



REGISTRY DIVISION OF THE CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

Certificate Number

No 54404

I, the undersigned, hereby certify that I hold the office of _____ City Registrar of the City of Boston and I certify the following facts appear on the records of Births, Marriages and Deaths kept in said City as required by law.

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	1 DECEDENT - NAME FIRST MIDDLE LAST Tamerlan Tsarnaev		2 SEX M.	3 DATE OF DEATH (Mo., Day, Yr.) April 19, 2013
4c HOSP	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 TYPE	5 PLACE OF DEATH (Check only one) Hospital <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify):		6 SOCIAL SECURITY NUMBER [REDACTED]	7 IF US WAR VETERAN Specify War <input type="checkbox"/> No <input checked="" type="checkbox"/>
8 RESIDENCE	8a WAS DECEDENT OF HISPANIC ORIGIN? (if yes, specify)		8b RACE (specify) White	9 DECEDENT'S EDUCATION (highest grade completed) Elem-Sec (0-12) 12 College (1-4, 5+)
10 AGE	10a AGE - Last Birthday (Yrs) 26	10b UNDER 1 YEAR MOS DAYS HRS MINS	10c UNDER 1 DAY HRS MINS	10d DATE OF BIRTH (Mo., Day, Yr.) [REDACTED]
15 RES	11 BIRTHPLACE (City and State or Foreign Country) Elista Kalmykia, Russia		12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Married	
15a RES	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
15b RES	15a RESIDENCE - No. and Street, City/Town, County, State/Country [REDACTED] Norfolk Street Cambridge, Middlesex, MA		15b Zip Code 02139	
15c RES	16 FATHER - full name at birth or adoption Anzor Tsarnaev		17 STATE OF BIRTH (if not in U.S., name country) Kyrgyzstan	18 MOTHER - full name at birth or adoption Zubeidat Suleimanova
15d RES	19 STATE OF BIRTH (if not in U.S., name country) Russia		20 INFORMANT'S NAME Ruslan Tsarni	
15e RES	21 MAILING ADDRESS [REDACTED] Montgomery, MD 20886		22 RELATIONSHIP Uncle	
23 DISP	23 METHOD OF IMMEDIATE DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other:		24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE Ruslan Tsarni	
31/32 AUT	25a PLACE OF DISPOSITION (Name of cemetery, crematory, or other) Al-Barzakh Muslim Cemetery		25b LOCATION (City/Town/State) Doswell, VA	
34 MARR	27 DATE OF DISPOSITION (Mo., Day, Yr.) May 9, 2013		28a/b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Ruslan Tsarni [REDACTED] Montgomery, MD 20886	
35c WORK	29 PART I - CAUSE OF DEATH - SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSES THEN UNDERLYING CAUSE			
35f PLACE	a Immediate Cause GUNSHOT WOUNDS OF TORSO AND EXTREMITIES			
36-37 CERT	b Due to AND BLUNT TRAUMA TO HEAD AND TORSO			
40a PRON	c Due to			
	d Due to			
	30 PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH			
	31 AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	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			
	35a DATE OF INJURY APRIL 19, 2013			
	35b TIME OF INJURY UNKNOWN			
	35c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
	36 MEDICAL EXAMINER CERTIFICATION (Name and Address) Henry M. Nields, MD, PhD, 720 ALBANY STREET BOSTON, MA 02118			
	37a On the basis of examination and/or investigation in person death occurred at the time, date, and place and due to the cause(s) stated. (Signature) [Signature]			
	37b DATE PRONOUNCED April 19, 2013			
	37c DATE SIGNED April 25, 2013			
	38a R/N/P/NP PRONOUNCEMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	38b IF YES, DATE			
	38c IF YES, TIME AM			
	38d NAME OF PRONOUNCER [REDACTED]			
	38e TITLE: <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP			
	41 DATE BURIAL PERMIT ISSUED May 8, 2013			
	42 RECEIVED IN CITY/TOWN OF Boston			
	43 DATE OF RECORD May 10, 2013			
	BURIAL AGENT SIGNATURE [Signature] CLERK'S SIGNATURE [Signature]			

PERMANENT BLACK
INK ONLY

PRONOUNCEMENT
FORM ON FILE ☐

WITNESS my hand and the SEAL of the CITY REGISTRAR

MAY 10 2013

on this _____ Day of _____ A.D. _____

Catrina A. McMahon City Registrar

By Chapter 314 of the Acts of 1892, "the certificates or attestations of the Assistant City Registrars shall have the same force and effect as that of City Registrar."

I further hereby certify that by annexation, the records of the following cities and towns are in the custody of the City Registrar of Boston:

	Annexed
East Boston	1637
South Boston	1804
Roxbury	1868
Dorchester	1870
Charlestown	1874
Brighton	1874
West Roxbury	1874
Hyde Park	1912