



VERBAL AUTOPSY REVIEW

Class Assignment



VA 1: Male 1y 9m

Narrative

The deceased was outside in the yard playing with his dad. Then the father thought the car coming down the road would stop because there was a small child in the road. Then the child was hit by the car and lost a lot of blood on the scene. They took the child to hospital where they put up a drip but he was slowly losing his breath. After about three hours the child died in hospital.

Positive findings on VA

(Id10077) Did (s)he suffer from any injury or accident that led to her/his death? **Yes**

(Id10079) Was it a road traffic accident? **Yes**

(Id10080) What was her/his role in the road traffic accident? **Pedestrian**

(Id10081) What was the counterpart that was hit during the road traffic accident? **Car**

(Id10098) Was the injury accidental? **Yes**

VA 1: MEDICAL CERTIFICATE OF COD

77.1 CAUSES OF DEATH			
Part 1	Enter the disease, injuries or complications that caused the death. Do not enter the mechanism of dying, such as cardiac or respiratory arrest, shock or heart failure. Record HIV/AIDS or malnutrition if they were considered to have contributed to death. List only one cause on each line		Approximate interval between onset and death (Days / Months / Years)
	IMMEDIATE/TERMINAL CAUSE (final disease or condition resulting in death)	a) Multiple injuries Due to (or as a consequence of)	hours
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING / PRIMARY CAUSE (last disease or injury that initiated events resulting in death)	b) Accidentally hit by a car whilst playing on the road Due to (or as a consequence of)	
		c) Due to (or as a consequence of)	
		d) Due to (or as a consequence of)	
Part 2	Other significant conditions contributing to death but not resulting in underlying cause given in Part 1		
77.2 MANNER OF DEATH			
<input type="checkbox"/>	77.2.1 Natural	<input checked="" type="checkbox"/> 77.2.2 Accident	<input type="checkbox"/> 77.2.3 Suicide
<input type="checkbox"/>	77.2.4 Murder	<input type="checkbox"/> 77.2.5 Legal intervention (e.g. S	
<input type="checkbox"/>	77.2.6 Pending investigations	<input type="checkbox"/> 77.2.7 Unknown	<input type="checkbox"/> 77.2.8 Death associated with medical procedure
78. If a female , was she pregnant at the time of death or up to 42 days prior to death? (<input checked="" type="checkbox"/>)		<input type="checkbox"/> 78.1 Yes	<input type="checkbox"/> 78.2 No



VA 2: Male 43 yrs

Narrative:

Found lying in his bed in the morning with froth in his mouth and not responding. Then they called an ambulance from Warmbath hospital and when the paramedics get there they confirmed that he had passed. The cause of death is still under investigation, but it seemed as if he was poisoned. He was never sick before that and was not taking any medications.

Positive findings on VA

(id10120_unit) For how long was (s)he ill before death? **0 days**

(Id10123) Did (s)he die suddenly? **Yes**

Suddenly means died unexpectedly within 24 hours of being in regular health.

(Id10411) Did (s)he drink alcohol? **Yes**

INTERNATIONAL FORM OF THE MEDICAL CERTIFICATE OF CAUSE OF DEATH		
	Cause of death	Approximate interval between onset and death
Part I		
Disease or condition directly leading to death*	a) Unknown	
	<i>due to</i>	
Antecedent causes		
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	b)	
	<i>due to</i>	
	c)	
	<i>due to</i>	
	(d)	
Part II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it		
*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.		
FOR WOMEN		
If a female , was she pregnant at the time of death or up to 42 days prior to death?	Yes ___ No ___ Unknown _____	
Did pregnancy contribute to the death	Yes ___ No ___ Unknown _____	
FOR PERINATAL DEATHS		Birthweight (g)
State conditions of the mother that affected the fetus and newborn		



VA 3: FEMALE 53 YRS

Narrative:

The decedent had been sick for 5 months suffering from swollen feet and pains in her stomach. She was taken to hospital several times but there were no specific causes that were specified to her. Four months before she passed away her entire body started swelling and in the process she lost weight and had black spit at some point which shows that she might have been bleeding internally. She was given painkillers only to fight all the health defects she was faced with but it couldn't help. One evening she was taken to Jubilee hospital, the ambulance took 3 hours to come and fetch her. The decedent could not eat during her last 7 days so they helped her to drink fluids. When she was admitted to the hospital they used a drip to help her to eat. The decedent had a history of drinking alcohol and excessive smoking 20 cigarettes per day. The decedent died at the hospital within the first 24 hours she was admitted at the hospital.



VA 3: Female 53 years

(Id10008) What is your/the respondent's relationship to the deceased?	child
(Id10009) Did you/the respondent live with the deceased in the period leading to her	Yes
(Id10022) Is the date of death known?	Yes
(Id10120_unit) For how long was (s)he ill before death?	Months
(Id10121) Months	4
(Id10152) Did (s)he have night sweats?	Yes
(Id10153) Did (s)he have a cough?	Yes
(Id10154_units) For how long did (s)he have a cough?	Months
(Id10154_b) [Enter how long (s)he had a cough in months]:	3
(Id10155) Was the cough productive, with sputum?	Yes
(Id10156) Was the cough very severe?	Yes
(Id10157) Did (s)he cough up blood?	No
(Id10207) Did (s)he have a severe headache?	Yes
(Id10243) Did (s)he have noticeable weight loss?	Yes
(Id10244) Was (s)he severely thin or wasted?	Yes
(Id10246) Did (s)he have stiffness of the whole body or was unable to open the mout	Yes
(Id10249) During the illness that led to death, did (s)he have swollen legs or feet?	Yes
(Id10250_units) How long did the swelling last?	Months
(Id10250_b) [Enter how long the swelling lasted in months]:	2
(Id10251) Did (s)he have both feet swollen?	Yes
(Id10252) Did (s)he have general puffiness all over his/her body?	Yes
(Id10261) Did (s)he have difficulty swallowing?	Yes
(Id10262_units) For how long before death did (s)he have difficulty swallowing?	Days
(Id10262_a) [Enter how long before death (s)he had difficulty swallowing in days]:	14
(Id10263) Was the difficulty with swallowing with solids, liquids, or both?	solids
(Id10264) Did (s)he have pain upon swallowing?	Yes
(Id10265) Did (s)he have yellow discoloration of the eyes?	No
(Id10267) Did her/his hair change in color to a reddish or yellowish color?	Yes
(Id10304) Did she have a sharp pain in her belly (abdomen) shortly before death?	Yes
(Id10193) Did (s)he have any belly (abdominal) problem?	No
(Id10194) Did (s)he have belly (abdominal) pain?	No
(Id10411) Did (s)he drink alcohol?	Yes
(Id10413) Did (s)he smoke tobacco (cigarette, cigar, pipe, etc.)?	Yes
(Id10414) What kind of tobacco did (s)he use ?	cigarettes
(Id10415) How many cigarettes did (s)he smoke daily?	20
(Id10418) Did (s)he receive any treatment for the illness that led to death?	Yes
(Id10419) Did (s)he receive oral rehydration salts?	Yes
(Id10420) Did (s)he receive (or need) intravenous fluids (drip) treatment?	Yes
(Id10422) Did (s)he receive (or need) treatment/food through a tube passed through	Yes
(Id10432) Was care sought outside the home while (s)he had this illness?	Yes
(Id10433) Where or from whom did you seek care?	governmen
(Id10434) What was the name and address of any hospital, health center or clinic wh	Jubilee Hos
(Id10437) Do you have any health records that belonged to the deceased?	Yes
(Id10450) In the final days before death, did s/he travel to a hospital or health facility	Yes
(Id10451) Did (s)he use motorised transport to get to the hospital or health facility?	Yes
(Id10458) In the final days before death, did anyone use a telephone or cell phone to	Yes
(Id10462) Was a death certificate issued?	Yes
(Id10008) What is your/the respondent's relationship to the deceased?	child

INTERNATIONAL FORM OF THE MEDICAL CERTIFICATE OF CAUSE OF DEATH

	Cause of death	Approximate interval between onset and death
Part I		
Disease or condition directly leading to death*	a) Pulmonary TB	5 months
	<i>due to</i>	
Antecedent causes		
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	b)	
	<i>due to</i>	
	c)	
	<i>due to</i>	
	(d)	
Part II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it		
*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.		
FOR WOMEN		
If a female , was she pregnant at the time of death or up to 42 days prior to death?	Yes ___ No ___ Unknown _____	
Did pregnancy contribute to the death	Yes ___ No ___ Unknown _____	
FOR PERINATAL DEATHS		
State conditions of the mother that affected the fetus and newborn		Birthweight (g)



VA 4: MALE 54 YRS

- He was on ARV treatment for more than 10 years.

- He defaulted for 3 times and the 3rd time he got worse and the family took him to the hospital.

- He refused to eat and lost weight.

- He didn't have lots of change on his body.

VA 4: MALE 54 YEARS

(Id10008) What is your/the respondent's relationship to the deceased?	other family member
(Id10009) Did you/the respondent live with the deceased in the period leading to h	Yes
(Id10019) What was the sex of the deceased?	male
ageInYears	54
(Id10058) Where did the deceased die?	hospital
(id10120_unit) For how long was (s)he ill before death?	Years
(Id10122) Years	13
(Id10126) Was an HIV test ever positive?	Yes
(Id10127) Was there any diagnosis by a health professional of AIDS?	Yes
(Id10181) Did (s)he have more frequent loose or liquid stools than usual?	Yes
(Id10182_units) How long did (s)he have frequent loose or liquid stools?	Days
(Id10182_a) [Enter how long (s)he had frequent loose or liquid stools in days]:	2
(Id10207) Did (s)he have a severe headache?	Yes
(Id10208) Did (s)he have a stiff neck during illness that led to death?	No
(Id10210) Did (s)he have a painful neck during the illness that led to death?	No
(Id10212) Did (s)he have mental confusion?	No
(Id10214) Was (s)he unconscious during the illness that led to death?	No
(Id10219) Did (s)he have convulsions?	No
(Id10243) Did (s)he have noticeable weight loss?	Yes
(Id10247) Did (s)he have puffiness of the face?	Yes
(Id10248_units) How long did (s)he have puffiness of the face?	Days
(Id10248_a) [Enter how long (s)he had puffiness of the face in days]:	2
(Id10270) Did (s)he drink a lot more water than usual?	Yes
(Id10411) Did (s)he drink alcohol?	Yes
(Id10412) Did (s)he use tobacco?	Yes
(Id10413) Did (s)he smoke tobacco (cigarette, cigar, pipe, etc.)?	Yes
(Id10414) What kind of tobacco did (s)he use ?	cigarettes
(Id10415) How many cigarettes did (s)he smoke daily?	99
(Id10418) Did (s)he receive any treatment for the illness that led to death?	Yes
(Id10420) Did (s)he receive (or need) intravenous fluids (drip) treatment?	Yes
(Id10423) Did (s)he receive (or need) injectable antibiotics?	Yes
(Id10432) Was care sought outside the home while (s)he had this illness?	Yes
(Id10433) Where or from whom did you seek care?	government hospital
(Id10434) What was the name and address of any hospital, health center or clinic w	Refentse clinic stinkw
(Id10450) In the final days before death, did s/he travel to a hospital or health facili	Yes
(Id10451) Did (s)he use motorised transport to get to the hospital or health facility?	Yes
(Id10456) In the final days before death, were there any doubts about whether mec	Yes
(Id10458) In the final days before death, did anyone use a telephone or cell phone t	Yes
(Id10459) Over the course of illness, did the total costs of care and treatment prohi	Yes

INTERNATIONAL FORM OF THE MEDICAL CERTIFICATE OF CAUSE OF DEATH		
	Cause of death	Approximate interval between onset and death
Part I		
Disease or condition directly leading to death*	a) HIV/AIDS	13 years
	<i>due to</i>	
Antecedent causes Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	b)	
	<i>due to</i>	
	c)	
	<i>due to</i>	
	(d)	
Part II Other significant conditions contributing to the death, but not related to the disease or condition causing it		
*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.		
FOR WOMEN		
If a female , was she pregnant at the time of death or up to 42 days prior to death?	Yes ___ No ___ Unknown _____	
Did pregnancy contribute to the death	Yes ___ No ___ Unknown _____	
FOR PERINATAL DEATHS		Birthweight (g)
State conditions of the mother that affected the fetus and newborn		



VA 5: MALE NEONATE

Respondent said than on 29/11/2017 she felt an urge to go to the toilet. She smelt a foul smell and when she look the feet of the child was hanging out. She called out to others in the house to help her. They managed to get the child out. There was no umbilical cord attached to the baby and the family said the child came out with the placenta. The baby moved his hands and breathed as per the respondent but did not cry. She held him in her arms and he died an hour later – just stopped breathing she said. He was warm in her arms and his one arm looked blueish. The respondent was 6 months pregnant at this time. The family walked to the police station to get the ambulance. They left the baby at home for forensics to collect and took the mother to hospital where she stayed for a few days to check that nothing was left behind. No one mentioned a cause of death for the child but the mother believes it is because the secretions were not cleared. The child was male – the death certificate was incorrect.



VA 5

101071

Respondent said that on the 29/11/2002 she had an urge to go to the toilet. She smelled a foul smell, and when she took the feet of the child was hanging out. She called out to others in the house to come and help her. They managed to get the child out.

There was no umbilical cord attached to the baby, and she said the family said that the child came out with the placenta.

The baby moved his hands and breathed, as per the Respondent, but did not cry. She kept him in her arms - he died an hour later - just stopped breathing she said. He

101071(2)

was warm in her arms, and it appeared that his one arm was bluish.

Respondent was 6 months pregnant when this happened. The family went (walked) to the Police Station to get the ambulance. They left the baby at home for forensics to collect and took the mother to the hospital where she stayed for a few days to check that "nothing" was left behind, as per her.

No-one mentioned cause of death, but Respondent believes that because no-one took out the stem, the child died. Child was male - death cert. she said was written incorrectly.

VA 5

VA Unique study ID	101071			
(Id10008) What is your/the respondent's relationship to the deceased?	Parent			
(Id10009) Did you/the respondent live with the deceased in the period leading to her/his death?	No			
(Id10019) What was the sex of the deceased?	male			
(Id10013) [Did the respondent give consent?]	Yes			
(Id10020) Is the date of birth known?	Yes			
(Id10022) Is the date of death known?	Yes			
(Id10058) Where did the deceased die?	home			
(Id10104) Did the baby ever cry?	No			
(Id10109) Did the baby ever move?	Yes			
(Id10110) Did the baby ever breathe?	Yes			
(Id10111) Did the baby breathe immediately after birth, even a little?	Yes			
(Id10120) Calculated number of Days with illness	0			
(Id10123) Did (s)he die suddenly?	Yes			
(Id10290) Did the baby or infant appear to be healthy and then just die suddenly?	Yes			
(Id10347) Was the baby born in less than 8 completed months?		0		
(Id10356) Is the mother still alive?	Yes			
(Id10366) What was the weight (in grammes) of the deceased at birth?	9999			
(Id10367) How many months long was the pregnancy before the child was born?	6			
(Id10368) Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)?	No			
(Id10369) Were there any complications during labour or delivery?	Yes			
(Id10376) Was the baby moving in the last few days before the birth?	Yes			
(Id10377) Did the baby stop moving in the womb before labour started?	No			
(Id10384) Was the liquor (water in the womb) foul smelling?	Yes			
(Id10385) What was the colour of the liquor (water in the womb) when the water broke?	Doesn't know			
(Id10387) Was the delivery normal vaginal, without forceps or vacuum?	Yes			
(Id10398) Did you/the baby's mother have foul smelling vaginal discharge during pregnancy or after delivery?	Yes			
(Id10403) Did the baby's bottom, feet, arm or hand come out of the vagina before its head?	Yes			
(Id10405) Was the umbilical cord delivered first?	Yes			
(Id10406) Was the baby blue in colour at birth?	Yes			
(Id10445) Has the deceased's (biological) mother ever been tested for HIV?	Yes			
(Id10446) Has the deceased's (biological) mother ever been told she had HIV/AIDS by a health worker?	No			
(Id10476) INTERVIEWER: If there any other pertinent or important information you want to convey regarding the narra	Respondent said baby Decedent was male. They wr			
(Id10479) [Select any of the following words that were mentioned as present in the narrative.]	Preterm delivery			
Final Comments	Respondent is a 19 year old very slender women.			

INTERNATIONAL FORM OF THE MEDICAL CERTIFICATE OF CAUSE OF DEATH		
	Cause of death	Approximate interval between onset and death
Part I		
Disease or condition directly leading to death*	a) Prematurity	
	<i>due to</i>	
Antecedent causes		
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	b)	
	<i>due to</i>	
	c)	
	<i>due to</i>	
	(d)	
Part II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it		
*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.		
FOR WOMEN		
If a female , was she pregnant at the time of death or up to 42 days prior to death?	Yes ___ No ___ Unknown _____	
Did pregnancy contribute to the death	Yes ___ No ___ Unknown _____	
FOR PERINATAL DEATHS		Birthweight (g)
State conditions of the mother that affected the fetus and newborn	Chorioamnionitis	



VA 7 Male 6 days

<i>Main</i> disease or condition in foetus or infant	Prematurity 24 weeks
<i>Other</i> diseases or conditions in foetus or infant	Low birth weight
<i>Main maternal</i> disease or condition affecting foetus or infant	Chorioamnionitis
<i>Other maternal</i> diseases or conditions affecting foetus or infant	
Other relevant circumstances	Home delivery; baby died within an hour
Birthweight (g)	



VA 6 MALE 91 YEARS

Narrative

He started to get sick in 2002 when he had a right sided stroke and heart attack. As years went by he started to get high blood and they took him to LP hospital where he was admitted and became better. Then he was discharged and after a week he started to be sick again for just two days and died at home.



VA 6 Male 91 years

(id10008) What is your/the respondent's relationship to the deceased?	other family member
(id10019) What was the sex of the deceased?	male
ageInYears	91
isAdult	1
(id10058) Where did the deceased die?	home
(id10120_unit) For how long was (s)he ill before death?	Years
(id10122) Years	16
(id10147) Did (s)he have a fever?	No
(id10154_units) For how long did (s)he have a cough?	Months
(id10154_b) [Enter how long (s)he had a cough in months]:	2
(id10159) Did (s)he have any difficulty breathing?	No
(id10166) During the illness that led to death, did (s)he have fast breathing?	No
(id10169_units) How long did (s)he have breathlessness?	Months
(id10169_c) [Enter how long (s)he had breathlessness in months]:	2
(id10170) Was (s)he unable to carry out daily routines due to breathlessness?	No
(id10171) Was (s)he breathless while lying flat?	No
(id10173_a) During the illness that led to death did (s)he have wheezing?	wheezing
(id10173) During the illness that led to death did his/her breathing sound like wheezing?	wheezing
(id10174) Did (s)he have chest pain?	No
(id10477) [Select any of the following words that were mentioned as present in the death certificate]	Heart attack
(id10013) [Did the respondent give consent?]	Yes
(id10009) Did you/the respondent live with the deceased in the period leading to death?	Yes
(id10020) Is the date of birth known?	Yes
(id10132) Was there any diagnosis by a health professional of high blood pressure?	Yes
(id10133) Was there any diagnosis by a health professional of heart disease?	Yes
(id10141) Was there any diagnosis by a health professional of stroke?	Yes
(id10153) Did (s)he have a cough?	Yes
(id10156) Was the cough very severe?	Yes
(id10168) Did (s)he have breathlessness?	Yes
(id10258) Was (s)he in any way paralysed?	No
Final Comments	The deceased had stroke on his right leg and high blood.
(id10418) Did (s)he receive any treatment for the illness that led to death?	Yes

VA 6 Male 91 years

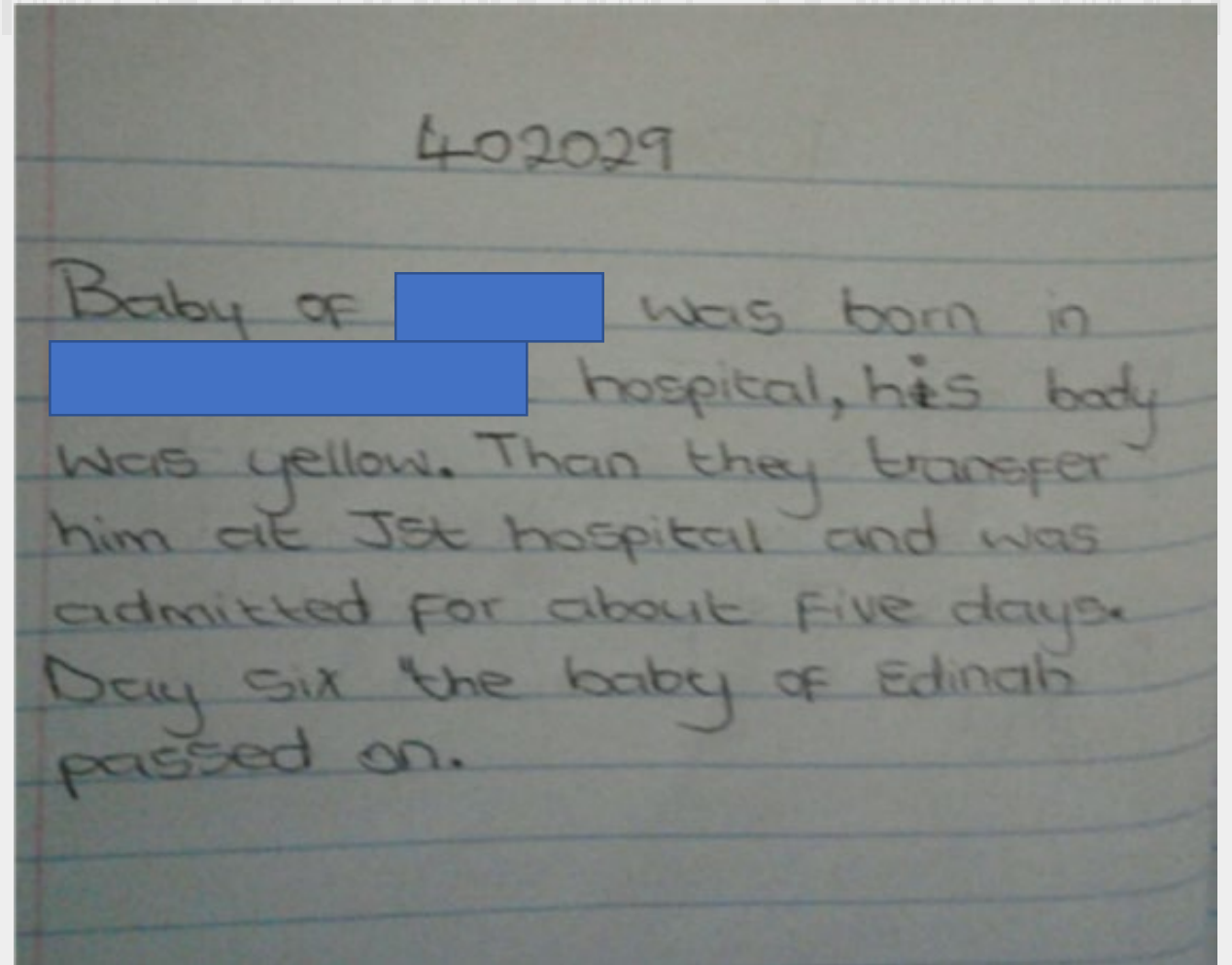
INTERNATIONAL FORM OF THE MEDICAL CERTIFICATE OF CAUSE OF DEATH		
	Cause of death	Approximate interval between onset and death
Part I		
Disease or condition directly leading to death*	a) Congestive cardiac failure	2 months
	<i>due to</i>	
Antecedent causes		
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	b) Ischaemic heart disease	16 years
	<i>due to</i>	
	c) Hypertension	
	<i>due to</i>	
	(d)	
Part II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it	Cerebrovascular disease	
*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.		
FOR WOMEN		
If a female , was she pregnant at the time of death or up to 42 days prior to death?	Yes ___ No ___ Unknown _____	
Did pregnancy contribute to the death	Yes ___ No ___ Unknown _____	
FOR PERINATAL DEATHS		Birthweight (g)
State conditions of the mother that affected the fetus and newborn		



VA 7 MALE 6 DAYS

Narrative

Baby of E was born in MK hospital, his body was yellow. Then they transferred him at Jst hospital and was admitted for about five days. Day six the baby of E passed on.



VA 7 Male 6 days

VA Unique study ID	402029
(Id10008) What is your/the respondent's relationship to the deceased?	Parent
(Id10019) What was the sex of the deceased?	male
(Id10020) Is the date of birth known?	Yes
(Id10022) Is the date of death known?	Yes
ageInDays	6
(Id10104) Did the baby ever cry?	Yes
(Id10105) Did the baby cry immediately after birth, even if only a little bit?	Yes
(Id10109) Did the baby ever move?	Yes
(Id10110) Did the baby ever breathe?	Yes
(Id10111) Did the baby breathe immediately after birth, even a little?	Yes
(Id10408) Before the illness that led to death, was the baby/the child growing normally?	Yes
(Id10123) Did (s)he die suddenly?	Yes
(Id10214) Was (s)he unconscious during the illness that led to death?	Yes
(Id10215) Was (s)he unconscious for more than 24 hours before death?	Yes
(Id10271) Was the baby able to suckle or bottle-feed within the first 24 hours after birth?	Yes
(Id10272) Did the baby ever suckle in a normal way?	Yes
(Id10289) During the illness that led to death, did the baby have yellow skin, palms (hand) or soles (foot)?	Yes
(Id10290) Did the baby or infant appear to be healthy and then just die suddenly?	Yes
(Id10356) Is the mother still alive?	Yes
(Id10360) Where was the deceased born?	hospital
(Id10361) Did you/the mother receive professional assistance during the delivery?	Yes
(Id10362) At birth, was the baby of usual size?	Yes
(Id10366) What was the weight (in grammes) of the deceased at birth?	2000
(Id10367) How many months long was the pregnancy before the child was born?	9
(Id10368) Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)?	No
(Id10369) Were there any complications during labour or delivery?	No
(Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too large or too small)	No
(Id10376) Was the baby moving in the last few days before the birth?	Yes
(Id10383) Was the baby born 24 hours or more after the water broke?	Yes
(Id10387) Was the delivery normal vaginal, without forceps or vacuum?	Yes
(Id10418) Did (s)he receive any treatment for the illness that led to death?	Yes
(Id10445) Has the deceased's (biological) mother ever been tested for HIV?	Yes
(Id10265) Did (s)he have yellow discoloration of the eyes?	No
(Id10351) How many days old was the baby when the fatal illness started?	6
(Id10120_0) For how many days was (s)he ill before death?	6
(Id10394) How many births, including stillbirths, did the baby's mother have before this baby?	5

VA 7 Male 6 days

INTERNATIONAL FORM OF THE MEDICAL CERTIFICATE OF CAUSE OF DEATH			
	Cause of death	Approximate interval between onset and death	
Part I	Neonatal sepsis		
Disease or condition directly leading to death*		a)	
		<i>due to</i>	
Antecedent causes			
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	b)		
	<i>due to</i>		
	c)		
	<i>due to</i>		
	(d)		
Part II	Low birth weight		
Other significant conditions contributing to the death, but not related to the disease or condition causing it			
*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.			
FOR WOMEN			
If a female , was she pregnant at the time of death or up to 42 days prior to death?	Yes ___ No ___ Unknown _____		
Did pregnancy contribute to the death	Yes ___ No ___ Unknown _____		
FOR PERINATAL DEATHS	Prolonged rupture of membranes	Birthweight (g)	
State conditions of the mother that affected the fetus and newborn			



VA 7 Male 6 days

<i>Main</i> disease or condition in foetus or infant	Neonatal sepsis
<i>Other</i> diseases or conditions in foetus or infant	Low birth weight
<i>Main maternal</i> disease or condition affecting foetus or infant	Prolonged rupture of membranes
<i>Other maternal</i> diseases or conditions affecting foetus or infant	
Other relevant circumstances	
Birthweight (g)	2000 g

VA 8 MALE 3 DAYS

Narrative

- Mother of the deceased baby had a pressure and was admitted to S E hospital and got a transfer to N M in nearest city. She was delivered a baby with an operation before time, she was eight months pregnant. The baby was a premature, he was born normal. On the third day the baby was born he had difficult breathing and the doctor said he will put him into machine because his lungs are not developing yet. The baby died in the hospital on 25 December 2017.



VA 8 Male 3 days

VA Unique study ID	203060
(Id10008) What is your/the respondent's relationship to the deceased?	Parent
(Id10009) Did you/the respondent live with the deceased in the period leading to her/his death?	Yes
(Id10019) What was the sex of the deceased?	male
(Id10020) Is the date of birth known?	Yes
(Id10022) Is the date of death known?	Yes
ageInDays	3
(Id10104) Did the baby ever cry?	Yes
(Id10105) Did the baby cry immediately after birth, even if only a little bit?	Yes
(Id10109) Did the baby ever move?	Yes
(Id10110) Did the baby ever breathe?	Yes
(Id10111) Did the baby breathe immediately after birth, even a little?	Yes
(Id10112) Did the baby have a breathing problem?	Yes
(Id10351) How many days old was the baby when the fatal illness started?	2
(Id10408) Before the illness that led to death, was the baby/the child growing normally?	Yes
(Id10120_0) For how many days was (s)he ill before death?	1
(Id10120) Calculated number of Days with illness	1
(Id10123) Did (s)he die suddenly?	Yes
(Id10159) Did (s)he have any difficulty breathing?	Yes
(Id10161_0) For how many days did the difficulty breathing last?	1
(Id10166) During the illness that led to death, did (s)he have fast breathing?	Yes
(Id10167_a) For how many days did the fast breathing last?	1
(Id10168) Did (s)he have breathlessness?	Yes
(Id10169_a) For how many days did (s)he have breathlessness?	1
(Id10172) Did you see the lower chest wall/ribs being pulled in as the child breathed in?	Yes
(Id10272) Did the baby ever suckle in a normal way?	Yes
(Id10290) Did the baby or infant appear to be healthy and then just die suddenly?	Yes
(Id10356) Is the mother still alive?	Yes
(Id10361) Did you/the mother receive professional assistance during the delivery?	Yes
(Id10362) At birth, was the baby of usual size?	No
(Id10363) At birth, was the baby smaller than usual, (weighing under 2.5 kg)?	Yes
(Id10366) What was the weight (in grammes) of the deceased at birth?	1800
(Id10367) How many months long was the pregnancy before the child was born?	8
(Id10368) Were there any complications in the late part of the pregnancy (defined as the last 3 months, before labour)?	Yes
(Id10369) Were there any complications during labour or delivery?	Yes
(Id10376) Was the baby moving in the last few days before the birth?	Yes
(Id10389) Was the delivery a Caesarean section?	Yes
(Id10418) Did (s)he receive any treatment for the illness that led to death?	Yes
(Id10423) Did (s)he receive (or need) injectable antibiotics?	Yes
(Id10428) Did (s)he receive any immunizations?	Yes
(Id10432) Was care sought outside the home while (s)he had this illness?	Yes
(Id10445) Has the deceased's (biological) mother ever been tested for HIV?	Yes
(Id10450) In the final days before death, did s/he travel to a hospital or health facility? [If id10450 is Yes then Id10432	Yes
(Id10451) Did (s)he use motorised transport to get to the hospital or health facility?	Yes
(Id10455) Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?	Yes
(Id10456) In the final days before death, were there any doubts about whether medical care was needed?	Yes
(Id10058) Where did the deceased die?	hospital
(Id10107) Did the baby stop being able to cry?	No
(Id10113) Was the baby given assistance to breathe at birth?	No

VA 8 Male 3 days

INTERNATIONAL FORM OF THE MEDICAL CERTIFICATE OF CAUSE OF DEATH		
	Cause of death	Approximate interval between onset and death
Part I		
Disease or condition directly leading to death*	a) Hyaline membrane disease	
	<i>due to</i>	
Antecedent causes		
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	b)	
	<i>due to</i>	
	c)	
	<i>due to</i>	
	(d)	
Part II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it		
*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.		
FOR WOMEN		
If a female , was she pregnant at the time of death or up to 42 days prior to death?	Yes ___ No ___ Unknown _____	
Did pregnancy contribute to the death	Yes ___ No ___ Unknown _____	
FOR PERINATAL DEATHS		Birthweight (g)
State conditions of the mother that affected the fetus and newborn	Pre eclampsia : CS at 8 months	1800g



VA 8 Male 3 days

<i>Main</i> disease or condition in foetus or infant	Hyaline membrane disease
<i>Other</i> diseases or conditions in foetus or infant	
<i>Main maternal</i> disease or condition affecting foetus or infant	Pre eclampsia
<i>Other maternal</i> diseases or conditions affecting foetus or infant	
Other relevant circumstances	Caesarean Sec at 8 months
Birthweight (g)	1800g



VA 9 FEMALE 2 MONTHS

Narrative

- The mother was pregnant and when she was due, she went to the clinic and a nurse transferred her to the hospital but the person who was in charge told her to go home, as she was not in pain. A month later, she experienced pain and went back. She gave birth by caesar as the baby was big. The baby was a month old because the mother carried her for 10 months. She was not discharged as doctors said she ate stools while she was in her mother's belly, her lungs were damaged, she was fed liquids and was using oxygen after doctors inserted pipes under her ribs to help her breath. It got worse, she had to spend a month and 9 days in the hospital but her condition got worse and more test were done. The mother was informed that the child will be operated, but she passed on before the date. The mother doesn't remember the doctors telling her the cause of death.



VA 9 Female 2 months

(Id10013) [Did the respondent give consent?]	Yes
(Id10008) What is your/the respondent's relationship to the deceased?	parent
(Id10009) Did you/the respondent live with the deceased in the period leading to her/his death?	Yes
(Id10019) What was the sex of the deceased?	female
(Id10020) Is the date of birth known?	Yes
(Id10022) Is the date of death known?	Yes
ageInMonths	2
isChild1	1
(Id10058) Where did the deceased die?	hospital
(Id10408) Before the illness that led to death, was the baby/the child growing normally?	Yes
(id10120_unit) For how long was (s)he ill before death?	Months
(Id10121) Months	2
(Id10147) Did (s)he have a fever?	Doesn't know
(Id10159) Did (s)he have any difficulty breathing?	Yes
(id10161_unit) For how long did the difficult breathing last?	Days
(Id10161_1) [Enter how long the difficult breathing lasted in days]:	1
(Id10165) Was the difficulty continuous or on and off?	on and off
(Id10172) Did you see the lower chest wall/ribs being pulled in as the child breathed in?	No
(Id10173) During the illness that led to death did his/her breathing sound like any of the following:	wheezing
(Id10200) Did (s)he have a more than usually protruding belly (abdomen)?	Doesn't know
(Id10219) Did (s)he have convulsions?	Doesn't know
(Id10271) Was the baby able to suckle or bottle-feed within the first 24 hours after birth?	Yes
(Id10272) Did the baby ever suckle in a normal way?	Yes
(Id10275) Did the baby have convulsions starting within the first 24 hours of life?	Yes
(Id10352_units) How old was the child when the fatal illness started?	Months
(Id10352_a) [Enter how old the child was when the fatal illness started in months]:	2
(Id10356) Is the mother still alive?	Yes
(Id10360) Where was the deceased born?	hospital
(Id10361) Did you/the mother receive professional assistance during the delivery?	Yes
(Id10362) At birth, was the baby of usual size?	Yes
(Id10366) What was the weight (in grammes) of the deceased at birth?	Unknown
(Id10367) How many months long was the pregnancy before the child was born?	10
(Id10370) Was any part of the baby physically abnormal at time of delivery? (for example: body part too	Yes
(Id10372) Did the baby/ child have a very large head at time of birth?	Yes
(Id10394) How many births, including stillbirths, did the baby's mother have before this baby?	2
(Id10418) Did (s)he receive any treatment for the illness that led to death?	Yes
(Id10419) Did (s)he receive oral rehydration salts?	Yes
(Id10421) Did (s)he receive (or need) a blood transfusion?	Yes
(Id10423) Did (s)he receive (or need) injectable antibiotics?	Doesn't know
(Id10428) Did (s)he receive any immunizations?	Yes

VA 9 Female 2 months

INTERNATIONAL FORM OF THE MEDICAL CERTIFICATE OF CAUSE OF DEATH		
	Cause of death	Approximate interval between onset and death
Part I		
Disease or condition directly leading to death*	a) Meconium aspiration pneumonia	
	<i>due to</i>	
Antecedent causes		
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	b)	
	<i>due to</i>	
	c)	
	<i>due to</i>	
	(d)	
Part II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it		
*This does not mean the mode of dying e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.		
FOR WOMEN		
If a female , was she pregnant at the time of death or up to 42 days prior to death?	Yes ___ No ___ Unknown ___	
Did pregnancy contribute to the death	Yes ___ No ___ Unknown ___	
FOR PERINATAL DEATHS		
State conditions of the mother that affected the fetus and newborn	Post term pregnancy	Birthweight (g)

