Home Record

First name: ___________________  Middle name: ___________________  Last name: ___________________

Date of Death*

Month: ___________  Day: ___________  Year: ___________

Agency-based case identifier: ______________

How was this death identified? (Primary source)*:

☐ Coroner/Medical Examiner
☐ Obstetric ICD codes from death certificate
☐ Pregnancy checkbox on death certificate
☐ Record linkage of death and birth/fetal death certificates
☐ Record linkage of death certificate and hospital discharge data
☐ Facility
☐ Obituary
☐ Social Media
☐ Other
☐ Unknown

Specify other or additional sources: ______________

Primary Abstractor: ______________