

Appendix 1 (as supplied by the authors): Medical Certificate of Death and Death Registration Form Comparison Chart

*Note that a 'Y' indicates that the province or territory asked about that element *somewhere*, whether in the medical certificate of death, the death registration form, or both.

**There is no column for Saskatchewan because its Vital Statistics Registrar declined to provide samples.

***Legend:

AB: Alberta

BC: British Columbia

MB: Manitoba

NB: New Brunswick

NFLD: Newfoundland and Labrador

NWT: Northwest Territories

NS: Nova Scotia

NU: Nunavut

ON: Ontario

QC: Québec

YK: Yukon Territory

Administrative Numbers

	AB	BC	MB	NB	NF LD	NWT	NS	NU	ON	PEI	QC	YT
Administrative Numbers	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Document Control Number	N	Y	N	N	N	N	N	N	N	N	N	N
Registration Number	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y
Hospital/Facility Code Number	N	N	N	N	Y	N	N	N	Y	N	Y	N
Chart #	N	N	N	N	Y	N	N	N	N	N	N	N
Provincial Health Card Number	Y	Y	Y	Y	Y	N	Y	N	N	Y	Y	N
Pending Registration Number (Division Registrar Use Only)	N	N	N	N	N	N	Y	N	N	N	N	N
Social Insurance Number	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N	Y
Amendment Number	Y	N	N	N	N	N	N	N	N	N	N	N
Service Request Number	Y	N	N	N	N	N	N	N	N	N	N	N
Pre-Registration Number	Y	N	N	N	N	N	N	N	N	N	N	N
Driver's License Number	Y	N	N	N	N	N	N	N	N	N	N	N

Appendix to: Downie J, Oliver K. Medical certificates of death: First principles and established practices provide answers to new questions. *CMAJ* 2015. DOI:10.1503/cmaj.151130. Copyright © 2016 The Author(s) or their employer(s).

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Mailing Address & Postal Code	N	N	N	N	N	N	N	N	N	N	N	Y
Previous Residence	N	N	N	N	N	N	N	N	N	N	N	Y
Years	N	N	N	N	N	N	N	N	N	N	N	Y
Aboriginal?	N	Y	N	N	N	N	N	N	N	N	N	N
Yes	N	Y	N	N	N	N	N	N	N	N	N	N
No	N	Y	N	N	N	N	N	N	N	N	N	N
If yes, did deceased live on reserve?	N	Y	N	N	N	N	N	N	N	N	N	N
Yes	N	Y	N	N	N	N	N	N	N	N	N	N
No	N	Y	N	N	N	N	N	N	N	N	N	N
Language Used at Home	N	N	N	N	N	N	N	N	N	N	Y	N
French	N	N	N	N	N	N	N	N	N	N	Y	N
English	N	N	N	N	N	N	N	N	N	N	Y	N
Other (specify)	N	N	N	N	N	N	N	N	N	N	Y	N
Occupation	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	Y
Kind of work done during most of working life	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y
(DO NOT INDICATE RETIRED)	N	N	N	Y	N	N	N	N	N	N	N	N
Years	N	Y	N	N	N	N	N	N	N	N	N	Y
Kind of business or industry in which worked	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y
Birthdate	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Month (by name), day, year of birth	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Age	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Age (years)	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
If under 1 year: (months)	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
(days)	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
If under 1 day: (hours)	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
(minutes)	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
If age less than 7 days, give birth weights in grams	N	N	N	N	N	N	N	N	N	N	Y	N
Age _____ Year(s); month(s); day(s); hour(s); minutes(s)	N	N	N	Y	N	N	N	N	N	N	N	N

of spouse (birth name of spouse if relevant)													
Name of spouse of deceased	N	N	N	N	N	N	N	N	N	N	N	Y	N
If the deceased was married, indicate the age of her/his spouse	N	N	N	N	N	N	N	N	N	N	N	Y	N
Give full name of husband or full maiden name of wife	N	N	Y	N	N	N	N	N	N	N	N	N	N
Spouse's Legal Last Name (if male) or Legal Maiden Last name (If female)/Full Legal Given Names	Y	N	N	N	N	N	N	N	N	N	N	N	N

Place of Death

	AB	BC	MB	NB	NF LD	NWT	NS	NU	ON	PEI	QC	YT
Place of Death	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Name of hospital/institution/facility/location establishment/locality/community/other place of death	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Type of Establishment - where death occurred	N	N	N	Y	N	N	N	N	N	N	N	N
Hospital	N	Y	N	N	Y	N	Y	N	Y	N	N	N
Hospital (in-patient)	N	N	N	Y	N	N	N	N	N	N	N	N
Hospital (ER/outpatient)	N	N	N	Y	N	N	N	N	N	N	N	N
Hospital (DOA)	N	N	N	Y	N	N	N	N	N	N	N	N
Correctional Centre	N	N	N	Y	N	N	N	N	N	N	N	N
Other Health Care Facility	N	N	N	N	Y	N	Y	N	N	N	N	N

Nursing Home	N	Y	N	Y	N	N	N	N	Y	N	N	N
Assisted Living	N	Y	N	N	N	N	N	N	N	N	N	N
Palliative Care Unit	N	Y	N	N	N	N	N	N	N	N	N	N
Street	N	Y	N	N	N	N	N	N	N	N	N	N
Died at Private Residence	N	N	N	N	Y	N	N	N	Y	N	N	N
At Home	N	Y	N	Y	N	N	N	N	N	N	N	N
Other (specify)	N	Y	N	Y	Y	N	Y	N	Y	N	N	N
Unknown	N	N	N	N	Y	N	N	N	N	N	N	N
Address	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Street number and street	N	N	N	N	N	N	N	N	N	N	Y	N
City	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y
Town	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y
Village	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y
Municipality	N	N	N	N	Y	N	N	N	Y	N	Y	N
Rural (give section, township, range, LGD)	N	N	Y	N	N	N	N	N	N	N	N	N
Other place	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
County	N	N	N	N	N	N	N	N	Y	Y	N	N
Province	N	N	N	N	N	N	N	N	N	N	Y	N
Country	N	N	N	N	N	N	N	N	N	N	Y	N
Postal Code	N	Y	N	N	N	N	Y	N	N	Y	Y	N
District	N	N	N	N	N	N	N	Y	Y	N	N	N

Parental Information

	AB	BC	MB	NB	NF LD	NWT	NS	NU	ON	PEI	QC	YT
Parental Information	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y ¹
Parent	N	N	N	N	N	N	N	N	N	N	N	Y
Parent 1	N	N	N	N	N	N	N	N	N	Y	N	N
Father or other parent:												
Father/Parent	N	N	Y	N	N	N	N	N	N	N	N	N
Father	Y	Y	Y	Y	N	N	N	Y	Y	N	Y	N
Surname (at birth) and given names of Parent 1	N	N	N	N	N	N	N	N	N	Y	N	N
Surname and given names	N	N	N	Y	N	N	Y	N	N	N	N	N

¹ Yukon lists four "Parents" and asks for their names and birthplace

Surname of Parent	N	N	N	N	N	N	N	N	N	N	N	Y
Surname at Birth of Father or Other Parent	N	N	N	N	N	Y	N	N	N	N	N	N
Surname and Given Names of Father/Other Parent	N	N	N	N	Y	N	N	N	N	N	N	N
Surname of Father	N	N	N	N	N	N	N	Y	N	N	N	N
Legal Last Name/Full legal Given Names	Y	N	N	N	N	N	N	N	N	N	N	N
Surname and Given Names of Father	N	Y	N	N	N	N	N	N	Y	N	N	N
Last name and given names	N	N	Y	N	N	N	N	N	N	N	N	N
Father's name (last, first)	N	N	N	N	N	N	N	N	Y	N	Y	N
OR name according to cultural/ethnic/religious heritage)	N	N	N	Y	N	N	N	N	N	N	N	N
All Given Names (In Full)	N	N	N	Y	N	Y	N	Y	N	N	N	Y
Birthplace	Y	Y	Y	N	N	N	Y	N	Y	Y	N	Y
City	Y	Y	Y	N	N	Y	Y	Y	Y	Y	N	Y
Town	Y	N	N	N	Y	Y	N	Y	N	N	N	Y
Community	N	N	N	Y	N	N	N	N	N	N	N	N
Village	Y	N	N	N	N	N	N	N	N	N	N	N
Place	N	N	Y	N	N	Y	N	Y	N	N	N	Y
Province	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
Territory	N	N	N	N	N	Y	N	Y	N	N	N	Y
State	N	N	N	Y	N	N	N	N	N	N	N	N
Country	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y
Parent	N	N	N	N	N	N	N	N	N	N	N	Y
Parent 2	N	N	N	N	N	N	N	N	N	Y	N	N
Mother/Parent	N	N	Y	N	N	N	N	N	N	N	N	N
Mother	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N
Surname (at birth) and given names of parent 2	N	N	N	N	N	N	N	N	N	Y	N	N
Surname of Parent	N	N	N	N	N	N	N	N	N	N	N	Y
Surname at Birth of Mother	N	N	N	N	N	Y	N	N	N	N	N	N

Funeral Director/Planner /Home Information	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Name of Funeral Director/Planner /Funeral Home Representative/Person in Charge of Remains	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Name of Funeral Home/Cemetery/Crematorium/Other Place of Disposition	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Address of Funeral Director/Planner /Person in charge of Remains	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y
Address of Funeral Home/Cemetery/Crematorium/Other Place of Disposition (Street, city, province, country)	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y
Signature of funeral director	N	N	N	Y	N	N	N	N	Y	N	Y	N
Client No.	N	Y	N	N	N	N	N	N	N	N	N	N
Business Code Number	N	N	N	N	N	N	N	N	Y	N	N	N
Telephone number	N	Y	N	N	N	N	Y	N	N	N	N	N
Facsimile number	N	Y	Y	N	N	N	N	N	N	N	N	N
E-mail address	N	N	N	N	N	N	Y	N	N	N	N	N
Postal Code	N	Y	N	N	Y	N	Y	N	N	N	Y	N
Remarks	N	N	N	N	Y	N	N	N	N	N	N	N
Notations	N	Y	N	N	N	N	N	N	N	N	N	Y
Released To	N	Y	N	N	N	N	N	N	N	N	N	N
Name of Funeral Home	N	Y	N	N	N	N	N	N	N	N	N	N
Phone number	N	Y	N	N	N	N	N	N	N	N	N	N

Division Registrar Information

	AB	BC	MB	NB	NF LD	NWT	NS	NU	ON	PEI	QC	YT
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Division Registrar	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
To be completed by the Division Registrar	N	N	N	N	N	N	N	N	Y	N	N	Y
Certification of the Registrar General/Vital Statistics Registrar	Y	Y	N	Y	N	N	N	N	N	N	N	N
Name of physician/coroner who pronounced death	N	N	N	N	N	N	N	N	Y	N	N	N
Name of Person who Issued Burial Permit	N	N	N	N	N	N	N	N	Y	N	N	N
Place of issue	N	N	N	N	N	N	N	N	Y	N	N	N
Date issued	N	N	N	N	N	N	N	N	Y	N	N	N
I certify that this return was accepted by me on this date: _____ at: _____	Y	Y	N	N	N	N	Y	N	N	Y	N	Y
I certify that this return was accepted by me on this date: _____	N	N	N	Y	N	Y	N	Y	N	N	N	N
By signing below, I am satisfied that the information in the Medical Certificate of Death and this Statement of Death is correct and sufficient and I agree to register the death	N	N	N	N	N	N	N	N	Y	N	N	N
Date (month (by name), day, year)	N	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y
Signature (of District Registrar/Registrar General/Event Registrar/Hospit	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	Y

(not directly leading to death)												
Mechanism of injury	N	Y	N	N	N	N	N	N	N	N	N	N

Other Medical Particulars

	AB	BC	MB	NB	NF LD	NWT	NS	NU	ON	PEI	QC	YT
Other Medical Particulars	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was this death due to a medical termination of pregnancy?	N	N	N	N	Y	N	N	N	N	N	N	N
If a woman, did death occur either during a pregnancy or within 90 days following termination of pregnancy?	Y	N	N	N	N	N	N	N	N	N	N	N
If deceased a woman/female, did the death occur:	N	Y	Y	N	Y	N	Y	N	Y	Y	Y	N
If a woman has died as a result of complications of pregnancy, indicated if death occurred:	N	N	N	Y	N	N	N	N	N	N	N	N
During pregnancy	N	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N
Within 42 days thereafter/following termination of Pregnancy/postpartum	N	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N
Between 43 days and a year thereafter/following termination of pregnancy/postpartum	N	Y	Y	Y	Y	N	Y	N	Y	Y	N	N
Recent Surgery (28 days or less prior to death)	N	Y	N	N	N	N	N	N	Y	N	N	N

conditions sont énumérées au verso de la page 2.												
Designation:	N	N	Y	N	Y	Y	N	Y	Y	Y	Y	Y
(Attending) medical practitioner	N	N	N	Y	Y	N	N	N	N	Y	Y	N
(Attending) physician	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y
Coroner	N	N	N	Y	Y	Y		Y	Y	Y	N	Y
Medical Examiner	N	N	Y	N	N	N	Y	N	N	N	N	N
Nurse Practitioner/ Registered Nurse/Licensed Practical Nurse	N	N	Y	N	N	N	Y	N	Y	N	N	N
Event Registrar with Physician Authorization	N	N	Y	N	N	N	N	N	N	N	N	N
Other	N	N	N	N	N	N	Y	N	N	Y	N	N
Other (specify)	N	N	Y	N	Y	Y	N	Y	Y	N	Y	Y
Date signed: Month (by name), day, year	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Time signed	N	N	Y	N	N	N	N	N	N	N	N	N
Name of physician/medical practitioner/coroner/medical examiner/nurse practitioner/registered nurse/licensed practical nurse /event registrar /other person	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Address of physician/medical practitioner/coroner/medical examiner/nurse practitioner/registered nurse/licensed practical nurse /event registrar /other person	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
PO Box	Y	N	N	N	N	N	Y	N	N	N	N	N

Street number	Y	N	N	N	N	N	N	N	Y	N	Y	N
Street	Y	N	N	N	N	N	N	N	Y	N	Y	N
Municipality	N	N	N	N	N	N	N	N	N	N	Y	N
City	Y	N	N	N	N	N	Y	N	Y	N	N	N
Town	Y	N	N	N	N	N	Y	N	N	N	N	N
Village	Y	N	N	N	N	N	Y	N	N	N	N	N
Province	Y	N	N	N	N	N	Y	N	Y	N	Y	N
Postal Code	Y	Y	N	N	N	N	Y	N	Y	N	Y	N
E-mail address	N	N	N	N	N	N	Y	N	N	N	N	N
License/Registration number	N	N	N	N	N	N	Y	N	N	N	Y	N
MSP Billing Number (MANDATORY)	N	Y	N	N	N	N	N	N	N	N	N	N
I viewed the body after death	Y	Y	N	N	N	N	N	N	N	N	N	N
Yes	Y	Y	N	N	N	N	N	N	N	N	N	N
No	Y	Y	N	N	N	N	N	N	N	N	N	N
I attended the deceased for the final illness on (month (by name), day year)	N	Y	N	N	N	N	N	N	N	N	N	N
I last attended the deceased for the final illness on (month name, day year)	Y	N	N	N	N	N	N	N	N	N	N	N
Phone number (with area code)	Y	Y	N	N	N	N	Y	N	N	N	N	N
Notations	N	N	N	N	N	Y	N	Y	N	N	N	N

****Note that AB and BC have a separate medical certificate of death form for medical examiners/coroners. The above chart includes the elements from the physician medical certificate of death. In AB's form, every element in both the physician and the medical examiner form is the same except for two parts. For one, in the manner of death section, rather than saying that if not natural, a medical examiner must be notified, it says:

1. If accident, suicide, homicide, unclassified, undetermined, or pending investigation (specify)
2. Place of injury/incident (e.g., home, farm, highway, work site)
3. Date of injury/incident (month name, day, year)
4. Describe circumstances of injury/incident

For two, it excludes the question about the date when the attendant last attended the deceased.

In BC's form, again it is mostly the same except for a couple of things. For one, rather than asking if the death was simply natural and if the case was discussed with the coroner, the manner of death consists of asking whether the death was natural, suicide, accident, undetermined, homicide, pending investigation. Moreover, the form asks the coroner about the place and date of injury only within a specific section called

"Accident/Homicide/Suicide details". This section asks:

1. Place of injury (exact location and type of place)
2. Date of injury Month (by name), day year
3. MVI: Driver, passenger, unknown, pedestrian, cyclist, other
4. Transport mode (e.g., car, truck, motorcycle, bus, etc.);
5. Details: collision, struck fixed object, rollover, struck animal, other _____
6. Safety factors: no seatbelt, speed, no helmet, other _____
7. 3rd party factors (not the deceased): alcohol, drugs, other _____
8. Overdose (include names of all substances)
9. Other accident or violence details: