

## DEATH REGISTRATION

N	<div>visit_uuid</div> <div>Visit Id</div>	<div>text</div> <div>-----</div>
N	<div>fw_uuid</div> <div>Field Worker Id</div>	<div>text</div> <div>-----</div>
N	<div>individual_uuid</div> <div>Individual Id</div>	<div>text</div> <div>-----</div>
N	<div>uuid</div> <div>UUID</div>	<div>text</div> <div>-----</div>
N	<div>insertDate</div> <div>insertDate</div>	<div>date</div> <div>Day: -----</div> <div>Month: -----</div> <div>Year: -----</div>
N	<div>deathCause</div> <div>Cause of Death?</div>	<div>select_one deathCause</div> <div> <input type="radio"/> Malaria <sup>1</sup>  <input type="radio"/> HIV/AIDS <sup>2</sup>  <input type="radio"/> TB <sup>3</sup>  <input type="radio"/> Other viral/bacterial infection <sup>4</sup>  <input type="radio"/> Accident <sup>5</sup>  <input type="radio"/> Crime <sup>6</sup>  <input type="radio"/> Age <sup>7</sup>  <input type="radio"/> Unknown <sup>8</sup>  <input type="radio"/> Other <sup>77</sup>  <input type="radio"/> Disease, Illness <sup>10</sup> </div>
N	<div>deathDate</div> <div>Date of Death</div>	<div>date</div> <div>Day: -----</div> <div>Month: -----</div> <div>Year: -----</div>
N	<div>deathPlace</div> <div>Place of Death</div>	<div>select_one deathPlace</div> <div> <input type="radio"/> HOME <sup>1</sup>  <input type="radio"/> HOSPITAL <sup>2</sup>  <input type="radio"/> HEALTH CENTER <sup>3</sup>  <input type="radio"/> TRADITIONAL HEALER <sup>4</sup>  <input type="radio"/> PRIVATE MATERNITY HOME <sup>5</sup>  <input type="radio"/> ON ROUTE TO HEALTH FACILITY <sup>6</sup>  <input type="radio"/> OTHER <sup>77</sup> </div>
N	<div>deathPlace_oth</div> <div>Other, Specify</div>	<div>text</div> <div style="text-align: right;">selected(\${deathPlace}, '77')</div> <div>-----</div>

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