

Form No. 10

URGENT

2890
THE CALCUTTA MUNICIPAL CORPORATION ORDINARY
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 *Cossipore Electric Co. (OT)*

.....under the Calcutta Municipal Corporation :

(local area)

Narendra Chandra
Name.....*Mukherjee*.....Sex.....*M*.....

Date of death.....*26-7-91*.....Age.....*about 67 yrs*

Name of Mother|Father|Husband of the deceased.....*Late Jada Chandra Mukherjee*

Place of death (Full Address).....*19, Udaipur Road*.....

.....*Calcutta-700049*.....

Registration No.....*528*.....Date of Registration.....*26-7-91*.....

Signature of issuing authority.....*[Signature]*.....
Health Officer, Cossipore

Date.....*28-8-91*.....
Calcutta Municipal Corporation

Prepared by.....*[Signature]*.....

Head Asstt.....*Supervisor*.....
COSSIPUR HEALTH

C. P.—69—12-6-91—30,000.