National Health Mission
Department of Health & Family Welfare
Government of Himachal Pradesh

Annexure 5: Block Level MDR Register for All Women's Death (15-49 years)

(Fill in one register for every month)

Name of Block PHC _____ **Block** _____
District _____ **State** _____
Month _____ **Year** _____

Sr. No.	Name of Deceased	Age	Date of Death	Address	Husband's Name	Cause of Death (Tick √)		Name Designation of Primary Informant (Annex 6)	Date of Field Investigation	If died to maternal causes, specify reasons	Action Taken
						Maternal	Non-Maternal				

Signature and Date of MO In-charge of the Block PHC: