

Add Certificates: C:\mmdswork\2003tests\Data\TEST001.dbf

Certificate: 000001 Sex:  Date of Death: / 2002  
Age:  Unit:  State of Death: NC

|     | Conditions Causing Death | Duration             |
|-----|--------------------------|----------------------|
| Ia: | <input type="text"/>     | <input type="text"/> |
| Ib: | <input type="text"/>     | <input type="text"/> |
| Ic: | <input type="text"/>     | <input type="text"/> |
| Id: | <input type="text"/>     | <input type="text"/> |
| II: | <input type="text"/>     |                      |

Was an Autopsy Performed?:  Were Autopsy Findings Available?:  Tobacco Use Contribute to Death?:   
Pregnancy:  Manner of Death:  Date of Surgery: //  Activity Code:

Date of Injury: //  Time of Injury: :   (AM/PM/Military) Injury at Work?:

Place of Injury:  

Injury Description:

Transportation Injury, Specify:  [Alt-F1 - Key Help](#)

Certifier:  State-Specific Data: