

FOR USE BY  
MEDICAL EXAMINERS  
ONLY



The Commonwealth of Massachusetts  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH  
REGISTRY OF VITAL RECORDS AND STATISTICS

2013-5345  
OCME CASE NUMBER

0002566  
REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY  
4c HOSP  
5 TYPE  
8 HISP/RACE  
10 AGE  
15 RES  
15 OOS  
23 DISP  
31/32 AUT  
34 MANR  
35c WORK  
35f PLACE  
36-37 CERT  
40a PRON

1 DECEDENT - NAME FIRST MIDDLE LAST <b>Tamerlan Tsarnaev</b>		2 SEX <b>M.</b>	3 DATE OF DEATH (Mo., Day, Yr.) <b>April 19, 2013</b>	
4a PLACE OF DEATH (City/Town) <b>Boston</b>		4b COUNTY OF DEATH <b>Suffolk</b>	4c HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number) <b>Beth Israel Deaconess Medical Center</b>	
5 PLACE OF DEATH (Check only one) Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify):		6 SOCIAL SECURITY NUMBER <b>030-86-7784</b>	7 IF US WAR VETERAN Specify War <b>No</b>	
8a WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes:		8b RACE (specify) <b>White</b>	9 DECEDENT'S EDUCATION (highest grade completed) Elem-Sec (0-12) <b>12</b> College (1-4, 5+)	
10a AGE - Last Birthday (Yrs) <b>26</b>	b UNDER 1 YEAR MOS DAYS HRS MINS	c UNDER 1 DAY	10d DATE OF BIRTH (Mo., Day, Yr.) <b>Oct. 21, 1986</b>	11 BIRTHPLACE (City and State or Foreign Country) <b>Elista Kalmykia, Russia</b>
12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED <b>Married</b>		13 LAST SPOUSE (full name at birth or adoption) <b>Katherine Russell</b>	14a USUAL OCCUPATION (Prior, if retired) <b>Never Worked</b>	14b TYPE OF BUSINESS/INDUSTRY <b>At Home</b>
15a RESIDENCE - No. and Street, City/Town, County, State/Country <b>410 Norfolk Street Cambridge, Middlesex, MA</b>				15b Zip Code <b>02139</b>
16 FATHER - full name at birth or adoption <b>Anzor Tsarnaev</b>		17 STATE OF BIRTH (if not in US, name country) <b>Kyrgyzstan</b>	18 MOTHER - full name at birth or adoption <b>Zubeidat Suleimanova</b>	19 STATE OF BIRTH (if not in US, name country) <b>Russia</b>
20 INFORMANT'S NAME <b>Ruslan Tsarni</b>		21 MAILING ADDRESS <b>5 Mastenbrook Ct. Montgomery, MD 20886</b>		22 RELATIONSHIP <b>Uncle</b>
23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other:		24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE <b>Ruslan Tsarni</b>		25 LICENSE # <b>Other Designee</b>
26a PLACE OF DISPOSITION (Name of cemetery, crematory, or other) <b>Al-Barzakh Muslim Cemetery</b>		26b LOCATION (City/Town/State) <b>Doswell, VA</b>		
27 DATE OF DISPOSITION (Mo., Day, Yr.) <b>May 9, 2013</b>		28a/b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE <b>Ruslan Tsarni 5 Mastenbrook Ct. Montgomery, MD 20886</b>		
29 PART I - CAUSE OF DEATH - SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSES THEN UNDERLYING CAUSE				APPX INTERVAL
a Immediate Cause <b>GUNSHOT WOUNDS OF TORSO AND EXTREMITIES</b>				
b Due to <b>AND BLUNT TRAUMA TO HEAD AND TORSO</b>				<b>MINUTES</b>
c Due to				
d Due to				
30 PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH				31 AUTOPSY? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Yes</b>
34 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending Investigation <input type="checkbox"/>		35a DATE OF INJURY <b>APRIL 19, 2013</b>	35b TIME OF INJURY <b>UNKNOWN</b> AM PM	35c INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>No</b>
35d DESCRIBE HOW INJURY OCCURRED <b>SHOT BY POLICE AND THEN RUN OVER AND DRAGGED BY MOTOR VEHICLE</b>		35e PLACE OF INJURY (Type) <b>STREET</b>		
		35f LOCATION/ADDRESS OF INJURY <b>LAUREL STREET NEAR INTERSECTION OF DEXTER AVENUE, WATERTOWN, MA</b>		
38 MEDICAL EXAMINER CERTIFICATION		37c APPX TIME OF DEATH <b>UNKNOWN</b>	37d DATE PRONOUNCED <b>April 19, 2013</b>	
(Name and Address) <b>Henry M. Nields, MD, PhD, 720 ALBANY STREET BOSTON, MA 02118</b>		39 LICENSE # <b>78065</b>	37e TIME PRONOUNCED <b>1:35 am</b> AM PM	
37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated. (Signature) <i>[Signature]</i>		<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO		37b DATE SIGNED <b>April 25, 2013</b>
40a RN/PA/NP PRONOUNCEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	40b IF YES, DATE	40c IF YES, TIME AM PM	40d NAME OF PRONOUNCER <b>TITLE: <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP</b>	
41 DATE BURIAL PERMIT ISSUED <b>May 8, 2013</b>		42 RECEIVED IN CITY/TOWN OF <b>Boston</b>		43 DATE OF RECORD <b>May 10, 2013</b>
BURIAL AGENT SIGNATURE <i>[Signature]</i>		CLERK'S SIGNATURE <i>[Signature]</i>		

PERMANENT BLACK  
INK ONLY

PRONOUNCEMENT  
FORM ON FILE