



Department of Human Resources
 Division of Public Health
 Maternal & Child Health Epidemiology

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MATERNAL MORTALITY REPORTING

Demographics:			
Death Certificate Number:		Chart Number:	
Hospital Facility:		Death City:	
Date of Death:		Date of Birth:	
Date of Delivery:		Age last birthday:	
Residence County:		State if not GA:	
Race:			
Non-Hispanic white	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
Non-Hispanic black	<input type="checkbox"/>	Asian or Pacific Islander	<input type="checkbox"/>
American Indian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Unknown	<input type="checkbox"/>		

Cause of death:			
Date of death:			
Prior to labor		<input type="checkbox"/>	
During labor/delivery		<input type="checkbox"/>	
After delivery		<input type="checkbox"/>	
Autopsy performed?	Y	<input type="checkbox"/>	N <input type="checkbox"/>
Referred to the medical examiner?	Y	<input type="checkbox"/>	N <input type="checkbox"/>