

Form No.-10

# THE CALCUTTA MUNICIPAL CORPORATION HEALTH DEPARTMENT

5, S.N. Banerjee Road, Calcutta-700 013



No. 0231064

## CERTIFICATE OF DEATH

Issued under Section-12/ Section-17 of the Registration of Births and Deaths Act, 1969.

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

**C.M.H.O. SPL. REGISTRATION.**

under The Calcutta Municipal Corporation (Local Area).

Name **SIPRA MITRA**

Sex **Female**

Wife of **Shyama Charan Mitra**

Date of death **19/04/2001** Date of Regn. **31/05/2001** Registration No. **6837**

Place of death (full address)

**S.S.K.M. Hospital. Cal.**

Permanent Address

**Natun Para, Chandannagar,  
Hooghly.**

Prepared by **BC (comp\_D1)**

Date **31/05/2001**

Signature of the Issuing Authority

*[Handwritten Signature]*  
31.5.2001

**Registrar**

**Birth & Death**

**C.M.C. Health Dept**