



MOD-83-0000344-A

**Republic of Iraq**  
**Ministry of Health; Health and Life Statistics Section; Death Certificate;**  
**Certificate NO. 210782**  
**Date of issue: 10/5/2003**

**Number of ration card**  
**6216**

1. Name and surname of the deceased: Ahmad Al-Muhammadawi
2. Gender: Male
3. Nationality: Iraqi
4. Religion: Muslim
5. Occupation: Freelance worker
  
6. Marital status: xxx
7. Date of birth: 5/6/1987
8. Place of birth: (illegible) town, Governorate of Basra
9. Permanent domicile: Alhussain (sic) neighbourhood, (illegible) town, Governorate of Basra
10. Place of death: xxx
11. Date of death: xxx

12. Name of father of the deceased: [REDACTED]
13. Name of mother of the deceased: [REDACTED]
14. Name of informant of the death: [REDACTED]
15. Relationship to the deceased: uncle of the deceased
16. Address: [REDACTED]

**17. Medical death certificate**

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|---|--|
| (1) Disease or state immediately leading to the death, the ailments (if any) leading to the above cause, stating the original cause in the end. | (A) drowning incident (caused by or resulting in its aftermath)        |
|   | (B) Death Certificate organised due to forensic medicine not available |

(2) Other significant conditions that also caused death to happen that is not linked to disease or the condition that caused the death.....

If the deceased woman was in a fertility age (15-46), one of the following boxes must be marked:

The death occurred: during pregnancy; while giving birth; post-birth period

18. The death took place at home; the hospital; other place X

19. I certify that the death took place as a result of the reasons mentioned above.

Name of physician: Nadeem Raheem (signature)

Place where the doctor works: Basra General Hospital

20. Forensic medicine certificate (to be filled and signed by the forensic physician.  
I, the signee hereunder, doctor ..... physician at (crossed) have performed a biopsy on the body of the deceased (crossed), sent to us by (crossed) in accordance with the attached form (crossed) dated on (crossed), at (crossed) and found that the cause of death (crossed), signature of the physician (crossed) stamp of the forensic clinic (crossed)
21. Information restricted to the department of Nationality and Civil Status (to be obtained from the identification card);  
registry number: 1401, page number 52; governorate: Basra;  
identification card number 925567 to be attached to the certificate

Note: The mark (x) is to appear at (illegible)

1. Copy to Civil Status Department
2. Copy to related persons
3. Copy of the certificate organiser