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SCSL-2003-04-I-013  
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C.R. FORM 4

Republic of Sierra Leone OFFICE OF CHIEF REGISTRATION OF BIRTHS AND DEATHS Medical Certificate of Cause of Death		AUG 21. 2003 NEIL GIBSON Mylin 15.42.		FOR USE BY STATISTICAL OFFICE ONLY	
Full Name of deceased SAM BOCKARIE ALIAS MOSQUITO "MASKITA"		Date of death EARLY MAY 2003		Sex Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Nationality / Tribe SIERRA LEONEAN		Age (in years last birthday) 40 YEARS		If under 24 hours Hours — Minutes —	
Usual Residence (for infant born in institution: Residence of mother before admission) PAYNES VILLE, REPUBLIC OF LIBERIA					
<b>CAUSE OF DEATH</b>					
I Disease of condition directly leading to death* (A) GUNSHOT WOUNDS Due to (or as a consequence of)					
Antecedent causes morbid conditions, if any, giving rise to the above cause, stating the underlying condition last (B) _____ Due to (or as a consequence of)					
Other significant conditions contributing, to death, but not related to the disease or condition causing it (C) _____ MASSIVE HAEMORRHAGE					
Name (Rubber stamp) of institution or name of Medical Doctor with address DR SIMON OWIZ KOROMA CONNAUGHT HOSPITAL FREETOWN		Witness my hand this 2 <sup>ND</sup> day of JUNE 2003 Signature / Date DR. S. O. KOROMA DATE 21/6/03		LABORATORY SERVICES CONNAUGHT HOSPITAL FREETOWN	

"THIS DOES NOT MEAN THE MODE OF DYING E.G HEART FAILURE, ASTHMA, ETC.  
IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH."