

Form No. 10

THE CALCUTTA MUNICIPAL CORPORATION
HEALTH DEPARTMENT



No. 146950

CERTIFICATE OF DEATH

as per format under Section-12; Section-17 of the Registration of Births and Deaths Act, 1909.

This is to certify that the following information has been taken from the original record of death which is in the Register for.....

..... *Mugai* *Chand* *E. ll.* *G. C. N.*
under The Calcutta Municipal Corporation (Local Area).

Registration No. *506*

Name. *Kale Chand Saha*

Nationality. *I. H.*

Sex. *m* Age. *55* Years

Son/Wife of. *Sh. Aman Chand Saha*

Date of death. *27-2-95* Date of Registration. *28-2-95*

Place of Death (Full Address). *Gurun Tegh Bahadur Medical*

..... *Sevra* *J. R. C.* *cd 27*

Residence.

..... *107 A. A. Regent-Park* *cd 40*

Prepared by. *KS*

Head Assistant. *KS*

Dated. *13-4-95*

Signature of the Registering Authority

[Signature]
Birth & Death
Bo. VIII & IX

Note-In the case of Death no disclosure regarding the 'cause of death' as entered in the register is to be made (under Sub-Section 17 (1) of RBD Act, 1909)