

THE CALCUTTA MUNICIPAL CORPORATION
HEALTH DEPARTMENT

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

0312156



Form No. 6

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

M.G.E.C. (T)

under The Calcutta Municipal Corporation (Local Area).

Name **LAXSHMI MITRA**

Sex **FEMALE**

Date of death **17/11/1986** Date of Regn. **17/11/1986** Registration No. **778**

Place of death (full address)
**M R BANGUR HOSPITAL
KOLKATA, W.B.**

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Prepared by DC - 1

Date **22/08/2002**

**Registrar
Birth & Death
M.C. Health Dept.**

Signature of the Issuing Authority