Georgia Department of Public Health

SUPPLEMENTAL DEATH • (REVISED 09/2017)

Enter the chain of events-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. DO NOT ABBREVIATE. Enter only one cause on a line:

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: DECEDENT'S INFORMATION

STATE FILE NUMBER		DATE (MONTH, DAY, YEAR)	
DECEDENT'S FIRST NAME	MIDDLE NAME	LAST NAME	GENERATION (JR., II, III, ETC.)
DATE OF DEATH (MONTH, DAY, YEAR)		COUNTY OF DEATH	

Section 2: CAUSE OF DEATH PART 1

A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH)	APPROXIMATE INTERVAL: ONSET TO DEATH
B. DUE TO (OR AS A CONSEQUENCE OF)	APPROXIMATE INTERVAL: ONSET TO DEATH
C. DUE TO (OR AS A CONSEQUENCE OF)	APPROXIMATE INTERVAL: ONSET TO DEATH
D. DUE TO (OR AS A CONSEQUENCE OF)	APPROXIMATE INTERVAL: ONSET TO DEATH

Section 3: CAUSE OF DEATH PART 2

❑ Alzheimer's Disease
❑ Asthma
❑ Blood Alcohol Content (BAC Value)
_____
❑ Dementia
❑ Diabetes
❑ Hypertension
❑ Obesity
❑ Prescription Drug (Opioid) Overdose
❑ Other_____

_____

_____

ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART1:

_____

_____

Section 4: MANNER OF DEATH/AUTOPSY INFORMATION

MANNER OF DEATH		AUTOPSY INFORMATION	
❑ Accident ❑ Could not be determined ❑ Homicide ❑ Natural ❑ Pending Investigation ❑ Suicide	CORONER CONTACTED ❑ Yes ❑ No ❑ Probably	Was an autopsy performed? ❑ Yes ❑ No ❑ Unknown	Were autopsy findings available to complete cause of death? ❑ Yes ❑ No ❑ Unknown

DID TOBACCO USE CONTRIBUTE TO DEATH?	IF FEMALE AGED (10-54) PREGNANT	
❑ Yes ❑ No ❑ Probably ❑ Unknown	❑ Not pregnant within the past year ❑ Pregnant at time of death ❑ Not pregnant, but pregnant within 42 days of death	❑ Not pregnant, but pregnant within 43 days to one year ❑ Not applicable ❑ Unknown if pregnant within the past year

PLEASE ADDRESS ALL CORRESPONDENCE TO THE ADDRESS BELOW.
STATE OFFICE OF VITAL RECORDS | 1680 PHOENIX BLVD. SUITE 100, ATLANTA, GA 30349 | PHONE 404.679.4702

Section 5: INJURY INFORMATION

DATE AND TIME OF INJURY

ANY INJURY INFORMATION TO REPORT
- ❑ Yes
- ❑ No
- ❑ Unknown

DATE OF INJURY (MONTH, DAY, YEAR)	TIME OF INJURY	AM/PM

DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLES INVOLVED.

_____

_____

WAS INJURY RELATED TO A TRANSPORTATION INJURY ACCIDENT?	DECEDENT'S ROLE IN TRANSPORTATION INJURY:
❑ Yes ❑ No ❑ Unknown	❑ Driver/Operator ❑ Passenger ❑ Pedestrian ❑ Other (Specify): _____

PLACE OF INJURY

PLACE WHERE INJURY OCCURRED

INJURY AT WORK
- ❑ Yes
- ❑ No
- ❑ Unknown

ADDRESS (STREET NAME & NUMBER, CITY, STATE, ZIP CODE, & COUNTY)

Section 6: SAFETY DEVICE(S)

WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY?
- ❑ Seatbelt
- ❑ Child Safety Seat
- ❑ Helmet
- ❑ Airbag
- ❑ None
- ❑ Unknown

Section 7: CERTIFIER

CERTIFIER'S TYPE (E.G. PHYSICIAN, CORONER, ETC.)	CERTIFIER'S NAME	CERTIFIER'S OFFICE NAME

ADDRESS (STREET NAME & NUMBER, CITY, STATE, ZIP CODE, & COUNTY)

CERTIFIER'S SIGNATURE

DATE CERTIFIER SIGNED	WHO WILL BE HANDLING DISPOSITION?

Note: Please scan or email a completed copy of this form to: dph-vrdeath.correction@dph.ga.gov or 770-909-5381.