



TENNESSEE DEPARTMENT OF HEALTH  
**DELAYED REPORT OF DIAGNOSIS - DEATH**

STATE FILE NUMBER

TYPE/ PRINT  
 IN  
 PERMANENT  
 BLACK INK.

A DELAYED  
 REPORT OF  
 DIAGNOSIS MAY  
 BE FILED IF THE  
 CAUSE OF  
 DEATH CANNOT  
 BE  
 DETERMINED  
 WITHIN 48  
 HOURS.

ALL ITEMS ARE  
 TO BE  
 COMPLETE AND  
 ACCURATE.  
 ITEM NUMBERS  
 ARE SKIPPED  
 SO THAT  
 NUMBERS ARE  
 THE SAME AS  
 ON  
 CERTIFICATE  
 OF DEATH.

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)		2. SEX	3. DATE OF DEATH (Month, Day, Year)		
5a. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months      Days	5c. UNDER 1 DAY Hours      Minutes		6. DATE OF BIRTH (Month, Day, Year)	
8b. FACILITY NAME (If not institution, give street and number)		8c. CITY OR TOWN		8d. COUNTY OF DEATH	
24. REGISTRAR'S SIGNATURE			25. DATE FILED (Month, Day, Year)		
26. CERTIFIER (Check only one): 26a. <b>PHYSICIAN</b> -To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 26b. <b>MEDICAL EXAMINER</b> - On the basis of examination, and/or investigation, in my opinion, death occurred at the date, and place, and due to the cause(s) and manner stated.					
27a. SIGNATURE OF CERTIFIER		27b. LICENSE NUMBER	27c. DATE SIGNED (Month, Day, Year)		
▶		27d. NAME AND ADDRESS			
28. <b>PART I.</b> Enter the <u>chain of events</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of) _____ Sequentially list conditions, if any, leading to the cause listed on line a. Enter the <b>UNDERLYING CAUSE</b> (disease or injury that initiated the events resulting in death) <b>LAST</b> { b. _____ Due to (or as a consequence of): _____ c. _____ Due to (or as a consequence of): _____ d. _____  <b>PART II.</b> <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in PART I.				Approximate interval: Onset to death  _____  _____  _____	
			29a. WAS AN AUTOPSY PERFORMED? Yes      No		
			29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?      Yes      No		
30. MANNER OF DEATH Natural      Homicide Accident      Could not be determined Suicide		31. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes      Probably No      Unknown		32. IF FEMALE: Not pregnant within past year      Not pregnant, but pregnant 43 days to 1 year before death Pregnant at time of death Not pregnant, but pregnant within 42 days of death      Unknown if pregnant within the past year	
33. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Passenger Pedestrian Other (Specify) _____		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? Yes      No	34d. PLACE OF INJURY –at home, farm, street, factory, office, building, etc. (Specify)
34e. DESCRIBE HOW INJURY OCCURRED			34f. LOCATION OF INJURY (Street and Number, City or Town, State)		