
Chorea	Type: rheumatic with heart involvement without heart involvement Huntington's gravidarum
Cirrhosis of liver	Cause (eg. alcoholic)
Cor pulmonale	Underlying cause, and whether acute or chronic
Coryza	Complication leading to death
Curvature of spine	Type: acquired (eg. tuberculous) congenital With: heart disease and/or hypertension
Cytomegalic inclusion disease	If due to AIDS or other HIV illness
Debility	Underlying cause
Deep venous thrombosis	If following an operation, condition for which operation performed If due to inactivity, the condition causing the inactivity
Dementia	Cause (eg. senile, alcoholic, atherosclerotic, Alzheimer's or multi-infarct)
Dermatitis	Type Cause eg. drug induced (state condition necessitating drug therapy)
Diabetes mellitus	Type: insulin dependent or non-insulin dependent diabetes With: complication(s) eg. nephropathy, peripheral vascular disease
Diarrhoea	Underlying cause (if unknown, whether believed infectious or not)
Dysentery	Type: amoebic (and, if so, whether acute or chronic) bacterial other protozoal
Embolism	Site If following an operation: condition for which surgery performed If due to inactivity: underlying condition causing the inactivity
Encephalitis	Type: acute viral late effect of viral postvaccinal idiopathic meningococcal suppurative tuberculous

Term	Additional information required
Endocarditis	Acute or chronic Site: mitral valve, aortic valve Cause: rheumatic, bacterial
Failure, Renal	Acute or chronic Cause: analgesic, diabetes etc. (Renal Failure, example page 8)
Fatty degeneration	Site eg. of heart or liver
Fractures	Site Pathological or traumatic (if due to trauma, state circumstances of trauma)
Gangrene	Site Type: atherosclerotic, diabetic, due to gas bacillus etc.
Gastro-enteritis	Cause: infectious or non-infectious
Goitre	Type: simple toxic diffuse uninodular multinodular
Haematemesis	Cause: gastric ulcer, adverse effects of medication etc.
Haemorrhage	Site Cause (if due to trauma, state circumstances of trauma)
Hemiplegia	Cause and duration (eg. spinal cord injury from MVA - 20 years previously)
Hepatitis	Type: acute or chronic alcoholic of newborn of pregnancy, childbirth or puerperium viral (and if so, whether Type A, B, C, D, E)
Hydrocephalus	Congenital or if acquired, and if so, the underlying cause
Hypertension	With: heart involvement cerebrovascular involvement renal involvement pregnancy If secondary, specify underlying cause
Immaturity	Cause Complication leading to death
Influenza	With: pneumonia other manifestation (specify)
Injury	Site and type of injury circumstances surrounding the injury(s) and if due to accident, suicide, homicide (See, Place of Occurrence and Activity and Accidental Deaths , page 11)
Intestinal infection	Causative organism
Intestinal obstruction, occlusion, stenosis or stricture	Cause
Kaposi's sarcoma	If due to AIDS or other HIV illness
Leukaemia	Acute, sub-acute or chronic Type eg. lymphatic myeloid monocytic
Liver failure; hepatic failure	Cause (eg. acute infective, post-immunisation, post-transfusion, toxaemia of pregnancy or of puerperium)

Term	Additional information required
Lung disease (chronic)	Nature of disease (eg. obstructive)
Infarction - cerebral	If due to occlusion, stenosis, embolism/thrombosis
Infarction - myocardial	Site Acute, healed or old
Lymphadenitis	Cause (eg. tuberculous, septic wound)
Lymphoma	Type (eg. Hodgkin's disease; Non-Hodgkin's lymphoma, mixed-cell type)
Malignant neoplasm	(See Neoplasms , pages 12 - 13)
Malnutrition	Type: congenital if due to deprivation or disease (specify) protein deficient, (specify type and degree of severity)
Melaena	Underlying cause eg. Primary carcinoma of transverse colon
Meningitis	Cause: meningococcal tuberculous haemophilus influenzae other organism (specify)
Mental retardation	Underlying physical condition
Myocarditis	Acute or chronic Cause (eg. rheumatic fever, atherosclerosis)
Neoplasm	Type: Benign, Malignant with site of primary growth (See Neoplasms , pages 12 - 13)
Nephritis/ Glomerulonephritis	Type: acute, sub-acute chronic with oedema infective or toxic (cause) If associated with: hypertension arteriosclerosis heart disease pregnancy
Obstruction of intestine	Cause If paralytic following operation, state condition for which surgery performed
Obstructive airways disease	Type: chronic acute lower respiratory infection acute exacerbation of asthma, bronchiectasis, emphysema etc.
Occlusion - cerebral	Site With: infarction, due to embolism, thrombosis etc.
Oedema of lungs	Type acute hypostatic secondary to heart disease with hypertension If hypostatic or terminal, specify conditions necessitating inactivity If chronic and due to external agents (specify cause)
Paget's disease	Of bone, breast, skin (specify site) or malignant
Paralysis, paresis	Cause (eg. due to birth injury, syphilis) Precise form (eg. infantile, agitans)
Paralytic ileus	Underlying cause

Term	Additional information required
Pelvic abscess)
Parametritis)
Peritonitis	) Cause, particularly whether due to puerperal or post-abortive infection
Phlebitis)
Peptic ulcer	Site: stomach, gastric duodenum With: haemorrhage, perforation
Peripheral vascular disease	Cause (eg. atherosclerosis)
Pleural effusion	Cause, particularly whether tuberculosis
Pneumoconiosis	Whether: silicosis anthracosilicosis asbestosis associated with tuberculosis other (specify)
Pneumocystosis pneumonia	If due to AIDS or other HIV illness
Pneumonia	Type of organism If hypostatic or terminal, specify underlying illness (See Pneumonia and Bronchopneumonia , page 8)
Pneumothorax	Cause
Prematurity	Cause Complication leading to death
Pulmonary embolism	If following an operation, condition for which surgery performed If due to inactivity, the condition causing the inactivity (See Pulmonary Embolism , page 7)
Pulmonary oedema	Cause
Renal disease or failure	Acute or chronic Underlying cause eg. diabetic nephropathy With: hypertension, heart disease, necrosis (See Renal failure , page 8)
Respiratory failure	Underlying cause
Respiratory infection	Nature, location and causative organism if known
Rheumatic fever	Active or inactive With: nature of heart disease hypertrophy, carditis, endocarditis
Sclerosis	Arterial: coronary, cerebral (specify whether disseminated or atherosclerosis) disseminated, spinal (lateral, posterior), renal
Scoliosis	Acquired (eg. tuberculous, osteoporosis) Congenital
Senility	With: dementia, Alzheimer's disease etc.
Septicaemia	Underlying illness Type of organism (See Sepsis and Septicaemia , page 10)
Septic infection	If localised, specify site and organism
Silicosis	If associated with tuberculosis
Softening of brain	Cause: embolic, arteriosclerotic etc.
Spondylitis	Whether: ankylosing deformans gonococcal sacro-iliac tuberculous

Term	Additional information required
Stenosis, stricture	Site If congenital or acquired (specify cause)
Syphilis	Site affected Type: congenital early or late, primary, tertiary, secondary
Tetanus	If following minor injury (specify) If following major injury (specify) Puerperal, obstetric
Thrombosis	Arterial (specify artery) Intracranial sinus : pyogenic non-pyogenic late effect post-abortive puerperal venous (specify site) portal If post-operative or due to confinement in bed, specify condition which necessitated operation or immobilisation
Toxaemia	Underlying cause Pregnancy (specify): albuminuria eclampsia hyperemesis hepatitis hypertension pre-eclampsia
Toxoplasmosis	If due to AIDS or other HIV illness
Tuberculosis	Primary site Associated pneumoconiosis if present
Tumours	(See Neoplasms , pages 12 - 13)
Ulcer	Site Perforated or with haemorrhage
Ulcer, leg	Nature (eg. peripheral, varicose) Cause (eg. atherosclerosis)
Uraemia	Cause Associated childbirth or pregnancy
Urinary tract infection	Primary: specify organism and precise location, eg. ureter or kidney Secondary: specify underlying disease, eg. diabetes
URTI	Complication leading to death Organism if identified
Valvular disease	Valve(s) affected Acute or chronic If rheumatic: active or inactive If non-rheumatic: specify cause
Vascular disease	Nature (eg. hypertensive, peripheral) Cause
Wounds	Site Cause Circumstances surrounding wounds (place of occurrence, activity etc.)