



THE CORPORATION OF CALCUTTA



URGENT

Serial N 2178

Extract from the Register of Deaths of *Mysoreguda Electric Premises (r)*

Serial N	Nationality, Religion, Caste (if any)	Name	Sex	Age	Profession	Cause of death	Name of medical attendant	Residence at the time of death	Residence previous to last illness	Signature, description and residence of informant	When registered	Signature of Registrar	REMARKS
965	Indian Hindu	Saraju Bala Chatterjee (Mrs.) Bala Chatterjee (Sinh)	F	70 yr	Housewife	ca Failure due to massive Myocardial Infarction - (certified)	Dr. H. K. Sen	23 Moore Avenue 33552 Calcutta	as above	Sudanta Banerjee (brother-in-law - family) 10 Bisnopalghata Rd Cal 26	26.5.59	A. Banerjee	

Certified to be a true extract.

Prepared by



Checked by

Head Clerk  
Registration Branch  
Health Department  
The Corporation of Calcutta.

Dr. K. B. S.  
Deputy Health Registrar

Deputy, M.B., B.S., D.P.H.,  
Officer and Deputy Chief  
of Births and Deaths, Calcutta

Dr. S. K. Choudhuri M.B.B.S., D.P.H.  
Health Officer and Chief Registrar  
of Births and Deaths, Calcutta

CERTIFIED COPY  
Pursuant to the Births and



DEATHS REGISTRATION Act 1953  
OF AN ENTRY  
Deaths Registration Act 1953

DEATH

Entry 110  
Number

Administrative area  
London Borough of Lewisham

Registered Name  
Sudhanshu  
Chaudhary

Age and place of birth

Twenty-ninth April 1957  
Lewisham Hospital Lewisham

1. Name and surname

Sudhanshu CHAUDHARY

3. Sex female

4. Maiden surname  
of woman who  
has married

5. Date and place of birth  
26th January 1926 India

6. Occupation and usual address  
Medical Practitioner (Retired)  
179 Wood Yates Road Lee SE12

7. (a) Name and surname of informant

Sudhanshu SEN

(b) Qualification  
Sister  
Present at the death

(c) Usual address

141 Manor Road Littleover Derby Derbyshire

1. Cause of death

I(a) Septicaemia  
(b) Urinary Tract Infection

II. Diabetes Mellitus Severe Ischaemic  
heart disease Renal Failure

Certified by L R Saker MB

9. I certify that the particulars given by me above are true to the best of my knowledge and belief.

Sudhanshu SEN

Signature  
of informant

10. Date of registration  
First May 1997

11. Signature of registrar  
Rosemarie Lanes Registrar

I certify to be a true copy of an entry in a register in my custody.

*Rosemarie Lanes*  
Registrar

I hereby certify that this is a true and correct  
copy of the original document  
without addition or abridgement  
produced to me at 20 Low Pavement  
in the City of Nottingham this 3rd  
day of October 1997

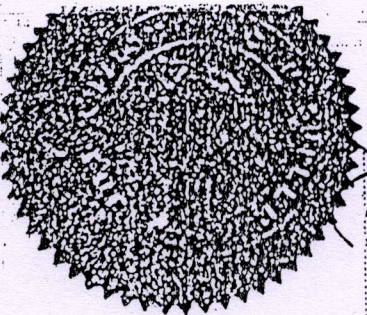
Notary Public

Date

IAL 251973

CN Oullen  
Notary Public in and for  
Nottingham, England

*CN Oullen*



Form No. 10

THER CALCUTTA MUNICIPAL CORPORATION  
HEALTH DEPARTMENT

No 016011



**REGISTERED COPY**  
**1. GEN. & D. 42**

**C E R T I F I C A T E O F D E A T H**

As per format under Section-12|Section-17 of the Registration of Births and Deaths Act, 1962

This is to certify that the following information has been taken from the official record of Birth which is in the Register for.....  
**CITY BORINGO BOARD**  
**P. E. URB. C. M. C.**

under the Calcutta Municipal Corporation (Local Acts)

Registration No. **12201TEU6**

Name **SAKTI KUMAR CHAUDHURI**

Sex..... **MAL**

Signature of Late **Ramesh Chandra** ..... **07-12-97**

date of death **07-12-97** Date of Registration .....

Place of Death (Full Address) **23, Moore Avenue** .....

**Calcutta 700040.**

Residence .....

Prepared by **S. K. Ghosh** .....

Head Assistant **07-12-97** .....

Dated .....

**Prakalpa**

**SUB-REGISTER**

Signature of the Licensing Authority

Note - In the case of Death no disclosure regarding the cause of death is entered in the register  
to be made (under Sub-Section 17(1) of BBD Act '60) **CITY BORINGO BOARD**

C. P. 925-18-11-96-50,000.

**P. E. URB. C. M. C.**

THE KOLKATA MUNICIPAL CORPORATION  
Health Department



6822



Form No. - 6

(See Rule 9, W.B. Birth & Death Registration Rules)

DEATH CERTIFICATE

(Issued under Section 1277 of R.B.D. Act 1969)

Prinings Ghar  
in Br. XIII

This is to certify that the following information has been taken from the original record of death which is the register for (Local Area) Prinings Ghar under Kolkata Municipal Corporation District Kolkata of State West Bengal.

Name : Tapadhara Choudhury  
Name of Father/ Mother/Husband : Late Shakti Kumar Choudhury  
Address : 23 Moore Avenue, P.S. Regent Park, Kolkata-700040  
Sex : Female  
Date of Death : 27-4-2005  
Place of Death : 23, Moore Avenue, P.S. Regent Park, Kolkata-700040.  
Registration No. : 824/T/05  
Date of Registration : 27.4.05

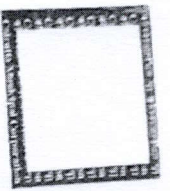
*for Chatterjee*

Signature Sud-Registral  
Issuing authority  
City Sealing Ghar  
S. S. Das Br. XIII

Date : 27.4.05

No Disclosure shall be made of particulars regarding the cause of death as entered in the Register. See proviso to Section 17(1).

**KOLKATA MUNICIPAL CORPORATION**  
**HEALTH DEPARTMENT**  
S. S. N. Banerjee Road, Kolkata- 700 013.



No. 0059029

**FORM 6**  
**DEATH CERTIFICATE**

(Issued under section 12/ section 17 of RBD Act 1969)  
M. G. E. C. (T)

I hereby certify that the following information has been taken from the original record of death which is the register of the original Area - (Kolkata) of District - Kolkata of State - West Bengal.

DEB KUMAR CHAUDHURI

Name of Father/Husband : S/O LATE NARENDRA NATH CHAUDHURI

Address : 23, MOORE AVENUE, KOL -40  
W. B.

Sex : MALE

Date of Death : 31/01/2005

Place of Death : EKBALPORE NURSING HOME

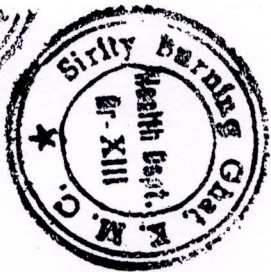
Registration No. : HG011/2005/010919 ( OLD REGN. NO:- 01390 )

Date of Registration : 01/02/2005

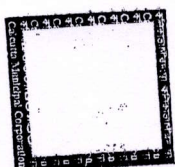
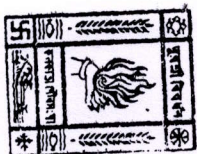
Date : 24/07/2007

Signature of the Issuing Authority

THE KOLKATA MUNICIPAL CORPORATION  
HEALTH DEPARTMENT



17341



Form No.—6

(Sec Rule 9, W. B. Birth & Death Registration Rules)

DEATH CERTIFICATE

(Issued under Section 12/17 of R.B.D. Act 1969)

This is to certify that the following information has been taken from the original record of death which is the register for (Local Area) *S.S. District* *Br. XIII* under *Br. XIII*..... under Kolkata Municipal Corporation of District

Kolkata of State West Bengal.

Name : *Skyanoli Khatola*  
Name of Father/Husband : *Murli Bhalatia*  
Address : *61/30/1, Horn Avenue Regent Park Kof-40*  
Sex : *Female*  
Date of Death : *19.2.09*  
Place of Death :  
Registration No. : *418/7/09*  
Date of Registration : *20/2/09*

Signature of Issuing authority  
Sub-Registrar

*Sirity Burdige Ghat*  
K.M.C. Br-XIII (H)

Date : *20/2/09*

No Disclosure shall be made of particulars regarding the cause of death as entered in the Register See proviso to Section 17(1)

G. P.—33—20-06-06—1,00,000.

*Signature*  
*20/2/09*

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

11/11 11:11:11  
MAY 25 1986  
20 DATE OF DEATH BIRTH DATE 1934

STATE #1 NUMBER CHINDU		18. SEX Female		19. RACE/ETHNICITY Indian		20. NAME AND BIRTHPLACE OF FATHER Narendra Nath Chowdhuri India		21. NAME AND BIRTHPLACE OF MOTHER Jitkumari Unknown		22. DATE OF DEATH BIRTH DATE May 25 1986 52 years		23. DATE OF DEATH BIRTH DATE 1934		24. DATE OF DEATH BIRTH DATE 1934	
25. USUAL RESIDENCE 27 Moor Avenue 190. COUNTY		26. PLACE OF DEATH 21A. PLACE OF DEATH Residence		27. STREET ADDRESS STREET AND NUMBER ON LOCATION 249 Anderson Street San Francisco		28. CITY OR TOWN San Francisco		29. STATE INDIA		30. NAME AND ADDRESS OF INFORMANT Tona Luisa Osher-Friend 249 Anderson Street San Francisco, CA		31. RELATIONSHIP TO DECEASED Friend		32. SIGNATURE OF INFORMANT	
33. CAUSE OF DEATH 34. I CERTIFY THAT DEATH OCCURRED AT THE LOCAL HEALTH DEPARTMENT OFFICE AND THAT THE CAUSE OF DEATH IS AS REPORTED BY THE PHYSICIAN OR OTHER PERSON DESIGNATED BY THE DECEASED OR HIS NEXT OF KIN.		35. I CERTIFY THAT DEATH OCCURRED AT THE LOCAL HEALTH DEPARTMENT OFFICE AND THAT THE CAUSE OF DEATH IS AS REPORTED BY THE PHYSICIAN OR OTHER PERSON DESIGNATED BY THE DECEASED OR HIS NEXT OF KIN.		36. I CERTIFY THAT DEATH OCCURRED AT THE LOCAL HEALTH DEPARTMENT OFFICE AND THAT THE CAUSE OF DEATH IS AS REPORTED BY THE PHYSICIAN OR OTHER PERSON DESIGNATED BY THE DECEASED OR HIS NEXT OF KIN.		37. I CERTIFY THAT DEATH OCCURRED AT THE LOCAL HEALTH DEPARTMENT OFFICE AND THAT THE CAUSE OF DEATH IS AS REPORTED BY THE PHYSICIAN OR OTHER PERSON DESIGNATED BY THE DECEASED OR HIS NEXT OF KIN.		38. I CERTIFY THAT DEATH OCCURRED AT THE LOCAL HEALTH DEPARTMENT OFFICE AND THAT THE CAUSE OF DEATH IS AS REPORTED BY THE PHYSICIAN OR OTHER PERSON DESIGNATED BY THE DECEASED OR HIS NEXT OF KIN.		39. I CERTIFY THAT DEATH OCCURRED AT THE LOCAL HEALTH DEPARTMENT OFFICE AND THAT THE CAUSE OF DEATH IS AS REPORTED BY THE PHYSICIAN OR OTHER PERSON DESIGNATED BY THE DECEASED OR HIS NEXT OF KIN.		40. I CERTIFY THAT DEATH OCCURRED AT THE LOCAL HEALTH DEPARTMENT OFFICE AND THAT THE CAUSE OF DEATH IS AS REPORTED BY THE PHYSICIAN OR OTHER PERSON DESIGNATED BY THE DECEASED OR HIS NEXT OF KIN.		41. I CERTIFY THAT DEATH OCCURRED AT THE LOCAL HEALTH DEPARTMENT OFFICE AND THAT THE CAUSE OF DEATH IS AS REPORTED BY THE PHYSICIAN OR OTHER PERSON DESIGNATED BY THE DECEASED OR HIS NEXT OF KIN.	

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 86 -  
DATED: June 25, 1986  
David W. Werber / MD  
DIRECTOR OF PUBLIC HEALTH  
AND LOCAL REGISTRAR

SAN FRANCISCO, CALIFORNIA



**THE KOLKATA MUNICIPAL CORPORATION**  
**HEALTH DEPARTMENT**  
5, S. N. Banerjee Road, Kolkata- 700 013.



No. 0249278

FORM 6

**DEATH CERTIFICATE**

(Issued under section 12/ section 17 of RBD Act 1969)  
**SIRITY B. GHAT E. (T)**

This is to certify that the following information has been taken from the original record of death which is the register for (Local Area - Kolkata) of District - Kolkata of State - West Bengal.

Name : **DR. PIKU CHAUDHURI [GHOSH]**

Name of Father /Husband : **W/O LATE D.K. GHOSH**

Address : **15, CHANDI GHOSH ROAD,  
W.B.**

Sex : **FEMALE**

Date of Death : **03/10/2008**

Place of Death : **A.M.R.I. HOSPITAL**

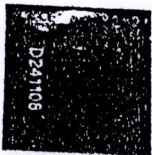
Registration No. : **HG021/2008/000057 ( OLD REGN. NO:- 1706 )**

Date of Registration : **04/10/2008**

Date : **24/03/2009**

Signature of the Issuing Authority  
*[Signature]*  
**Registrar**  
**Birth & Death**  
**C.M.C. Health Dept**

**THE KOLKATA MUNICIPAL CORPORATION**  
**HEALTH DEPARTMENT**  
 5, S. N. Banerjee Road, Kolkata- 700 013.



No. 0143708

FORM 6

**DEATH CERTIFICATE**

(Issued under section 12/ section 17 of RBD Act 1969)  
 SIRITY B. GHAT E. (T)

This is to certify that the following information has been taken from the original record of death which is the register for (Local Area - Kolkata) of District - Kolkata of State - West Bengal.

Name : DILIP KUMAR GHOSH

Name of Father/Husband : S/O LT. SUSHIL KRISHNA GHOSH

Address : 15, CHANDI GHOSH RD, P. S-REGENT PARK, KOL-40  
 W.B.

Sex : MALE

Date of Death : 02/01/2008

Place of Death : 15, CHANDI GHOSH RD, P. S-REGENT PARK, KOL-40

Registration No. : HG021/2008/000002 ( OLD REGN. NO:- 22 )

Date of Registration : 02/01/2008

Date : 05/03/2008

Signature of the Issuing Authority

**Registrar**

**Birth & Death**

**A.M.O. Health Dept.**