



THE CALCUTTA MUNICIPAL CORPORATION
HEALTH DEPARTMENT



No. 39729

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.....

Garla Adimashmashan

under The Calcutta Municipal Corporation (Local Area).

Registration No. *E/124/0.T/1*

Name *Sri. Nitya / Capital Das*

Nationality *Indian*

Sex *M*

Age *65* Years

Son/Wife of *Late. Purna Chandra Das*

Date of death *30-4-95* Date of Registration *30-4-95 at 10-35 P.M.*

Place of Death (Full Address) *Vill. Kalitala, Larkarpur, P.O.*

Larkarpur Dist- 24 Parganas (S)

Residence *Do*

Prepared by.....

Head Assistant.....

Dated *30-4-95*

Sub-Registrar

Garla Adi Mashmashan

C. M. C. Br. XI
Signature of the Issuing Authority

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, 1969)

C. P.—278—6-12-94—50,000