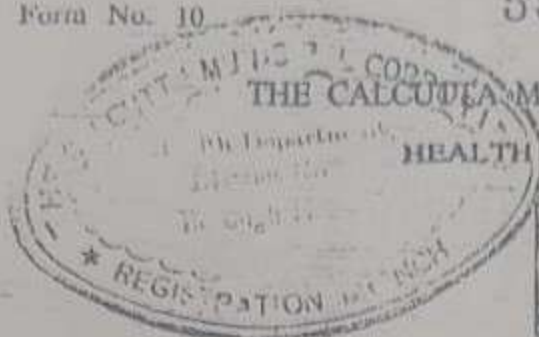




THE CALCUTTA MUNICIPAL CORPORATION
HEALTH DEPARTMENT



CERTIFICATE OF DEATH

As per format under Section 12|Section 17 of the Registration of Births and Deaths Act, 1969.

This is to certify that the following information has been taken from the original record of death which is in the Register for *Nimata Electric Co. (1)*.

..... under the Calcutta Municipal Corporation :
(local area)

Name *Sailendra Bhawan Chatterjee* Sex *Male*

Date of death *6.7.91* Age *65 yrs*

Name of Mother|Father|Husband of the deceased *y*

Place of death (Full Address) *N.R.S. M.C. Hosp.*
Cal-14

Registration No. *218* Date of Registration *6.7.91*

Signature of issuing authority *PSH*

Date *7.8.91* District Health Officer-I
The Calcutta Municipal Corporation

Prepared by *for*

Head Asstt. *CR*