FOR USE BY MEDICAL EXAMINERS ONLY

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

OCME CASE NUMBER: 2013-5345
REGISTERED NUMBER: 0002566
STATE USE ONLY

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DECEDENT

1 DECEDENT – NAME: FIRST: Tamerlan; MIDDLE: ; LAST: Tsarnaev
2 SEX: M.
3 DATE OF DEATH (Mo., Day, Yr.): April 19, 2013

4a PLACE OF DEATH (City/Town): Boston
4b COUNTY OF DEATH: Suffolk
4c HOSPITAL OR OTHER INSTITUTION – Name (if not in either, give street and number): Beth Israel Deaconess Medical Center

5 PLACE OF DEATH (Check only one): Hospital ☐Inpatient ☐ER/Outpatient ☒DOA; Other ☐Nursing Home ☐Residence ☐Other (specify)
6 SOCIAL SECURITY NUMBER: [redacted]
7 IF US WAR VETERAN (Specify War): No

8a WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify): ☒No ☐Yes
8b RACE (specify): White
9 DECEDENT'S EDUCATION (highest grade completed): Elem-Sec (0-12): 12; College (1-4, 5+):

10a AGE – Last Birthday (Yrs): 26
b UNDER 1 YEAR: MOS; DAYS
c UNDER 1 DAY: HRS; MINS
10d DATE OF BIRTH (Mo. Day, Yr.): Oct. 21, 1986
11 BIRTHPLACE (City and State or Foreign Country): Elista Kalmykia, Russia

12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED: Married
13 LAST SPOUSE (full name at birth or adoption): Katherine Russell
14a USUAL OCCUPATION (Prior, if retired): Never Worked
14b TYPE OF BUSINESS/INDUSTRY: At Home

15a RESIDENCE – No. and Street, City/Town, County, State/Country: 410 Norfolk Street Cambridge, Middlesex, MA
15b Zip Code: 02139

16 FATHER – full name at birth or adoption: Anzor Tsarnaev
17 STATE OF BIRTH (if not in US, name country): Kyrgyzstan
18 MOTHER – full name at birth or adoption: Zubeidat Suleimanova
19 STATE OF BIRTH (if not in US, name country): Russia

INFORMANT

20 INFORMANT'S NAME: Ruslan Tsarni
21 MAILING ADDRESS: [redacted]
22 RELATIONSHIP: Uncle

DISPOSITION

23 METHOD OF IMMEDIATE DISPOSITION: ☐Burial ☐Cremation ☐Entombment ☒Removal from State ☐Donation ☐Other:
24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE: Ruslan Tsarni
25 LICENSE #: Other Designee

26a PLACE OF DISPOSITION (Name of cemetery, crematory, or other): Al-Barzakh Muslim Cemetery
26b LOCATION (City/Town/State): Doswell, VA
27 DATE OF DISPOSITION (Mo., Day, Yr.): May 9, 2013
28a/b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE: [redacted]

CERTIFIER

29 PART I – CAUSE OF DEATH – SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSES THEN UNDERLYING CAUSE — APPX INTERVAL

a Immediate Cause: GUNSHOT WOUNDS OF TORSO AND EXTREMITIES
b Due to: AND BLUNT TRAUMA TO HEAD AND TORSO — MINUTES
c Due to:
d Due to:

30 PART II – OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH
31 AUTOPSY? ☐Yes ☐No: Yes

34 MANNER OF DEATH: [] Natural [] Accident [x] Homicide [] Suicide [] Could not be determined [] Pending Investigation []
35a DATE OF INJURY: APRIL 19, 2013
35b TIME OF INJURY: UNKNOWN AM PM
35c INJURY AT WORK? ☐Yes ☐No: No

35d DESCRIBE HOW INJURY OCCURRED: SHOT BY POLICE AND THEN RUN OVER AND DRAGGED BY MOTOR VEHICLE
35e PLACE OF INJURY (Type): STREET
35f LOCATION/ADDRESS OF INJURY: LAUREL STREET NEAR INTERSECTION OF DEXTER AVENUE, WATERTOWN, MA

38 MEDICAL EXAMINER CERTIFICATION
37c APPX TIME OF DEATH: UNKNOWN
37d DATE PRONOUNCED: April 19, 2013
39 LICENSE # 78065
37e TIME PRONOUNCED: 1:35 am AM PM

(Name and Address) Henry M. Nields, MD, PhD , 720 ALBANY STREET BOSTON, MA 02118

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) [signature] ☒MD ☐DO
37b DATE SIGNED: April 25, 2013

PERMANENT BLACK INK ONLY

PRONOUNCEMENT FORM ON FILE ☐

40a RN/ PA/ NP PRONOUNCEMENT? ☐Yes ☐No No
40b IF YES, DATE
40c IF YES, TIME AM PM
40d NAME OF PRONOUNCER
TITLE ☐RN ☐PA ☐NP

41 DATE BURIAL PERMIT ISSUED: May 8, 2013 2927
BURIAL AGENT SIGNATURE: Doris Reynolds
42 RECEIVED IN CITY/TOWN OF: Boston
CLERK'S SIGNATURE: Peter A. McMahon
43 DATE OF RECORD: May 10, 2013