

Examples of entry of numbers

0 1 2 3 4 5 6 7 8 9

Vital Statistics Survey Death Form 2

Date Month Year (Japanese calendar) Received by municipality

Fundamental Statistical Survey under Statistics Act



Municipality code and health center code

Branch Health Center

Case Book No.

Date Month Year (Japanese calendar) Received by health center

Inquiry

Inquiry

(1) Name		(3) Date of birth				(4) Time of death				
		Japanese calendar Year Month days a.m. p.m. Time Minutes Date of birth unknown				Japanese calendar Year Month days a.m. p.m. Time Minutes Date of death unknown				
(2) Male or female	Male <input type="checkbox"/> Female <input type="checkbox"/>	(6) Japan <input type="checkbox"/> Foreign countries <input type="checkbox"/> Unknown <input type="checkbox"/>		Prefecture		City, county and special ward		Town, village, and designated-city ward or general ward		
(5) Place of death	Japan <input type="checkbox"/> Outside Japan <input type="checkbox"/>	Address of deceased person		Municipality code		Health center		Designated-city town, aza, chome, block no., apartment or condominium and C/O		
(7) Nationality of deceased person	Japan <input type="checkbox"/> South Korea <input type="checkbox"/> North Korea <input type="checkbox"/> China <input type="checkbox"/> Philippines <input type="checkbox"/> Thailand <input type="checkbox"/> USA <input type="checkbox"/> UK <input type="checkbox"/> Brazil <input type="checkbox"/> Peru <input type="checkbox"/> Other countries <input type="checkbox"/> Unknown <input type="checkbox"/>	(8)(9) Husband or wife of deceased person		Yes <input type="checkbox"/> No <input type="checkbox"/> (Unmarried <input type="checkbox"/> Bereavement <input type="checkbox"/> Divorce <input type="checkbox"/> Unknown <input type="checkbox"/>)		Age		years		
(10) Main occupation of the household when the person deceased	1 Agriculture <input type="checkbox"/> 2 Self-employed <input type="checkbox"/> 3 Employed I <input type="checkbox"/> 4 Employed II <input type="checkbox"/> 5 Others <input type="checkbox"/> 6 Unemployed <input type="checkbox"/>	(11) Occupation and industry when the person deceased		Occupation Industry		(12)(13) Type of place of death		Name of facility		
Code of original cause of death		Code of external cause		Code of place of occurrence		Code of place of injury		Code of items on the side of mother		
(14) Cause of death		(a) Direct cause of death		(b) Cause of (a)		(c) Cause of (b)		(d) Cause of (c)		
II		Name of injuries and diseases having an influence on column I								
Surgery		1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/>		Sites and main findings		Date of surgery		Autopsy		
						days Month Year (Japanese calendar)		1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> Main findings		
(15) Type of cause of death	Death by disease or natural death 2 Traffic accident 3 Falling 4 Drowning 5 Fire 6 Suffocation 7 Poisoning 8 Others 9 Suicide 10 Murder 11 Unknown death 12 Others and death by unknown external cause				(17) Body weight at birth		Single birth or multiple birth		Number of weeks of pregnancy	
					g Unknown		1 Single birth 2 Multiple birth		Unknown	
							1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown <input type="checkbox"/>		Age weeks	
(16) Additional items for death by external cause	Time of occurrence of injury Minutes Time a.m. / p.m. days Month Year (Japanese calendar)				Disease or abnormality in mother body when she was pregnant or during birth		1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 3 Unknown <input type="checkbox"/>			
	Type of place of injury				Date of birth of mother		Results of earlier pregnancies		Born child	
	1 Dwelling 2 Plants and construction sites 3 Roads 4 Others ()				Japanese calendar Year Month days				Number of stillborn children at 22 weeks or after of pregnancy	
	Place of occurrence of injury								child (children) baby (babies)	
	Method and situation				(18) Other special remarks					
(19) Location of facility and address and name of doctor	Address				Points to be confirmed		Notes			
	chome block no. room no.									

The purpose of this survey is to prepare the Fundamental Statistical Survey under Statistics Act.

A mayor of a municipality, which is the subject of this survey, has an obligation to report under the Statistics Act, and a penalty will be imposed on refusal to report or falsified report.